

Financial Requirements to Achieve Millennium Development Goal on Gender Equality and Women's Empowerment: A Review of Country Experiences

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I. Introduction

Countries reaffirmed their commitment to the Millennium Development Goals (MDGs) at the 2005 World Summit where they committed to developing and implementing strategies aligned with all of the Goals, including gender equality and women's empowerment (MDG3). Subsequently, many countries have prepared detailed strategies and underlying assessments of what it will take to achieve the MDGs, including estimates of the financing necessary to achieve them.

This paper builds upon the theoretical framework outlined in the World Bank working paper "The Financial Requirements of Achieving Gender Equality and Women's Empowerment" (Grown et al 2006), that estimated costs of interventions to promote gender equality and women's empowerment. It estimated the share of all MDG investments that have the potential to improve gender equality, extending the conceptual framework proposed by the UN Millennium Project to estimate the costs of achieving the MDGs (UN Millennium Project 2005).

Utilizing this basic framework and methodology developed by Grown et al (2006), this paper analyzes practical applications of the approach. The methodology outlined in the Grown et al (2006) paper is a stylized method that needs to be tested and adapted to specific country contexts. Since the publication of the previous paper several countries have prepared and published needs assessments and have undergone at least one budget cycle, providing an opportunity to expand the analysis to real country case examples.

This paper has three objectives. First, it draws out the financial requirements for interventions aimed at achieving gender equality in ten individual country needs assessments that have been published within recent years. These countries are the Dominican Republic, Ethiopia, Gabon, Kenya, Mauritania, Niger, Senegal, Tajikistan, Togo, and Yemen (see Table 1 for an overview of selected MDG indicators for each of these countries). All of these countries have produced, as part of their PRSP and national planning processes, needs assessments based on their own identified set of national priorities. There is a high degree of variance in the types of interventions proposed by each country due to differing sets of national priorities, targets set for scaling up, levels of involvement of the women's ministry in the budget process, and the quality of disaggregated gender data and analysis in each country. This paper analyzes the gender equality interventions countries have proposed and the level of emphasis placed on gender specific and gender mainstreaming interventions in each MDG needs assessment.

Second, it examines actual national budget allocations in three of the ten sample countries within the last two years since MDG needs assessments have been published. From the sample of ten countries, the Dominican Republic, Kenya, and Yemen published their findings in 2005, and the intermediate two years provide opportunity for national budgets to reflect the implications of the MDG gender equality interventions. It is important to note that it is not possible to directly attribute increases in national spending on gender equality interventions to the publication of the MDG needs assessments.

However, budget trends in these three countries can help determine if there were increases in social sector spending directly after the MDG needs assessments were written or published. Based on these three case studies, this paper then identifies lessons on incorporating gender perspectives into national budget processes.

Lastly, this paper examines the role donors currently play, and have the potential to play, in supporting the implementation and scaling of gender equality interventions. Current donor investments in gender interventions are identified, followed by lessons learned and policy options for donors to support national resource allocations for planned gender equality interventions.

The analysis shows that country experiences reflect the dynamic and unique nature of gender equality intervention priorities and their variation due to the specific national and cultural contexts. Thus, the costs estimated to achieve gender equality vary by each country contingent upon individual needs. Second, a gap remains in planned expenditure and actual invested expenditure by national governments to achieve gender equality. A substantial increase in government and donor investment is needed to implement proposed interventions and achieve gender equality by 2015. Lastly, cultural and political shifts in attitudes towards accepting gender equality need to accompany investments gender equality interventions, and donors can help to sensitize key political officials and community leaders in gender budgeting.

The MDG needs assessments have helped in political advocacy to stimulate actual budget increases in social sector expenditures. A simple review of national budget allocations to women's, health, and education ministries before and after 2005 when the MDG needs assessments were written illustrates the relative responsiveness of national budgets to planning investment priorities. The overall allocation of budgets for women, health, and education as a percentage of total national budgets, as well as real increases or decreases in budgets for these sectors highlight national trends in investments in gender equality.

Follow-up actions are necessary for both national governments and donors to close gaps in resource investments, coverage of target populations, and evaluating and monitoring outcomes in investments. Country experiences show that while the MDG needs assessment effort has helped direct more resources towards social sectors, much more remains to be done to implement and achieve equitable gender outcomes.

Table 1: Selected MDG Indicators for Ten Sample Countries

Indicator	DR	Ethiopia	Gabon	Kenya	Mauritania	Niger	Senegal	Tajikistan	Togo	Yemen
Female Primary completion rate (ratio)	0.93	0.49	0.68	0.90	0.41	0.20	0.42	0.90	0.56	0.46
Gender Parity Index in primary level enrolment (ratio)	0.95	0.86	0.99	0.94	0.98	0.72	0.95	0.95	0.84	0.71
Gender Parity Index in secondary level enrolment (ratio)	1.23	0.65	0.86	0.93	0.83	0.67	0.72	0.84	0.5	0.48
Gender Parity Index in tertiary level enrolment (Ratio)	1.64	0.34	0.54	0.6	0.31	0.4	NA	0.33	0.2	0.38
Women to men parity index, as ratio of literacy rates, 15-24 years old	1.03	0.66	NA	1.01	0.82	0.44	0.7	1	0.76	0.34
Share of women in wage employment in the non-agricultural sector (%)	38%	41%	38%	39%	37%	78%	26%	53%	41%	7%
Seats held by women in national parliament (%)	4%	8%	9%	7%	37%	12%	19%	13%	7%	3%
Under-five mortality rate (Deaths per 1000 live births)	32	166	91	120	125	259	137	118	140	111
Infant mortality rate (Deaths per 1000 live births)	27	110	60	79	78	152	78	91	78	82
Maternal mortality rate (Deaths per 100,000 live births)	150	850	420	NA	1000	1600	690	100	570	570
Prevalence of tuberculosis (Per 100,000 total population)	118	533	339	888	502	288	451	277	718	144
People living with HIV (% of total population)	1%	4%	8%	6%	7%	1%	1%	0%	3%	NA
Contraceptive prevalence rate- any method (%)	70%	8%	33%	39%	8%	14%	11%	34%	26%	21%
Condom use rate of the contraceptive prevalence rate (%)	2%	4%	16%	3%	10%	NA	7%	1%	6%	1%
Prevalence of underweight (moderate and severe) of total population <5 (%)	5%	47%	12%	20%	32%	40%	23%	22%	25%	46%
Total undernourished population (%)	27%	46%	5%	31%	10%	32%	23%	61%	25%	37%
Total population below national poverty line (%)	29%	44%	NA	52%	46%	63%	33%	NA	NA	42%
Total population below \$1 (PPP) per day (%)	2%	23%	NA	23%	26%	61%	22%	7%	NA	10%

Source: MDG 2006 database.

* Data is selected from the most recent years of available data.

II. Gender Equality Interventions across Countries

As the Grown et al (2006) paper outlines, there are two main types of gender equality interventions proposed in the MDG needs assessments. First, gender specific interventions are implemented through the government arm that aims to address the challenge of gender equality directly. Second, gender mainstreaming interventions are those MDG interventions that also work to close the gender gap, but do so through other MDG sectors such as health and education. For details on the distinction between the two types of interventions, please see the accompanying Grown et al paper (2006). The MDGs are outcomes and require a range of sector-specific actions to be achieved. The most relevant sectors covered include agriculture and rural development, education, health, infrastructure (water and sanitation, roads and transportation, and energy), and environment. Proposed gender specific and mainstreaming interventions within these sectors from the sample countries are illustrated and explained in the following section.¹

Gender Specific Interventions

Proposed gender specific interventions implemented through a women's ministry, or other ministry overseeing MDG3, include programs to provide subsidies to female-headed households in Ethiopia (Ethiopia 2005), strengthen emergency telephone services for victims of violence in Niger (Niger 2006), and providing victims of domestic violence with legal and psychiatric assistance in the Dominican Republic (DR 2005). Other proposals include setting a minimum age for marriage in Mauritania (Mauritania 2005), sensitizing government officials and judges to gender equality in Togo (Togo 2006), and providing credit to encourage women's off-farm work in Yemen (Yemen 2005).

Countries propose spending \$2.21 per capita annually on average over the MDG period 2006-2015, although projected costs on the margins vary between \$0.00 per capita to \$6.38 per capita in the ten sample countries. It appears as though the level of involvement of the women's ministry in the MDG planning process, including all stages of planning, costing, and approval, affects the level of proposed expenditures. It is more likely that needs assessments with higher cost estimates for MDG3 interventions result in soliciting higher allocations from the government for that planned expenditure. Thus, more ambitious plans and costs translate into increased investments in gender equality.

Further, ministry capacity to implement planned MDG3 programs is contingent upon the resources national governments decide to allocate to such departments. The institutional and economic strength of the women's ministry, adequate personnel, tools for implementation, and involvement not only in planning processes, but in national budget preparation, affects the extent to which planned interventions are realized. The political culture and attitudes towards gender influence decisions made by finance ministries and parliaments to allocate resources for gender equality.

¹ The data analyzed in this paper is drawn from nationally prepared documents, and based on cost estimates provided in the individual country needs assessments, utilizing the 2004 Millennium Project intervention-based methodology as the base framework (UNDP 2004).

