ONE HEALTH GENDER EQUALITY POLICY

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Acronyms and Abbreviations

AFROHUN	-	African One Health Universities Network
CPD	-	Continuous Professional Development
GAD	-	Gender and Development
MERS	-	Middle East Respiratory Syndrome
OCHEA	-	One Health Central and Eastern Africa Network
OH	-	One Health
SARS	-	Severe Acute Respiratory Syndrome
WID	-	Women in Development

BACKGROUND:

Introduction:

This policy sets out to establish a framework for mainstreaming gender in one health. One Health is the integrative effort of multiple disciplines working locally, nationally and globally to attain optimal health for people, animals and the environment (Musoke et al 2016). One health improves collaboration, coordination, and communication, needed to address the human-animal-environment interface and its implications in the form of zoonotic illnesses and others (Sinclair 2019). Global pandemics such as COVID19, Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) and Ebola have demonstrated the need to work collaboratively across disciplines. Diseases that move between humans and animals require a workforce that can efficiently and effectively coordinate and collaborate across human, animal, environment health sectors for better detection, prevention and response. The African One Health Universities Network (AFROHUN) is a response to this challenge, through education and training, building strategic networks and partnerships, generating future leaders with the capacity to address complex health challenges and through engaging governments by mainstreaming one health concepts in curricular as they train the next generation's workforce.

Gender matters in one health disciplines, given that social processes of ownership, control and use of animal and human resources are gendered. Gender relations structure resources, opportunities and challenges either sex can access and use. In a One Health context, intersectional gender relations influence who can access and control resources such as land and animals, was well as who gegts to make the decisions and over whatThe unequal gender representation in sciences, which form the bulk of one health sciences, has been noted for long. This calls for the network to pay close attention to gender equality in its policies, processes and practices. A one health gender policy, therefore, provides a framework to mainstream gender in the policies, structures, programmes and activities of the AFROHUN.

Situation Analysis:

One Health in Africa was introduced in a context where gender roles and responsibilities assign different roles to males and females. For example at household level, women are responsible for subsistence farming involving food crops while men are assigned roles relating to animals, where a commercial benefit is clear (Republic of Uganda, 2018). Men's ownership and control of animals may lead veterinary extension services to target them with information, leaving out the women who may be the ones actually looking after the animals on a daily basis. Given the importance of animals in securing household resources in Africa, and women's role in agriculture development in Africa, denying them access to improving animal husbandry is stifling growth of the industry.

Beyond the household, gender inequality persists in higher education, community and state levels in form of underrepresentation and sexual harassment in institutions. In institutions of higher learning, females are underrepresented among Science students and faculty, limiting the pool from which universities can draw from to recruit potential one health beneficiaries. Not having females among the faculty and administration denies young female scholars of any potential role models and mentors to take up a research career in one health. This gender underrepresentation carries on into policy making and financing of OH research, which is a challenge for accessing research funding and policy uptake of research results. It is therefore imperative that a OH network such as AFROHUN pays attention to these gender issues with a strategy to address it.

ABOUT AFROHUN:

AFROHUN is an international network of 27 institutions across the disciplines of Public Health, Veterinary, Environment Sciences higher education institutions located in 18 universities in nine countries found in Eastern Africa (Uganda, Kenya, Tanzania, Rwanda and Ethiopia) , Central Africa (Democratic Republic of Congo) and Western Africa (Senegal, Cote d'Ivoire and Cameroon), in partnership with nine international partners found in all continents. Starting in 2010 as the One Health Central and Eastern Africa Network, the network has grown, transforming from OHCEA to the AFROHUN in 2020. AFROHUN's mission is: *'To drive transformational change for continuous improvement of health and well-being of humans, animals, and environment through One Health principles and approach to research, training and community service'.* This mission is implemented through four strategic pillars which anchor the specific objectives of the network, namely:

1. Education and Capacity Building,
2. Research, Innovations And Community Service,
3. Resource Mobilization and Partnerships, and
4. Organizational and Network Strengthening

The AFROHUN spans several sectors/disciplines including: Health, Veterinary Medicine, Education, Water, Agriculture, Environment, Wild Life, Gender, Economics, Social Science, Anthropology, Engineering, Business sector, Information, Communication and Technology (ICT), Private sector, Public/Private partnerships, Minerals and Land, Transport, Immigration, Trade, Aviation and National Security.

To date, the AFROHUN has trained 4,555 students and 1,432 faculty. Gender disparities are clearly visible in this, illustrated by the ratio of 34% female to 66% male among students and 28% female to 72% male among faculty. Attaining gender parity in training and research is one of the main goals behind development of this Gender Policy.

LEGAL AND POLICY CONTEXT

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The AFROHUN gender equality policy is guided by a plethora of different local, national and international legal and policy frameworks, within different member institutions and countries.

