

# Status and Dynamics of Gender Mainstreaming in East Africa Community COVID-19 Social and Economic Response Policies, Strategies and Interventions

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# **Status and Dynamics of Gender Mainstreaming in East Africa Community COVID-19 Social and Economic Response Policies, Strategies and Interventions**

By

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## List of abbreviations and acronyms

AERC	African Economic Research Consortium
AIDS	Acquired Immunodeficiency Syndrome
BMGF	Bill and Melinda Gates Foundation
COMESA	Common Market for Eastern and Southern Africa
COMESA	Common Market for Eastern and Southern Africa
COVID-19	Coronavirus Disease 2019
CSOs	Civil Society Organizations
EAC	East African Community
EACSOF	East Africa Civil Society Organizations Forum
EASSI	Eastern African Sub-Regional Support Initiative
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
ICBT	Informal Cross-Border Traders
SGBV	Sexually Gender-Based Violence
SID	Society for International Development
SRH	Sexual and Reproductive Health
SRHC	Sexual and Reproductive Health Care
STI	Sexually Transmitted Infections
TDS	Tanzania Demographic Survey
TMEA	TradeMark East Africa
VAW	Violence against Women

## Executive summary

COVID-19 has had serious implications globally for social, economic areas and public health. Equally, the pandemic has proved quite challenging to many countries in East Africa. Recognizing that swift and decisive responses to the pandemic are needed across East Africa, the African Economic Research Consortium (AERC) through a grant from Bill and Melinda Gates Foundation (BMGF) and in collaboration with East African private sector apex organizations and the East African Community (EAC) Secretariat launched this project to assist East African governments coordinate their response to the COVID-19 pandemic and formulate appropriate economic recovery strategies and plans.

To do this, there is need to generate knowledge devoted to advising policy makers to create awareness and sensitize governments on the need to mainstream gender at all levels of policy formulation and action across EAC member countries during the COVID-19 crisis. AERC seeks to generate rigorous and robust analytical policy research papers assessing the impact of COVID-19 crisis on gender mainstreaming across countries in East Africa. It is against this background that this study is set. The study aims to examine the status of women in the East African Community with a view to comprehending how the COVID-19 pandemic has affected women, and further investigate what policies and interventions have been instituted to address gender issues emerging from the pandemic, identifying gender gaps in policies, and proposing new perspectives for reviewing existing gender policies and interventions to address these gaps.

A desk review and gender analysis was undertaken of the six (6) EAC countries, with particular focus on the status of women. Stakeholder mapping was also undertaken. Those mapped were Civil Society Organizations (CSOs) involved in gender issues in the EAC, and particularly during the COVID-19 pandemic. Key informant interviews were undertaken from the selected stakeholders and policy analysis on gender issues related to the COVID-19 pandemic in the EAC done. Five stakeholder/policy analysts were interviewed on policy gaps and possible interventions for women around COVID-19 generated.

The key findings from the gender analysis and key informant interviews are discussed in terms of the areas of education, health, land ownership, career and

labour market followed by representation and public decision-making. Overall, in all five thematic areas, there is no gender responsiveness amidst the COVID-19 pandemic.

**Education:** Prior to COVID-19, access to education and retention of girls in school was problematic across the EAC countries. This poor retention and access to education has been exacerbated by school closures due to COVID-19. Additionally, girls are likely to engage in transactional sex due to financial constraints, thus exposing themselves to HIV/AIDS and unplanned pregnancies that will negatively impact on educational completion rates.

**Health:** Women in all the EAC countries have low decision-making power in sexual relationships. The results indicate that there is low uptake of contraceptives particularly in rural areas. Because women have little negotiation ability in their relationships, they may not be able to use contraceptives and condoms to prevent sexually transmitted infections (STIs) and unplanned pregnancies. Due to women's low status in relationships, they may also be unable to refuse sexual contact with male partners even if the man has not been taking measures against COVID-19, therefore exposing themselves to coronavirus. Women's health can be exacerbated by most EAC governments placing resources into COVID-19 initiatives in lieu of women's health. If unchecked, such prioritization may reverse any gains made on women's health. Quarantine centres are also not set up in a gender sensitive way, and there is lack of sanitary items for women confined in these centres. This is an issue that needs to be addressed.

**Land ownership:** Across the six EAC countries, it was found that most women do not own and control land. This is the case even in Rwanda where women are the majority in Parliament. This lack of ownership also leaves women vulnerable to evictions or land grabbing in case of death of a spouse or male relative.

**Career and labour market:** Men still dominate formal employment even in Rwanda where women have significant representation in Parliament. Women were largely found working at home or in the informal sector. These women in the informal sector are likely to suffer significant financial losses. Women cross border traders suffer the risk of assault, theft and rape from the use of illegal routes during the pandemic.

**Representation and public decision-making: Apart from Rwanda,** women in all the other five EAC countries are under-represented in public decision-making. This lack of representation has an implication in COVID-19 responses. Policies and decisions made around funding, relief measures and other core legislative acts are done without a gender lens.



## **Gender mainstreaming in EAC policy and intervention strategies**

Despite the myriad of social and economic impacts of COVID-19 on the lives of women in the EAC, and an existing EAC gender policy framework, ongoing regional and national COVID-19 policy and intervention activities were gender blind. While all the six EAC countries were implementing social and economic stimulus packages that included loan and tax reliefs, cash transfers and food reliefs to vulnerable groups, no mechanisms were in place to ensure that women were among the key beneficiaries. Further, specific issues affecting women emerging from the COVID-19 pandemic, including gender-based violence (GBV), sexual harassment, early pregnancies, access to markets for perishable goods and increased household-related workloads had remained unattended. Lack of gender mainstreaming in EAC policies and interventions was occasioned by lack of women representation in regional and local COVID-19 response committees, lack of data and awareness on the experience of women with the corona virus, and reduced funding for women's concerns and programmes especially in conflict and humanitarian contexts.

Policy implications and lessons learned: EAC and country strategic plans for preparedness and response must be grounded in strong gender analysis, considering gendered roles, responsibilities, and dynamics. This includes ensuring that containment and mitigation measures also address the burden of unpaid care work and heightened GBV risks, particularly those that affect women and girls. More critical is the allocation of resources in the budget plans for implementation programmes and activities affecting women.

# 1. Introduction

## Context

The COVID-19 outbreak that began in Wuhan China has wreaked havoc on the global economy, trade and many social aspects (Parry and Gordon, 2021; Smith et al., 2021). Globally and in the East African region, the pandemic has proved quite challenging. According to a report by Deloitte (2020), losses to the global GDP are approximated at US\$ 9 trillion. The same report predicts that countries in Eastern and Western Africa that had seen an increase in their GDP will have a decline in their GDP in 2020. Countries such as Rwanda, Uganda and Burundi that are landlocked are predicted to have a decline in their exports by 37%, 34%, and 22%, respectively (Mold and Mveyange, 2020). With such decreases in GDP, the vulnerable and marginalized in society are likely to suffer the most. It is acknowledged that women experience economic challenges in different ways to men; they are often poorer than their male counterparts (Maloiy, 2018). African women not only face economic hardships but also barriers towards accessing education, health and welfare services. Kaka (2013) asserts that these barriers to services, combined with lack of women's rights to family resources, land and livestock contribute to women's poor socio-economic status. When a pandemic such as COVID-19 occurs, women can find themselves in dire situations.

Women face higher socio-economic risks compared to men because of the pandemic (Wenham et al., 2020). This has been noted by several scholars. For instance, Wenham et al. (2020) noted that during the Ebola and Zika virus outbreaks in 2014-2016, women lost livelihoods for a longer time period than men. The authors also report gaps in data on the gendered impact of pandemics, in particular on women's socio-economic lives. Some of these include risk of COVID-19 infection due to their frontline role in the care economy, risk of maternal mortality, increased school dropouts, including increased risk of early pregnancy, early marriage, and female genital mutilation (Parry and Gordon, 2021). They also stand an increased risk of Gender-Based Violence (GBV), particularly for those women in the informal sector, including women in the formal sectors that have to take up additional unpaid care and education roles (EASSI, 2020; Wenham, Smith and Morgan, 2020). Anecdotal data reports that COVID-19 has impacted women more severely due to gendered responsibilities and precarious employment in the informal sector and trade.

This study explores the extent to which EAC regional and national COVID-19 response policies, plans, strategies and interventions were gender-responsive. This study aims to examine the status of women in the East African Community with a view to comprehending how the COVID-19 pandemic has affected women, and further investigate what policies and interventions have been instituted to address gender issues emerging from the pandemic crisis, further identifying gender gaps in policies, and proposing new gender policies and interventions to address these gaps.

## **Objectives of the study**

This study aims at facilitating EAC COVID-19 response in the region and formulate regional and country-specific recovery plans. The specific objectives of the research are to:

1. Document the status of women in key development sectors in EAC before the COVID-19 pandemic.
2. Conduct a gender analysis of the impact of COVID-19 pandemic in the different development sectors in the EAC.
3. Analyze the gaps in gender mainstreaming for COVID-19 policy and intervention responses across the EAC.
4. Generate policy recommendations aimed at improved gender mainstreaming in EAC country COVID-19 policy and intervention responses and action plans.

The following research questions guided the study:

1. What is the status of women in key development sectors in EAC before the COVID-19 pandemic?
2. What is the influence of COVID-19 on women in the different development sectors in the EAC?
3. To what extent are there gaps in gender mainstreaming in EAC states' COVID-19 policy and intervention responses?
4. What policy recommendations can be made to improve gender mainstreaming in terms of COVID-19 policy and intervention responses and action plans in the EAC.

## **2. Research Methodology**

A largely qualitative approach to the study was used. The study employed secondary data, which was complemented with primary data based on stakeholder mapping and qualitative data from five interviews with experts of organizations responsible for gender mainstreaming research in the EAC region. To contextualize the study, a gender analysis framework was applied to the secondary data collected to enable a rigorous and exhaustive examination of gender issues prior to the pandemic and those that have arisen during the pandemic across the East African region. There is need to examine what gender policies have been enacted or thought out to address gender-specific problems brought about by the pandemic. This requires a high-level examination of policies and related interventions, including policy gaps and a look at the silos in the East African Community. The specific research assessment activities were as follows:

### **Gender analysis of women experiences in East African Community**

Gender analysis is a systematic examination of the different roles, responsibilities, activities and identities of men and women. It is central for gender mainstreaming. The purpose of gender mainstreaming is to support gender-responsive participatory planning for the EAC during and after the pandemic, considering second, third and fourth waves of COVID-19 being currently reported. There is also need to integrate socio-economic and gender issues in the planning and subsequent implementation process with the aim to improve the status and the position of women in the region.

The status of women in Burundi, Kenya, Uganda, Tanzania, South Sudan, and Rwanda will be assessed by looking specifically at access to education, land ownership, economic empowerment, health, levels of GBV, socio-cultural issues, involvement of women in representation and decision-making. Data collected to contribute to the profile included data from countries prior to and during the pandemic. It is through this gender analysis that policy analysis can take place, and further gender interventions and relevant gender policies can be proposed.

To undertake the gender analysis, the following approach was taken:

**Desk review:** A desk review was conducted. This aimed at providing an understanding of the status of women in the EAC. This involved review of literature on women and economic empowerment, women and politics, women and education and trade within the Eastern Africa region. A thorough review of literature on these areas helped to create a comprehensive gender analysis of the East African region. This review assisted with identifying gender issues related to the COVID-19 pandemic. The reports reviewed included related research reports from the EAC, the Eastern African Sub-Regional Support Initiative for the advancement of women (EASSI) and TradeMark East Africa (TMEA) databases, and research studies and documents on existing literature on gender issues within the region. Data collected about women was obtained from secondary data; therefore, it was not entirely possible to categorize women in the various groups—this is the limitation with the secondary data obtained.

**Structured review of policies:** A gender analysis was carried out on all documents related to policies, strategies, guidelines, and programmes that affected women during this pandemic across EAC countries. The review provided a comprehensive picture of the state of women and their gendered situation in the EAC countries.

**Use of gender analysis frameworks:** The information from desk review and the policy review was analyzed using the Harvard Analysis framework. This framework analyzed men and women's access to, control over and ownership of resources and how this impacts on the status of men and women in that society.

**Stakeholder mapping of relevant gender policy analysis organizations in the EAC:** After the gender analysis, a mapping of stakeholders involved in gender issues in the EAC - and particularly during the COVID-19 pandemic was undertaken. Relevant stakeholders and civil society organizations (CSOs) were mapped and selected for key informant interviews. This mapping not only involved examining gender policies, and policy engagement regarding COVID-19 but provided inputs into the gender policy gaps and subsequent gender interventions.

**Key informant interviews:** Key informant interviews were undertaken from the selected stakeholder and policy analysis on gender issues related to the COVID-19 pandemic in the EAC. The questions revolved around policy gaps and possible interventions for women around COVID-19. Five stakeholder/policy analysts were interviewed. A list of the roles and organizations that interviewees were from are listed in the Annex. The names of the participants were kept confidential in accordance with qualitative interviewing ethical guidelines.

**Transcription and coding of Key Informant Interviews (KIIs):** The raw voice phone interviews were transcribed into script form to enable coding and analysis. The transcribed interview guides were coded along key study thematic areas using Atlas TI software to facilitate analysis of the data.

# 3. Findings and discussion

## Gender Profiles of East African Community States

Gender analysis assists with understanding gender gaps and inequalities impacting men and women, including young women and young men in a given society. It also sheds light on their economic, social and political conditions, (March, Smyth and Mukhopadhyay, 1999). As such, the Harvard Analysis framework was employed as it provides a means of gathering information on the effects of a particular social change on men and women (March, Smyth and Mukhopadhyay, 1999). Therefore, it is an appropriate framework to assess the effects of COVID-19 on men and women in the EAC. The Harvard Analysis framework also assists with gender planning. It was therefore selected to facilitate gender planning of COVID-19 interventions across the EAC.

The section below details the status of men and women, including young men and women, in each of the six EAC countries. The main body of work is a summary of relevant reports from the six EAC countries on education, health, gender-based violence, career and labour market, including representation in decision-making. Detailed data of the gender profiles of the six countries are in the Annex. Each country will also have a table that illustrates the status of women and men in that country using the three elements of the Harvard Analysis framework; that is access, use and control/ownership of certain resources and services. Data collected to inform the framework consisted of information during and prior to the COVID-19 period; that is, reports from 2010 through to 2020 were used to inform the Harvard Analysis framework. The framework assists in understanding the status of women in the following areas: land, careers, health and representation and education and training. Information from the gender analysis is supplemented with studies on the effects of COVID-19 on women and men in the aforementioned areas. This will be examined in the discussion section to understand where gender interventions need to take place.

### 1. Kenya

Kenya ranks 109 out of 153 countries surveyed in the Global Gender Gap Report 2020. The country has great disparities between men and women in education, health, leadership and representation and participation in the gender market (USAID, 2020). A detailed gender profile is included in the annex (Kenya Gender profile).

## A gender analysis on the status of Kenyan women

Table 1 provides the gender analysis in Kenya. It illustrates through the ‘x’s’ in the table that women are mostly able to access and use resources while men have ownership/control of areas such as land, representation and education. The information gathered for the gender analysis indicates that the status of women is low even prior to the COVID-19 pandemic. Women are under-represented in political participation and in formal work. Girls and young women still face barriers in accessing education. There are also socio-cultural issues regarding women’s ownership of land. Mostly, women have access and use of land but do not own land. For more detailed information, see the gender profile on Kenya in the annex.