Table 2: Proposed Gender Specific Interventions Implemented by Women's Ministries

<p><i>Institutions and Legal Systems</i></p> <ul style="list-style-type: none"> * Increase capacity of ministry (DR, Ethiopia, Kenya, Niger) * Increase female political participation (Ethiopia, Gabon, Kenya, Niger, Tajikistan, Togo, Yemen) * Adopt quotas for female political representation (DR, Yemen, Tajikistan) * Address institutional problems with women's rights (DR, Ethiopia, Gabon, Kenya, Mauritania, Niger, Tajikistan, Togo, Yemen) * Training programs for female political candidates (DR, Niger, Tajikistan, Togo, Yemen) * Increase female candidate visibility in media (Niger, Yemen) * Sensitize judges, local leaders, police, and other officials (DR, Kenya, Niger, Togo, Yemen) * Remove discriminatory legal code and customary law to ensure equal rights (DR, Kenya, Senegal, Togo, Yemen) * Defend equal rights to property and inheritance (DR) * Protect widows (Togo) * Create disaggregated gender data (Ethiopia, Kenya, Tajikistan) * Allow for divorce (Kenya) * Ensure equal access for women to legal system (DR, Kenya, Togo, Yemen) * Set minimum age for marriage (Kenya, Mauritania) * Establish women's units in law enforcement institutions (Yemen) * Train prison staff to ensure proper treatment of women prisoners (Yemen) * Sensitize judges, police officers, and registration officials to gender issues and issue IDs for all women (Niger) <p><i>Violence against women</i></p> <ul style="list-style-type: none"> * Combat violence against women (DR, Gabon, Kenya, Niger, Senegal, Tajikistan, Togo, Yemen) * Adopt law on social-legal protection from domestic violence (Tajikistan) * Conduct country-wide public awareness campaigns of zero-tolerance of domestic violence (Niger, Tajikistan) * Provide temporary housing/ shelter and/ or medical and psychiatric care for victims of violence (DR, Niger, Tajikistan) * Expand existing emergency lines and/ or create hotline for victims of violence (DR, Niger) * Combat female genital mutilation (Ethiopia, Kenya, Togo) * Protect girls from prostitution, sexual exploitation, and harmful drugs (Kenya) * Protect girls from child labor (Kenya) * Train judicial system and police officers to handle gender-based violence (DR) 	<p><i>Education and Vocational Training</i></p> <ul style="list-style-type: none"> * Create professional training centers for women (Senegal, Tajikistan) * Increase enrollment of girls in vocational training (DR, Niger, Senegal, Tajikistan, Togo) * Institute school-to-work transition program for girls (DR, Gabon, Niger, Tajikistan) * Improve women's detention centers for pregnant and nursing women (Togo) * Free primary education to increase girls' enrollment (Kenya) * Provide free school meals, textbooks, and financial assistance for girls from poor families (Tajikistan) * Lower school admission standards and allow for re-entry after birth (Kenya) * Sensitize school systems and teachers to gender issues (DR) * Change school curricula to sensitize to gender issues and remove discriminatory material (DR) * Promote equal opportunity employment (DR) <p><i>Reproductive Health</i></p> <ul style="list-style-type: none"> * Reproduction and Sexual Health Awareness (DR, Ethiopia, Gabon, Kenya, Mauritania, Niger, Senegal, Tajikistan, Togo, Yemen) * Provide free basic obstetric, post- and pre-natal services (Tajikistan) * Promote maternal and child health care (Tajikistan) <p><i>Economic and Social Empowerment</i></p> <ul style="list-style-type: none"> * Micro-credit programs for female-headed households (Ethiopia, Kenya, Togo) * Access to land for female-headed households (DR, Ethiopia) * Increase women's access to financial resources (Tajikistan) * Access for women to modes of transport such as motorcycle and bicycle (Togo) * Create community centers for women with television and radio access (Togo) * Create TV and radio channels targeted for positive body image (Togo) * Target agricultural finance credits towards women (Togo) * Make technology available to women in rural areas (Senegal) * Support small and medium businesses run by women (Tajikistan) * Provide credit to encourage women's off-farm work (Yemen) * Provide incentives to the private sector to employ women (Yemen) * Promote women's economic opportunities in manufacturing and services (Yemen)
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Gender Mainstreaming Interventions

Gender mainstreaming interventions (those that specifically target gender equality but are implemented through different government ministries, such as health, education, and energy) are summarized in Table 3. Most sample countries propose the bulk of expenditure of gender mainstreaming interventions in maternal and child health care according to their needs assessments. This is followed closely by education interventions, with the exception of Kenya, which proposes over 1/3 of gender mainstream costs to be allocated to the energy sector.

There are numerous examples of gender mainstreaming interventions that are proposed for implementation in various line ministries, predominately in health and education. This includes preventing mother-to-child transmission of HIV through the Ministry of Health in Gabon (Gabon 2006), increasing land access for women in Senegal through the Ministry of Agriculture (Senegal 2005), free prenatal care for women in Tajikistan through the Ministry of Health (Tajikistan 2005), and sensitizing men to the risks of STDs in Togo through the Ministry of Health (Togo 2006). It also includes educating men about safe motherhood in Kenya through the Ministry of Health (Kenya 2005), reducing HIV/AIDS among female sex workers in Gabon through the Ministry of Health (Gabon 2006), and increasing female literacy rates in Ethiopia through the Ministry of Education (Ethiopia 2005).

Because health, nutrition, and education comprise the highest percentage of proposed gender costs, the cost of hiring and training gender-sensitized staff within the implementing government ministries will be integral to the success of program outcomes. Unfortunately, none of the needs assessments make adequate provision of financial resources for such training as yet. The other area that requires more attention is that of relevant and adequate data and monitoring. National finance ministries and statistics bureaus require both sensitization and increased resources to disaggregate information and measure impacts in a meaningful manner.

Finally, it is important to note that MDG interventions that do not explicitly target gender equality can nonetheless further the goal of gender equality contingent upon the existing gender gap. Examples of such interventions include expansion of the schooling system, increasing access to primary health care, population-wide nutrition interventions, and building wells and providing electricity to rural villages. Specific examples from the ten MDG needs assessments include improving food security in Ethiopia and Yemen (Ethiopia 2005, Yemen 2005), eliminating illiteracy in the Dominican Republic, Gabon, and Tajikistan (DR 2005, Gabon 2006, Tajikistan 2005), and caring for the HIV positive and preventing the spread of HIV/AIDS in Kenya (Kenya 2005). Further, Mauritania and Togo both propose installing electrical infrastructure in rural and urban areas (Mauritania 2005, Togo 2006), Niger proposes increasing income-generating agricultural production (Niger 2006), and Senegal includes as an intervention increasing access to potable water in urban and rural areas (Senegal 2005).

Table 3: Proposed Gender Mainstreaming Interventions Implemented through MDG Sectors other than MDG3

Health and Nutrition Sectors	Education Sector
<ul style="list-style-type: none"> * Improve maternal health and decrease maternal mortality (DR, Gabon, Kenya, Mauritania, Niger, Senegal, Tajikistan, Togo, Yemen) * Improve infant and child health and decrease child mortality (DR, Gabon, Kenya, Mauritania, Niger, Senegal, Tajikistan, Togo, Yemen) * Upgrade clinics with comprehensive prenatal, antenatal, and emergency obstetric care (DR, Ethiopia, Senegal, Tajikistan, Yemen) * Integrate reproductive health services into primary care (Yemen) * Increase number of midwives and trained delivery staff (DR, Ethiopia, Kenya, Tajikistan) * Reduce and provide safe home delivery environment (Tajikistan) * Breastfeeding and child nutrition campaigns (DR, Kenya, Mauritania, Senegal, Tajikistan) * Improve system of birth registration process (Tajikistan) * Vitamin, mineral, and nutrition supplements for mothers and children (DR, Niger, Tajikistan) * Prevent mother-child HIV transmission (Gabon, Ethiopia, Kenya, Tajikistan) * Reduce STD's in pregnant women (DR) * Reduce fertility rate by increased contraceptive use (DR, Ethiopia, Mauritania, Togo, Yemen) * Sensitize men to risks of STDS and provide service (Togo) * Free immunizations for children under 5 (Tajikistan) * Immunize pregnant women (Tajikistan) * Educate community leaders and medical authorities on women's health (Togo) * Facilitate capacity building and combat HIV in sex workers (Ethiopia, Gabon, Tajikistan) * Focus family planning and access on rural areas (Kenya, Tajikistan, Togo) * Manage malaria and anemia in pregnancy (Kenya, Senegal) * Increase medical coverage and quality of deliveries (DR, Kenya, Tajikistan, Yemen) * Increase female medical staff recruitment (Yemen) * Postpartum and post-abortion care and counseling (Kenya) * Family planning services (DR, Kenya, Senegal, Tajikistan, Yemen) * Intermittent Presumptive Treatment (IPT) of malaria for women (Kenya) * Accelerate ITN coverage and utilization among children under 5 (Kenya) * Provide anti-malaria drugs for children under 14 (Tajikistan) * Increase access to reproductive health centers for teenagers (Senegal, Yemen) * Free delivery, post and pre-natal care for women (Tajikistan) 	<ul style="list-style-type: none"> * Maternal education to improve child health (Ethiopia, Kenya, Togo) * Subsidies to mothers for primary education (DR) * Literacy programs for women (Ethiopia, Senegal, Togo) * Increase girls' attendance in primary and secondary school (Ethiopia, Senegal) * Increase number and training of female teachers (Ethiopia, Senegal, Yemen) * Financial support for girls pursuing scientific/ technological disciplines (Togo) * Increase girls' attendance in university (Ethiopia) * Institute law sanctioning sexual harassment (Togo) * Provide separate bathrooms and/ or playgrounds for girls (Mauritania, Tajikistan, Togo) * Create database disaggregating sex in education system (Togo) * Research strategies to reduce gender equity (DR, Senegal, Tajikistan) * Revise textbooks to exclude sexist materials (DR, Togo) * Sensitize teachers and school personnel to gender (DR, Togo) * Encourage girls to marry and give birth at older ages (Mauritania, Senegal) * Target women for vocational and skills training (Togo) * Provide financial support for unwed mothers (Gabon) * Develop research methodology for absenteeism, pregnant teens (DR) * Educate men about safe motherhood (Kenya) <p>Agriculture, Infrastructure, and Urban Development Sectors</p> <ul style="list-style-type: none"> * Increase land access for women (Senegal) * Subsidize home energy costs for female-headed households (Kenya) * Rehabilitate and build day-care centers, shelters, and community centers (DR) * Mobilize professional women organizations to improve slum conditions (Ethiopia) * Increase micro-credit for female-run small farms (Tajikistan) * Support rural road networks that increase women and girls' access to schools and health facilities (Yemen) * Encourage women's participation in environmental projects (Yemen) * Train Forestry Ministry staff with gender perspective in planning and programming (DR) * Establish Forestry Ministry fund for agro-forest activities targeted at women (DR) * Increase provision of water and energy sources for women (Yemen)

III. Actual Costs of Achieving Gender Equality: Overview of Ten Sample Countries

The total aggregated estimates to achieve gender equality and women's empowerment stem from specific interventions that countries propose and for which they estimate costs. As demonstrated by the variety of interventions across countries, clearly there is no single blueprint or formula for every country to follow and each tailors its interventions according to the needs of its target populations.

