GETTING TO EQUAL

Promoting Gender Equality through Human Development
To achieve gender equality and empower women, it is essential to invest in human development. The World Development Report 2012: Gender Equality and Development (hereafter WDR 2012) brings the best global evidence to bear on the relationship between gender equality and development. A central theme running through the report is how investments and outcomes in human development—namely health, education, social protection, and labor—shape, and are shaped by, gender equality. This note is designed as a companion to the WDR 2012 and highlights some of the World Bank Group’s recent experience with and impact on promoting gender equality through its work in human development.

As discussed in the WDR 2012, gender equality is impacted by the household decisions that women and men make in their daily lives. Notably, these decisions include how many children to have and when, when and how much to invest in the education and health care of their daughters and sons, and how to allocate different responsibilities and tasks inside and outside the household. These choices are influenced by prevailing gender roles, social norms, and social networks. The relative voice and bargaining power of individuals vis-à-vis other family members play a key role in these choices, shaped in no small part by these individuals’ relative health, education, skills, and control over household resources and decision making (box 1). Indeed, higher income alone does not guarantee control over resources and access to services.

The status of women and men is shaped by the rules and norms imposed by a range of institutions, including governments; civil society; faith-based organizations; the private sector; and markets for labor, credit, land, and goods (figure 1). Services that promote human development—including programs for lifesaving maternal and child health care, early childhood nutrition and stimulation, formal and informal education, job training and access to labor markets, and social insurance and safety nets—are necessary to improve the lives of disadvantaged groups and can close gender gaps in health, education, and economic opportunities. Yet too often these services may not be equally accessible or affordable to men and women; their impact can be muted by gender norms, discrimination, and market failures. Better understanding of and attention to these gender norms and market failures can strengthen the design and impact of policies and investments in service delivery, thereby providing equal opportunity for all.

Gender equality benefits society as a whole. Greater gender equality today shapes the norms and cultures—as well as the constraints and possibilities—of tomorrow’s men and women. A wealth of evidence demonstrates that gender equality begins a virtuous circle of higher productivity, lower poverty, and better development outcomes for generations to come.
For all these reasons, gender equality is a key objective of the World Bank Group (hereafter the Bank), particularly in the areas of education, health, social protection and labor. The seminal 2001 publication *Engendering Development through Gender Equality in Rights, Resources, and Voice*—at the time, the authoritative review of the impact of policies, institutions, and markets on gender equality—provided a framework for much of the Bank’s work in human development and gender over the past decade. Today, the Bank’s investments in both knowledge and operations are helping eliminate persistent gender barriers to accessing quality social services, entering the job market, and building resilience to shocks and volatility. This work includes expanding access to family planning and reproductive health services, promoting gender parity in education, providing social safety nets and insurance, and helping people acquire the resources and skills to secure decent jobs and provide for their families. In closing gender gaps in human development, the Bank is assisting developing countries to achieve the Millennium Development Goals (MDGs), enhance productivity and growth, and promote the well-being of all their people.

**EDUCATION**

The Bank’s Education Sector Strategy 2020, *Learning for All*, explicitly addresses gender equality. If learning and skills are acquired, education helps people become healthier, secure better jobs, earn more, and have greater voice in their affairs. These benefits transmit across generations and communities at large, as more educated people have fewer children and provide their children with better health care and education. Historically, the education gap has favored males—the reason why *Education for All* mandated a focus on girls’ education over 20 years ago. Given increases in enrollments across the globe, there has been steady and sustained global progress in closing the gender gap in education at all levels: primary, secondary, and tertiary. In fact, there is evi-
dence that education gaps are reversing in some countries, especially in higher education. Two-thirds of the Bank’s partner countries have reached gender parity in primary education, and girls significantly outnumber boys in secondary education in over one-third of those countries (figure 2). These successes result from a combination of effective policies and sustained national investments in education that have expanded the availability of schools even in rural areas and lowered the direct and opportunity costs of schooling, especially for poorer families.

The persistence of gender gaps in education, among girls or boys, depends increasingly on whether or not schooling actually produces knowledge and skills. Evidence shows that it is what students learn—not the number of years that they spend in school—that leads to growth, development, and poverty reduction. Moreover, when an education system fails to deliver learning, the failure is most severe for poor and disadvantaged children and young people, both because the schools available to them are likely to have fewer trained teachers and fewer learning materials and because their families and communities are less able to supplement what schools offer. Evidence also indicates that in poorer households, lower quantity and quality of education are often greater obstacles for girls than for boys. For example, in India and Pakistan, enrollment rates among the richest boys and girls are similar, but there is a gender gap of almost five years among the poorest quintile of the population.

The Bank’s Learning for All Strategy thus focuses on helping countries improve the capacity of their education system to raise not only school attendance, but also learning outcomes. Efforts to promote gender equality are likely to promote better learning outcomes and vice-versa. But in addition to system-wide education reforms, targeted programs may be needed to address the specific constraints of certain demographic or economic groups. For example, scholarships and nonformal learning programs may be needed to assist out-of-school children, whether they are boys or girls. Likewise, the recruitment and training of female teachers may be needed in places where a dearth of trained female teachers deters girls’ enrollment and attendance. The Bank aims to help countries analyze the factors that underlie gender gaps in education, assess the impact of these gaps on employment options, and inform the design of policies and programs to promote gender equality.

