United Nations
Division for the Advancement of Women (DAW)
"Achievements, Gaps and Challenges in Linking the
Implementation of the Beijing Platform for Action
and the Millennium Declaration
and Millennium Development Goals"
Baku, Azerbaijan
7-10 February 2005

Challenges in implementing the Beijing Declaration and Platform for Action, the Millennium Declaration and Millennium Development Goals in Urban Poor Areas

Prepared by

Mary Amuyunzu-Nyamongo\*

<sup>\*</sup> The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

# 1. Background

One of the most important achievements of the Beijing Declaration and Platform for Action (1995), the Millennium Declaration (2000) and the Millennium Development Goals (MDGs) has been reaching a consensus on a common concept of sustainable human development, focused on the rights and needs of people, anchored on sustainable global economic growth and supported by a revitalized and equitable system of multi-lateral cooperation. To illustrate the close linkage between these international goals, the Secretary-General stated in Bangkok (2004) that: "The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning." Building upon this statement, the main purpose of this paper is to assess the challenges of implementing these international goals within the context of urban poverty. The main question I seek to address is: what are the concerns for urban poor women in the context of meeting the global development targets?"

The Beijing Declaration and Platform for Action, adopted by consensus in 1995, sets out measures for national, regional and international action in twelve critical areas of development: women and poverty; education and training; health (including reproductive health); violence; armed conflict; economy; power and decision-making; institutional mechanisms; human rights; media; environment, and the girl child. Five years later, the Millennium Declaration, adopted by the United Nations Member States in September 2000, represents a global political commitment towards the promotion of sustainable human development, peace and security, human rights, democracy and good governance. The Millennium Declaration and MDGs are a response to an overall common framework for specific, time-bound action to achieve global development goals. The MDGs are measured through 8 goals, 18 targets and 48 indicators. There are many areas of convergence between the Beijing Platform for Action and MDGs whose common theme is to improve the well being of humankind.

UN-Habitat is responsible for assisting Member States in monitoring and gradually attaining the "cities without slums", embodied in Target 11, one of the three targets of Goal 7: "Ensure Environmental Sustainability". Target 11 states: 'By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers". Slums have been defined as "... a contiguous settlement where the inhabitants are characterized as having inadequate housing and basic services. A slum is often not recognized and addressed by the public authorities as an integral or equal part of the city". Cities Alliance Action Plan describes slums as "...neglected parts of cities where housing and living conditions are appallingly poor. Slums range from high-density, squalid central city tenements to spontaneous squatter settlements without legal recognition or rights, sprawling at the edge of cities"<sup>2</sup>, 1999. Although UN-Habitat's mandate is primarily on Target 11, it recognizes that the conditions of slum dwellers will not improve if no action is taken to eradicate poverty and hunger, reduce child mortality and improve maternal and child health, combat HIV and AIDS, ensure safe environment, develop a partnership for

<sup>&</sup>lt;sup>1</sup> UN-Habitat, 2002

<sup>&</sup>lt;sup>2</sup> Cities Alliance

development assistance, and empower women. In a nutshell, improvements must be realized in all other aspects of people's lives for the situation of the slum dwellers to significantly improve.

In recognition of the fact that there might be regional differences in gender aspects of development, the Economic Commission for Africa has spearheaded the development of the African Gender and Development Index (AGDI). The AGDI is designed to measure the gap in the status of women and men in Africa and to assess the progress made by African governments in implementing the gender policies they have developed. The AGDI consists of two parts – a *Gender Status Index* (GSI) and the *African Women's Progress Scoreboard* (AWPS). The index is constructed as a tool for women's empowerment and gender equality and is based on analysis of gender gaps and the underlying gender relations in Africa. This is work in progress that has the potential of strengthening national approaches to addressing the global development targets.<sup>3</sup>

Although the available tools measure development there is inadequate attention paid to the urban poor. This may be due to a historical perception that has tended to present urban dwellers as developmentally better off compared to those in rural areas. However, there is evidence to the contrary of this perception (APHRC, 2002). For instance, urbanization has historically been presumed to lead to mortality reduction due to economic prosperity and increased access to modern medical care. However, this has not been the case for most developing countries where evidence suggests that quality of life in some urban areas is even worse than in rural areas mainly due to high levels of poverty in pockets of the urban population<sup>4</sup>. Evidence from Demographic and Health Surveys indicates that the urban poor in sub-Saharan Africa have less access to health services, and consequently exhibit higher mortality rates than residents from other population sub-groups including rural residents.<sup>5</sup> Caldwell & Caldwell (2002) found disproportionately higher mortality rates in the poorer households in Dhaka informal settlements affirming the World Bank's position that children born into poor families have a higher chance of dying before their first and fifth birthday than those born into better-off families.<sup>6</sup>

