WHY DO REGIONAL SOCIAL POLICIES FAIL?

Gendered Institutions and the Maputo Plan of Action

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ABSTRACT

In 2005, the African Union (AU) developed a regional policy on sexual reproductive health (SRH) and rights aimed at improving member states' SRH delivery, the Maputo Plan of Action (MPoA). It initially ran from 2006 to 2015 and was then extended to 2016 to 2030. However, the MPoA's implementation has been slow and largely ineffective. This thesis explores the factors behind this ineffectiveness despite the apparent commitment to improving SRH delivery on the part of the AU member states as demonstrated by their collective development and adoption of the policy.

The thesis addresses reproductive health policy from a social policy perspective and begins its investigation by exploring existing regionalism literature that provides insights into why regionally integrated social policies oftentimes fail. The thesis finds that existing literature highlights specific institutional structures and path dependencies as factors that undermine regionalism's efforts in social policy. In this thesis, I argue that these explanations, while relevant, offer only part of the story, because they do not consider the gendered character of regional organisations and the impact of this on policy formulation and implementation processes. I address this gap by exploring the role of gendered institutions in the design and delivery of regional social policies using the MPoA as a case study.

To develop this analysis, I use Feminist Institutionalism (FI) to study the gendered factors behind the ineffectiveness of the MPoA. Overall, I argue that the design, development and implementation processes of the MPoA are shaped by the gendered institutions of its host organisation, the AU, which undermine its priority setting, strategy development and resource allocation processes by undervaluing and trivialising the needs of women and girls, contributing to weak delivery. These gendered institutions are indicated by the exclusion of women in the AU structure, gendered sharing of roles and responsibilities and unequal opportunities to participate and influence AU processes. The thesis therefore concludes that the MPoA fails to deliver on SRH for women and girls due to the underlying gendered institutions of the AU that shaped the policy and drives in implementation in gendered ways. More broadly, the thesis concludes that regionally integrated social policies oftentimes fail because of the gendered character of regional organisations, which undermines policy formulation and implementation processes.

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LIST OF ABBREVIATIONS

ACBF   African Capacity Building Foundation

ACB   African Central Bank

ACERWC   African Committee of Experts on the Rights and Welfare of the

ACHPR   African Charter on Human and Peoples' Rights

AfCHPR   African Court on Human and Peoples' Rights

AIB   African Investment Bank

AMF   African Monetary Fund

AMU   Arab Maghreb Union (AMU)

APRM   African Peer Review Mechanism

APSA   African Peace and Security Architecture

AUABC   AU Advisory Board on Corruption

AU   African Union

AUC   African Union Commission

AUCIL   AU Commission on International Law

AUDA NEPAD   AU Development Agency New Partnership for Africa's
                              Development

CARICOM   Caribbean Community and Common Market

CCZ   Council of Churches in Zambia

CEDAW   Convention on the Elimination of Discrimination against
                              Women

CELAC   Community of Latin American and Caribbean States

CEN-SAD	Community of Sahelian-Saharan States
CHE	Centre for Health Economics
COMESA	Common Market for East and Southern Africa
COVID-19	Corona Virus Disease of 2019
DFID	Department for International Development
DSA	Department of Social Affairs
DPU	Development Planning Unit
EAC	East African Community
ECA	Economic Commission for Africa
ECCAS	Economic Community of Central African States
ECOWAS	Economic Community of West African States
ECOSOCC	Economic, Social & Cultural Council
EU	European Union
FCDO	Foreign, Commonwealth & Development Office
FI	Feminist Institutionalism
FDI	Foreign Direct Investment
GAD	Gender and Development
GDP	Gross Domestic Product
GIMAC	Gender is my Agenda Campaign
HAF	Harvard Gender Analysis Framework
HIID	Harvard Institute for International Development

HSGIC	Heads of State and Government Implementation Committee
ICPD	International Conference on Population and Development
IGAD	Intergovernmental Authority on Development
IGDC	Inter-Disciplinary Global Development Centre
ICESCR	International Covenant on Economic, Social, and Cultural Rights
IPTp	Intermittent Preventive Treatment of Malaria for pregnant women
LAC	Latin America and the Caribbean
MERCOSOUR	Southern Common Market
MPoA	Maputo Plan of Action
MMR	Maternal Mortality Rate
MLG	Multi-Level Governance
NGOCC	Non-Governmental Gender Coordinating Council
NI	New Institutionalism
NGO	Non-Governmental organisation
OAU	Organisation of African Unity
ODI	Overseas Development Institute
PRC	Permanent Representative Committee of the AU)
PSC	Peace & Security Council of the AU
PAP	Pan-African Parliament
REC	Regional Economic Community

