



**African Population and
Health Research Center**

Final Report

Political Economy Analysis of the Politics and Policies of the Gender Landscape in Africa

8 November 2023

Submitted to: Lynette Kamau

Email: lkamau@aphrc.org

Submitted by:

Southern Hemisphere | Wilma Wessels-Ziervogel, Tanya Jacobs and Cathy Chames

Tel: 021 422 0205 | Cell: 072 348 2498

wilma@southernhemisphere.co.za

www.southernhemisphere.co.za



SOUTHERN HEMISPHERE
CREATE MEANINGFUL CHANGE

Acknowledgements

We thank the Women RISE health policy and research organisation, African Population and Health Research Centre (APHRC), Aga Khan University and FEMNET, for their guidance in this research process. We are especially grateful to Lynette Kamau and Evelyn Muthoni from the APHRC for their hands on support. Our gratitude also goes to the French and Spanish interpreters provided by the APHRC who enabled participation during interviews and workshops.

We would like to acknowledge the efforts of the Women Rise research teams, including Principal Investigators (PIs), Canadian Co-PIs, and Decision-Maker Co-PIs from the three regions. We are deeply grateful to the following stakeholders who are advancing the agenda on women's equity in Africa, for generously sharing their knowledge, experiences, and networks with us:

- Fred Ngabirano from Commissioner, Youth and Children's Affairs in Uganda.
- Ian Assam from Eastern Cape Socio-Economic Consultative Council in South Africa.
- Emmanuel Ankrah Odame from the Ministry of Health in Ghana.
- Bilali Mazoya and Kenneth Miriti from Kilifi County Health Department in Kenya.
- Nina Benjamin from Labour Research Services.
- Esther Ofei-Aboagye from Alliance for Reproductive Health and Rights.
- Felix Millimono and Kourouma Kabinet from d'Amref Health Africa.
- Dr Oalunide Ajayi from Africa Leadership Forum.
- Mehjabeen Alarakhia from UN Women (Kenya).
- Stella Ojeme from The International Federation of Women Lawyers (FIDA).
- Morris Tayebwa from East African Community Gender Department."
- Crystal Simeoni from NAWI collective.
- Jacob Segale and Mabel Sengendo Nabaggala from Sonke Gender Justice.
- Mela Chiponda from FEMNET.
- Martha Muhwezi from Forum for African Women Educationalists (FAWE)
- Irene Murungi from The AIDS Support Organization (TASO).

Lastly, we would also like to thank the Southern Hemisphere team: Cathy Chames, Tanya Jacobs, Petronella Ncube and Kumbula Xego.

Wilma Wessels-Ziervogel
(Research Project Manager)

List of Acronyms

AU	African Union
APHRC	African Population and Health Research Center
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSOs	Civil Society Organisations
DEVAW	Declaration on the Elimination of Violence Against Women
EAC	East Africa Region
ECOWAS	Economic Community of West African States
FAO	Food and Agriculture Organization
FAWE	Forum for African Women Educationalist
FEMNET	African Women's Development and Communication Network
FIDA	Foundation for International Development
FGM	Female Genital Mutilation
GBV	Gender-based violence
GGPI	Global Gender Parity Index
GPEA	Gender Political Economic Analysis
HPRO	Health Protection Research Organisation
ICPD	International Conference on Population and Development
MDGs	Millennium Declaration and Millennium Development Goals
NAWI	An Afrifem Macroéconomiques Collective
NGO	Non Gouvernemental Organisations
ILO	International Labour Organisation
NGO	Non Gouvernemental Organisations
ILO	International Labour Organisation
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Queer
PEA	Political Economic Analysis
RECs	Regional Economic Communities
SADC	Southern Africa Development Community
SDGs	Sustainable Development Goals
SRHR	Sexual Reproductive Health Rights
TASO	The Aids Support Organisation
TOR	Terms of Reference
UN	United Nations

UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNU-IIGH	United Nations University International Institute for Global Health
UNWTO	World Tourism Organization
VAWG	Violence Against Women and Girls
WHO	World Health Organization
WEI	Women Empowerment Index

Executive Summary

Introduction

The aim of this political economic analysis (PEA) is to understand the gender landscape in Africa, Asia, and Latin America. The objectives were to contribute to a shared understanding of the context and politics influencing women's health and labour programming, map key stakeholders and analyse their power, identify relevant gender policies and legislation and their strengths and gaps, and provide recommendations for gender advocacy. The geographical scope includes Africa, Asia, and Latin America, with an emphasis on regional policies and stakeholders. This report details the findings for Africa.

The research methodology included a desktop review and qualitative data collection with Women RISE research teams, gender experts, civil society organizations and Regional Economic Communities (RECs) in Africa. A total of 23 interviews were conducted.

Global instruments and conventions

The Sustainable Development Goals (SDGs), alongside the Leave No One Behind (LNOB) principle, form a critical global policy agenda, yet recent data reveals that gender equality by 2030 remains elusive. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) plays a pivotal role in addressing gender inequalities, emphasizing national actions to eliminate discrimination against women. Furthermore, various global and national treaties and declarations, including the Universal Declaration of Human Rights, the Beijing Declaration and Platform for Action, and specific labour conventions, underscore the importance of gender equality. Notably, two International Labor Organization (ILO) conventions, Convention 189 on Domestic Workers and Convention 190 on Violence and Harassment in the Workplace, offer essential frameworks for addressing gender-related labour issues. These global policy and legislative frameworks provide the backdrop for the Women RISE Initiative's mission to promote gender equality and tackle the gender disparities highlighted within the context of the SDGs and ongoing global challenges.

Regional context: Africa

The findings highlight the multifaceted challenges faced by women across Africa, especially in areas such as education, employment, and access to healthcare. Women in the African region bear a disproportionate burden of inequality, notably evident in their health, labor, and other human rights.

When compared to the global average, gender parity scores¹ are relatively positive for labour force participation (0.76), but below the global average for formal employment (0.68), women in professional and technical jobs (0.68), and women in leadership positions (0.33). On average, women carry out at least two and half times more unpaid household and care work than men (gender parity score of 0.39²), with countries in North Africa, and Burkina Faso, Mali and Malawi having the highest gender parity. Women's presence in middle-management positions has regressed, declining by an average of about 1 percent annually across Africa since 2015³. The Africa Barometer (2021) found that women only constitute about one quarter (24%) of parliamentarians in Africa⁴. Their underrepresentation in decision-making roles hinders the formulation of

¹ [The power of parity: Advancing women's equality in Africa \(mckinsey.com\)](#)

² [The power of parity: Advancing women's equality in Africa \(mckinsey.com\)](#)

³ <https://www.mckinsey.com/featured-insights/gender-equality/the-power-of-parity-advancing-womens-equality-in-africa>

⁴ [Women's Political Participation: African Barometer 2021 \(idea.int\)](#) (2021). Accessed 25 September 2023.

gender-specific labour policies. The persistence of **gender discrimination and bias** within workplaces remained a significant barrier to women's career advancement.

Access to healthcare and family planning remains a challenge, resulting in high maternal mortality (in 2020 African women accounted for 69% of global cases⁵) and a range of reproductive health challenges. Mental health also remains under-addressed. Moreover, gender-based violence (GBV), encompassing harmful practices like FGM and child marriage, presents grave concerns across the region, affecting the physical and psychological well-being of women and girls.

The impact of COVID-19 on Women's labour and health

The advent of the COVID-19 pandemic exacerbated these pre-existing issues, particularly affecting healthcare, gender-based violence, education, traditional gender norms, and women's rights.

Women bore a significant economic burden during the pandemic, with job losses⁶ and wage reductions being widespread. Sectors, including hospitality and the informal sector, where women were predominantly employed, were significantly impacted. The confinement during COVID-19 lockdowns intensified traditional beliefs and norms surrounding caregiving and gender roles. Increased caregiving responsibilities and economic stressors led to a decline in mental well-being, which was exacerbated by social distancing measures.

Healthcare systems faced significant strain, leading to disruptions in essential services vital for women's well-being, such as post-natal care, family planning and reproductive health related services. Moreover, the economic hardships made it increasingly difficult for women to access healthcare services, disproportionately affecting marginalized communities and women in remote areas. Intersectional inequalities, particularly in rural and low-income areas, underscore the need for a comprehensive understanding of vulnerabilities during and after the pandemic.

The pandemic witnessed a surge in GBV, and this was often concealed and underreported. Harmful practices like female genital mutilation and child marriage persisted, often in secrecy. This inflicted severe emotional harm on women.

COVID 19 also brought opportunities, as organizations and activists harnessed increased their advocacy around gender equality issues. Policymakers have begun to acknowledge the importance of gender-affirming policies and the significant economic contributions of women. This momentum presents an opportunity to address gender inequality and inequity in Africa.

Regional health and labour policies for women

Regional policies, guided by international instruments, aim to address issues such as maternal and child health, reproductive health, and harmful practices. The [Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women](#) (also known as The Maputo Protocol) (2003) is the most comprehensive and dominant policy on women's rights in Africa. It has been ratified by 44

⁵ Information compiled in this table is from the following sources (ECLAC, 2022, Progress on the sustainable development goals, 2022;The gender snapshot, 2021; Africa Barometer, 2020, IMF, Áfricas Unequal Pandemic; IMF,2020, Access to Finance and why women aren't leaning in)

⁶

<https://www.worldbank.org/en/news/infographic/2022/05/25/assessing-the-damage-early-evidence-on-impacts-of-the-covid-19-crisis-on-girls-and-women-in-africa#:~:text=Many%20women%20in%20Africa%20work,Mozambique%2C%20eSwatini%20and%20South%20Africa.>

out of 55 member states⁷. Regional Economic Communities (RECs), particularly SADC, EAC and ECOWAS⁸, have further developed their own legal frameworks. SADC has been reported to be the most advanced in its gender policy development and implementation. The greatest challenge on the African continent is Gender policy integration, implementation, monitoring and accountability.

Health policies are generally silent on abortion rights and limited on issues of comprehensive sexuality education and sexual reproductive health rights for young people, and menopausal and postmenopausal health services. This is often due to social norms. Harmful practices, such as female genital mutilation and child marriage, have dominated policy discussions at regional level in the last few years.

Economic empowerment and employment of women is addressed in the Maputo Protocol, African Union, and RECs gender policies. Gender Policies (particularly SADC and EAC) cover pertinent issues related to informal sector and unpaid work, sexual harassment, agriculture, entrepreneurship. These sentiments shared by the Maputo Protocol and RECs have not however trickled down to a national level. For women in the formal sector, great progress has been made in the integration of maternity leave into policies. Challenges around pay parity and adequate safeguarding against discrimination in the workplace remain. Furthermore, minimum wages are regulated in some countries, but not sufficiently in others. Policies around informal work have largely been reported to be gender blind.

While gender policies and strategies at a regional level acknowledge the intersectional of women, they do not guide programme responses to these intersecting vulnerabilities of women. LGBTQI groups have not been acknowledged in policies and have been highlighted by participants as being a key gap in policy making.

Stakeholder mapping and analysis of power

UN Agencies, governments, RECs, civil society organizations, and the media are key stakeholders contributing to policy debates and development. Governments hold significant power but do not always prioritize gender equality. Political mandates drive key priorities that are set by decision making structures such as government and RECs. Civil society organizations bring high interest but face effectiveness challenges in the policy space. UN organisations carry the interest in gender equity and equality and have influence over policy making processes, making them powerful contributors in the policy space.

Social and cultural norms, often rooted in patriarchal traditions, play a substantial role in influencing perceptions and practices around child marriage, taboos around young people's sexuality and pre-marital sex (particularly for women), heteronormativity and abortion. This has caused backlash on progressive policies on SRHR (including safe abortions, comprehensive sexuality education) particularly for young people, and the LGBTQI community. The Human and Gender Rights agenda of global, regional, national stakeholders influences policy decision making. The competition and pressure created between governments to live up to this Human and Gender Rights agenda is instrumental in influencing policy decisions. There is a growing consciousness of African values and identity which has resulted in resistance to perceived Western ideologies, such as gender equality, sexuality, sexual orientation, gender identity and ideas of leadership. There is a need strengthen

⁷ [African Countries Show Progress in Advancing Women's Rights: Landmark Report on the Maputo Protocol - Equality Now](#)

⁸ Since Women RISE projects are located in East, Southern And West African Regions, these RECs have been included in the research. Where the report refers to RECs, they refer to SADC and EAC mostly since gender policies were available for analysis. Reflections on ECOWAS was based on interviews conducted.

Made in Africa solutions to policy making and programming that is fit for the local African context. Resources and funding are a key driver in political decision making around gender and other issues. Men still dominate spaces where decision making happens (parliaments and cabinets). This means that decisions around gender equality and equity are left to men, who seek to preserve their power over women.

Recommendations:

- Strengthen Research for Policy Making through Supporting Regional Economic Communities (RECs) in developing research policies and create a repository of research for policy makers. Ensure GPEA analyses at the country level, focusing on diversity.
- Having Feminist and Gender Transformative Approaches through adopting feminist and gender transformative approaches in research, focusing on intersectional inequalities. Collect disaggregated data for deeper gender analysis.
- Integrate gender-based violence as a determinant of women's health and labor, considering the life-course approach and adolescent girls' experiences.
- Inclusion of power analyses in all national research, focusing on visible, hidden, and invisible forms of power.
- Enhancing the capacity of Women RISE research teams to conduct GPEA and promote gender policy analyses for a gender-responsive approach.
- Building the capacity of policy makers for gender-transformative policy making. Collaborate with feminist and women's movements, strengthen relationships with media organizations, and connect with international and national stakeholders for gender advocacy.
- Utilizing the policy window created by the pandemic to advocate for inclusive public policies and budgets. Partner with women and LGBTIQ+ organizations and support their leadership in response and recovery.
- Developing a long-term advocacy strategy to challenge patriarchal social norms and institutions. Advocate for increased funding for women's organizations and sustainable empowerment initiatives.
- Developing a long-term advocacy strategy to challenge patriarchal social norms and institutions. Advocate for increased funding for women's organizations and sustainable empowerment initiatives.

Table of Contents

1	Introduction	1
2	Objectives of the Political Economy Analysis	1
2.1	Research scope	2
3	Methodology and sample	2
3.1	Limitations	3
4	Conceptual framework	4
4.1	Global definitions of gender, women’s health and labour	5
4.2	Why a Gender Political Economy Analysis?	8
4.3	Gender Political Economy: What are the key conceptual considerations?	8
4.4	Importance of GPEA for the Women Rise Initiative	9
4.1	GPEA Research and gaps	10
4.2	Gendered analysis of emergency and recovery policies	11
4.3	Current research initiatives to address gender of post Covid-19 recovery strategies	13
5	Overview of global context, instruments, policies and legislation	14
6	Regional context related to Gender, Women’s Health and Labour	18
6.1	Women’s labour	19
6.2	Women’s leadership	22
6.3	Gender based violence	23
6.4	Women’s health	23
6.5	The role of COVID on women’s access to health and labour	24
6.5.1	The impact of COVID 19 on labour in Africa	24
6.5.2	The impact of COVID 19 on Women’s health in Africa	26
6.5.3	The impact of COVID 19 on Gender Based Violence and Gender Norms	27
6.5.4	COVID 19 as a catalyst for positive change	28
7	Women’s health and labour policies in Africa	28
7.1	Women’s Health Policies	30
7.2	Women’s Labour Policies	32
7.3	Intersectionality	34
7.4	Mapping on gender integration as per the Gender Integration Continuum	34
7.5	Research gaps	36
7.6	The Women RISE initiative	36
8	Stakeholder mapping and analysis of power	36
8.1	Overview of stakeholders influencing gender policy development and implementation	37
8.2	A closer look at the interest and influence of actors	38
8.3	Platforms and spaces for policy engagement	39
8.4	The political economy: what motivates/influences decision making regarding gender equality, labour and health	41
8.4.1	Social, cultural structures and norms	41
8.4.2	Values and beliefs	43
8.4.3	Politics and political participation of women	44

8.4.4	Economic structures and norms	46
8.4.5	Formal rules and rights	47
9	Conclusion	47
10	Recommendations: key points of leverage and turning gaps into opportunities	49
	Annexure 1: Gender parity scores per country	52
	Annexure 2: Stakeholders	53

1 Introduction

The Women RISE initiative supports action-oriented and gender-transformative research on how women's health and their work (paid or unpaid) intersect and interact in the context of preparedness, response, and Recovery from COVID-19⁹.

The Women RISE health policy and research organization (HPRO) is led by the APHRC, together with two partners, Aga Khan University and FEMNET. Their role is to support and develop capacity and build a network of the 23 Women RISE research teams across four regions, Africa, Asia, Middle East, and Latin America. Broadly, as articulated in Terms of Reference (TOR), the initiative:

- Supports gender-transformative research on the interplay of women's health and work during COVID-19.
- Focuses on population and public health research to address economic impacts on women.
- Aims to bridge the knowledge gap on factors affecting women's work-health relationship amid and after COVID-19.
- Contributes to women's well-being, equitable recovery, and gender-transformative policies.
- Generates evidence for immediate and medium-term solutions promoting gender equality and health equity in post-COVID-19 Recovery.

The initiative has been run since June 2022 and will end in October 2024. The APRHC contracted Southern Hemisphere to conduct a Gender Political Economy analysis (GPEA) to provide regional context to the work of the Women RISE initiative. At the time of this GPEA, Women RISE research projects were already conceptualized and in the early stages of implementation. This report details the findings of the Gender Political Economy analysis, particularly with a focus on [Africa](#)¹⁰.

2 Objectives of the Political Economy Analysis

The purpose of this research was to conduct a Political economic analysis (PEA) to better understand the gender landscape in Africa, Asia and Latin America. The objectives were to:

- Contribute to providing a shared understanding of the current context, politics, and how it affects women's health and work programming. The key power relations and dynamics.
- Undertake stakeholder mapping and power analysis to identify key state and non-state actors that have some bearing on the gender equality legislative debates in specific regions and globally to identify their interests, motivations, and decision logic and understand the key power relations and allies.
- Identify the gender policies and legislation that inform or hinder progress in these regions.
- Identify evidence and gender gaps within the regional gender landscape.
- Provide recommendations on immediate and long-term approaches/strategies that Women RISE can use to ensure transformative gender advocacy addressing community and stakeholder needs.

⁹ Women RISE PEA TOR. P. 1

¹⁰ Separate reports have been produced for Asia and Latin America.

2.1 Research scope

Content: The research questions focused on the gender political economy within the context of women’s health and labour before, during and “after” COVID-19. The PEA analysed context, power, institutions, actors, relationships, and processes through a gender and intersectional analysis in relation to women’s health and labour. The literature and policies reviewed were in relation to this theme. Therefore, the research conducted more generally from a public health perspective in relation to COVID-19 and women’s health and labour was not included in this research.

Geographical scope: The evaluation collected data from three regions: Africa, Asia and Latin America. The research focused on regional policies, stakeholders, power relations and dynamics. Policies and legislation at a national level were not included in this PEA. National perspectives were gathered through primary data collection as well as national/regional/international literature/evidence was reviewed in relation to the content outlined above.

3 Methodology and sample

A desktop review was conducted including a review of: existing gender political economy research, relevant policies (women’s labour and health), and any initial research conducted through the Women RISE research teams.

Primary qualitative data was collected through Key informant interviews, semi-structured interviews (SSIs), and workshops, virtually via Zoom and WhatsApp (in some instances where connectivity was a challenge). Interviewees were sampled using a purposive sampling and snowball sampling. The following criteria was used for sampling:

- Individuals with a good understanding of the *regional* context and power in relation to the gender political economy as it relates to women’s health and labour.
- Interviewees were selected from countries that most likely have existing evidence/research and those that may have less research/evidence available.

The table below lists the countries that were identified as priorities within each region, and the countries reached through primary data collection. Sampled participants were from eight African countries: Guinea, Burkina Faso, Benin, Kenya, South Africa, Ghana, Uganda and Nigeria.