**Table 1: A gender analysis on the status of Kenyan women and men**

HARVARD GENDER ANALYSIS FRAMEWORK												
	ACCESS				USE				OWNERSHIP/ CONTROL			
	YM	YW	W	M	YM	YW	W	M	YM	YW	W	M
RESOURCES												
Land			x	x	x	x	x	x				x
Career/ labour market				x				x				
Health				x			x	x				
Representation/ decision-making				x				x				x
Education / Training	x	x	x	x	x	x	x	x				x

Key: YM: Young men; YW: Young women; M: men; W: women  
Key: x- able to access, use, or own a particular resource

## 2. Uganda

While Uganda scores higher than Kenya in the Global Gender Gap Report 2020 at 65 out of 153, the country has significant gender disparities (the full Uganda Gender profile is provided in the annex). Women have lower literacy levels than men; they are also more vulnerable to HIV/AIDS than their male counterparts. More men are found in formal employment while women are present in the informal sector, which suffers from lower pay and precarious employment. When it comes to land and assets ownership, women are unable to own land due to culture and traditions that dictate that land should go to the men in the family (Uganda for Her, nd). While the rate of women in Parliament is higher at 45.7% than in other EAC countries except for Rwanda, women reported facing many issues, including conflicts and discouragement from spouses, lack of funding and resources for campaigns and sexual harassment (UBoS,

2017). This data informed the gender analysis in Table 2. The status of women is low in Uganda. Again, here men have more prominence in ownership and control of land, careers, health, and representation.

**Table 2: A gender analysis on the status of Ugandan women and men**

HARVARD GENDER ANALYSIS FRAMEWORK												
	ACCESS				USE				OWNERSHIP/ CONTROL			
	YM	YW	W	M	YM	YW	W	M	YM	YW	W	M
RESOURCES												
Land			x	x	x	x	x	x				x
Career/ labour market				x			x	x				x
Health				x			x	x				x
Representation/ decision-making			x	x			x	x				x
Education / Training	x	x	x	x	x	x	x	x				

Key: YM: Young men; YW: Young women; M: men; W: women

### 3. Tanzania

Tanzania scores lower than Uganda but higher than Kenya in the Global Gender Gap Report 2020 at 68 out of 153. Despite this ranking, Tanzanian women face many challenges due to various gender issues. A full gender profile is in the Annex (Tanzania Gender profile). For instance, while there are more girls than boys in lower and upper primary, the rates of girls dropping out increases in secondary school. This is often due to teen pregnancies, and sexual harassment at school. A Human Rights Watch (2017) report indicated that girls were forced to take pregnancy tests and were expelled from school if found pregnant. A 2017 UNICEF report indicated that 3,700 girls were forced to drop out of school due to teenage pregnancies. Patriarchal attitudes towards women are also problematic when it comes to political representation and formal employment. Women are under-represented in these areas due to culture and social norms that dictate that women stay at home to raise children. While there are many women who undertake farming in the rural areas, many women have only access and user rights to the land. The rates of gender-based violence are high at 45%; this includes Female Genital Mutilation (Tanzania Demographic Survey - TDS, 2016). From the x's in Table 3, we see that women have access and use of land but few women have control or ownership of land. They are under-represented in politics, formal employment and education. Using this information and the aforementioned gender analysis, we can see that the status of women is low.



**Table 3: A gender analysis on the status of Tanzanian women and men**

HARVARD GENDER ANALYSIS FRAMEWORK												
	ACCESS				USE				OWNERSHIP/ CONTROL			
	YM/ Boys	YW/ Girls	W	M	YM	YW	W	M	YM	YW	W	M
RESOURCES												
Land			x	x	x	x	x	x				x
Career/ labour market		x		x		x	x	x				x
Health				x			x	x				x
Representation/ decision-making				x				x				x
Education / Training	x		x	x	x	x	x	x				

Key: YM: Young men; YW: Young women; M: men; W: women

## 4. Rwanda

Rwanda scores highly in the Global Gender Gap Report 2020 at 9 out of 153. However, there are still some gender disparities in the country in the areas of education, land ownership, and formal employment. A full gender profile is in the annex (Rwanda Gender profile). While there are more girls than boys in school, girls are more likely to drop out of school, and boys do better in school than girls, making girls less likely to access tertiary level studies (UNICEF, nd). There are more men in formal employment, and less women in management positions in spite of Rwanda having the highest representation of women (61.2%) in parliament in Africa and globally (National Institute of Statistics of Rwanda (NISR), 2020). Women's ownership of land and houses is poor in Rwanda; that is 8% of women aged 15-49 solely own a house and 10% own land alone (NISR and ICF International, 2014). This is a concern as, despite having high representation in parliament, this has not translated into a high status of women in formal employment, education, and land ownership as reflected in Table 4 - with a lack of x's in the section for women in ownership and control of land. This can be interpreted to mean that either women parliamentarians are not advocating for the empowerment of women in the aforementioned areas or there still exists patriarchal attitudes towards women's ownership and control of resources. Women still face GBV, with 22% of women in Rwanda between the ages of 15-49 having faced GBV (UNDP, 2018). It is important to note that GBV is under-reported and tolerated due to patriarchy and social norms (UNDP, 2018). Therefore, it can be concluded that women's status in Rwanda is medium to average, as they have representation in parliament. However, there are still significant barriers when it comes to career, land ownership and education.

**Table 4: A gender analysis on the status of Rwandan women and men**

HARVARD GENDER ANALYSIS FRAMEWORK												
	ACCESS USE				OWNERSHIP/				OWNERSHIP/ CONTROL			
	YM/ Boys	YW/ Girls	W	M	YM	YW	W	M	YM	YW	W	M
RESOURCES												
Land			x	x	x	x	x	x				x
Career/ labour market				x		x	x	x				x
Health			x	x			x	x			x	x
Representation/ decision-making			x	x			x	x			x	x
Education / Training	x	x		x	x	x		x				x

Key: YM: Young men; YW: Young women; M: men; W: women

## 5. Burundi

Burundi ranks higher than Kenya, Uganda and Tanzania in the Global Gender Gap Report 2020 at 32 out of 153. In spite of this high ranking, there are gender issues in the country, particularly in education, political representation, and land ownership. A full Burundi Gender profile is in the annex. There is equal enrolment in education for both boys and girls, men and women (Basse and Kwizera, 2017). However, accessibility of secondary and tertiary level education has gender disparities. Girls drop out of school because of teenage pregnancies, often from transactional sex. Women do not own land and, therefore, cannot access loans and credit even though they work on mostly family owned farms. However, men are the ones who receive the proceeds from farms (Rames et al., 2017). Even though Burundi has a 30% gender quota in parliament, women who are the minority still face challenges in accessing these positions (IFES, 2014). The status of women in Burundi as depicted in Table 5 indicates that women in Burundi have a medium to low status despite different quotas to elevate them. This status can be deduced from the lack of ownership or control of various areas such as land, careers, health, representation and education. There is more work to be done to eradicate patriarchal attitudes, and retrogressive beliefs and practices.

**Table 5: A gender analysis on the status of Burundian women and men**

HARVARD GENDER ANALYSIS FRAMEWORK												
	ACCESS				USE				OWNERSHIP/ CONTROL			
	YM/ Boys	YW/ Girls	W	M	YM	YW	W	M	YM	YW	W	M
RESOURCES												
Land			x	x	x	x	x	x				x
Career/ labour market				x				x				x
Health							x	x				x
Representation/ decision-making				x			x	x				x
Education/ Training	x				x	x	x	x				x

Key: YM: Young men; YW: Young women; M: men; W: women

## 6. Republic of South Sudan

There was no ranking of South Sudan in the Global Gender Gap 2020. Notwithstanding this absence of a ranking, South Sudan has several gender issues. First, access to education is a problem for both male and female South Sudanese (UNECA, 2019). The infrastructure and human resources are not available to ensure increased enrolment rate. This is compounded by poor literacy rates of 40% for girls and 60% for boys (UNECA, 2019). In such situations where there is poor education enrolment, girls will suffer more than boys. Prevalence of gender-based violence for girls and women is high, with 65% experiencing sexual or physical violence (UNICEF, 2018). When it comes to political participation, South Sudan has a gender quota of 25% (UNICEF, 2018). Ownership of land by women is minimal, with officials in rural areas refusing to register women's land for fear of reprisal from the woman's relatives. It can be inferred from the information at hand that women have a very low status in South Sudan. This can be seen from the Table 6, with women not able to access a majority of resources such as land, education, career, health and representation. Full details on South Sudan Gender profile are in the Annex.

**Table 6: A Gender analysis on the status of South Sudanese women and men**

HARVARD GENDER ANALYSIS FRAMEWORK												
	ACCESS				USE				OWNERSHIP/ CONTROL			
	YM/ Boys	YW/ Girls	W	M	YM	YW	W	M	YM	YW	W	M
RESOURCES												
Land				x	x	x	x	x				x
Career/ Labour market				x				x				x
Health							x	x				x
Representation/ decision-making				x				x				x
Education / Training					x	x	x	x				

Key: YM: Young men; YW: Young women; M: men; W: women

When it comes to the status of women in the EAC, the responses of the interviewees revolved more around the roles and responsibilities of women. One participant interviewed reported that women were poorly paid and undertook much of the care work in the home:

*“They are largely based on the fact that women provide a huge chunk of what is called care work that is unremunerated and poorly understood work from a policy and regulatory framework” (Male Senior management in Society for International Development - SID)*

Another participant noted that women in rural areas still face a lot of challenges:

*“But when we come to the rural women we still face challenges. We have had a number of research. People presenting a number of issues and challenges the women face, especially in rural areas. They struggle of representation and being recognized in the society” (Female programme officer EACSO)*

One participant noted that women in the EAC region are “breadwinners”. Two others noted that patriarchal attitudes continue to dominate the family”, particularly in education where there is a preference for boy-children to be educated and go to school. Therefore, from these discussions around the roles of women, their status here can be deduced as being low as they are overburdened and expected to embody multiply roles and responsibilities yet they still face a lot of challenges particularly in rural areas.

## **4. Influence of COVID-19 on EAC women's social and economic undertakings**

The aim of this section is to discuss the gender profiles and gender analysis in the aforementioned section, particularly with regard to COVID-19 and its effects on the status of women in EAC countries. Studies done in the COVID-19 period in Sub-Saharan Africa indicate that women will face severe secondary impacts from the pandemic (Plan International, 2020; Rafaeli and Hutchinson, 2020). Rafaeli and Hutchinson (2020) cite these secondary effects as higher poverty rates, an increase in unplanned pregnancies, a surge in school dropout rates, more household chores for women and less access to sexual and reproductive health care (SRHC). This section explores some of these secondary impacts through the data collected from the gender analysis, desk review and the qualitative interviews undertaken with stakeholders.

### **Health and gender-based violence**

One of the most impacted areas by COVID-19 is women's health. This is due to women's low status and gender issues arising from COVID-19. Results from the gender analysis carried out in the previous section indicate that women in the six (6) EAC countries do not have much decision-making power in sexual relationships. Additional factors such as financial constraints, and perceptions about contraceptives contribute to a low uptake of contraceptives in the region (Ochako et al., 2015). All these factors, combined with problems in the supply chain for contraceptive products, make women vulnerable to sexually transmitted infections (STIs) and unplanned pregnancies during the pandemic (Kumar, 2020). It is predicted by women's health scholars that these issues in sexual and reproductive health will have significant negative consequences for women (Kumar, 2020). The UNFPA approximates 7 million unwanted pregnancies globally while Marie Stopes International estimates 2.7 unsafe abortions and 11,000 pregnancy related deaths due to disrupted sexual health services during the pandemic (Cousins, 2020). Kumar (2020) asserts that women not using contraceptives in developing countries account for 84% of all unintended pregnancies annually. Kumar's study further suggests that lockdown measures have impacted on non-essential health services; as a result, many women are not able to obtain the sexual and reproductive healthcare they require, which can hinder their health and reduce their ability to plan their families.

With the supply chain for drugs disrupted, this could also have an impact on access to HIV/AIDS medication. This could have further ramifications for girls and women engaging in transactional and commercial sex due to economic hardships faced during COVID 19 (Gachohi et al., 2020; TMEA and EASSI, 2021). When transactional sex occurs, there is a power imbalance and women have little negotiation power; therefore, women and in particular girls are not able to negotiate condom use, thus they face the risk of unwanted pregnancies, STIs and HIV especially among high risk partners such as long distance truck drivers (Gachohi et al., 2020). The rate of new HIV/AIDS infections can be exacerbated by the COVID-19 pandemic when young women are out of school and engage in transactional sex (Plan International, 2020), particularly as HIV/AIDS new infections are more pronounced among 15-24 year olds in Africa (UNAIDS, nd).

Maternal health could also have impact on women and children in the EAC. For instance, even prior to the pandemic, South Sudan had the highest maternal mortality rates not only in Africa but globally (UNFPA, 2018). In addition, the pandemic has affected women's services such as maternal health. For example, resources that were meant for maternal healthcare in Kenya have been reallocated to COVID-19 patients (Obiria, 2020). Wangamati and Sundry (2020) give an example of a maternity wing in Tana River County, that was converted into an isolation ward, and pregnant women did not know where to go. Furthermore, lockdowns and curfews have also made it difficult for pregnant women to access healthcare facilities (Kimani et al., 2020). These hurdles present significant barriers for an already precarious area of women's health.

The gender analysis across EAC states indicates that prior to COVID-19, violence towards women was a significant gender issue. Studies indicate that confinement with a partner, and economic pressures contribute to intimate partner violence, including the vulnerability of girls, and exposes them to gender-based violence (UNICEF, 2020). This is certainly the case in the EAC. In Kenya, for example, through data collected by Liverpool VCT Health, a Kenyan organization, there has been an increase in GBV (Ngunjiri et. al, 2020) since the outbreak of COVID-19. Majority of the incidences of violence were perpetrated by a family member, while most of the victims were adolescent girls between age 15-19 (Ngunjiri et.al., 2020). In Kenya, studies conducted indicate that about a third of reported crimes during the pandemic related to sexual violence (Plan International, 2020). At the East African Community level, the EAC website reported an increase of 48% in gender-based violence cases to the police or through the GBV toll-free lines in 2020 (EAC website, nd).

This increase of domestic violence during COVID-19 period was corroborated by all the five (5) interviewees. The two quotes below are indicative of the discussions:

*“... because of the lockdowns, women that are having to stay at home in proximity with their partners or husband or other men..... and human beings being human beings, some of these relationships are negotiated others are non-consensual. I think there is a high increase of domestic violence, rape, incest, unwanted pregnancy, and this sort of thing”* (Male Senior management in SID)

*“Most women still face gender-based violence. COVID-19 has triggered a lot of gender-based violence given the fact that everyone is at home. The wife, the husband, the children at home. Actually, even today I was reading of a new reporting of a man in Kenya, Kirinyaga (Central Kenya) being accused for raping three daughters. So, we still see this as a challenge”* (Female EACSOF Project officer)

In addition to domestic violence, there has been an increase of sexual abuse towards young women and girls, as indicated by the quote above. World Vision reports at least 18 cases in 2020 of sexual abuse against girls in areas where they run programmes. In April of 2020, there was a 35% increase in gender-based violence cases and a 50% increase in violence against girls (World Vision, 2020). There have been reports of an increase in teenage pregnancies in Uganda and Kenya (Plan International, 2020). The gender analysis in the previous section indicates that gender violence is a common occurrence in most EAC countries. This is of concern as rates of sexual assault of young girls and women have been on the increase during COVID-19 (Plan International, 2020), thus exacerbating an already existing problem. Additionally, the loss of livelihoods has made it difficult for women to make ends meet; consequently, wife battering and other forms of GBV have been on the rise. It is important to address these issues as gender researchers posit that these secondary effects of COVID-19 may push back on gender equality gains made (Plan International, 2020; Rohwerder, 2020).