For each country we present the costs for gender equality identified by the country needs assessments for achieving MDG3 through gender specific interventions, in addition to the author's calculations of the costs of gender mainstream interventions based on the methodology outlined in the Grown et al (2006) paper.² Following the Grown et al methodology, all costs are presented in per capita terms to enable comparison across countries. The average annual cost to implementing a broad range of interventions aiming to promote gender equality in all of the sample countries varies from US\$1.6 to \$95.4 million dollars per intervention, contingent upon the type of intervention, the cost components and coverage of the target population.

Before describing country-specific information, it is important to understand the implications of these estimates. The MDG needs assessments results are a quantitative reflection of countries' own priority actions to achieve the different MDGs. They are reflective of the type of interventions, the scale of effort intended and the manner in which this effort is integrated across sectors. The numbers should therefore be seen as indicators of government commitment and capability to achieve the MDGs. For this purpose, the MDG needs assessments offer a rich canvas of comparable intent across low-income countries. They offer a promising framework to channel resources but are not sufficient themselves; further work is needed to convert these estimates into actual programs and implementation plans.

Despite this caveat, the experiences of the countries offer interesting insights and validation of the theoretical assumptions behind the needs assessment approach. The Grown et al 2006 paper estimates that approximately 35-50% of total MDG costs are attributed to achieving gender equity (Grown et al 2006). This is corroborated by these ten sample case country examples with MDG needs assessments. Excluding two outliers of Senegal and Tajikistan, the average total costs for achieving gender equality as a percentage of total MDG costs is within the estimated range of 35-50% for these actual country estimates, from 30.96% to 53.43%. The bulk of the gender share of MDG costs for all ten countries are found in the gender share of non-targeted gender mainstreaming interventions, ranging between US\$8.60 per capita and US\$120.31 per capita annually over the MDG period 2006-2015 highlighting the critical importance of cross-sector investments to achieve the goals of gender equality.

² All identified interventions and costs are based upon the most recent data available as of May 2007, and due to the dynamic nature of costing methodology, some countries may have changed this information since this point of time

Dominican Republic

The total estimated average annual per capita cost to achieve all MDGs in the Dominican Republic is \$291.21. Of this amount, the government has estimated that \$2.09 per capita is needed to implement gender specific interventions annually. Such interventions include defending equal rights to property and inheritance for \$0.02 per capita, encouraging female political participation at \$0.08 per capita, and helping the transition of girls to the work place for \$0.04 per capita. The line item gender specific intervention with the highest per capita costs for gender specific interventions is \$1.36 for training and support for female political candidates, followed by \$0.45 for equal rights to employment and \$0.14 to raise awareness on sexual and reproductive health. Additionally, the Secretaria de Estado de la Mujer did an exemplary job of providing a thorough, detailed break-down of over a hundred specific line item interventions comprising these general categories (Dominican Republic Secretaria de Estado de la Mujer, 2005).

A larger estimate of \$7.52 per capita is calculated as the annual need to finance gender mainstreaming interventions in other ministries. Some examples of gender mainstreaming interventions are providing subsidies to mothers with children in pre-primary through secondary school through the Education Ministry with the average annual per capita cost of \$1.78, and incorporating a gender perspective into education materials and training with the cost of \$0.03 per capita. The highest estimated financial requirements for gender mainstream interventions can be found in the nutrition and health sectors, with interventions such as providing a total micronutrient program for pregnant women and children under five for \$3.27 per capita, promoting child health for \$2.36 per capita, and promoting maternal health for \$1.05 per capita. Also, the Dominican Republic includes gender mainstreaming costs in more non-traditionally gender-related sectors such as environment and infrastructure. One intervention planned in the environment sector aims to integrate a gender perspective into environmental planning at \$0.05 per capita annually, while interventions in the infrastructure sector include the construction and rehabilitation of child day care centers and emergency shelters for women at an estimated cost of \$0.16 per capita annually.

In addition, our calculations show that the share of costs of interventions not explicitly targeted for gender that have a significant impact on improving gender outcomes is very high. The apportioned costs are estimated at \$120.31 per capita annually. Adding this to the previous cost components, the analysis from the Dominican Republic shows that the total share of MDG interventions attributable to achieving gender equality is 43.86% of the total MDG costs, which is on average \$129.92 per capita annually.

Ethiopia

Ethiopia's total estimated annual average per capita expenditure on achieving all the MDGs is \$115.07. Only \$0.13 per capita is reported in the Ethiopia MDG needs

assessment for the cost of gender specific interventions. The costs of the interventions comprising this amount include addressing the institutional weaknesses and capacity for women for \$0.02 per capita and strengthening the Women's Affairs Office for \$0.04 per capita. An aggregate cost of \$0.06 per capita annually remains, which includes proposed interventions such as mainstreaming gender planning by creating disaggregated gender data, family life education services, programs to alleviate economic burdens of female-headed households through micro-credit, skills training, and land access.

The cost for gender mainstreaming interventions is reported as \$0.26 per capita on average annually. The only cost provided in the needs assessment for gender mainstreaming interventions is the total aggregate cost for a population strategy to reduce fertility from 5.9 to 4 at an average annual per capita cost of \$0.26. The analysis proposes several gender mainstreaming interventions qualitatively, but does not provide an estimated cost associated with these line items. Such interventions include facilitating capacity building in the commercial sex labor market, mobilizing professional women's organizations to improve slum conditions, providing ARV treatments to HIV positive pregnant women, and increasing the number of midwives and staff trained in deliveries, among several others.

Further, our estimations show that the share of costs of interventions not explicitly targeted for gender that have a significant impact on improving gender outcomes is on average \$35.24 per capita annually. Adding this to the previous cost components, the analysis from Ethiopia shows that the total share of MDG interventions attributable to achieving gender equality is 30.96% of the total MDG costs, which is on average \$35.63 per capita annually. It is important to note that the costs for both gender specific and gender mainstream interventions appear to be underreported, as Ethiopia proposes many qualitative gender specific interventions and gender mainstream interventions, but does not provide a cost for implementing such interventions.

Gabon

The total average annual MDG cost in Gabon is estimated to be \$173.62 per capita. Gabon has a relatively high per capita cost estimated to be spent on gender specific interventions to achieve MDG3, at \$6.38 on average annually. The largest share of this estimated cost is for a proposed intervention to combat violence against women for \$5.70 per capita annually. However, the line-item interventions and further detail of how this action will be carried through and subsequent costs are not reported. Other interventions included in this estimate are addressing systemic gender issues for \$0.27 per capita, administrative costs for the women's ministry to handle gender issues for \$0.30 per capita, and promoting political activity and involving women in policy for \$0.01 per capita. At an estimated cost of \$0.05 per capita annually each, interventions to implement a public awareness campaign on sexual and reproductive health and training girls in professional trade are also included.

Gabon estimates that approximately \$14.90 per capita annually is needed to achieve objectives of gender mainstreaming interventions. The bulk of this expenditure is for maternal health care and family planning, estimated to cost \$10.80 per capita annually. This is followed by reducing infant mortality for \$2.87 per capita, fighting HIV/AIDS among female sex workers targeted with education campaigns and HIV testing and treatment for \$1.04 per capita, and preventing mother-to-child transmission of HIV for \$0.19 per capita.

In addition, our estimations show that the share of costs of interventions not explicitly targeted for gender that have a significant impact on improving gender outcomes is very high. The apportioned costs are estimated at \$71.48 per capita annually. Adding this to the previous cost components, the analysis from Gabon shows that the total share of MDG interventions attributable to achieving gender equality is 53.43% of the total MDG costs, which is on average \$92.76 per capita annually.

Kenya

In Kenya, the total estimated annual average per capita cost for achieving all MDGs is \$141.95. The total estimated cost for gender specific interventions is \$4.64 per capita annually, although this appears to underestimate the costs for the total proposed interventions, as numerous interventions are identified without specifying cost estimates. Kenya estimates that \$1.32 per capita is required to strengthen ministries to implement international agreements to end gender discrimination and \$1.58 per capita to build coalitions and mobilize support for female political participation. Further, Kenya estimates that approximately \$0.47 per capita annually is required for gender mobilization, and \$0.61 required for lobbying and advocacy for gender. Other gender specific interventions that appear in the needs assessment without cost estimates include reducing female genital cutting and early child marriage, protecting girls from child labor and prostitution, and lowering entry marks for admission and allowing drop-outs due to pregnancy to re-enter the school system among several others.

Similarly, the estimated cost of \$4.06 per capita annually to achieve the objectives of gender mainstreaming interventions appears to be underreported as many interventions are mentioned in the needs assessment qualitatively, but do not appear to have subsequent cost estimates to implement the interventions. Surprisingly, the bulk of this estimated gender mainstream cost is \$2.41 per capita annually for an intervention implemented in the energy sector to provide female headed households with energy subsidies, and \$0.44 per capita to implement energy strategies to promote gender equality. This is followed by interventions in the nutrition and health sectors, with proposed interventions to provide nutrition for children for \$0.46 per capita, child health care for \$0.29 per capita and maternal health care for \$0.15 per capita, followed by an estimated average annual per capita cost of \$0.07 to provide nutrition for pregnant women and lactating mothers.

In addition, our estimations show that the share of costs of interventions not explicitly targeted for gender that have a significant impact on improving gender

outcomes is estimated at \$41.08 per capita annually. Adding this to the previous cost components, the analysis from Kenya shows that the total share of MDG interventions attributable to achieving gender equality is 35.07% of the total MDG costs, which is on average \$49.78 per capita annually.

