Master's Thesis of International Studies

The Effect of Gender Equality-Focused Foreign Aid on Gender Equality Outcomes:
The Case of the Philippines

양성평등 중심의 해외 원조가 양성평등에 미치는 영향: 필리핀 사례를 중심으로

August 2023

Development Cooperation Policy Program
Graduate School of International Studies
Seoul National University
International Cooperation

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The Effect of Gender Equality-Focused Foreign Aid on Gender Equality Outcomes:
The Case of the Philippines

A thesis presented

By

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A dissertation submitted in partial fulfillment

of the requirements for the degree of

Master of International Studies

Graduate School of International Studies

Seoul National University

Seoul, Korea

The Effect of Gender Equality-Focused Foreign Aid on Gender Equality Outcomes:
The Case of the Philippines

Name of Examiner

Submitting a master's thesis of
International Cooperation

August 2023

Graduate School of International Studies
Seoul National University
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The empowerment of women and girls and the achievement of gender equality are both an end in themselves in terms of the realization of (women's) human rights, as well as a means towards sustainable development for all. Gender mainstreaming in foreign policy, specifically in the provision of foreign aid, falls within the intersection of Goal No. 5 (Gender Equality) and Goal No.17 (Partnerships for the Goals) of the 2030 Sustainable Development Goals and is a policy that should be prioritized by development partners and donors. There is a need to make sure that interventions funded by foreign aid will promote gender equality or, at the very least, would not exacerbate existing conditions. Using panel data from 2009 to 2021, this study looks at the effects of gender equality-focused foreign aid and non-gender-targeted foreign aid as reported in the Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System (CRS) on overall gender equality and individual, observable gender indicators focusing on reproductive health in recipient countries.

While the results of the study echo the mixed results on the effectiveness of foreign aid when assessed at the macro-level, it showed that gender aid significantly contributes to a country's performance in addressing the reproductive health issues on maternal mortality and adolescent birth rate. There is also an indication that when

gender is not considered as part of aid objectives, it could have adverse effects on gender equality targets and outcomes. Looking at the case of the Philippines, which has adopted gender mainstreaming in its aid policy framework, the results of the correlation between gender equality-focused foreign aid and gender outcomes in the country are parallel to that of the results of the regression analysis.

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Chapter 1. Introduction

1.1. Background

The empowerment of women and girls and the achievement of gender equality are fundamental human rights issues that have been pursued on different fronts throughout the course of history. Women's empowerment and gender equality are not just about addressing historical injustices and discrimination in society. Addressing these issues has been recognized as an essential part of achieving development toward a peaceful, prosperous, and sustainable world. Empowering women contributes to the increase of a society's human capital, and women's contributions to the formal, informal and care economy have been instrumental in spurring growth and development. It is for this reason that gender equality has been among the key development goals of the last decades as part of the Millennium Development Goals (MDGs) and, subsequently, the 2030 Agenda for Sustainable Development (or the Sustainable Development Goals (SDGs)).

A key area that has been included in both the MDGs and the SDGs is maternal health as represented by the goal of lowering the maternal mortality ratio (MMR), and the lowering of the adolescent birth rate. Promoting women's right to health, particularly to sexual and reproductive health, does not only benefit women and lead to the fulfillment of women's rights, but also contributes to the attainment of gender equality. High MMR is indicative of the lack or inadequate access of women to health care as well as to limitations to their ability to make decisions about

their own health and fertility. Pregnancy and childbirth in the context of a patriarchal society with institutions that do not provide mechanisms to support joint and responsible parenthood lead to women taking the majority of responsibilities for reproductive roles. Female adolescents who get pregnant and have a baby risk being disadvantaged in terms of educational opportunities and outcomes, which would eventually lead to their further (economic) disadvantage in the later years of their life and even the economic prospects of their children and families. In the case of the Philippines, the MDG targets on lowering the maternal mortality ratio as well as the adolescent birth rate are among those that the country was not able to achieve. Maternal health is important in eliminating gender disparities not only in terms of health, but also other areas such as education, economic opportunities, and political participation, among others. While it is not motherhood itself that is the cause of the disadvantage of women, patriarchal norms and values that tie women to the reproductive sphere perpetuate a system of marginalization, subjugation, and discrimination.

A distinct feature of the SDGs from the MDGs is the recognition of the multidimensional nature of poverty and the emphasis on intersectionality or the way various statuses and identities create an interdependent system of disadvantages and discrimination. This paved the way for the highlighting of gender equality, which is SDG Goal No. 5, and other development issues from being seen not just as stand-alone goals but as cross-cutting goals that will enable the achievement of other development targets. Maternal and reproductive health indicators under SDG Goal 3 are examples of gender-related cross-cutting indicators. As highlighted in the Statement of Commitment of the United Nations System Chief Executive Board on

27 April 2016, "development must be more equitable if it is to be sustainable. Deepening, divisive and destabilizing inequalities within and among countries are threatening social progress and economic and political stability…" (United Nations System Chief Executives Board for Coordination, 2016). Gender equality goals should, therefore, not be pursued in isolation from other goals. Gender parity in education, women's health, women's political empowerment and participation, and women's economic empowerment, among others, contribute to the overall social progress and political and economic stability of a country. Thus, treating gender as a cross-cutting concern benefits not just women but all members of society. This principle also supports previous discourses in gender studies in terms of the adoption of gender mainstreaming as a strategy to promote women's empowerment and gender equality, which has been promoted under the Beijing Declaration and Platform for Action (BPfA).

In line with the emphasis on the crosscutting nature and interdependence of the development goals, the SDGs included Goal No. 17 on Partnerships for the Goals. This provides for the strengthening and revitalization of multilateral and global partnerships for sustainable development. The use of foreign aid to promote growth and development in underdeveloped and developing countries is seen as instrumental in creating a more just and equal global society by providing resources (financial, material, or technical) to poor, underdeveloped, or developing countries to enable them to catch up with the rest of the world. It is seen as part of the Global North's moral obligation and show of solidarity with the Global South in ending poverty, especially in its extreme form, and bringing development, especially to those who have been lagging.

The targeting of women's empowerment and gender equality as a component of development interventions and the integration of gender perspective in the provision of foreign aid fall within the intersection of Goal No. 5 (Gender Equality) and Goal No.17 (Partnerships for the Goals) of the 2030 Sustainable Development Goals. Various approaches have been adopted to ensure that women and men will have equal access to resources for, opportunities in and benefits from development. Gender equality has become a priority among development donors and partners, and the Organisation for Economic Co-operation and Development (OECD), through the Development Assistance Committee (DAC), has adopted a gender equality policy marker to monitor and analyze development financing in support of gender equality and women's human rights. With this, the gender dimension has become a component of the criteria of certain donor organization and the conduct of gender analysis is being undertaken during the design phase of the aid project or activity to target gender objectives or, at the very least, avoid the aid project from having adverse consequences on women and on gender equality. Data from the OECD DAC used in this research show that the amount of the disbursements for gender equality-focused foreign aid and the percentage of ODA from DAC member countries have both been increasing especially since 2011 (Refer to Figure 1). The increase is mostly attributed to the increase in Significant-marked activities given that the disbursements for Significant-marked activities are substantially higher than those for Principal-marked activities, and the amounts of disbursements for Principal-marked activities have been fluctuating. This shows the growing importance of the principle of gender mainstreaming or the integration of gender components in the aid activities of donor countries.

Figure 1. ODA Disbursements for Gender Equality-Focused Aid Activities of OECD DAC Members, 2009-2020
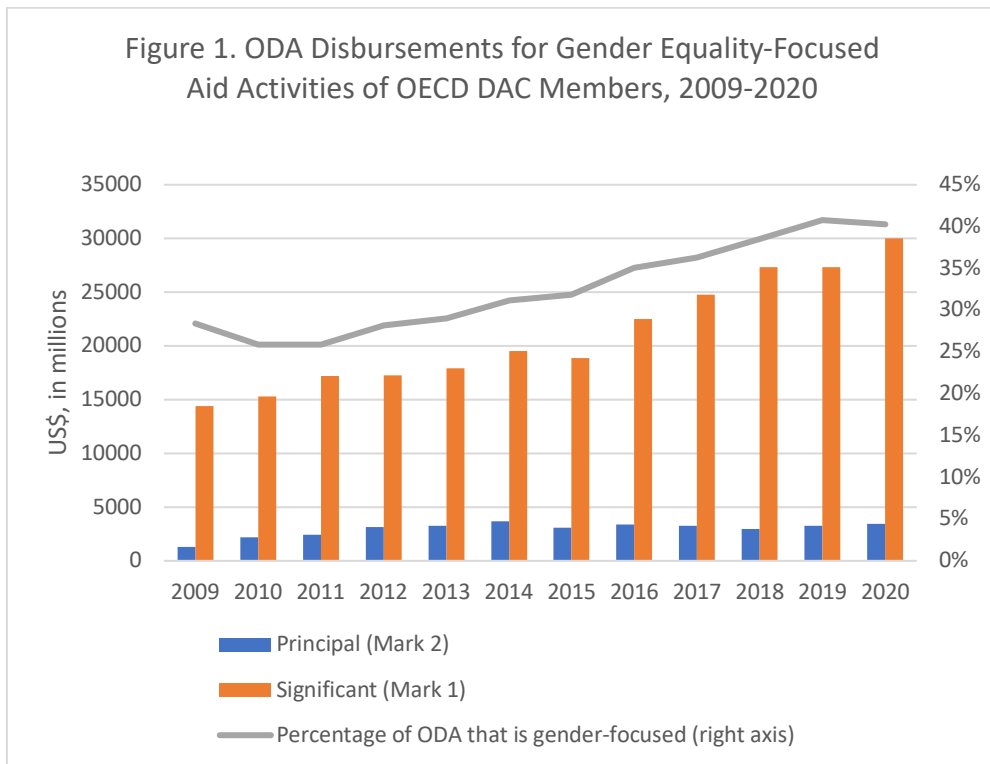
Note: Chart prepared by author based on data on aid activities targeting gender equality and women's empowerment from the OECD DAC CRS