Even in quarantine centres—there are gender issues—as women’s needs are not adequately catered for—as indicated by the following quote by a Female EASSI project officer:

*Then the other issues in the quarantine centres. There was no gender consideration in those centres. You will not access sanitary pads. Men and women are in the same room. They use the same toilets. If you are a nursing mother and you are arrested even with your one-month baby, you are put in that same place. You are there for 14 days. If you survive, you survive. If you die, you die<sup>3</sup>* (Female EASSI project officer)

A study by Human Rights Watch in 2020 indicated that in government-run quarantine facilities in Kenya, there was no bedding, bath water or soap (Human Rights Watch - HRW, 2020). This lack of hygiene products can be particularly harmful for women due to menstruation, breastfeeding or caring for young children. There is need for gender-sensitive approaches to quarantine facilities; ones that provide women’s sanitary products, breastfeeding facilities and separation from men. It is suggested that women have become more burdened by the pandemic, and without planned interventions by governments globally, this can hamper gender equality (Power, 2020).

## Ownership of Land

Majority of the gender profiles depict the dominance of men in the ownership and control of land resources, with women and girls having access and user rights to land. This was also pointed out by two female staff members from EASSI:

*“In terms of land, the ones [women] who own land are very few. But there are those who farm in family land, the husband’s land. But when it comes to using the resources that have come out of the land, again you find the man comes in, yet he did not contribute to the farming. The woman does the harvesting, but then it is the man to take it to the market and once he takes it to the market, the women will never see the returns that come from the market. And then she comes back and starts to dig”* (Female EASSI project officer)

The lack of ownership and control of resources places women in a vulnerable position particularly during times of pandemics such COVID-19. For instance, the lack of complete ownership and reduced decision making may lead to increased violence in the homes. This is supported by reports from Women’s Aid UK (2020), which posited that domestic violence increased during the pandemic due to couples being in proximity for long periods of time due to lockdowns. A World Bank (2020) report also asserts that the pandemic is likely to have negative consequences on women’s land rights. The report further points out that due to women’s tenuous land ownership, in case of death of a male relative, women may face land grabbing and even eviction (World Bank, 2020). This vulnerability is likely to increase the poverty rates of women and place women in a worse position than they were prior to the pandemic (Cochran et al., 2020).

## Education

From the gender analysis, access to education is a significant issue for girls in the EAC region. The retention of girls in education particularly at the post-primary level is problematic. In Tanzania, girls are not able to complete their schooling due to early pregnancies and cultural barriers (UNICEF, 2017). In Burundi, girls are engaging in transactional sex to buy certain items (Basse and Kwizera, 2017). With schools closed and parents under financial constraints, girls are more likely to engage in transactional sex during the pandemic to obtain toiletries and food (Rohwerder, 2020). Not only does this engagement place girls at risk of contracting COVID-19, but it also exposes them to HIV/AIDS, sexually transmitted infections (STIs) and unwanted pregnancies. A surge in teenage pregnancies was noted during the outbreak of COVID-19 in an unpublished study by Trademark East Africa and EASSI (TMEA and EASSI, 2021).

Girls are also saddled with a lot of domestic chores, leaving them little time to concentrate on schoolwork. During the pandemic, and due to school closures, it is



likely that the challenge of access to education and retention of girls in schools will be worse, as one female programme manager from EASSI noted:

*“So, when COVID came and there was that abrupt closure of schools and no deliberate action was taken to try and ensure that girls continue learning at home, or they are kept busy and protected, they were left to roam everywhere. The boys will definitely go back to school. The girls... I think 50 percent of girls who are in schools are not going back”* (EASSI Female Programme Manager).

In a Plan International (2020) report on the status of girls in Africa during the pandemic, it was reported that if measures are not put in place, there is likely to be an erasure of the gains made in gender equality.

## Careers and the labour market

From the gender analysis, we see that in all the six EAC countries, women can largely be found in the informal sector while men dominate formal employment. The relegation of women to the informal sector or low paying jobs has serious implications for the status of women during and after the pandemic. This is supported by studies on livelihoods after the Ebola crisis in West Africa, which indicates that men were able to return to their pre-Ebola economic status, while women struggled to gain their previous economic status (Cochran et al., 2020). Women in the informal sector, such as cross border traders, have faced significant financial losses due to their inability to trade during the pandemic (TMEA and EASSI, 2021). Due to their work in the informal sector, women have no social and economic safety nets, which in turn affects food and financial security of women and their families (Cochran et al., 2020). This was confirmed by the following excerpt from a male international NGO worker:

*“Our countries are largely based on informal economy. They are largely based on the fact that women provide a huge chunk of what is called care work that is unremunerated and poorly understood work from a policy and regulatory framework. And if you look at the fact that when the lockdown was announced, the first wave of people that were immediately hit by this were informal workers. If you look at all these women that are selling... whether they are mandazis or whatever to the workers at the construction site or that are involved in offering services in middleclass households, they were immediately put out of a job”* (Male Senior management in SID)

*The loss of income that these women take-home knock-on effects which do affect the households in particular. I think we will be seeing the impact of this further down the line in terms of poor nutrition, because people have had to make choices in terms of how many meals they can offer to their families”*. (Male Senior management in SID)

Notwithstanding the economic losses, women who are informal traders will take physical risks to ensure that they put food on the table; this means that the women will use ‘panya routes’ or illegal shortcuts to move across the border, putting themselves at risk of rape, assault or theft of goods as the following quote indicates:

*“And then, there was also a lot of women cross-border traders [who have] resorted to the use of informal routes. The informal routes is either through a river, through a bush, they are popularly called the panya routes. As they are using the panya routes, they are exposed to risks of rape, we have a case in Busia of a lady who was gang raped by security operatives .... So, she was told, “The crime you have committed, is like attempted murder. So, either we take you to police, or we have our way with you.” So, she was gang raped. Then also on those panya routes, there have been several cases of violence because as these local defense units are trying to... trying to implement COVID guidelines, they will either beat you ... they will do all sorts of ... anything they want with you because you have no right to be there at that time” (EASSI Female Programme Manager).*

As noted in the gender analysis, women are tasked with domestic duties. These domestic obligations have often been at the expense of their business life, particularly for women informal traders (TMEA-EASSI, 2021). So far, the COVID-19 pandemic has had significant influence on women due to the care work that they undertake in the home; that is the gendered responsibilities and engagement (Rohwerder, 2020). These impacts need to be addressed.

## **Representation of women in public decision making**

Women’s representation, like many of the areas discussed in this section, was poor in the five EAC countries even prior to COVID-19. Except for Rwanda, and despite affirmative action legislation in EAC countries, most women found accessing parliament and other decision-making positions a challenge. For instance, Kenya which has affirmative action built into the 2010 constitution, but has had difficulty fulfilling the not more than two-thirds gender rule in parliament (National Democratic Institute - NDI, 2017). The experience of many women candidates is that cultural barriers, social norms, and a lack of resources prevent women from accessing leadership positions (Maloiy, 2016; NDI, 2017). It is important for women in EAC to be part of the decision-making and response measures around COVID to cater for gender-specific remedies and response for COVID-19 ((Rohwerder, 2020).

The gender analysis conducted in this paper reports that the status of women in the EAC countries is low. The pandemic has affected women differently in comparison to men (Nazneen and Araujo, 2021). As such, there is need for EAC governments to tackle the gender issues that have arisen because of the pandemic. It will avoid the lowering

of women's status and eroding any gains that have been made in gender equality. With this said, the next section examines policies, strategies and interventions for their gender responsiveness.

## **Gender mainstreaming in EAC COVID-19 social and economic response policies, strategies, and interventions**

This section examines the EAC and national governments' COVID-19 policy and strategy responses for their gender responsiveness. This examination is critical since gender-blind or gender-neutral policies could unintentionally increase gender inequality and negate the progress made in narrowing the gender gap in the region (World Economic Forum, 2020). The next interrogation provides a gender analysis of the EAC members' COVID-19 task force membership to determine the levels of women representation at the top governance structures of the pandemic response, including the representation of women in COVID-19 trials. Lastly, the challenges in mainstreaming gender in COVID-19 response plans in the EAC are discussed.

To effectively respond to the growing COVID-19 pandemic social and economic impacts on EAC citizens, the East African Community has been at the fore front in providing guidance to member countries. The increased movement of people across borders following implementation of the EAC Common Market protocols in 2010 increases the risk of spreading the virus across countries (EAC, 2020a; EAC, 2020b). Therefore, recognizing the need to restrict the movement of people while still allowing free movement of goods across the border, a joint meeting of EAC Ministers of Health and Ministries responsible for EAC affairs developed the East Africa Community COVID-19 Response Plan. This policy provides guidance on how to provide a joint and coordinated response to the COVID-19 pandemic by stipulating key directions, targeted activities, interventions, and related budgets aimed at reducing the spread of the corona virus and in turn reducing the burden of health systems, including impacts on key social and economic sectors and citizens (EAC, 2020a; 2020b). While there are evident gendered social impacts of the virus in the region, with women bearing the most burden, the EAC COVID-19 response plan is essentially gender unresponsive in its approach (Mold and Mveyange, 2020). While there is one mention of women as part of the groups that should be targeted for training, the experiences and needs of women under the COVID-19 pandemic are essentially missing from the EAC response plans (EAC, 2020a).

A further analysis of the implementation efforts by the EAC under the COVID-19 plans revealed that a gender equality lens was similarly not applied in the writing of the *EAC Administration Guidelines to Facilitate the Movement of Goods and Services in the Region during the COVID-19*. The policy guidelines address the needs of large-scale manufacturers and traders and the truck drivers, fields that are male-dominated. These policy guidelines largely ignore small scale, mainly women traders crossing

the border on foot and selling perishable foods that are destroyed in the event of long delays at the border (TMEA-EASSI, 2021; EAC, 2020b). For other EAC COVID-19 response activities that involved the regional training of lab experts, it is unclear whether gender considerations were applied in the recruitment and training methodology (EAC, 2020a). It is therefore clear that a gender lens was not applied in development of the EAC COVID-19 plans.

However, one ongoing initiative between the EAC secretariat, Gender and Community Development Department and the East African Civil Society Organizations Forum (EACSOFF) Kenya Chapter, Forum for African Women Educationalists (FAWE) and the Mentoring and Empowerment Programme for Young Women (MEMPROW) has established mechanisms that can address GBV and mitigate the effects of COVID-19 (EAC, 2020c). The objective of the initiative is to strengthen monitoring, reporting and accountability mechanisms of regional and sub-regional bodies on GBV and practices that promote the economic empowerment of women and girls. The proposed activities include establishing a regional GBV Sector Working Group, holding bi-weekly virtual meetings with the regional GBV Working Group on prevention and response to GBV during the COVID-19 pandemic, developing a tool for the Working Group to fill in their GBV interventions during COVID-19 period, continuous assessments of GBV hotspots and economically hard-hit areas for women in business around the region and cross-border areas, and partner with stakeholders and media to report GBV cases and to seek redress for the victims (EAC, 2020c). If effectively implemented in the member countries, this initiative presents a viable avenue for addressing the growing GBV issues in the EAC under COVID-19 and beyond.

Guided by the EAC on the need to develop national economic recovery plans and strategies to help economies recuperate from the pandemic, each country has put in place national strategies. The EAC Secretariat proposed an array of incentives aimed at boosting resilience of firms and cushioning low-income households (EAC, 2020a). A gender analysis of individual EAC country COVID-19 social and economic policy and intervention responses was done to explore whether the EAC gender policies and frameworks were in operation. An analysis of EAC members' national COVID-19 response plans and related strategy documents revealed that they were informed by the regional EAC guiding frameworks in terms of format and focus. For example, the *Uganda COVID-19 Preparedness and Response Plan, March 2020–June 2021* focus areas, which include the context of the viruses and rationale of the plan, preparedness and response strategy, and intervention areas, mimics those of the EAC policy response plan. Similarly, it also lacks a gender focus on issues faced by women in Uganda as a result of the pandemic. This trend is observed in the six EAC country's response plans that were gender blind (Government of Rwanda, 2020a; 2020b; Republic of Kenya, 2020; Republic of South Sudan; Republic of Uganda, 2020a and b).

The lack of gender mainstreaming in the national COVID-19 responses described above is seen against a backdrop of existing comprehensive EAC gender policy framework comprising of a set of policy guidelines and checklists for gender mainstreaming in EAC organs and institutions (EAC, 2013a). Other related gender

guidelines include: the EAC Framework for Gender and Social Development Outcome, Indicators for EAC Development Strategy (2011-2016), and the Participatory Gender Audit Report for EAC Organs and Institutions, 2013 (EAC, 2018; EAC, 2013a;2013b; EAC, 2011). While it is clear that these gender mainstreaming guiding policies were not comprehensively applied in the EAC COVID-19 response strategy, they can be used to review existing responses and be applied in future related processes. Table 7 below summarizes the status of the EAC government gender mainstreaming efforts as evidenced in EAC member country policies and strategies against their national gender related legal frameworks.

**Table 7: Summary of EAC and member country gender mainstreaming in COVID-19 response plans**

Country	Gender Legal Protection (Index 0-1)	EAC/National COVID-19 Response Strategies for Vulnerable/ Low Income Groups	Gender Mainstreaming in COVID-19 Response National / EAC Plans	Gender Mainstreaming in COVID-19 Response National /EAC Strategies	Gender Policies under COVID-19	
Burundi	0.70	✓		x	x	x
Kenya	0.75	✓		x	x	✓
Rwanda	0.58	✓		x	x	✓
Tanzania	0.63	✓		x	x	x
Uganda	0.67	✓		x	x	x
South Sudan	-	✓		x	x	x
EAC	0.66					

Key: x- Lack of policies/strategies, Tick – Presence of policies/strategies

Source: EAC and National COVID-19 Plans and Strategy Reports, 2020; McKinsey Global Research Analysis, 2020

Table 7 indicates that while Kenya and Burundi have impressive gender sensitive legal frameworks that can be used for COVID-19 response they, like the other EAC countries, have minimal gender mainstreaming efforts in national COVID-19 plans, policies and interventions. This scenario aligns with the picture at the regional EAC level where the regional EAC COVID-19 plans have not been supported by actual interventions on the ground to mitigate the specific COVID-19 challenges faced by women.