# 2. Why focus on gender among slum dwellers?

It is estimated that 924 million people (31.6%) of the world's urban population live in slums. The majority of them are in developing regions, accounting for 43% of the urban population. It is projected that in the next 30 years, the global number of slum dwellers will increase to about 2 billion, if no firm and concrete action is taken. It is not clear, however, what percentage of the slum dwellers are women although there is evidence from Nairobi slums that women form about 44% of the slum population (APHRC, 2002). A review of the existing strategies to mainstream gender in development reveals a gap in addressing the situation of the urban poor generally, and more specifically of the women. This is a major gap in view of the high levels of poverty among women. It is estimated that around 70% of world's poorest people are women, many of them widows or single mothers burdened with the full responsibility of feeding their children and caring for older relatives.<sup>7</sup>

<sup>&</sup>lt;sup>3</sup> Economic Commission for Africa, 2004

<sup>&</sup>lt;sup>4</sup> Zulu, Dodoo & Ezeh, 2002

<sup>&</sup>lt;sup>5</sup> Amuyunzu-Nyamongo & Taffa, 2004; APHRC, 2002

<sup>&</sup>lt;sup>6</sup> World Bank, 2002

<sup>&</sup>lt;sup>7</sup> Chancellor, 2004

UN-Habitat's mandate to monitor progress in attaining Goal 7 Target 11 requires that it adopts or develops indicators that would enable it achieve this arduous task. The main challenge emanates from the fact that existing global instruments and measures are based on national data that are usually disaggregated between rural and urban population, ignoring the disparities within cities. This is despite compelling evidence that citywide averages fail to highlight sub-city differentials vis-à-vis several aspects of human existence, hence concealing both absolute and relative urban poverty and its consequences.<sup>8</sup> Where information is available on urban slums, it is usually not disaggregated between men and women, further camouflaging their diverse experiences of poverty in the impoverished environments. It is critical for data on slums to be genderdisaggregated because women and men experience poverty differently and development initiatives have to take these differences into account. The need for gender-disaggregated data has also been emphasized by UNDG and UNIFEM. Indeed, UNIFEM has indicated that the achievement of international (and national) development goals requires availability, analysis and use of sex-disaggregated data to allow for consistent monitoring. This recognition has led the UN-Habitat to embark on a process of developing Gender Indicators for measuring HA. This is work in its initial stages of compiling possible indicators (refer to Annex 1). This will be followed by broad-based consultations with gender experts and others with a view to providing a tool that is gender-responsive for use by cities globally but at the same time providing a comparison with rural areas.

# 3. What are the prevailing gender conditions in slums?

UN-Habitat has a set of five broad goals, which are measured through 20 indicators as defined and described in the Habitat Agenda. The HA themes are: (i) shelter; (ii) social development and eradication of poverty; (iii) environmental management; (iv) economic development; and (v) governance. The goals and indicators are aimed at capturing and monitoring progress towards poverty alleviation and overall improvement in the slum dwellers' quality of life. Slum populations tend to have low levels of education, low average incomes and high levels of unemployment. Consequently, they are often stigmatized, leading to social discrimination. This situation contravenes the right to development and the right to a life free from poverty, which are basic human rights. The UN Charter, the Universal Declaration on Human Rights, the World Summit on Social Development and many other international declarations and conventions have recognized and reaffirmed economic, social, political and cultural rights with the goal of eradicating poverty and its consequences. The following sub-sections present examples of the conditions in the slums that pose challenges to meeting the expectations of the residents and to the attainment of these and other international goals.