Mauritania

Mauritania estimates that \$114.21 per capita will be needed on average annually throughout the MDG period to achieve all MDGs. Gender specific interventions are estimated to cost \$2.38 per capita on average annually. This cost is not disaggregated into individual line items, but is rather presented as an aggregated cost for all gender specific interventions to achieve MDG3. Specific interventions included in the needs assessment are sensitizing the general public to gender issues and ensuring a legal framework that allows for divorce and sets a minimum age for marriage. Although these interventions do not include specific costs, it appears as though they comprise the \$2.38 per capita annually estimated as the required financial resources to attain MDG3.

Gender mainstreaming costs are estimated to cost \$9.78 per capita annually. Although several interventions are mentioned in the MDG needs assessment that would contribute to the achievement of gender equality, only maternal and child health costs are included, for a total of \$5.94 per capita and \$3.84 per capita, respectively. Other interventions that appear but do not include cost estimates include providing separate latrines for girls in the education sector, educating girls to marry later and have children later to decrease the maternal death rate in the health sector, and breastfeeding and nutrition for infants awareness programs in the nutrition sector.

In addition, our estimations show that the share of costs of interventions not explicitly targeted for gender that have a significant impact on improving gender outcomes is estimated at \$38.61 per capita annually. Adding this to the previous cost components, the analysis from Mauritania shows that the total share of MDG interventions attributable to achieving gender equality is 44.45% of the total MDG costs, which is on average \$50.77 capita annually.

Niger

Niger estimates a total cost of \$105.44 per capita needed to achieve the MDGs. The estimated average annual per capita cost for gender specific interventions is \$2.24. Niger estimates that \$2.13 per capita is required to provide vocational training and school-to-work programs for girls graduating from secondary school, \$0.04 per capita annually is required to fund administrative costs to promote gender equality, and \$0.02 per capita is needed to address female political participation. Combating violence against women is estimated to cost \$0.01 per capita annually, which includes increasing support for shelter/ temporary housing that assist victims of violence as well as increasing telephone police and emergency lines for victims of violence from 25% to 50% coverage.

Lastly, addressing systemic problems with women's rights is estimated to cost \$0.03 per capita, while interventions to increase sensitization of judges, police, and other officials, and creating centers for professional training for women in urban centers do not include a specific line item cost estimate.

Gender mainstream interventions in Niger are estimated to cost \$3.36 per capita annually. The entire cost for this portion of costs estimated to achieve gender equality is for improving maternal health for an estimated \$1.53 per capita annually, and improving infant and child health with an estimated gender share of \$1.83 per capita annually.

In addition, our estimations show that the share of costs of interventions not explicitly targeted for gender that have a significant impact on improving gender outcomes is estimated at \$43.19 per capita annually. Adding this to the previous cost components, the analysis from Niger shows that the total share of MDG interventions attributable to achieving gender equality is 45.28% of the total MDG costs, which is on average \$48.80 per capita annually.

Senegal

In Senegal, the total average annual per capita cost estimated to achieve all MDGs by 2015 is \$83.25. In Senegal's MDG needs assessment, numerous interventions are proposed to achieve MDG3, but no costs are estimated to achieve this goal. These interventions include adopting legislation to protect women's rights, sensitizing communities to women's issues, reinforcing leadership of women in rural areas, and making technology available to women in rural areas. Further, Senegal also identifies the need for funds for the economic promotion and support of women, access to girls for teaching, promoting professional training of girls and women, improving women's health, combating violence against women, and capacity building in education, health, and justice. Presumably, if these interventions were detailed with individual line item costs, we would expect that the total cost estimate for achieving gender equality would increase substantially.

Similarly, \$2.87 is estimated to account for gender mainstreaming interventions, although this appears to also be underestimated as numerous interventions are stated as required, but no subsequent costs are provided. Of the estimated \$2.87 per capita annually for gender mainstream interventions, all is included in the health sector to provide infant health for \$1.12 per capita, decrease maternal mortality for \$0.74 per capita, the gender share of decreasing infant and child mortality for \$0.98, and nutrition for pregnant and nursing mothers for \$0.03 per capita. Other interventions such as improving reproductive health, promoting equal access for women to health services, increasing the number of females in teaching positions and the number of girls who complete primary school, eradicating illiteracy for women, increasing land access for women, and protecting children from exploitation such as early marriages, among others, are mentioned in the needs assessment but do not include costs for such interventions.

In addition, our estimations show that the share of costs of interventions not explicitly targeted for gender that have a significant impact on improving gender outcomes is significantly lower than expected. The apportioned costs are estimated at \$8.60 per capita annually. Adding this to the previous cost components, the analysis from Senegal shows that the total share of MDG interventions attributable to achieving gender equality is 13.78% of the total MDG costs, which is on average \$11.47 per capita annually. The costs reported in the needs assessment appear to be underestimated, as no costs are presented for identified gender specific interventions.

Tajikistan

In Tajikistan, the total average annual per capita estimate to achieve all MDGs by 2015 is \$170.49. Tajikistan presents a total estimated average annual cost of \$1.50 per capita to achieve MDG3 with gender specific interventions. Disaggregated line item costs are not provided for the interventions included in this cost, but it is assumed that the following interventions are included in the estimated \$1.50 per capita required resources. Awareness of sexual and reproductive health issues, supporting the transition of girls and women to work, encouraging political participation, ending violence against women, and addressing systemic issues are generally proposed as required to achieve MDG3. A plethora of more specific interventions are identified by Tajikistan to attain MDG3, including conducting analyses on women's participation in politics, education, and access to resources, supporting young women in receiving education and finding sustainable employment, supporting small and medium businesses run by women, providing free obstetric and pre- and post-natal services, adopting a law on social-legal protection from domestic, and creating information centers, support groups, and shelters, among many others.

The estimated average annual cost of gender mainstream interventions is \$43.38 per capita, which is over-reported since the large bulk of this is \$39.71 per capita for child and maternal health, presented in the needs assessment as working towards achieving gender equality. However, if these costs were further disaggregated, in the case of child health care only a portion of this cost would be attributed to achieving gender equality. Additional gender mainstream interventions include increasing micro-credit programs for small farmers targeting populations of women for \$0.81 per capita annually in the nutrition sector, and training gynecologists and obstetricians for \$0.04 per capita and providing contraceptives for \$0.03 per capita. In the education sector, the needs assessment proposes providing school lunch to children from economically disadvantaged families for \$2.08 per capita, reducing the disparity between boys and girls through educational resources for \$0.25 per capita, and providing gender-sensitive latrines for \$0.29 in the education sector. Numerous gender mainstream interventions are also identified in the needs assessments, but no cost estimates are provided. Some of these interventions without costs include breastfeeding programs and iron supplements for women and HIV/AIDS risk reduction for commercial sex workers.

In addition, our estimations show that the share of costs of interventions not explicitly targeted for gender that have a significant impact on improving gender outcomes is estimated at \$61.27 per capita annually. Adding this to the previous cost components, the analysis from Tajikistan shows that the total share of MDG interventions attributable to achieving gender equality is 62.25% of the total MDG costs, which is on average \$106.15 per capita annually. However, as previously mentioned, this high percentage of the total MDG costs is inflated due to the over-reported share of child health care attributed to gender equality in the needs assessment.

Togo

Togo estimates \$204.40 per capita on average annually is required to achieve all MDGs by 2015. It is estimated that the total annual average cost per capita to achieve MDG3 with gender specific interventions is \$2.70 per capita. Togo's needs assessment estimates that \$0.05 per capita annually is required to set up programs for victims of violence, \$1.70 per capita is required to implement sensitization programs for reproductive health including targeted programs to men to educate them on the risks of HIV/AIDS, and \$0.44 per capita is necessary to encourage participation of girls in the labor market. Further, Togo identifies encouraging political participation of women as a necessary intervention requiring an investment of \$0.05 per capita annually, in addition to addressing systemic problems related to gender equality for an estimated \$0.46 per capita. Other MDG3 interventions in the needs assessment that are not presented with line-item costs include programs for women to access modes of transport, creating television and radio channels targeted for positive body image for women, targeting 50% of agricultural finance credits towards women, and improving women's detention centers, particularly for those pregnant and nursing, among others.

The total estimated annual average cost for gender mainstream interventions is an average annual resource investment of \$7.05 per capita. Included in this estimate is \$1.46 per capita required to subsidize the re-enrollment of mothers in primary and secondary education, with the remaining amount of \$1.57 and \$4.03 per capita required respectively to improve maternal and infant health care. Other interventions identified in the needs assessments without provided costs include STD services and sensitization to the risks of STDs for men, social marketing programs for the use of contraceptives, financial support for girls pursuing scientific and technological disciplines, and laws sanctioning sexual harassment in schools, among numerous others.

In addition, our estimations show that the share of costs of interventions not explicitly targeted for gender that have a significant impact on improving gender outcomes is very high. The apportioned costs are estimated at \$85.52 per capita annually. Adding this to the previous cost components, the analysis from Togo shows that the total share of MDG interventions attributable to achieving gender equality is 46.61% of the total MDG costs, which is on average \$95.27 per capita annually.

Yemen

Yemen estimates the total average annual per capita cost needed to achieve all MDGs by 2015 to be \$195.89. All costs for achieving MDG3 are estimated at an annual average of \$141,022, or \$0.01. Included in this cost are numerous proposed interventions, although it is not clear if all are estimated to cost \$0.01 per capita annually in sum, or if some interventions were not estimated with costs. Some interventions proposed include providing credit to encourage women's off-farm work, providing incentives to the private sector to employ women, and reviewing and engendering labor laws to provide a suitable working environment for women. Also identified are training women candidates in leadership and campaigning skills, preventing violence against women through legislation, awareness, and education, training prison staff to ensure proper treatment of women prisoners, and providing counseling, shelter, rehabilitation, conciliation, and medical services to women, among many others.