The Bank has played a key role in advancing girls’ education for over 20 years via research, funding, policy advocacy, and partnerships. As one of the founding agencies of the Education for All (EFA) movement, the Bank, along with UN partner agencies, has worked to improve the quality of education and learning for all, including for women and girls. It also has been a key contributor to knowledge generation and dissemination regarding girls’ education. Finally, the Bank has played a pivotal role in helping shape the policy debate in this field. For example, the 2007 global symposium and accompanying book, *Girls’ Education in the 21st Century: Gender Equality, Empowerment, and Economic Growth* (2008), helped re-energize the global debate on gender equality in education and accelerate the collective global response to the persistent challenges of women’s equality and empowerment. A growing number of Bank-supported impact evaluations of education projects, such as those in Cambodia, Colombia, Malawi, and Pakistan, are shedding new light on the gender impact of scholarships and other demand-side interventions, as

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**BOX 1 Gender equality leads to better human development outcomes for future generations**

Greater control over household resources by women leads to more investment in children’s human capital, with dynamic positive effects on economic growth. Evidence from a range of countries (such as Bangladesh, Brazil, Côte d’Ivoire, Mexico, South Africa, and the United Kingdom) shows that increasing the share of household income controlled by women, either through their own earnings or cash transfers, changes spending in ways that benefit children. In Ghana the share of assets and the share of land owned by women are positively associated with higher food expenditures. Improvements in women’s own education and health also have positive impacts on these and other outcomes for their children. Better nutritional status of mothers has also been associated with better child health and survival. And women’s education has been positively linked to a range of health benefits for children—from higher immunization rates to better nutrition to lower child mortality. In Pakistan, children whose mothers have even a single year of education spend one extra hour studying at home every day and report higher test scores.

*Source: WDR 2012.*

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well as on governance reforms that enhance school performance. In September 2010, the Bank pledged an additional $750 million through 2015 to help countries meet the education MDGs of universal access and gender parity. In addition, Bank partnerships such as the global EFA Fast Track Initiative and the Bank-Netherlands Partnership Program are advancing gender equality in education.

HEALTH, NUTRITION, AND POPULATION

Gender equality is also a key goal of Healthy Development, the Bank’s global strategy for health, nutrition, and population. An estimated 10 to 20 million women worldwide suffer from preventable reproductive health illnesses every year. Pregnancy-related complications are among the leading causes of death and disability for women between 15 and 49, with adolescent girls bearing 23 percent of the disease burden. Globally, there are over 350,000 maternal deaths each year, 87 percent of which are in Sub-Saharan Africa and South Asia (figure 3). As of 2009, young women comprised the vast majority (72 percent) of the estimated 5.7 million youth worldwide living with HIV/AIDS. An even greater number of young women do not know their HIV/AIDS status. And although the average total fertility rate (TFR) in developing countries declined from about 6 children per woman in 1960 to 2.6 in 2006, 28 low-income countries—mostly in sub-Saharan Africa—still have fertility rates in excess of 5. More than 200 million women want to delay or stop having children, but too many cannot access or lack knowledge about contraception, often resulting in either unwanted or mistimed pregnancies or unsafe abortions.

The challenges are clear: The solutions lie in improving the ability of country health systems to enhance the availability and quality of health services, as well as transform people’s health-related choices and behaviors. With a central focus on improving reproductive, maternal, and child outcomes, the Bank is addressing the gender dimensions of health through its Healthy Development Strategy (2007–17) and subsequent Reproductive Health Action Plan (RHAP) 2010–2015. The RHAP has three main objectives: reducing high fertility, improving pregnancy outcomes, and reducing sexually transmitted infections, including HIV. The RHAP is in-
creasing Bank support for the 57 countries with the highest maternal death and fertility rates and aims to prevent widespread death and disability among mothers and their children. The action plan focuses on strengthening health systems to achieve better reproductive health outcomes by improving access to and knowledge of family planning among households; increasing antenatal visits and skilled attendance at birth; training health workers to prevent or manage pregnancy complications and provide better-quality services; promoting youth-friendly services; and encouraging young women to build life skills and delay pregnancy. In doing so, it links the strengthening of health systems to other development activities that address the socio-economic and cultural barriers to access and utilization of services. The Healthy Development strategy and the RHAP also promote multisectoral investments to improve reproductive health outcomes, taking advantage of the link between higher education and lower fertility, together with the influence of lower poverty rates on women’s access to quality health care. Since the RHAP was launched in 2010, reproductive health has become reflected more prominently in both the Bank’s overall lending and technical assistance and in policy dialogue, as reflected in a number of recent Country Assistance Strategies.

The Bank is increasingly using results-based financing (RBF) to promote better health for all, with a special focus on girls and women. RBF is an innovative financing strategy that can promote gender equality in health by increasing the quantity and quality of health services used or provided, based on cash or in-kind payments to providers, payers, and consumers when predetermined health results are achieved. Examples include supply-side incentives such as paying a bonus to health service providers for the percentage of women delivering their babies in an equipped health facility, or, demand-side incentives such as paying pregnant women to go to a health facility to deliver. RBF helps focus government and donor attention on outputs and outcomes—for example, the percentage of women receiving antenatal care—rather than inputs or processes (e.g., training, salaries, medicines), thus linking budgets and financing more closely to results. In September 2010, the Bank pledged $600 million through 2015 to RBF initiatives to accelerate progress toward the MDGs for maternal and child health in countries that have the

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**Figure 3** Maternal mortality rate by region

This map was produced by the Map Design Unit of the World Bank. The boundaries, colors, denominations and any other information shown on this map do not imply, on the part of The World Bank, any judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries.

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highest rates of fertility and maternal and child mortality. As of mid-2011, a total of $300 million toward this pledge had been committed to seven countries to help increase health service utilization, improve service quality, and enhance efficiency and equity.

In recent years the Bank has made substantial contributions to global and country knowledge on gender and health issues. For example, the Bank publication, “The Unmet Need for Contraception” (2010), provides a better understanding of how to measure and address the demand for contraception and has informed the design of reproductive health projects in Mali and Burkina Faso. The publication, “Gender-Based Violence, Health, and the Role of the Health Sector” (2009), has also informed the development of a health system strengthening project in El Salvador and a Country Gender Assessment in Bangladesh. In Africa, Bank analysis of community-based health interventions for women and children was used by officials in The Gambia to scale up the provision of a package of simple interventions to improve maternal and child health and nutrition. And in Eastern Europe and Central Asia, Bank assessments of the quality of maternal and neonatal care and of the reproductive health content of medical and nursing education curriculums is shaping national policies to improve the quality of these health services.