#### 3.1 Education

In general education levels are slums is low for most cities. For example, schools in slums are swamped by large numbers of students with some classes having more than 50 pupils. Many children do not go to school and are more often than not seen wandering around sniffing glue. It

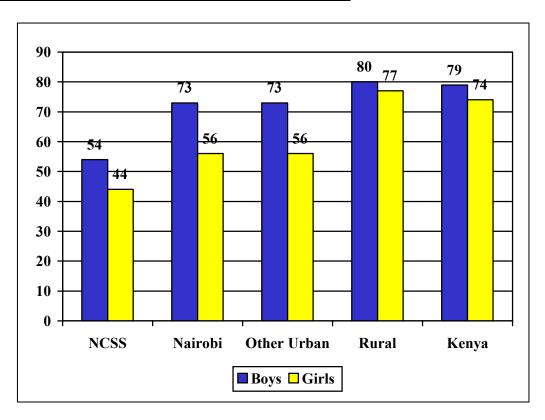
<sup>&</sup>lt;sup>8</sup> Bazoglu, 2003

<sup>&</sup>lt;sup>9</sup> UN-Habitat, 2003

has been observed that many street children live in the slums and return home in the evenings. A study conducted by APHRC (2002) in four slums of Nairobi established fewer numbers of inschool youth compared to other parts of Kenya (as shown in Figure 1). About 70% of the out-of-school youth attributed their out-of-school status to their inability to pay school fees.

Figure 1: Percentage of Adolescents (aged 12-18) in School

# Nairobi Cross Sectional Survey, 2000 & KDHS 1998



Source: APHRC (2002)

The ratio of in-school youth aged 15–17 years in the slums is about 2:1 (40.2% and 22.2%, respectively) for boys and girls compared to rural Kenya, which is almost even (74% and 72.9%, respectively) (APHRC 2002). The relatively low levels of education among slum dwellers are further reflected in the types of employment and income generating activities that they engage in.

# 3.2 Employment

The majority of slum dwellers in developing country cities earn their living from informal sector activities located either within or outside slum areas. Women are estimated to head one-forth of all households worldwide and many other households are dependent on female income even

<sup>10</sup> UN-Habitat, 2003

<sup>&</sup>lt;sup>11</sup> UN-Habitat, 2003

where men are present. Factors that contribute to a rise in female-headed households include family disintegration, population movements between urban and rural areas within countries, international migration, war and internal displacements. Female-maintained households are very often among the poorest because of wage discrimination, occupational segregation patterns in the labor market and other gender-based barriers. In urban areas, evidence suggests that only a few women have access to formal employment and that most of them are virtually dependent on the informal economy for their own and their family's survival. Figure 2 shows that in most African countries, women dominate the informal labor market.

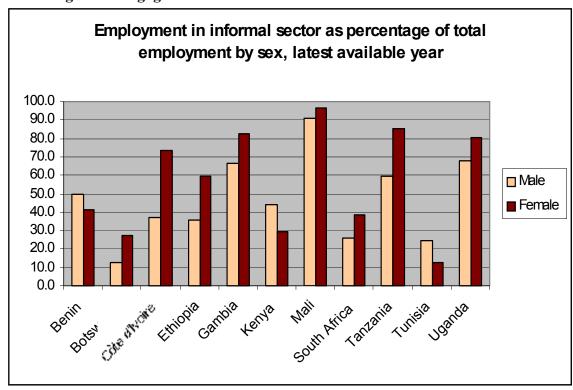


Figure 2: Engagement in the informal sector

Source: Stoevska, 2004b)

The International Labor Organization (ILO) has established that more women are unemployed compared to men. But even when women are employed, they are much more likely to work in low-productivity jobs with low status (often insecure, unsafe, and poorly paid) or in agricultural production for family subsistence, and in informal employment activities which do not provide financial security and/or social benefits. Many also tend to work as contributing family workers (without pay) while men are more represented among employers. Women are underrepresented in managerial positions but make up a large part of clerical and service occupations and they on average earn less income than men<sup>13</sup>. Although most of the available data are not gender-disaggregated (see Figure 3), the high proportions of working poor indicate high numbers of poor women because they constitute a high proportion of the world's poor as already indicated.

<sup>&</sup>lt;sup>12</sup> Stoevska, 2004a

<sup>&</sup>lt;sup>13</sup> Stoevska, 2004b

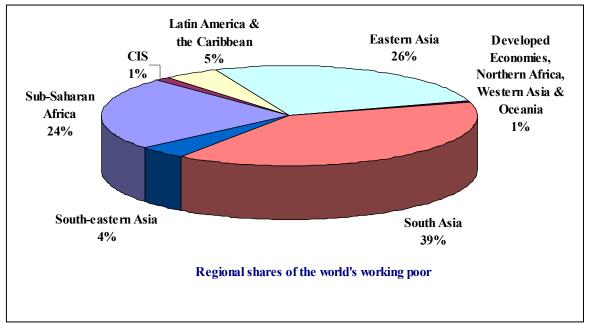


Figure 3: Regional Shares of the World's Working Poor

Source: Stoevska (2004a)