Table 1: Countries sampled in the study

Priority countries identified for sampling	Countries included in the sample	Number of countries
Guinea, Nigeria, Benin Kenya, South Africa, Uganda (6)	Guinea, Burkina Faso, Benin, Kenya, South Africa, Ghana, Uganda, Nigeria (all targeted countries included)	8

For the overall study (including all three regions), a total of 90 participants were contacted for interviews of which 32 agreed to participate in the study. For the Africa region, a total of 20 interviews and one workshops were conducted.

Table 2: Overview of sample

Stakeholders	Details	Actual #
IDRC		1
PIs and Canadian Co-PIs	Members of research teams	1 workshop (11 participants)

Decision maker CO-PI from Women RISE research teams in Africa	South Africa, Uganda, Kenya, Ghana, Nigeria	5
Gender experts in Africa	Labour Research services (South Africa) Alliance for Reproductive Health and Rights (Ghana) d'Amref Health Africa (Guinea) Department of health Kilifi (Kenya)	4
NGOs working in Africa (most of which are also Gender Experts)	FEMNET (the African Women's Development and Communication Network) (Kenya/regional) Forum for African Women Educationalists (FAWE) (Kenya/regional) NAWI (Kenya/regional) Sonke Gender Justice (South Africa, Regional) The International Federation of Women Lawyers (FIDA) (Nigeria/regional) Engender Health (regional/Benin) The AIDS Support Organization (TASO) (Uganda)	7
Regional Continental Communities, or organisations working with Regional/Continental Economic Communities	East African Community (EAC) (East Africa Region) UN women (Regional) Africa Leadership Forum (Nigeria, Regional)	3
Total		20 SSI and 1 workshop

3.1 Limitations

The research observed the following limitations:

- There was a significant delay in the data collection process due a combination of factors including slow responsiveness and unavailability of participants. As a result, interviews had to be rescheduled multiple times, and this delayed the research process.
- Securing interviews with Regional Economic Communities (RECs) was challenging given the short timeframes for the GPEA. Organizations with experience in working with RECs (e.g. UN agencies and NGOs) were interviewed as a replacement where interviews could not be secured with RECs themselves.
- While the research sampled Gender experts and NGOs into separate categories; in reality many gender experts were often from NGOs, and so these categories were not mutually exclusive.
- Interviews were shortened to accommodate the availability of participants. Furthermore, the GPEA questions explored required participants to think deeply and critically about complex issues of power, gender, health, labour and policy making. This was challenging for some participants as not all these were necessarily their area of expertise. These factors may have limited the quality of responses.
- Translation was required during the data collection process to accommodate French/Spanish speakers (3 interviews). However, the translation was not always optimal and this potentially compromised the quality of data.
- The GPEA as per the TOR was conducted for the regions/continents of Africa, Asia and Latin America. However, there is much diversity between sub-regions, countries and even within countries. Some participants could therefore not provide a "regional" perspective and could only provide national-level data for the countries they operated in. This may have limited

regional-level data. The combined perspectives of regions and countries was used to provide a regional perspective as far as possible.

- The research required participants to generously share their time and experience, many of whom are not involved in the Women Rise Initiative. Some participants raised that the research was “extractive” and that the exclusion of women at community level was a limitation to the feminist principles that should underpin research of this nature. This affected the willingness of participants to share openly during some interviews/workshops. This should be considered in the methodologies employed by the Women RISE initiative research teams. Ideally GPEA should be done at country level with the participation of women in their diversity in the entire process. In addition, a GPEA should be done at that start of a research process/project. The research reports should also be shared with a wider audience (than the Women RISE research teams) so that it can contribute to the broader body of knowledge.

4 Conceptual framework

A key foundation of this GPEA is providing a conceptual framework of what is understood in terms of gender, women’s health and labour, as part of achieving the objectives of this research i.e. providing a shared understanding of the current context, politics, and how it affects women's health and work programming. The focus of the Women’s Rise initiative has been on women’s health and labour; however it is important to note that these are all interrelated in terms of the lived realities of diverse women and underpinned by gender inequality and power relations across the regions that the Women Rise Initiative is working in.

A key cross-cutting element to women’s health and labour that was identified in this GPEA is the presence of **gender-based violence as tool for maintaining gendered power relations** in everyday life as part of social, and economic aspects of their lives for example:

- the pervasiveness of violence within feminized global zones of work, such export processing zones or the expanding market for migrant domestic work
- women’s experience of violence in public spaces, particularly that relating to mobility and public transport
- the relationship between women’s subordination in the household and forms of violence
- violence and the fear thereof shapes women and girls’ health in terms of control over their bodily autonomy and access to health services

The Figure below represents a Conceptual Framework for interlinked and dynamic nature of women’s health, labour, gender inequalities and gender-based violence that emerged as part of the GPEA findings.

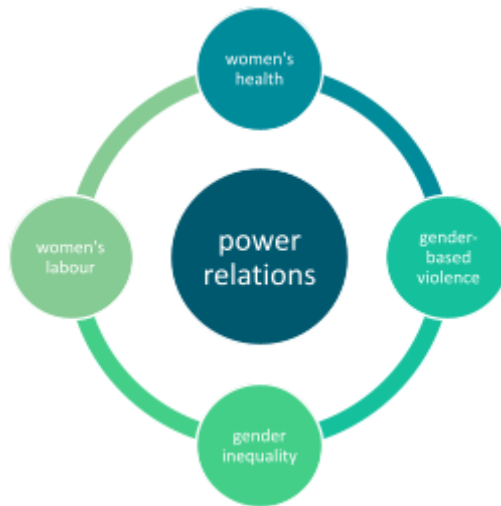


Figure 1 Conceptual framework

4.1 Global definitions of gender, women’s health and labour

Given the Conceptual Framework above it is important to be foreground global working definitions as part of developing shared understanding in the Women Rise Initiative. Drawing on Global Agencies such as UN Women, definitions of gender are important starting points and need to be contextualised and should also be understood in its geographical and historical context. The concept of ‘gender’ ‘provided a means to ensure a stronger focus in development policies and practice on women’s empowerment, women’s human rights, and substantive equality between women and men in their diversity. It brought increased attention to gender biases and highlighted issues of potential discrimination and denial of rights in development policy, practice, outcomes and results. While initially used in a binary framing of men and women the concept of gender now includes an expanded definition to acknowledge the continuum of gender identities to include those with non-binary or gender-diverse gender identities.

In this GPEA we are using the following definitions an understandings:

Gender: Gender refers to the roles, behaviours, activities, and attributes that a given society at a given time considers appropriate for men and women. In addition to the social attributes and opportunities associated with being male or female and the relationships between women and men and girls and boys, gender also refers to the relations among women and those among men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader sociocultural context, as are other important criteria for sociocultural analysis including class, race, poverty level, ethnic group, sexual orientation, age, etc¹¹.

Intersectionality: The issue of power and inequality is really important to foreground as part of developing shared conceptual understand of how gender and other intersectional power systems based on race, geographical location, age, class, ability sexual orientation and gender identity

¹¹ [Gender Equality Glossary \(unwomen.org\)](http://unwomen.org)

construct someone's identity and lived experiences. It is critical to recognize that gender is closely linked to other sources of inequality and exclusion, which can create situations of multiple and intersecting discrimination, vulnerability, and marginalization for some individuals and groups of women, men and gender-diverse people. In **this GPEA intersectionality, which looks at the relationships between sources of inequality, discrimination, and exclusion must be identified and considered in all development policy and practice/Women Rise research projects.**

Women's health: In the GPEA the concept of women's health is an example of population health, where health is defined by the World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". In addition the WHO emphasize that gender and being a man or a woman has a significant impact on health, as a result of both biological and gender-related differences. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. Some of the sociocultural factors that prevent women and girls to benefit from quality health services and attaining the best possible level of health include:

- unequal power relationships between men and women;
- patriarchal social norms that decrease education and paid employment opportunities;
- an exclusive focus on women's reproductive roles; and
- potential or actual experience of physical, sexual and emotional violence.

The consequences of this are that women and girls face greater risks of unintended pregnancies, sexually transmitted infections including HIV, cervical cancer, malnutrition, lower vision, respiratory infections, malnutrition and elder abuse, amongst others. Importantly, WHO figures show that about 1 in 3 women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. In addition, women and girls also face unacceptably high levels of violence rooted in gender inequality and are at grave risk of harmful practices such as female genital mutilation, and child, early and forced marriage. A cross-cutting element is also understanding women's health using a life-course approach, which means understanding health as an evolving capacity that develops dynamically over time and across generations. The idea of a life course can be conceptualized as a series of social occurrences that someone experiences across their life. It is considered a multidisciplinary perspective that includes various fields of study, including biology, sociology, psychology, economics, and history and hence important when thinking about GPEA¹².

Women's Labour: Women' labour is often defined as female labour force as a percentage of the total show the extent to which women are active in the labor force. Labor force comprises people ages 15 and older who supply labour for the production of goods and services during a specified period. The ILO note that Equal opportunity and equal treatment in the labour market are at the core of decent work. Unfortunately, women around the world still face additional hurdles to access employment, and once in employment, to access decision-making positions and jobs in certain sectors or of certain characteristics. This horizontal and vertical gender segregation of employment, combined with the unequal distribution of unpaid work (including household and childcare activities), results in differences in working conditions such as the gender pay gap and the over-representation of women in part-time jobs^{13 14}.

¹² World Health Organisation. <https://www.who.int/health-topics/women-s-health>

¹³ [Statistics on unpaid work - ILOSTAT](#)

¹⁴ [Flagship report: Global Wage Report 2018/19: What lies behind gender pay gaps \(ilo.org\)](#)

Gender-based violence: Gender-based violence (GBV) refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. The term is primarily used to underscore the fact that structural, gender-based power differentials place women and girls at risk for multiple forms of violence. While women and girls suffer disproportionately from GBV, men and boys can also be targeted. The term is also sometimes used to describe targeted violence against LGBTQI+ populations, when referencing violence related to norms of masculinity/femininity and/or gender norms. CEDAW, The Declaration on the Elimination of Violence Against Women, adopted by the United Nations General Assembly in 1993, defines violence against women and girls as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women [and girls], including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Violence against women and girls encompasses, but is not limited to, physical, sexual and psychological violence occurring in the family or within the general community, and perpetrated or condoned by the State¹⁵.

Power: As part of understanding power, it is important to at more and less visible and tangible forms of power and how these work in different ways to maintain inequality and injustice. Foucault¹⁶ emphasizes the influence of not only visible power, or power that is yielded through formal structures, but also the power that exists at micro levels in society (for example, within communities and households). In this report we explore power in its various forms.

Three forms of power¹⁷:

- Visible power is held by people with official positions or well-recognised authority
- Hidden power describes the tactics people use to protect their interests and privilege
- Invisible power describes the dominant ideologies, values and social norms that shape people's expectations and behaviour

Five ways to exercise power:

- Power over is controlling others and making them do something.
- Power from within is a person's sense of self-worth and self-confidence.
- Power to is a person's ability to shape their life and environment.
- Power with is people coming together around shared interests to build a common cause.
- Power under is the acts of resistance and subversion by people who are subject to domination.

4.2 Why a Gender Political Economy Analysis?

A critical question that is often asked is why GPEA? In answering the question it reveals the interconnected of political and economic systems and that of gender power relations. Conducting a GPEA supports:

- undertaking a more holistic diagnosis of poverty and inequality, including women's exclusion from leadership and decision-making

¹⁵ [Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979 | OHCHR](#)

¹⁶ [Three concepts of power: Foucault, Bourdieu, and Habermas - Gerd Christensen, 2023 \(sagepub.com\)](#)

¹⁷ Source : <http://www.powercube.net/analyse-power/what-is-the-powercube/>

- avoiding reinforcing power relations that systematically exclude and harm women, girls and other disadvantaged groups
- identifying new pathways and agents of social and political change.

In understanding the importance of a GPEA it is important to recognise the inseparability of the reproductive and productive economies and the structures of power inherent in them. A gender analysis as part of a PEA is therefore important for recognising the strategic invisibility of the private and moving beyond essentialist claims of women’s biological suitability for household work to uncover the historical and contextual factors that shape that. In addition, a GPEA highlights the impact of the asymmetric impact of globalization at global, regional and national levels. This GPEA of the gender landscape in Africa, Asia, and Latin America as case studies, emphasises the context, power, institutions, actors, relationships, and processes. Further it presents explicit and implicit assumptions about the influence and interests of stakeholders and how power is exerted, policy orientation and implementation, as well as attitudes and behaviours.

4.3 Gender Political Economy: What are the key conceptual considerations?

Conducting a gender political economy analysis of the politics and policies of the gender landscape in Africa, Asia, and Latin America requires drawing specifically on key concepts from feminist political economy. This scholarship makes explicit the linkages between economic, social, and political spheres as noted above . Importantly it assesses how power is exercised not only through coercive means, but also materials and ideas, and how these power relationships shape the institutional and ideological formations where gender identities and status are constructed.

A review of literature and consultations during the research outlined the paucity of GPEA and that gender is not systematically included in PEA. Critically, **political economy analyses have often ignored one of the most pervasive systems of power in most societies – gender and the unequal power relations between women and men and those with non-binary identities** ¹⁸.

As noted, PEA focuses on social, political and economic processes in societies to provide an in-depth analysis of the power relations between groups. Similarly gender analyses explore the power relations between men, women and those with non-binary identities, which is explicitly political, however despite these areas of overlap, gender analyses does not feature prominently in PEA. Gender norms and roles shape power at all levels of society, from the family to international politics. Ignoring gender within a political economy analysis limits the value of the analysis to development programming, because gender is an essential dimension of all power relations. By contrast, when development practitioners use a gender lens to analyse how politics and economics affect a development problem, they are able to add a layer of analysis which creates more accurate understandings of intra-household labour and resource allocation at the micro level, and capitalist accumulation at the macro level, for example.

Even though there had been some acknowledgement that gender as key aspect of power relations should be key part of PEA and in in the context of greater resistance and backlash towards more feminist political economic analyses. Gender has been included in political economy analysis either as how men and women are differently affected by and affect the political economy, or how masculinity and femininity are produced by and produce political economy. Of critical importance is that a gender and intersectional lens is taken this analysis allows for more nuanced understandings

¹⁸ Gender and Development Network (2018) Putting gender in political economy analysis

of how intersecting factors and processes of power across geopolitical contexts shape risks, needs, experiences and capabilities. These processes and structures include globalization, capitalism, urbanization, climate change, patriarchy, racism and xenophobia, for example.

The theoretical approach to this GPEA draws on feminist political economy scholarship makes explicit the linkages between economic, social, and political spheres. The analysis from this perspective analyses the gendered power relations and how power is exercised in different forms: coercive, material, ideological as well as the institutional forms, which all shape gender identities and lived experiences¹⁹ Importantly it analyses the intersecting macro and microeconomics to shape and reproduce gender inequality i.e., social, political and economic and gendered power relations.

4.4 Importance of GPEA for the Women Rise Initiative

The COVID-19 pandemic has confirmed the relevance of **social reproduction** as a key analytical lens to interrogate contemporary capitalist processes. It is a prism through which to understand the complexities of labour across the world, particularly the Global South and how reproductive dynamics co-constitute the 'everyday' in the global economy. Social reproduction encompasses the daily and long-term reproduction of the means of production, the labour power to make them work, and the social relations that hold them in place. These include relations with the state and ('crisis' of) care provisions; the blending of productive and reproductive temporalities of work across labour processes; the continuum of paid/unpaid work within and beyond the household; and novel global processes of commodification of life and the everyday²⁰. This social reproduction is central to the GPEA for Women Rise projects and areas of research, to understand how the interrelationship between macro sites of political economic power (e.g. world trade, global finance, labour regimes) and the micro level of power relationships which are experienced by individuals on a daily basis (domestic works, the informal care economy etc).

This is central to the GPEA for Women Rise in the context of COVID-19 research and responses as it makes visible the care economy, inequities in the workplace and the patriarchal decision making and governance and policy making. Despite evidence of the disproportionate effects of health crises on women, feminist analyses have remained secondary to the emergency imperative of outbreaks, preventing critical evaluation of gendered assumptions and gaps in policy responses. Research into COVID-19 has also documented a lack of gender analyses as well as responses in for example how men, women, and non-binary genders experience health crises, a lack of commitment to collecting gender and sex-disaggregated data, and a continuation of responses that disadvantage women and non-binary people compared to men.

The COVID-19 pandemic has triggered a double crisis in public health and the economy that is evolving at an unparalleled pace across the globe. Feminist political economy perspectives, centered on social reproduction, are necessary to understand the COVID-19 crisis as it overcomes the limits in mainstream economic and political economy analyses that are blind to the social relations that constitute the economy.²¹ Many research and programme resources have been redirected towards

19 Rai, S. M., & Waylen, G. (Eds.). (2013). *New frontiers in feminist political economy*. Routledge.

20 Alessandra Mezzadri, Susan Newman & Sara Stevano (2022) Feminist global political economies of work and social reproduction, *Review of International Political Economy*, 29:6, 1783-1803, DOI: 10.1080/09692290.2021.1957977

21 Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham (2021) More than a public health crisis: A feminist political economic analysis of COVID-19,

Global Public Health, 16:8-9, 1364-1380, DOI: 10.1080/17441692.2021.1896765

‘building back better’ post COVID-19, and a key question, highlighted by the UN Research Roadmap for the COVID-19 Recovery: "How have recent economic changes disproportionately impacted women, and how can recovery strategies be inclusive and gender-transformative?" This will be a central question of this report, which will also build on current initiatives and lessons, some of which are highlighted below.

1.1 GPEA Research and gaps

Research Objective:

Identify evidence and gender gaps within the regional gender landscape.

This section describes some of the global research that has been documented particularly from a gender perspective and GPEA that have been conducted of the Covid-19 pandemic.

There is emerging research globally that outlines how COVID-19 is more than a public health crisis and the need for analyses and responses that include how gender inequalities intersect and are compounded by other systems of power and oppression, given that people living at the intersections of multiple inequities are made additionally vulnerable by pandemic responses. As argued by Smith et al.,²² gender-based analysis of outbreaks and responses is limited by lack of data and little integration of feminist analysis within global health scholarship. They applied a gender matrix methodology, grounded in feminist political economy approaches, to evaluate the gendered effects of the COVID-19 pandemic and response in four case studies: China, Hong Kong, Canada, and the UK. Their finding shows the transnational structural conditions which put women on the front lines of the pandemic at work and at home while denying them health, economic and personal security – effects that are exacerbated where racism and other forms of discrimination intersecting with gender inequities.

Since the outbreak in 2019, there is growing global evidence of the disproportionate effects of health crises on women in their diversity, however gender analyses have remained secondary to the emergency imperative of outbreaks, preventing critical evaluation of gendered assumptions and gaps in research and policy responses. Importantly, there is a need for regional and national gender and political economy analyses that situate gender equality interventions within an understanding of the existing political and economic processes, focusing on the incentives, relationships, distribution, and contestation of powers between different regions, countries, and groups - all of which have an impact on gender justice outcomes.

The evidence base is growing for understanding the gendered dimensions of the COVID-19 pandemic and its health, social, and economic outcomes. Key highlights from Kabeer et al.²³ showed that women from lowest-income households and marginalized groups bore the brunt of the COVID-19 crisis and that globally more women than men are employed in sectors hardest hit by the pandemic. In addition, the research outlines how essential and frontline workers at higher risk of exposure are predominantly women. The authors further note that domestic violence has increased in frequency and severity across countries and also that . that policy response strategies to the crisis by women

22 Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham (2021) More than a public health crisis: A feminist political economic analysis of COVID-19,

Global Public Health, 16:8-9, 1364-1380, DOI: 10.1080/17441692.2021.1896765

23 Naila Kabeer, Shahra Razavi & Yana van der Meulen Rodgers (2021)

Feminist Economic Perspectives on the COVID-19 Pandemic, Feminist Economics, 27:1-2, 1-29, DOI: 10.1080/13545701.2021.1876906

leaders have contributed to more favourable outcomes compared to outcomes in countries led by men.