SOCIAL PROTECTION AND LABOR

Gender is a critical dimension of the Bank’s social protection and labor programs, as men and women face different consequences of risks and shocks and fare differently in the labor market. The Bank’s social protection work spans social safety nets, social insurance, and labor programs that provide human development and economic opportunities, build resilience, and foster social inclusion and gender equality. For instance, the Bank has helped many countries introduce conditional cash transfers (CCTs), which often aim to improve children’s school attendance and mothers’ access to basic preventative health care for themselves and their children. By design, women are almost always the recipients of cash benefits, as evidence shows that they are much more likely to use these resources to improve their family’s welfare. Their control of these additional resources in turn improves their power to influence household decisions.

Gender-based differentials in cash payments provide an incentive to reverse patterns of discrimination, such as low school enrollment and attendance rates. Other programs, such as public works, promote gender equality by ensuring a certain percentage of female or male participation (depending on which gender is disadvantaged). Bank-supported social protection programs also address gender disadvantages by promoting equitable access to social services (e.g., by providing identification cards) or eligibility for insurance or retirement benefits. In addition, projects that help strengthen and develop labor market institutions, policies, and programs—such as minimum wage, employment services, training, and retraining programs—also improve employability and earnings opportunities for both women and men. And social investment funds improve gender equality in voice, participation, and decision making by requiring, for example, that women comprise 50 percent of project management committee members and participate on an equal basis with men in community development activities.

The Bank is devoting considerable attention and resources to helping protect vulnerable populations—including women and girls—in times of crisis and volatility. The recent global financial, food, and fuel crises have demonstrated the importance of taking gender differentials into account when designing crisis response programs, as women and girls are more likely to be pulled out of school or suffer health impacts as households cope and ration their resources in the face of such shocks. Gender-focused support from the Bank in crisis situations has included, for example, addressing the increase in gender-based violence in post-earthquake Haiti, and improving the nutrition of pregnant and lactating women and children under the age of two in food-insecure areas of The Gambia and Tajikistan.

The Bank also produces many reports that analyze the gender aspects of social safety nets, social insurance, and labor market institutions and policies. The findings and recommendations of these studies inform and often influence policy and institutional development at the country and global level. For example, the Bank’s country-specific labor market reports have examined the gender aspects of labor force participation and the factors that contribute to the significantly lower global labor force participation of women in comparison to men (figure 4). A major Bank report, Conditional Cash
Transfers: Reducing Present and Future Poverty (2009), provides policy makers and practitioners with global evidence on the impact of CCTs on girls and women and has informed the design and implementation of a growing number of these programs. The landmark study, For Protection and Promotion (2008), has become an indispensable guide for policy makers and practitioners seeking to improve social safety net institutions, policies, and practices in ways that promote gender equality. The first-ever World Report on Disability (2011) produced by the WHO and the Bank provides powerful evidence on the discrimination and barriers that both men and women with disabilities face in their everyday lives and is informing country-specific policy responses.

While considerable progress has been made, important challenges remain in mainstreaming gender in social protection and labor programs, particularly for women’s participation in the labor market. Across the world, women experience significantly lower labor market participation rates than do men (figure 4) and there also remains a significant gender gap in earnings. This situation is explained in part by gender relations and social norms. Working women are often employed in lower paying jobs, in part as a result of being streamed into certain occupations or fields of study. Institutional and regulatory failures also preclude women’s participation in the labor market and influence their earnings, such as a lack of child support, constraints to mobility,
or options for part time work. Where minimum wages are set at levels that are too high relative to average earnings, women are more likely to suffer job losses or be driven to informal sector jobs with less pay and opportunity. And women are less likely to be covered by social insurance programs, such as pensions and unemployment benefits, given women’s greater tendency to be either self-employed or involved in family enterprises. In many countries, women do not benefit from basic worker protection measures, such as maternity leave and anti-discrimination laws. Moreover, reforms intended to improve the financial sustainability of social programs, such as increasing the retirement age or calculating benefits according to life expectancy, are likely to negatively impact women more than men. These reforms help address fiscal imbalances, but can leave women with inadequate coverage in old age and at risk of poverty unless governments also take proactive steps to address the host of issues that hold women back from equal participation in labor markets, equal pay, and equal social benefits.

The Bank’s new Social Protection and Labor Strategy, expected in 2012, will further emphasize gender equality as a key outcome of well-designed social protection systems. The strategy will highlight the need for institutions, policies, and programs to close gender gaps. An important objective of the new strategy will be to rethink social insurance programs and labor regulations in order to expand the coverage of women. Improving gender equality in labor market outcomes requires better integrated packages of training, access to credit, and advisory services to help governments increase worker productivity and improve mobility for women and men. For those seeking employment, the Bank’s new strategy will aim to help countries customize active labor market programs, including the revamping of such components as counseling, intermediation, skills certification, and retraining services to address gender-specific needs.

**KNOWLEDGE AND INNOVATION ACROSS SECTORS**

The Bank continues to produce new tools, data, and research that generate new knowledge about the links between gender equality and human development. A growing number of rigorous impact evaluations of programs in education, health, social protection, and labor are helping development specialists learn what does and does not work and guides future policy and program design. Many of the examples highlighted in this note come from Bank-sponsored impact evaluations.

The Bank is also consolidating and analyzing data on gender-specific indicators of human development across countries. For example, EdStats, the Bank’s widely used platform for national data on education, provides data on gender gaps in enrollments, dropout rates, completed education levels, and test scores. Another key data tool is the ADePT software, which generates automated analysis of microlevel data from demographic, health, and labor force surveys. By providing gender-disaggregated data on various indicators, ADePT enables better understanding of the gender dimensions of human development.

With better knowledge and data, the Bank is also adopting a more holistic and systemic approach to its work in human development that promotes gender equality. Life-cycle data reveal that gender gaps due to poverty and social norms can appear early in life and lead to gender-based disadvantage in adulthood. This argues for investments in human development that address the sources of early gender gaps because these investments will yield positive returns throughout young people’s lives. The Bank’s Skills Toward Employment and Productivity (STEP) Framework (2010) illustrates this approach. It contains five critical, interlinked “steps” across the life cycle to promote productivity and economic growth and the gender dimensions of each. The five steps are: (1) investing in early childhood development, (2) ensuring that all students learn, (3) building job-relevant skills, (4) encouraging entrepreneurship and innovation, and (5) facilitating labor mobility and job matching. The framework also shows that greater gender equality in one dimension of human development benefits other dimensions as well. Indeed, the systems approach at the center of each of the Bank’s global strategies for education, health, social protection, and labor highlights the importance of linked or integrated investments across multiple sectors, ensuring that gender inequalities in one area do not undermine progress in another.