#### 3.3 Water

A household is considered to have access to improved water supply if it has sufficient amount of water for family use, at an affordable price, available to household members without being subject to extreme effort, especially to women and children. Households in the slums are rarely connected to water networks in many cities within the developing countries and can only rely on water from vendors at exorbitant costs, sometimes at 200 times the actual costs. Improving access to safe water implies reduced burden on people, mostly women, who collect water from available sources. It also implies reduced global burden of water-related diseases and improved quality of life of the slum dwellers.

#### 3.4 Sanitation

Access to sanitation is indicated by the proportion of households with access to adequate sanitation facilities. Women are not only the primary users of sanitary facilities but also largely influence household habits and overall use of the facilities. Good sanitation is important for urban and rural populations, but where there is poor sanitation, the risks are greater in slum areas where it is more difficult to avoid contact with waste. Inadequate sanitation, through its impact on health and environment, has considerable implications for economic development. Although water is for life, sanitation has been considered critical for dignity. The location of toilets, their levels of cleanliness and safety in use are important factors in access because women have been

found to shun toilets due to possibility of abuse, especially at night.<sup>14</sup> Where toilet access has been monetized women have even less access due to their low economic status. Cultural norms and taboos may hinder women from accessing communal toilets in the slums.

# 3.5 Durability of housing and overcrowding

A house is considered durable if it is built on a non-hazardous location and has a structure permanent and adequate enough to protect its inhabitants from the extremes of climatic conditions such as rain, heat, cold and humidity. Households headed by women have been found to have lower incomes and are therefore more likely to inhabit poorly constructed dwellings. Most of the structures in the slums are overcrowded, which has implications on the health of the people especially in terms of transmission of infectious diseases. Overcrowding also infringes on people's privacy, including sexual privacy for the adults, especially for the women within the households (Amuyunzu-Nyamongo and Magadi, forthcoming). Although slum upgrading is one of the initiatives being promoted and supported globally, it is replete with barriers including land ownership, property rights and gender biases in terms of allocation.

## 3.6 Secure tenure

The Beijing Platform for Action identifies the need for equitable social development that recognizes empowering the poor, particularly women living in poverty, to utilize environmental resources sustainably as a necessary foundation for sustainable development. Secure tenure is the first component of the progressive realization to the right of housing and adequate exploitation of the available resources. However, security of tenure of a household does not necessarily imply the security of tenure for the woman in a context where ownership documentation is usually only in the name of the household head who is mainly the man. In most developing countries men head more than 75% of households as illustrated by DHS and MICS conducted in Africa, Asia and Latin America. Women's lack of security of tenure may expose them to homelessness. An Addis Ababa Urban Inequities Survey report<sup>16</sup> shows that the majority of homeless women are either widowed or divorced which could imply that at some point women become victims of insecure tenure.

#### 3.7 Health

Lack of toilets, poor drainage and water supplies, and inadequate health services are some of the most important health needs and problems faced by slum residents. The three most commonly cited major reproductive health (RH) problems by urban slum residents are unwanted pregnancies, abortion and HIV and AIDS. The health situation is worsened by inadequate healthcare services, characterized by lack of supplies and poor quality of services. HIV and AIDS continues to be a major problem in urban areas. For instance, in sub-Saharan Africa, the HIV and AIDS epidemic has historically concentrated in urban areas, where significantly higher

<sup>&</sup>lt;sup>14</sup> UN-Habitat, 2004

<sup>15</sup> UN-Habitat, 2003

<sup>16</sup> UN-Habitat, 2004

<sup>&</sup>lt;sup>17</sup> Gulis et al., 2004

<sup>&</sup>lt;sup>18</sup> Amuyunzu-Nyamongo & Taffa, 2004

HIV prevalence rates have been recorded compared to rural areas. In South Africa, although there is no official data on HIV prevalence by income groups, local evidence suggests that HIV and AIDS is concentrated in townships and informal settlements. The recently concluded Kenya DHS<sup>20</sup> revealed significant differences between urban and rural areas. Females in urban areas accounted for 12.3% of the HIV burden compared to 7.5% in rural areas while 7.5% males in urban and 3.6% in rural areas were infected with HIV as shown in Table 1. In total, the HIV prevalence rate was 10% urban and 5.6% rural.