1.2 Gendered analysis of emergency and recovery policies

The pandemic has shown how women's work – formal and informal, and within paid and unpaid care – has been central to economic reproduction, often dependent on gendered exploitation²⁴. The gendered structure of care work has been referred to, to as a 'care crisis'. Several researchers have described how the COVID-19 pandemic hit hard the economies and health systems all around the world, but also, it also challenged educational systems, social protection mechanisms, and the social organisation of care, particularly reducing the already scarce services available. Key themes are that there is a lack of recognition and response by states to these gendered dynamics i.e., **being gender-blind; and the importance of addressing these gendered dynamics in realising a gender-just recovery from the pandemic**. In addition, the necessary gender-responsive policies needed to address fully the impact of the pandemic on women in the labour force more broadly, as well as the informal economy, have also been largely absent. This means that states and government policies and do not integrate gender into the economic and social protection policies and the critical importance of state funding for care work. The authors in this issue emphasise that care policies need to go beyond gender responsiveness to be also gender transformative, which entails questioning, challenging, and addressing the deeply entrenched inequitable gender norms that sustain unequal relationships among families, communities, and vis-à-vis the state.²⁵

Another key report by the ILO It provides a global overview of national laws and practices regarding care policies, namely maternity protection, paternity, parental and other care-related leave policies, as well as childcare and long-term care services. The report presents findings from an ILO legal survey of 185 countries, and reviews progress made around the world over the past decade while assessing the persisting and significant legal gaps that translate into a lack of protection and support for millions of workers with family responsibilities across the world. It concludes with a call for action to invest in a transformative package of care policies that is central to the broader international agenda on investing in the care economy – a breakthrough pathway for building a better and more gender equal world of work.²⁶

Related to that is the care policy score Policy Scorecard, is an evidence-based policy tool developed through extensive collaboration between several institutions, care policy advocates, policymakers, and researchers in the global South and North. The Scorecard helps care advocates to assess how care-related policies are adopted, budgeted for, and implemented by governments, and to what extent they can transform the social organisation of care²⁷. Policy research conducted by Tomsick et al²⁸ of 338 WHO COVID-19 documents found that only 20% explicitly discuss gender and over half do not mention women, gender, or sex at all. Considering the well documented gendered effects of

24 Valeria Esquivel, Jayati Ghosh & Fatimah Kelleher (2022) A gender-responsive recovery: ensuring women's decent work and transforming care provision, *Gender & Development*, 30:1-2, 3-15, DOI: 10.1080/13552074.2022.2087991

25 Valeria Esquivel, Jayati Ghosh & Fatimah Kelleher (2022) A gender-responsive recovery: ensuring women's decent work and transforming care provision, *Gender & Development*, 30:1-2, 3-15, DOI: 10.1080/13552074.2022.2087991

26 ILO Care at Work: Investing in Care Leave Policies and Care Services for a More Gender-Equal World of Work (2022)

27 Sharmishtha Nanda, Ruth Oloo, Amber Parkes & Anam Parvez Butt (2022) The Care Policy Scorecard: a new tool to shift progress towards a caring economy, *Gender & Development*, 30:1-2, 77-95, DOI: 10.1080/13552074.2022.2066279

28 Tomsick E, Smith J, Wenham C (2022) A gendered content analysis of the World Health Organization's COVID-19 guidance and policies. *PLOS Glob Public Health* 2(6): e0000640. <https://doi.org/10.1371/journal.pgph.0000640>

pandemics and the WHO's commitment to gender mainstreaming, this paper: 1) asks to what degree and how the WHO incorporates a gender inclusive approach; 2) maps where and how gender considerations are included; and 3) analyses what this suggests about WHO's commitment to gender mainstreaming within its COVID-19 response and beyond.

An important GPEA was conducted by Chopra and Krishnan (2022) which provides up a blueprint to operationalise the Triple R agenda in policies for addressing women's unpaid care and domestic work. They conducted research on government policy responses to address the increase in women's unpaid care and domestic work during COVID-19, across 59 countries of Asia and the Pacific. Their findings show that less than 30 per cent of measures are care-sensitive and of these only 12 per cent are gender-differentiated. As part of their paper, they propose a care-integral approach to ensure gender-transformative outcomes. This approach comprises a unique three-tier framework for policy action constituting: (1) seven foundational care normative principles, (2) typology of four care-sensitive policy categories, and (3) seven levers of change to guide implementation. Together this 7-4-7 framework presents comprehensive strategies for policymakers to operationalise the Triple R agenda of 'Recognise', 'Reduce', and 'Redistribute' unpaid work.

As noted above the SDG and the Global development agenda has prioritized gender equality the COVID-19 crisis has created and exacerbated pre-existing inequalities and reverses some of the hard-earned gains towards gender equality. In the context of much research, a central gap is the need for more gender transformative approaches and how research/ers need to be part of integrating these GTA approached in contributing to social change and working towards a gender equal and inclusive society. Njuki et al²⁹ documented in causes of inequality. This paper draws insights from 6 case studies across Africa, Asia and Latin America, funded by Canada's International Development Research Centre to understand how integrating gender transformative approaches to research can support social change. Key principles across the case studies include:

- addressing the multiple causes of inequality
- taking an intersectional and structural approach,
- embedding the research in local contexts, and engaging power
- holders and perpetrators of inequality.

In addition, the case studies revealed the importance of researchers and research processes were able to move beyond addressing practical interests of access and inclusion (e.g., to sanitation, fish pro-processing technologies, health services, or equal pay) to addressing underlying gender norms and power relations that perpetuate vulnerabilities and limit voice and choice.

A research gap therefore is the importance of also addressing the structural inequalities—the social norms that limit mobility, entrench gender-based discrimination, and deepen unpaid work responsibilities otherwise the outcomes such as comes (e.g., early marriage, sexual harassment, poor health and nutrition)—will re-emerge or even exacerbate. Having an embedded research process that really understands the context will allow for the identification of different types of formal and informal power that define norms, behaviour, and expectations. **Subsequently more GPEA at national and sub-national level are important as this is a gap in the evidence and research and therefore this is a crucial opportunity for the Women Rise Initiative.** Aligned to the work of Women

29 Jemimah Njuki, Martha Melesse, Chaitali Sinha, Ruhya Seward, Marie Renaud, Shannon Sutton, Tavinder Nijhawan, Katie Clancy, Ramata Thioune & Dominique Charron (2023) Meeting the challenge of gender inequality through gender transformative research: lessons from research in Africa, Asia, and Latin America, Canadian Journal of Development Studies / Revue canadienne d'études du développement, 44:2, 206-228, DOI: 10.1080/02255189.2022.2099356

Rise, there is a call for intersectional feminist research, responses and initiatives as part of pandemic or crises contexts, such as COVID-19, some of which are outlined below.

1.3 Current research initiatives to address gender of post Covid-19 recovery strategies

At a global level the World Health Organization and UN Women is providing up-to-date data on COVID-19 cases by sex and age, as well as conducted rapid gender assessment (RGA) surveys with roughly 100,000 people in 58 countries, focusing on five areas of concern: 1) economic activities and resources; 2) unpaid domestic and care work; 3) access to goods and services, 4) emotional and physical wellbeing; and 5) relief measures. In collaboration with UNDP, UN Women have created a gender response tracker that monitors COVID-19 response measures taken by governments around the world and identifies those that have integrated a gender lens.³⁰

Also, The Gender and Development Network has shared some lessons from their research which includes that a just and equitable Covid-19 economic recovery must centre care, wellbeing and sustainability with transformative policies that promote equity and supported by actions local, national and international decision-makers to take specific actions including to protect and promote democratic, participatory decision-making ensuring the participation of feminists and women's rights organisations so the expertise of those most impacted is at the forefront of responses.³¹ Feminists from all around the world have documented that how women experiencing intersectional forms of discrimination have borne the brunt of the COVID-19 pandemic but decisions are being made without them at the policy making table processes.

Recognising both the urgency of integrating sex and gender into COVID-19 research, and the roadblocks in the way of achieving this, the United Nations University International Institute for Global Health (UNU-IIGH) and the School of Public Health at the University of the Western Cape co-convened a collaborative gender and COVID-19 research agenda-setting exercise³². In addition, there is a growing collaboration of researcher and other stakeholders as part of Gender Collab is a Community of Practice that brings together partners to work towards advancing gender intentionality within the health systems. It was initiated during COVID-19 but now has a broader focus and is a key knowledge centre for expert resources on researching and programming for decanting gender intentionally in health systems. See <https://gendercollab.in/knowledge-centre/> for further information.

As part of the collaboration, it is important to highlight two key research reports that are directly relevant to the Women Rise Initiative:

- Subsidizing global health: Women's unpaid work in health systems³³
- Delivered by women, led by men: a gender and equity analysis of the global health and social workforce³⁴

30 <https://www.unwomen.org/en/hq-complex-page/covid-19-rebuilding-for-resilience>

31 <https://gadnetwork.org/>

32 Vijayasingham, Lavanya, George, Asha, Lopes, Claudia, Mothupi, Mamothena, Stevenson, Jacqui, Remme, Michelle and Gender and COVID-19 Research Agenda Setting Steering Committee (2022). Gender and COVID-19 Global Research Agenda: Priorities and Recommendations. United Nations University International Institute for Global Health

33 <https://womensingh.org/our-advocacy-3/paywomen>

34 <https://womensingh.org/resources/delivered-by-women-led-by-men-a-gender-and-equity-analysis-of-the-global-health-and-social-workforce/>

2 Overview of global context, instruments, policies and legislation

This section provides an overview of the key global policy and legislation frameworks and instruments that provide and overarching context for the work that the Women Rise Initiative is doing at regional and national level.

Research Objectives:

- Identify the gender policies and legislation that inform or hinder progress in these regions.

SDGs

The comprehensive Sustainable Development Goals (SDGs) and the Leave No One Behind (LNOB) principle, provide the global policy agenda and the alignment of the Women Rise Partnerships. In 2015, the governments of the world committed to implementing the Sustainable Development Goals for 2030. These goals seek to achieve sustainable development, gender equality, and human rights for all. The SDGs and targets were adapted to stimulate action over the next fifteen years in areas of critical importance for humanity and the planet.

All the goals are important to promote gender equality and key goals are:

- SDG 3 Health for all
- SDG 5 (Achieve gender equality and empower all women and girls)
- SDG 11 (Make cities and human settlements inclusive, safe, resilient and sustainable),
- SDG 4 on education (Safe and conducive learning environments, especially for girls)
- SDG 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels).

Gender equality is both a standalone as well as cross-cutting goal of the 17 Sustainable Development Goals (SDGs) in the Sustainable Development Agenda, however the latest available data show that the world is not on track to achieve gender equality by 2030. The Gender Snapshot 2022 presents the latest evidence on gender equality across all 17 goals, calling out the long road ahead to achieve gender equality.³⁵ A recent UN Women and UNDP highlights (unwomen.org/en/digital-library/publications/2023/07/the-paths-to-equal-twin-indices-on-womens-empowerment-and-gender-equality) the global challenges faced by women and provides a roadmap for targeted interventions and policy reforms³⁶. The report introduces two new indices:

- The [Women's Empowerment Index](#) (WEI) measures women's power and freedoms to make choices.
- The [Global Gender Parity Index](#) (GGPI) assesses gender disparities in key dimensions of human development.

Combined, these indices offer a comprehensive assessment of countries' progress in achieving gender equality.

Today low women's empowerment and large gender gaps are commonplace. Less than 1 per cent of women and girls live in a country with high women's empowerment and a small gender gap. Globally,

³⁵ <https://www.unwomen.org/en/digital-library/publications/2022/09/progress-on-the-sustainable-development-goals-the-gender-snapshot-2022>

³⁶

unwomen.org/en/digital-library/publications/2023/07/the-paths-to-equal-twin-indices-on-womens-empowerment-and-gender-equality

women are empowered to achieve, on average, only 60 per cent of their full potential, as measured by the WEI, and women achieve, on average, 28 per cent less than men across key human development dimensions, as measured by the GGPI. For example, gender gaps in terms of youth not in education, employment or training, labour force participation rate in households of couples with children and gender parity national and local government. These disparities are harmful not just to women’s well-being and advancement but also to human progress.³⁷

COVID-19 and the backlash against women’s sexual and reproductive health and rights are further diminishing the outlook for gender equality. Violence against women remains high; global health, climate, and humanitarian crises have further increased risks of violence, especially for the most vulnerable women and girls; and women feel more unsafe than they did before the pandemic. The pandemic has deepened pre-existing inequalities, exposing vulnerabilities in social, political, and economic systems which are in turn amplifying the impacts of the pandemic, including gender inequality. Importantly, the COVID-19 pandemic even limited gains made in the past decades, and these are at risk of being rolled back. UN Women and other global actors noted that GBV was the ‘shadow pandemic’. Recent global estimates indicate that one in three women worldwide experience physical or sexual violence mostly by an intimate partner and violence against women and girls is a human rights violation. There is no consistently collected global data that provides information of whether the increase or GBV as the ‘shadow pandemic’ has remained higher or returned to pre-pandemic levels and this remains an ongoing area for research . For further reading see references below.³⁸



³⁷

<https://www.unwomen.org/en/digital-library/publications/2023/07/the-paths-to-equal-twin-indices-on-womens-empowerment-and-gender-equality>

³⁸ <https://data.unwomen.org/publications/vaw-rga>
<https://www.unwomen.org/en/digital-library/publications/2020/05/impact-of-covid-19-on-violence-against-women-and-girls-and-service-provision>
<https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

Since the outbreak of COVID-19, emerging data and reports from those on the front lines, have shown that all types of violence against women and girls, particularly domestic violence, has intensified. A key message to Women Rise is to join the global collective to prioritize addressing violence against women in COVID-19 response and recovery efforts. A key global instrument to use is Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) which is further described below.

CEDAW

CEDAW adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what discrimination against women is and sets up an agenda for national action to end such discrimination. The Convention on the Rights of Women states that discrimination against women is a violation of their rights. It prohibits the exclusion or restriction of women from participating in any field or activity, which is based on their sex. The Convention defines discrimination against women as *"...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."* It has been ratified by 186 countries across the world and in most countries, this implied stepping up efforts towards domestication of the Convention and taking measures to propagate and implement various gender equality legislative frameworks.

Many resources and effort have been spent researching and measuring success regarding comparative numbers among social groups and their access to and participation in both the public and private spheres. However, there is limited information on the progress made so far in specific regions and why some gender equality instruments have succeeded while others have failed. Examples of additional prominent global and national treaties and declarations are:

- Universal Declaration of Human Rights (1948)
- International Conference on Population and Development (1994)
- Beijing Declaration and Platform for Action (1995)
- The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- The Geneva Convention relative to the Protection of Civilian Persons in Times of War
- The Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children

Labour Conventions focussed on Women

While less prominent, it is worth mentioning two key global conventions (from the ILO) around gender and labour.

Convention 122: ILO Employment (1964) guides labour policies that stimulate economic growth and development, including overcoming unemployment. It contains 11 articles. It has been ratified by 21 African countries (Algeria, Burkina Faso, Cameroon, Central African Republic, Chad, Gabon, Guinea, Libya, Madagascar, Mali, Mauritania, Morocco, Mozambique, Namibia, Niger, Rwanda, Senegal, Sudan, Tunisia, Uganda and Zambia)³⁹.

³⁹ [Ratifications of ILO conventions: Ratifications by Convention](#)

Convention 189: Domestic workers convention (2011) has been ratified by only two African countries (South Africa and Namibia in 2013 and 2020 respectively). The convention defines domestic work as “*work performed in or for a household or households*”⁴⁰ and contains 27 articles that describe the conditions of work, migrant domestic work, minimum wage provisions, health and safety provisions, amongst other provisions. Has been ratified by only six African countries (Guinea, Madagascar, Mauritius, Namibia, Sierra Leone and South Africa)⁴¹.

Convention 190: Violence and Harassment Convention (2019) has been ratified by only seven African countries, since 2020. It defines “*violence and harassment*” in the workplace as “*a range of unacceptable behaviours and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment*”⁴². It contains 20 articles covering protection of workers including informal workers, prevention of violence and harassment, providing gender-responsive, safe and effective complaint and dispute resolution mechanisms, support, services and remedies, amongst other provisions. Convention 190 has been ratified by only six African countries (Central African Republic, Mauritius, Namibia, Nigeria, Somalia, South Africa)⁴³

3 Regional context related to Gender, Women’s Health and Labour

This section provides an overview of the prevalent contextual issues derived from the review of literature and insights gained through workshops and interviews as part of the GPEA. It also explores the gender-related effects of the COVID-19 pandemic in Africa.

It is crucial to emphasize that while there are shared concerns across countries involved in the Women RISE initiative, there exists considerable contextual diversity within and among these nations. This underscores the imperative for the GPEA to be conducted at country level, as each context demands a meticulous examination of the relevant factors at play.

Research Objectives:

- Contribute to providing a shared understanding of the current context, politics, and how it affects women's health and work programming.

Across the African continent, deeply entrenched challenges related to gender, women's health, and labour have endured for generations, leaving a profound impact on various aspects of women's lives. These persistent issues cast a wide-reaching shadow, affecting critical areas such as education, employment opportunities, and access to essential healthcare services. The table below shows the inequalities that African women face in relation to their health, labour and other rights.

Table 3: Inequalities in the Africa region⁴⁴

Theme	Africa
-------	--------

⁴⁰ [Convention C189 - Domestic Workers Convention, 2011 \(No. 189\) \(ilo.org\)](https://www.ilo.org/conv189)

⁴¹ [Ratifications of ILO conventions: Ratifications by Convention](https://www.ilo.org/conv189)

⁴² [Convention C190 - Violence and Harassment Convention, 2019 \(No. 190\) \(ilo.org\)](https://www.ilo.org/conv190)

⁴³ [Ratifications of ILO conventions: Ratifications by Convention](https://www.ilo.org/conv190)

⁴⁴ Information compiled in this table is from the following sources (ECLAC, 2022, Progress on the sustainable development goals, 2022;The gender snapshot, 2021; Africa Barometer, 2020, IMF, Áfricas Unequal Pandemic; IMF,2020, Access to Finance and why women aren’t leaning in)

Women 's Health	<ul style="list-style-type: none"> ● African Region accounted for 69% of global maternal deaths in 2020 with 531 deaths per 100 000 live births. ● The number of stunted children remains high with more than 50million amongst the rural and uneducated. ● 33% of African women have suffered physical and/or sexual violence from an intimate partner.
Labour	<ul style="list-style-type: none"> ● While African women work 50% longer hours than men, the pay gap between men and women is very wide. ● 54% of African women contributing to the labour force compared to 73% of men.
Education	<ul style="list-style-type: none"> ● Approximately 55% of the countries in this region have implemented at least one measure to facilitate the return of girls to school. ● Almost 60% of youth between the ages of about 15 and 17 were not in school prior to the COVID-19 pandemic. ● Adolescent girls and young women who are primary caregivers are 77% more likely to drop out of school.
Leadership	<ul style="list-style-type: none"> ● 28% of the population believe that men make better political leaders and should be elected rather than women. ● The Africa Barometer found that women only constitute about one quarter (24%) of parliamentarians in Africa
Gender equality	<ul style="list-style-type: none"> ● On average, only 15 percent of landholders in Africa are women. ● Sub-regions in Africa display medium to high levels of discrimination in social institutions. ● 19% of women (aged 15-49 years) agree that a husband is justified in hitting or beating his wife under certain circumstances compared with 47% of women at the global level. ● 650M Education girls and women today were married before their 18th birthday.
Poverty	<ul style="list-style-type: none"> ● Only 18% Africans receive at least one cash social protection benefit compared to 84% in Europe and Central Asia. ● Thirty-three of thirty-six nations in the low human development category are in Africa (particularly Sub-Saharan Africa). ● 50% of Africa's poor are below the age of 15 years. ● Multi-dimensional poverty remains concentrated in Africa with a headcount of 57.5% compared to the global rate of 23.1%.
Economic growth	<ul style="list-style-type: none"> ● Only 10 out of 45 countries (22%) in Africa have affordable internet with the gender divide increasing from 12% to 33% in 2019. ● 37% of women have access to a bank account compared to 48% men. ● Africa is the second most unequal society. ● 81% of female workers, compared with 77% of male workers, were either extremely, moderately, or close to poor in 2019. ● In 2017 the World Bank reported that 37% of women in Sub-Saharan Africa had access to bank accounts compared to 48% of men⁴⁵⁴⁶. In North Africa there is an 18% difference in access to finance between men and women.