Further, a scrutiny of the actual social and economic COVID-19 national interventions revealed that all the six countries had put in place measures to mitigate the economic and social impacts of the pandemic on local businesses and vulnerable households, and mitigation of macroeconomic risks (COMESA, 2020; Deloitte, 2020). A common economic stimulus measure was tax-based reliefs. Kenya executed a reduction in most taxes and a tax relief for low income earners; Uganda extended the tax payments by two months; while Rwanda extended commercial

loan payments for borrowers and the filing of taxes by two months (COMESA, 2020; Deloitte, 2020). Another recovery measure was monetary in nature, with Kenya reducing bank loan interest rates, suspending the reporting of defaulters to the Credit Reference Bureaus (CRBs) and providing food relief and cash transfers for elders and vulnerable members of the community and poor households in urban slums. Uganda provided liquidity to commercial banks, Tanzania reduced mobile money transaction costs and provided VAT refunds to SMEs, while Rwanda provided food relief for vulnerable families in Kigali and removed charges on mobile money transfers (Bower et al., 2020; COMESA, 2020; Deloitte, 2020 ). Top government officials in Kenya and Rwanda took pay cuts as an economic recovery measure (Deloitte, 2020 and COMESA, 2020). While these efforts are admirable and aim to address the social and economic challenges faced by citizens in general, they are gender neutral and do not specifically address the needs of women occasioned or exacerbated by the pandemic. The economic stimulus packages have not been engendered to include support measures targeting women. For example, tax-based reliefs may not benefit women because most women are not in formal employment where this intervention would most be applicable or are in the informal sector that has nearly collapsed because of the pandemic restrictions on movement. Similarly, loan reliefs do not make sense for most women who do not get credit from banks because they lack the required collateral (TMEA and EASSI, 2021).

Interventions aimed at addressing social impacts of the pandemic on women were also missing from the national plans. It is obvious that fiscal economic measures cannot directly address the increased incidences of GBV, Violence Against Women - VAW, increased childcare responsibilities, early marriage and teenage pregnancies experienced by girls and occasioned by the pandemic. Further, the implications of this policy gap is critical for conflict-prone countries, such as South Sudan and Burundi, that mainly depend on donor funding due to ongoing conflict-related humanitarian and economic crises. Unfortunately, the process of delivering humanitarian assistance has been curtailed by COVID-19 restrictions that have affected the ability to get to affected regions to deliver the required assistance. This has been coupled by lack of funds occasioned by a global near freeze in donor financial assistance even for emergency work under COVID-19 (COMESA, 2020). There is need for gender mainstreaming in COVID-19 national plans for EAC countries in conflict and humanitarian contexts given that women who are responsible for taking care of their families bear the brunt of the negative social outcomes, including lack of basic needs, GBV and sexual and physical harassment that are exacerbated by an additional crisis such as the corona pandemic (Africa Union, 2020; COMESA, 2020). Table 8 below summarizes the status of the individual EAC government gender mainstreaming efforts as evidenced in EAC member country interventions against their national gender-related selected health and economic gender indicators.

**Table 8: Summary of status of EAC and member country gender mainstreaming in COVID-19 interventions**

Country	Child marriage 15-19 (%of girls & young women)	Violence against women (% of women)	GBV response	Sexual and reproductive healthcare. COVID -19 response	Childcare COVID -19 support	Economic support for women during COVID-19	Support for vulnerable / low income groups COVID-19
Burundi	8	32				x	
Kenya	12	26	✓	✓	✓	x	✓
Rwanda	3	21	✓	✓	x	x	✓
Tanzania	22	20	x		x	x	✓
Uganda	19	30	x		x	x	✓
South Sudan	-	-	x		x	x	x
Africa Average / EAC	20	19					
East Africa Best	22	30					

Key: x- Lack of policies/strategies, tick – Presence of policies/strategies Source: EAC and National COVID-19 Plans and Strategy reports, 2020; McKinsey Global Research Analysis, 2020; Deloitte, 2020; Oxfam. 2020

Table 8 indicates that with exception of Rwanda, the rest of the EAC states have minimal gender mainstreaming efforts in COVID-19 health and economic-related interventions that directly benefit women. The position at the regional EAC level is boosted by the new multi organizational Sexual and reproductive health and rights (SRH) and GBV innovations coordinated by the EAC Secretariat described earlier.

## Gender mainstreaming in EAC COVID-19 response governance structures

Governments with lower levels of women’s leadership are at risk of creating COVID-19 response plans that do not consider the disproportionate impact of the pandemic on women and girls, and of failing to implement policies that support them. A gender imbalanced leadership in favour of men could worsen the effects of the crisis for women and girls and their families and communities. There is also a risk that gender equality gains could be lost during the COVID-19 crisis (CARE, 2020; Fioramonti, Coscieme and Trebeck, 2020; Fuhrman and Rhodes, 2020; Mathad et al., 2019).

All the EAC member countries appointed task forces comprising top government and medical officials that were tasked to drive the COVID-19 mitigation activities in each country (Deloitte, 2020). Table 9 below gives a breakdown of the gender composition of three EAC task forces where data was available to illustrate the status on this issue in the region.

**Table 9: Gender analysis of EAC member country COVID-19 task force membership**

Country	Number/% of Women	Number/% of Men	Whether Woman is Head of Task Force	Gender of Head of State
Kenya	4 (19.6%)	17 (80.4 %)	No	Male
South Sudan	3 (8.8%)	13 (91.2 %)	No	Male
Uganda	3 (20%)	12 (80 %)	No	Male
EAC Average	10 (19.2%)	42 (80.8%)		

Source: Van Daalen, Van Daalen and Chowdhury (2020)

The table indicates that in the EAC, women make up less than a fifth of the COVID-19 response teams, with South Sudan having less than 10% of women representation (Republic of Kenya, 2020; Van Daalen, Van Daalen and Chowdhury, 2020). Yet, women make up 50% of the population and comprise about 70% of frontline health care workers. Female nurses make up 76.9% of the total number in Kenya, 79.2% in Uganda and 81.3% in Tanzania. This excludes women's care role in private and informal sectors (Countrymeters, 2020; WHO, 2020; Van Daalen, Van Daalen and Chowdhury, 2020). Evidence also indicates that NGOs working on women and gender issues in the EAC were not represented in the national COVID-19 response teams, yet they are at the forefront in implementation of humanitarian programmes, including those currently created by the COVID-19 crisis (CARE, 2020). The secondary data on this issue was corroborated by field data collected from women-focused EAC regional organizations that reported a lack of involvement and representation in ongoing COVID-19 response activities. The quote below confirms the marginalization of women organizations and reiterates the need for women involvement.

*“I think women inclusion is very critical. And I would say from a perspective of our national focal point, the government should actually acknowledge the presence of these women organizations in the country and give them a priority whenever there is a government initiative which is going to... to have an impact on these women. ....have them well represented in those committees because that in going to be easy for the government to know the issues that women are facing at a grassroots level”* (Female representative East African Women in Business platform).

Given the critical role of data in informing COVID-19 response work, field data from the NGOs also highlighted the need for EAC national governments to consult NGOs on providing current data on the impact of the pandemic on women. Three of the NGOs interviewed were either planning, collecting or had already done research on women experiences in the EAC under COVID-19 relating to cross border trade, agriculture and education. To exemplify this reality, the study found that one organization was using the data from a survey they had conducted on



gender issues emerging from COVID-19 to advocate for the opening of borders and addressing issues that women were facing while trading. One such intervention was getting funding support for women groups to boost their businesses and organizing women into women trading cooperatives to consolidate goods to thresholds that can be transported in trucks that were the only business transport allowed to cross the border during COVID-19 restrictions in the EAC. This intervention aimed to address the marginalization of women from cross border trade because they were mainly transacting on a small scale and would not fill up trucks. The situation on the use of data to inform COVID-19 interventions is exemplified by the excerpt below:

*“From what I know, most have a lot of research on their tables on what has been happening to the society during COVID-19. So, I think it’s also necessary to have them consulted and they have a say or to share their recommendations on actually they can take steps in these committees. So, I think representation is essential”* (Female programme officer EACSOFF).

This lack of representation of women in public health governance particularly during the pandemic accounts for the lack of a gendered response to the pandemic. It goes against the lessons learned from the exclusion of women from public health governance that indicates that better inclusion of women frontline workers in health and other sectors in all decision-making and policy spaces can improve health security surveillance, detection and prevention mechanisms (Wenham et al., 2020).

## **Representation of women in COVID-19 clinical trials**

Women in the EAC must also be equally represented in ongoing COVID-19 clinical trials as biomedical treatments and other interventions are developed. In the context of Ebola, women who were pregnant or breastfeeding were typically excluded from experimental studies, and in the EAC where fertility is high, this means up to 80% of reproductive age women are virtually invisible in trial samples. This trend is confirmed by the ongoing Anticov COVID-19 drug development study trial in Africa involving 13 African countries including Kenya, South Sudan and Uganda. Pregnant and lactating women were excluded from the sampling frame (Anticov Consortium, 2020). A lack of women representation means a lack of essential data on the types of prevention methods, treatments, and other interventions that work for women, risking higher fatality rates and other complications among women.

## **Challenges in mainstreaming gender in COVID-19 response plans in the EAC**

Key among the challenges highlighted by the relevant literature was lack of prioritization of women issues by policy makers and funders, resulting from lack of evidence and awareness on gendered experiences of men and women in development matters (Bower et al., 2020). Another challenge that was emphasized by women-focused organizations was lack of funding to address issues arising from the impact of COVID-19 on women. From the interviews, funding to address COVID-19-related issues for women was either non-existent or delayed due to COVID-19 restrictions that would not facilitate budget approvals. This is illustrated by the interview excerpt below:

*“Issues around funds have been quite a challenge. Our activities these years have been forced to be still. Nothing has happened. Nothing has taken place, one being the issue about budget. We normally have an annual secretary general’s forum every year. But we were supposed to have another meeting this year. And that has not been successful. It has actually been cancelled and struck out of the EAC calendar due to budget challenges”* (Female programme officer EACSO).

## 5. Conclusions

This study examined the status of women in the EAC with a view to comprehending how the COVID-19 pandemic has affected women, and further investigate what policies and interventions have been instituted to address gender issues emerging from the pandemic, further identifying gender gaps in policies including proposing new gender policies and interventions to address these gaps.

From the gender analysis, women's status across the six EAC states is low; women lack ownership and control of resources and services. Additionally, the policy review and the interview data reveal that gender mainstreaming is lacking in the regional and national COVID-19 mitigation policy frameworks and related processes and interventions. The cognizance of women issues and experiences of the COVID-19 pandemic is missing from responses, mitigation planning, research and leadership, processes and activities that have in turn relegated women to the periphery of the interventions, including in economic stimulus measures. Yet, gender should be a cross cutting issue in the regional COVID-19 response plan running across all the guidance themes, including risk communication approaches, research and mitigation against social and economic impacts. A clear articulation of gender issues is crucial in regional guidance policy documents such as the EAC COVID-19 response plan, and is important because it ensures the prioritization of women issues by individual member country governments policy plans and frameworks. Further, EAC countries should leverage women's ability to proactively respond to emergencies, including the COVID-19 pandemic.

## **6. Policy recommendations and implications**

The recommendations proposed in this section are organized around the key social and economic impacts of COVID-19 on women in the EAC, and cross-cutting areas, including research and data.

### **Gender in strategic regional and national COVID-19 related policies**

For the EAC community and individual states:

- The regional and national strategic plans for preparedness and responsiveness need to be grounded in strong gender analysis, considering gendered roles, responsibilities, and dynamics. This includes ensuring that containment and mitigation measures also address the burden of unpaid care work and heightened GBV risks, particularly those that affect women and girls. More critical is the allocation of resources in the budget plans for implementation programmes and activities affecting women.
- Long-term measures may include having key national policies that address disaster preparedness and address health issues that affect women, including GBV and access to sexual and reproductive health services to ensure gendered COVID-19 responses.

### **Women representation in COVID-19 decision making processes**

To strengthen the otherwise weak leadership and poor participation of women in all decision-making processes in addressing the COVID-19 outbreak, going forward, EAC individual states' national and local teams may consider ensuring:

- Decision-making teams are equally representative of men and women, and also prioritize other forms of inclusion, such as those based on ethnicity, disability and age. Beyond individual women being appointed members of national COVID-19

task forces and other response committees, women's organizations that are often on the frontline of response in communities may also be represented and supported.

- Action is taken to remove barriers to participation and ensure that women have the information and resources required to participate, equally and meaningfully.
- Women's rights organizations' expertise are acknowledged by funding their COVID-19-related work and developing consulting consultative mechanisms with them.

## **Gender sensitive research and data on COVID-19**

In acknowledgment of the gendered dimensions of COVID-19, the EAC community and individual states may consider:

- Having activities, including planning, policy development, programing and risk communication being informed by empirical evidence on the context-specific experiences of both men and women of COVID-19 and other related pandemics. Participatory and inclusive approaches, including rapid needs assessments, baseline surveys and qualitative studies of women in various backgrounds covering rural/urban divides, differing social-economic and cultural settings, and cutting across different age groups and disability spectrums may be considered. This will guide gender-informed action in the short, medium and long-term. Research activities should observe COVID-19 health protocols of social distancing and hand washing to safeguard the health of the participants.
- Ensuring that women in the EAC are equally represented in ongoing COVID-19 clinical trials as biomedical treatments and other interventions involving EAC member countries are developed.

## **Increased burdens of unpaid care work on women and girls**

To address the increased workload of women resulting from COVID-19 restrictions resulting in closure of schools, individual EAC states may consider ensuring that:

- There is an increased investment in child and elder care and gender-responsive energy, water and sanitation infrastructure including constructing water wells, water dispensing stations, childcare centres and eldercare homes, building electricity grids, constructing water and wastewater systems and establishing safe public transportation networks. Women should be empowered to engage in the management and operations of these projects.
- There is a shift in household norms that mean men can share more unpaid care responsibilities through initiatives that redistribute the unpaid care work among

family members. These include infrastructural projects that directly benefit women and increase the visibility of women's unpaid care and domestic work through community awareness and sensitization work.

## **Meeting the needs of women healthcare workers and female patients**

Because women constitute the majority of the workers in the health and social sector in the EAC and are at the frontline of the COVID-19 response sanctions, Health ministries in individual EAC states may consider:

- Catering for the well-being of health workers beyond personal protective equipment (PPEs) and disinfectants by providing them with appropriate accommodation and transportation, mental health services and unpaid care work support including child and elderly care to reduce the burden of their caregiving responsibilities.
- Attending to the needs of female patients' issues through provision of menstrual hygiene materials in quarantine centres and psychosocial support.
- Training female healthcare workers on how to better prevent the spread of communicable diseases.

## **Interrupted access to sexual and reproductive health services**

Evidence indicates that efforts to contain COVID-19 have diverted resources and medical attention from routine health services, including pre- and post-natal health care and contraceptives. Additionally, there have been disruptions in supply chains for contraceptives. Thus, EAC health institutions and NGOs may consider:

- Maintaining and improving maternal child health and sexual and reproductive health and rights (SRHR) services even during the ongoing COVID-19 pandemic by ensuring equitable access to the relevant services, including psychosocial support for GBV.
- Supporting maternal and child health and SRHR service providers to ensure they have necessary training and supplies to conduct their work and adopt innovations such as tele-health in delivering services.
- Monitor the supply chains for contraceptives and HIV/AIDS medication to ensure that there are no shortages or disruptions.

## **Impact on women's economic empowerment**

Evidence reviewed indicates that the COVID-19 pandemic has affected women's engagement in economic activities, especially in informal sectors, and may increase gender gaps in livelihoods. EAC and national governments may consider:

- Developing and investing in evidence-based social protection programmes and policies that improve women's economic opportunities and support NGOs that work in this space. Such programmes may include equitably distributed cash transfers prioritizing the women most affected by COVID-19.
- Focusing on empowering women entrepreneurs of micro- and small-sized enterprises through access to credit, support for women's networking and mentoring, enhancing women's financial literacy, advance digital financial inclusion and coordinating with financial institutions to relax their conditions on providing grants and credits by reforming secured transactions and collateral registry procedures.