The international policy and legal instruments include:

1. The African Union strategy on Gender Equality and Women's Empowerment (GEWE) 2018-2028
2. The United Nations Convention on the elimination of all forms of discrimination against women (1979)
3. East African Community Gender Policy 2018
4. The United Nations Convention on the rights of the Child (1989)
5. The International Covenant on Civil and Political rights (1966)
6. The International Covenant on Economic, Social and Cultural rights (1966);
7. The Beijing Declaration and Platform for action (1995) and outcome documents associated with follow up meetings Beijing+5 (2000), Beijing +10 (2005) and Beijing +15 (2010)
8. The United Nations Security Council resolutions 1325 (2000) and 1820 (2008) on Women, Peace and Security (2000);
9. The Millennium Development Goals (MDGs) (2000).
10. The Sustainable Development Goals (SDGs) (2015) 17 goals with 169 targets

The national policy and legal frameworks found in partner countries are several and can be categorized as follows:

1. National gender and sector specific policies:

These included national constitutions, national policies such as those emanating from the health, veterinary and social sectors. Specific examples include: a) Kenya – national Constitution 2010, National Policy on Gender and Development (Ministry of Public Service, Youth and Gender), Section 59(1)(b), Kenya Human Rights and Quality Commission – Gender Equality and Equity – National development, Universities policies on gender, Ministry of Health, Community Development, Gender, Elderly and Children – National Gender Policy; b) Democratic Republic of Congo – National Constitution (2006), National Gender Policy, Constitution 2006 and Ministry of Gender and Family; c) Senegal – Gender focal points in government ministries; d) Rwanda - Right to property, land ownership and inheritance, and Min of Gender and Family Promotion; e) Ethiopia – national Constitution, Ministry of Women's Affairs and National Action Plan for Gender Equality, Gender Policy, Gender policies in universities; f) Cameroon – Gender is a priority with three Ministries of Youth, Social Affairs, Women Empowerment and Family all dealing with gender and g) Uganda with the national constitution, institutional policies and the Ministry of Gender, Labour and Social Development.

2. University and Institutional Gender Equality Policies:

University and other institutional policies governing enrolment and gender mainstreaming. Examples of specific gender related policies, include: a) the Makerere University Anti-Sexual Harassment Policy, b) The Affirmative Action Policy; c) The Gender Equality Policy to mention a few. This is a clear indication that all One Health countries and partner institutions have committed to gender equality at national policy making level. The benefits of this are twofold: a) they provide an opportunity for mainstreaming gender in One Health programmes, and b) ease implementation of the One Health Gender Equality Policy.

POLICY FRAMEWORK, OBJECTIVES AND PRINCIPLES

GOAL OF THE AFROHUN POLICY:

A gender sensitive and inclusive Africa One Health University Network (AFROHUN).

Purpose of the AFROHUN Gender Policy:

To guide effective gender mainstreaming and inclusivity in AFROHUN policies, programmes and activities

Specific Policy Objectives:

1. To promote gender sensitivity among the AFROHUN institutions, beneficiaries and stakeholders, through routine activities to promote gender awareness.
2. To mainstream gender in the AFROHUN policies, programmes and activities by providing the guides, indicators and monitoring and evaluation framework for gender mainstreaming in AFROHUN programmes and activities.
3. The provide an institutional framework for mainstreaming gender in AFROHUN activities by providing support mechanisms, guiding principles and resources (human and financial) to effectively implement gender mainstreaming in AFROHUN programmes and activities

GUIDING PRINCIPLES FOR THE ONE HEALTH GENDER EQUALITY POLICY

The implementation of AFROHUN Gender Policy is guided by the following principles:

1. Equality of all persons
2. Fairness and justice
3. Social transformation
4. Efficiency and Effectiveness

These principles are further grounded in the different national and international legal instruments that provide for gender equality. Prominent of these are the Sustainable Development Goals (SDGs). Specifically, SDG5 provides for Gender Equality, seeking to achieve gender equality and empowerment for all women and girls. The SDG5 has eight main targets including: ending discrimination against women and girls; ending all violence against and exploitation of women and girls; eliminating forced marriages and genital mutilation; valuing unpaid care and promoting shared domestic responsibilities; ensuring full participation in leadership and decision-making; universal access to reproductive and health rights; equal rights to economic resources, property ownership and financial services; and promoting empowerment of women through technology. SDG5 and its targets provide a great framework for this gender policy because the targets relate in different ways to the gender goals of the AFROHUN.

GLOSSARY OF SELECT GENDER CONCEPTS:

There are several gender concepts that could apply to one health activities. In this section we select those that most apply to the implementation of AFROHUN activities:

Sex:

Sex is a term describing the biological differences between men and women, which are universal and determined at birth. Sex is natural and un-changing, although with advancements in technology, there have been attempts by people to change their sex. People are born males or females, they learn to be boys and girls, and grow into men and women.

Gender:

Gender refers to the socially constructed differences and distinctions between men and women. It refers to the social attributes associated with being male or female and the relationships between and within them. Gender differs from sex in that it is socially constructed and are learned through socialisation processes. Gender and gender relations are context and time specific, as well as changeable. Gender is a primary way of signifying relationships of power (Scott, 1988).

Gender Division of Labour:

It refers to the way society assigns tasks, activities as well as responsibilities to people according to their sex. Gender division of labor is not universal but varies across culture, space, time, race, geographical location, class, religion, education level, and ethnicity among others. In formal employment, men tend to do better paid and prestigious work while women are likely to occupy the lower positions.

Gender Needs:

Gender needs are needs that arise from people's positioning in society, determined by the socially constructed attributes of maleness and femaleness. Gender needs are normally classified as practical and strategic.

Practical gender needs (PGN):

These needs arise out of the concrete conditions that women and men experience, and are usually a response to an immediate perceived necessity. They arise out of gender division of labour as well as differences in access to and control over resources and benefits. Women and men have different practical gender needs because of the gender roles assigned to them in their specific settings.

Strategic gender needs (SGNs):

Strategic gender needs arise out of the analysis of women's position relative to that of men. Intervention at the level of strategic gender needs challenges the existing gender division of labour and the position of men relative to that of women. If strategic gender needs are addressed, the existing relationships of unequal power between men and women are transformed.