⁴⁵ [Africa's Gender Gap in Access to Finance for Women, IMF F&D](#)

⁴⁶ [Break the bias: Empowering women in Africa for prosperity - FSD Africa](#)

3.1 Women's labour

One particularly troubling facet of these challenges is the **economic vulnerability** experienced by women, a vulnerability that is often aggravated by their disproportionate representation in specific job sectors when compared to their male counterparts⁴⁷. In the labour sector, women assume diverse roles, ranging from unpaid care work to paid care positions and informal sector employment. This stark disparity in labour allocation highlights the prevailing gender inequalities within the workforce.

The table below shows **gender parity scores** for labour in Africa compared to the global average and other regions/countries. The table shows that gender parity scores are relatively positive for labour force participation, but below the global average for formal employment (this is also the second lowest when compared to other regions), women in professional and technical jobs, and women in leadership positions⁴⁸. **Annexure 1** provides the gender parity scores per country in Africa.

Table 4: Gender parity scores for Africa compared to the global average⁴⁹

Extremely high
 High
 Medium
 Low
 No data
 Area of focus

Indicator	World average	Africa	India	Latin America	China	North America and Oceania	South Asia (excl India)	Middle East	Eastern Europe and Central Asia	Western Europe	East and South-east Asia
Female population, 2017 (million)	3,551 ¹	580	645	318	672	198	204	128	182	214	411
Labour-force-participation rate	0.64	0.76	0.30	0.67	0.81	0.83	0.37	0.34	0.78	0.82	0.70
Formal employment	0.86	0.68	0.81	0.94	1.00	1.00	0.46	0.74	1.00	1.00	0.88
Professional and technical jobs	0.73	0.68	0.34	0.95	0.84	1.00	0.36	0.54	1.00	0.96	0.94
Unpaid care work	0.33	0.39	0.10	0.30	0.39	0.63	0.19	0.27	0.50	0.55	0.35
Leadership positions	0.37	0.33	0.17	0.64	0.37	0.67	0.11	0.17	0.63	0.47	0.43

Women frequently find themselves overrepresented in **low-paying, informal, and precarious jobs**, lacking the job security and social protections enjoyed by their male counterparts.

⁴⁷

https://www.ilo.org/wcmsp5/groups/public/@ed_emp/@emp_ent/@ifp_seed/documents/publication/wcms_117699.pdf

⁴⁸ [The power of parity: Advancing women's equality in Africa \(mckinsey.com\)](#)

⁴⁹ [The power of parity: Advancing women's equality in Africa \(mckinsey.com\)](#)

A report by the International Labour Organisation (ILO) reported that on average, women carry out at least two and half times more **unpaid household and care work** than men. The gender gap in this regard is 73 minutes per day in developing countries compared to only 33 minutes in developed countries (ILO, 2016)⁵⁰. The average gender parity score in Africa for unpaid care work is 0.39, with countries in North Africa, and Burkina Faso, Mali and Malawi having the highest gender parity scores (between 0.09 and 0.17)⁵¹. For instance, consider South Africa, one of the lower scoring countries on gender parity for unpaid care work, as an illustration. Even before the COVID-19 pandemic, the feminization of poverty in South Africa, coupled with the prevalence of **women's employment in precarious and informal sectors**, made daily life a perpetual struggle for many women. According to Stats SA (2015), women earned, on average, 23% less than men. The report estimated that men had a median income of approximately \$192 per month, while women earned approximately \$148 per month. Similarly, the 2015 *Report on the Status of Women in the South African Economy* pointed out that "while poverty has declined since the end of apartheid, females remain more likely to be poor than males. Additionally, poor females tend to live further below the poverty line than their male counterparts, suggesting greater vulnerability" (Department of Women, 2015, p. 10)⁵². These disparities in income and vulnerability were well-established aspects of the gender landscape before the pandemic struck.

Many women have turned to the **informal sector** for employment opportunities, taking on roles such as domestic work and participating in various aspects of the marketplace. However, this shift often exposes them to job insecurity and a lack of access to crucial social protections, further exacerbating their vulnerabilities. Moreover, limited access to quality education has acted as a barrier, hindering their prospects for higher-paying and skilled employment. Simultaneously, the disproportionate burden of unpaid care work consumes a substantial portion of their time, leaving less room for pursuing formal employment or educational endeavours.

Conversely, within the **formal economy**, Africa has made notable strides in increasing women's representation in executive committees and board positions. Africa boasts the highest female representation at the board level compared to any other region, with figures standing at 25 percent, exceeding the global average of 17 percent⁵³.

Notably, industries such as **hospitality and agriculture** witness significant female participation, but regrettably, women often endure exploitative working conditions⁵⁴:

- Within the hospitality industry, pre-pandemic data from the World Tourism Organization (UNWTO) revealed that women comprised 54 percent of the global tourism workforce, surpassing the 39 percent representation seen in the broader economy. Impressively, this figure climbed even higher in the African context, approaching nearly 70 percent⁵⁵.

⁵⁰

https://www.ilo.org/africa/media-centre/pr/WCMS_458102/lang--en/index.htm#:~:text=Persistent%20gender%20gaps&text=In%20developing%20economies%2C%20women%20in,and%20wage%20and%20salaried%20work .

⁵¹ [The power of parity: Advancing women's equality in Africa \(mckinsey.com\)](https://www.mckinsey.com/featured-insights/gender-equality/the-power-of-parity-advancing-womens-equality-in-africa)

⁵² [Report: Status Of Women In The South African Economy | University of Cape Town \(uct.ac.za\)](https://www.uct.ac.za/reports/status-of-women-in-the-south-african-economy)

⁵³ <https://www.mckinsey.com/featured-insights/gender-equality/the-power-of-parity-advancing-womens-equality-in-africa>

⁵⁴ <https://core.ac.uk/download/pdf/188223477.pdf>

⁵⁵ <https://www.zawya.com/en/economy/africa/women-in-hospitality-charting-the-road-to-recovery-xolv2p9v>

- The agriculture sector witnesses substantial female participation, with reports from the Food and Agriculture Organization (FAO) indicating that women in certain African countries allocate up to 60 percent of their time to agricultural activities⁵⁶.

A report by the World Bank sheds light on this issue, revealing that women contribute an estimated 40% of the labour in crop production across countries like Ethiopia, Malawi, Niger, Nigeria, Tanzania, and Uganda⁵⁷. Unfortunately, the **limited access to land and resources** further amplifies women's economic vulnerabilities, impeding their ability to secure livelihoods and provide for their families. This argument finds robust support in an extensive body of evidence indicating that women operate less than 25% of agricultural businesses in developing nations. Moreover, "women in the developing world are five times less likely than men to own land, and when they do, their farms are often smaller and less fertile^{58,59}". Agarwal (2018) contends that the uneven access to land ownership in rural areas, influenced by patriarchal-oriented customary norms, has resulted in low agricultural production and persistent food insecurity in many households across the African continent⁶⁰.

Furthermore, the looming **climate crisis** adds an extra layer of challenge, disproportionately affecting women since they often bear the responsibility of securing food, water, and fuel for their households⁶¹. These enduring disparities in labour distribution and economic vulnerabilities among women underline the pressing need for comprehensive efforts to address these deeply entrenched issues.

These statistics underscore the pivotal roles that women play across a spectrum of industries throughout the continent, shedding light on the indispensable contributions they make to the African workforce.

3.2 Women's leadership

Africa's **Gender Parity Score** in terms of women in leadership positions, which encompasses top and middle-management roles, still stands at 0.33, slightly below the global average of 0.37.

Alarming, since 2015, progress in enhancing women's presence in middle-management positions has regressed, declining by an average of about 1 percent annually across Africa⁶². Consequently, too few African women manage to secure high-quality professional and technical jobs (Moodley, L et al., 2019)⁶³.

The persistence of **gender discrimination and bias** within workplaces remained a significant barrier to women's career advancement, while their underrepresentation in decision-making roles hindered the formulation of effective policies to address gender-specific labour concerns.

The Africa Barometer (2021) found that women only constitute about one quarter (24%) of **parliamentarians** in Africa; similar results are evident for lower (25%) and upper houses (20%) of

⁵⁶ <https://ag4impact.org/wp-content/uploads/2014/07/Women-in-African-Agriculture.pdf>

⁵⁷ <https://www.worldbank.org/en/programs/africa-myths-and-facts/publication/women-agriculture-and-work-in-africa>

⁵⁸ <file:///C:/Users/Abby/Downloads/fsufs-07-1158946.pdf>

⁵⁹ <file:///C:/Users/Abby/Downloads/0021909622111359.pdf>

⁶⁰ <https://www.sciencedirect.com/science/article/abs/pii/S1877343517302415>

⁶¹ <https://www.fao.org/3/i5188e/i5188E.pdf>

⁶² <https://www.mckinsey.com/featured-insights/gender-equality/the-power-of-parity-advancing-womens-equality-in-africa>

⁶³ <https://www.mckinsey.com/featured-insights/gender-equality/the-power-of-parity-advancing-womens-equality-in-africa>

parliament and in local government (21% of councillors are women)⁶⁴. Countries in the Horn of Africa, East African and Southern Africa consistently perform above these averages. The Africa Barometer⁶⁵ highlights that women representation in politics has changed positively over the past two decades across Africa. There are some good recent examples in East Africa that show that women representation is slowly changing; Tanzania has a female president, Kenya has policies supporting the appointment of women into leadership positions (similar affirmative action policies are in place in Southern Africa), and Rwanda who has 61% female representation in parliament^{66 67}. Women's increased **representation in leadership** roles and growing recognition of their economic contributions in essential sectors are encouraging signs. However, women are still largely underrepresented in political spaces with statistics being as low as 6% women representatives in parliament in Nigeria, one the lowest in the world⁶⁸⁶⁹.

3.3 Gender based violence

African societies are marked by deeply ingrained **patriarchal norms** and traditional gender roles⁷⁰ that perpetuated gender inequalities across societies.

Gender-based violence (GBV), including harmful practices such as female genital mutilation (FGM) and child marriage, persists as a grave concern, inflicting physical, emotional, and psychological harm on women and girls. A report by UNFPA highlights the high prevalence of GBV and harmful practices among adolescents and young women in East and Southern African regions. Shockingly, it reveals that 31 percent of girls aged 20 to 24 years were married before the age of 18 in 2020⁷¹. Harmful practices, like female genital mutilation and child marriage, continue to persist in the region, undermining agency and bodily autonomy.

The same report unveils disturbing statistics related to sexual violence. In seven countries (including DRC, Mozambique, Uganda and Zimbabwe, where it is highest) within the region, approximately 20 percent of individuals aged 15 to 24 years reported experiencing sexual violence from an intimate partner⁷². Women and girls with disabilities face even greater risks, estimated to be up to 10 times more likely to experience sexual violence, with a range of 40 to 68 percent of girls with disabilities below 18 experiencing such violence⁷³. Alarming, fewer than 10 percent of adolescent girls aged 15 to 19 who experienced forced sex sought professional help, primarily due to fear, stigma, discrimination, and the lack of accessible services⁷⁴.

⁶⁴ [Women's Political Participation: African Barometer 2021 \(idea.int\)](#) (2021). Accessed 25 September 2023.

⁶⁵ [Women's Political Participation: African Barometer 2021 \(idea.int\)](#) (2021). Accessed 25 September 2023.

⁶⁶ [Women representation \(parliament.gov.rw\)](#)

⁶⁷ [BRIEFS_WPP_ESARO_A4_September 2022.pdf \(unwomen.org\)](#)

⁶⁸ [Benchmarking gender gaps, 2023 - Global Gender Gap Report 2023 | World Economic Forum \(weforum.org\)](#)

⁶⁹ [BRIEFS_WPP_ESARO_A4_September 2022.pdf \(unwomen.org\)](#)

⁷⁰ <https://pubmed.ncbi.nlm.nih.gov/33575405/>

⁷¹ <https://esaro.unfpa.org/en/topics/gender-based-violence>

⁷² <https://esaro.unfpa.org/en/topics/gender-based-violence>

⁷³ <https://esaro.unfpa.org/en/topics/gender-based-violence>

⁷⁴ <https://esaro.unfpa.org/en/topics/gender-based-violence>

3.4 Women's health

Women's health in Africa faced a multitude of challenges rooted in the interplay of sociocultural norms, healthcare infrastructure limitations, and economic discrepancies.

Foremost among these challenges was limited access to healthcare services, which varied between urban and rural settings, leading to healthcare disparities. This resulted in inadequate prenatal care, restricted access to reproductive health services, and a scarcity of routine medical check-ups for a significant portion of African women⁷⁵. Alarmingly high **maternal mortality rates** in Africa emphasized the critical concern, with insufficient access to skilled maternal healthcare services contributing to preventable deaths during pregnancy and childbirth. A report by the World Health Organisation (WHO) shows that the failure of health systems in the majority of African countries to provide accessible care of adequate quality is one of the main drivers of the adverse trends in women's health indicators (WHO, 2012)⁷⁶.

Reproductive health in Africa confronted a myriad of challenges, including barriers to family planning services, limited access to contraceptives, and restricted availability of safe abortion services due to legal and cultural constraints. These complexities resulted in a higher incidence of unintended pregnancies and unsafe, clandestine abortions, exacerbating women's health concerns. Moreover, the discourse on sexual and reproductive rights in Africa was intricate, shaped by legal and cultural dynamics that impacted women's autonomy and led to significant disparities in access to vital sexual and reproductive healthcare services and information. Additionally, access to education and information, essential for informed decision-making, exhibited significant discrepancies, especially in conservative and remote areas, thereby limiting women's capacity to make informed choices about their health.

Mental health, often overlooked in the context of women's well-being, bore the weight of stigma and insufficient recognition. Conditions such as postpartum depression and anxiety disorders were stigmatized and underserved, leading to a dearth of accessible mental health resources. A study conducted in South Africa revealed that physical health was prioritized over mental health at the clinic level (Brown et al., 2020).

The advent of the **COVID-19 pandemic** exacerbated pre-existing challenges related to gender, women's health, and labour in Africa. It disrupted healthcare services, overwhelming an already strained system, and heightened gender-based violence, particularly within homes. The unequal burden of unpaid care work, primarily borne by women, became increasingly evident. Limited access to quality education continued to hinder women's empowerment, limiting their access to better employment opportunities. Persistent traditional gender norms and patriarchal roles persisted in many communities, perpetuating gender disparities and limiting women's rights. The impact of COVID-19 on women's health and labour is further explored in the following section.

3.5 The role of COVID on women's access to health and labour

Research Objectives:

⁷⁵ UN, 2015; Closing the elusive gaps.

<https://www.un.org/africarenewal/magazine/december-2015/closing-africa%E2%80%99s-%E2%80%98elusive%E2%80%99-gender-gap>

⁷⁶

https://www.afro.who.int/sites/default/files/2017-06/report-of-the-commission-on-womens-health-in-the-african-region---full-who_acreport-comp%20%281%29.pdf

- Contribute to providing a shared understanding of the current context, politics, and how it affects women's health and work programming.

This section of the report will traverse the multifaceted landscape of the COVID-19 pandemic in Africa, examining the nuances within East, West, and Southern Africa. The purpose of this section is to explore the diverse gender-related effects of the COVID-19 pandemic in Africa, focusing on women's labour, health, gender violence and social norms.

3.5.1 The impact of COVID 19 on labour in Africa

The previous section outlined that woman in Africa grappled with a multifaceted array of labour-related challenges and disparities prior to the COVID-19 pandemic. These issues were pervasive, transcending geographical boundaries and affecting women across diverse sectors and regions. While progress had been made in certain areas, the COVID-19 pandemic exacerbated these pre-existing challenges, emphasizing the urgent need to prioritize gender equity and address labour disparities across Africa's diverse landscapes and industries.

Economically, women bore a significant and disproportionate brunt, experiencing **job losses** on a considerable scale. As one respondent aptly put it, "A lot of women are out of business due to COVID." This observation resonates with a World Bank report, which reveals that many women in Africa were already working in less secure, lower-paying jobs than men, rendering them more vulnerable to job loss and wage reductions. The report further underscores this by highlighting that in several African countries, including Mali, Senegal, Guinea, Cote d'Ivoire, Ethiopia, Kenya, Malawi, Mozambique, eSwatini, and South Africa, more women than men reported losing their jobs during the COVID-19 pandemic⁷⁷.

Certain sectors, such as the hospitality industry, witnessed a significant impact during the pandemic, where women comprised a substantial portion of the workforce. This point is underscored by one interviewee who highlighted, "*The hospitality industry, which was predominantly affected by Covid-19, employed a large number of women, thus amplifying the hardships they faced* (SSI_Decision makers Co-PIs)."

The **COVID 19 response strategies**, including lockdowns, recommended by the African Union, and implemented globally, often failed to account for the diverse realities experienced by women in various roles and identities. While certain essential services remained operational, numerous other sectors faced closures, affecting women disparately based on their unique circumstances. An interviewee points out that these concurrent crises underscore a significant disconnect between what was deemed essential work, as exemplified by the mining sector, and the frequently undervalued essential contributions made by women, particularly in their crucial roles in food production and sustaining families.

A report from the UN conference has shed light on a pressing concern in sub-Saharan Africa, where a staggering 74% of women engage in **informal employment**, leaving them without access to essential social protections. These protections, including health insurance, paid sick and maternity leave,

77

<https://www.worldbank.org/en/news/infographic/2022/05/25/assessing-the-damage-early-evidence-on-impacts-of-the-covid-19-crisis-on-girls-and-women-in-africa#:~:text=Many%20women%20in%20Africa%20work,Mozambique%2C%20eSwatini%20and%20South%20Africa.>

pensions, and unemployment benefits, remain elusive for many women⁷⁸. This issue has persisted and even intensified during the COVID-19 pandemic, further underscoring the vulnerability of women in the region.

The interviews brought to light a significant concern regarding the impact of job loss on **mental health**. This connection was poignantly emphasized by one interviewee who noted, "*Job loss has also been a factor influencing mental health. They don't have access to resources, no support with the burden they carry (SSI_Decision maker)*". This sentiment echoed throughout interviews, highlighting that job losses had a dual effect. Not only did they jeopardize women's financial stability, but they also exacted a severe toll on their mental well-being, especially as they often shouldered the burden of their husband's job loss as well.

Interviewees collectively underscored the paramount importance of considering **intersectional inequalities**. As yet another interviewee aptly expressed, "*The more factors intersected, the more difficult the situation became. Rural areas and lower-income groups bore a disproportionate burden, underscoring the urgent need for a comprehensive understanding of vulnerabilities both during and after the pandemic*" (SSI_Gender experts).

3.5.2 The impact of COVID 19 on Women's health in Africa

The onset of the COVID-19 pandemic introduced new dimensions of adversity, amplifying pre-existing challenges and making the landscape of women's health even more intricate. Disruptions to healthcare systems, economic hardships, and increased caregiving responsibilities further compounded the intricacies of addressing women's health in Africa.

This situation is exemplified by the experiences of women who have disproportionately shouldered the burdens of the pandemic, grappling with both physical and mental health challenges. One interviewee highlighted the dual impact by stating that "*women were affected in health and economically. When people are not empowered – they have psychosocial issues, then this affects their mental health.*" The pandemic's toll on women's **mental health** is particularly striking, driven by elevated psychosocial stressors. Increased caregiving responsibilities, economic instability stemming from job losses, and pervasive anxiety have collectively contributed to a decline in mental well-being. Social distancing further exacerbated mental health issues. Research shows that the attempts to minimize the spread of COVID-19 through social distancing had the potential to impact social support negatively (Saltzman et al., 2020)⁷⁹. Women working in the healthcare system have been under further pressure to prioritise work (as essential workers during the pandemic and post-pandemic) and fewer opportunities to work remotely⁸⁰.

Simultaneously, the COVID-19 pandemic placed significant strain on **healthcare systems**, leading to compromised access to essential services, particularly affecting women. The WHO Global Pulse Survey on Continuity of Essential Health Services during the COVID-19 pandemic, carried out between November and December 2021, reveals that the majority of the 36 African countries providing complete data reported disruptions of up to 25% in healthcare services (WHO, 2022)⁸¹.