## **The education of girls**

Given the gender-specific risks of school closures, education responses may prioritize the needs of girls and particularly adolescent girls. EAC states, specifically Ministries of Education may consider:

- Providing consistent access to youth friendly, community-based sexual and reproductive health services for women and girls to reduce early pregnancies and contraction of sexually transmitted diseases, including HIV-AIDS.
- Engaging girls in girls' club activities at the community level, which promotes the acquisition of life skills and may reduce incidences of early pregnancies, transactional sex and early marriage while securing the chances of girls continuing with their schooling.

## **Strengthening sexual and gender-based violence measures**

Given that GBV is one of the overwhelming outcomes of COVID-19 pandemic lockdown restrictions, it is essential to protect women's physical and psychological integrity. Some suggestions of policy and programmatic responses by EAC states, specifically gender departments and NGOs may include the following:

- Enacting laws that address the prevention and mitigation of Sexual and Gender-Based Violence (SGBV), including domestic violence, sexual exploitation and online SGBV.

- Sensitizing leaders and community members on the different forms and causes of SGBV and how to implement SGBV mitigation measures in public places to reduce risks of violence; Educating them on how to reduce gender inequality at the household level is also important.
- Partnering with the media in constructing messaging aimed at changing people's perspectives, attitudes and behaviours towards SGBV.
- Ensuring safety for women during COVID-19 by constructing hand washing stations in safe areas.
- Governmental and NGOs working to implement actions that help eliminate SGBV; advance gender equality and strengthen women's empowerment. This may be supported through budgetary allocations to implement national rapid responses to protect women and girls from GBV.

## **Strengthen the protection, rehabilitation and social reintegration services**

Individual EAC states may work towards:

- Having regional and national COVID-19 response action plans and budgets that spell out measures of tackling GBV and provide appropriate rehabilitation and social reintegration services for survivors.
- Establishing multi-agency coordinated responses to specifically deal with GBV. These may include establishing and sustaining national toll-free helplines, shelters and safe houses, free specialized emergency medical and police services, mental health, and social and legal services and to handle GBV survivors.
- Supporting frontline workers employed at police stations, emergency shelters and one-stop support centres with essential training to effectively handle SGBV and equipment, including those that protect them from contracting COVID-19.
- Ensuring that sexual and GBV risk-mitigation measures are in place in quarantine facilities, isolation processes and procedures.



# Notes

1. African Women Studies Centre, University of Nairobi
2. School of Education, Kenyatta University
3. Due to the time constraints and travel restrictions researchers were not able to talk to women in quarantine centres – the reports of EASSI gender officers were collected and added to the report.
4. What is the impact of the gender quota in Burundi? Retrieved at: <https://giwps.georgetown.edu/15-years-of-gender-quotas-in-burundi-whats-the-impact/>

## References

- ActionAid. 2019. Leading the way: Women-led localization in Central Sulawesi: Towards gender transformative action. <https://www.actionaid.org.uk/publications/leading-the-way-womenled-localisation-in-central-sulawesi-report>.
- AfDB. 2012. Kenya in African Economic Outlook 2012. *African Economic Outlook 2012*. OECD Publishing.
- Africa Union. 2020. African regional responses to COVID-19. Discussion Paper, 272, 2020. Addis Ababa: African Union.
- Agwaya, R. and Mairura, S. 2019. *Gender productivity gap in Kenyan informal enterprises*. KIPPRA. <https://kippra.or.ke/images/Discussion-papers/DP226.pdf>
- Amnesty International. 2017. Do not remain silent survivors of sexual violence in South Sudan. Call for justice and reparations, [www.amnestyusa.org/reports/do-not-remain-silent-survivors-of-sexual-violence-in-south-sudan-call-for-justice-and-reparations/](http://www.amnestyusa.org/reports/do-not-remain-silent-survivors-of-sexual-violence-in-south-sudan-call-for-justice-and-reparations/) (27 November 2017).
- Antivov Consortium. 2020. Master clinical study protocol, 2020. Antivov.
- Avert. 2020. HIV and AIDS in Tanzania. <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/tanzania>.
- Basse, Y.O. and Kwizera, J., 2017. Norms and practices impeding gender equality in Burundian society. Dakar, available at: <http://careevaluations.org/wp-content/uploads/Norms-and-practices-impeding-Gender-Equality-in-Burundi.pdf>.
- Bior, A. D. 2014. HIV/AIDS: A threat to national security in South Sudan. The Sudd Institute: Juba [https://www.suddinstitute.org/assets/Publications/572b7eb3d57c6\\_HIVAIDSAThreatToNationalSecurityIn\\_Full.pdf](https://www.suddinstitute.org/assets/Publications/572b7eb3d57c6_HIVAIDSAThreatToNationalSecurityIn_Full.pdf).
- Bower, J., Apell, D., Twum, A. and Adia, U. 2020. Rwanda's response to COVID-19 and future challenges. International Growth Centre (IGC). May 2020.
- Burundi Demographic Survey (BDS). Standard DHS Programme. 2017. *Burundi demographic survey 2016-2017*. <https://dhsprogram.com/methodology/survey/survey-display-463.cfm>.
- CARE. (2020). Global Rapid Gender Analysis for Covid-19. CARE, April, 2020.
- Cochran, J., Diallo, B., Qayum, S. and Seth, A. 2020. Addressing the economic fallout of COVID19: Pathways and policy options for a gender-responsive recovery. Policy Brief 15. UN Women. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-briefaddressing-the-economic-fallout-of-covid-19-en.pdf?la=en&vs=2834>.
- COMESA. 2020. *COVID-19 measures in member states as at 4 December 2020, 3<sup>rd</sup> Edition*. Lusaka: Common Market for Eastern and Southern Africa.

- Country meter. 2020. Africa. <https://countrymeters.info/en/Africa>.
- Cousins, S. 2020. “COVID-19 has ‘devastating’ effect on women and girls”. *The Lancet*, 396(10247): 301–302.
- Danish Trade Union Development Agency - DTUDA. 2020. *Labour market profile 2020 - Kenya*. DTDA: Denmark. [https://www.ulandssekretariatet.dk/wpcontent/uploads/2020/03/Kenya\\_Imp\\_2020.pdf](https://www.ulandssekretariatet.dk/wpcontent/uploads/2020/03/Kenya_Imp_2020.pdf).
- Deloitte. 2020. Economic impact of the COVID-19 pandemic on East African economies Summary of government intervention measures and insights May 2020.
- Deng, D.K. 2016. “Between a rock and a hard place: Land rights and displacement in Juba, South Sudan”. *South Sudan Law Society*. Juba <https://land.igad.int/index.php/documents-1/countries/south-sudan/gender-5/979-between-a-rock-and-a-hard-place-land-rights-and-displacement-in-juba-south-sudan-2016/file>
- EAC website nd. Retrieved on 31<sup>st</sup> March 2021 from: <https://www.eac.int/gender/gbv>
- EAC. 2020a. COVID-19 response plan. April 2020. Arusha: East African Community.
- EAC. 2020b. Administrative guidelines to facilitate movement and services during COVID-19 pandemic, 2020. Arusha: East African Community.
- EAC. 2020c. Gender-Based Violence (GBV) and economic empowerment of girls and women in East Africa. Arusha: East African Community.
- EAC. 2018. EAC gender policy. Retrieved: <http://fawe.org/girlsadvocacy/wp-content/uploads/2018/12/EAC-Gender-Policy.pdf>.
- EAC. 2013a. Guidelines and checklists for gender mainstreaming in EAC organs and institutions, 2013. Arusha: East African Community.
- EAC. 2013b. Participatory gender audit report for EAC organs and institutions, 2013. Arusha: East African Community.
- EAC. 2011. EAC framework for gender and social development outcome indicators for EAC development strategy (2011-2016). Arusha: East African Community.
- Fioramonti, L., Coscieme, L. and Trebeck, K. 2020. “Women in power: It’s a matter of life and death”. *Social Europe*. <https://www.socialeurope.eu/women-in-power-its-a-matter-of-life-anddeath>.
- Food and Agriculture Organization - FAO. 2014. Gender inequality in rural employment in Tanzania mainland: An overview. <http://www.fao.org/3/a-i4083e.pdf>.
- Fuhrman, S. and Rhodes, F. 2020. *Where are the women? The conspicuous absence of women in COVID-19 response teams and plans, and why we need them*. Care International. [https://insights.careinternational.org.uk/media/k2/attachments/CARE\\_COVID-19-womensleadership-report\\_June-2020.pdf](https://insights.careinternational.org.uk/media/k2/attachments/CARE_COVID-19-womensleadership-report_June-2020.pdf).
- Gachohi, J., Aduda, J., Thuo, R., Mung'atu, J., Wamunyokoli, F., Ngigi, T. and Karanja, S. 2020. “Public health challenges posed by delays in obtaining COVID-19 clearance for long-distance truckers across East Africa”. *Global Epidemiology*, 2.
- Government of Rwanda. 2020a. Coronavirus 2019 National Preparedness and Response Plan (NPRP).
- Government of Rwanda. 2020b. Coronavirus 2019 National Economic Recovery Plan.
- Human Rights Watch. 2017. “*I had a dream to finish school:*” *Barriers to secondary education in Tanzania*. <https://www.hrw.org/report/2017/02/14/i-had-dream-finish-school/barriers-secondary-education-tanzania>.

- International Foundation for Electoral Systems - IFES. 2014. Analysis of the status of women in Burundi's political and electoral processes. [https://www.ifes.org/sites/default/files/burundi\\_gender\\_analysis.pdf](https://www.ifes.org/sites/default/files/burundi_gender_analysis.pdf).
- Inter-Parliamentary Union - IPU. 2020. Rwandan Parliament. Retrieved on 12/12/2020 from: [https://data.ipu.org/node/142/data-on-women?chamber\\_id=13513](https://data.ipu.org/node/142/data-on-women?chamber_id=13513).
- International Growth Centre. 2018. Maternal mortality in urban and rural Tanzania. [https://ihi.or.tz/wp-content/uploads/2019/04/Maternal-Mortality\\_Policy-Brief\\_Shabani-et-al-2018.pdf](https://ihi.or.tz/wp-content/uploads/2019/04/Maternal-Mortality_Policy-Brief_Shabani-et-al-2018.pdf).
- IOM. 2019. *Gender-based violence, knowledge, attitudes, and practices survey in South Sudan*. International Organization for Migration: Geneva <https://publications.iom.int/system/files/pdf/south-sudan-gender-based-kap.pdf>
- Kabonesa, C. and Kindi, F.I. 2020. Assessing the relationship between gender-based violence and COVID-19 pandemic in Uganda. Konrad Adenauer Stiftung. Retrieved from: [www.kas.de > documents > Assessing+the+Relationship](http://www.kas.de/documents/Assessing+the+Relationship).
- Kimani, R.W., Maina, R. and Shumba, C. 2020. "Maternal and newborn care during the COVID-19 pandemic in Kenya: Re-contextualising the community midwifery model". *Human Resource for Health*, 18: 75. <https://doi.org/10.1186/s12960-020-00518-3>.
- Kenya Land Alliance. 2014. *Women land and property rights project*. Kenya Land Alliance. <http://bit.ly/2MImAuG>.
- Kenya National Bureau of Statistics. 2014. Kenya Demographic and Health Survey. Nairobi: Kenya National Bureau of Statistics
- Kenya National Bureau of Statistics. Economic Survey. The Elephant Info <https://www.theelephant.info/documents/kenya-national-bureau-of-statistics-economic-survey-2017/>
- Kenya National Bureau of Statistics. 2019. Economic Survey. <https://www.theelephant.info/documents/kenya-national-bureau-of-statistics-economic-survey-2019/>.
- Kenya National Bureau of Statistics. 2019. Kenya population and housing census. KNBS: Nairobi. <https://www.knbs.or.ke/?wpdmpromo=2019-kenya-population-and-housing-census-volume-iii-distribution-of-population-by-age-sex-and-administrative-units>.
- Kenya National Bureau of Statistics, Ministry of Health, National Aids Control Council, Kenya Medical Research Institute, National Council for Population and Development, The DHS Programme ICF International. 2015. *Kenya Demographic and Health Survey 2014*. <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>.
- Kumar, N. 2020. "COVID-19 era: A beginning of upsurge in unwanted pregnancies, unmet need for contraception and other women related issues". *The European Journal of Contraception and Reproductive Health Care*, 323– 325. <https://doi.org/10.1080/13625187.2020.1777398>.
- Lopez-Claros, A. and Zahidi, S. 2005. *Women's empowerment: Measuring the global gender gap*. Geneva: World Economic Forum [http://www.weforum.org/pdf/Global\\_Competitiveness\\_Reports/Reports/gender\\_gap.pdf](http://www.weforum.org/pdf/Global_Competitiveness_Reports/Reports/gender_gap.pdf).
- Lal, P. 2010. "Militants, mothers, and the national family:" Ujamaa", gender, and rural development in postcolonial Tanzania". *Journal of African History*, 1–20.
- Maloiy, L. 2016. The impact of crucible events on the development of female political leaders in Kenya. Doctoral thesis. University of South Australia. School of Education. Retrieved from: <http://search.ror.unisa.edu.au/record/9916106910001831/media/digital/open/9916106910001831/12146610700001831/13146646760001831/pdf>.