Table 1: HIV prevalence by age						
Percentage HIV positive among women age 15-49 and men age 15-54 who were						
tested, by age, Kenya 2003						
Age	Women		Men		Total	
	Percent		Percent		Percent	
	HIV		HIV		HIV	
	positive	Number	positive	Number	positive	Number
15-19	3.0	711	0.4	745	1.6	1,456
20-24	9.0	658	2.4	566	6.0	1,224
25-29	12.9	522	7.3	428	10.4	950
30-34	11.7	438	6.6	368	9.4	806
35-39	11.8	345	8.4	321	10.1	666
40-44	9.5	276	8.8	260	9.1	535
45-49	3.9	202	5.2	163	4.4	364
50-54	na	na	5.7	193	na	na
Total age 15-	8.7	3,151	4.6	2,851	6.7	6,001
49	na	na	4.6	3,043	na	na
Total age 15-						
54						

Although there is evidence that urban areas and women are highly affected by HIV, it is not possible to delineate its burden among the urban poor, which is presumably high. The high poverty levels among slum residents limits their access to care and support, including access to anti-retroviral therapy.

#### 3.8 Women in leadership

The Habitat Agenda aims at localizing women leadership, by focusing on their role in local governments rather than parliamentary representation as stated in the MDGs. Procedures, structures and functions of governance at the local level are often heavily skewed in favor of men. This unequal sharing of power leads to an unequal sharing of resources between men and women within cities. While actual numbers of women in local government have increased due to affirmative action and other empowerment initiatives, those elected may not participate effectively and make an impact in terms of gender equality due to the existing decision-making

-

<sup>&</sup>lt;sup>19</sup> van Donk, 2002

<sup>&</sup>lt;sup>20</sup> CBS et al., 2003

structures and processes. There is need to increase capacity-building opportunities for women, and to strengthen the capacities of local authorities, including the incorporation of gender budgeting in the planning process as contained in the proposed Gender Indicators (Annex 1).

# 4.0 What are the main challenges in addressing gender issues in the context of urban poverty?

The few examples cited in this paper illustrate the importance of placing gender concerns on top of the global development agenda. This is critical more so because slums are essentially physical and spatial manifestations of urban poverty and intra-city inequality, conditions that must be addressed to attain sustainable human development. The challenges outlined below are key to this process.

- 1. It is critical that Member States be facilitated to move beyond commitment, i.e. beyond rhetoric, to implementing interventions aimed at meeting the global goals. Although developing countries are signatories to the Beijing Declaration and Platform for Action, Millennium Declaration and MDGs among other international conventions, they often lag behind in implementation. It is crucial to assess the factors that lead to inaction or lackluster performance and address them if sustainable human development has to be attained.
- 2. It is important to put the needs of the urban poor on top of the global and national development agenda. Approximately 1 billion people live in slums and the numbers are projected to double in the next 30 years if no action is taken. It is therefore critical for the plight of the urban poor to become a focus for holistic development. Addressing the abject poverty that is pervasive in these areas will also be respecting the people's right to development.
- 3. The need for gender-disaggregated data cannot be overstated. The evidence provided in this paper shows that women in the slums are more disadvantaged compared to their male counterparts. However, a full comprehension of the disadvantages and resultant consequences is not possible due to inadequate data. Some data exists on critical areas including access to basic services and governance but these have to be collated and analyzed while other data have to be collected through primary research. The collection of these data could take advantage of routine data collection exercises such as economic surveys, DHS, MICS and household surveys. Collecting gender-disaggregated data will facilitate informed monitoring of progress towards the attainment of the international goals. In addition, it will facilitate the formulation and implementation of gender-responsive policies.
- 4. There is need to have a list of gender indicators at the global level that goes beyond MDG3 but which is sensitive to the urban poor women. Currently, country progress reports provide information on gender under MDG3 despite the general understanding that gender is a crosscutting issue. The development and synthesis of the indicators should be done through broad consultation and with the understanding that there may be regional and in-country variations. Although the MDGs, Beijing Declaration and

Platform for Action have provided a common framework of continuous monitoring of human development, gender experts need to enhance and integrate gender into the available tools and to strengthen the implementation processes.

## References

African Population and Health Research Center (APHRC). (2002) Population and health dynamics in Nairobi's Informal Settlements. Nairobi: African Population and Health Research Center.