⁷⁸ <https://unctad.org/en/pages/newsdetails.aspx?OriginalVersionID=2319>

⁷⁹ <https://pubmed.ncbi.nlm.nih.gov/32551762/>

⁸⁰ [Women in the healthcare industry: An update | McKinsey](#)

⁸¹ <https://www.afro.who.int/countries/congo/news/covid-19-takes-heavy-toll-womens-health>

These disruptions encompassed critical services vital for women's well-being, such as post-natal care and family planning, with far-reaching consequences. A WHO survey conducted across 11 African countries shed light on a troubling trend: in six of these nations, **maternal deaths** in healthcare facilities increased by an average of 16% between February and May 2020 compared to the same period in 2019⁸². Although there was a slight decrease to 11% in 2021, it's important to recognize that these figures likely underestimate the true impact because the majority of maternal deaths occur at home rather than in healthcare facilities. Moreover, data indicated a reduction in **facility-based births** in 45% of countries between November and December 2021 when compared to the pre-pandemic period. This underscores the significant challenges women encountered in accessing essential maternal healthcare.

The economic hardships stemming from the pandemic further compounded these issues, making it increasingly difficult for women to **secure healthcare services** and afford necessary medications (WHO, 2022). These disparities were particularly pronounced among marginalized communities and women living in remote areas, rendering them more vulnerable to health risks. Furthermore, the closure of schools and restricted access to information had a substantial impact, especially in remote regions, impeding women's ability to make informed decisions about their health as education and access to crucial health information became compromised.

3.5.3 The impact of COVID 19 on Gender Based Violence and Gender Norms

Extended family confinement during COVID-19 lockdowns intensified **traditional beliefs and norms** regarding caregiving, household duties, and gender roles, as highlighted by research⁸³. A poignant interviewee expressed this reality, emphasizing how women's natural caregiving roles were amplified during the pandemic, with women bearing the brunt of care responsibilities even after the pandemic's peak. This reality is further reinforced by research, such as Nigam's study, which illustrates the challenging circumstances many women faced as they shouldered the responsibilities of managing households and caring for children⁸⁴. Additionally, the heightened tensions and distress during COVID-19 led to an increase in violence against some women, underscoring how the home environment both exposed and perpetuated power imbalances, the feminization of unpaid labour, violence, and the reproduction of patriarchal norms⁸⁵.

The pandemic's impact took an even darker turn with the alarming surge in **Gender-Based Violence** (GBV), a crisis exacerbated by the necessity for individuals to spend more time at home. In the words of one interviewee, *"The issue of GBV - there was a major increase in the number of women experiencing intimate partner violence. Violence that we did not know existed because it was hidden within the confines of the home. Covid unveiled the face of this hidden crisis. This causes emotional damage; (and) has a direct impact on the health of women."* GBV, often concealed and underreported, inflicted severe emotional harm on women, further complicating their overall health challenges.

Furthermore, distressing incidents such as *"350 cases of incest where fathers impregnated their daughters"* underscored the deep emotional distress experienced by many, painting a stark picture of the pandemic's toll on women's and girls' well-being.

⁸² <https://www.afro.who.int/countries/congo/news/covid-19-takes-heavy-toll-womens-health>

⁸³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7675447/>

⁸⁴ https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3631756

⁸⁵ https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3631756

Furthermore, the pandemic highlighted the urgency of addressing deeply ingrained **harmful practices** like female genital mutilation that persisted in specific regions, often with limited awareness of their illegality⁸⁶. However, the pandemic served to exacerbate such issues, providing a veil of secrecy for practices like child marriage to persist behind closed doors⁸⁷. Child marriage, a stark manifestation of patriarchal disempowerment, is widely acknowledged as a violation of girls' human rights. Disturbingly, the United Nations Population Fund predicts that over the next decade, an additional 13 million child marriages will occur worldwide, a tragedy that could have been averted if not for the disruptions wrought by the COVID-19 pandemic⁸⁸. This grim reality underscores the urgent need for comprehensive efforts to combat these harmful practices and protect the rights and well-being of vulnerable girls.

The World Bank Survey data underscores the gravity of the situation, with 68% of respondents in Ethiopia, 70% in South Africa, and 81% in Uganda expressing the belief that GBV had increased since the onset of the pandemic (World Bank, 2022)⁸⁹. Adding weight to this concern, a report by UN Women and UNFPA underscores a significant rise in incidences of gender-based violence, giving rise to what is often referred to as the GBV 'shadow pandemic'⁹⁰.

3.5.4 COVID 19 as a catalyst for positive change

The pandemic, despite its significant challenges, also served as a **catalyst for positive change** and the advancement of gender equality across various facets of African society. During this crisis, activists and organizations seized the opportunity to advocate for policies that would promote gender equality. The African Union, for instance, issued policy guidance emphasizing the importance of integrating gender considerations into all COVID-19 interventions⁹¹. Additionally, numerous organizations operating in the fields of health and socioeconomic development within the region, including civil society groups and UN agencies, played pivotal roles in mitigating the gendered effects of the pandemic (UN Women, 2021)⁹².

Initiatives aimed at challenging deeply entrenched discriminatory social norms, particularly in areas concerning family planning and land ownership, have gained momentum through collaborative efforts between NGOs and governmental bodies. Policymakers have begun to acknowledge the imperative of gender-affirming policies, with a specific focus on addressing issues such as wage

⁸⁶

https://www.afro.who.int/sites/default/files/2017-06/report-of-the-commission-on-womens-health-in-the-african-region---full-who_areport-comp%20%281%29.pdf

⁸⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7675447/>

⁸⁸ http://file:///Users/sumi/Downloads/undp-gender-GBV_and_COVID-19.pdf

⁸⁹

<https://www.worldbank.org/en/news/infographic/2022/05/25/assessing-the-damage-early-evidence-on-impacts-of-the-covid-19-crisis-on-girls-and-women-in-africa#:~:text=Many%20women%20in%20Africa%20work,Mozambique%2C%20eSwatini%20and%20South%20Africa.>

⁹⁰

<https://data.unwomen.org/sites/default/files/documents/Publications/Abridged%20Version%20-%20Impact%20of%20COVID-19%20on%20GEWE%20in%20East%20and%20Southern%20Africa.pdf>

⁹¹ <https://africa.unwomen.org/en/digital-library/publications/2020/12/gbv-in-africa-during-covid-19-pandemic>

⁹² <https://data.unwomen.org/sites/default/files/documents/Publications/Measuring-shadow-pandemic.pdf>

disparities and providing support for domestic workers, all with the overarching goal of advancing gender equality within the workforce (AU, 2020)⁹³.

Furthermore, the pandemic shed light on the critical roles that women played in essential sectors such as healthcare and food production. This newfound recognition underscored the significant economic contributions of women and challenged conventional stereotypes about their capabilities within the workforce⁹⁴. As a result, there emerged a growing awareness of the need to foster gender equality and empower women across various sectors, not only as a matter of social justice but also as a means to harness Africa's full potential for growth and development. This momentum presents a unique opportunity to address gender inequality and inequity on the African continent.

4 Women's health and labour policies in Africa

This section provides a regional summary of what emerged from the research in terms of women's health and labour policies in Africa, at a continental and regional level. As mentioned in the context section, while there are common challenges and strengths, there is no homogenous regional picture and there is diversity across regions and countries in Africa.

Research objectives:

- Identify the gender policies and legislation that inform or hinder progress in these regions.
- Identify evidence and gender gaps within the regional gender landscape.

Several instruments guide the work towards gender equity and equality in African continent. These have been informed by international instruments such as the United Nations Charter and the Universal Declaration on Human Rights, Convention the Elimination of All forms of Discrimination Against Women (CEDAW), Declaration on the Elimination of Violence Against Women (DEVAW), Beijing Platform for Action, the International Conference on Population and Development (ICPD), and the Millennium Declaration and Millennium Development Goals (MDGs). These African instruments are ratified by member states of the **African Union**:

- The **[Constitutive Act of the African Union \(2000\)](#)** is the overarching legislative framework that seeks to promote gender equality and social justice to ensure balanced economic development (Article 4 of the constitution)
- **[Agenda 2063 \(2015\)](#)** The Africa We Want outlines collection vision and aspirations for the African continent leading up to 2063. Five of the seven aspirations include issues around gender equity.
- The **[Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women](#)** (also known as The Maputo Protocol) (2003) is the most comprehensive and dominant policy grounding the work on women's rights for the African continent. It deals with the discrimination of women, including taking a gender perspective in policy decisions, legislation, programming, (Article 2), violence against women (Article 4), harmful cultural/traditional practices (Article 5), participation in political and decision-making processes (Article 9), economic and social welfare

⁹³ https://au.int/sites/default/files/documents/38617-doc-gewe_and_covid_19_eng.pdf

⁹⁴ <https://www.unwomen.org/en/news/stories/2020/9/feature-covid-19-economic-impacts-on-women>

rights (article 13) and health and reproductive rights (Article 14), among other priorities. It is ratified by 44 out of 55 member states (by June 2023)⁹⁵ and 11 have not ratified.⁹⁶

- [Solemn Declaration on Gender Equality in Africa \(SDGEA\) \(2004\)](#) reaffirms member states commitments to gender equity and equality efforts in Africa.
- [African Union Gender Policy \(2009\)](#) which outlines the commitments to make commitments to gender mainstreaming and women empowerment in Africa.
- [AU Strategy for Gender Equality and Women’s Empowerment \(2018 – 2028\)](#) outline key priorities for addressing the challenges hindering gender equality and equity in Africa.
- [Africa Health Strategy \(2016-2030\)](#)
- [Declaration on employment, poverty eradication, inclusive development in Africa Assembly/AU/20 \(XXIV\)](#)

Regional Economic Communities (RECs), particularly SADC, EAC and ECOWAS⁹⁷, have further developed their own legal and institutional frameworks based on the instruments outlined above. These have also been informed by international instruments as outlined under the AU instruments. The table below summarises these policies for the RECs in which Women RISE Research Teams are operating in.

REC	Instruments
Southern African Development Community (SADC)	SADC Gender Policy SADC Protocol on Gender and Development (2008) and the Consolidated Text of the Protocol on Gender and Development (2016) Regional Strategy and Framework of Action for Addressing Gender Based Violence (2018 -2030) Strategy for Sexual and Reproductive Health Rights in the SADC Region (2019 – 2030) Draft implementation plan SADC employment and labour protocol (2017 – 2020)
East African Community (EAC)	East African Community Gender Policy (2018) EAC Regional Health Policy (2016)
Economic Community of West African States (ECOWAS)	ECOWAS Gender Development Policy (2023-2027) ⁹⁸

The Maputo Protocol has been deemed to be comprehensive in its approach to gender equity and equality, particularly around women’s labour and health. SADC, EAC and ECOWAS RECs have gender policies and/or strategies. SADC has been reported to be the most advanced in its gender policy development and implementation compared to East and West Africa, with South Africa, Kenya and Rwanda being highlighted as forerunners in progressive policy development.

⁹⁵ [African Countries Show Progress in Advancing Women’s Rights: Landmark Report on the Maputo Protocol - Equality Now](#)

⁹⁶ 11 countries who have not yet ratified are: Morocco, Egypt, Botswana, Niger, Chad, Sudan, Central African Republic, Somalia, Burundi, Eritrea and Madagascar.
[37077-sl-PROTOCOL TO THE AFRICAN CHARTER ON HUMAN AND PEOPLES RIGHTS ON THE RIGHTS OF WOMEN I N AFRICA.pdf \(au.int\)](#)

⁹⁷ Since Women RISE projects are located in East, Southern And West African Regions, these RECs have been included in the research. Where the report refers to RECs, they refer to SADC and EAC mostly since gender policies were available for analysis. Reflections on ECOWAS was based on interviews conducted.

⁹⁸ This is not yet publicly available and so has not been included in the research findings.

The greatest challenge on the African continent is Gender policy integration and implementation. The RECs have struggled with monitoring policy implementation. Efforts have been made to improve this through developing scorecards to monitor the implementation of the Solemn Declaration of Gender Equality in Africa, and aspects of the Maputo Protocol (related to education, child marriage teenage pregnancy) at the regional level. The domestication of regional instruments (e.g. the Maputo Protocol) is still a challenge that hinders implementation of Gender policies.

4.1 Women's Health Policies

In this section we analyse the focus and gaps in policies and policy discussions that relate to women's health, across the lifecycle of women.

Generally, women's access to health is addressed in the Maputo Protocol, African Union, and Regional Economic Communities gender policies. The Maputo Protocol, AU Gender Strategy, SADC Gender Policy and SRHR Strategy and EAC Gender Policy focusses on women's health including maternal and child health, reproductive health rights for women, HIV/AIDS, harmful practices that endanger health and wellbeing of women.

Generally regional policies for SADC, EAC and ECOWAS are limited or silent on **abortion rights**. The Maputo Protocol makes provision for medical abortions in the context sexual gender-based violence or in life threatening circumstances. The EAC is silent on abortion, whilst the SADC SRHR Strategy is the most vocal about access to safe abortion services.

While health education is generally covered in regional policies, **Comprehensive Sexuality Education** in and out of school is only covered in SADC Gender Policy and SRHR Strategy. SADC Gender policy/SRHR strategy also specifically covers sexual reproductive health rights of **young people, unplanned and early pregnancy** amongst women and girls and the importance of addressing **socio-economic and cultural barriers** to accessing SRHR. SADC therefore provides the most comprehensive regional policy framework around women's health.

Amongst gender discussions, **harmful practices** (particularly female genital mutilation and child marriage) have dominated policy discussions at regional level in the last few years, with support being shown through campaigns (such as the Saleema Initiative), co-ordination structures being set up (e.g. Anti-FGM Board in Kenya), national strategies being developed (e.g. in Benin) and funding to end these harmful practices. This has resulted in much progress in relation to reducing harmful practices in Africa. The Maputo Protocol and the SADC instruments (e.g. Strategy for Sexual and Reproductive Health Rights and SADC Protocol on Gender and Development) prescribes the minimum age of 18 for marriage.

Interviewees indicate that while women's sexual reproductive health rights are a key focus of policy discussions, there is still much **resistance to comprehensive sexuality education, abortion rights, access to contraception**, particularly for young women. CSOs, UN and Development agencies play a key role in bringing these issues onto the policy agenda, however social norms play a key role in hindering the development and implementation of more progressive policies (backed by resources). This is further discussed in the section on **Social, cultural structures and norms**. Only the Strategy for Sexual and Reproductive Health Rights in the SADC Region mentions 16 to be the age of consent to sexual activity and access to SRHR services.

Menopausal and postmenopausal health services for women is also neglected in policies, policy discussions and service provision (e.g., treatment of anxiety and depression and hormone

replacement therapy). An interviewee points out that this perpetuates ideas of women's value being placed on their reproductive ability.

A key cross-cutting element to women's health and labour identified in the Conceptual Framework is the presence of **gender-based violence**. Access to health services for women survivors of gender-based violence has been highlighted a key challenge in the implementation of health policies. Health care systems are not sufficiently resourced to respond to issues of GBV. A CSO interviewee from Nigeria points out that despite recent progressive changes in the Violence Against Persons Prohibition Law, there is insufficient human resource capacity to support the implementation of this policy. Similarly in South Africa, there is limited institutional capacity to support DNA testing to support cases of GBV.

Shedding light on some good practice policies in relation to Women's health

- SADC Gender Policy and SRHR strategy has been highlighted as comprehensive around women's health.
- Health Act of Liberia was reported comprehensive, paying much attention to women's health.
- Some states in Nigeria have good policies around the integration of traditional birth attendants in maternal health system to reduce maternal deaths.
- Malawi has an SRHR awareness raising initiative around contraceptives.

4.2 Women's Labour Policies

In this section we report on the focus and gaps in policies and policy discussions that relate to women's labour. In Africa, care work, agriculture and informal work are dominated by women. Thus, the review also considers the integration of gender into policies for those sectors.

Generally, economic empowerment and employment of women is addressed in the Maputo Protocol, African Union, and Regional Economic Communities gender policies. The Maputo Protocol is considered comprehensive around women's labour in the African context (compared to international instruments), as it addresses women in the informal sector (social protection and insurance), land rights, sexual harassment in the workplace, equal pay, care work in the home, maternity leave, pregnant or nursing women, and gender roles and childcare. Following from this, regional Gender Policies (particularly SADC and EAC) cover pertinent issues related to informal sector and unpaid work, sexual harassment, agriculture, entrepreneurship.

While policies have been mostly well formulated, the **greatest challenge is around implementation** and protection of the rights for women, particularly from a gender perspective. A participant explains:

*"While there is minimum wage protection through minimum wage legislation and tribunals to uphold labour rights – these are not sufficiently focussed on women."
(SSI_Regional Continental Communities/ organisations working with RECs)*

This is mostly due to insufficient reinforcement and accountability mechanisms to deal with protection and rights violations. For example, trade unions were reported as being patriarchal

structures, and so do not sufficiently protect and advance the rights of women in their diversity. Further, at a country level, labour policies generally make provisions for exemptions; this opens the space for unfair labour practices by private sector (e.g. multinational companies) for financial kickbacks.

For women in the **formal sector**, great progress has been made in the integration of maternity leave into policies, and this has generally been enforced in the private sector. Although, there still instances where women are discriminated against when applying for jobs due to pregnancy:

“Women are still discriminated against in the workplace when they are pregnant. There is lack of maternal support, women should receive full payment when they are on maternity leave but they do not and some are laid off. Until recently there was a law in one the states (in Nigeria) where women in the police force were not allowed to get pregnant until they had served 7 years in the force and they needed permission from the organisation to get married” (NGO_West Africa)

Some more progressive practices such as breastfeeding time and childcare facilities have become more frequent, although not legislated. In addition, the legislation does not make sufficient provision for leave when children are ill. There has been some improvement in universal old age pension, tax exemptions for women entrepreneurs and affirmative action policies (for example some African countries have a rule reserving at least one third of government positions for the appointment of women, e.g. Kenya and Eswatini) and this progress is noteworthy.

The greatest **challenge in the formal sector** has been highlighted as pay parity between men and women, and also between women of African and European decent. Furthermore, minimum wages are regulated in some countries, but in others this is still a gap and set quite low (particularly in West Africa).

AU and RECs (SADC and EAC) Policies address women in the **care economy and informal sectors** and these have been more dominant in discussions in political spaces (although these are mostly driven by CSOs, UN and development agencies), especially since COVID 19 exposed the impacts for these sectors and the economy. These sentiments shared by the Maputo Protocol and RECs Gender Policies have not however trickled down to a national level. Policies around informal work have largely been reported to be gender blind. There are few provisions made around insurance, income security, social protection, maternity leave, UIF for the informal sector (at regional and national levels). Similarly, **care work (both paid and unpaid)** is unregulated but also unrecognised particularly at national levels. Kenya is spearheading the development of a policy around care work. The domestication of policies related to unpaid care work and the women in the informal sector should be prioritised in advocacy activities at regional levels. The EAC has expressed the need to address domestic care work and unpaid care work and to learn from those countries, such as Kenya, to inform regional policies.

Access to land is a challenge in East Africa and this is a crucial economic asset that impacts labour and business participation and access to economic resources (e.g. bank loans). Women who do not own land therefore left behind. The EAC policy is silent on this as land is viewed as a sovereign issue and EAC is not mandated to intervene on these issues. In some countries social and cultural norms (such as inheritance) restrict women’s access to resources, particularly land, and this prevents them from realising their economic rights. While there has been some regional policy reform related to protecting the land rights of women, countries still struggle with targeting women in regulatory

frameworks, and furthermore still lack sufficient accountability mechanisms to ensure implementation⁹⁹.

While generally covered in regional and national policy, **sexual harassment** in the workplace was still identified as being widespread in all parts of Africa, particularly after COVID 19, where women are desperate to get back into the workplace. Safeguarding policies for both private, public and non-profit sector is a gap that needs to be addressed. As an interviewee points out, *“the poorer and more vulnerable women are the more likely they are to be vulnerable to exploitation”* (NGO_East Africa). The ILO safeguarding policy needs to be domesticated at regional and national levels.