Socialization:

Socialization is not necessarily a gender specific term, but it is key to our understanding of Gender. It involves the inculcation of norms and values (gendered or otherwise) into children, which starts at birth and continues to adulthood. Through Socialization, boy and girl children learn to be socially acceptable males and females, as prescribed by their respective societies. This involves learning their appropriate roles), responsibilities and the position of their gender in society. Also through socialization, stereotypes about males and females are transmitted from one generation to the next. Notably, socialization occurs in three distinct stages, namely: primary socialization (as young children at home); secondary socialization (outside the home) and adult socialization (as career professionals)

Gender Analysis:

Gender analysis is the systematic examination of the different activities and identities of men and women. It encompasses understanding of power relations relating to patterns of women's and men's access to and control over resources, authority and social legitimacy. There are different ways of conducting gender analysis, with key areas of focus being roles, resources, decision making, voice, opportunities, privileges, and constraints.

Gender Inequality:

Gender inequality is a form of social division relating to varying amounts of power, resources and opportunity between men and women. When roles, responsibilities and opportunities are differentially allocated and interpreted between men and women, one gender becomes more socially privileged than the other. Gender differentiation is not just about women and men being different. It would not matter if women and men were different but equal. What matters is the social advantage that men often wield in various arenas such as the household, the workplace, the community, the market place and the state. Gender inequality can be unpacked by identifying gender gaps; gender discrimination; and gender oppression.

Gender Equality:

Gender equality refers to equal enjoyment by women and men of socially valued goods, opportunities, resources and rewards. Gender equality does not mean that men and women become the same but rather their opportunities and life chances are equal. This would mean not discriminating people on the grounds of one's sex in allocation of roles, resources, benefits, privileges or in access to services.

Gender Equity:

Gender equity refers to fairness and justice in the distribution of resources, benefits, and responsibilities in all spheres of life. Since it is not rights-based, equity is negotiable. Achieving equity could be one way of achieving equality.

Gender Gap:

Gender gap is a quantifiable indicator of gender inequality. It reveals the differences between men and women with regard to opportunities such as access to education, ownership of productive resources and participation in decision-making.

Gender Norms:

Gender norms are a type of social norms which define what actions are socially accepted for males and females. They are often inculcated through socialization and entrenched through formal and informal institutions.

Gender Relations:

Gender relations are those dimensions of social relations that create differences in the positioning of women and men in social processes. Gender relations entail the ways in which a culture or society defines entitlements, responsibilities and identities of men and women in relation to one another. Gender relations consist of social distribution of space, the norms governing the space, and social, political and economic rights. Through gender relations, men are often given greater capacity than women to mobilize a variety of material resources and cultural roles.

Gender Discrimination:

Gender discrimination entails unfair and differential treatment meted out to people based on their gender. Females are often the victims of gender discrimination, as the negative stereotypes are used to judge their abilities and deny them opportunities.

Gender Stereotyping:

Stereotypes are structured sets of beliefs about the personal attributes, behaviors, roles of a specific social group. Gender stereotypes are one-sided, and often exaggerated images of men and women, which are deployed repeatedly in everyday life. Stereotyping occurs when men and women are regarded according to the rigid thinking of socially constructed expectations of their gender.

Gender Blindness:

His refers to the failure to identify or/and acknowledge differences based on gender and how these differences structure opportunities, entitlements and constraints between men and women.

Gender Awareness:

This is the knowledge and appreciation of social and cultural differences between women and men and how these result in differences in roles, power relations, privileges, responsibilities, access to and control over resources. It is the ability to appreciate that gender difference exists, and that it is, in most cases, undesirable.

Gender Sensitivity:

The acknowledgement that gender differences exist and the analysis of how they arise in society (in specific situations). It implies the ability to recognize and respond to gender issues.

Gender Mainstreaming:

Gender mainstreaming is a strategy for making the concerns and experiences of men and women integral to the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres. It is a process of addressing the implications for women and men of any planned action including legislation, policy formulation, and implementation of programmes and projects, giving adequate attention to gender issues at all levels of development. This objective implies that resources, opportunities and benefits shall be equally distributed between males and females. It calls for gender equal and equitable policies and programmes. Furthermore, it calls for the use of gender sensitive language.

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Gender planning:

Gender planning acknowledges the different positions, roles and needs of men and women in policy making, as well as in the household and society, arising from the different resources they control. Gender planning is intended to provide a conceptual framework and the methodological tools, relating to roles, needs and policy approaches not only to assist in the appraisal and evaluation of current interventions but also in future formulation of more gendered policies, programmes and projects.

Gender disaggregated data:

Gender disaggregated data is a key component of gender planning. This is information gathered from people and categorized on the basis of one being a man/woman, boy or a girl. In most cases gender disaggregated data is statistical, including mortality rates, literacy levels, enrolment rates, and staffing. However, this information should go beyond quantitative to qualitative indicators, including human relations such as division of labour and the distribution of resources and benefits in a given setting.

Gender audit:

This is a periodic assessment looking at progress towards gender equality. A gender audit involves a rapid appraisal of gender capacities of organisations or programmes. A comprehensive gender audit requires key skills of gender analysis in order to develop adequate benchmark indicators on individual and institutional capacities. At the institutional level, a gender audit involves an analysis of the policies, plans and priorities, and what underlies the different choices made. In this sense the concern is about measuring the level of commitment to gender equality – whether substantial or lip service and the willingness to commit resources for the purpose. The measurement of individual capacities deals with the people within a specific setting, their level of exposure and sensitivity to gender.