In the case of the Philippines, the strong local commitment to women's empowerment and gender equality policies has led to the adoption of gender mainstreaming in government policies, programs, structures, and processes. Policies and mechanisms have been put in place to make women and gender an integral part of the development planning cycle. An important mechanism of the gender mainstreaming strategy is the adoption of gender-responsive budgeting (GRB). This applies not only to local funds but also to international funding, particularly those received as part of official development assistance (ODA). Partnerships have been established to create the ODA-Gender and Development (GAD) Network to strengthen gender mainstreaming in aid provision and harmonize the efforts between

the recipient and the donor organizations, as well as the gender equality efforts among donor organizations operating within the country. The Philippine ODA-GAD Network has developed a Harmonized Gender and Development Guidelines (HGDG) that provides the ten (10) gender criteria to be observed both at the design stage and at the project implementation, management, monitoring and evaluation (PIMME). The objective is to make sure that gender considerations do not only remain on paper – written as part of the environmental scanning or articulated as part of initial program documents – but that these translates into gender-responsive project implementation and, more so, to meaningful gender results or outcomes once the aid project or activity is completed.

1.2. Research Questions and Hypothesis

With the adoption of frameworks and principles fostering gender equality as a priority development issue to be addressed within aid delivery, there is need to see if efforts towards gender mainstreaming or gender targeting within aid provision have resulted in accelerating the progress in reducing gender inequalities in recipient countries; if the process is still at an early stage where the results are yet to be seen; or if this process is even counterproductive and only lead to red tape or additional costs/inefficiency without the merit of value-adding. To analyze this, the study utilizes gender equality-focused foreign aid or gender aid. These two terms are used interchangeably in this paper. In this regard, the following are the research questions that this study answers:

1. Does gender equality-focused foreign aid, which comprise foreign aid projects that target or include gender objectives in their project design, contribute more in helping reduce a country's overall level of gender inequality as measured by the Gender Inequality Index (GII) developed by the United Nation's Development Programme (UNDP) as compared to generic or non-gender-targeted foreign aid?

Null hypothesis:

- Gender equality-focused foreign aid has no effect or does not contribute to helping reduce a country's overall level of gender inequality as measured by the GII.

Hypothesis 1:

- An increase in the disbursement of gender equality-focused foreign aid better help reduce a country's overall level of gender inequality as measured by the GII as compared to non-gender-targeted foreign aid.

Hypothesis 2:

- The disbursement of gender equality-focused foreign aid contributes to reducing a country's level of gender inequality as measured by the GII but its effect is no different from that of non-gender-targeted foreign aid.

2. Is the effect of gender equality-focused foreign aid also seen in observable gender indicators focusing on health–maternal mortality ratio and adolescent birth rate?

Null hypothesis:

- Gender equality-focused foreign aid has no effect on the gender indicator.

Hypotheses:

- An increase in the disbursement of gender equality-focused foreign aid negatively affects or reduces the maternal mortality ratio.
- An increase in the disbursement of gender equality-focused foreign aid negatively affects or reduces the adolescent birth rate.

3. Based on the results of the examination of the relationship between gender equality-focused foreign aid and gender (in)equality as a whole or as thematic area, in this case in the area of reproductive health, were the strategies adopted by the Philippines government, together with its development partners, effective in making aid gender-responsive and facilitative of the attainment of gender equality targets or outcomes on reproductive health in the country?

Null hypothesis:

- The gender mainstreaming strategies adopted by the Philippines, together with its development partners, did not have an effect on making foreign aid contribute to the attainment of gender equality targets or outcomes.

Hypothesis:

- The gender mainstreaming strategies adopted by the Philippines, together with its development partners, is effective in making foreign aid contribute to the attainment of gender equality targets or outcomes.

1.3. Significance of the Study

Gender mainstreaming has been championed as a strategy for bringing the issues of women from the margins to the center of the development discourse. It entails not only "including women" as recipients or actors of development, but seeks to address gender inequalities within political, economic, and societal structures so that both women and men have equal access to resources for, opportunities for, and benefits from development. Considering the gendering of foreign aid and the adoption of gender markers that would enable the systematic analysis of whether the gender mainstreaming strategy is translating into results, this study can shed light on whether this is indeed the case or not. This study can serve as basis for the continuation, improvement, and promotion of the use of the gender marker system, and the adoption of the tool by other donor organizations or entities. Since the gender marker is currently only applied at the design phase, the results of the study also promotes the integration of the gender marker system in the implementation, monitoring, and evaluation to be able to assess how gender mainstreaming works at each phase of the project cycle. This is important for policymakers, planners, and implementers of aid projects and activities in making gender visible not only on paper or in terms of procedures.

In the case of the Philippines, it has a specific tool for assessing the level of gender-responsiveness of an ODA-funded project, the HGDG tool. The inclusion of gender equality goals, outcomes, and outputs is just one of the ten (10) criteria for gender-responsiveness in the HGDG tool, and receives the same weight as the other

nine (9) criteria. The results of this study on the use of gender markers or the inclusion of gender equality either as a principal or secondary objective of aid activities may be used in enhancing the Philippines' local tool to be more results-based. It is important for both ODA donors and the Philippines government as the recipient to see not only if mechanisms or entry points for gender mainstreaming are present, bit if indeed these mechanisms are working towards the attainment of its gender goals.

1.4. Scope and Limitations

While foreign aid comes from various sources, including multilateral organizations, the study only covers gender aid that is reported in the Organization for Economic Cooperation and Development (OECD) Creditor Reporting System (CRS) from 2009 to 2021 as information on the integration of gender objective on aid projects and activities by other entities cannot be systematically collected to make the data on gender aid received by each recipient country comparable to make a meaningful analysis. The amount for the gender aid used in the study is based on disbursement since this makes sure that the funds have indeed been utilized by the recipient country for it to affect the dependent variable, unlike aid commitments whose release could be delayed and done in another year. The gender equality policy marker, however, is applied at the design stage or the commitments, and the marker score for aid disbursements is still based on the marks obtained during the commitment stage unless there is a change in the qualitative information submitted by the donor country. There could, therefore, be some discrepancies between declared and actual gender aid. Finally, not all aid activities in the OECD CRS database have been assessed by donors using the gender equality policy marker. The disbursements for these activities have, therefore, not been included in the research.

Chapter 2. Literature Review

2.1. Aid Effectiveness

The use of foreign aid for promoting growth and development has had its failures and successes. Its effectiveness has not been parallel everywhere. Mosley (1986) identified a 'micro-macro paradox' in aid effectiveness where aid is seen to be showing positive results at the project level and unclear or inconclusive results at the macro level. He suggested that these are in part due to inaccuracies in the data, particularly project data bias; aid fungibility or the switching of expenditure within the public sector; and indirect effects of aid on the private sector. He also noted that the lack of support for aid's effectiveness at the macro-level can be due to the rate of return formula being used by scholars as there is a lag between the provision of foreign aid and the emergence of tangible results from the continuous or combined effects of aid with other factors. As such, the results of research at the macro level have been mixed.

Some provide support for the effectiveness of foreign aid such as Hansen and Tarp (2000) who provided a robust aid-growth link regardless of policy environments, which Burnside and Dollar (2000) concluded is the driver of aid effectiveness in terms of growth as measured by the GDP per capita. Burnside and Dollar (2000) emphasize that a good policy environment is crucial for aid to be effective even though its impact on aid allocation is small. In terms of the subject of interest of this paper, Pickbourn and Ndikumana (2016) found that bilateral official

aid as a whole and in terms of its sectoral allocation contribute to reducing gender inequality when initial per capita income and initial human development are high. Nonetheless, the importance of these initial conditions become immaterial in the case of health and education as increased aid allocation in these sectors contributes in general to the reduction of gender inequality (Pickbourn and Ndikumana, 2016). Considering the promising results of the study of Pickbourn and Ndikumana on the relationship of aid in general and gender equality, this research uses it as a starting point and examines whether gender integration or mainstreaming in aid delivery produces more conclusive or even better results.

Some have concluded, however, that aid has been ineffective in contributing to growth and development. The analysis by Boone (1996) concluded that aid can lead to an increase in the size of the government, but that it does not translate to higher investment nor improvement in the human development of the poor regardless of the political regime in the recipient country. Pedersen (1996) also has not found empirical evidence on the contribution of aid to growth and that incentive problems such as aid dependency may be resulting from the structure of the aid system. Easterly (2007:331) considers development assistance as a "mistake" due to the delusion of grandeur on what it could accomplish in the aid recipient country, although he clarified that aid could work once realistic targets and piecemeal steps are undertaken towards development goals. These findings are important There are even studies that showed that aid in certain contexts may not only just fail to contribute to growth and development but can even exacerbate the conditions in the recipient country. Alterman (2018) noted that in conflict settings such as in the case of Yemen, the provision of humanitarian aid may contribute to prolonging the

conflict as it provides a condition for local actors to survive within such a context and the urgency of conflict resolution may be compromised.