The WDR 2012 identifies four ways in which human development policies and programs can foster gender equality, in the public and private spheres and at the
Promoting Gender equality through Human Development

The Bank is making important contributions in all of these areas by:

- Improving services to reduce gender gaps in human capital.
- Making markets work better for human development.
- Breaking normative barriers.
- Influencing household incentives to achieve gender equality.

The following sections document examples of Bank-supported programs and knowledge contributions in each of these four areas.

**IMPROVING SERVICES TO REDUCE GENDER GAPS IN HUMAN CAPITAL**

In order to reduce gender gaps, or disadvantages, in health, education, skills, and job competitiveness, the delivery of basic social services that men and women need over the course of their lifetimes—at birth, in school, in the labor market, and during parenthood and old age—need to be improved. For example, expanding the access of expectant mothers to skilled birth attendants and improving the availability of clean water to households (a task that tends to fall on the shoulders of women in many countries) would go a long way toward closing gender gaps in mortality. Similarly, education policies need to focus on increasing the access of population groups that are currently disadvantaged by poverty, ethnicity, caste, race, or rural geography, thereby addressing “gender inequality traps” that disproportionately affect poor and excluded women and girls (box 2). In a wide range of programs, the Bank is explicitly addressing the drivers of gender inequality in health and education, such as bringing excluded women and girls into the process of program design and implementation. Key elements for more effective and equitable service delivery include stronger

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**BOX 2 Expanding social services for women and children**

*Saving lives in Guatemala*

The Bank-financed Maternal Infant Health and Nutrition Project in Guatemala reduced the indigenous-nonindigenous maternal mortality ratio in project intervention areas from 3.2 in 2006 to 2.55 in 2009, a reduction of 20 percent. This result significantly surpassed the end-of-project target of a 10 percent reduction. The share of institutional deliveries increased in the intervention areas from 22 percent in 2006 to 32 percent in 2010, a 43 percent increase (which also greatly exceeded the end-of-project target of 20 percent). Communities were consulted to ensure that health facilities were culturally responsive to women, especially with regard to indigenous practices (e.g., vertical birthing chairs for certain communities). The project also promoted the active involvement of communities, making efforts to include fathers and midwives in both monitoring and promoting health and nutrition activities for women and children.

*Protecting women and families in Jordan*

With support from the Bank-financed project, Pension Reform: An Agenda for Jordan, a new social insurance law was passed in Jordan in December 2009. In addition to reforming the main parameters of the pension program to ensure its long-term sustainability, the new law adopted an integrated approach to social insurance and introduced new maternity, unemployment, and health insurance benefits. This benefit package was designed to addresses difficulties in access to health care services, including on the part of women. The benefit package was also extended to employees in firms of less than 5 workers, which were excluded from the previous social security law. The benefit package addresses gender equality by, for example, transferring the cost of maternity benefits to the payroll of all workers. The new financing modality for this benefit is expected to increase the demand for female employees by reducing the cost differential of hiring men and women.

*Enrolling more girls in school in Yemen*

Yemen has made significant progress toward universal primary education over the past decade, including increasing girls’ enrollment from 49 percent in 1999 to 78 percent in 2009. Despite this growth, many girls from rural areas remain out of school—and those who are enrolled tend to be over-age, with most dropping out before completing the primary cycle. With financing from the Bank’s Fund for the Poorest and the International Development Association, the Basic Education Development Program aims to increase school enrollment in the country (with a particular focus on gender equality in impoverished districts) and improve the quality of teaching. As of 2009, the project had built almost 4,000 classrooms and trained over 90,000 teachers. To close the gender gap in education, the project has provided conditional cash transfers to more than 30,000 girls from the most underprivileged rural households, starting in 2008. It has also focused on recruiting and training female teachers to make girls’ education more culturally acceptable. The gross primary school enrollment rate in the country rose from 68 percent to 87 percent over the period 1999–2009, with larger gains for girls than for boys. This improvement in overall basic education also contributed to a considerable rise in the grade 6 completion rate for girls, from 38 percent in 2001 to 51 percent in 2009.

*Source: World Bank staff.*
regulations; supply-side incentives for service providers to become more accountable to policymakers, beneficiaries, and the public; demand-side incentives for consumers to access and utilize available services; and measures to strengthen the voice of women and men to hold service providers and policy makers accountable for delivering quality.

ENSURING HEALTHY MOTHERS AND CHILDREN IN RWANDA

Following the 1994 genocide, health outcomes in the areas of mother-child healthcare in Rwanda ranked among the worst in the countries of eastern and southern Africa. The government moved to address significant challenges in the health system by introducing community-based health insurance and piloting programs that gave primary health centers financial incentives to focus on key maternal and child health outcomes. In 2005, the government sought help from the Bank to expand a pay-for-performance (P4P) scheme in the health care sector. The scheme measures health center performance using 14 maternal and child health indicators, including the actual use of key health services (such as prenatal care and family planning) and the quality of institutional delivery. A rigorous, prospective impact evaluation compared P4P health centers to centers who received an equivalent amount of funding that was not tied to performance. Facilities supported by the P4P scheme experienced a 23 percent increase in the number of births that took place in a staffed health facility, remarkable increases in the number of preventive health care visits by children under age 2 (56 percent) and between the ages of 2 and 5 (132 percent), and significant improvement in the quality of health care services. These results suggest that paying health centers for performance is a feasible and effective way to improve both health system performance and health outcomes for poor women in rural areas, and that incentives for accountability are crucial for success.