Gender budgeting:

A gender sensitive budget analyses how the budget caters for the interests of women and men, boys and girls and therefore its potential impact on them. This budget is not a separate budget for women and men. It acknowledges the existing differences between men and women in a given society with regard to the work they do and the resources they have available to undertake that work. A gender sensitive budget considers these gender differences while allocating resources, thereby addressing issues of gender equality.

Affirmative action:

Affirmative action, also referred to as positive discrimination, is a deliberate action to redress past and present inequalities on the basis of gender, race and disability, in order to provide equal opportunities to everybody to fulfil their personal potential. Affirmative action is a commitment, which includes specific measures to address gender gaps. Deliberate affirmative action measures such as quotas are put in place to improve the status of the disadvantaged group in order to enable them have more equal opportunities, as in education or politics.

Women in Development:

Women in Development (WID) was coined in the early 1970s by female development professionals, inspired by Ester Boserup's study of 1970. Influenced by the modernization approach, WID advocates emphasized including women in current development approaches, particularly increasing their productive capacity. WID attracted three criticisms: a) assuming that women were a homogenous group; b) failing to consider women's unique situation, especially with regard to their reproductive role, and responsibilities within the household; and c) focusing on women, with no attention paid to gender relations and the unequal power relations between genders.

Gender and Development:

Gender and Development (GAD) was influenced by Western Socialist feminism. GAD calls for a synthesis of the issues of materialist political economy and radical feminist issues of patriarchy and ideology (patriarchal ideology). GAD combines an examination of women's material conditions and class position, and patriarchal structures and ideas that define women's subordination. It focuses on relationships between men and women in the development process, and not on women alone.

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IMPLEMENTATION STRATEGIES FOR THE AFROHUN GENDER POLICY:

POLICY PRIORITY ACTION AREAS:

The policy priority areas are derived from the four AFROHUN pillars, under which the policy priority actions are presented as illustrated below. Each pillar has specific objectives, each with specific gender targets:

PILLAR 1: EDUCATION AND CAPACITY BUILDING

Education and capacity building is the first pillar of the One Health concept. Under this, the strategic goal is to:

Provide pre-service and in-service education, training and outreach, to expand the size and capabilities of the one health workforce that meets the national, regional and global needs.

This is further unpacked into two strategic objectives namely:

1.1 To advance the One health concept and principles in pre and in-service curricula

1.2. To enhance the competencies and skills at the pre-service and in-service levels

<u>**Policy Priority Actions:**</u>

a) **Mainstreaming Gender in the One Health Curricula**

One health policies in several countries acknowledge the role of gender relations in roles, vulnerability to illness and discrimination in seeking care. To be able to unravel, research and document this, there is need to mainstream gender in the curricula, especially in the research methods training. There is need to mainstream gender in the One Health curricula for pre and in-service beneficiaries. That would require looking at the curricula of One Health and of continuous professional development (CPD) to explore how they have or can mainstream gender. This could be either as a single programme in Gender which all students have to do or developing several modules running in the different One Health programmes. The best would be to look at the programme with a view to mainstreaming gender in all One Health programmes. In 2016 OHCEA undertook this largely for the community activities. To cater for the new partners and the constantly changing participants and faculty, there is need to make mainstreaming gender in the curricula a mandatory requirement for all participating institutions.

b) **Develop Tools for Mainstreaming Gender in the One Health Curricula**

One Health curricula is largely from the Sciences. As such many faculty may not be knowledgeable about gender and how to mainstream it into the One Health curricula. To ease their work, tools and frameworks for mainstreaming gender in the curricula will be developed and shared with the relevant institutions.

c) Promote Institutional Gender Mainstreaming Policies

One Health curricula is offered within academic disciplines largely of a Science nature. Often gender is not a requirement unless the institutions make it mandatory. There is need for institutions to develop policies that make gender mainstreaming in academic curricula mandatory.

d) Increase Female Students Enrolment:

One Health programmes in Africa suffer lower female enrolment because of the gender disparities in the Science disciplines, their main source. Partner institutions will be required to develop strategies to increase female students in the One Health programmes. These could range from incentives for female recruits into the programmes; mandatory quotas for female enrolees; to affirmative action for female students into the Sciences.

e) Affirmative Action for Females in One Health Courses:

The limited females in Science disciplines makes a great case for affirmative action in favour of females students to boost their numbers. Many partner countries have national and institutional policies and laws providing for affirmative action. AFROHUN will leverage these policies and laws to increase the number of females in the Sciences and in the One Health programmes in partner institutions. This could range from expanding the entry requirements to make it more inclusive and favourable to females; lowering the entry requirements for female enrolees; increasing female students' funding; to directly head-hunting them and getting them into the programmes. This could go hand in hand with ensuring that once they enrol they are supported to perform and excel on the programmes.

f) Capacity Building for Female Students:

Many females joining the One Health programmes are likely to require more equipping in skills and experience. For example a USAID study by Manfre et al (2013) observed that women were unlikely to be recruited as extension workers in many African countries. Most agriculture advisory services lacked women in their leadership. This could be because after school, most young females get busy with domestic and reproductive roles of raising a young family. Even with in-service career opportunities such as One Health training, these females may need bridging/gapping capacity building programmes to build their capacity and enable them cope with their male counterparts with more experience. Such programmes could

include practical field works sessions, life skills to survive in the field, short courses on gender awareness and bridging courses.

g) Gender Awareness Training for One Health Faculty and Administrators

Most one health faculty, like their students come from traditional Science disciplines. As such they may have had exposure to gender training. Hence, there is need to raise awareness of staff and students about Gender Analysis and why it is necessary in One Health. Such awareness could be about gender, gender mainstreaming, its relevance on One Health and how to undertake it. These activities should be routine, at least at the start of each semester. A key example is the Gender, One Health and Infectious Disease short course for Public Health professionals developed by Makerere University in partnership with Tufts University (Amuguni et al 2018).

h) Gender Balance in Leadership in One Health Students Clubs (SOHIC) (Most presidents come from Vet Medicine).