Various approaches have been adopted to measure the impact of aid on development and improve its effectiveness. Howes (2013) distinguishes three schools of thought in terms of understanding aid effectiveness following a principal-agent framework: (1) the Recipient School, (2) the Donor School, and (3) the Transaction Cost School. The Transactional Cost School which has been championed by scholars such as Jeffrey D. Sachs recognizes the multitude of actors (e.g., multiple donors for a single foreign-funded program or various agency actors on the side of the recipient government) involved in the implementation of aid programs and projects, which may lead to high transaction costs and inefficiencies (Howes 2013). This may also be the reason for the ambiguity of results at the macro level where the attainment of growth and development outcomes cannot be easily attributed to a particular process or actor. Accountability lines are blurred when it comes to the delivery of macro-level results and actors may be acting more for their own interests instead of the collective goals of spurring growth and fostering development.

2.2. Gender Equality as a Development Goal

The achievement of gender equality and the empowerment of women and girls as a global development goal has been well established and is framed using both the human rights-based approach and the development approach. Within the human

rights discourse, gender equality is a value that supports the upholding of the rights and human dignity of persons as recognized in the Universal Declaration of Human Rights, the United Nations (UN) Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and other international treaties and standards.

In terms of the development sphere, various research has been made on the impact of growth and development on women which focuses on their role as mere beneficiaries of development, but some look at how women contribute as active agents of development and their ability to contribute to economic growth. Under the development approach, the main ones are Women in Development (WID), Women and Development (WAD), and GAD.

The WID approach, which was popularized in the 1970s with the scholarly works of Ester Boserup, examined the invisibility or absence of women in development programs. It "promoted women's integration into the economy on an equal footing with men as the means for improving women's status in developing countries" (Beneria, Berik, and Floro, 2016: 5). This highlighted the role of women as economic agents of development and refocused the attention beyond the roles played by women in the domestic or reproductive sphere (Beneria, Berik, and Floro, 2016: 6). This approach focuses on inclusion and making women a part of the development process, particularly through their participation in paid work. The other approach, the WAD approach, on the other hand, did not only look at the status and conditions of women, but, more so, analyzed how economic and societal systems generated and perpetuated gender inequalities (Beneria, Berik, and Floro, 2016: 12).

It argued that development is "not a linear process of growth, but one that dispossesses a large majority from their means of livelihood, except for their labor power, and concentrates wealth in the hands of the few", and that the development process itself should under a structural change for it to work for women's empowerment and gender equality (Beneria, Berik, and Floro, 2016: 12).

The most recent major approach is the GAD approach, which goes beyond the focus on women, their marginalization, and how their conditions can be improved through empowerment. It stems from the gender roles framework which looks at the household as comprising of groups of people that have differentiated production and consumption functions that are delineated on the basis of sex (Miller and Razavi, 1995: 14). It focuses on examining gender relations and how imbalances in power relations within this dimension reflect and/or create inequalities in the political and socio-economic spheres. A focus on women is still possible within this framework if taken within the context of affirmative actions to address historical injustices and inequalities. Given that the GAD approach aims to create an environment where both women and men participate equally in development processes, have equal access or control to resources, and equally benefit from development, equity in inputs is seen as a means for achieving equality in outcomes. This entails the championing of gender equality as a development choice. One of the main mechanisms through which this is achieved is gender mainstreaming, which has been espoused in the BPfA, the outcome document of the Fourth World Conference on Women. While the gender mainstreaming strategy has been implemented in various countries for decades, the question is on its translation into long-term and sustainable results in

the countries where it has been implemented.

2.3. Gender Mainstreaming in Aid Delivery

Considering gender as an essential development goal and, at the same time, one of the strategies for the attainment of holistic and sustainable development, the principles of gender equality and the strategies of women and gender mainstreaming have been factored into foreign aid or ODA. The level by which this has been done, however, is seemingly inadequate or superficial. One of the challenges in the pursuit of gender equality targets and goals is that it can be seen as an additional cost in terms of time and resources. This may be a reason why it is being sidelined and another is the low level of knowledge and competencies among development actors in terms of gender.

Nonetheless, with growing studies and policy agendas emphasizing gender equality as a form of "smart economic," as coined by the World Bank (2006), gender equality is becoming a component of aid intervention among development donors and partners. As part of SDG Goal No. 17, governments, international organizations, the private sector, and other civil society organizations have pledged to prioritize and allocate resources for the attainment of the SDGs. The OECD, through the DAC, has adopted a 'gender equality policy marker' to monitor and analyze development financing in support of gender equality and women's human rights (OECD-DAC 2016). The marker categorizes the foreign aid activities into three groups – principal, significant and not targeted (See Table 1).

Table 1. OECD-DAC Gender Equality Policy Marker Scoring System

Marker and Score	Descriptor
Principal (Score 2)	Gender equality is the main objective of the project/ programme and is fundamental in its design and expected results. The project/programme would not have been undertaken without this gender equality objective.
Significant (Score 1)	Gender equality is an important and deliberate objective, but not the principal reason for undertaking the project/programme.
Not Targeted (Score 0)	The project/programme has been screened against the marker but has been found to target gender equality.

Note: Adapted from the "Handbook on the OECD-DAC Gender Equality Policy Marker," by the OECD-DAC Network on Gender Equality (GENDERNET), December 2016, page 6.

While these markers have been put in place to track financial spending and allocations, there is a need to assess whether the gender-related objectives of the programs are being met. Based on data from the OECD-DAC (2012:19) in 2009 and 2010, shares of gender equality-focused aid have mostly been higher for countries with higher GII scores, meaning countries with higher levels of gender inequality. While this does not hold for all countries, this shows the focusing of attention to those who need it most in line with the principle of gender equity. Lisa Ann Richey (2020), however, posits that aid works best in countries where it is least needed as these are mostly the countries with the conducive and efficient political and institutional environment and structure for utilizing aid, and it is difficult to

implement and show 'success' in countries that actually need it most. Another study by Swain, Garikipati, and Wallentin (2020) examined the impact of foreign aid on the performance of recipient countries at the country level, and the results of their study suggest that "aid alone, even when targeted to directly improve gender outcomes, is unlikely to shift systemic inequalities." It is important to determine if this situation occurs as part of the initial stage of leveling the playing field (or the "giving more to those who have less") and if these allocations of aid focused on gender equality are or will eventually redounding to improvements in terms of the gender equality situation within the country (not in comparison with other countries). This leads us to question in terms of efficiency and effectiveness whether the gender agenda is only included on paper or for minimum compliance or if it translates to the achievement of gender results.

2.4. Gender Equality and Aid in the Philippines

In the Philippines, there is an established legal framework for gender-responsive budgeting (GRB) for both national accounts and those funded using ODA. The implementation of GRB in the country is in line with the adoption of the gender mainstreaming strategy. Under Section 2.1 of Republic Act (R.A.) No. 7192 or the "Women in Development and Nation-Building Act," of 1992, "(a) substantial portion of official development assistance funds received from foreign governments and multilateral agencies and organizations shall be set aside and utilized by the agencies concerned to support programs and activities for women." This was further institutionalized, strengthened, and operationalized with the passage of R.A. No.

9710 or the "Magna Carta of Women" in 2009, which reiterated the requirement for all government instrumentalities to utilize five percent (5%) to thirty percent (30%) of ODA funds and, at the same time, at least five percent (5%) of their total budget appropriations for GAD programs.

Under Republic Act (R.A.) No. 7192, the National Economic and Development Authority (NEDA) was tasked to determine and recommend the amount of ODA to be allocated for women's development activities, as well as ensure, with the assistance of the Philippine Commission on Women (PCW, then the National Commission on the Role of Filipino Women), that all government instrumentalities which directly or indirectly affect the participation of women in national development shall implement measures to promote income and employment opportunities to women, conduct assessments of their program's impact on women, collect sex-disaggregated data, and ensure women's participation, among others. The determination of the amount allocated for the GAD component in ODA projects to gauge an ODA-funded program/project's compliance with the GAD Budget Policy is done through the use of the HGDG tool. This tool, which was developed by the national planning agency (NEDA), the national women's machinery (the Philippine Commission on Women (PCW), and select bilateral and multilateral agencies, provides 10 key criteria for a gender-responsive program/project based the harmonization of gender checklists and guidelines used by different donor agencies in the country. The HGDG tool is composed of various checklists for different types of projects and an ODA project is classified as to its level of gender responsiveness

based on its score.

To operationalize the implementation of laws on the GAD Budget Policy, policies for ODA-funded projects have been integrated into the two guidelines for GAD Planning and Budgeting for national and local government units and instrumentalities – PCW-NEDA-DBM Joint Circular 2012-01 and PCW-DILG-NEDA-DBM Joint Memorandum 2013-01 have been issued. Specific to project proposals that are reviewed by the Philippine Government's Investment Coordination Committee (ICC), the ICC issued a Memorandum on 30 Sept 2016 on the "ICC Policy on Integrating the Harmonized Gender and Development Guidelines (HGDG) in the ICC Process." It mandates proponent government agencies of a project to accomplish and submit the relevant Gender-Responsiveness Checklist under the Harmonized Gender and Development Guidelines, and this shall be validated by the ICC Secretariat and included in the Project Evaluation Report.