RO	Regional Organisation
SAT	Southern Africa AIDS Trust
STC	Specialised Technical Committees of the AU
SACU	Southern African Customs Union
SADC	Southern African Development Community
SPF	Social Policy Framework
SRHR	Sexual Reproductive Health Rights
SRH	Sexual Reproductive Health
TLO	Thanzi La Onse
UN	United Nations
UNDESA	UN Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNASUR	Union of South American Nations
UDHR	Universal Declaration of Human Rights
WID	Women In Development
WGDD	Gender and Women Gender and Development Directorate
WHO	World Health Organisation
ZDHS	Zambia Demographic and Health Survey

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I could not have run this race without you all.

AUTHOR'S DECLARATION

This thesis contains my own work for which I am fully responsible. Under the guidance of my supervisors, I conceived it, designed, planned, conducted the research and wrote the thesis.

I have referenced and fully acknowledged all the work that I have drawn from, both from the literature and from the interviews that I conducted during the field research for this thesis.

CHAPTER ONE: Introduction

Reproductive health is one of the main human rights-related development issues in Africa and globally (WHO 2020). The United Nations Sustainable Development Goals (SGDs) identify reproductive health as one of the key issues to be addressed in order to advance global development (WHO 2020). As a broad concept, the International Conference on Population and Development (ICPD) of 1994 defined reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes (WHO 2015). Reproductive health problems undermine human dignity, cause ill-health, injury, disability and even death. Globally, the reproductive health situation has been improving as evidenced by the global reduction in maternal deaths from 451,000 per year in 2000 to 295,000 per year in 2017 (UNICEF 2019). The improvement is attributed to the worldwide improvements in reproductive health service delivery including life-saving interventions such as family planning and safe motherhood; and increased financing for reproductive health which has improved the quality of health services and broadened service provision (Grollman et al 2017). While the situation has been improving globally, it has remained poor for sub-Saharan Africa which accounts for 68 per cent of the global maternal mortality and childbirth-related injuries and disabilities (UNICEF 2019; Grollman et al. 2017). One of the underlying causes of this situation is that women in Sub-Saharan Africa are acutely deprived of sexual reproductive health (SRH) services and rights (Manda et al 2021; Ram et al 2020). Inadequate policy orientation and political prioritization of SRH needs at the individual country level leads to inadequate investment in SRH, low knowledge levels on SRH, limited access to modern contraceptives, high rates of teen pregnancies, high rates of unsafe abortions, increasing gender-based violence, gender inequality and harmful cultural practices such as child marriages and initiation ceremonies, among others (Manda et al 2021; Ram et al 2020). These problems are fuelled by socio-economic factors that disproportionately affect women and girls more than men and boys (Ram et al 2020). The situation is perpetuated by poor SRH programming which is based on narrow definitions of sexual behaviour, which focus almost exclusively on risks of pregnancy and disease, leaving out the underlying issues that influence the complexities and vulnerabilities of SRH (Manda et al 2021; Ram et al 2020). This approach leads to inadequate and ineffective services that address only part of the problem and provides superficial solutions to complex situations. Additionally, the socio-cultural context of Africa drives power dynamics that render women and girls more vulnerable to reproductive health problems. Girls and women

find themselves with little control over their sexuality, and with less power to negotiate for safer sexual preferences (Manda et al 2021; Ram et al 2020; Blanc 2001; Cohen 2001; Dixon-Mueller 1993). Poverty in Sub-Saharan Africa also worsens the situation by weakening and compromising health systems as well as undermining women and girls' abilities to seek and receive SRH services.