One Health student clubs have been established in all AFROHUN countries and institutions. Their task is to promote the One Health approach in an efficient and cost-effective way. SOHICs, a pre-service training strategy to support One Health experiential learning are self-organizing students' platforms to promote breaking of disciplinary silos among the future One Health workforce are promoted to build requisite competencies among university students to create knowledge and awareness on critical health and health-related issues in the communities. Through their activities, SOHICs have impacted students, faculty and communities where they conduct outreach activities. These clubs are innovative and are key to raising the next generation of One Health practitioners. Currently the leadership and memberships is predominantly male. Most of the leaders are males from the Veterinary Sciences. Therefore there is need to ensure their membership and leadership are gender balanced, to enable both males and females to undertaken experiential learning, reach out to communities and inspire more females to undertake Sciences and One Health training.

i) Specific Social Amenities for Female Students

Beyond academics, female students and participants, especially at post graduate level have several gender relating challenges resulting from their socially assigned gender roles as mothers and wives, which may affect their experiential learning. As a result, they not freely engage in the required fieldwork and or residential meetings. For example, those with young babies who are not budgeted for may end up missing altogether. Even when they bring their babies along, the lack of facilities at most fieldwork sites makes it difficult for them to cope. Further, the field dress code, particularly the need to wear trousers and ride motorbikes is not permissible by some religions or families. It is therefore important that One Health institutions pay attention to these peculiar challenges and improve the welfare of female

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students and participants. For example females with babies could get additional funding; fieldwork sites could construct dormitories with cooking facilities for the babies and their minders; more funding to the entire programme to ensure gender mainstreaming in fieldwork; disallowable costs and more.

j) Outreach to Schools in Gender and One Health

The low female enrolment in One Health programmes in Africa emanates from the low enrolment of females in the Science courses. Science courses are the feeder into One Health programmes. Fewer females selecting Sciences courses at high school implies fewer students doing Sciences at undergraduate and post graduate levels. Hence, there is need for One Health institutions to reach out to primary and secondary school levels to popularise and empower female students to undertake Sciences. Gender sensitive One Health Student clubs are a cost effective vehicle that could be promoted to inspire more girls to undertake Sciences and be gender empowered.

PILLAR 2: RESEARCH, INNOVATIONS AND COMMUNITY SERVICE

Research and innovation is a key aspect of the AFROHUN network, with the strategic goal being to:

Strengthen multidisciplinary and innovative research on priority areas and share information to advance evidence based training, knowledge, practice, and policy development.

Research is crucial to the empowerment of the One Health workforce (pre and in-service training). The strategic objectives include:

2.1. **Strengthen capacity of AFROHUN to undertake and support multidisciplinary research in priority areas**

2.2. **Strengthen capacity to undertake and support one health innovations for service and evidence-based decision & policy making**

2.3. **Promote research and innovations uptake and translation of knowledge for diverse consumers**

2.4. **Support transformation of the community through outreach and community engagement**

Policy Priority Actions:

Given the gender disparities in One Health faculty and students, it is pertinent that the network purposes its research to be gender responsive. This can be at several levels, as illustrated by the following Policy priority actions:

1. Gender mainstreaming in network research:

Research in the partner institutions should purpose to be gender sensitive. This could be ensured in three following ways:

  i)   Where possible, equal representation of males and females in research teams and community outreach activities;
  ii) Equal representation of male and female household heads included in research, outreach and community engagement activities;
  iii) Equally target male and female students and faculty with information on research calls and funding
  iv) Equal representation of male and female network partners and collaborators
  v)   Gender mainstreaming in research leadership
  vi) Create an enabling environment for gender sensitive research
  vii) Country by country gender analysis of the drivers of gender inequality.

2. Funding:

Female researchers (students, participants and faculty) tend to be in the lower career ranks because of reproductive roles, which hampers their research track record. As such, they struggle more than their male counterparts to access research funding. Gender sensitivity in research funding should be ensured by:

  i)   Earmarking funding for gender focused studies
  ii) Equal research funding support to male and female researchers
  iii) Making gender sensitivity a key criteria for accessing research funding
  iv) Having a gender equality statement in the research calls

3. Capacity Building for Gender Sensitive Research, Reporting and Uptake:

Earlier we observed that owing to gender sensitive challenges, female students, staff and participants may have less research experience than their male counterparts. They take longer to join the academy as staff and as post graduate students. Hence, male colleagues with a longer research track record may be more experienced and advantaged in winning research grants and

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leading research teams. Hence, there is need for specific interventions to help build females' capacity in winning grants, managing research teams conducting research and innovations. For example, this may require giving such females specific grants writing and management training, allocating them mentors and equipping them with gender sensitive research skills. It also calls for specific capacity building research grants training for female researchers, as well as gender awareness sessions for the researched. It also means acknowledging females' researchers efforts in research an innovation, without appropriating their efforts by senior male colleagues.