The ODA Portfolio Review Report 2021 prepared by NEDA (2022) shows that the total ODA portfolio of the Philippines as of December 2021 amounted to USD 32.24 billion, with 107 loans worth USD 30.15 billion comprising the majority of the total portfolio at 93.5%, and the 297 grants worth USD2.09 billion being equivalent to 6.5% of the total portfolio. In 2021, data on the classification of ODA Projects by Gender-Responsiveness using the HGDG tool was available for 43 projects, amounting to PHP 566,208.35 million (or USD 11.15 billion using 31 Dec 2021 *Bangko Sentral ng Pilipinas* peso-dollar exchange rate). In terms of percentage in total project cost, 86.42% were classified as gender-responsive, 11.78% were classified as gender-sensitive, and 1.8% were considered to have promising GAD

prospects. These data are based on the application of the HGDG tool at the design phase, which is similar to how the OECD-DAC members apply the Gender Equality Policy Marker. Since the assessment is done during the design phase, it cannot automatic be assumed that an ODA program/project that has been classified as gender-responsive or gender-sensitive has been able to contribute to or achieve gender equality targets.

Chapter 3. Methodology

3.1. Models of Analysis

The methodology for determining the effect of gender aid on gender equality used in this paper adopts and modifies the approach used by Pickbourn and Ndikumana (2016). While the research of Pickbourn and Ndikumana (2016) focuses on total bilateral official aid disbursements, which allows for the examination of the impact of foreign aid as a whole on gender inequality in the recipient country, this research focuses on the effect of gender targeting or mainstreaming within foreign aid and if this process indeed contributes in further advancing the reduction of gender inequalities. As such, independent variables distinguishing gender equality-focused foreign aid (gender aid) and non-gender targeted foreign aid are used in this study. Panel data analysis was done using data from 118 countries from 2009 (the earliest year where data on disbursements for aid activities assessed using the Gender Equality Policy Marker is available) to 2021. There are variations in the number of countries and observations in the different regression models used due to the non-availability of data for some indicators for a particular year in a country.

The variables were tested first using the pooled ordinary least squared (OLS) method of regression and then using the random effect (RE) method using Stata. The equations used for the models are as follows:

$$GII_{it} = \propto_i + genderaid_{it}\beta_0 + ntaid_{it}\beta_1 + expend\_health_{it}\beta_2 + expend\_educ_{it}\beta_3 + adr_{it}\beta_4 + ba\_water_{it}\beta_5 + ba\_sani_{it}\beta_6 + wgi_{it}\beta_7 + hdi\_initial_i\beta_8 + \mu_{it}$$

and

$$GII_{it} = \propto_i + genderaid_{it}\beta_0 + ntaid_{it}\beta_1 + expend\_health_{it}\beta_2 + expend\_educ_{it}\beta_3 + adr_{it}\beta_4$$
$$+ ba\_water_{it}\beta_5 + ba\_sani_{it}\beta_6 + wgi_{it}\beta_7 + gdppc\_initial_i\beta_8 + \mu_{it}$$

Where,

GII	is the measure of gender inequality in the aid recipient country i in the year t, as proxied by the value of the Gender Inequality Index
gender_aid	is gender aid disbursement (% of GDP)
nt_aid	is aid disbursements for activities screened using the gender equality policy marker but were found to not target gender equality in its objectives (% of GDP)
expend_health	is current expenditure on health (% of GDP)
expend_educ	is total government expenditure on education (% of GDP)
adr	is age dependency ratio (% of working-age population)
ba_water	is the percentage of the population using at least basic drinking water services
ba_sani	is the percentage of the population using at least basic sanitation services
wgi	is the Worldwide Governance Indicator
hdi_initial	is the initial value of HDI in the year 2008
gdppc_initial	is the initial value of GDP per capita in the year 2008

β	coefficients
∝	individual effects
μ	Idiosyncratic error

The same equations are used for the dependent variables on maternal mortality and adolescent birth rate as follows:

$$MMR_{it} = \propto_i + genderaid_{it}\beta_0 + ntaid_{it}\beta_1 + expend\_health_{it}\beta_2 + expend\_educ_{it}\beta_3 + adr_{it}\beta_4$$
$$+ ba\_water_{it}\beta_5 + ba\_sani_{it}\beta_6 + wgi_{it}\beta_7 + hdi\_initial_i\beta_8 + \mu_{it}$$

and

$$MMR_{it} = \propto_i + genderaid_{it}\beta_0 + ntaid_{it}\beta_1 + expend\_health_{it}\beta_2 + expend\_educ_{it}\beta_3 + adr_{it}\beta_4$$
$$+ ba\_water_{it}\beta_5 + ba\_sani_{it}\beta_6 + wgi_{it}\beta_7 + gdppc\_initial_i\beta_8 + \mu_{it}$$

Where,

MMR   is the maternal mortality ratio in the aid recipient country i in the year t

$$ABR_{it} = \propto_i + genderaid_{it}\beta_0 + ntaid_{it}\beta_1 + expend\_health_{it}\beta_2 + expend\_educ_{it}\beta_3 + adr_{it}\beta_4$$
$$+ ba\_water_{it}\beta_5 + ba\_sani_{it}\beta_6 + wgi_{it}\beta_7 + hdi\_initial_i\beta_8 + \mu_{it}$$

and

$$ABR_{it} = \propto_i + genderaid_{it}\beta_0 + ntaid_{it}\beta_1 + expend\_health_{it}\beta_2 + expend\_educ_{it}\beta_3 + adr_{it}\beta_4$$
$$+ ba\_water_{it}\beta_5 + ba\_sani_{it}\beta_6 + wgi_{it}\beta_7 + gdppc\_initial_i\beta_8 + \mu_{it}$$

Where,

ABR   is the adolescent birth rate in the aid recipient country i in the year t

Breusch and Pagan Lagrange Multiplier Test for random effects was used to determine the presence of heteroskedasticity or the situation in which the scatter of the errors from the regression are varying (instead of being identical) due to the dependence of the error term on the values of one or more independent variables (Barreto and Howland, 2005). The test determines whether we should accept or reject the null hypothesis that the scatter of the errors from the regression are identical and so the variance will be equal to zero, which means that there is no panel effect. If the P value in the test is significant, then we reject the null hypothesis and proceed with the use of panel data analysis.

Next, considering that the P value for the Breusch and Pagan Lagrange Multiplier Tests were significant, the dataset was analyzed using fixed effects (FE) regression, which controls for individual heterogeneity or time-invariant differences between individuals. This technique cannot estimate coefficients of time-invariant variables, which is why the variables on the initial HDI and initial GDP per capita are dropped in the equation.

To determine whether the RE or the FE model is more appropriate in explaining the variables using the dataset, Hausman's specification test was used. In this test, the null hypothesis is that the RE model is consistent. If the p-value of the test is >0.05 then we accept the null hypothesis and conclude that the RE model shall be used as it is consistent, efficient, and more appropriate for the dataset. Otherwise, the FE model is deemed more appropriate.

3.2. Data Used in the Study

On Gender Equality

This research looks at three (3) dependent variables. The first dependent variable is used to determine the relationship or effect of gender aid on gender equality outcomes as a whole, while the two others are sector-specific observable outcomes focusing on the area of health, more specifically reproductive health.

The first dependent variable that focuses on gender inequality, in general, is measured using the Gender Inequality Index (GII) developed by the United Nations Development Programme (UNDP). It is a composite measure of gender inequality using three dimensions, which include reproductive health consisting of indicators on maternal mortality ratio and adolescent birth rate, empowerment consisting of indicators on female and male populations with at least secondary education, and female and male shares of parliamentary seats; and the labor market represented by female and male labor force participation rates. The index values range from 0 to 1, where a high GII value signifies high inequality between women and men. Recognizing the importance of intersectionality in gender equality issues and corresponding interventions to address these, the use of the composite indicator will examine if the interventions funded by gender aid will contribute to the overall reduction of inequality regardless of the specific objective of the project or activity funded by the gender aid. For instance, an infrastructure project funded with gender aid is expected to contribute to promoting gender equality not just in the

infrastructure sector. It can contribute indirectly to improvements in gender equality in health, education, and economic empowerment by providing women and men access to medical facilities and services, educational and training institutions, and markets and places for economic activities.

The second and third dependent variables are observable indicators that have been well-established as critical factors for the realization of gender equality and women's empowerment. These are the maternal mortality ratio and adolescent birth rate, which both focus on the health dimension. These two indicators have been chosen given the wide availability of data among many countries considering that these have been included as indicators both for Goal 5 of the MDGs and Goal 3 of the current SDGs. The data used in the research are taken from the online database of the UNDP.

On Gender Aid

The data on "gender equality-focused aid" or "gender aid" was taken from the DAC CRS. The specific data used in this research are the disbursements on individual projects or aid activities targeting gender equality and women's empowerment, which are available starting in 2009. Gender equality-focused aid activities are those that have been marked or indicated by donors as having gender equality as one of their policy objectives and explicitly promoting women's empowerment and gender equality. In the system, aid activities are classified into four groups: (a) a "principal" score (2) is assigned to activities where gender equality was an explicit objective, (b) a "significant" score (1) is assigned to activities where

gender equality was an important, but secondary, objective, (c) a "not targeted" score (0) is assigned to activities that have been screened using the gender equality policy marker but were found to not include nor target gender equality, and, finally, (d) there were activities undertaken by the donor that was not screened using the gender equality policy marker. It should be noted that the gender policy markers are determined at the design stage of projects or on the aid commitments, and the CRS reflects the markers in the disbursements by linking the qualitative information on the original commitment through project identifiers. Some research (Kyander 2019), thus, uses data on commitments, but there may be discrepancies as some funds committed for a particular year may not actually be disbursed, so the research utilizes data on disbursements as these amounts provide a better picture of whether the gender aid affects the reduction of gender equality in the recipient country.