In efforts to respond to these SRH challenges for the region, the African Union (AU) developed a continental policy for reproductive health in Africa called the Maputo Plan of Action (MPoA) which aims to guide the design and implementation of sexual and reproductive health response programmes for the member states. It was approved by the AU's Ministers of Health, endorsed by the AU Executive Council and adopted by the heads of state and government for each of the AU member states (AUC 2006; AUC 2015; AUC 2020). However, its implementation has been slow, inconsistent, largely ineffective and in some cases non-existent (Sigsworth and Kumalo 2016). Policy effectiveness is the context of this thesis is defined as policy performance that improves agreed upon indicators. In the case of SRH, maternal mortality rates (MMR) and infant mortality rates (IMR) are key indicator. SRH policy delivery is considered effective if it helps improves these indicators and ineffective if it creates no impact or worsens the situation shown by these indicators. The discussions in this thesis apply this terms to mean that the policy is ineffective if it does not significantly improve these indicators over a period of time. My basis for concluding that the MPoA is ineffective is drawn from the WHO (2019) report that reported that Africa's MMR and IMR remains very high despite the MPoA being in force since 2006.

This thesis aims to understand why this is the case despite the fact that this policy was collectively conceived, developed and adopted by all member states, and it is supported by the regional infrastructure of the AU. The thesis addresses reproductive health policy from a social policy perspective because health forms part of a broader set of social issues that have increasingly become the focus of regional organisations' social policy frameworks, and for the AU, it is a core aspect of its social policy framework for the continent (AUC 2015, 2020). Framing reproductive health only as a health issue therefore would overlook the multiple other policy issues related to it such as issues of citizenship, poverty reduction, empowerment, education, human rights and welfare (Rousseau 2007).

The thesis begins its investigation by exploring existing regionalism literature that offers explanations as to why regionally integrated social policies oftentimes fail. The thesis finds

that existing literature highlights the nature of regionalism and the historical purpose of regionalism as factors that undermine regionalism's efforts in social policy. Firstly, due to a lack of political commitment to integration and lack of supra-national authority of regional bodies; and secondly because the historical purpose of regionalism did not include social policy and therefore such efforts tend to be superficial. The thesis argues that these explanations, while relevant, offer only part of the story, because they do not explore the role of the gendered character of regional organisations and its impact on policy formation and implementation processes. The thesis further argues that the effect of gendered institutions on the design and delivery of regional social policies can offer an alternative and more complete explanation of why regionally integrated social policies oftentimes fail. Although social policies are implemented at national level, regionalism has been reflected in some regionalism literature as providing a framework for optimising social policy design and delivery for member states through shared problem definition, problem solving, strategy building and joint resource mobilisation (Riggirozzi 2014; Deacon et al 2010). The thesis therefore explores why, despite the optimism offered in literature, regionalism still oftentimes fails to deliver effectively on social policies as shown in the case of Africa's SRH policy.

The thesis uses Feminist Institutionalism (FI), a theoretical framework that provides a gender lens for the analysis of institutions (Mackay et al 2010; Waylen 2017; Kenny 2014). This is an approach that enables institutional analyses to identify and analyse gendered institutions and trace their effect on institutional processes and outcomes. Using this framework, the thesis defines gendered institutions as the deep-rooted informal norms, rules and systems that cause marginalisation, discrimination and exclusion on the basis of gender in institutions, overwhelmingly with negative effects for women (Waylen 2017; Kenny 2014; Acker 1992). To operationalise the FI approach, the thesis applies existing policy-based gender analysis tools for identifying and analysing gender issues in institutions. The tools that were selected for this thesis are Harvard Gender Analysis Framework, Moser's Gender Analysis Framework and Longwe's Women Empowerment Framework (details on the tools and justification for their selection are in Chapter Four section 4.2.3). These tools are applied in two chapters. Firstly, in Chapter Five under section 5.3, throughout the section where the thesis conducts a gender analysis of the AU. The tools applied here are the Harvard Gender Analysis Framework and Moser's Gender Analysis Framework. Secondly these tools are applied in Chapter Six under sections 6.3, 6.4 and 6.5. In Section 6.3, the Caroline Moser's tool number 6 is applied to analyse the extent to which the MPoA development process was gender inclusive. In Section

6.3 and 6.4, the thesis applies Sara Longwe's Empowerment tool number 2, Moser's tools number 2 and five to analyse the extent to which the contents of the MPoA are gender responsive. Chapter Seven does not apply the gender analysis tools, because in this chapter, the discussion focuses on applying the theory developed from the analyses in Chapter Five and Six in a country case study – Zambia.