MAKING MARKETS WORK FOR GENDER EQUALITY

Improving gender equality is typically regarded as a government responsibility because it benefits society as a whole, not only those who directly benefit from the elimination of discrimination and disadvantage due to gender. In addition to directly providing services, governments have other tools for expanding supply, improving the quality of services, and influencing demand for those services. Market-friendly forces can be powerful tools for mitigating the factors that cause gender disparities, such as living in remote areas, entrenched poverty, and discriminatory practices. Appropriate pricing policies, investments that remove information barriers, and interventions that increase the role of the private sector in service delivery are among the market-oriented solutions that can reduce gender disparities (box 3). Where government is unable to meet fully the need for services, it can encourage the private sector to fill supply gaps through incentives such as a cost subsidy for providers or a consumer subsidy for the users of privately provided services. At the same time, these financial incentives can be used to actively counter gender discrimination in the private sector by making discriminatory practices more costly. Even when services are generally available to all, market signals for services may be muted for certain segments of the population. This is the case, for example, when information about the availability and quality of services is not accessible to all. Inequality in access to information can result in unequal investments in human development. In these cases, financial incentives and market responses can help boost both supply and demand to improve gender equality.
approaches likely to increase the rate of employment among women.

One of the most daring and successful ventures in public-private partnerships in health care in recent years has been the large-scale contracting of nongovernmental organizations (NGOs) to deliver essential health services to the population of Afghanistan—a conflict-affected setting where the government has weak capacity for service delivery. Building on the work of local and international NGOs, the Bank’s Health Sector Emergency Reconstruction and Development Project financed implementation of a basic package of health services in 11 provinces. In 8 of these provinces, implementation took the form of contracts between the Ministry of Public Health and NGOs. To address the critical shortage of female health workers in remote areas, the project supported a community program to train local women in midwifery. The project also used innovative approaches to attract female health workers to remote areas, such as hiring their husbands and paying bonuses. As a result, the number of health facilities tripled from 148 in 2002 to 421 in 2008. Roughly 20,000 community health workers—half of them women—have been trained and deployed, increasing women’s access to family planning and boosting childhood vaccinations. The number of facilities with trained female health workers also rose from 25 to 85 percent. Over this period—despite worsening security conditions—the number of facility-based deliveries assisted by trained health workers rose from 6 to 23 percent, and the number of pregnant women who received at least one prenatal care visit increased from 8,500 to 188,670. The quality of care also improved, as measured by an independent third party. Preliminary results from a 2010 survey indicate that the maternal mortality ratio has been reduced by more than two-thirds, and the mortality rate for children under age 5, by more than half.

Targeting youth in the Dominican Republic

Launched in 2006, the Bank-supported Youth Development Project in the Dominican Republic aims to improve the employment opportunities and reduce the risky behavior of unemployed, at-risk youth. The program provides classroom-based vocational and life skills training, followed by an internship at a private-sector firm and a small stipend to cover transportation costs. The training is demand-driven and training providers are competively selected. The principal beneficiaries of the program are youth aged 16 to 29 who have not finished secondary school, are unemployed, and live in poor households. Preliminary evidence covering the period 2009–10 suggests that the life skills component of the program plays a central role in improving the employment outcomes of young women. Approximately 12 to 18 months after completing the program, this group experienced a higher likelihood of having a job, higher wages, and higher job satisfaction. Young women participating in the program were also more likely to delay pregnancy and have fewer children than the control group.

Designing and implementing a minimum wage policy in Malaysia

The Bank has helped the government of Malaysia assess the suitability and best design for a national minimum wage policy. The government’s primary objective is to offset gender disparities in the Malaysian labor market and the weak bargaining power of low-skilled workers, many of whom are women and youth. Women’s participation in the labor market in Malaysia is nearly half that of men, who, on average, earn 13 percent more than women. Due to family responsibilities and cultural practices, women are less mobile than men, have a narrower set of employment options, and are more vulnerable to employers’ demands. The Bank’s analysis provided concrete evidence to the Malaysian government on the best policy design features (e.g., coverage and wage levels) and the potential impact of the policy. The Bank’s recommendation was to set a minimum wage between 900 and 1,000 Malaysian Ringgit per month that applied equally to men and women, but with a provision for a different level for youth. The recommended wage would not only raise income levels for both genders to an equal starting point—thus narrowing the gender wage gap for low-skilled workers—but also incentivize the increased participation of women in the labor market.

Tapping into the potential of women in Turkey

One of the salient features of the labor market in Turkey is the distinctly low and declining participation rate of women in the labor force—just 23.5 percent in January 2009. A report by the Bank and the State Planning Organization of Turkey, “Female Labor Force Participation in Turkey: Trends, Determinants, and Policy Framework,” examines the causes of this low participation rate and outlines policy options that could help the country reap the substantial social and economic dividends associated with greater participation of women in the labor force. Urbanization and decline in agricultural employment have contributed to a decreasing share of women having or seeking jobs in Turkey. Women have migrated from a high-participation rural environment (where they engage in unpaid agriculture) to a low-participation urban environment (where many of them stay at home). Low-skilled women also face important economic and cultural barriers to employment in urban settings, such as low salaries, lack of affordable child-care, long working hours, and family or social demands to remain at home. The research points to an “under-participation trap,” whereby poorly educated women in urban areas are not likely to participate in the labor force as they would only be able to get low-paying, low quality informal jobs. As families anticipate these outcomes, they tend to underinvest in girls’ education, thus perpetuating low participation of women in the labor force. To encourage more formal employment for women, the Turkish government introduced a program that subsidizes employers’ social security contributions for newly hired women for up to five years. With Bank support, the government also launched a comprehensive evaluation of the National Employment Training Agency with the goal of rapidly expanding its coverage and improving the targeting and training content of its programs to better serve the needs of women. Subsidized child-care, sustaining investments on education, and programs that promote formal employment of women with low levels of education as they transition from school to work are approaches likely to increase the rate of employment among women.

Source: World Bank staff.
GETTING TO EQUAL

IMPROVING EDUCATION ACCESS AND QUALITY THROUGH PRIVATE SCHOOLS IN PAKISTAN

Pakistan faces significant challenges in public education: 30 percent of primary school-age children are still not in school, the primary school gender parity index (GPI) is 0.8, and half of the country’s population is less than 17 years old. At the cost of just a dime a day per student, the government is subsidizing private schools as a promising solution to these challenges. In Punjab, the largest province and home to 60 percent of the country’s total population, the Bank is helping expand access to quality education and promote better governance and accountability in the education system. The Punjab Education Sector Project (PESP) is a performance-based project that supports the government’s reform program, which aims to increase school enrollment and completion rates, reduce gender and urban-rural disparities in school participation, and strengthen the measurement of student learning. Under the government’s program, over 400,000 eligible girls receive targeted monthly stipends pegged to school attendance in the 16 lowest literacy districts. In addition, the government financially supports approximately 2,000 low-cost private schools that serve almost one million students from lower-income quintiles.