The total cost identified for gender mainstream interventions is \$5.82 per capita on average annually. This cost is based entirely on providing the gender share of child health estimated as \$2.80 per capital annually, and \$3.03 per capita for maternal health. Interventions not reported with explicit line-item costs include integrating reproductive and sexual health services into primary health care, initiating sexual health programs in communities and schools, and encouraging the use of family planning methods targeted at both males and females in the health sector. In the infrastructure sector, proposed gender mainstreaming interventions include supporting rural roads to enhance women and girls' accessibility to schools and health facilities and encouraging women's participation in environmental projects.

In addition, our estimations show that the share of costs of interventions not explicitly targeted for gender that have a significant impact on improving gender outcomes is very high. The apportioned costs are estimated at \$79.83 per capita annually. Adding this to the previous cost components, the analysis from Yemen shows that the total share of MDG interventions attributable to achieving gender equality is 43.67% of the total MDG costs, which is on average \$85.56 per capita annually.

IV. National Budget Allocations to Promote Gender Equality: Lessons Learned from the Dominican Republic, Kenya, and Yemen

Countries are making progress towards incorporating the practical exercise of costing gender interventions into actual national budget allocations. We focus on the Dominican Republic, Kenya, and Yemen to analyze this progress. All three published MDG needs assessments in 2005 and thus have undergone at least two budget cycles since publication. This allows us to review trends in national budget allocations to gender interventions before and after the publication of the 2005 needs assessments. Reviewing this analysis, it is impossible to attribute any increases in budgets for gender equality or social sector spending directly to the publication of MDG needs assessments, but we do observe positive effects of strategic planning and increased political discourse on social sector spending.

Key trends are found in all three countries despite differences in culture, politics and policy environment, and planning. First, there is a significant lack of data in terms of evaluating national budget allocations. The rhetoric of gender equality and women's empowerment is integrated into planning documents in all three countries, but it is difficult to evaluate actual spending on gender equality because budgets are overall not gender sensitive or transparent. Further, budgets are not aligned to tracking expenditures on MDG outcomes and targets. Third, where funding has been appropriated, it is scarcely enough to sustain the ministry staff and administrative budgets, let alone provide resources for implementation of planned MDG gender equality interventions. In all three countries it does appear that after periods of relative decline or stagnation in social sector spending, particularly when compared to the overall percentage of allocations to social sectors as compared to total national budget increases from 2000-2004, around the publication of the MDG needs assessments in 2005 there was a spike in total national budget allocations for health and education ministries. However, the overall share of the total national budget that women's ministries have received has been stagnating around .08-.09% since the ministries' inception. The MDG needs assessments have helped in better planning and prioritization of gender equality, but the increase in investments to enable implementation has not yet happened.

Gender Equality Needs Assessments: Process and Estimates

The Dominican Republic, Kenya, and Yemen each had involvement of representatives from each respective women's ministry throughout the MDG needs assessment planning, costing, and approval process. The Dominican Republic has the most detailed needs assessment with correlating cost estimates for gender equality interventions, followed by Kenya and then by Yemen.

The MDG needs assessment planning process in the Dominican Republic included the Women's Ministry and involved a creative and innovative planning approach that integrated all other sectors. The Presidential Commission on the Millennium Development Goals and Sustainable Development (COPDES) coordinated this successful planning process, allowing for cross-sector integration and collaboration with six working groups, 20 sub-groups, and several sub-groups. A detailed list of 300 interventions to meet MDG3 was drafted, involving the Ministry of Women's Affairs, COPDES, other government sectors, and various civil society organizations. The Ministry of Women's Affairs was involved in proposing a list of all interventions with quantitative targets, approving the list with investments needed, and drafting follow-up steps for the implementation of identified MDG3 interventions. The involvement of the Ministry of Women's Affairs in the DR MDG Needs Assessment planning process resulted in a thorough needs assessment that incorporated detailed plans for implementing gender specific interventions and strategies to incorporate gender throughout all MDG sectors.

Table 4 below provides an overview of planned expenditures on gender equality interventions in the Dominican Republic. The Ministry of Women's Affairs produced its own needs assessment for MDG3 which fed into the MDG planning process and provided it with the tools to move forward in soliciting national budget allocations. The Ministry of Women's Affairs for the first time published an estimate of what is needed to achieve gender equity (Secretaria de la Mujer, 2005), and gained leverage in negotiating on behalf of gender equity within the government (COPDES 2006). This is further illustrated by the theme of gender equality appearing as a theme throughout the majority of most of the other MDG sector plans.

Table 4: Planned MDG3 and MDG mainstream average annual per capita costs (2007 US\$) in the Dominican Republic (2006-2015)

Gender Specific Interventions	\$2.09
Awareness on sexual and reproductive health	\$0.14
Transition of girls from school to work	\$0.04
Encourage female political participation	\$0.08
Eliminate gender-based violence	\$1.36
Defend equal rights to property and inheritance	\$0.02
Address systemic issues	\$0.45
Gender Mainstream Interventions	\$7.52
Incorporate a gender perspective into education (Education)	\$0.03
Provide subsidies to mothers for primary education (Education)	\$1.78
Provide micronutrients for pregnant women and children under 5 (Agriculture)	\$3.27
Provide vitamin A supplements to children under 5 (Agriculture)	\$0.02
Maternal health care (Health)	\$1.05
Child health care (Health)	\$1.16
Incorporate a gender perspective into environmental strategies (Environment)	\$0.05
Construction and rehabilitation of child care and emergency shelters (Infrastructure)	\$0.16

Source: The Dominican Republic 2005 MDG Needs Assessment based on average per capita costs per annum over the MDG period (2006-2015).

Kenya also produced a comprehensive MDG needs assessment in which gender is mainstreamed throughout most MDG sectors, even in more non-traditional areas such as energy. Two representatives from the Ministry of Gender, Sports, and Culture were involved in the MDG planning and budget process, playing an integral role in asserting gender perspectives throughout each MDG sector plan. Further, civil society organizations with interests in promoting gender equality were involved throughout this process, but it is not clear to what extent the representatives from the Gender Ministry were trained in planning and costing procedures.

The level of detail in disaggregating data and the quality of data available could have improved the level of detail in costing gender specific and mainstreaming interventions. Many qualitative gender interventions are offered as priorities throughout the Kenya MDG Needs Assessment, but not all proposed interventions are listed with line item costs. This makes it difficult for policymakers to ascertain the resources necessary to implement any particular intervention. Table 5 below highlights the per capita costs planned in the MDG needs assessments for gender specific and gender mainstreaming interventions.

Table 5: Planned MDG3 and MDG mainstream average annual per capita costs (2007 US\$) in Kenya

Gender Specific Interventions	\$4.64
Gender mobilization	\$0.47
Women's institution strengthening	\$1.32
Lobbying and advocacy for gender equity	\$0.61
Building coalitions and mobilizing support	\$1.58
Research, information, and monitoring	\$0.66
Gender Mainstream Interventions	\$4.06
Nutrition for infants (Agriculture)	\$0.25
Nutrition for children (Agriculture)	\$0.46
Nutrition for pregnant women (Agriculture)	\$0.07
Maternal health care (Health)	\$0.15
Child health care (Health)	\$0.29
Female-headed household energy subsidies (Energy)	\$2.41
Incorporate gender perspective into energy strategies (Energy)	\$0.44

Source: Kenya 2005 MDG Needs Assessment based on average per capita costs per annum over the MDG period (2006-2015).

In Yemen, The National Women's Committee (NWC) is the government body tasked with addressing gender issues, and was involved with the planning process of the Yemen MDG Needs Assessment. The NWC had two representatives present throughout the planning and approval process of the Yemen MDG needs assessment. Additionally, the NWC succeeded in publishing an MDG needs assessment dedicated to planning for gender equality interventions to feed into the overall national needs assessment.

As reflected in the Yemen MDG Needs Assessment, gender equality interventions are proposed throughout all sectors, but the actual proposed expenditures focus on scaling-up child and maternal health interventions. Although gender equality interventions are proposed in the MDG needs assessment in other sectors such as gender equality, education, and agriculture, there are not specific line item costs proposed in these sectors, so the extent of planned investment in gender mainstreaming is unknown. Additionally, the total cost planned for gender specific interventions are very low at approximately \$.01 per capita annually. These estimates are inadequate for interventions such as increasing the capacity of the NWC and female political participation. The NWC, along with government officials and civil society organizations, point to the need for training of NWC staff in budget processes in order to have greater understanding to influence of national plans to incorporate gender equality strategies.

Actual Budget Allocations for Gender Equality Interventions

Overall trends in national budget allocations to health, education, and women's ministries are identified. Although this does not tell us whether or not actual investments in the gender equality interventions are being made, it does tell us whether or not the government is increasing investment in these social sectors where many of the MDG gender specific and gender mainstreaming interventions are proposed.

Table 6 below summarizes the budget allocations in all three countries to health, education, and women's ministries as a percentage of the total national budgets. This data looks at changes between the time period of 2004 and 2005, taking into consideration the publication of MDG needs assessments in the year 2005. In all three countries there has been little change in the percentage allocated to these sectors, with slight increases in the case of Kenya and slight decreases in the cases of the Dominican Republic and Yemen. However, it is important to note that in all three countries the expected percentage of national budget allocations reported as planned for 2007 in all three countries reflects planned increases in social sectors. Because 2006 national budgets were most likely planned before the publication of the MDG needs assessments, we would not expect a significant increase in percentage of budget allocations for this budget cycle.

As reflected in Table 6, the total percentage of the budget allocated to the women's ministry is miniscule, not exceeding 1% of the national budget in any of the sample countries. In the case of Yemen, the national budget does not provide a delineated budget for the NWC and so it is unknown what the exact budget is, but is estimated to be similar to the DR and Kenya at 0.08% to 0.09%. Kenya and Yemen are allocating significant resources to the Education Ministry at around 21.5% and 16% respectively in recent years. In all countries budget allocations to health ministries are below 11% of the total national budget, and have decreased from 2004 to 2006 except in the case of Kenya where there was approximately a 1% increase of the two budget cycles.