- Maloiy, L. 2018. "African women and economic development: A tale of contradictions?" In *Handbook of Research on Sustainable Development and Governance Strategies for Economic Growth in Africa*, 443-454). IGI Global.
- March, C., Smyth, I.A. and Mukhopadhyay, M. 1999. *A guide to gender-analysis frameworks*. Oxfam.
- Mathad, J. Reif, L. K., Seo, G., Walsh, K. F., McNairy, M. L., Lee, M. H., & Downs, J. A. 2019. "Female global health leadership: Data-driven approaches to close the gender gap". *The Lancet*, 393 (10171). DOI: [https://doi.org/10.1016/S0140-6736\(19\)30203](https://doi.org/10.1016/S0140-6736(19)30203).
- McKinsey Global Institute. 2019. *The power of parity advancing women's equality in Africa*. McKinsey and Company.
- Meena, R. E., Rusimbi, M. and Israel, C. 2017. *Women and political leadership: Facilitating factors in Tanzania*. Uongozi Institute. [https://media.africaportal.org/documents/Women-in-Leadership-17.1\\_1.pdf](https://media.africaportal.org/documents/Women-in-Leadership-17.1_1.pdf).
- Ministry of Health, Uganda. 2019. Uganda Population-based HIV Impact Assessment- UPHIA. 2016-2017. Final Report. [https://phia.icap.columbia.edu/wp-content/uploads/2019/07/UPHIA\\_Final\\_Report\\_Revise\\_07.11.2019\\_Final\\_for-web.pdf](https://phia.icap.columbia.edu/wp-content/uploads/2019/07/UPHIA_Final_Report_Revise_07.11.2019_Final_for-web.pdf)
- Ministry of Health. nd. Tanzania HIV Impact Survey (THIS) 2016-2017. Retrieved from: [https://phia.icap.columbia.edu/wp-content/uploads/2019/06/FINAL\\_THIS-2016-2017\\_Final-Report\\_\\_06.21.19\\_for-web\\_TS.pdf](https://phia.icap.columbia.edu/wp-content/uploads/2019/06/FINAL_THIS-2016-2017_Final-Report__06.21.19_for-web_TS.pdf).
- Ministry of Gender, Child and Social Welfare and UN Women. 2013. Women's peace and security resolution 1325 in South Sudan baseline study. Juba <http://www.evesouthsudan.org/wp-content/uploads/2020/01/1325-Baseline-Study-South-Sudan-2013.pdf>.
- Mold, A. and Mveyange, A. 2020. The impact of the COVID-19 crisis on trade: Recent evidence from East Africa. African Growth Initiative at Brookings. Policy Brief. [https://www.brookings.edu/wpcontent/uploads/2020/07/EAC\\_COVID\\_Mold\\_Mveyange.pdf](https://www.brookings.edu/wpcontent/uploads/2020/07/EAC_COVID_Mold_Mveyange.pdf)
- Nabukeera, M.S. 2020. "The gender issues in Uganda". *Urban Studies and Public Administration*, Vol. 3, No. 3, [www.scholink.org/ojs/index.php/uspa](http://www.scholink.org/ojs/index.php/uspa).
- National Crime Research Centre - NCRC. 2014. Gender-based violence in Kenya [http://crimeresearch.go.ke/wp-content/uploads/2018/02/wwwroot\\_publications\\_Gender-Based-Violence-in-Kenya.pdf](http://crimeresearch.go.ke/wp-content/uploads/2018/02/wwwroot_publications_Gender-Based-Violence-in-Kenya.pdf).
- National Democratic Institute - NDI. 2017. *A gender analysis of the 2017 Kenya general elections*. National Democratic Institute [https://www.ndi.org/sites/default/files/Gender%20Analysis%20of%202017%20GeneralElections%20FINAL%20High%20Res%20for%20Printer%20-%20NEW%20COVER\\_small.pdf](https://www.ndi.org/sites/default/files/Gender%20Analysis%20of%202017%20GeneralElections%20FINAL%20High%20Res%20for%20Printer%20-%20NEW%20COVER_small.pdf).
- National Gender and Equality Commission - NGECE. 2016. *Gender-based violence in Kenya: The economic burden on survivors*. <https://www.ngeckenya.org/Downloads/GBV%20Costing%20Study.pdf>
- National Institute of Statistics of Rwanda - NISR, Ministry of Health Rwanda, and ICF International. 2015. *Rwanda Demographic and Health Survey 2014-15*. <https://dhsprogram.com/pubs/pdf/FR316/FR316.pdf>.
- National Institute of Statistics of Rwanda - NISR. 2019. National Gender Statistics Report 2019. <http://statistics.gov.rw/publication/national-gender-statistics-report-2019>.
- National Institute of Statistics of Rwanda. 2020. Labour force survey trends. [http://gmo.gov.rw/fileadmin/user\\_upload/Researches%20and%20Assessments/State%20of%20Gender%20Equality%20in%20Rwanda.pdf](http://gmo.gov.rw/fileadmin/user_upload/Researches%20and%20Assessments/State%20of%20Gender%20Equality%20in%20Rwanda.pdf).

- Nazneen, S. and Araujo, S., 2021. Building Back Better, Gender Equality, and Feminist Dilemmas. *IDS Bulletin*, 52(1).
- Ngunjiri, A., Otiso, L., Mwaniki, A., Omondi, C., Thiomi, J. 2020. Violence against women and girls amidst COVID-19 pandemic - LVCT Health Experience. LVCT Health. [https://lvcthealth.org/wp-content/uploads/2020/06/VAWG\\_C-GBV-10.pdf](https://lvcthealth.org/wp-content/uploads/2020/06/VAWG_C-GBV-10.pdf).
- National Institute of Statistics of Rwanda (NISR). (2019). National Gender Statistics Report <http://statistics.gov.rw/publication/national-gender-statistics-report-2019>
- Nnoko-Mewanu. J. and Abdi, N. 2020. Securing women's property rights in Kenya. Human Rights Watch. <https://www.hrw.org/news/2020/03/07/securing-womens-property-rights-kenya>.
- Obiria M. 2020. COVID-19 reversing maternal gains. Daily Nation. 2020. Available from: <https://www.nation.co.ke/gender/Covid-19-reversing-maternal-childcare-gains/5362750-5522802-10vy1pq/index.html>.
- O'Brien, M. and Tolosa, M.X. 2016. "The effect of the 2014 West Africa Ebola virus disease epidemic on multi-level violence against women". *International Journal of Human Rights in Healthcare*.
- Ochako, R., Mbondo, M., Aloo, S., Kimenyi, S., Thompson, R., Temmerman, M. and Kays, M. 2015. "Barriers to modern contraceptive methods uptake among young women in Kenya: A qualitative study". *BMC Public Health*, 15(1), 1–9.
- Office of the Chief Government Statistician-OCGS and ICF. 2016. *Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16*. The DHS Programme. <https://dhsprogram.com/pubs/pdf/fr321/fr321.pdf>.
- Onyango, M.A., Resnick, K., Davis, A. and Shah, R. R. 2019. "Gender-based violence among adolescent girls and young women: A neglected consequence of the West African Ebola outbreak". In *Pregnant in the Time of Ebola*. Springer, Cham.
- Oxfam. 2018. *Gender roles and the care economy in Ugandan households: The case of Kaabong, Kabale and Kampala districts*. <https://policy-practice.oxfam.org.uk/publications/gender-roles-and-the-care-economy-in-ugandan-households-the-case-of-kaabong-kab-620532>.
- Oxfam. 2019. *Gender patterns of unpaid care and domestic work in the urban informal settlements of Nairobi Kenya: Executive summary for a household care survey 2019*. <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620910/rr-nairobi-kenya-household-care-survey-191119-summ-en.pdf?sequence=3&isAllowed=y>.
- Oxfam. 2020. Women and COVID-19: A snapshot of government policies in the HECA region, Oxfam in Horn, East and Central Africa.
- Parry, B.R. and Gordon, E. 2021. "The shadow pandemic: Inequitable gendered impacts of COVID-19 in South Africa". *Gender, Work and Organization*, 28(2): 795-806.
- Phia. nd. Rwanda population-based HIV assessment R-PIA 2018-2019. Retrieved on December 12, 2020, from [https://phia.icap.columbia.edu/wp-content/uploads/2019/10/RPIA-Summary-Sheet\\_Oct-2019.pdf](https://phia.icap.columbia.edu/wp-content/uploads/2019/10/RPIA-Summary-Sheet_Oct-2019.pdf).
- Plan International. 2020. African girls in the COVID-19 pandemic. Retrieved from: <https://plan-international.org/publications/african-girls-covid-19-pandemic#download-options>
- Power, K. 2020. "The COVID-19 pandemic has increased the care burden of women and families". *Sustainability: Science, Practice and Policy*, 16(1): 67-73.

- Rafaeli, T. and Hutchinson, G. 2020. *The secondary impacts of COVID-19 on women and girls in Sub-Saharan Africa*. K4D Helpdesk Report 830. Institute of Development Studies. [https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15408/830\\_COVID19\\_girls\\_and\\_women\\_SSA.pdf?sequence=1&isAllowed=y](https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15408/830_COVID19_girls_and_women_SSA.pdf?sequence=1&isAllowed=y)
- Rames, V., Bununagi, C. and Niyonzima, C. 2017. USAID/Burundi gender analysis report. Prepared by Banyan Global. <https://banyanglobal.com/wp-content/uploads/2017/07/USAID-Burundi-Gender-Analysis-Final-Report-2017.pdf>.
- Republic of Burundi. 2020a. Burundi's strategic preparedness and response project to COVID-19 environmental and social engagement plan, April 2020.
- Republic of Burundi. 2020b. Burundi's strategic preparedness and response project to COVID-19 Stakeholder Mobilization Plan (PMPP), March 2020.
- Republic of Kenya. 2020. Executive Order No. 2 of 2020 – National Emergency Response Committee on Coronavirus, 28<sup>th</sup> February 2020.
- Republic of Kenya. 2019. National 2019 novel coronavirus contingency (readiness and early response) plan 2020.
- Republic of South Sudan. 2020. Ministry of Health, National COVID-19 Response Plan April 2020 to March 2021, June 2020.
- Republic of Uganda. 2020a. Ministry of Health, Corona virus disease 2019 (COVID-19) preparedness and response plan, March 2020–June 2021.
- Republic of Uganda. 2020b. Ministry of Health, Corona virus disease-2019 (COVID-19) preparedness and response plan, March 2020–June 2021.
- Republic of Uganda. 2017. Education Abstract 2017. <http://www.education.go.ug/wp-content/uploads/2019/08/Abstract-2017.pdf>
- Republic of Uganda. 2016. *Gender in education sector policy*. Planipolis. [http://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/uganda\\_gender\\_in\\_education\\_sector\\_policy.pdf](http://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/uganda_gender_in_education_sector_policy.pdf).
- Rohwerder B. 2020. Social impacts and responses related to COVID-19 in low- and middle-income countries. K4D emerging issues report 35. Brighton, UK: Institute of Development Studies.
- Smith, J., Davies, S. E., Feng, H., Gan, C.C., Grépin, K.A., Harman, S. and Wenham, C. 2021. "More than a public health crisis: A feminist political economic analysis of COVID-19". *Global Public Health*, 1–17.
- Stein, P. 2010. *The economics of Burundi, Kenya, Rwanda, Tanzania and Uganda*. Swedfund International AB.
- SSuDEMOP. 2016. *Sudan national women's strategy*. Southern Sudan Democratic Engagement, Monitoring and Observation Programme: Juba [https://www.kas.de/c/document\\_library/get\\_file?uuid=78fdebb6-65c1-4185-1a24-c02d25ba5bdb&groupId=252038](https://www.kas.de/c/document_library/get_file?uuid=78fdebb6-65c1-4185-1a24-c02d25ba5bdb&groupId=252038).
- Tanzania Demographic Survey – TDS. 2016. 2015/2016 . <https://dhsprogram.com/pubs/pdf/fr321/fr321.pdf>
- TMEA-EASSI. 2021. The effects of COVID-19 on women cross-border traders in East Africa. Retrieved from: [https://www.trademarka.com/wp-content/uploads/dlm\\_uploads/2021/03/The-Effects-of-COVID-19-on-Women-Cross-Border-Traders-in-East-Africa-\\_TMEA\\_EASSI-FINAL.pdf](https://www.trademarka.com/wp-content/uploads/dlm_uploads/2021/03/The-Effects-of-COVID-19-on-Women-Cross-Border-Traders-in-East-Africa-_TMEA_EASSI-FINAL.pdf).

- UNAIDS. nd. South Sudan. Retrieved on 12<sup>th</sup> December 2020 from <https://www.unaids.org/en/regionscountries/countries/southsudan>.
- UNECA. 2019. To be truly transformative, the post-2015 development must prioritize gender equality. [https://www.uneca.org/sites/default/files/uploaded-documents/Beijing25/south\\_sudan-beijing25\\_report.pdf](https://www.uneca.org/sites/default/files/uploaded-documents/Beijing25/south_sudan-beijing25_report.pdf)
- UNICEF. nd. Maternal and child health today. Tanzanian children stand a better chance of living past their fifth birthday than ever before. Retrieved on December 12, 2020, from <https://www.unicef.org/tanzania/what-we-do/health>.
- UNICEF. 2017. Education fact sheet: Progress, challenges and what we want to achieve. <https://www.unicef.org/tanzania/media/681/file/UNICEF-Tanzania-2017-Education-fact-sheet.pdf>.
- UNICEF. 2018. *Gender-based violence*. <https://www.unicef.org/southsudan/media/2071/file/UNICEF-South-Sudan-GBV-Briefing-Note-Dec-2019.pdf>.
- UNFPA. 2017. Worlds apart in Uganda: Uganda's situation. [https://uganda.unfpa.org/sites/default/files/pub-pdf/Issue%20Brief%205%20-%20special%20edition.%20inequalities.final\\_.pdf](https://uganda.unfpa.org/sites/default/files/pub-pdf/Issue%20Brief%205%20-%20special%20edition.%20inequalities.final_.pdf).
- UNFPA. 2018. The power of choice: Reproductive rights and the demographic transition. State of World Population 2018. Available at: [https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_PUB\\_2018\\_EN\\_SWP.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2018_EN_SWP.pdf).
- UNFPA. 2018. Country programme document for South Sudan. UNFPA: New York. from [https://www.unfpa.org/sites/default/files/portal-document/5\\_SSD\\_-\\_CPD\\_-\\_2018SRS\\_-\\_FINAL\\_-\\_5July18.pdf](https://www.unfpa.org/sites/default/files/portal-document/5_SSD_-_CPD_-_2018SRS_-_FINAL_-_5July18.pdf) [https://www.unfpa.org/sites/default/files/portal-document/5\\_SSD\\_-\\_CPD\\_-\\_2018SRS\\_-\\_FINAL\\_-\\_5July18.pdf](https://www.unfpa.org/sites/default/files/portal-document/5_SSD_-_CPD_-_2018SRS_-_FINAL_-_5July18.pdf).
- Uganda Bureau of Statistics - UBoS. 2020. Statistical datasets. Uganda Bureau of Statistics. <https://www.ubos.org/explore-statistics/statistical-datasets/>. Accessed 28 November 2020.
- Uganda Bureau of Statistics - UBoS and ICF. 2018. *Uganda Demographic and Health Survey 2016*. <https://dhsprogram.com/pubs/pdf/FR333/FR333.pdf>.
- Uganda Bureau of Statistics. 2016. The National Population and Housing Census 2014: Main Report. UNSD <https://unstats.un.org/unsd/demographic/sources/census/wphc/Uganda/UGA-2016-05-23.pdf>.
- Uganda Bureau of Statistics. 2018. *2018 Statistical Abstract*. [https://www.ubos.org/wp-content/uploads/publications/05\\_2019STATISTICAL\\_ABSTRACT\\_2018.pdf](https://www.ubos.org/wp-content/uploads/publications/05_2019STATISTICAL_ABSTRACT_2018.pdf).
- Uganda Bureau of Statistics and ICF. 2018. Uganda Demographic and Health Survey 2016 . <https://dhsprogram.com/pubs/pdf/FR333/FR333.pdf>.
- Uganda Bureau of Statistics. 2017. *Women in local government: Baseline statistics for local council levels III-V in Uganda*. [https://www.ubos.org/wp-content/uploads/publications/04\\_2019Women\\_In\\_Local\\_Government.pdf](https://www.ubos.org/wp-content/uploads/publications/04_2019Women_In_Local_Government.pdf).
- Uganda for Her. nd. *Culture and gender-inequality in Uganda*. Retrieved December 12, 2020, from <https://uganda4her.org/culture-gender-inequality-uganda/>.
- UNESCO UIS. nd. *Kenya*. Retrieved 12<sup>th</sup> December 2020 from <http://uis.unesco.org/en/country/ke>.
- UNAIDS. nd. *Country factsheets-Kenya, 2019*. Retrieved 12<sup>th</sup> December 2020 from <https://www.unaids.org/en/regionscountries/countries/kenya>.
- UNDP. 2018. Gender equality strategy: UNDP Rwanda (2019-2022). UNDP: Rwanda [www.undp.org](http://www.undp.org).
- UNFPA. 2018. Key results of South Sudan 2019. <https://www.unfpa.org/data/transparency-portal/unfpa-south-sudan>.