The research process is in three stages. The first stage analyses the AU to determine the extent to which it is gendered in its structure and culture. The second stage of the analysis studies the development process and the contents of the MPoA, to determine the extent to which the gendered character of the AU shaped its development process and influenced its contents. The final stage of the analysis is at implementation level, using a case country (Zambia) to assess the extent to which the gender non-responsive MPoA (which was shaped by the gendered institutions of the AU) influences (or fails to influence) the effectiveness of member states' SRH policy design and delivery to address the systemic SRH challenges that Africa faces. This research informs the AU on factors behind the failure of its reproductive health policy, and offers an additional insight into why regionally integrated social policies may not deliver on their promise.

1.1 The argument

In answer to the research question, the thesis makes an argument that the design, development and implementation processes of the MPoA are shaped by the gendered institutions in the AU organisation, which shape the priority setting, strategy development and resource allocation for reproductive health policy in gendered ways, undervaluing and trivialising the needs of women and girls. Mostly, these gendered institutions are unwritten and informal but they directly influence the formal systems, structures, policies, guidelines, processes and outcomes (Kenny 2014, Waylen 2014, 17; Lowndes 2017). These gendered institutions are indicated by the exclusion of women in the AU structure, gendered sharing of roles and responsibilities and unequal opportunities to participate and draw benefits from AU processes.

The thesis finds that there is a connection between the gendered nature of the AU and its policy processes and outcomes because the gendered nature shapes the political behaviour of its structure and agency in ways that create exclusion of women and girls from processes and largely ignore their needs, and in some cases completely ignore their views and interests. Such policies end up ineffective and fail to create the positive change that they were developed for,

and sometimes worsen the lives of the people they were meant to serve. They widen and normalise inequalities between men and women especially in terms of gendered power dynamics, making women and girls more vulnerable to discrimination and injustice (Kenny 2014; Lowndes 2017). In the case of the MPoA, the gendered institutions of the AU have shaped a process that excludes women and girls and largely ignores their needs and interests leading to a policy that fails to address the gendered factors that drive SRH vulnerabilities of women and girls. Its implementation, also shaped by the underlying gendered institutions, undermines the MPoA's ability to address the root causes and barriers to SRH that exist in member states when it should be offering guidance to challenge them and shape gender responsive priority-setting, planning and budgeting at the national level. The thesis therefore concludes that the MPoA fails to deliver on SRH for women and girls due to the underlying gendered institutions of the AU that influenced its development process and its delivery in gendered ways. This conclusion is also extends to the broader regionalism debate to add new thinking that regionalism fails to effectively deliver on regionally integrated social policies because of the gendered character of regional organisations that shape policy making processes and outcomes in gendered ways that are not fully responsive to the needs of women and girls.

The thesis builds this argument firstly by assessing the extent to which the AU is gendered and highlighting how this gendered nature presents itself in the AU structure; and then tracing the effects of these gendered features of the AU on its policy processes and outcomes. The thesis then explores the effects of the gendered AU on the development and implementation of its reproductive health policy by analysing the gender inclusiveness of the MPoA development process and gender responsiveness of its contents. Gender inclusiveness is in this thesis defined as the extent to which a processes fairly and meaningfully includes women and gender aware organisation, while gender responsiveness is defined as the extent to which a policy or project recognises and responds to concerns of women and girls.

The analysis finds that the process marginally included women and it was dominated by men, although its purpose is to serve women and girls. The analysis also finds that the MPoA is not intentionally explicit about empowering women and girls, and takes a rather apologetic tone about targeting women and girls and improving their sexual and reproductive health and rights. Its contents are not adequately gender responsive because after analysing them using the gender analysis tools, the thesis finds that only two of the nine MPoA strategies are responsive to the underlying, gendered SRH vulnerabilities of women and girls. The thesis attributes these flaws

to the gendered nature of the AU which shaped the MPoA based on its values which largely ignore and excludes women, undervalue their contributions, their needs and their concerns.