Thus, for the main variable of interest, the independent variable on the gender equality-focused aid or gender aid includes the disbursements for both the "principal" score (2) and the "significant" score (1) marked activities as a percentage of the GDP. To determine if there is a difference between gender aid and aid that does not consider gender perspective in terms of reducing gender inequality, the research also includes as an independent variable the disbursements for the "not targeted" score (0) activities as a percentage of the GDP. The disbursements for aid activities that have not been screened using the gender equality policy marker have not been included and this is part of the limitation of this research. While it can be argued that these programs have a high chance of being part of the "not targeted" score (0) group since programs that include gender equality are likely to be screened by donors as it would show their commitment to gender equality, there is no way for

the researcher to validate this and so data on this group of activities have not been utilized in this paper. Another limitation of this research is that data on aid disbursements of donors that are not members of the OECD-DAC is not captured due to data unavailability. As noted above, the gender marker scores have also been given based on the declaration or assessment of donors. The limitation here is that there may actually be a difference in terms of inclusion of gender objectives in the activity's design (gender in paper) as conceptualized by the donor, and actual targeting of gender as part of the implementation of the activity, especially on the part of the recipient.

Control Variables

To account for other factors that affect the increase or decrease of the values for the dependent variables (GII, maternal mortality ratio, and adolescent birth rate, the research adopts the control variables used by Pickbourn and Ndikumana (2016) to account for social, economic, and political/governance factors that affect the achievement of gender equality. These indicators are also similar to those used by Swain, Garikipati, and Wallentin (2020) in analyzing latent factors on the economy, investment for women, and governance and institutions that impact gender performance in aid recipient countries. These independent control variables include (1) current health expenditure as a percentage of GDP, (2) total government expenditure on education as a percentage of GDP, (3) age dependency ratio, (4) access to water using the indicator on the percentage of the population using at least basic drinking water services, (5) access to sanitation using the indicator on the percentage of the population using at least basic sanitation services, and (5) the average of the scores of a country on the indicators of the Worldwide Governance Indicators (WGI) covering six dimensions of governance, namely, Voice and Accountability, Political Stability and Absence of Violence/Terrorism, Government Effectiveness, Regulatory Quality, Rule of Law, and Control of Corruption.

As examined by Pickbourn and Ndikumana (2016), the initial level of human development as captured by the Human Development Index (HDI) value for 2008 and the initial level of wealth or prosperity of the nation as captured by the per capita Gross Domestic Product (GDP per capita) for 2008, on the reduction of gender inequality have also been included in the research to see if the observed results of

these variables in the study of Pickbourn and Ndikumana will still be seen when the more nuanced gender aid is used as the independent variable instead of the total aid received by the country.

For the indicator on governance, Pickbourn and Ndikumana (2016) used the data from the International Country Risk Guide (ICRG), however, this is not an open-sourced database, so this control variable was substituted with the data from the WGI similar to the researches of Swain, Garikipati and Wallentin (2020), Kyander (2019) and Kim (2018). As the WGI is composed of six indicators and the study does not wish to compound the effect of governance on the dependent variables, the study utilizes the method of Kim (2018:15) of adjusting the WGI indicators' original scale of -2.5 to 2.5 to a 0 to 5 scale with the higher value indicating a better level of governance and computing the average for the six dimensions for each country. The data for these control variables have been taken from the online databank of the World Bank, particularly the databases on the World Development Indicators and the Worldwide Governance Indicators.

Table 2. Summary Statistics

Variable	N	Mean	Std. Dev.	Min	Max
GII	1,516	0.459	0.145	0.103	0.820
MMR	1,664	228.002	258.077	2.000	1,450.000
ABR	1,729	66.207	40.382	5.389	192.609
gender_aid	1,706	0.012	0.021	0.000	0.218
nt_aid	1,700	0.022	0.050	0.000	0.822
expend_health	1,429	6.035	2.774	1.264	23.962
expend_educ	1,047	4.380	1.958	0.787	13.513
adr	1,664	64.324	17.893	30.197	111.939
ba_water	1,576	81.523	17.375	32.535	100.000
ba_sani	1,563	64.736	28.871	5.653	100.000
wgi	1,742	2.049	0.618	0.141	3.670
hdi_initial	1,677	0.608	0.129	0.320	0.825
gdppc_initial	1,716	3,810.997	3,524.965	306.469	17,771.190

Chapter 4. Findings

Table 3 summarizes the regression results for the dependent variable on overall gender inequality as expressed using the GII. The results for the regressions for the dependent variables on the observable indicators of gender and health are presented in Table 4 for the maternal mortality ratio and Table 5 for the adolescent birth rate.

4.1. Gender Aid and Gender Equality

Using the random effects and fixed effects methods of regression, the independent variables on gender aid (gender_aid) and non-gender-targeted aid (nt_aid) both have negative coefficients which would point to the reduction of gender inequality, but these variables were found to not be significant when the panel effect is considered in the model. The Hausman's specification test yielded a p-value of 0.0000 which is <0.05, which means that there is a correlation between the unique errors and the regressors in the model and, as such, the fixed effect model is the appropriate model for the selected variables. Nonetheless, the study notes that in the regression utilizing the ordinary least squares method (OLS) and the iteratively reweighted least squares (IRLS) method, gender aid reduces gender inequality while non-gender-targeted aid increases it.

The control variables on current expenditure on health and government expenditure on education expressed as a percentage of GDP were both found to be

insignificant using the random effects and fixed effects regressions. Government expenditure on education was, nonetheless, reducing gender inequality when the panel effect is not taken into account using the OLS and the IRLS. The coefficient of the independent variable on the age dependency ratio is positive and the variable is significant, which signified that a bigger dependent population in relation to the working-age population contributes to increasing gender inequality. Increasing basic access to water and sanitation was both found to decrease gender inequality in the random effects and fixed effects regressions. It is, however, noted that in the IRLS and OLS methods, having access to water services increases gender inequality though these methods are not the preferred models for the dataset. The importance of good governance in making aid effective is also supported by the results using all regression methods. Consistent with the finding of Pickbourn and Ndikumana (2016), recipient countries with an initially higher level of human development are better able to reduce gender inequalities as compared to other countries. The same cannot, however, be said for countries with higher per capita income as the coefficient in regressions using the OLS and IRLS are both positive.

Table 3. Summary of Regression Models with the Gender Inequality Index as Dependent Variable

DEPENDENT VARIABLE: Gender Inequality Index (GII)

INDEPENDENT VARIABLES	(1) OLS with Initial HDI	(2) OLS with Initial GDP per capita	(3) IRLS with Initial HDI	(4) IRLS with Initial GDP per capita	(5) RE with Initial HDI	(6) RE with Initial GDP per capita	(7) FE
Gender Aid, total (% of GDP)	-0.6396*** (0.2197)	-0.4072* (0.2320)	-0.6396*** (0.2197)	-0.4072* (0.2320)	-0.1496 (0.1198)	-0.1294 (0.1191)	-0.1442 (0.1200)
Aid Screened, Gender Not Targeted (% of GDP)	0.4099*** (0.1487)	0.4637*** (0.1578)	0.4099*** (0.1487)	0.4637*** (0.1578)	-0.0131 (0.0556)	-0.0208 (0.0550)	-0.0383 (0.0551)
Current health expenditure (% of GDP)	0.0016 (0.0010)	0.0004 (0.0011)	0.0016 (0.0010)	0.0004 (0.0011)	-0.0004 (0.0007)	-0.0004 (0.0007)	-0.0003 (0.0007)
Government expenditure on education, total (% of GDP)	-0.0111*** (0.0013)	-0.0106*** (0.0014)	-0.0111*** (0.0013)	-0.0106*** (0.0014)	0.0000 (0.0009)	-0.0000 (0.0009)	0.0003 (0.0009)
Age dependency ratio (% of working-age population)	0.0020*** (0.0002)	0.0028*** (0.0002)	0.0020*** (0.0002)	0.0028*** (0.0002)	0.0008*** (0.0003)	0.0009*** (0.0003)	0.0007** (0.0003)
People using at least basic drinking water services (% of population)	0.0031*** (0.0003)	0.0026*** (0.0003)	0.0031*** (0.0003)	0.0026*** (0.0003)	-0.0019*** (0.0003)	-0.0019*** (0.0003)	-0.0024*** (0.0003)
People using at least basic sanitation services (% of population)	-0.0023*** (0.0002)	-0.0032*** (0.0002)	-0.0023*** (0.0002)	-0.0032*** (0.0002)	-0.0019*** (0.0002)	-0.0021*** (0.0002)	-0.0017*** (0.0003)
Worldwide Governance Indicator	-0.0134*** (0.0048)	-0.0290*** (0.0053)	-0.0134*** (0.0048)	-0.0290*** (0.0053)	-0.0381*** (0.0050)	-0.0396*** (0.0050)	-0.0432*** (0.0052)
Initial HDI score	-0.4169*** (0.0410)		-0.4169*** (0.0410)		-0.0497 (0.0642)		
Initial GDP per capita		0.0000* (0.0000)		0.0000* (0.0000)		0.0000 (0.0000)	
Constant	0.5464*** (0.0346)	0.3714*** (0.0315)	0.5464*** (0.0346)	0.3714*** (0.0315)	0.7968*** (0.0497)	0.7667*** (0.0353)	0.8158*** (0.0363)
Overall R-squared	0.7867	0.7597			0.6843	0.6767	0.6543
Within R-squared					0.3833	0.3883	**0.3908**
Between R-squared					0.6828	0.6767	0.6540
Observations	942	950	942	950	942	950	950
Number of countries					109	110	110

Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

3 7

4.2. Gender Aid and the Maternal Mortality Ratio

In all the methods of regression used for this dependent variable, the independent variable on gender aid (gender_aid) yielded a negative coefficient and the variable is significant at the 1% level, which points to gender aid contributing significantly to reducing the maternal mortality ratio. The non-gender-targeted aid (nt_aid) variable is significant and has a positive coefficient in the regression models using the OLS and the IRLS methods, which indicates that foreign aid may have adverse effects when gender perspective is not considered in the design of the project and, in this case, it increases the maternal mortality ratio. Nonetheless, the results of the Breusch and Pagan Lagrange Multiplier Test and Hausman's specification test provide that there is a panel effect for the dataset and the appropriate model for the selected variables is the one utilizing the fixed effects method, and this variable is insignificant (and with a negative coefficient) using the fixed effects methods.

The control variable on current expenditure on health as a percentage of GDP is surprisingly insignificant using the random effects and fixed effects methods, although the coefficient is negative consistent with the finding of Pickbourn and Ndikumana (2016). More curiously, for the results using OLS and IRLS, the health expenditure variable is significant and has a positive coefficient meaning that higher health expenditure as a percentage of GDP will lead to more maternal deaths. A similar result has been found in the study by Aziz, et al. (2021) in the case of Pakistan where rising health expenditure even led to an increase in maternal mortality rate. There should be a further examination of the components of health expenditure to

determine which particular expenditure is crucial in lowering maternal mortality. Increased education spending contributes to the lowering of the maternal mortality ratio. The coefficient of the independent variable on the age dependency ratio is positive and significant at a 1% level across all methods of regression indicating that it increases maternal deaths. This may be attributed to more caring responsibilities which in most cases are taken on by women in addition to the impact of higher dependency on the economic conditions of the family. Increasing basic access to water and sanitation was both found to lower the maternal mortality ratio across all regression methods, except for the OLS regression including initial HDI as an independent variable where the variable is not significant. Good governance is a statistically insignificant variable in the regression using the fixed effect method though it is significant with a negative coefficient in the OLS and IRLS models. Having an initially higher level of human development also paves the way for a recipient country to lower the maternal mortality ratio in the models using both linear and panel regression. It is the other way around for the variable on the GDP per capita using OLS and IRLS which has a positive coefficient. In the panel regression using random effects method, GDP per capita is statistically significant.

Table 4. Summary of Regression Models with the Maternal Mortality Ratio as Dependent Variable

DEPENDENT VARIABLE: Maternal Mortality Ratio (MMR)

INDEPENDENT VARIABLES	(1) OLS with Initial HDI	(2) OLS with Initial GDP per capita	(3) IRLS with Initial HDI	(4) IRLS with Initial GDP per capita	(5) RE with Initial HDI	(6) RE with Initial GDP per capita	(7) FE
Gender Aid, total (% of GDP)	-1,658.5433***	-1,583.6244***	-1,658.5433***	-1,583.6244***	-970.2405***	-970.2300***	-967.4978***
	(353.5712)	(374.3291)	(353.5712)	(374.3291)	(141.8407)	(142.4303)	(141.6559)
Aid Screened, Gender Not Targeted (% of GDP)	635.3549***	801.0407***	635.3549***	801.0407***	-17.4177	-32.6707	-29.5886
	(231.8189)	(246.7445)	(231.8189)	(246.7445)	(56.7683)	(56.5299)	(56.1265)
Current health expenditure (% of GDP)	21.4483***	19.9309***	21.4483***	19.9309***	0.3503	0.3845	-0.1294
	(2.0067)	(2.1410)	(2.0067)	(2.1410)	(0.9376)	(0.9369)	(0.9352)
Government expenditure on education, total (% of GDP)	-22.2765***	-21.4100***	-22.2765***	-21.4100***	-2.6010**	-2.6235**	-2.2206**
	(2.5136)	(2.6692)	(2.5136)	(2.6692)	(1.1312)	(1.1138)	(1.1145)
Age dependency ratio (% of working-age population)	1.9131***	3.5805***	1.9131***	3.5805***	3.6651***	3.7671***	3.7091***
	(0.4751)	(0.4735)	(0.4751)	(0.4735)	(0.3652)	(0.3620)	(0.3715)
People using at least basic drinking water services (% of population)	-0.6808	-1.8492***	-0.6808	-1.8492***	-4.3479***	-4.4165***	-4.5729***
	(0.5727)	(0.5914)	(0.5727)	(0.5914)	(0.4106)	(0.4120)	(0.4191)
People using at least basic sanitation services (% of population)	-2.4600***	-4.1837***	-2.4600***	-4.1837***	-1.3215***	-1.5326***	-1.2138***
	(0.3456)	(0.3393)	(0.3456)	(0.3393)	(0.3241)	(0.3200)	(0.3384)
Worldwide Governance Indicator	-23.7835**	-58.3369***	-23.7835**	-58.3369***	-9.1844	-9.6634	-8.1465
	(9.8899)	(10.8962)	(9.8899)	(10.8962)	(6.6503)	(6.6558)	(6.7665)
Initial HDI score	-846.7718***		-846.7718***		-435.9188***		
	(82.9688)		(82.9688)		(105.7278)		
Initial GDP per capita		0.0039*		0.0039*		-0.0063	
		(0.0022)		(0.0022)		(0.0041)	
Constant	858.6932***	505.6950***	858.6932***	505.6950***	728.6472***	502.3688***	482.5738***
	(70.3929)	(65.7959)	(70.3929)	(65.7959)	(76.4018)	(49.3161)	(47.2423)
Overall R-squared	0.7591	0.7298			0.7016	0.6701	0.6677
Within R-squared					0.4685	0.4717	**0.4720**
Between R-squared					0.6963	0.6648	0.6626
Observations	990	994	990	994	990	994	999
Number of countries					117	117	118

Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

4.3. Gender Aid and the Adolescent Birth Rate

In all the methods of regression used for this dependent variable, the independent variable on gender aid (gender_aid) yielded a negative coefficient and the variable is significant at the 1% level, which, like the case of maternal mortality ratio, indicates that gender aid is contributing significantly to the reduction of adolescent birth rate. The non-gender-targeted aid (nt_aid) variable is insignificant across the various regression models. Similar to the two other dependent variables the result of Hausman's specification test identifies the fixed effects method of regression as the appropriate method for the dataset.

The control variable on current expenditure on health as a percentage of GDP has a positive coefficient and is significant across all regression methods. Further studies are needed to look at how reproductive health is addressed by the healthcare system to better understand why increased health expenditure is positively associated with the adolescent birth rate. Again, the coefficient of the independent variable on the age dependency ratio is positive and significant across all methods of regression indicating that it is positively related to the adolescent birth rate. Increasing basic access to water and sanitation was found to lower the adolescent birth rate using panel regression, which is the appropriate method for this dataset. Good governance also creates an enabling environment for lowering the adolescent birth rate. The initial level of human development in the recipient country to not significant as a variable across the regression methods. Finally, countries with a higher initial GDP per capita have been found to have higher adolescent birth rates.

Table 5. Summary of Regression Models with the Adolescent Birth Rate as Dependent Variable