Another Bank-supported project promoting gender equality in education in Pakistan is the Sindh Education Sector Project (SEP), which supports a government reform program that directly affects the schooling conditions of 3.8 million students. Since 2007 (the baseline for the project), the primary net enrollment rate has increased from 50 to 54 percent, or an additional 600,000 children, and the ratio of female-male primary net enrollment in rural areas rose from 61 to 76 percent. The government program also includes a public-private partnership program that offers subsidies for individuals or organizations to set up and operate free, coeducational, primary schools in underserved rural communities, with subsidies tied to quality-related standards. Preliminary results from the first year showed large gains in getting children into school and even larger gains for girls, erasing the pre-existing gender gap. The program counted among the cheapest interventions in developing countries for generating enrollment gains. Both the public-private partnership programs in Punjab and Sindh provinces have also generated significant achievement gains in program schools; in the case of Sindh, achievement gains in the target communities have been as large as two standard deviations in a span of two academic years. A previous, similar pilot project in Balochistan province also resulted in substantial increases in school enrollment, with the gains for girls well exceeding those for boys.

BREAKING NORMATIVE BARRIERS TO GENDER EQUALITY

Gender-based stigma and discrimination are deeply rooted in the social norms that influence the roles and status of men and women in the household and the larger community. Social norms are socially shared beliefs that are enforced by both formal means and informal social sanctions. These norms in turn influence laws and regulations, access to quality social services, education and employment options, and income levels. Women and men internalize and are affected by social norms and expectations in ways that have an impact not only on their own aspirations, behaviors, and preferences, but also those of their children—gender relations and roles in the family and the workplace are transmitted across generations. For example, when women do not work
outside the home, their daughters are less likely to do so as adults and their sons are less likely to marry women who work outside the home. Leadership on the part of policy makers, markets, and institutions are all instrumental in helping break these normative barriers to gender equality. Social norms do change in a number of ways (box 4). First, change occurs as the result of legal frameworks and institutional functions, such as new laws against discrimination and violence or changes that address gaps in the law to provide women equal power in accessing services. Second, norms can change alongside economic opportunities, such as developing job skills training and occupational matching services. Third, increases in individuals’ ability to control resources strengthen their voice and choices. For example, in contexts where women do not have their own income, evidence shows that giving young women a financial incentive can discourage risky behavior such as having unprotected sex with older men. In addition to financial incentives, better access to information, such as educating both men and women on the benefits and proper use of contraception, also results in more beneficial choices.

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Box 4 Breaking normative barriers to empower women and girls

Closing the earning gap for women in El Salvador

Beginning in 2010, the Bank’s El Salvador Income Support and Employability Project (PATI) has been helping narrow differences in access to economic opportunities and earnings between women and men. The project supports the country’s Temporary Income Support Program, which aims to guarantee a minimum level of income to extremely poor urban families and provide beneficiaries with experience in social and productive activities at the municipal level. PATI provides training modules that enhance beneficiaries’ basic technical skills, including innovative “life skills” training that aims to increase their employability over the medium term. PATI targets young adults in urban areas as well as female household heads; in the program’s first round, 77 percent of participants were women. The program is expected to lower economic and cultural barriers to women’s employment in urban poor districts, where more than 60 percent of female participants lacked the capacity to generate income prior to entering the program. Almost half of these women aspire to continue devoting time to child care and household activities, so their training has focused on typical self-employment occupations, such as baking, cooking, and cosmetics. Younger generations with aspirations for salaried employment have sought training primarily related to garment and other textile production and computer skills. A rigorous impact evaluation of PATI will take place in 2012 to test whether participants are effectively increasing their prospects for employment.

Creating more engineering educational opportunities for women in India

Through the Second Technical/Engineering Education Quality Improvement Project (TEQIP), the Bank is working with the government of India to strengthen higher and technical education vital to addressing current skill shortages in the country’s economy. The project is improving the quality of engineering schools and thus helping expand the pool of highly qualified engineers, including by targeting women. Specific interventions include promoting the capacity building of technical education policy planners and administrators and strengthening monitoring and evaluation mechanisms to improve the governance of institutions. The project’s Equity Action Plan helps ensure that students and teachers from tribal communities and other vulnerable groups, including girls, benefit equally from the project. Despite rising female enrollment in engineering programs in India, increases are not occurring in all disciplines, and the “gender-friendliness” of many campuses needs to be improved. This means ensuring that all refurbishments financed by the project will follow infrastructure guidelines to improve the ability of campuses to serve both women and disabled students, as well as expanding access to training for female engineering faculty.

Reducing risky behavior among girls in Malawi

Between 2006 and 2010, the Bank increased the use of cash transfer (conditional and unconditional) schemes to address gender inequalities. This trend partly stemmed from evidence that conditional cash transfer programs increase the demand for girls’ schooling in poor countries and thus reduce gender disparities. In Malawi, one of the poorest countries in the world, a pilot experiment conducted in 2008 provided cash transfers to adolescent girls (aged 13–22) to encourage them to enroll in primary school and reduce their dropout rate in primary and secondary school. Their attendance was checked every month and payment for the following month was withheld for any student whose attendance rate was below 75 percent in the previous month. The two-year intervention led to a significant improvement in girls’ enrollment and attendance rates, as well as their grades. Importantly, the program also provided other benefits, such as, a 40 percent drop in the probability of girls getting married while in school, a 30 percent drop in the chances of them becoming pregnant while in school, and a 38 percent drop in the onset of their sexual activity—all after the first year of the program. The money made the girls less vulnerable to contracting HIV and other sexually transmitted infections; 18 months after the program began, HIV infections among girls in the program were 60 percent lower than those who were in the control group. Girls who received payments not only had less sex, but when they did, they tended to choose younger, safer partners because they no longer had the same incentive to seek gifts or cash from their sexual partners. The project in Malawi now serves as a model for initiatives that seek to improve the lives of adolescent girls and young women.