Table 6: Percentage of overall national budget allocations to health and education ministries

	Health		Education		Women's Ministry	
	2004	2006	2004	2006	2004	2006
Dominican Republic	10.60%	8.91%	8.40%	8.19%	0.09%	0.08%
Kenya	4.76%	5.99%	21.04%	21.94%	0.09%	0.08%
Yemen	5.24%	4.25%	16.60%	15.67%	**NA	**NA

* Percentages of budget allocations are extracted directly from most recent national budget documents.

**Yemen's national budget did not provide a line item allocation to the National Women's Committee, but is estimated to be around .08-.09% of the total national budget.

Table 7 below provides actual national budget allocation changes per capita from 2004 to 2006 in US\$ million (2007). Since all national budgets have increased, even though we observe decreasing or stagnating percentages of the total national budget allocations to these social sectors, actual allocations in real dollars have been steadily increasing. Total annual budget allocations for the women's ministries in the Dominican Republic and Kenya have yet to exceed US\$5 million, an amount that barely covers administration costs in Nairobi and Santo Domingo, let alone funding program and operation costs for proposed MDG3 interventions. The budget allocation for Yemen's Women's Ministry is not reported but is expected to be approximately the same amount as the Dominican Republic and Kenya.

Table 7: Cross-country comparison of actual national budget allocations to per capita in US\$ (2007)

	Health		Education		Women's Ministry		Total National Budget	
	2004	2006	2004	2006	2004	2006	2004	2006
Dominican Republic	\$51.24	\$65.62	\$40.59	\$60.36	\$0.43	\$0.55	\$483.45	\$736.58
Kenya	\$7.96	\$10.85	\$35.20	\$39.73	\$0.00	\$0.00	\$167.34	\$181.04
Yemen	\$11.15	\$11.66	\$35.36	\$43.05	**NA	**NA	\$212.99	\$274.71

Source: Data of budget allocations are extracted directly from most recent national budget documents.

**Yemen's national budget did not provide a line item allocation to the National Women's Committee, but is estimated to be around .08-.09% of the total national budget.

Table 8 below shows the actual per capita planned expenditures compared to actual investments to achieve MDG3 by national governments in FY2006. Actual expenditures for gender mainstreaming interventions reported are underestimated because national budgets do not delineate the budgets to report spending on gender mainstreaming interventions. From anecdotal evidence these countries are allocating resources to gender mainstreaming interventions, but no actual raw data is readily available on the actual investments. None of the sample countries have to date made efforts to streamline their national budgets with planned MDG budgets, which would make the process of identifying achievements and gaps in investments more accurate. However, in all cases actual budget allocations to achieve MDG3 are falling short of planned investments in both gender specific and gender mainstreaming interventions.

Table 8: Planned per capita US\$ MDG expenditures for gender interventions vs. actual reported national budget allocations disaggregated by gender in FY2006

	Gender Specific (Women's Ministry)		Gender Mainstreaming (All other sectors)	
	Planned	Actual	Planned	Actual
Dominican Republic	\$2.09	\$0.73	\$7.52	NA
Kenya	\$4.64	\$0.14	\$4.06	NA
Yemen	\$0.06	NA	\$5.82	\$0.13

* Planned expenditures are based on estimates from individual 2005 MDG needs assessments and actual expenditures are based on actual reported national budget allocations.

The Dominican Republic

Table 9 below shows the percentages of national budget allocations to the Ministries of Health, Education, and Women’s Affairs from 2004 to 2007, as well as the real budget allocations to these sectors. There has been an increase from 2006 to proposed 2007 budget allocations in Health and Education Ministries. The Ministry of Education received the highest share of the national budget that it had received since before 2004 in projected 2007 allocations of 9.61% of the total national budget. National allocations to health and education had both been decreasing as a total share of the budget from 2004 to 2006, from 10.6% to 8.91% for the Ministry of Health, and from 8.4% to 8.19% for the Ministry of Education. However, since the MDG needs assessment was published, the planned allocations for both have increased as overall percentages of the national budget allocation to 9.68% for the Ministry of Health and 9.61% for the Ministry of Education. The amount that the government has allocated to the Ministry of Women’s Affairs has hovered around .08% to .09% from 2004 to 2007. COPDES Executive Director John Gagain has stated that with rising oil prices the national government has been spending 35% of its national budget on natural resources, presenting the government with a challenge in appropriating resources towards the social sectors and investing in MDGs (Gagain, 2006).

Table 9: Percentage of total national budget allocations to social sectors in the DR

	2004	2005	2006	2007
Health	10.60%	9.98%	8.91%	9.68%
Education	8.40%	8.29%	8.19%	9.61%
Women's Ministry	0.09%	0.08%	0.08%	0.09%

** Percentages of budget allocations are extracted directly from most recent national budget documents.*

Table 10 below provides actual annual budget expenditures from 2004 to planned expenditures in 2007. In real per capita US\$ dollars, national budget allocations for the Women’s Ministry have increased from US\$0.43 in 2004 to US\$0.76 planned 2007 expenditures. The Ministry of Health budget has increased from US\$51.24 in 2004 to a planned US\$84.97 in 2007, and the Ministry of Education budget has increased from US\$40.59 in 2004 to planned US\$84.30 in 2007. Overall real budgets are increasing, but the budget for the Women’s Ministry is not sufficient to implement planned gender equity interventions in the MDG needs assessment. Additionally, it is difficult to evaluate actual expenditure on maternal health care and other gender mainstreaming interventions with the Ministries of Health and Education due to the difficulty in disaggregating the budget by line item and by gender.

Table 10: Actual national budget allocations in the DR per capita in US\$ (2007)

	2004	2005	2006	2007
Health	\$51.24	\$63.81	\$65.62	\$84.97
Education	\$40.59	\$52.99	\$60.36	\$84.30
Women's Ministry	\$0.43	\$0.53	\$0.55	\$0.76
Total National Budget	\$483.45	\$639.52	\$736.58	\$877.49

Source: Data of budget allocations are extracted directly from most recent national budget documents.

Kenya

Until the national budget is gender sensitive and identifies target populations served by resources, it will be difficult to identify actual national budget allocations for gender specific and gender mainstreaming interventions. Table 11 below depicts trends in national budget allocations to social sectors in Kenya. National budget allocations to the Women's Department within the Ministry of Gender, Sports, Culture and Social Services have been approximately .08-.09% of the total national budget since its inception in Fiscal Year FY03/04. From FY02/03 to FY05/06 the budget allocation to the Health Ministry as a percentage of the overall national budget increased from 4.95% to 5.99%. For the Education Ministry, from FY02/03 to FY05/06 the budget allocation as a percentage of the overall national budget increased from 18.38% to 21.94%. These figures do not include donor funds that may increase the real dollar amount spent in health and education, and may be targeted specifically for gender interventions.

Table 11: Percentage of total national budget allocations to social sectors in Kenya

	2002/2003	2003/2004	2004/2005	2005/2006
Health	4.95%	4.76%	4.88%	5.99%
Education	18.38%	21.04%	20.23%	21.94%
Women's Ministry	0.00%	0.09%	0.09%	0.08%

** Percentages of budget allocations are extracted directly from most recent national budget documents.*

Table 12 illustrates actual annual budget expenditures in real per capita US\$ before and after the MDG needs assessment planning process in Kenya. The overall national budget has increased from US\$145.94 in FY02/03 to US\$181.04 in FY05/06. The budgets for the health, education, and women have also increased during this time period. The Ministry of Health received a per capita allocation of US\$7.23 in FY02/03 which increased to US\$10.85 in FY05/06, while the Ministry of Education budget increased from US\$26.82 to US\$39.73. However, the Gender Ministry budget, created in FY03/04, decreased slightly from US\$0.15 to US\$0.14 two budget cycles later in FY05/06.

Table 12: Kenya Budget annual national budget allocations per capita US\$ (2007)

	FY 02/03	FY03/04	FY04/05	FY05/06
Gender	\$0.00	\$0.15	\$0.16	\$0.14
Health	\$7.23	\$7.96	\$8.90	\$10.85
Education	\$26.82	\$35.20	\$36.94	\$39.73
Total National Budget	\$145.94	\$167.34	\$182.56	\$181.04

Source: Data of budget allocations are extracted directly from most recent national budget documents.

Yemen

Table 13 below reflects national budget trends in allocations to social service sectors in Yemen as a percentage of total national budget allocations. There has been an increase in the percentage of the overall national budget allocated in to the Health and Education ministries since the MDG needs assessment was written in 2005. From FY05 to FY06 the national budget allocation for health increased from 4.08% to 4.25% of the total national budget. However, the budget has fluctuated within the past five fiscal years. From FY05 to FY06 the national budget allocation for education increased from 14.37% to 15.07% of the total national budget. Social protection services, within in which women's issues are addressed, has had a steady national budget resource allocation of approximately .08%. Although actual allocations to these sectors have been slowly increasing, they have not been increasing proportionately to the increase in the total national budget. However, following a general trend of declining allocations as a percentage of the total budget, both the Health and Education Ministries experienced a slight increase in allocations after the needs assessment was written from 2005 to 2006.

Table 13: Percentage of total national budget allocations to social sectors in Yemen

	2000	2001	2002	2003	2004	2005	2006
Health	4.03%	4.62%	4.01%	3.92%	53.05%	4.46%	2.89%
Education	17.68%	19.47%	20.69%	17.18%	10.81%	16.21%	7.72%
Social Protection	0.44%	0.44%	0.45%	0.31%	18.26%	10.16%	12.34%

* Percentages of budget allocations are extracted directly from most recent national budget documents.

Table 14 below depicts actual annual national budget allocations to social sectors in Yemen. The total national budget has increased per capita from US\$130.37 in 2000 to estimated US\$274.71 in 2006, declining slightly from US\$280.13 in 2005. The budget allocation to the Ministry of Health increased over 50% from US\$5.25 in 2000 to estimated US\$11.66 in 2006. Similarly, the Ministry of Education received a budget increase of over 50% from US\$23.05 in 2000 to estimated US\$43.05 in 2006. The Ministry of Social Protection, which includes but is not excluded to, gender equality matters, received a budget increase from US\$0.57 in 2000 to US\$6.67 in 2006. However, the Yemen MDG Needs Assessment fails to provide cost estimates for gender specific estimates that would be implemented through the National Women's Committee, and the Ministry of Planning noted that the NWC is not meant to implement any actual programs or projects, but is rather meant to serve as a coordinator of women's civil society organizations working to promote gender equality and women's empowerment.