- UNICEF. nd. <https://www.unicef.org/rwanda/education>.
- UNICEF. 2020. Fighting the shadow pandemic of violence against women and children during COVID-19. <https://www.unicef.org/kenya/stories/Fighting-the-shadow-pandemic>.
- United Republic of Tanzania. 2018. Labour market information in Tanzania, 2018. [https://www.nbs.go.tz/nbs/takwimu/labour/Employment\\_Estimates\\_for\\_Tanzania\\_Mainland2018.pdf](https://www.nbs.go.tz/nbs/takwimu/labour/Employment_Estimates_for_Tanzania_Mainland2018.pdf)
- USAID. 2020. *Gender equality and female empowerment in Kenya*. <https://www.usaid.gov/documents/1860/support-gender-equality-kenya-fact-sheet>.
- Van Daalen K.R., Van Daalen C. and Chowdhury M. 2020. “Symptoms of a broken system: The gender gaps in COVID-19 decision making”. *BMJ Global Health*, 2020; 5:e003549. doi:10.1136/bmjgh-2020-003549.
- Wangamati, C.K. and Sundby, J. 2020. “The ramifications of COVID-19 on maternal health in Kenya”. *Sexual and Reproductive Health Matters*, 28(1): 1804716.
- Wenham, C., Smith, J. and Morgan, R. 2020a. “COVID-19: The gendered impacts of the outbreak”. *The Lancet*. DOI [https://doi.org/10.1016/S0140-6736\(20\)30526-2](https://doi.org/10.1016/S0140-6736(20)30526-2)
- Wenham, C., Smith, J., Davies, S.E., Feng, H., Grépin, K.A., Harman, S., HertenCrabb, A. and Morgan, R. 2020b. “Women are most affected by pandemics - lessons from past outbreaks”. *Nature*, 583(7815): 194-198.
- WHO. 2020. Sex distribution of health workers: Global Health Observatory data repository. Geneva: World Health Organization.
- Women’s Aid UK. 2020. A perfect storm: The impact of COVID-19 on women and children experiencing domestic abuse, and the life-saving services that support them. Women’s aid website. Retrieved from: <https://www.womensaid.org.uk/wp-content/uploads/2020/08/A-Perfect-Storm-August-2020-1.pdf>
- World Bank. 2018. *Kenya Poverty and Gender Assessment 2015/16 - A Decade of Progress and the Challenges Ahead*. <http://documents1.worldbank.org/curated/en/905491550155961925/pdf/Kenya-Poverty-and-Gender-Assessment-2015-2016-Reflecting-on-a-Decade-of-Progress-and-the-Road-Ahead.pdf>
- World Bank. 2019. Strengthening gender outcomes in social protection and poverty focused programmes in South Sudan. <http://documents1.worldbank.org/curated/en/823291562245185167/pdf/Strengthening-Gender-Outcomes-in-Social-Protection-and-Poverty-Focused-Programs-in-South-Sudan.pdf>.
- World Bank. 2020. Opinion: How COVID-19 Puts Women’s Housing, Land, and Property Rights At Risk <https://news.trust.org/item/20200501162120-ciblo/>
- World Health Organization. 2019. *Maternal mortality*. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.
- World Economic Forum. 2020. Global gender gap report 2020. Geneva: World Economic Forum.
- World Vision. 2020. COVID-19 aftershocks: A perfect storm: Millions more children at risk of violence under lockdown and into the ‘new normal’ [https://www.wvi.org/sites/default/files/2020-05/Aftershocks%20FINAL%20VERSION\\_0.pdf](https://www.wvi.org/sites/default/files/2020-05/Aftershocks%20FINAL%20VERSION_0.pdf).
- Yatich, E. and Pere, J. 2017. “Barriers to girls’ participation in free day secondary education in Kenya”. *African Research Journal of Education and Social Sciences* [www.arjess.org](http://www.arjess.org), 4(1), 2017. <http://www.arjess.org/education-research/barriers-to-girls-participation-in-free-day-secondary-education-in-baringo-central-sub-county-kenya.pdf>.

# Annex

## Annex 1

### KENYA

Kenya borders Somalia in the East, Uganda and South Sudan to the West, Ethiopia to the north, and Tanzania to the south. It has a population of 47.6 million people, including 24.0 million women and 23.5 million men (KNBS, 2019). Kenya has the largest GDP in East Africa, and the country plays a vital role in the economic operations and development of the East African Community (Stein, 2010). It ranks highly in education achievement amongst the East African states and in primary school outcomes in Sub-Saharan Africa. This is reflected in the high youth literacy rates of 92% (AfDB, 2012).

#### **Literacy and education**

Kenya has an adult literacy level of 81.5%; the male literacy rate is 85.0% while that of females is 78.2% (UNESCO UIS, nd). In 2018, a total of 3,390,545 students were enrolled in school, 1,730,237 boys and 1,660,308 girls (KNBS, 2019). Girls face a lot of barriers that stop them from completing their education. A study conducted in Baringo Central Sub-County, Kenya, showed that many girls who attend day secondary school in the area did not finish their education due to school-related barriers; they lacked sanitary facilities, books and mentorship programmes (Yatich and Pere, 2017). The girls also experienced home-related barriers such as parents not allowing them to go to school, parents preferring to educate boys than girls, and having to attend to home activities before going to school. Others reported cultural barriers such as female genital mutilation, early marriage including personal barriers such as early pregnancy and boy child preference in completing school. All these affect the completion rates for girls. Indeed, one out of five adolescent girls in the country has given birth or is pregnant; the rates increase as the girls grow older, 3% at 15 years and 40% at 19 years (KNBS, 2014).

## **Participation in the labour market**

Kenya's 2010 constitution prohibits discrimination of workers on a gender basis, but the country's labour market has a lot of gender gaps. For example, in urban areas, older workers, mostly men, those who have contacts and those with more education tend to earn more. Women earn 44-54% less than men despite their age, education and nature of work (World Bank, 2018). A 2017 Kenya National Bureau of Statistics survey indicates that there are more men than women in formal employment. The same study indicated that men were more prominent in sectors such as manufacturing and agriculture (KNBS, 2017). Women spend less hours participating in the labour market as they undertake a lot of domestic and caregiving work at home. A study conducted by Oxfam in the informal settlements of Nairobi in 2019 found that women there disproportionately spent more time doing unpaid work, such as taking care of children, the sick and elderly and performing household chores (Oxfam, 2019). This resulted in missed opportunities for self-care, education, community, political work, and paid work (Oxfam, 2019).

Another area that women face discrimination is in maternity leave. While most women who are in formal employment can go on maternity leave, this however, raises the risk of discrimination because employers do not want to pay for the additional costs (DTUDA, 2020). This gender inequality in labour participation has slowed down women's economic development in the country (Agwaya and Mairura, 2019).

## **Ownership of land and assets**

Women in Kenya provide 80% of farm labour and manage 40% of the country's stakeholder farms, yet own about 1% of agricultural land (Kenya Land Alliance, 2014). Women are much less likely to own land than men because of the costs, complex procedures and traditional beliefs that deem land a preserve of men (Kenya Land Alliance, 2014). While Kenya's Matrimonial Property Act 2013 accords married couples the same property rights and makes no distinction between sons and daughters' right to inherit property, widows are commonly disinherited and evicted from their land (Nnoko-Mewanu and Abdi, 2020). Evicting widows is illegal under Kenyan laws, but it is difficult for women to seek justice as they have to pay legal fees and risk stigmatization from the community or being disowned by their families (Nnoko-Mewanu and Abdi, 2020).

## **Representation and decision making**

The Kenya Constitution 2010 provides affirmative action; in parliament and other public bodies, there should not be more than two-thirds of the members of elective or appointive bodies of the same gender. Despite this provision, women in Kenya still struggle to attain leadership positions. In the 2017 Kenyan general elections, three women were elected governors and seven as deputy governors, and only 6 women were appointed out of 22 cabinet secretaries (NDI, 2017).

There are 24% of women in all committees of the Senate and National Assembly. Of the 47 County Assembly Speakers, only five are women. Women candidates experience challenges such as lack of support from political parties, limited finances, lack of training, and less media coverage than male counterparts. Women political candidates are also subjected to violence, threats and coercion (NDI, 2017).

### **Reproductive healthcare**

The average Kenyan woman has their first child at the age of 20.3 and has around four children (KNBS, 2014). The number of women who die of pregnancy-related causes is 488 per 100,000 live births, which makes Kenya have a high rate of maternal mortality (WHO, 2019). The World Health Organization attributes the maternal-related deaths to inadequate skills of healthcare providers, limited use of skilled care and low-facility coverage.

Regarding the use of contraception, only 53% of women in Kenya between ages 15-49 use contraceptives (KNBS, 2014). Twenty-six (26) per cent of women use injectables, 10 per cent use implants, 8 per cent use the pill and 5 per cent use traditional methods (KNBS, 2014).

### **HIV and gender**

According to UNAIDS, 1,600,000 people were living with HIV in Kenya in 2018. Women were disproportionately affected and new infections among women aged 15-24 was double that of men (11,000 compared with 5,000) (UNAIDS Kenya country report, nd). Because of the discrimination that women face in society, men dominate sexual relationships and women are unable to practice safe sex even if they are aware of the risks (Avert, 2020).

### **Gender-based violence**

Gender-based violence is a common occurrence in Kenya (NGEC, 2016). Around 39 per cent of girls and women in Kenya aged 15 and over have been victims of physical violence (NGEC, 2016). This includes being victims of battery, sexual abuse, verbal abuse, economic deprivation, psychological harm, harmful traditional practices, and restriction of movement (National Crime Research, 2018). The abuse leads to social stigma, litigation losses, and loss of productivity (NGEC, 2016).

## **UGANDA**

Uganda is a landlocked country located west of Kenya, east of the Democratic Republic of Congo (DRC), South of the Republic of South Sudan and north of Tanzania and Rwanda. The country has a population of 41.6 million people, 51% of whom are women (UBoS, 2020). Women in Uganda disproportionately suffer from exploitation,

socio-economic marginalization, lack of power over their work, cultural oppression and systematic violence (Kabonesa and Kindi, 2020).

### **Literacy and education**

Seventy-two (72) per cent of the population in Uganda is literate. There is a lower literacy level among women (68%) than men (77%) (UBoS, 2016). In 2017, 8.8 million students were enrolled in primary school, about 50% of the students were girls (Republic of Uganda, 2017). Thus, Uganda has achieved gender parity at this level. However, secondary school enrollment for girls is 46.9% compared to 53.1% for boys (Republic of Uganda, 2016). As for tertiary education, there are 44% of women compared to 56% of men (Republic of Uganda, 2016). There is a lower literacy level among women (68%) than men (77%) (Republic of Uganda, 2016).

### **Maternal healthcare**

The Uganda facility-based maternal mortality for 2017/2018 was 104 deaths for every 100,000 live births (UBoS, 2016). The leading cause for maternal mortality was haemorrhage, accounting for 35% of the deaths that year. Other causes were postpartum sepsis and complications from unsafe abortions (UBoS, 2016). As for contraception, in 2016, 28% of women had an unmet need for contraceptives. The figure was slightly higher in rural areas (30%) than in urban areas (23%) (UBoS, 2016).

### **HIV prevalence**

An estimated 1.2 million adults are living with HIV in Uganda (Uphia, 2019). The HIV prevalence for adults in the country was 6.2% in 2016/2017, 7.6% for women and 4.7% among men. The prevalence for women without an education was 10.1% compared to 5.0% in those who had finished secondary education. In 2018, new infections among young women aged 15-24 years were more than double that of men of the same age (14,000 new infections compared among the women compared to 5,000 among men) (UNAIDS, nd).

### **Employment**

Seventy-nine (79) per cent of Ugandans who are within the working age population have some employment (UBS, 2018). More men are in paid employment (46%) compared with 28% of women (UBoS, 2018). Women and people living in rural areas work in vulnerable employment where they experience difficult conditions and earn a low income (UBoS, 2018). The gender disparities in employment exist due to lower pay in the informal economy, little access to information channels, lack of access to training, unprotected low-skill jobs, and a lack of social protection (UNFPA, nd).

However, women in the country perform a lot of unpaid work. Findings from a study by Oxfam (Oxfam, 2018) found that men in Uganda spend a large proportion of their day (24%) of their day on paid work, while women spent 13.8% of their day on paid work. The study reported a contrast in unpaid care work; that is 3% of men engaged in unpaid care work while a higher number of women (18.2%) undertook unpaid care work. Women care for children, wash laundry, clean the house, prepare meals, farm and sometimes look for additional work to support the family. Older girls (13-17 years) spend more time caring for younger siblings, but older boys were not expected to be involved in much care, the study by Oxfam showed.

### **Ownership of asset**

Gender disparity exists in areas of development, such as asset ownership and employment (Nabukeera, 2020). For example, of households that are owner occupied, 41% are jointly owned by men and women, 34% are owned by men, while only 28% are owned by women (UBS, 2018). The same is true for agricultural land; 40% is jointly owned by men and women, 34% is owned by men, while only 27% is owned by women. Culture does not allow women to inherit land from their husbands, father or brothers. When a man dies, his property goes to his son or another family member (Uganda for Her, nd). As a result, some women can find themselves homeless and are forced to single handedly take care of their children when their husbands die.

### **Representation and decision making**

The total number of representatives at the local government in Uganda in 2017 was 27,755, and women constituted 45.7% of this number (UBoS, 2017). Women leaders reported facing challenges such as lack of funding for campaigns, neglected childcare during the election period and spousal expectations that the women leaders support family needs, such as paying fees. They also experienced obstacles such as spouses discouraging them from participating in politics, sexual harassment during campaigns, having to cover a wide geographical area during campaigns, low literacy levels and frustration from spouses.

### **Gender-based violence**

Women in Uganda are subjected to harmful cultural practices such as child marriage, female genital mutilation and physical and emotional abuse (Uganda for her, nd). Statistics indicate that half of women (51%) and men (52%) have experienced physical violence in Uganda (UBoS and ICF, 2018). In addition, 22% of women aged 15-49 years have experienced sexual violence compared to 8% of men in the same age group.

## TANZANIA

The United Republic of Tanzania's mainland borders Kenya and Uganda on the North, Rwanda, Burundi and Democratic Republic of Congo on the West, Mozambique on the South, and Indian Ocean on the East. Tanzania-Zanzibar Island is situated in the Indian Ocean, 30 Kilometers from the mainland. The country has a population of 55.9 million, around 50% of which are women.

Tanzania gained its independence in 1961 with Julius Nyerere as its first president. To his credit, Julius Nyerere in 1967 announced and fostered the concept of Ujamaa, which in Swahili means a sense of community spirit or familyhood (Lal, 2010). Their way of life meant pooling of resources and working together to “to eliminate material and ideological distinctions and compress physical distances between Tanzanian citizens” (Lal, 2010: 1).

The Ujamaa system, however, had implications for women in Tanzania. Imagery and expectations around Tanzanian women were conservative and traditional. That is, women were to care for and extend the family and the wider nation. As a result, women were expected to “protect the integrity of the national family by adhering to ‘tradition’ in dress and comportment” (Lal, 2010: 8). Women entering politics had to do so through the local party (Tanganyika African National Union) - women's wing - Umoja wa Wanawake wa Tanganyika (UWT). Most of the women who joined politics in this way were wives of local politicians (Lal, 2010). Such attitudes towards women perpetuate patriarchy and creates challenges for the status of women in the country.