Source: World Bank staff.
REDUCING STIGMA RELATED TO HIV/AIDS IN SOUTH ASIA

Both women and men afflicted by HIV, AIDS, and other sexually transmitted diseases often suffer from stigma and discrimination in their communities, including by health providers and local policy makers. Stigma and discrimination amplify the marginalization of vulnerable groups at highest risk for HIV: female and male sex workers, men having sex with men, transgender persons, and drug users, especially female drug users. Increased marginalization drives these at-risk populations further away from the reach of health services and other social services. To tackle this issue, in 2008 the Bank organized a South Asia Regional Development Marketplace that awarded small grants to community groups and networks to fund innovative approaches to reducing stigma. The results were summarized in the report “Tackling HIV-Related Stigma and Discrimination in South Asia”. The initiative reached nearly 100,000 people through community innovations and training. Strategic partnerships such as unlikely alliances between female sex workers and the police led to new insights on how to reduce stigma. The initiative demonstrated that strategies that foster interaction between gender-based minority groups and the public can influence social norms and attitudes. As a result of this initiative, India’s national AIDS program is moving forward with work to reduce stigma in health care settings, and a global stigma action network has been formed to promote learning and exchange on promising approaches.

Among the winning projects that tackled gender-based stigma was Ashodaya Samithi in Mysore, India, a network of sex workers, many of whom are living with HIV. The project activities included offering advocacy and employment services, sensitizing health personnel, assisting female and male sex workers at health facilities to access services, and improving access to alternative economic opportunities. Partnering with the police to ensure protection of the rights of sex workers was an important element of Ashadoya’s success. The project was able to show an increase in the number of reported incidents of discrimination from 0 to 157, with 75 percent of incidents resulting in a solution satisfactory to the aggrieved party. The Ashodaya Samithi has established a regional training site to build capacity of other networks of marginalized groups, including gender-based minority groups. A similar project, Swathi Mahila Sangha in Karnataka, India, was managed by female sex workers, of whom many were HIV positive. This project increased media exposure and built capacity through awareness and advocacy campaigns. Formative research showed a change in internalized stigma and a doubling of female sex workers who regularly sought health care from 30 to 60 percent over an 18-month period.

USING HOUSEHOLD INCENTIVES TO ACHIEVE GENDER EQUALITY

Decisions about the use of health or education services are made within the household. Traditional gender roles within the family influence these decisions and mediate the impact that governments and markets can have on achieving gender equality. For example, women often face constraints to participating in the labor market, which may influence how their families perceive
the returns to girls’ education and skills training. In some countries, sons from poor families may face greater pressure than their sisters to leave school at an early age in order to earn income, in part because of social restrictions against girls working outside the home. Mandates such as compulsory school attendance or child immunization programs alone do not guarantee compliance. For this reason, a range of incentives to influence household choices and behaviors are necessary. Due to poverty and social norms, public investments in social services that reduce or even eliminate the cost of accessing education and health services may be insufficient to close gender gaps in human development—gender-targeted efforts may be required (box 5). Cash transfers to households have proven to be a particularly effective tool, for example, incentivizing families to seek health care and nutrition for their children and send them to school, reducing dropout rates, and encouraging out-of-school boys and girls to resume their studies. Evidence points to the need for these programs to be designed with an understanding of household dynamics and power relations to ensure that they do not indirectly worsen development outcomes for either girls or boys. In addition, community-level education efforts targeting women and caregivers with information about the importance of proper investments in health, nutrition, and education can help ensure that gains in human development are sustainable.

EMPOWERING MOTHERS AND LIFTING GIRLS OUT OF POVERTY IN THE PHILIPPINES

The Bank-supported Pantawide Pamilyang Program in the Philippines aims to break the intergenerational cycle of poverty by promoting greater investments in human capital on the part of poor families. The program was piloted in 2007 and later scaled up nationwide in the aftermath of various adverse financial and weather shocks. The program provides cash to chronically poor households with children up to age 14, provided that they complete certain activities, such as sending their children to school and ensuring expectant mothers and infants receive checkups. As of 2011, two million poor households benefit from the program, and over 90 percent of the cash recipients are women. A qualitative review of the program conducted in 2010 found that it has made an important contribution to empowering the women participants, particularly female parent leaders. The program enabled these women to negotiate with their husbands to redistribute their household chores and, in some cases, obtain their spouses’ help with household work. The study also found that mothers have become increasingly aware of the need for proper maternal health services, are demanding better health services for their children, and have become more involved in their children’s school work. A comprehensive and rigorous quantitative impact evaluation is currently underway which will provide further evidence on how this program impacts gender equality.
BOX 5 Changing incentives for gender equality

Keeping boys in school in the Caribbean
Many poor households in both the Caribbean and Central America are unable to invest in secondary schooling for their children due to cash constraints and other factors, resulting in school dropouts. Particularly among boys, limited opportunity for gainful employment contributes to their engagement in crime and violence and an impoverished adulthood. Conditional cash transfers can be designed to address this problem by properly identifying the constraints to secondary schooling and responding with the right incentives to keep boys in school. In 2008, the Bank’s Jamaica Social Protection Project was set up to improve the design of the government’s PATH program, which aims to offset the higher opportunity cost of boys staying in school. The PATH program provides greater benefits to boys than girls for school attendance, which rise incrementally for every additional year of secondary school completed, and a bonus for graduating from high school and moving on to tertiary education or training. Preliminary results and qualitative analysis indicate that the project has already helped increase the school attendance of secondary school-age boys and thus close the gender gap.