4. **Developing tools for gender responsive research:**

The feminist critique of traditional research is that it is often gender blind. To ensure that research becomes gender sensitive, it is important to develop frameworks and tools to enable gender sensitive data collection and analysis in the different aspects of One Health. This will require the network to explore qualitative data collection instruments that enable respondents narrate their experiences; matrixes to show what males and females are engaged in; tools for capturing voice to measure empowerment and techniques for gender budgeting in one health activities. Within partner institutes, data frames will have to be developed to capture analytics of gender distribution of students, participants, faculty and researchers.

5. **Gender Sensitive Data Collection:**

To enable gender analysis of any kind, one needs gender disaggregated data. Gender disaggregated data provides the patterns and trends which create a need for more in-depth data. It is important that the network continues to prioritize the collection of gender disaggregated data in all its activities, including teaching, learning, enrolment, research (researchers and researched), grants winning, and more. Beyond statistics, qualitative gender sensitive data could be collected in form of experiences, case studies, voice, and more. This data will be useful to inform the Monitoring and Evaluation framework.

6. **Establish partnerships with gender stakeholders for uptake of research results:**

Often, questions about the relevance of university research on African research have been raised. AFROHUN seeks to engage in and generate relevant research and innovations to catalyse social change in societies. Hence, the research and innovations have to be disseminated in both Scientific and popular versions, to enable uptake of research products and innovations. Given that most AFROHUN courses are Science based, this will require network partners to establish partnerships and collaboration with other organisations working in the field of gender and community development within specific countries for purposes of research and innovation, as well as research uptake. With such stakeholders, the network will be guided on which research is most needed and where it is needed, making it possible for it to be readily adopted.

PILLAR 3: RESOURCE MOBILISATION & PARTNERSHIPS

Resource mobilization is key for AFROHUN activities. Resources in this case are financial, technical, time, sourced from grants, partnerships, collaborators, working together to deliver on the goals. The gender recommendations being made in this policy and strategy will require resources to implement. This pillar's goal is:

Strategic partnerships created and adequate resources secured for sustainable One Health initiatives.

The strategic objectives include:

3.1. **To build and leverage strategic partnership with Governments, local, regional and international organizations, private sector and networks to drive One Health agenda.**

3.2. **To mobilize and secure resources from partners in order to sustain One Health agenda**

<u>**Priority Actions:**</u>

The policy priority areas from a gender perspective here would include:

1. **Gender at the Centre of Partnerships and Collaboration: (Go beyond research)**

AFROHUN network partners need to have partnerships with each other and with others. This is fundamental for resources and information sharing. It is also important for increasing the opportunities of the students, staff, participants and beneficiaries for experiential learning. Gender needs to be central in undertaking strategic partnerships and collaborations. This will entail AFROHUN purposing to include partners who value gender equality as a key principle. This will include networks partners who are academic and nonacademic, scientific and advocacy related, to ease experiential learning, research, research uptake and mobilise resources for gender sensitive research and advocacy.

2. **Mainstream gender in research collaboration, partnerships and network institutions:**

Having targeted partners and networks that prioritise gender, there will be need to mainstream gender in the policies and practices of the network, to ensure all members are upholding the same gender practices with regard to collaboration and resource utilisation. To ensure this is effective there will be need: a) appoint gender champions within the network with clear roles; b) mobilise resources to enhance gender mainstreaming in the networks and programmes; c) use research products to attract more funding and strengthen the research component; and d) develop a theory of change show how gender will be mainstreamed and gender relations improved. If well done,

there will be gender dividends in terms of capacity building, resources, skills transfer, internship placements, enabling more uptake even with limited resources.

3. Gender Awareness training for partners: and Gender Equity Budgeting

Given that not all one health institutions and potential partners are gender sensitive, there is need to ensure that partners or members of the network are equally gender aware. This will involve member institutions undertaking gender awareness training to ensure all participants understand and have a common understanding and uphold gender values. Such training could be the short courses like the one developed by the network or provided by network partners with expertise in the field of gender studies. To make it more effective, they could be provided periodically to any new partners and staff.

4. Gender working groups within and between network institutions

To sustain the research agenda and influencing agenda of AFROHUN, network institutions and partners need to be encouraged to have gender working groups, which will shape the gender agenda for research within their institutions and community engagement activities. These gender working groups should comprise students, staff and external stakeholders and should be gender inclusive at all levels. Routinely, these gender working groups could have ccollaborative network activities such as annual conferences for meetings and networking about gender. These initiative could be institutionalised by signing Memoranda of Understanding between network members and institutional gender units for collaborative support.

PILLAR 4: ORGANISATIONAL & NETWORK STRENGTHENING

Gender sensitivity at the Secretariat and country level nodal points is key to the implementation of this gender policy. The strategic goal of the AFROHUN network with regard to organizational and network strengthening is to:

Strengthen the capacity of OHCEA secretariat and that of network institutions to deliver one health.

The specific objectives are:

4.1 Build organizational capacity

4.2 Strengthen leadership capacity

4.3 Support capacity of network institutions to deliver one health programmes

These provide the AFROHUN with an opportunity to equip Secretariat and national level leaderships with gender skills to implement the gender policy.