DEPENDENT VARIABLE: Adolescent Birth Rate

INDEPENDENT VARIABLES	(1) OLS with Initial HDI	(2) OLS with Initial GDP per capita	(3) IRLS with Initial HDI	(4) IRLS with Initial GDP per capita	(5) RE with Initial HDI	(6) RE with Initial GDP per capita	(7) FE
Gender Aid, total (% of GDP)	-426.3473*** (58.0295)	-409.9133*** (56.1611)	-426.3473*** (58.0295)	-409.9133*** (56.1611)	-96.0372*** (29.7262)	-92.7167*** (29.6784)	-83.7272*** (30.0490)
Aid Screened, Gender Not Targeted (% of GDP)	29.7981 (38.0471)	65.4615* (37.0194)	29.7981 (38.0471)	65.4615* (37.0194)	0.7054 (11.9705)	-0.8158 (11.8603)	1.7622 (11.9059)
Current health expenditure (% of GDP)	2.0967*** (0.3293)	1.6968*** (0.3212)	2.0967*** (0.3293)	1.6968*** (0.3212)	0.5541*** (0.1967)	0.5514*** (0.1955)	0.4859** (0.1984)
Government expenditure on education, total (% of GDP)	-1.7861*** (0.4125)	-1.3741*** (0.4005)	-1.7861*** (0.4125)	-1.3741*** (0.4005)	-0.1860 (0.2370)	-0.1600 (0.2321)	-0.1151 (0.2364)
Age dependency ratio (% of working-age population)	1.6047*** (0.0780)	1.5724*** (0.0710)	1.6047*** (0.0780)	1.5724*** (0.0710)	0.9964*** (0.0755)	1.0036*** (0.0739)	0.9322*** (0.0788)
People using at least basic drinking water services (% of population)	0.1703* (0.0940)	0.1126 (0.0887)	0.1703* (0.0940)	0.1126 (0.0887)	-0.3156*** (0.0850)	-0.3205*** (0.0845)	-0.3975*** (0.0889)
People using at least basic sanitation services (% of population)	-0.4450*** (0.0567)	-0.5031*** (0.0509)	-0.4450*** (0.0567)	-0.5031*** (0.0509)	-0.3622*** (0.0663)	-0.3849*** (0.0638)	-0.3126*** (0.0718)
Worldwide Governance Indicator	0.0221 (1.6232)	-5.2896*** (1.6348)	0.0221 (1.6232)	-5.2896*** (1.6348)	-6.3955*** (1.3755)	-6.7732*** (1.3664)	-7.1241*** (1.4354)
Initial HDI score	13.4432 (13.6172)		13.4432 (13.6172)		14.8656 (18.7252)		
Initial GDP per capita		0.0026*** (0.0003)		0.0026*** (0.0003)		0.0020*** (0.0007)	
Constant	-27.2995** (11.5532)	-7.0132 (9.8714)	-27.2995** (11.5532)	-7.0132 (9.8714)	55.5801*** (14.1634)	59.7448*** (9.7857)	75.0973*** (10.0214)
Overall R-squared	0.7355	0.7525			0.6932	0.7243	0.6848
Within R-squared					0.3851	0.3916	**0.3922**
Between R-squared					0.6770	0.7100	0.6663
Observations	990	994	990	994	990	994	999
Number of countries					117	117	118

Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

4.4. Gender Aid and Gender Equality in the Philippines

The gender aid received by the Philippines as a percentage of its GDP is smaller compared to the average percentage of gender aid with respect to the GDP for the countries included in the study (Figure 2). The average percentage of gender aid received by the Philippine vis-à-vis its annual GDP in the 12 years covered in the study is at 0.0916%. The gender aid as a percentage of the GDP is negatively correlated to the dependent variables on the gender inequality index with a correlation coefficient of -0.2443, the maternal mortality ratio with a correlation coefficient of -0.2723, and the adolescent birth rate with a correlation coefficient of -0.2458. Though the correlation is weak, it is consistent with the results of the regression models, particularly the ones utilizing the fixed effects method, indicating that an increase in gender aid contributes to reducing inequalities (represented by the GII), as well in lowering the maternal mortality ratio and the adolescent birth rate.

Figure 2. Gender Aid (% of GDP) in the Philippines
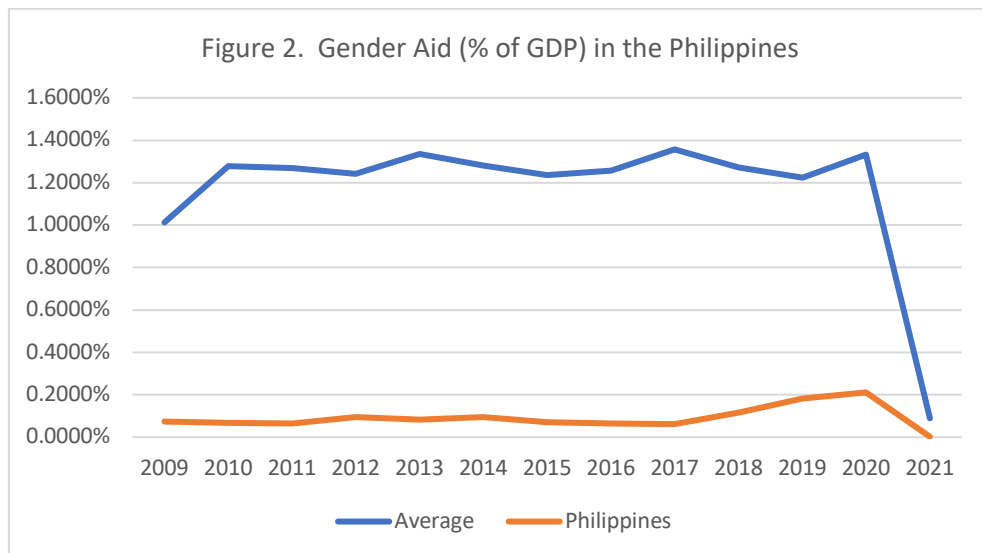
Using results of the fixed effects regressions, Figure 3 shows that the predicted values for the Philippines for the dependent variable on the GII are lower than the actual GII of the country. For the dependent variable on the maternal mortality ratio, the predicted values are higher than the actual MRR in the country (Figure 3). Finally, for the dependent variable on the adolescent birth rate, predicted values are also higher than the actual value, although the prediction is close or more accurate as compare to those for GII and MMR.

While the MMR and the adolescent birth rate are both components of the GII and the higher estimates for this values could have also led to higher predictions of inequalities using the GII, the lower predicted values of the model for the GII, which means that the country should have had lesser inequalities, may be attributed to the other dimensions of the index that have not been captured in the model used in the study.

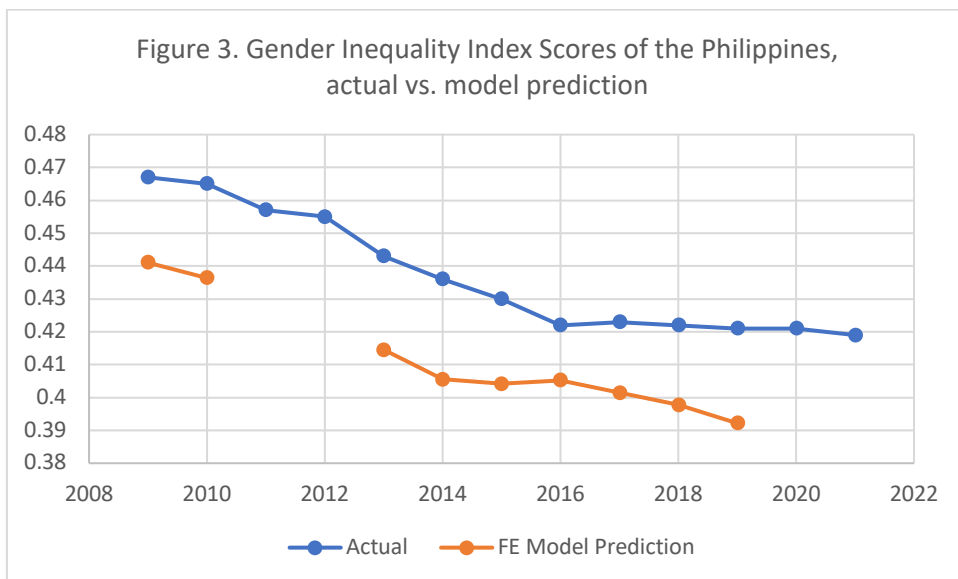Figure 3. Gender Inequality Index Scores of the Philippines, actual vs. model prediction

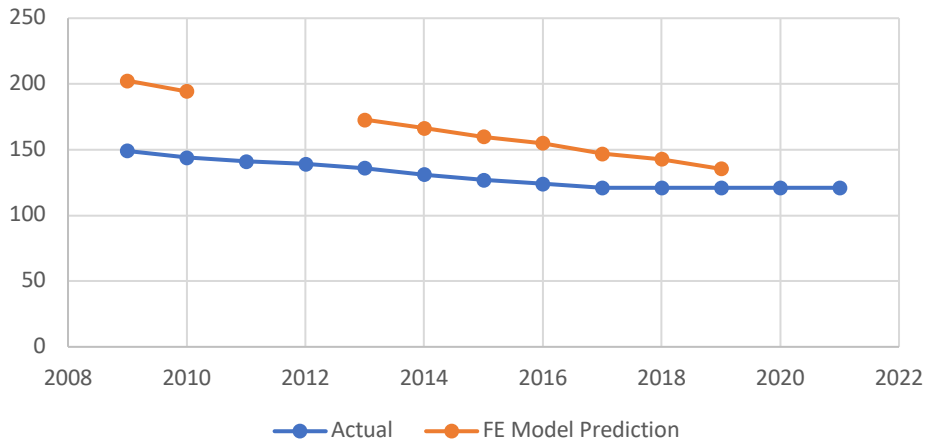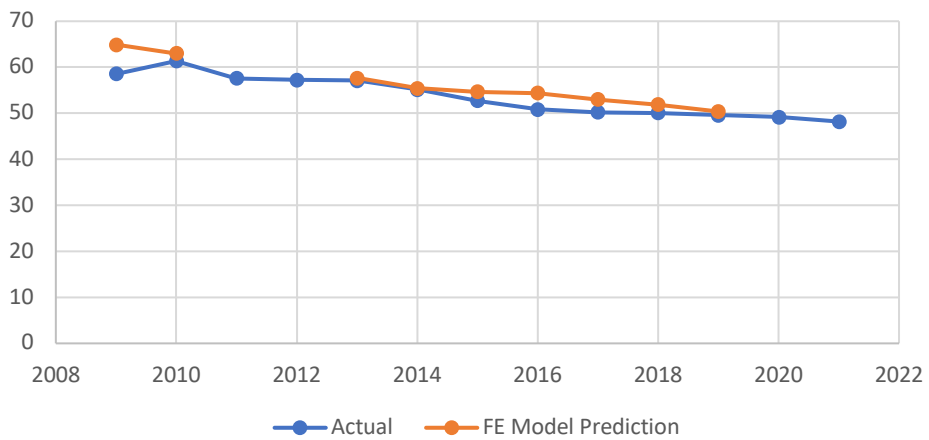Figure 4. Maternal Mortality Ratio in the Philippines, actual vs. model prediction

Figure 5. Adolescent Birth Rate in the Philippines, actual vs. model prediction

Chapter 5. Conclusion

The study echoes the findings of previous research that show mixed results on the effectiveness of foreign aid in spurring development in recipient countries. While gender aid was found to contribute to the reduction of gender inequalities in general as captured by the GII when the observations were regressed using a traditional linear approach, this effect was not established when we controlled for heterogeneity when panel regression methods were used. This is not surprising considering that this study is more nuanced and does not only look at the variable of foreign aid itself but at the intersection of foreign aid and gender through specific gender targeting or gender mainstreaming in aid projects and activities which were determined using the OECD-DAC gender equality policy marker.