Getting more girls into school in Cambodia
Most Cambodian children attend school, but low completion rates remain an issue, especially in rural areas and among girls. Among rural girls, only 78 percent of 15-19 year-olds complete grade 1 and only 17 percent complete grade 7. In 2005, the Bank launched the Cambodia Education Sector Support Project (CESSP) to address constraints in supply, demand, quality and efficiency, with a special focus on poor and underserved communities. The project has promoted gender equality in a number of ways. First, the project encouraged girls’ school enrollment and attendance by expanding schools in poor areas to shorten travel distances and promote community oversight; improving school sanitation facilities, with separate facilities for girls; and providing a clean and safe physical environment. Second, the project is also using teacher training as an avenue to challenge gender stereotypes, leading to greater awareness-raising about the importance of equal access for boys and girls to education and other opportunities. Third, by expanding the government’s effort to provide scholarships to students from disadvantaged backgrounds, with a disproportionate number of scholarships targeted to girls. The project funded scholarships of $60 and $45 to students ready to make the transition from primary to secondary school, provided that students enrolled in school, maintained a passing grade, and were absent without “good reason” fewer than 10 days in a year. The program resulted in more than a 20 percentage point increase in enrollment and attendance in participating schools for both girls and boys 18 months after they first joined the program, and 4 years later were found to also have increased the transition rates to upper secondary school, especially among girls.

Creating opportunities through early childhood development programs in Mozambique
Regardless of income, women worldwide bear a disproportionate share of the responsibility for child care, which often limits their ability to pursue educational or economic opportunities. Access to subsidized, quality child care is positively associated with increases in the number of hours women work, particularly in formal sector jobs, suggesting that better access to child care affords women greater flexibility and income-earning opportunities. In collaboration with the Government of Mozambique and Save the Children, the Bank conducted an impact evaluation of innovative, community-driven early childhood development (ECD) centers in the rural Gaza province, where 42 percent of children who do not receive ECD services are stunted and 50 percent are at risk in terms of cognitive functioning. These delays have significant implications for children’s readiness to learn and, therefore, their future success. The ECD program enrolls poor and vulnerable children aged 3–5 in high-quality, low-cost ECD services that build the foundation for lifelong learning. The program promotes cognitive stimulation and language skills, as well as good health, nutrition, and hygiene practices at home, which mostly benefit women. After 2 years, girls who participated in the programs were significantly more likely to be enrolled in primary school at the right age than girls who did not participate. Participants also scored significantly better on measures of cognitive, fine motor, and socioemotional development, and were better prepared to learn. The gender equality impacts extend even further, as big brothers and sisters were more likely to be enrolled in school, and both fathers and mothers were more likely to be engaged in income-generating activities, presumably because the preschool program frees up several hours of each day previously spent in child rearing.

Improving the nutrition of women and children in Tajikistan
Tajikistan has much higher rates of stunting than countries in the same region and at the same income level. Recent data show the rate of stunting is relatively high—29 percent among children aged 6 months to 5 years. The high stunting rate means that infants and young children suffer from chronic undernutrition, which severely, and often irreversibly, impairs their physical and cognitive development—and adversely affects the country’s productivity and growth. The risk of malnutrition further escalated when the 2008 food price shock reduced the purchasing power of Tajik families, with more than one-third of households classified as food insecure. In 2009, the situation worsened again when the global financial crisis resulted in a one-third decline in workers’ remittances, as migrant workers from Tajikistan lost construction jobs in Russia. To mitigate the risk of malnutrition, the Bank launched the Community and Basic Health Project to provide food packages and micronutrient supplements to approximately 50,000 vulnerable pregnant and breastfeeding women, infants, and children under age 5. To ensure that these benefits are not reversed, an additional grant from the Bank’s Japanese Social Development Fund provides ongoing support to community-based nutrition programs and the provision of nutritional supplements to women and children in the most food-insecure region of the country. As of mid-2011, the project had trained 1,000 primary healthcare workers and 300 community volunteers to deliver education on breastfeeding, good nutrition, and care of sick children to 1,000 pregnant women, and micronutrient supplements and vitamins had been delivered to approximately 44,000 women and children. Over the long term, this program aims to mitigate and address the impact of poor nutrition on childhood physical and cognitive development and improve the health-seeking behaviors of mothers and caregivers.

Source: World Bank staff
GETTING TO EQUAL

The evidence is clear: gender inequality undermines human productivity and welfare, as well as development and growth overall. The WDR 2012 rightly points out that because gender inequality is often grounded in the rules and social norms that are embedded in households, markets, and institutions, effective policies and investments in education, health, social protection, and labor must acknowledge, and work through, these same channels.

The examples highlighted in this note are a sampling of the hundreds of Bank-supported activities around the globe that have contributed to gender equality through investments in human development. The Bank’s global strategies and country programs in health, education, social protection, and labor all share the aim of reducing the array of economic, social, and political disparities between men and women and across all population groups.

Impressive gains in women’s rights and investments in education and health services in many countries have made the world a more equal place for men and women. Life expectancies, educational access, and educational attainment for both men and women have increased, reducing many gender gaps. More women are participating in the labor market as paid work opportunities have expanded, giving women greater financial autonomy. And greater numbers of women occupy more positions of leadership than ever before. These changes have fueled human development and furthered gender equality.

But there is much more work to do. Many critical gender gaps persist at country and global levels—in maternal mortality, school enrollment and learning at all levels, earnings and productivity, and voice and agency in households and society—particularly among disadvantaged populations. While most gender gaps focus on girls and women, in some areas boys and men, who are critical to advancing gender equality, are more disadvantaged and require special targeting. The Bank will continue to use and improve all of the tools at its disposal to expand and strengthen investments in quality human development programs that address these gender disparities and create equal opportunity.

In addition to targeted financing, timely and reliable data across countries on gender-specific indicators are necessary to monitor progress and identify trouble spots. More and better impact assessments of policies and programs on gender equality and evidence-based research can lead to gender-focused country dialogue and investments. More active knowledge exchange among countries regarding the barriers to gender equality and effective solutions can enrich global debate and strengthen future policy making. In order to accomplish these goals, the Bank recognizes the importance of working in partnership with the international community to promote innovation and learning on human development and gender equality. Getting to equal is a smart investment—for development and brighter futures for all.
BIBLIOGRAPHY


For more information on the Bank’s work on gender equality and human development, please visit:

World Bank Results: www.worldbank.org/results
Education: www.worldbank.org/education
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