Kenya has been highlighted as a good practice example for women’s labour policies and legislation. They have domesticated the ILO Employment Policy (Convention 122, 1964)¹⁰⁰ which addresses the rights of women, equal opportunity for employment and safeguarding of women. They have instituted an affirmative action policy (in 2013), stipulating that 30% of economic opportunities in government should be given to women. Kenya is also the first African country to put into motion a policy around unpaid care work.

4.3 Intersectionality

Considering the intersectional identities of women, gender policies and strategies at a regional level mention persons with disabilities, widowers, the girl child, youth, migrants and older women as being key target groups or having increased vulnerability and exclusion. However, policies and strategies largely do not guide programme responses to these intersecting vulnerabilities of women. SADC SRHR strategy has done well to highlight specific responses to young women. An area of concern consistently raised across most interviewees is the exclusion of **LGBTQI groups** in gender policies and strategies at regional and country levels.

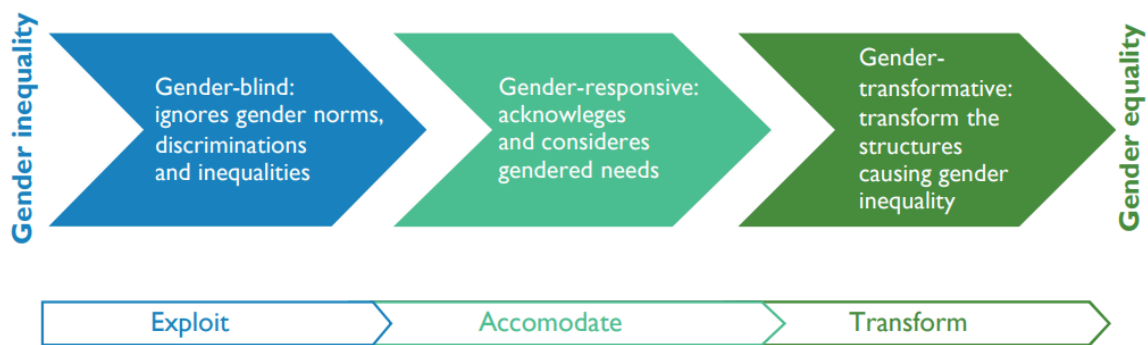
4.4 Mapping on gender integration as per the Gender Integration Continuum

The GPEA findings show that regional organisations have done fairly well in developing Gender focussed instruments and policies. However, in terms of the gender integration continuum (see figure below), the GPEA analysis notes that on the whole most policies are on the **gender-blind/ to gender responsive (at best)** and not the gender-transformative end of the continuum.

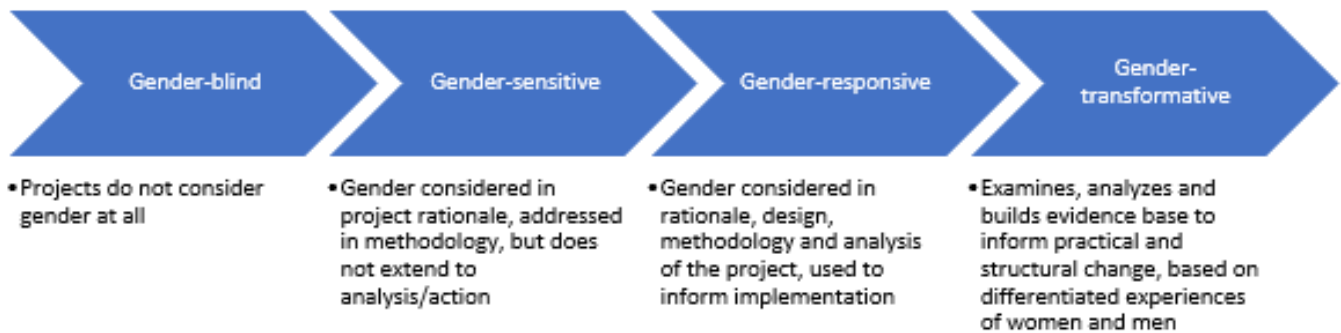
⁹⁹ [New challenges for women’s land rights in Africa | IFPRI : International Food Policy Research Institute](#)

¹⁰⁰ While interview indicate domesticating the convention, Kenya is not listed on the ILO list as one of the countries that have ratified the convention.

Figure 2. The gender equity policy continuum



Adapted from UNICEF and UNFPA (2020)



The Maputo protocol and SADC gender policies and SHRH Strategy has made some progress is being gender transformative. However, regional and national policies have been limited in dealing with women in their diversity (including young people and the LGBTQI community), silent on issues of care work, have made slow progress on policy implementation in the informal sector, comprehensive sexuality education and SRHR rights. This sets Africa back in terms of being more gender transformative in their policies.

“During COVID they mentioned women in one or two sentences. But women are not the same. Women are caregivers, some of living with disabilities...one woman in married...and the other one is not married. It makes a whole lot of difference in what they need. There is blindness to all those intersecting identities, which also determines our intersecting vulnerabilities.” (NGOs_Africa)

RECs such as EAC, SADC and AU have gender mainstreaming as a priority issue, however research participants report that this is a key implementation challenge. Gender is still centralised in institutional structures (to gender departments or gender officers) and policies. Policies and policy discussions related to other sectors do not sufficiently integrate gender.

“We have a problem with gender mainstreaming within the (REC). The (REC) is just representative of what is happening in countries. We have a problem with gender mainstreaming in countries and at the REC...e.g. budgets, there is underfunding of gender issues at regional and national level. You have matters of gender that need to be discussed in other sectors...not sufficiently discussed. We have policies, but

mainstreaming, implementation and accountability is a challenge...we look at gender responsive planning and budgeting; most parliaments can pass a budget without getting a gender budget” (REC)

“All RECs have gender strategies – but these are siloed. There is a gender officer and agriculture officer they don’t see the intersections.” (REC)

“Other polices and spaces don’t consider gender at regional level in policy discussions - for example Environment. Gender activists need to occupy spaces to ensure that this is considered or advocate for working groups” (CSO)

Much work needs to be done to ensure that the systematic and consistent integration of gender to address the underlying structures that cause and exacerbate gender inequality.

4.5 Research gaps

Resources to support research and knowledge production, even within RECs is limited. However, policy makers require evidence, particularly at country level, to support policy decisions. SADC has a gender statistics strategy to improve the availability of data to inform policy decisions.

Particular areas that need further evidence to support advocacy are:

- Data on **gender-based violence** is limited. Data needs to be systematically collection of rights violations and perpetrators, as well as the conviction of cases of violence, community structures and systems to support victims (particularly around reporting).
- **Menopause and post-menopausal** women’s access to services and impact on their labour and economic empowerment.
- **Women’s access to and use of services** beyond maternal and SRHR services, for example non-communicable diseases, neglected tropical diseases.
- **The health and safety impacts of women employed in particular high risk sectors** where they are exposed to chemicals, male dominated sectors (e.g. mining), waterborne diseases, and security risks (terrorism).
- Monitoring the **performance of gender equity and equality** indicators at country level.
- Data on the gender equality from an **intersectional perspective**, paying attention to issues of disability, LGBTQI and migrants, for example. Research on how to access these groups are also needed.
- **Mental health** among women and access to psychosocial support.

The need for a shared **repository of research** that can inform policy was highlighted by a REC interviewee, as there is much data that exists in academia and other research institutions that is not easily accessible to policy makers. A **research policy** is also needed to guide RECs and governments in their use of research to inform policy decisions.

4.6 The Women RISE initiative

The Women Rise Initiative and projects in Africa are aligned to the context, policies and priorities at national, regional, and global levels. It addresses pertinent issues of gender equity in relation to health, young girls, unpaid care workers, violence against women and women in rural areas to mention a few.

The research also comes at an opportune time to explore post-COVID effects on gender equality and equity.

5 Stakeholder mapping and analysis of power

This section describes global, regional and national stakeholders who have a bearing on gender policy, legislation and debates in Africa. It explores why stakeholders have influence over decision making and visible, hidden and invisible powers that motivate policy debates, decisions, and implementation.

Research objectives:

- Contribute to providing a shared understanding of the current context, politics, and how it affects women's health and work programming. The key power relations and dynamics.
- Undertake stakeholder mapping and power analysis to identify key state and non-state actors that have some bearing on the gender equality legislative debates in specific regions and globally to identify their interests, motivations, and decision logic and understand the key power relations and allies.

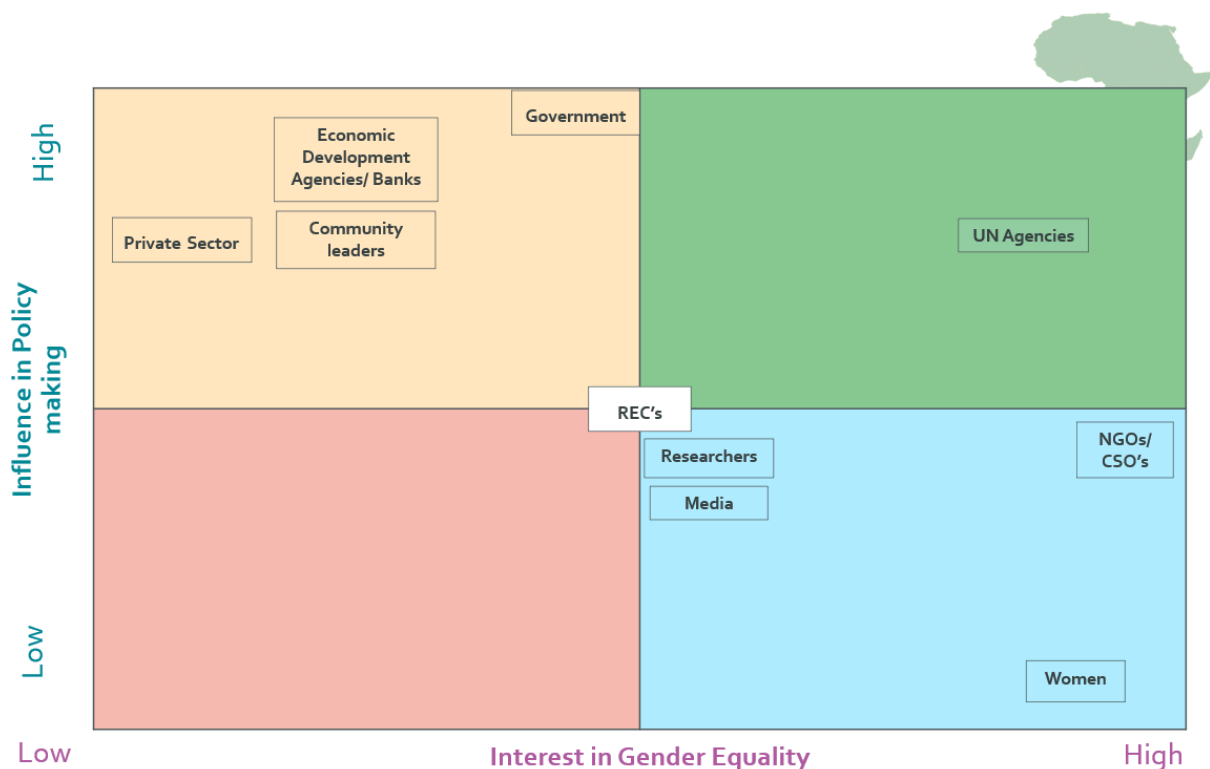
5.1 Overview of stakeholders influencing gender policy development and implementation

The [Conceptual framework](#) in section 4 outlines three forms of power: visible power, hidden power and invisible power. This chapter deals with visible power, which are the formal rules, structures, authorities, institutions and procedures of political decision-making.

The diagram below summarises the power of various state and not state actors in relation to their interest and influence in *gender* policy development in Africa. UN Agencies, Governments (specifically Parliaments and key line ministries), Regional Economic Communities and Civil Society Organisations play the most critical role in informing gender policy debates and development in Africa.

While government has the most influence over policy making (as their mandate and authority), they do not carry the most interest around gender equality and equity. CSOs on the other hand have high interest but are not always effective at influencing policy (depending on the context and civic space created). The UN is powerful in that it carries the interest in gender equity and equality and influence over policy making processes (often also providing resources and technical support to governments). They also bring together decision making structures and CSOs and fund programmes around gender. The media plays an important role of spotlighting gender issues, and given the right political and social climate, can catalyse policy decisions. What is critical to highlight is that these actors play a complementary role in policy making, and advocacy strategies should be multipronged to target these actors.

Figure 2: Mapping of stakeholders' interest in gender equality and equity and influence on policy making



The more detailed table in [Annexure 1: Stakeholders](#) describes the global and regional stakeholders who influence gender policy and legislation debates in Africa. It describes their role, influence on gender policy, and their current interest in relation to gender, labour and women’s health.

5.2 A closer look at the interest and influence of actors

Decision-making authority lies with **government structures** in countries (particularly parliaments and key line Ministries), who have the mandate to develop policy, allocate resources and can determine the role of other stakeholders in the policy making process (such as civil society, RECs, and the UN).

Regional Economic Communities (SADC, AUC, EAC, ECOWAS) play a critical role in domesticating global conventions through encouraging ratification, developing regional policies, guidelines and conventions (e.g. the Maputo Protocol) and guiding the development of national policies and legislation. They play an important advisory role for African governments. While their role is to

monitor implementation of policy, interviewees indicate that structures are weak in terms of monitoring and holding governments accountable. Instruments such as the African Gender Scorecard Index¹⁰¹ have been developed to assist with monitoring and accountability. There are rights that RECs cannot influence. For example, the EAC has little influence over land rights as this is a sovereign matter, although it has huge influence on economic and labour equity and equality. They do however have the mandate to address harmful practices like trafficking, FGM, child marriage, through regional laws and the regional court.

UN Agencies and CSOs are critical and influential in driving gender issues. UN Agencies (such as UN Women, UNFPA, and ILO) particularly have good working relationships with government, and fund development programmes, and so are well positioned to influence policy making. Civil society organisations (such as Sonke Gender Justice, NAWI, FEMNET, FAWE, Engender Health) are close to grassroots issues and global debates and in some instances have good working relationships with governments and RECs. They bring specialist skills and so are critical in raising priorities and challenges in relation to gender, demonstrating programmes that work and placing pressure on decision makers. While they play a critical advisory role in the policy space, their influence is dependent on the civic space created within a country or region. Therefore, they are not always effective in influencing decision making, and policy change particularly around gender issues take a long time.

Researchers and Think Tanks play a role in providing evidence and data for policy making. However, there is still a gap in the availability of credible evidence (on both the context/situation and service delivery challenges) to inform policy. Even where data is available, this is sometimes not effective in influencing policy making. Unless an appetite/buy-in to evidence-based policy is created, researchers have limited capacity in policy making and implementation.

The **media** (mainstream and increasingly social media) play a role in bringing the attention of policy makers and society at large to social issues. The following example shows how social media has been used to elevate and spotlight issues that are on the political agenda:

“During the pandemic, GBV increased because of ...harmful beliefs and practices that are still in play. But people found new ways of addressing these issues through social media and there was increased awareness of this issue. It was during this time the Violence Against Persons Prohibition Law (Benin, in 2021) came under scrutiny and it was amended because of social media campaigns” (NGO_ West Africa)

Law making is required to go through a **public participation process**. However public participation processes are reported to be limited. A key finding of the GPEA is that there is insufficient representation and participation of women and girls in their diversity in legislation and policy processes. Women’s participation in regional and global processes are often driven by CSOs. For example, an interviewee mentions that women’s movements were not consulted on the African Continental Free Trade Area Agreement. Even where funding is provided for women’s participation in policy spaces and debates, accessing passports or visas are problematic. Women from the LGBTQI communities are particularly excluded because of resistance to LGBTQI rights.

In Francophone countries of West Africa, language is a further factor that marginalises women and policy makers due to challenges with access to information, education and spaces for policy discussions. This limits both policy making and representation of women in these countries.

¹⁰¹ [31260-doc-2015_auc_african_gender_scorecard_en.pdf](#)

5.3 Platforms and spaces for policy engagement

The following platforms exist for policy engagement. These platforms provide ideas for how research teams can participate in debates around gender issues. This should guide Women RISE research teams on the available platforms to target for their advocacy work.

Table 5: Platforms and spaces for policy engagement

Level	Platform	Description
Global	World Bank Group	Women, Business, and the Law hosts and participates in events to engage policymakers, researchers, CSOs, and other practitioners on the topic of women's economic empowerment.
Global	UN Women convenes the Convention / Commission on the Status of Women.	UN Women hosts the Convention on the Status of Women, where the private sector, government (Ministers of Gender), civil society, NGOs and Funders, and international organizations meet at the United Nations Headquarters in New York City to discuss and work towards advancing gender equality and women's empowerment on a global scale.
Global	Women Deliver Conference	Multi-sectoral annual convenings to advance gender equality, with a focus on SRHR. Attended by grassroots advocates, multilateral governments, the private sector, philanthropies, and youth.
Global	The International Conference on Population and Development (ICPD 25)	Governments and organizations from around the world gathered to discuss and adopt a comprehensive program of action focused on population, development, and reproductive health. These discussions encompassed a wide array of issues affecting women, ranging from health-related matters to labour concerns, leading to the adoption of crucial declarations aimed at addressing these challenges.
Global	The International Conference on Population and Development (ICPD) ¹⁰²	ICPD conducts regional conferences and collaborates with NGOs and the private sector for ministerial conferences. UNFPA is currently evaluating ICPD's Program of Action, with regional reports and outcomes of Regional Population Conferences overseen by UN Regional Commissions and UNFPA feeding into the global ICPD30 report. This report will be shared with Member States and integrated into the 79th General Assembly, the High-Level Political Forum, and the 2024 Summit of the Future.
African	Gender is My Agenda Campaign (GIMAC)	Comprising about 55 national and international organizations, the GIMAC Network aims to create a space for civil society to monitor the implementation of the Solemn Declaration on Gender Equality in Africa (SDGEA), mainly by holding bi-annual Pre-Summit Consultative

¹⁰² <https://www.unfpa.org/regional-reviews-and-conferences>

Level	Platform	Description
		Meetings to the AU Assembly of Heads of State and Government.
Regional	East African Community (EAC) working groups	EAC working groups, consisting of CSOs, government, and academia, address various thematic concerns like domestic care work and gender-based violence, both regionally and nationally as needed. Conferences are organized to focus on diverse themes, including health and women's participation in business.
African	African Women's Caucus	The African Women's Caucus, affiliated with FEMNET, collaborates on women's rights and gender equality in Africa. Participants include activists, civil society, government officials, and advocates.

5.4 The political economy: what motivates/influences decision making regarding gender equality, labour and health

In this section we explore the hidden power (who sets the political agenda and determines what gets on the agenda) and invisible power (beliefs of what is acceptable or considered normal) that motivate policy debates, decisions, and implementation. This includes social and cultural norms, values and beliefs, politics, economics, and formal rights and rules.

5.4.1 Social, cultural structures and norms

Social and cultural norms are the “unwritten rules that shape shared expectations about how people should behave. They can undermine the enforcement and realisation of formal rules and rights, and they can also drive behaviour that is not governed by formal rules.”¹⁰³ Social and cultural norms is most widely mentioned as affecting policy development and implementation, from community to policy makers in Africa.

Interviewees report that **patriarchal social norms** still dominate gender dynamics within Africa. Research and interviews highlight the role that colonialism and religious fundamentalism has played in shaping these patriarchal norms¹⁰⁴. Women in Africa are perceived as the carers and generally play this role. They are often dependent on their husbands for economic support and tend to do work that is considered to be “feminine” and has caregiving/caretaking at the centre of it, i.e. teachers, nurses, domestic workers, and secretaries. Male dominated structures have been set up to ensure that these patriarchal social norms are observed; these include church pastors, traditional leaders, elders in the family and men who generally dominate leadership positions in the workplace. These social structures play a role in reinforcing these norms and defining the value placed on women.