Amuyunzu-Nyamongo, M. & Magadi, M.A. (forthcoming) Sexual privacy and early sexual debut in Nairobi informal settlements. *Community Work & Family*.

Amuyunzu-Nyamongo, M. & Taffa, N. (2004) The triad of poverty, environment and child health in Nairobi informal settlements. Journal of Health & Population in Developing Countries. [online] Available at: <a href="http://www.jhpdc.unc.edu">http://www.jhpdc.unc.edu</a>

Bazoglu, N. (2003) Urban inequities and health status. A paper presented at the Urban Inequities and Public Health issues in Africa. Nairobi, Kenya, April 14, 2003.

Beijing Declaration and Platform for Action, Forth World Conference on Women, Beijing, China 4-7, United Nations, Department of Publication Information.

Caldwell, J. C. & Caldwell, B. K. (2002) Poverty and mortality in the context of economic growth and urbanization. Asia-Pacific Population Journal, Vol. 17, no. 4, pp. 49-66.

Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. Kenya Demographic and Health Survey 2003. Calverton, Maryland: CBS, MOH, and ORC Macro.

Cities Alliance (1999) *Cities without slums: Action Plan for Moving Slum Upgrading to Scale.* The World Bank/UNCHS (Habitat), Washington DC.

Chancellor, F. (2004) Gender, water and urban agriculture. UA-Magazine, May 2004.

Economic Commission for Africa (2004) *The African Gender and Development Index*. ECA, Addis Ababa, Ethiopia.

Gulis G., Mulumba J., Juma O. & Kakosova B. (2004). Health status of people of slums in Nairobi, Kenya. *Environmental Research* 96: 219-224.

Stoevska, V (2004a) 'Extending current MDG Indicator 11: Share of women in non-agricultural wage employment to all types and sectors of employment, including informal employment'. Paper presented during a training workshop on data and indicators to monitor progress towards the Millennium Development Goals and the Habitat Agenda. Nairobi, Kenya, September 6-10, 2004.

Stoevska, V (2004b) 'MDG Indicator 11: Share of women in wage employment in non-agricultural sector'. Paper presented during a training workshop on data and indicators to monitor progress towards the Millennium Development Goals and the Habitat Agenda. Nairobi, Kenya, September 6-10, 2004.

UN-Habitat (2002) 'Expert group meeting on slum indicators, October', Revised Draft Report. UN-Habitat, Nairobi. UN-Habitat (2004) Addis Ababa Urban Inequities Survey. Draft Report. UN-Habitat, Nairobi

UN-Habitat. (2003) *The Challenges of Slums: Global Report on Human Settlements 2003*. UN-Habitat, Earthscan Publications Ltd, London and Sterling, VA.

United Nations. (2001). *Road Map Towards the Implementation of the United Nations Millennium Declaration:* Report of the Secretary General. New York, September.

Van Donk, M. (2002). *The Missing Element: HIV/AIDS in Urban Development Planning. Reviewing the South African Response to the HIV/AIDS epidemic*, Working Paper No 118, The Development Planning Unit, University College London, London.

World Bank Group (2002). Poverty trends and voices of the poor: social indicators – health status and health care seeking. <a href="http://www.worldbank.org/poverty/data/trends/healts.htm">http://www.worldbank.org/poverty/data/trends/healts.htm</a> (page last up-dated on August 22, 2002).

Zulu, E. M., Dodoo, F. N. & Ezeh, A. C. (2002) Sexual risk-taking behavior in the slums of Nairobi, Kenya, 1993 – 1998. *Population Studies*, 56 (4): 311 – 323.

# List of proposed UN-Habitat Gender Indicators

Goals	Key Indicators	Parallel Indicators	Sources of data	
1. Shelter				
Promote the right to adequate	1: Durable structures	HA1	DHS, PC	
housing	2. Overcrowding	HA2	DHS, PC	
Provide security of tenure	3. Secure tenure (ownership, documentation and eviction)	HA3, MDG32	To be collected	
Provide access to credit and	4. Main sources of livelihood for males and females	-	ES, LSMS, SDA	
other forms of support	5. Access to remittances and transfers	AGDI	LSMS	
	6. Access to credit	AGDI, HA (not	LSMS	
	7. Access to social security benefits	directly) AGDI	To be collected	
Provide equal access to land	8. Policies and practices that hinder women's access to land	AGDI	To be collected	
Promote access to basic services	9. Access to safe water	HA4, MDG31	DHS	
	10.Responsibility for fetching water at the household level	- MDG31	To be collected DHS	
	11. Access to toilet facilities (location of the toilet and shared toilet)			
2. Social development	,			
Promote access to education at all levels	12. Net enrollment rate in primary, secondary and tertiary learning institutions	MDG6	DHS, MICS, PC, MOE	
	13. Drop-out rates at primary, secondary and	AGDI		
	tertiary levels	HA10, MDG8,	DHS, MICS	
	14. Ratio of literate females to males of 15-24 year olds	AGDI	DHS, MICS	
Promote the consumption of	15. Maternal nutrition status		DHS, LSMS, SDA	
nutritious foods for healthy communities	16. Child nutrition status	AGDI	DHS, LSMS, SDA	