Policy Priority Actions:

1. **Gender Mainstreaming at the Regional and National Secretariats:**

For the Secretariats to be able to implement this Gender Policy, they will need to mainstream gender in their policies and processes. This could be achieved for example through increasing the number of females in leadership at the regional and national secretariats; developing tools for capturing gender sensitive data across network partners; ensuring gender equitable recruitment and human resource development processes. In addition to these there should be policies and systems that guide processes relating to budgeting, recruitment, appraisal, planning, monitoring and evaluation.

2. **Establish a Gender Unit at the regional secretariat**

The AFROHUN regional and national secretariats do not have a specific gender desk officer. The available gender champions are largely academic, for academic programmes within institutions. Outside the academia, staff promote gender as volunteers, which is additional to their roles. There is need to recruit a gender desk officer for each secretariat, or at least at the regional level to oversee and track the implementation of the gender policy. The gender desk officer would be in charge of looking out for critical gender issues; initiate interventions to address them and recommend how the same could be averted in future.

3. **Gender Capacity Building for Regional and National Secretariats:**

For Secretariat staff to be able to implement the gender policy, they will need to be equipped with gender analytical skills. This could be undertaken by:

a) Conducting periodic gender awareness and analysis skills workshops
b) Pairing female leaders in regional and national secretariats with senior gender and research mentors
c) Organising conferences, meetings and networking sessions about gender for secretariat staff
d) Developing a gender analysis short course for each network institution
e) Inducting all new network members or cohorts into gender champions.

If well undertaken, these will increase the number of staff trained in gender sensitivity and analysis, as well as increase implementation of the gender policy.

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4. Document/Information sharing about Gender Strategies:

Readily accessible gender information is key for proper planning and implementation of the gender policy. To enable this, the regional secretariat will need to develop a repository with all network policies, strategies and progress reports about gender and the gender policy implementation. Apart from being readily available, it will enable information sharing across the network, inspiring others to mainstream gender in their activities and processes.

Gender capacity building for the AFROHUN Board and summit to ensure they approve infrastructure proposals. During oen of the leadership summits, etc. (Board, supervisory and oversight, eladehios summit where deans meet 4 times a year)

INSTITUTIONAL FRAMEWORK FOR THE IMPLEMENTATION OF THE GENDER POLICY

INSTITUTIONAL FRAMEWORK MATRIX

Implementing this policy will involve a number of stakeholders at all levels in the different sectors spanning the One Health Network. These would include government ministries, the AFROHUN Board, the AFROHUN Leadership Summit, academics, students, partners, participants and consumers of the research produced by the network. The institutional matrix below identifies the key stakeholders and their potential roles in implementing this policy:

Table 1: Institutional Roles regarding Implementation of the Gender Policy

Institution	Roles and Responsibilities
Government Ministries of Education and Gender	Overseeing the implementation of Gender Equity and Equality in all national partner universities and institutions or organizations
Other government ministries	Comply with the provisions of the AFROHUN Gender Policy in relation to their sectors
	Develop sector specific gender policies
Regional AFROHUN Secretariat	Oversee the overall implementation of the Gender Policy at regional and national levels
	Facilitate the implementation of the Gender Policy in the partner countries
AFROHUN Board	Overall governance; policy making and enactment; champion the implementation and monitor compliance to the policy

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AFROHUN Leadership Summit	Governance responsibility at summit level, technical due-diligence, policy making for gender, oversee implementation of AFROHUN activities in their institutions, provide a conducive learning environment.
Gender units within partner universities	Collaborate on resource mobilisation, grants writing and technical support in mainstreaming capacity building
Strategic Development partners	Collaborate in resource mobilisation, capacity building, and technical support for mainstreaming gender and oversee compliance to international gender instruments.
National AFROHUN Secretariats	Support the implementation of the Gender Policy at national level, but specifically at the partner institutions
Partner Institutions	Identify female candidates for affirmative action
	Training and mentorship of females in the One Health programme.
	Shape the enactment of Institutional/University wide gender policies such as gender mainstreaming and affirmative action
Gender Champions	Steer the mainstreaming of Gender in the curriculum
	Oversee the overall implementation of the Gender Policy within the curriculum and academia in general
Community	Ensure a safe gender sensitive learning environment, strategic partnerships.

RESOURCES FOR IMPLEMENTING THE AFROHUN GENDER POLICY

Resources for implementing the AFROHUN Gender Policy will be sourced by the AFROHUN regional secretariat, which will steer the resources mobilization as provided for under Pillar 3. The regional secretariat will undertake to inspire the national secretariats to, working with their networks, secure grants for the implementation of the Gender Policy within their countries. Network members will be asked to sign up to gender values. That way, implementation of the Gender Policy within partner institutions will be institutionalized within the institutions' policies and processes, guided by their national laws and policies relating to gender, as well as international legal frameworks for gender equality. Hence, the cost of implementing the Gender Policy within

universities will be borne by individual universities, as it will be institutionalized within their institutional and national policies.

MONITORING AND EVALUATION FRAMEWORK

Gender issues in the AFROHUN cut across many aspects of the network. Several gender policy priority actions have been identified above. The Monitoring and Evaluation framework below identifies the key monitoring indicators integral to each pillar.