Table 14: Actual national budget allocations in Yemen per capita in US\$(2007)

	2000	2001	2002	2003	2004	2005	2006
Health	\$5.25	\$6.14	\$5.94	\$7.44	\$11.15	\$11.42	\$11.66
Education	\$23.05	\$25.86	\$30.63	\$32.56	\$35.36	\$40.26	\$43.05
Social Protection	\$0.57	\$0.59	\$0.66	\$0.58	\$0.68	\$0.73	\$6.67
Total National	\$130.37	\$132.83	\$148.00	\$189.77	\$212.99	\$280.13	\$274.71

* Percentages of budget allocations are extracted directly from most recent national budget documents.

Although it is still early in the MDG time period (2006-2015) to conduct an analysis of budget responsiveness to MDG needs assessments, we have identified that the level of investment in planned MDG3 interventions in the beginning years of the MDG period are not sufficient to meet the goals of promoting gender equality and women's empowerment. Country budgets do appear to be slowly responding to proposed interventions to increase allocations to social sectors, and it is clear that aggressive planning in MDG needs assessments and costing gender interventions play an integral role in strengthening institutions and soliciting necessary resources to achieve MDG3.

Niger and Mauritania: Highlighting Progress toward Achieving MDG3

Although specific female civil society organizations were not included in the first phase of MDG needs assessment planning in Niger, the Women's Ministry was involved in this phase. In the second phase the models for planning were developed, and experts from the Women's Ministry directed the gender model to be used. The gender models were considered to be a success in producing accurate costing estimates, particularly taking into account refugees and maltreated women. Niger reports an increase of 10% to national budget allocations to the Women's Ministry since 2005, and the percentage of the total national budget allocated to the Women's Ministry is 0.02%, which is an increase from previous budget allocations when the ministry was included in an umbrella Ministry of Social Affairs. Recently the national government adopted a policy to increase budget expenditure on gender equity, particularly to reinforce institutional capacity and gender sensitization. Much of the rise in budget expenditure is attributed to a law enforcing school enrollment quotas for girls and promoting access to credit through the Special Program of the President.

The Secretariat of the State of Female Condition (SECF) was involved throughout Mauritania's MDG Needs Assessment planning and costing processes. Mauritania reports considerable increases in budget allocations for Health and Education Ministries and SECF since 2005 when the gender costing as part of the MDG Needs Assessment was completed. Mauritania reports that the budget for SECF almost doubled from approximately US\$1.48 million in 2005 to US\$2.62 million in 2007. The Ministry for Health and Social Affairs increased from approximately US\$14.78 million in 2004 to US\$34.85 million in 2007. The Ministry of Education's budget allocation also increased from approximately US\$65.2 million in 2004 to US\$93.7 million in 2007. SECF is also noted to be an integral component of the national budget planning process and also plays an active role in other government department budget arbitrations. Mauritania is hopeful that a successful democratic transition from 2005 to 2007 that has included a presidential quota of 20% for women involvement in government administration positions will increase transparency to further close the gender gap.

V. Donor Role in National Resource Allocations to Achieve Gender Equality

From this analysis of the costs needed to achieve gender equality and the current national budget resources being allocated towards gender equality interventions in the Dominican Republic, Kenya, and Yemen, it is clear that a large gap remains in both economic and technical resources to attain MDG3. All three countries have expended an enormous amount of financial and human capital to collect data, calculate costs needed to achieve MDG3, and to plan for strategies to realize national priorities set forth. Donors and national governments can capitalize on this initial investment in the MDG planning process by putting plans into action through guiding allocation of national government and donor resources.

Fluctuations in donor investment in gender equality needs to be smoothed

Donors are spending on projects to support initiatives for gender equality. Table 15 shows donor trends in the percentage of overall aid allocations for gender equality interventions in each of the three case study countries. It is important to note that the OECD definition of gender equality interventions is not necessarily aligned with the MDG definition of gender equality interventions. Thus, this simply illustrates an estimate of donor trends in gender equality investments, but cannot be used to identify a gap in spending on MDG3 interventions. Donors have not been investing consistent amounts of resources to gender specific and gender mainstreaming interventions, which may influence fluctuating priorities in national government spending on gender equality. Donor investment in gender equality initiatives in Kenya has increased from 11.72% to almost a fifth of all aid being allocated in Kenya at 19.38% in 2005. The proportion of donor aid targeted for gender equality interventions has fluctuated in the Dominican Republic between 3.62% and 11.39% of total aid, and fell from 11.39% in 2003 to 7.17% in 2005. Donor aid for gender equality has also fluctuated in Yemen and decreased from 18.08% to 13.02% in 2005.

Table 15: Percentage of total gross disbursement of donor to recipient countries for gender specific and gender mainstreaming interventions

	2001	2002	2003	2004	2005
<i>Dominican Republic</i>	7.07%	3.62%	11.39%	9.89%	7.17%
<i>Kenya</i>	11.72%	11.78%	9.09%	10.42%	19.38%
<i>Yemen</i>	6.00%	7.46%	9.90%	18.08%	13.02%

Source: OECD Statistics on gender

In terms of real donor aid, Table 16 below shows donor aid in US\$ per capita in each of the three case study countries from 2001-2005. Although there has been an overall increase in aid per capita, not all countries have experienced the same levels of investments or steady incremental increases. Aid to the Dominican Republic peaked in 2003 at US\$16.20 per capita and decreased to US\$9.70 in 2005. Donor aid for gender equality in Yemen has increased substantially from US\$5.70 per capita in 2001 to US\$35 in 2005, but the most significant increases are seen in Kenya with donor aid increasing from US\$33 per capita in 2001 to US\$133 per capita in 2005.

	2001	2002	2003	2004	2005
Dominican Republic	\$5.40	\$4.90	\$16.20	\$14.40	\$9.70
Kenya	\$33.00	\$37.90	\$42.10	\$65.50	\$133.00
Yemen	\$5.70	\$14.50	\$13.90	\$32.50	\$35.00

Source: OECD Statistics on gender

From the OECD statistics provided above it is clear that donors have overall increased aid programs targeted towards gender equality interventions during the time period 2001-2005. As all three countries are encouraged to allocate a higher percentage of national resources towards gender equality, donors should exemplify their own commitment to gender by increasing and smoothing investment in gender specific and gender mainstreaming interventions.

Further, in Kenya in the past donor aid has been disbursed at the end of Kenya's fiscal year, making absorption and efficient allocation of donor aid to programs particularly challenging. Additionally, one NGO in the Dominican Republic notes that donors often look too broadly to implement and duplicate programs, without thoroughly analyzing the local needs of the communities which they are assisting. Donors look too generally at the region, and what works in Chile may not work within the social and cultural landscape of the Dominican Republic. Donors should integrate both "top-down" approaches into budget planning through the sensitization of Finance Ministries, as well as "bottom-up" approaches by allowing community in-put and buy-in into gender equality activities.

Donors play an integral role in current gender equality initiatives and evaluation

Donors may encourage and provide incentives to the national government to allocate more resources towards gender equality interventions, particularly in health and education, to ensure that social programs are sustainable beyond donor-funded projects and are integrated into national government plans. There are numerous international donor projects supporting local civil society organization projects to further gender equality goals but no substantial national government scale-up has occurred in the case study countries despite progress in national planning.

Donors can also support better systems of data collection and dissemination to accurately quantify the outcomes of interventions and the extent to which it is closing disparities by gender. Resources are limited, and they should be spent responsibly and in the most efficient way possible. This will take linking indicators with budgets, as well as higher expectations of countries to disaggregate data along gender lines with greater transparency. Donors have the ability to provide invaluable technical assistance in collecting sex-disaggregated data and improving systems of data that is much needed in countries to improve both costing estimates and measuring resource allocations to closing the gender gap.

Donors play an integral role in gender equality and budget sensitization

Many civil society organizations and governments stress the desire to have technical assistance for training on budgets and gender sensitivity in gender budgeting, evaluation and monitoring of projects, and effective development of organization plans of action in strategies. Particularly in the case of Yemen, there is a need for advocates of gender equality to understand budgets to have meaningful input into government budget processes. Donors can fill this vacuum by working with the civil society and Women's Ministry to build human capital through knowledge of budget processes and training of staff. Donors could also explore opportunities to provide financial literacy skills to women with organizations such as the newly formed Yemeni Businesswoman Council.

Further, in all three case studies the Ministries of Finance presents challenges to moving forward with engendering national budgets. The Ministry of Finance is clearly a key player in allocating national resources from a gender perspective. Staff of finance ministries needs to be indoctrinated into gender sensitive budget training at all levels. Donors could provide incentives to finance ministries to engender budgets, as well as host an international sensitization budget training course to be attended by ministers and deputies of key finance, budget, and statistics departments.

Donors play an integral role in enabling governments to realize commitments to gender equality already made

In addition to the MDGs, all ten governments in this report have made commitments to achieving gender equality through other mechanisms, such as signing the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The donor community can play an important role in providing financial resources and technical support to assist countries in enforcing laws to protect women's rights.

Such mechanisms and assistance can also serve to incorporate a gender perspective into government anti-corruption strategies and democratic processes. In both Yemen and the Dominican Republic women's civil society organizations express interest in bolstering support for campaigns that emphasize the need for female political participation as components of democracy and good-governance campaigns to use as advocacy tools. Donors may assist these efforts to strengthen good governance through investments in encouraging female political participation.