Provide opportunities for a safe	17. Maternal mortality ratio	MDG16	PC, DHS (WHO)
and healthy life	18. Under five mortality	HA7, MDG13,	PC, DHS, LSMS,
	19. Proportion of one-year olds immunized against	AGDI	SDA
	measles	MDG15	DHS, MICS, MOH
	20. Access to health services		DHS, MOH
	21. Access to contraception	MDG19	DHS
	22. Susceptibility to predominant diseases	-	DHS
Reduce the susceptibility of	23. HIV prevalence among men and women (15-24	MDG18, HA-EI5	DHS, MOH
women to HV infection and	year olds and 25-49 year olds)		
facilitate appropriate	24. Access to ARVs	-	MOH
management of AIDS			
Promote social integration and	25. Membership to solidarity groups	-	To be collected
support disadvantaged groups	26. Access to childcare services/facilities	-	To be collected
Protect women from all forms	27. Sexual harassment at work and learning	-	To be collected
of violence in institutions and in	institutions	-	DHS, police records
their households	28. Experience of rape	-	To be collected
	29. Traditional and dowry-related violence	AGDI	To be collected
	30. Trafficking in women		
Reduce the levels of	31. Living arrangements	-	To be collected
<i>homelessness</i> in urban areas	32. Access to basic services	-	To be collected
Provide avenues for women to	33. Access of radio and television	-	DHS, MICS, ITU
engage in development debate	34. Access to telephone	MDG47	DHS, MICS, ITU
through improved access to all	35. Access to computers and to the internet	MDG48	DHS, MICS, ITU
forms of media			
3. Environmental management			
Reduce urban pollution	36. Access to solid waste disposal	HA15	DHS
Promote effective and	37. Travel time	HA16	To be collected
environmentally sound			
transportation systems			
4. Economic Development			

Strengthen the participation of	38. Share of women in the informal sector	HA17	PC, ES, LFS (ILO)
women in all forms of	39. Share of women in self-employment	_	LFS (ILO)
employment	40. Male and female involvement in urban	-	AS (FAO)
	agriculture	-	LFS, ES
	41. Pay gap between men and women	-	To be collected
	42. Terms of employment for men and women	MDG 45	To be collected
	43. Unemployment rate of 15-24 year olds		
Increase the participation of	44. Proportion of women in local government,	-	To be collected
women in decision-making	municipal councils, town councils		
positions both in local	45. Proportion of women working in senior	-	To be collected
governance and managerial	positions in private and civil society sector		
positions	46. Number of women occupying senior positions	-	ES, To be collected
	in the police and armed forces		
Promote the autonomy of	47. Measure of the burden of violence against	-	DHS
women in decision-making at	women	AGDI	DHS
the household level	48. Freedom to dispose own income	-	DHS
	49. Decision to seek own health care	-	DHS
	50. Freedom to make purchases		
5. Governance			
Ensure the consideration of	51. Gender responsive budgeting	-	To be collected
gender dimensions to	52. Availability of gender policies	-	To be collected
development at the local			
authorities			
Encourage and support	53. Voters' participation	HA-EI12	IPU, EC, To be
participation and civic			collected
engagement			
PI P / ' I 1' / PO P	agramic Company DC Demolation Congres DHC Dam	1 ' 1 T T	1/1 O TTA TT 1 '/ /

EI – Extensive Indicator, ES – Economic Survey, PC – Population Census, DHS – Demographic and Health Survey, HA – Habitat Agenda, IPU – International Parliamentary Unit, MOH – Ministry of Health, MICS – Multiple Indicators Cluster Survey, LFS – Labor Force Survey, SDA – Social Dimension of Adjustment Survey, AS – Agricultural Surveys