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Table 2: Indicators of Policy Priority Actions

PILLAR	POLICY PRIORITY ACTION	INDICATORS
Pillar 1: Education and Capacity Building	a) Mainstreaming Gender in the OH Curricula	• Number of courses on Gender and OH, either as independent or as modules, programmes and academic offerings
	b) Develop Tools for Mainstreaming Gender in the OH Curricula	• Gender Mainstreaming tools developed
	c) Develop Institutional Gender Mainstreaming Policies	• Number of institutional Gender Mainstreaming policies
	d) Increase Female Students Enrolment	• Increase in the proportion of females students in the programmes
	e) Affirmative Action for Females in OH Courses	• Affirmative Action programs developed • Increase in the number of women enrolling
	f) Capacity Building for Female Staff and Students	• Number of female students and staff being trained in OH and Gender mainstreaming
	g) Gender Awareness Training for OH Faculty and Administrators	• Number of OH faculty and administrators trained in gender awareness
	h) Gender Balance in Leadership in OH Students Clubs	• Equal numbers of males and females in SOHIC clubs
	i) Specific Social Amenities for Female Students	• Sanitary facilities constructed in fieldworks stations/communities.
	j) Gender outreaches to Schools in SOHIC clubs	• Number of times SOHIC clubs have visited schools to raise awareness about gender. • Increase in number of females selecting Sciences at A-Level
Pillar 2: Research, innovations and Community service	a) Gender mainstreaming in network research	• Increase in the number of gender sensitive research projects • Gender balance among respondents • Increase in the number of female OH researchers

		Indicators
	b) Funding	• Number of female students and staff receiving funding calls for bidding • Increase in funding for gender sensitive projects • Number of research calls ring-fenced for female researchers • Number of grant calls having gender sensitivity listed in the criteria.
	c) Capacity Building for Gender Sensitive Research, Reporting and Uptake	• Workshop curriculum developed. • Training workshop reports • Number of national secretariats staff trained • Number of regional secretariat staff trained
	d) Developing tools for gender responsive research	• Number of Gender focused OH research tools developed/adapted
	e) Gender Sensitive Data Collection	• Gender sensitive research tools (qualitative and quantitative developed) • Gender disaggregated data collected • Qualitative gender sensitive data collected
	f) Establish partnerships with gender stakeholders for uptake of research results	• Number of institutions having MoU/Partnership agreements with gender stakeholders (government ministries or CSOs)
Pillar 3: Resource mobilization & Partnerships	a) Gender at the Centre of Research Partnerships and Collaboration	• Increase in the number of female researchers • Number of gender sector collaborators in the network • Number of grant calls ring-fenced for gender focused research
	b) Mainstream gender in research collaboration, partnerships and network institutions	• Increase in the number of female researchers • Number of gender sector collaborators in the network • Number of grant calls ring-fenced for gender focused research • Workshop curriculum developed.

	Activity	Indicators
	c) Gender Awareness training for partners	• Training workshop reports • Number of national workshops conducted • Number of regional gender workshops conducted • Number of national partners attending staff trained • Number of regional partners attending staff trained
	d) Gender working groups within and between network institutions	• Presence of gender working groups within institutions • Number of gender working groups at national level • Number of gender working groups at regional level
Pillar 4: organizational & Network strengthening	a) Gender Mainstreaming at the Regional and National Secretariats	• Number of females appointed in leadership positions at national and regional secretariat levels • Number of females recruited in technical positions at national and regional secretariats • Presence of policies and strategies for gender mainstreaming at national and regional secretariats
	b) Appoint Gender Focal Point Officers	• Gender focal point officers appointed at national and regional secretariat level
	c) Gender Capacity Building for Regional and National Secretariats	• Workshop curriculum developed. • Training workshop reports • Number of national secretariats staff trained • Number of regional secretariat staff trained
	d) Document/Information sharing about Gender Strategies	• Gender Strategy documents developed • Gender Strategy documents posted on the OH website

ENTRY POINTS AND OPPORTUNITIES

a) Gender Policies at partner and country levels:

As observed earlier the countries and institutions where AFROHUN is working have several gender policies between them. This will ease the implementation of the Gender Policy.

a) Gender disaggregated data:

Most of the countries that have already developed gender policies also collect gender disaggregated data as a national requirement. The partner institutions routinely collect gender disaggregated data to ease their work. This will provide the national secretariats and institutions with the necessary baseline data from which they can implement the gender policy.

b) Gender and One Health Courses:

In 2016 the OHCEA developed several programmes including one for Gender and One Health. The review of this will provide insights into how best to mainstream gender in One Health courses, the challenges envisaged and how to overcome them.

c) AFROHUN Launch

The AFROHUN was launched in November 2020. With the launch came a lot of enthusiasm to transform and expand, providing an opportunity for gender inclusivity in the expansion. We hope that the expansion will include creating structures for positions such as gender focal points, increased human resource and funding.

d) COVID19 Seminar Series

The COVID19 lockdown opened an opportunity for AFROHUN to engage on line. As a result, we saw several webinars organized under the COVID19 theme. One of these was clearly on gender, under the theme "Gender and psychosocial aspects of COVID-19". These and more resources will be ideal for starting the repository, from which network members can access support.

e) Several Grants:

The regional secretariat has mobilized some resources in form of grants. Examples here include the One Health Workforce Next Gen project; STOP and SHIVACs projects, which all insist on gender mainstreaming in their activities and processes. It is hoped that gender resources from these projects will be fundamental in catalyzing the implementation of the gender policy across the network.

TIME FRAME OF THE AFROHUN GENDER POLICY

This AFROHUN Gender Policy will be reviewed every three years, to capture changing trends in gender relations in society and how best One Health to review and mainstream gender therein.

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