“They (women) mostly depend on their husbands or partners for everything they do, because of certain beliefs and religion. In the south, women are a little more liberated, they work and take care of their families and these women were able to recover faster from the effects of the pandemic” (CSO_ West Africa)

¹⁰³ Gender and Development e

¹⁰⁴ <https://scholarworks.smith.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1625&context=theses>

Patriarchal cultural/religious norms have also influenced perceptions and **practices around child marriage, taboos around young people’s sexuality and pre-marital sex** (particularly for women), heteronormativity and abortion. While this has historically influenced both policy makers, service delivery and communities’ attitudes and practices, recently there has been more backlash against particular issues related to gender equity and equality. Push back on progressive policies on SRHR (including safe abortions, comprehensive sexuality education) particularly for young people, and LGBTQI rights has been evident across Africa as this is perceived as clashing with African cultural and social norms. This is particularly evident in countries like Uganda where an Anti-homosexuality Act was passed in 2023. Another example is that Sonke Gender Justice observer status with the African Union Commission was revoked because of raising issues related to LGBTQI and SRHR rights. Thus, when critical issues are pushed, there is backlash by politicians.

“That is how much they push back...when people step out to push for progressive laws in areas where they are not comfortable, you get punished for that” (NGO_Africa)

Good practice example of challenging social norms amongst community leader and policy makers:

Engender Health highlights the importance of using **reflection as tool** for creating empathy and challenges patriarchal social norms amongst policy makers. The quote below demonstrates the importance working with personal relatable context, and using creative methods that foster empathy.

“What makes a difference is that when we stop telling people what is right and what is wrong...when we stop telling people what they should and should not do, but rather make them reflect on those practices.... We are using a lot of reflection in our work.... We were working in this community where child marriage was rampant, and they would not send their daughters to school after class five. We were having a community meeting and very basic question was ‘when you daughter or daughter in law in pregnant, would you want a female doctor or male doctor?’ All of them said ‘we want a female doctor, we will not have a male doctor touch our daughter’. We said, ‘but if nobody is sending their daughters to school, how will we have female doctors?’

We were working in a country where the Ministry of education refused to give us approval run a comprehensive sexuality education programme in the school. We requested the Ministry to send some people for a meeting. And in that meeting we used these reflection tools. We had sessions, like we told them to go back to the time that they were 13...‘what kinds of questions did you have’ After a half a day of training ...they said ‘we are totally on board with this programme’... So reflection is a powerful tool” (NGO_ West Africa)

The effect of social norms on women’s autonomy and decision making

"The majority of the time, you will find that power is balanced towards men, and they have more decision-making power." The entrenched dominance of men as primary decision-makers in critical areas like family planning and labour perpetuated deeply rooted power imbalances, extending its influence at family and community levels, where men's substantial control reinforced entrenched social beliefs that hindered women's autonomy, particularly concerning family planning¹⁰⁵. As such, macro-level power structures significantly shapes the micro-level decisions of women.

Macro-Level Influence on Women's Autonomy in Health and Labor Decisions

¹⁰⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7675447/>

Women's autonomy and power in health and labour at the micro level are intricately intertwined with macro-level power relations, encompassing economic, political, social, and global factors. As astutely articulated by one interviewee, "To a large extent, the macro shapes the micro decisions." This insight underscores the profound impact of macro-level decision-making on the daily lives of women. Indeed, the decisions made in parliament or at the macro level send ripples that reverberate into the everyday choices of women, from market vendors to professionals.

Intersectionality

Women with **intersecting vulnerabilities** (e.g., those who are unmarried, LGBTQI, women with disabilities) are further marginalised, particularly as they are not living up to the patriarchal norms. Women from the **LGBTQI** community have been highlighted across interviewees as being a particular group that are subjected to further vulnerabilities and rights violations. This has even been legitimised through legislation and policies throughout Africa, apart from South Africa.

Traditional and cultural norms are often more prominent in **rural areas**. Women living in rural areas are therefore more vulnerable to oppressive patriarchal social norms. Limited access to **information and education** furthermore restricts more equitable practices for women.

Furthermore, practices such as virginity testing (practiced in South Africa, Egypt and Morocco¹⁰⁶), child marriage (particularly prominent in West and Central Africa¹⁰⁷), female genital mutilation (practiced in over 30 countries in western, eastern, and north-eastern regions of Africa¹⁰⁸) is practiced amongst particular ethnic groups in Africa. Thus, **ethnicity** plays a role in women's vulnerability to gender-based violence, health, psychological risks and sometimes even education and economic opportunities^{109 110}.

One interviewee equates the blindness to the intersectionality of women's identities as a form of structural violence against women:

"The violence that is hidden in laws, in cultures, in our beliefs and in our societies makes it okay for people to act in particular ways. But those ways that people act are hurting other groups of people. Women tell you that they wake up at 4(am). I ask them 'who told you to wake up at 4(am)?' and they can say their husband or partner. Because we have internalised our own oppression. We have internalised those aunties voices telling you before you married that a good woman wakes up at 4(am)." (Gender Expert_Africa)

As described by the interviewee in the quote above, while men play a critical role in preserving patriarchal norms, women are also reported to defend and perpetuate these norms (for example around gender roles and work) and harmful cultural practices (e.g. Female Genital Mutilation).

¹⁰⁶ [Virginity Testing Laws Around the World | Marie Claire](#)

¹⁰⁷ [Child marriage | UNICEF West and Central Africa](#)

¹⁰⁸ [Female genital mutilation \(who.int\)](#)

¹⁰⁹ [United Nations agencies call for ban on virginity testing \(who.int\)](#)

¹¹⁰ [Virginity Testing Laws Around the World | Marie Claire](#)

5.4.2 Values and beliefs

Values and beliefs are the things that society believes to be true or right. These underpin social norms but also sometimes contradict them.

The patriarchal norms outlined in the previous section is based on the belief about the **inferiority** of women. There is less value placed on the stereotypical roles that women play in the home and workplace. This is evident in the de-prioritisation of policies around work dominated by women (e.g. care work and informal work) and pay differences between men and women.

The **Human and Gender Rights** agenda of global, regional, national stakeholders has played a critical role in influencing decision making amongst policy makers and the agenda driven by development partners and CSOs. Despite the global commitment to gender equality, this has not been sufficient to prevent backlash in the patriarchal institutional spaces where visible, hidden and invisible forms of power operate.

A growing **consciousness of African values and identity** has resulted in a push back of perceived Western ideologies, such as gender equality, sexuality, sexual orientation, gender identity and ideas of leadership. Policy makers perceive these concepts to be coming from a western perspective, not contextually relevant and culturally biased. A few interviewees however also point out that in some instances the “western agenda” is used as an excuse to ignore pertinent challenges around gender rights (particularly around the care economy, LGBTQI rights) that are perceived to be in conflict to social norms. LGBTQI rights (highlighted in the previous section) is a key issue that is being rejected under the guise of it being a western concept. However, Murray and Roscoe (2021) highlight cases of same sex relationships that existed in Africa even before colonialism¹¹¹.

There is a need strengthen Made in Africa solutions to policy making and programming that is fit for the local African context. African-based CSOs and movements play a critical role in providing homegrown alternatives and solutions. In addition, notions of what is considered to be un-African needs to be challenged in policy making spaces in ways that are palatable for policy makers:

“The way we bring in the argument and knowledge need to be brought in a palatable way...those in power are threatened. I think this is where it becomes complicated and need to look at the vested interests and reassure that we don’t need to disempower one to empower the others” (Regional Continental Communities/ organisations working with RECs)

5.4.3 Politics and political participation of women

SHRH programmes in Africa were often funded by American donors (e.g. USAID). **Policy making in the United States** (e.g. Roe v. Wade (1973) and the Gag Rule) forbidding/limiting abortion services influenced backlash against abortion rights in Africa, hindering funding and thus the progression in SRHR rights and access to services.

Political leaders and policy makers are also concerned with how they are **perceived amongst other leaders** at a global and regional level. They have an interest in being perceived as progressive amongst other leaders at a regional and global level and this often motivates them to advance gender equity/equality policies. Government leaders also create pressure amongst each other to

¹¹¹ Murray, S., Roscoe, W. & Epprecht, M. (2021), *Boy-Wives and Female Husbands: Studies in African Homosexualities*. State University of New York Press.

either advance or push back on the gender equity/equality agenda. This can be seen in Uganda where anti-homosexuality legislation has had a ripple effect on other countries (e.g. Ghana and Kenya), where political leaders have cited Uganda as being a key motivation for similar anti-homosexuality sentiments in legislation¹¹². In Tanzania the legislation on re-admission of young mothers into school raised the interest of other countries in similar policies. Similar positive effects are evident for addressing FGM and child marriage in African Countries. This highlights the critical role that political leaders and other stakeholders (such as the RECs, UN and CSOs) play in showcasing good practices and pressurizing each other in political spaces. The RECs, who play a critical convening role, have the potential to play this role of highlighting and recognising successes at a regional level.

Leaders also want to be perceived as being **responsive to the needs of their constituencies**, particularly in the lead up to elections. This provides a good window of opportunity to make progress on gender issues.

Individual politicians who are **passionate and interested** in gender rights are effective in championing gender policy issues. Choosing strategic policy makers who can drive decision making processes are critical. However, shifts in political administration can hinder policy making processes and priorities.

Patriarchal norms are pervasive in all aspects of society, and they even penetrate **women's representation in politics and decision making**. Men still dominate spaces where decision making happens (parliaments and cabinets). Interviewees from Benin also indicate that policies to encourage women's appointment to leadership positions is lacking. This means that decisions around gender equality and equity are left to men, who seek to preserve their power over women. UN Women highlight the important role that women leaders play in advancing the gender equity agenda. *"Women's participation in politics leads to more inclusive decision making, diversifies the voices that are heard"* (p.1)¹¹³. Again, women who have intersecting vulnerabilities are even less represented in these decision-making spaces. This was deemed as a challenge by interviewees as it means that women's (in their diversity, particularly those from LGBTQI communities) interests and concerns are not prioritized in policy development and implementation.

"...Men have been at the forefront of fighting against gender equality because they feel that they are going to lose power and then they feel that they want to continue with the violence against women.... This is something that we really need to address if we are to address issues around laws and policy but also equality in general"
(NGO_Africa)

"Men still hold much of the power in decision making positions even at the regional level. Unless we have more women in decision making positions, we won't really be able to speak much even if we have the laws. Unless there are women who are there, who are in a position to speak and be listened to and heard, and their opinions considered, then we will not be making an impact" (NGO_West Africa)

¹¹² [Uganda's LGBTQ crackdown could have a ripple effect in Ghana and other African countries | The World from PRX](#) accessed on 25 September 2023.

¹¹³ [BRIEFS_WPP_ESARO_A4_September_2022.pdf \(unwomen.org\)](#)

Tanzania demonstrated that having a female leader can play a critical role in advancing the gender equity policies through reversing the legislation that prevented young mothers from re-entering school.

An interviewee mentions that is more challenging to influence policy making around gender in countries that are not governed **democratically** (in practice), particularly because of the restrictions imposed on civic participation and media freedom. Where CSOs are more openly engaged, there are better policy outcomes. The EAC as part of their treaty has developed a framework for how CSOs should be engaged in policy making processes (Article 127).

5.4.4 Economic structures and norms

Resources and funding are a key driver in political decision making around gender and other issues. It is also key driver in policy implementation. Development agencies, Economic Development Banks and Private Corporations who fund or loan money often have a particularly political and development agenda, and so funding becomes conditional, the threat of sanctions become a reality and corruption becomes more prevalent. The dependency of African governments on this funding creates a power dynamic between those holding resources and African governments and policy makers. This can either work in favour of gender equity and equality policies, or against it if a more conservative agenda is being pushed (as in the case of Roe v. Wade (1973) and the Gag Rule). Funding therefore drives the attention of policy makers and implementation of policy; this is particularly more influential where progressive, rights based legal frameworks do not exist.

“In some cases, you don’t have choice. And so, you are forced to dance to the tune of who has the power...for all African countries... there is that kind of unfairness. They say African countries are independent, but they are not independent... There is another power behind them...but you take that decision then there is this sanction...this causes division...between leaders” (Africa CSO)

Macro-economic factors such as policies, inflation, interest rates shape women’s access to their rights and freedoms afforded through policy and legislation. For example, policies related to taxes and fuel prices, impact the experiences of those working in the informal sector, which is largely dominated by women. For instance, increased fuel costs disrupt the efficient movement of goods from farms to markets, causing women to raise their prices due to fuel expenses, sometimes resulting in financial losses. A contextual political economy factor that shapes women’s health and labour which emerged during the interviews is **neoliberal globalisation**. Neoliberal economic policies benefit corporations over people and has an adverse impact on women and girls, by aggravating the burden of their unpaid work and care, and experiences of violence and harassment. Initiatives such as the Sovereign Debt Campaign¹¹⁴ seek to challenge architecture economic policies. The African Continental Free Trade Agreement is another such policy that has received further scrutiny in relation to its implications for women.

On a global scale, factors like international agreements and trade policies have far-reaching effects on women's lives, from access to education and healthcare to labour policies and gender wage gaps. Legal frameworks, both at the national and international levels, are intended to safeguard women's rights, but their effectiveness often hinges on the capricious nature of political decision-making, as illuminated by the interviewee's insights.

¹¹⁴ [For a Just Recovery, Reform Sovereign Debt - Open Society Foundations](#)

5.4.5 Formal rules and rights

Formal rules and rights are rules that are written down in constitutions, law and regulations and which official bodies oversee and enforce.

Political mandates drive key priorities that are set by decision making structures such as government and RECs. And so, if an agenda is not formally adopted into legislation or policy, it becomes less prioritised. Furthermore, not having a clear agenda or policy divides leaders; this has particularly mentioned in the case of ECOWAS. While having a particular issue covered in legislation or policy does not translate into it being prioritised for implementation, it is a good starting point for advocacy.

Ratification of conventions and global/regional instruments (such as the Maputo Protocol, SDGs) motivate governments to perform against targets set. This also provides CSOs and Donors leverage to advocate for government.

6 Conclusion

How does the political, economic and social factors affect decision making about women's health and labour?

The **COVID-19 pandemic** significantly exacerbated already existing gender inequalities. Women's labour has been disproportionately affected, with disruptions in employment and income, and unpaid care work's burden on women intensified, impacting their economic participation. Their health concerns, especially sexual and reproductive health, was hindered, worsening gender inequalities. The crisis has acted as a great revealer, laying bare long-simmering inequalities, and shedding light on the critical roles that women play in essential sectors. This momentum presents a unique opportunity to build back better, but it necessitates a concerted effort to address these gender disparities and promote a more equitable future for all.

Several global instruments guide the work towards gender equity and equality in African continent. The **Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women** (also known as The Maputo Protocol) (2003) grounds the work on women's rights for the African continent. The Maputo Protocol is comprehensive, particularly around women's labour and health. SADC, EAC and ECOWAS RECs have gender policies and/or strategies in place, guided by international and AU instruments. SADC is recognised to be the most advanced in its gender policy development, particularly around women's health and sexual reproductive health. The greatest challenge on the African continent is Gender Policy integration, implementation, monitoring and accountability. Efforts have been made to improve monitoring and accountability through Gender Scorecards. Regional policies on **women's health** focus on maternal and child health, reproductive health rights for women, HIV/AIDS, harmful practices that endanger health and wellbeing of women. Generally regional policies are limited or silent on abortion rights, comprehensive sexuality education, SRHR for young people, and menopausal and postmenopausal health services for women. Harmful practices (particularly female genital mutilation and child marriage) have dominated policy discussions at regional level. **Women's labour** is addressed in regional instruments and policies, that generally address women in the informal sector, sexual harassment in the workplace, equal pay, and care work among other issues. The greatest challenge in the formal sector has been highlighted as pay parity between men and women. While care work and women in the informal sector are hot topics currently, they have not resulted widespread policies at a regional or national level. Sexual harassment in the workplace was still identified as being widespread in all parts of Africa. Policies

and strategies largely do not guide programme responses to the **intersecting vulnerabilities** of women. LGBTQI community is missing from gender policies and strategies at regional and country levels.

When exploring the key **stakeholders and institutions** that influence policy decisions, it is evident that decision-making authority lies with government structures in countries. UN Agencies and CSOs are critical and influential in driving gender issues. UN Agencies particularly have good working relationships with government and fund development programmes, and so are well positioned to influence policy making. Regional economic communities, like the AU commission, ECOWAS, EAC and SADC play a critical role in domesticating global conventions and policies, and oversight of government. However, their structures are weak in terms of monitoring and holding governments accountable.

The GPEA delves into the complex interplay between the **political economy and gender equality** in Africa. Patriarchal social norms dominate gender dynamics within Africa, and influences perceptions and practices around child marriage, taboos around young people's sexuality and pre-marital sex (particularly for women), heteronormativity and abortion. These patriarchal norms influence policy making, service delivery and communities' attitudes and practices. There has been more backlash against particular issues related to gender equity and equality. LGBTQI rights and SRHR of young people have been the target of such backlash. A growing consciousness of African values and identity has resulted in a push back of perceived Western ideologies, such as gender equality, sexuality, sexual orientation, gender identity and ideas of leadership. This calls for more home-grown solutions for policy making. Patriarchal norms are pervasive in all aspects of society, and they even penetrate women's representation in politics and decision making. Men still dominate spaces where decision making happens (parliaments and cabinets). This means that decisions around gender equality and equity are left to men, who seek to preserve their power over women. Political leaders and policy makers are also concerned with how they are perceived amongst other leaders at a global and regional level and their constituencies. Having a Human and Gender Rights agenda and a political mandate further helps to progress gender equity and equality in Africa. Resources and funding are a key driver in political decision making around gender and other issues.

Macro-economic factors such as neoliberal globalization, inflation, interest rates shape women's access to their rights and freedoms afforded through policy and legislation. These underlying structural inequalities have significant implications for women's economic opportunities, access to resources, labour and health rights.

The GPEA further concludes by emphasizing the need for challenging patriarchal mindsets and addressing discriminatory norms that perpetuate gender inequalities. It also highlights the importance of integrating a gender lens into policy design, particularly in response to crises like the COVID-19 pandemic, to ensure that recovery plans are inclusive and address the specific challenges faced by women and girls.

The GPEA concludes that the Women RISE initiative is well aligned to the national, regional, and continental policies and gaps. Its application an intersectional lens in research enhances its policy relevance and addresses the crucial need for evidence to inform gender transformative policymaking.

The pandemic presents an opportunity for positive change and responding to the profound impact of the pandemic on women's health, labour, and decision-making power in Africa. It calls for proactive policies to empower women economically, promote women's leadership, and address persistent gender disparities to ensure a more equitable and resilient future.

7 Recommendations: key points of leverage and turning gaps into opportunities

This section outlines key recommendations on immediate and long-term approaches/strategies that Women RISE can use to ensure transformative gender advocacy addressing community and stakeholder needs. These recommendations build on good practices that the Women Rise Initiative has already put in place to influence research, policy, coordination, knowledge translation, advocacy and communication. The recommendations are largely at a strategic level and need to be further contextualised at regional and country level when they are operationalized.

Research Objective:

- Provide recommendations on immediate and long-term approaches/strategies that Women RISE can use to ensure transformative gender advocacy addressing community and stakeholder needs.

Recommendations for strengthened Gender-Transformative Approaches to Research

- The APHRC should strengthen the role of Research for Policy making through support RECs to develop Research Policies. Furthermore, there is a need to improve access to existing research through building a repository of research targeting policy makers.
- The Women RISE research projects should conduct GPEA analyses at country level ensuring that women in their diversity are included as part of the process of the research project. This ideally should be at the start of a process or project, but the findings of these Regional GPEA case studies can be the catalysts for further GPEA analysis at country level.
- The Women RISE research teams should adopt or strengthen feminist research approaches as well as gender-transformative approaches applying principles of :
 - Bottom-up approaches and centering women who are directly experiencing these intersectional inequalities.
 - Human centred research design involving women as research as participants (not objects) and advocacy processes that follow
 - Always adopt an intersectional lens when researching gender and power relations
 - Ensure and advocate for disaggregated data in terms of sex, age, geographic location, economic status, employment etc. where possible as a foundation for deeper intersectional gender analyses
- The Women RISE initiative should expand and adapt their conceptual frameworks to include gender-based violence as a cross-cutting determinant of women's health and labour, as understanding of the current context and power relations. Also ensure the application of a life-course approach and ensure that especially adolescent girls and young women are at the intersections of violence against children and violence against women.
- Draw from feminist scholarship to integrate understandings of social reproduction to analyse the gendered features of governance, power, and state practice and connect macro and micro processes and power relations.
- Integrate power analyses as part of all national research and focus on different forms power, being visible, hidden or invisible, to identify strategic levers for advocacy purposes

- Build the capacity of the Women Rise research teams to be able to conduct GPEA as well as to be able to do understand and conduct gender and intersectional analyses across all the research projects. In addition, ensure that there is a gender expert in the Women Rise teams. Together with policy makers conduct gender policy analyses as a foundation for generating research evidence to advocate for shifting policies from gender-blind to gender-responsive and gender-transformative, as per the gender integration continuum.