### Adult literacy levels and education

Adult literacy rate in Tanzania's urban areas is at 89% (94% of men and 86% of women). The levels in rural areas are significantly lower at a total rate of 68% (77% of men and 61% of women) (FAO, 2014). According to UNICEF, by 2007, Tanzania had achieved universal education for all children, but enrolment of students in school has been declining. The children who are likely to drop out of school are those with disabilities, from poor families, in underserved communities, and girls (UNICEF, 2017).

More girls (40.6%) than boys (39.9%) are enrolled in pre-primary schools and primary school (94% girls and 92% boys), but the number of girls significantly declined as they proceeded to secondary school (TDS, 2016). Girls experience a myriad of challenges that stop them from completing their education. A study by Human Rights Watch found that schools forced girls to undergo pregnancy tests and then expelled those who were pregnant (Human Rights Watch, 2017). In 2016, at least 3,700 girls dropped out of primary and secondary school due to pregnancy (UNICEF, 2017). Over one third of all girls in Tanzania are married before age 18, denying them the opportunity to finish school. Girls also experience sexual harassment from

teachers; they lacked proper sanitation facilities and did not receive sex education (Human Rights Watch, 2017). Other reasons for girls dropping out of school were truancy, lack of basic needs, misbehaviour, and illness, including parental illness (TDS, 2016).

## **Employment**

At least 22 million people were employed in Tanzania in 2018 (United Republic of Tanzania, 2018). More men than women are in formal employment; however, the rate of unemployment of young men is declining, and that of young women is increasing (TDS, 2016). However, it is harder for women to stay in formal employment since they spend a disproportionate amount of time doing household chores such as cooking, cleaning, and caring for children (FAO, 2014). However, there is gender parity in employment in rural areas where most people are subsistence farmers, many of whom are women. But women are still disadvantaged. For example, a FAO (2014) study found that most women-owned farms were rain-fed and did not have hired workers. Most women were also hired as casual farm workers and were paid three times less than men doing the same work.

## **Representation and decision making**

While there has been progress in recent years, women political representation in Tanzania is still low. Of the 1,250 candidates who contested in 2015, only 238 women won a parliamentary seat. For the first time, in 2015, the country had a woman vice president, Samia Suluhu Hassan. Hon. Samia was voted in again in 2020, alongside President John Magufuli. In March 2021, after the sudden death of President Magufuli, Samia Suluhu Hassan became the President of Tanzania. No other woman has been in top-level leadership positions such as president, prime-minister, chief-minister or attorney general since Tanzania gained independence from the British in 1961 (Meena, Rusimbi and Israel, 2017). Women in the country are unable to get into political leadership due to gender insensitive screening criteria and male-dominated decision-making processes in political parties (TDS, 2016). The low representation of women can also be attributed to patriarchal attitudes and legacy issues from the previous Ujamaa system.

## **Gender-based violence**

The Tanzania Demographic Survey - TDS found that 44% of Tanzanian women aged 15-49 have experienced gender-based violence. Another common type of gender-based violence in the country is female genital mutilation (FGM). According to the 2015-2016 Tanzania Demographic and Health Survey (2016), 10% of women in the country aged 15-49 have undergone FGM.



## **Access and ownership of resources**

Tanzania's Land Act of 1999 allows both genders to own, access and control land, but most women do not own land. Tanzania's Ministry of Community Development, Gender and Children attributes this to the country's social, traditional, and cultural practices.

## **Reproductive health**

Maternal mortality rate has risen in Tanzania over the years. In 2015, the country had a maternity mortality ratio of 556 deaths per 100,000 live births, largely due to lack of skilled professionals (UNICEF, n.d). There is an 85% risk of maternal death for married women or those living with partners, 80% between the age of 20-24, the peak of reproductive age (International Growth Centre, 2018). The total fertility of women in Tanzania is 5.2 (TDS, 2016). The country has an adolescent birth rate of 132 per 1,000 adolescent girls (UNFPA, 2018). Most of the women are unable to control the number of children that they have due to lack of contraception. Around 22% of women in Tanzania who would like to space or limit births are unable to access contraception (TDS, 2016).

## **HIV and gender in Tanzania**

Around 1.7 million people are living with HIV in Tanzania (Avert, 2020). Women are disproportionately affected. Women aged 15-39 are twice as likely to be living with HIV than men (Ministry of Health, Tanzania, nd). Sexual and physical violence increases women's vulnerability to HIV because they cannot negotiate safe sex (Ministry of Health, Tanzania, nd).

## **RWANDA**

Rwanda is a landlocked country. It borders Uganda to the North, Burundi to the South, Democratic Republic of Congo to the East and Tanzania to the West. There are more women than men in Rwanda (51.5% compared to 48.5%), according to the National Institute of Statistics Rwanda (NISR, 2019).

## **Education and literacy levels**

Rwanda has achieved gender parity in enrolment of students in primary and secondary school, 85% of girls and 84% of boys (UNDP, 2018). However, girls are more likely to drop out of school compared to boys (UNICEF, nd). In addition, boys perform better than girls in 26 out of 30 districts, and there are fewer girls in technical, vocational, and tertiary education (UNICEF, nd). Women's literacy levels are also lower compared to men (65% to 72%). This makes it difficult for them to access resources, participate in decision making and manage small businesses (UNICEF, nd).

## **Participation in the labour force**

Fifty six (56.4) per cent of Rwandans participate in the labour force; however, more men (55.2%) compared to women (38.5%) participated (NISR, 2020). Women do not occupy high positions because they are considered more appropriate for men; they undertake more unpaid work, have lower education levels and less access and control over productive resources (NISR, 2020).

## **Reproductive health**

The average woman in Rwanda bears four children in her lifetime (NISR, 2019). Seven (7) per cent of adolescent girls aged 15-19 years have begun child-bearing (NISR, 2015). The maternal mortality rate per 1,000 women aged 15- 59 from 2014 to 2019 was 0.27% (NISR, 2015). Overall, 53% of married women in Rwanda use a type of contraception; 47.5% use a modern method while 5.8% use a traditional method (NISR, 2019). Only 36% of sexually active unmarried women use contraception (NISR, 2015).

## **HIV and AIDS**

There are 210,200 adults (aged 15-64) living with HIV in Rwanda, with more women (3.7%) than men (2.2%) (Phia, nd). Women and girls have a higher HIV prevalence than men in every age group; the margin is wider in women aged 18-19 who are 10 times likely to acquire HIV than men of the same age (Phia, n.d.). Some of the factors that contribute to this inequality include traditional gender norms, high poverty levels among women, gender-based violence, sexual relationships with older men, and traditional attitudes towards sex (Phia, nd).

## **Gender-based violence**

According to UNDP, gender-based violence is common, tolerated and not reported in Rwanda (UNDP, 2018). UNDP attributes this to patriarchal norms and outdated laws, and unequal power relations between men and women. Around 22% of women in Rwanda between the ages of 15-49 have experienced sexual violence compared with 5% of men in the same age group (NISR, 2015). However, slightly more men (39%) compared to women (35%) have been victims of physical violence (NISR, 2015).

## **Politics and decision making**

The Government of Rwanda has enshrined women's participation in leadership within the constitution, which has increased the number of women in decision making. Rwanda has one of the highest numbers of women in parliament globally and in Africa. By 2018, women's representation in Rwanda's cabinet was 50% (NISR, 2019). Currently, it is 61.25 of women in parliament (IPU, 2020). Women's representation as Cabinet Secretaries was at 30% and 19% at the ambassadorial level (NISR, 2019).

## **Ownership of assets**

According to the 2014-15 Rwanda Demographic and Health Survey, 51% of women in Rwanda aged 15-49 do not own a house and 54% do not own land. Only 8% of women own a house individually, compared with 22% of men and 10% own land alone compared with 22% of men (NISR, 2015).

## **BURUNDI**

Burundi is also another small land-locked country in East-Central Africa. The country is bordered by Rwanda to its North, Tanzania to the East and South, Lake Tanganyika to the South-West, and Congo to the West. Ninety (90) percent of the country's population lives in rural areas.

### **Education**

There is equal enrolment of boys and girls in primary school in Burundi, but girls, especially those from poor households, drop out of school to help their mothers at home and in the farms because it is culturally frowned by boys to do household chores (Basse and Kwizera, 2017). Girls also drop out after getting pregnant, which is related to poverty because most of them engage in transactional sex with men to get money (Basse and Kwizera, 2017).

### **Women participation in the labour force**

Work in Burundi is gendered, with women fetching wood and water, doing household chores, and caring for children and other family members. They are culturally encouraged to work in the home or on family farms instead of looking for formal jobs (Basse and Kwizera, 2017). They work in family farms even when they are pregnant or carrying babies on their backs (Rames, Bununagi and Niyonzima, 2017). Men, on the other hand, farm bananas and cash crops such as cotton and tea that are likely to yield them income (Rames, Bununagi and Niyonzima, 2017).

### **Reproductive health**

The average woman in Burundi is likely to have 5.5 children, varying from 4.1 in the urban areas and 5.7 in rural areas (BDS, 2017). The contraceptive prevalence rate among women in relationships in Burundi is 29%, 23% of the women use modern methods and 6% use traditional methods (BDS, 2017). The contraceptive prevalence is higher among women who are not in relationships (38%), 34% use a modern method and 3% use a traditional method. 30% of the women who are currently in relationships have an unmet need for family planning, 16% to space births and 14% to limit them (BDS, 2017).

## **HIV/ AIDS**

In Burundi, 1.2% of women and 0.6% of men aged 15-49 are HIV positive (BDS, 2017). HIV prevalence is estimated at 3.9% among women who are divorced or separated and at 8.3% among those who are widowed, compared with 0.5% who are single, and 0.9% among those in a union (BDS, 2017).

## **Representation and decision making**

The constitution of Burundi has provided for a 30% quota of women in the Government, National Assembly and Senate. While the country has made progress in this area, women still face challenges in attaining political positions. There has been a steady increase of women's representation from 19.0% in 2001 to 34.6% after 2005 when the quota was introduced (IFES, 2014). However, there are still challenges in securing these positions.

## **Ownership of land and assets**

Women in Burundi do not have access to land and credit (Rames, Bununagi and Niyonzima, 2017). The land that they work on often belongs to their husbands. Therefore, the women farming these pieces of land are considered to be working for their husbands and the money generated from the produce belongs to the household, more specifically to the husband (Basse and Kwizera, 2017). If they need to, they sell food produce from the land so that they can meet their personal needs. However, they have to ask their husbands for permission to do this. Women also face various patriarchal attitudes in terms of inheritance of land and passing on their citizenship to their spouses and children.<sup>4</sup>

## **Gender-based violence**

Burundi Demographic Health Survey 2016-2017 found that 36% of women and 32% of men aged 14 to 49 have experienced acts of physical violence since they turned 15. Among women in a relationship, 70% of cases are by current husband/partner (BDS, 2017). Among students, 36% reported being physically abused by a teacher (BDS, 2017). Almost a quarter of women aged 15-49 have experienced sexual violence (23%), 13% experienced it 12 months before the Burundi Demographic Survey - DHS. While both men and women disapprove of gender-based violence, they see it as a private matter that can only be discussed and solved by family members (Basse and Kwizera, 2017).

## **SOUTH SUDAN**

The Republic of South Sudan is the youngest nation in the world, having gained independence from Sudan in 2011 after a protracted civil war. The country borders Sudan to the North, Kenya and Uganda to the South, Ethiopia to the East, Central African Republic to the West, and Democratic Republic of Congo to the South West. It has a population of 11,062,113 million (World Bank, 2019). South Sudan's 2008 census showed that there were more men (52%) than women (48%) in the country.

### **Reproductive health**

Southern Sudan has a fertility rate of 7.5 and adolescent birth rate of 158 per 1,000 (UNFPA, 2018). The country has the highest mortality rate in the world, at 789 deaths per 100,000 live births (UNFPA, 2018). The high maternal death rates are because of few functional health facilities, and the few do not have adequate equipment, supplies or health personnel. The country has a modern contraceptive prevalence rate of 4.5% (UNFPA, 2018).

### **Literacy levels and education**

Many citizens of South Sudan are interested in getting an education and the government wants to use education as a way of transforming the country (UNECA, 2019). However, the country's education system faces limitations, such as lack of resources and manpower, which has made it impossible for the government to meet its objectives of increasing enrolment by 55% by 2017 (UNECA, 2019). The literacy rates for girls are 40% compared to boys at 60% (UNECA, 2019).

### **HIV prevalence**

In 2019, there were 190,000 adults aged 15 and over, living with HIV in South Sudan, 110,000 of these are women (UNAIDS, nd). The adult HIV prevalence rate in South Sudan is at 2.5%, with 30% of new infections occurring among people aged 15-24 years, 64% of whom are girls and women (UNFPA, 2018). The disease has rapidly spread in the country due to lack of awareness, cultural practices and stigma associated with HIV/AIDS (Bior, 2014).

### **Gender-based violence**

About 65% of women and girls in South Sudan have experienced physical and sexual violence, many of them before turning 18 (UNICEF, 2018). The most prevalent form of gender-based violence in South Sudan is intimate partner violence (IPV), which is triggered by the indirect experiences of war (UNECA, 2019). During conflict, economic conditions worsen, leading to more stress in households and causing violent behavior

(IOM, 2019). Harmful gender norms and normalization of GBV are the main drivers of gender-based violence in the country. For example, 52% of the women surveyed by the International Organization of Migration in 2019 did not believe that rape can take place in a marriage. Many women also thought it was okay for a man to beat his wife if she refuses to have sex with him, argues with him, neglects the children, or leaves the house without permission (IOM, 2019).

### **Representation and political participation**

The Republic of South Sudan has an affirmative action clause in its constitution, providing for 25% of women's representation in government institutions. However, only four areas of government had attained that quarter by 2013. The National Legislative Assembly (29%), the Chairpersons of Specialized Committees (28%), Deputy National Ministers (37%), and Deputy Chairpersons of Institutions and Commissions (25%) (Ministry of Gender, Child, and Social Welfare and UN Women, 2013). Only one out of 34 state governors is a woman and five of 44 ministers is a woman (Amnesty International, 2017). Women in South Sudan cannot meaningfully participate in decision making because they face impediments such as lack of awareness of the existence of the opportunity, lack of confidence, male chauvinism, and lack of finances (SSuDEMOP, 2016).

### **Ownership of assets and land**

The 2011 Constitution of South Sudan accords women the same rights to land as men. It is common for land to be registered under a woman's name in the cosmopolitan Juba, especially if they are single women or professional women with financial means. However, the number of women who own land in smaller towns is significantly lower (Deng, 2016). This is because customary courts limit women's rights to own land independently (World Bank, 2019).

Some officials will not allow women to register land under their name because they fear reprisal from the women's relatives, because under custom norms, land belongs to men (Deng, 2016). As such, women have very little access to land, productive assets, finance, and other factors of production (World Bank, 2019).

## Annex 2: List of interviewees

	<b>Organization</b>	<b>Position</b>	<b>Gender</b>
1	Eastern African Sub-Regional Support Initiative for the Advancement of Women (EASSI)	Programme Manager	Female
2	Eastern African Sub-Regional Support Initiative for the Advancement of Women (EASSI)	Project Officer	Female
3	East African Civil Society Organizations' Forum	Project Officer	Female
4	East African Women in Business Platform	Representative	Female
5	Society for International Development (SID)	Senior Management	Male



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