In the case of individual and observable gender indicators such as the maternal mortality ratio and the adolescent birth rate, the study shows that gender aid significantly contributes to the countries' performance in addressing these issues. Considering that the data for gender aid that has been used in this study is the aggregate disbursement for all gender-marked aid activities, this supports the strategy of gender mainstreaming considering that some of the aid activities targeted gender objectives that are not directly related to health or fertility and still the variable was significant, and the sign of the coefficient was consistent across all regression models.

The variable on the non-gender-targeted aid was found in general to be insignificant in terms of contributing to the improvement of the reproductive health indicators that were used. It is, however, noteworthy to highlight that in one of the regression models for adolescent birth rate, the one utilizing the OLS method taking into account initial GDP per capita indicated that non-gender-targeted aid actually increases the adolescent birth rate. This again makes the case for the integration of gender perspective across all sectors as seemingly gender-neutral projects or policies could actually have indirect adverse effects on gender equality targets and outcomes.

Looking at the case of the Philippines, the results of the correlation tests for the dependent variables and gender aid were consistent with the results of the regression models that gender aid reduces gender inequalities and, therefore, promotes equality and the improvement of reproductive health conditions in the country. Applying the models to the case of the Philippines, the predicted values for the individual, observable dependent variables are higher than the actual values for the country meaning the country is actually performing better than what the model predicts. In the Philippines, there is a strong policy framework in place for gender mainstreaming including in the area of aid delivery. The results of the study support the continuation and intensification of these efforts to make foreign aid work not only for overall growth and development but for it to contribute to addressing other forms of inequalities, in this case, the promotion of gender equality and the improvement of the human development conditions of women towards their empowerment. Another possible reason for the lower values for the MMR and the adolescent birth rate than what the model has predicted is that these indicators are priority areas in the national plans and actions of the government considering that

these are part of the commitments under the SDG. Aside from aid coming from DAC countries, there are also other major donor organizations such as the different UN entities (e.g., UNFPA and UN Women) that are contributing for the realization of the targets for these indicators. The contributions of these entities are not captured in the current research due to limitations in terms of harmonizing the gender marking tool that they use (for those that do) as compared to DAC members.

The implementation of gender mainstreaming has been viewed by some as a cumbersome exercise that demands additional costs in terms of time and resources. Considering that this has just been viewed as a procedural exercise by some, the results of the study support the importance of gender mainstreaming and gender targeting as an exercise that leads to both direct and indirect results toward development and equality. Gender mainstreaming is indeed in line with the transformational role envisioned by the Sustainable Development Goals, which unlike the Millennium Development Goals watered down or simplified the issues of women and gender equality to focus more on efficiency. The treatment of Gender Equality (Goal 5) both as a stand-alone goal and as a cross-cutting theme enables the addressing of intersectionalities to tackle gender issues both directly and indirectly.

There should, however, be caution that even when quantitative measures are used, it does not mean that the measurement will be free from bias considering that the very act of selecting indicators or how indices are computed may affect how the result will be interpreted. Even the most complex indices would not be able to encapsulate all the dimensions of gender equality or the lived realities of women and girls. Advocates, policymakers, scholars, and other stakeholders need to be aware of

such limitations when they use these measures. In this regard and given the emphasis on measurements, it is important to balance the use of quantitative and qualitative methods of analysis when it comes to assessments so that we may be able to make meaningful conclusions towards policymaking and programming that will be able to deliver results. This study can, therefore, be enriched by future studies looking also at narratives on aid delivery from a gender perspective or the dynamics and interactions among actors (donors, recipients and other parties) implementing aid activities.

Another key takeaway of this research is the importance of data collection, in this case, the creation and utilization of the gender equality policy marker that enabled the analysis of the effect of the integration of gender in foreign aid in realizing gender outcomes. There is a need to further expand the utilization of the tool among DAC members as a huge proportion of programs are still being reported without undergoing assessment using the gender equality policy marker. This will contribute to making a more accurate assessment of the effect of gender targeting or mainstreaming. As provided by (Esplen and Bell 2007), gender-sensitive measurements (including gender statistics) are critical in influencing policy- and decision-makers in making gender (in)equality a priority that should be addressed. Merely arguing on the basis of human rights or 'what should be' may not be as compelling if measures and evidence of success cannot be produced. Donors would want to prioritize activities where results can be observed and reported.

The popularization of the use of the Gender Marker tool is not the only issue. There should be a reexamination on when the tool is used and who participates

in the conduct of the assessment. At present, the Gender Marker is being used at the design phase, and it is not mandatory to update the scoring once the aid activity has been redesigned or after it is implemented. The application of the Gender Marker should be made throughout the project cycle, including in the project implementation and project monitoring and evaluation phases. These will ensure that aid activities or projects are gender-responsive not only on paper, but in terms of the way it is implemented by both the donor and, more so, the recipient country. This leads to the need to reconsider the involvement of recipient countries in the conduct of the gender marking. As provided by the pillars of the Paris Declaration on Aid Effectiveness, aid needs to be cognizant of the principles of ownership, alignment, harmonization, managing for results and mutual accountability. The involvement and commitment of recipient countries in achieving gender objectives and in implementing the aid activities in a gender-responsive manner is crucial in order for gender mainstreaming or targeting to come into fruition. Following the observations of scholars in the literature review, gender mainstreaming must not be treated as a burden or an additional cost, but rather as a strategic intervention that makes aid more effective.

In the case of the Philippines, the importance of having gender objectives and targets should be reconsidered in its current HGDG project/program assessment tool as the weight for each of the 10 criteria for gender-responsiveness are the same. It is therefore possible for a program to get a moderate score in the tool even if gender objectives or targets are not included in the project if other criteria such as conduct of consultations with women and men, collection of sex-disaggregated data and conduct of gender analysis, among others, where complied. The absence of gender indicators and targets would, however, make it difficult to analyze for gender results

at the project-level. On the other hand, since the HGDG is a more comprehensive tool for analyzing the gender-responsiveness of ODA projects beyond the inclusion of gender objectives, a similar study could be commissioned to gauge if indeed ODA activities that have a higher score in the HGDG assessment are producing more gender results based on sectoral or thematic areas. The assessment needs to move beyond the procedural level. An analysis linking the success in the procedural stage to the attainment of results needs to be undertaken.

Finally, while this research analyzes the effect of mainstreaming and integrating gender perspective in foreign aid to achieving gender equality in a general manner using the GII, the index has a lot of limitations and there are various areas of gender equality that still need to be analyzed. This study focuses on the aspect of maternal health and reproductive health, but there are also still many critical indicators within this area apart from maternal mortality and adolescent birth rate. Empirical research in those other areas is necessary to have a more holistic view on how aid can better translate to gender equality for all.

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Abstract

여성과 소녀의 권한 부여와 성 평등의 달성은 모두를 위한 지속 가능한 개발을 향한 수단일 뿐만 아니라 (여성) 인권의 실현이라는 측면에서 그 자체로 목적입니다. 외교 정책, 특히 대외 원조 제공에서 성 주류화는 2030 지속 가능한 개발 목표의 목표 5(양성 평등)와 목표 17(목표를 위한 파트너십)의 교차점에 속합니다. 기부자와 파트너가 성 주류화를 하는 것이 중요합니다. 그들은 외국 원조로 자금을 지원받는 활동이 성평등을 촉진하고 그것이 부정적인 영향을 미치지 않도록 해야 합니다. 2009년부터 2021년까지의 패널 데이터를 사용하여, 이 연구는 경제 협력 개발 기구(OECD)의 데이터를 사용하여 수혜국의 전반적인 성 불평등과 생식 건강에 대한 성별 지표에 대한 젠더 목표가 있거나 없는 외국 원조의 효과를 조사합니다.

연구 결과는 거시적 수준에서 평가할 때 해외 원조의 효과에 대한 혼합된 결과를 반영하지만, 성 원조는 모성 사망률 및 청소년 출생률에 대한 재생산 건강 문제를 해결하는 데 국가의 성과에 크게 기여한다는 것을 보여주었습니다. 또한 젠더가 원조 목표의 일부로 고려되지 않는 경우, 젠더 평등 목표 및 결과에 부정적인 영향을 미칠 수 있다는 징후도 있습니다. 원조정책의 틀에서 젠더 주류화를 도입한 필리핀의 경우를 살펴보면, 필리핀의 젠더 원조와 젠더 성과의 상관관계 결과는 회귀분석 결과와 유사하다.