VI. Lessons Learned from Case Studies: Moving Forward to Invest in Gender Equality

Significant progress has been made towards mainstreaming gender into national budget processes within the last five years. Countries such as the Dominican Republic, Kenya, and Yemen should be commended for their fully integrative multi-sectoral MDG planning processes. All three case studies provide valuable insight for countries in the process of writing an MDG needs assessment and those in the implementation stage of allocating national resources to planned interventions to achieve gender equality and empower women.

Challenges to Costing Gender Equality Interventions

Costing gender equality interventions is technically challenging because of the nature of gender equality interventions and their close link to other sectors. Specific challenges include:

- ✓ The financial costs to reducing gender inequality are difficult to calculate because gender inequality is often systemic and cuts across all MDG sectors and government institutions. According to the author's analysis of the MDG needs assessments, over 90% of proposed gender equality intervention costs are mainstreamed in MDG sectors outside of MDG3. This exemplifies the complex nature of gender equality and the need for governments to spend on gender equality interventions in various ministries, including education, health, and energy. Thus, promoting gender equality and the empowerment of women requires a holistic multi-dimensional approach.
- ✓ The current methodology allows for gender equality costs to be calculated in conjunction with other sector costs. There is no satisfactory way of estimating gender equality costs independently for these countries, without referring to health, education and infrastructure estimates. While this is a reflection of the cross-cutting nature of gender equality, it requires careful interpretation of the results. The gender specific costs form a very small component of overall investments needed to improve gender equality outcomes and can be misconstrued if not understood properly. Similarly, the gender mainstreamed costs are a subset of overall sector strategies and can be interpreted as an overestimation if viewed as stand alone costs.
- ✓ The exercise of comparing costs across countries is artificial due to the varying states of gender equality and needs of each country. There is variation by country within the methodological framework on modeling, the presentation of costing estimates, and the prioritization of interventions. The needs assessment results are most usefully interpreted within national contexts, though the cross-country analysis allows for comparison of government needs and commitment.

- ✓ The task of collecting adequate data alone is expensive and challenging, creating a difficult framework for countries to estimate the financial needs to achieve gender equality goals. Countries are in different stages of data collection and disaggregating data by gender. This may bias reported costing estimates up or down depending on how the country categorizes interventions. The lack of gender-disaggregated data results in downward biases on projected expenditures for gender mainstreaming interventions. For example, lower gender equality costs are projected when an intervention to provide school lunch for girls is included in total education costs, rather than disaggregated as a gender intervention within education costs. Countries that do not have access to disaggregated data identify specific qualitative interventions to further gender equality and identify the need for quality gender data collection, research, and dissemination.

MDG Process: Lessons Learned

- ✓ The process of organizing the needs assessment is particularly relevant for gender equality, which is a cross-cutting theme. The example of the Dominican Republic showed that a well-organized and structured process can lead to a high quality analysis. Those countries that enabled the full participation and leadership of the women's ministry in all aspects of MDG planning and where these ministries worked closely with the Finance and Planning Ministries, the outcomes were much more favorable.
- ✓ Planning for nationally scaled-up gender equality interventions is a useful way to prioritize gender in overall national policies. In the countries studied in this paper, the very act of undertaking a serious gender equality needs assessment highlighted the role of the Women's Ministries and gave them more leverage in national budgeting discussions.
- ✓ Adequate data are a necessary component of calculating the costs of all MDG interventions, and specifically gender-disaggregated data in all MDG sectors are needed in order to produce accurate cost estimates in closing the gender gap. Donors can provide incentives for national governments to invest resources by investing in gender data, evaluation and monitoring of programs, and encourage transparency.
- ✓ Women's Ministry representatives and women's civil society can increase their influence in the MDG planning and implementation process through full knowledge and understanding of the MDG planning, cost estimate methodology, and national budget planning processes.
- ✓ Each country has a variety of unique needs, target populations, and priorities within different regional and cultural contexts that require an equally unique prescription for realizing not only gender equality, but also realizing long-term

economic development. Some countries have produced needs assessments based on their own identified set of national priorities with specific cost projections of various gender equality interventions and have begun to incorporate costs and gender perspectives into budget processes. Drawing upon the experiences of countries that have successfully engendered their national budgets, we learn that there is no blueprint for which a country may successfully incorporate gender equality into a development framework.

Implementation and Resource Allocation: Lessons Learned

- ✓ In all the countries, progress has depended on the level of sensitization of budget officials and finance ministry staff. The full buy-in of key finance and budget staff is needed to incorporate gender mainstreaming into budget processes.
- ✓ The success in greater allocation of resources towards those sectors that affect gender equality outcomes has been dependent on a combination of two factors: strong political commitment for the MDGs and the MDG-based planning process; and the availability of sound analysis and credible costing for specific interventions and outcomes.
- ✓ There is a need for coordination among other line ministries throughout the MDG planning process, as the bulk of investments in gender equality are in other sectors. This requires capacity within the women's ministries to coordinate and monitor outcomes in close collaboration with the Finance and Planning Ministries.
- ✓ Indicators need to be linked to national budget resource allocations. In order to measure the most effective use of national resources, poverty and gender equality indicators need to be incorporated into data collection and into budget review processes to ensure that targets are being met. Without this data available, it is difficult to determine how resources are best spent.
- ✓ Culture, religion, and politics affect the choice of interventions and the manner in which they are implemented, thereby affecting costs and national budget allocations for gender specific interventions. Respected community leaders should be involved in planning to sensitize communities to gender equality, as well as to help frame the discussion for engendering budgets from within governments.
- ✓ Social and political cultures are beginning to accept the need to integrate gender equality into budget planning as an integral component of poverty-reduction strategies, but additional sensitization is needed to move forward.
- ✓ Although budget allocations have increased, funds have not been consistent and increased investments need to be made to realize MDG3, nor are resources allocated to Women's Ministries sufficient to implement gender specific interventions that were planned for in the MDG needs assessment.

- ✓ In order to effectively evaluate investments in interventions the national government needs to provide annual budget data on MDG investments, particularly of those interventions that are gender specific and gender mainstreaming. Thus, the government needs to harmonize its annual budget reporting process with MDG indicators in order to assess investments in specific line-items for gender equality.
- ✓ Financial literacy and knowledge of national government budget processes of representatives within Women's Ministries and civil society organizations focused on gender equality is lacking.

Next Steps for Governments and Donors

Governments:

Short-Run

- ✓ Utilize lessons learned from these sample countries to incorporate both gender costing and gender mainstreaming in all future country MDG needs assessments and planning processes.
- ✓ Invest to improve the richness and quality of gender-disaggregated data and evaluation and monitoring systems to measure the effectiveness and impact of planned interventions.
- ✓ Publish national budgets and underlying rationales for resource allocation so that the targeted population can be aware of and help ensure implementation of these investments.

Long-Run

- ✓ Institutionalize the process of needs-based planning across sectors so that investment projections reflect the real requirements for achieving long-term objectives. Ensure that the process is set up in a way that allows the Women's Ministries to identify specific interventions within their mandate and within the mandate of other ministries and to monitor follow up.
- ✓ Involve civil society leaders, community and religious leaders to inform the choice and design of interventions and reflect these choices in the investment projections.
- ✓ Identify ways of linking budget indicators to gender outcomes to be able to direct investments more effectively and to monitor trend flows and impacts of such flows.

Donors:

Short-Run

- ✓ Support the sensitization process of Ministry of Finance personnel and budget statisticians, to build high level support for the process.
- ✓ Empower women's civil society organizations and Women's Ministries through financial literacy and budget training workshops.
- ✓ Evaluate both gender sensitization of budgets and budget training workshops to produce best practices for other countries to model.

Long-Run

- ✓ Identify international policies that constrain national budgets to allocate resources to achieving MDG3 and gender mainstreaming interventions.
- ✓ Review giving patterns and ensure smoothing of resource allocation for gender equality interventions. Donors can also set example of mainstreaming gender by incorporating gender equality into development programs that cut across all sectors.
- ✓ Anti-corruption and good governance literature written by the development partners should include gender perspectives and information regarding the effects of female political participation on reducing corruption. Similarly, development projects should set an example to national governments by incorporating gender perspectives into all strategies.

VII. Future Research Opportunities

This paper draws upon existing evidence on gender needs assessments and budgetary processes. However, since this work has been undertaken in a coherent manner only recently, many of these conclusions are preliminary. The needs assessments are only now beginning to seriously inform budgetary processes which in turn impact implementation efforts. Further, gender equality requires a fundamental shift in cultural and social attitudes towards gender equality and is inherently a long-term process. As governments commit to improving gender equality, expansion of research is necessary to identify successful strategies, best practices, data requirements and investment needs.

Estimating costs of achieving gender equality and women's empowerment, as well as evaluating actual national budget responses and outcomes, can and should be further explored. Because gender-disaggregated data is recognized as necessary and more countries are beginning to make financial investments in gender specific interventions, there will be numerous opportunities to analyze gender costing processes and outcomes of actual investments.

- ✓ Research could explore the effects of access to gender-disaggregated data in pre-planning processes and costing estimate exercises, and the subsequent government investments in gender equality interventions.
- ✓ A cross-country impact analysis should be undertaken of the budget proficiency of women's ministries and women's NGOs. Yemen's initiative to promote "budget literacy" for women's groups in order to better advocate for funding should be followed and evaluated with lessons learned for other countries.
- ✓ A study of all sample countries should be conducted over the MDG period, particularly after several budget cycles have passed, to document trends in national budget allocations to gender equality.
- ✓ Countries that have made progress with acquiring gender-disaggregated data and have delineated ministry budgets to include specific line items for gender equality interventions should be studied to evaluate impacts of spending.
- ✓ In countries where resources are allocated to MDG gender equality interventions, the actual expenditure and coverage of the target population should be evaluated, as well as ministries' abilities to effectively execute the planned intervention.
- ✓ Better data from donors on spending for gender equality interventions would help analyze the actual investment gap and progress towards the MDGs; aligning data on donor spending with MDG indicators and goals would help this analysis.
- ✓ As this costing exercise is purely simple accounting of actual unit costs, it could be utilized to feed into analyses of actual economic and societal impacts of investing in gender interventions, contingent upon expansion of data sources.

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