Recommendations for Gender-Transformative Approaches to Advocacy

The Women RISE Initiative and partnerships should at regional and country level:

- Build the Capacity building of policy makers on how to systematically integrate gender as part of gender transformative policy making processes. This will have to be based on understanding what capacity exists among policy makers to take this forward.
- Establish and strengthen relationships with feminist and women’s movements and organisations at regional and national levels that have experience and expertise in advocating for addressing intersectional inequalities as part of working towards gender equality. Many of these organisations have been identified in this report.
- Establish alliance and collaborations within international and national stakeholders identified in the GPEA to support long-term strategies for gender advocacy towards gender and inclusive societies. This includes gender and COVID-19 research consortia identified in the GPEA.
- Build and strengthen relationships with more progressive media and feminist social media organisations to use it as platforms for sharing research evidence and shifting public discourse on topics related to the Women Rise research.
- Build on the relationships between researchers and policy makers to strengthen the research-policy nexus and use the Women Rise current and future projects and evidence as levers to support closing the gap between policy and implementation.
- Establish and build relationships with established communities of practice at regional and national levels amongst researcher and advocates for knowledge sharing around how to influence policies.
- Build on the national and regional platforms identified in the GPEA for advocating for on-going capacity building, education and collaboration among stakeholders as part of working towards gender equality.
- Use the policy window of COVID-19 and of ‘Build Back Better’ approaches to advocate for and create/support the mechanisms for develop public policies and programmes and assigning budgets and increasing political power of women’s national mechanism. As part of this policy window, to advocate for the systematic inclusion of diverse women and other marginalised groups in these spaces and introduce laws that facilitates the inclusion and consultation of women’s movements and to the citizens
- At a national level partner with diverse women and LGBTIQ+ organizations and support their participation and leadership as a cornerstone of effective COVID-19 response and recovery.
- Develop long terms advocacy strategy and partnerships to address patriarchal social norms and patriarchal social economic and political institutions, systems and structures that shape power relations at every level of society. This should be developed with feminist and women’s movements also have experience and understanding of working in patriarchal context, where there is resistance and backlash against gender equality.

- Build relationships with specific and relevant government ministries at national and sub-national level for long term policy change and sustainable and aligned research and policy processes going forward. This would also be of benefit to future pandemics and other global crises such as climate change
- Advocate for increased funding for women’s organisations, movement building and for women’s and other marginalised people’s long term political and economic empowerment directly into immediate relief, and longer-term response and recovery strategies by and implementing targeted cash and income generating activities and ensuring equal or enhanced employment in predominantly female sectors, and addressing unequal burdens of care
-

Annexure 1: Gender parity scores per country¹¹⁵

■ Extremely high ■ High ■ Medium ■ Low ■ No data

Re-gion	Country	Female population Million	Labour-force-participation rate	Formal employment	Professional and technical jobs	Unpaid care work	Leadership positions
North	Algeria	20.5	0.22		0.74	0.17	0.09
	Egypt	48.2	0.33	1.00	0.62		0.07
	Morocco	18.0	0.33	1.00	0.53	0.14	0.13
	Tunisia	5.8	0.34	1.00	0.69	0.13	0.17
Central	Angola	15.2	0.94	0.64	0.43		0.48
	Cameroon	12.0	0.88	0.36	0.52	0.35	0.91
	Chad	7.4	0.83	0.33	0.48		0.31
	Democratic Republic of Congo	40.8	0.92	1.00	0.69		0.43
	Gabon	1.0	0.72		0.52		0.33
West	Benin	5.6	0.94	0.33	0.59	0.32	0.38
	Burkina Faso	9.6	0.78	0.28	0.31	0.15	0.33
	Côte d'Ivoire	12.0	0.70		0.46		0.30
	Ghana	14.5	0.89	0.43	0.57	0.31	0.59
	Guinea	6.3	0.98		0.60	0.29	0.39
	Liberia	2.3	0.88	0.43	0.54		0.24
	Mali	9.3	0.66	0.54	0.32	0.09	0.22
	Mauritania	2.2	0.46		0.27		0.18
	Niger	10.7	0.74	0.33	0.44		0.28
	Nigeria	94.2	0.86	0.53	1.00	0.66	0.27
	Senegal	8.1	0.60	0.60	0.49		0.30
	Sierra Leone	3.8	0.99	1.00	0.43	0.33	0.40
	Togo	3.9	0.96	0.49	0.57		0.37
East	Burundi	5.5	1.00		0.71		0.50
	Ethiopia	52.6	0.86		0.51	0.43	0.41
	Kenya	25.0	0.92		0.56	0.45	0.18
	Madagascar	12.8	0.94	0.59	0.91	0.21	0.48
	Malawi	9.4	0.70	1.00	0.53	0.14	0.17
	Mauritius	0.6	0.61		0.81	0.26	0.43
	Mozambique	15.2	0.97		0.53		0.31
	Rwanda	6.2	0.73	0.48	0.63	0.38	0.56
	Tanzania	29.0	0.91	0.58	0.75	0.27	0.32
	Uganda	21.5	0.73	0.55	0.59	0.26	0.47
	Zambia	8.6	0.62	0.35	0.61		0.49
Zimbabwe	8.5	0.88		0.78	0.52	0.38	
South	Botswana	1.2	0.84	0.88	0.95		0.63
	Lesotho	1.1	0.80		1.00	0.40	0.64
	Namibia	1.3	0.88	0.95	1.00		0.67
	South Africa	28.9	0.78	0.95	1.00	0.42	0.44
	Swaziland	0.7	0.84		0.74		0.60
Africa average			0.76	0.68	0.68	0.39	0.33
Africa best			1.00	1.00	1.00	0.66	0.91
Global best			1.00	1.00	1.00	0.79	1.32

1. Includes middle management and top leadership.

Source: McKinsey Global Institute analysis

¹¹⁵ [The power of parity: Advancing women's equality in Africa \(mckinsey.com\)](https://www.mckinsey.com)

Annexure 2: Stakeholders

The table below describes the global and regional stakeholders who influence gender policy and legislation debates in Africa or within countries sampled. It describes their role, influence on gender policy, and their current interest in relation to gender, labour and women's health.

Types of organisations and levels at which they operate	Stakeholder / institution	Role/authority	Interest in relation to gender, labour, women's health
Economic development agencies / banks (operating at global, regional and country level)	International Monetary Fund (IMF) ¹¹⁶ , World Bank, African Development Bank, Arab Development Bank	Providing funding/loans to member countries to support economic development and crises. Dependence on financial assistance gives these institutions power. Sanctions might be imposed affecting sovereignty and decision-making	Women working in the informal sector who have particularly been affected by the economic crisis and have increased vulnerability to poverty, economic insecurity and access to health.
Foundations and feminist philanthropists (operating on a global and country level)	Bill and Melinda Gates Foundation Celebrities (Oprah Winfrey, Beyonce, Chimamande Ngozi Adichie)	Advocacy and influence through their speeches, foundation activities and through the policy decision making platforms. Push for laws and action to address GBV.	Promote gender equality. To be recognised for their prominence in addressing gender equality.
Private sector	e.g. Petrochemical companies	Very influential when funding governments or investing in business, e.g. in Nigeria	Low on interest of gender
UN Agencies (Working at a global, regional and country level)	International Labor Organisation (ILO)	All nations who are member states (187 in total) will anchor and align their labour laws to the provisions made by ILO Protection around Employment	Promote equality in employment. Women's rights and safety.
	United Nations Population Fund (UNFPA) (2 regional offices in Africa) ¹¹⁷	Have a close working relationship with regional economic communities in Africa and national governments. Very visible and recognised in African Countries. Providing funding and technical support around policy making at regional and national levels. Inform and provide feedback on Development Plans/strategies and policies. Very influential in policy making	Sexual Reproductive Health Rights Adolescent and maternal health Gender equality and empowerment (including gender-based violence) Ending Child marriage and FGM Gender mainstreaming across government

¹¹⁶ Member countries can be found here: [IMF Members' Quotas and Voting Power, and IMF Board of Governors](#)

¹¹⁷ [Worldwide \(unfpa.org\)](#) (accessed on 29 August 2023)

Types of organisations and levels at which they operate	Stakeholder / institution	Role/authority	Interest in relation to gender, labour, women's health
	UN Women (2 regional offices in Africa) ¹¹⁸	<p>They are the largest UN body championing issues of gender equality.</p> <p>Development and influencing statutes, conventions, policies to be ratified by governments.</p> <p>They shape discourse, share good practices at an global, regional and national levels.</p> <p>They have lots of power and influence in governments, at regional and country level.</p>	<p>They promote gender equality in health and labour.</p> <p>Particular interest in women's leadership and participation in decision making;</p> <p>Women's income security, decent work and economic autonomy,</p> <p>Gender based violence;</p> <p>Peace and resilience from natural disasters;</p> <p>HIV and AIDS</p> <p>Young women older women</p> <p>Flagship programme: Making Every Woman and Girl Count seeks to "increase the availability of accurate information on gender equality and women's rights in order to inform policy and decision-making"¹¹⁹</p>
	World Health Organisation (WHO)	They play an advocacy role; provide technical training; funding; producing evidence	Health and women's health
Development agencies (operating on a global and/or regional and/or national level)	USAID Swedish international development operational agency Swiss Development Corporation Global Fund European Union	Providing funding to government, CSOs and other partners Influencing policy and legislation making processes	Financial empowerment Invest in regional and country programmes that deal with women's health and GBV
Regional Economic development communities (operating at a regional and country level)	African Union Commission (Relevant Departments: Women, Gender and Youth Department in the Office of the Chairperson of AU;	Develops conventions (e.g. Maputo protocol). They work closely with the RECs to delegate some aspects of policy making as RECs who have more context regarding the member states. AU-REC	Huge focus on economic development and safeguarding the interest of the citizens (including health and labour rights) with any given African state. Leadership in Africa.

¹¹⁸ [Where We Are: Africa: Regional and country offices | UN Women – Headquarters](#) (accessed 29 August 2023)

¹¹⁹ [Flagship programme: Making Every Woman and Girl Count | UN Women – Headquarters](#) (accessed 29 August 2023)

Types of organisations and levels at which they operate	Stakeholder / institution	Role/authority	Interest in relation to gender, labour, women's health
	<p>Health, Humanitarian Affairs and Social Development, Economic Development, Tourism, Trade, Industry, Mining) (Legislation/Policy making structures: Permanent representative Committee, Executive Council and the Assembly of the Union) PAN African Parliament (Does not have legislative power) Specialised Technical Committees (STCs) (e.g. STC on Social Development, Labour and Employment, Health, Population and Drug Control, Gender and Women's Empowerment) are particular sectors that provide guidance and programming around particular sectors. Ministers and Senior officials form part of the STCs.</p>	<p>co-ordination meetings conducted to co-ordinate this. They have power to make conventions for Africa, e.g., Maputo Protocol was developed through the AU. They can also mobilise funding to support implementation, e.g. COVID 19 was managed through the AU and the development of the African Development Bank.</p>	<p>From gender perspective, big focus on ending child marriage and female genital mutilation. Developing guidelines on what should be done when there is a health pandemic, like the COVID-19 regulations.</p>
	<p>East African Community (Similar structures as AU) Have a Regional Parliament who develops legislation which can replace national legislation where this does not exist; or override national legislation. Regional Court of Justice that deals</p>	<p>Ensures ratification of international conventions. Develops regional conventions. Guides the domestication of international and regional conventions.</p> <ul style="list-style-type: none"> • They create platforms for sharing, learning between African countries. <p>Monitor implementation of conventions (holding governments accountable).</p>	<p>Overseeing the implementation of policies within the East African region that would ensure better legislation around gender issues. They have an interest in gender, labour, health, child rights, social development, business, law associations and networks.</p>

Types of organisations and levels at which they operate	Stakeholder / institution	Role/authority	Interest in relation to gender, labour, women's health
	<p>with grievances, rights violations</p> <p>Council of Ministers and within this there are Sector councils (which includes Ministers) also exist at regional level dealing with particular thematic areas: Gender, Education, Health, etc.</p> <p>There is a EAC representative structure at country level.</p>	<p>Guides the development of legislation of countries within the region.</p> <p>Oversight and supervision advisory role to parliaments.</p>	
	<p>ECOWAS</p> <p>(Similar structures as AU and EAC)</p>		<p>Interventions focused on women.</p> <p>Vision 2050 aims to mainstream gender into women's economic and social development.</p>
	<p>SADC</p> <p>(Similar structures as AU and EAC)</p>		<p>SADC Protocol on Gender and Development – ensuring this is adopted by member states.</p> <p>Access to resources for women (property, economic policies).</p>
<p>Governments (operating at a national and subnational level)</p>	<p>Parliaments, legislatures, National/Local/ County Assemblies</p>	<p>Lead in creating policies and legislation related to gender equality.</p> <p>Much authority regarding policy and legislation</p>	<p>Interests depends on the individual's passion to address gender equality and equity issues.</p> <p>Depends on the pressure and competing needs of the state.</p>
	<p>Key Ministries of Gender (Labelled differently across countries: Ministry of Women Affairs and Social Inclusion; Women, Youth and Persons with Disabilities)</p> <p>(Particularly Permanent</p>	<p>Policy makers drive policy agenda and development at National and Subnational level.</p> <p>National policy makers influence regional policy making.</p> <p>Sub-national level influential in policy implementation (resourcing and programming)</p>	<p>Mandated areas related to gender equality and equity - this is encompassed in their gender policy.</p> <p>Integration of gender in planning.</p> <p>It seeks to advance women's participation in governance and leadership.</p> <p>Women's health and labour policies driven from here.</p>

Types of organisations and levels at which they operate	Stakeholder / institution	Role/authority	Interest in relation to gender, labour, women's health
	Secretaries, Ministers, Commissioners and Deputy Ministers)		Mandated areas related to gender equality and equity - this is encompassed in their gender policy. Women's health and labour policies driven from here.
	Ministries of Health (Particularly Permanent Secretaries, Ministers, Commissioners and Deputy Ministers)		
	Ministries of Labour (Particularly Permanent Secretaries, Ministers, Commissioners and Deputy Ministers)		
	First ladies (wives of the State Governor/ President).	Perceived as the first woman of the state and brings women's challenges to policy discussions. Able to drive policy documents and programming for gender issues at a state, regional and national level.	Female Genital Mutilation and GBV Women's empowerment.
	Human Rights commissions	Monitoring realisation of human rights Addressing human rights violations Important role in terms of policy implementation	Safeguarding the rights of citizens
CSOs in the women's health space (operating at global and/or regional and/or country level) ¹²⁰	Sonke Gender Justice (Africa)	They engage around advocacy campaigns, policy scans, and collaboration to influence laws, policies, and attitudes that affect gender equality, women's rights, and social justice. They work across Africa through its partnership with the Men Engage Network . Sonke engages in policy influence work at both country and regional levels, particularly within Regional Economic Communities.	Focuses on strengthening civil society for human rights, with a primary emphasis on promoting gender equality and justice. SRHR (youth) Gender transformation and promotion of women's rights, particularly focusing on women's health and well-being. This includes advocating for sexual and reproductive health and

¹²⁰ These have particularly been profiled as they focus on advocacy at regional (and national) level. These focus on key organisations interviewed.

Types of organisations and levels at which they operate	Stakeholder / institution	Role/authority	Interest in relation to gender, labour, women's health
			rights (SRHR), addressing the impact of HIV on women, challenging harmful social norms, and tackling gender-based violence (GBV).
	Engender Health	<ul style="list-style-type: none"> • Their role involves managing country programs, including youth-led organizations and program partnerships. • They focus on promoting the feminist movement, bridging partnerships with younger and women-led organizations, and combating gender-based violence (GBV) through various project activities. <p>At the regional level in Western Central Africa, Engender Health handles partnership and advocacy for gender health.</p>	They emphasize gender integration within family planning and contraception programming, responding to marginalized groups' needs, and engaging communities, including men and community leaders.
CSOs in the women's labour space (operating at global and/or regional and/or country level)	Gender @ work WIEGO Labour Research Services	Not clear from interviews	Gender and informal work Unpaid care work Equal pay Gender sensitive policy making Gender mainstreaming Gender rights and women empowerment Gender based violence in the workplace.
CSOs working across gender equality/equity issues (including health and labour) (operating at global and/or regional and/or country level)	FEMNET (Kenya/regional)	<p>Raise issues related to gender equality, equity and human rights violations with government.</p> <p>Advocacy on gender policies.</p> <p>Monitoring policy implementation.</p> <p>Advocacy on the level of community – raising awareness and developing capacity to contribute to policy making spaces.</p> <p>Convening power (49 African Countries) and strong presence in decision making platforms but</p>	Focuses on health, economic justice, climate justice, women empowerment, sexual and reproductive health care and women's leadership and participation.

Types of organisations and levels at which they operate	Stakeholder / institution	Role/authority	Interest in relation to gender, labour, women's health
		play an advisory role to structures (AU, RECs, PAN-African Parliament, Governments).	
	FAWE (Kenya/regional)	Members include female ministers of education, university vice-chancellors, policy-makers, researchers, gender specialists, and activists. Partner in the Gender Is My Agenda Campaign Network (GMAC) monitoring gender equality implementation.	Advancing gender equity and equality in education across Africa. Interests include gender equity and equality, Health, Work, education, advocacy around policy making and implementation.
	NAWI (Kenya/regional)		Pan African and feminist ideology. Focus on systemic economics, global governance, and macro-level economic narratives. Deconstructing and reconstructing economic narratives based on African experiences.
	International Federation of women lawyers (FIDA) (Nigeria/regional)	Giving legal services, working pro bono Advocacy and awareness. They collaborate with a lot of organisations on gender issues.	Access to justice and equality. Women's and children's rights, interests and well-being women
Researchers (operating at a regional and country level)	Academic institutions Think Tanks National Statistics institutions Research organisations (APHRC)	Shape the agenda through providing evidence/data. They are deemed as important for policy making, however there is no policy guideline for how research should be used to inform policy making processes.	Varies depending on type of institution and their mandate. Gender is a key interest often when partnering with CSOs. Interests depending on funding support.
Trade Unions (Operating at a national and subnational level)		Play a role in pressurising government around labour legislation and policy	Labour Organising workers (both formal and informal) Collective bargaining and wage negotiations, decent work Climate change, conditions of work, supporting workers, levels of inequality

Types of organisations and levels at which they operate	Stakeholder / institution	Role/authority	Interest in relation to gender, labour, women's health
			Quite patriarchal in their structures
Media (operating at a global, regional, national and subnational level)	Social and mainstream media	They expose gender rights violations and unfavourable issues that affect women. They place pressure on decision makers to respond to issues through watching them.	They are also driven by funding (where the money will be spent) and market interest. Currently a lot of Gender based violence coverage.
Community level stakeholders (operating on community and national level)	Community leaders (Traditional leaders, Religious leaders, School principals)	Tradition leaders have authority with politicians at a local level. They have influence over social and cultural norms, particularly in rural areas. They play a big role in shaping the gender landscape in the region in terms of policy and implementation.	They are often perpetuating patriarchy, however, sometimes do challenge patriarchal social norms and women's health rights.
	Civil society-women groups	Can have a strong voice but there is tendency to not pay attention when its women focused. Awareness creation and advocacy at community level.	Women empowerment