The analysis goes a step further to assess how regionalism shapes national level SRH programming. Using the example of Zambia's national SRH response, the thesis assesses how well the MPoA guides and supports Zambia in developing and implementing SRH strategies that challenge and address the gendered SRH vulnerabilities and empowers women and girls by addressing their SRH needs and concerns. The purpose of the MPoA is to guide member states on how to rise above their gender barriers to SRH and develop and deliver effective SRH policies. However, the gender non-responsive MPoA is unable to achieve this mandate. Furthermore, the MPoA does not provide for women's inclusion in SRH policy making, nor does it provide for gender responsive resource allocation. As a result, the MPoA does not provide a blueprint for implementing gender-responsive SRH programming for Zambia and the rest of the member states, a mandate that the MPoA was meant to deliver on. The result of these gender non-responsive strategies in Zambia SRH's policy delivery is intermittent services, SRH product stock-outs, inadequate qualified personnel, and a host of unaddressed socioeconomic and sociocultural factors that weaken women and girls' ability to access SRH services. If the MPoA was gender responsive, it would bring forth gender responsive suggestions in its strategies that would guide Zambia.

In summary, this section has presented the background to the research question and the argument that the thesis makes in answer to the research question. Firstly, that the AU is gendered and therefore features acute marginalisation and discrimination of women in all its structures in terms of representation, participation in meaningful roles, especially decision-making, reluctance to address issues that directly benefit women, and unequal opportunities for participating and benefiting from the AU. Secondly, that the gendered nature of the AU influenced the exclusion of women in the MPoA development process. Further, that the MPoA is not adequately gender responsive and falls short of its mandate of being a gender responsive and human rights based SRH policy which can guide member states in developing their own responsive policies. The thesis concludes that the gendered nature of the AU fails to influence positive gender inclusive SRH policies for the member states, and overlooks existing gender institutions in country level policy making and delivery which weaken the SRH policy delivery processes for the member states. In the case of Zambia, this has led to Zambia's SRH policy delivery suffering gender unaware budgets, inadequate human resources, commodity stock-

outs, and unavailability of services and non-implementation of existing laws. While these challenges are driven by Zambia's own gendered barriers to SRH programming, the role of the MPoA was to step in and support Zambia in addressing these barriers, but this fails because the MPoA is not gender responsive to address these gaps.

1.2 Thesis contributions

The arguments in this thesis bring together regionalism, social policy and gendered institutions thereby contributing new thinking to existing literature on the role of regionalism in social policy. There are some specific contributions that the thesis makes to existing literature. Firstly, the thesis has developed a feminist institutionalist theoretical framework for the study of regional social policy failures. This contribution relates to the central argument of this thesis that the scholarship on the role of regionalism in social policy must take into consideration the role of gendered institutions which shape regional processes and their outcomes. In building this argument, the thesis has developed a theoretical framework that can be used by gender politics scholars, and more broadly by those aiming to understand why regional social policies fail. The framework focuses on the gendered character of regional organisations and how this affects their role in policy design and delivery. The thesis presents this as an alternative to existing debates that focus on institutional features such as the degree of supra-nationality, levels of national political commitment and weak accountability mechanism as well as the historical motivations of regionalism as factors behind regionalism's failure to deliver effectively on its social policy efforts. This theoretical framework can be applied in future research on regionalism and social policy in Africa as well as in other regions.

This theoretical contribution is complemented by a methodological innovation for operationalising the FI framework using policy-based gender analysis tools. This methodological approach contributes to addressing the methodological gap in feminist institutionalism that while it offers lens to identify, define and interpret the complexities of gendered institutions and trace their effect on policy processes and outcomes (Waylen 2014; Mackay 2010), it does not provide tools for the systematic operationalisation of this approach (Van der Vleuten 2016). This makes its application difficult, leading to low application of this feminist approach in institutional analyses (Guerrina et al 2018; Fiig 2020). The thesis has addressed this gap by blending the two approaches to create a systematic and uniform approach for defining complex institutional gender variables and interpreting them. This is a

methodological novelty that can be further developed and used in future research for gendered institutional analyses.

The thesis has also offered a comprehensive gendered analysis of AU and its policymaking processes and generated a wealth of new empirical data from the eighty-eight interviews conducted for this thesis which informed the development of a detailed picture of the MPoA design and delivery processes through a gender lens. This knowledge that the thesis has developed will inform the AU in its policy making processes on why some of their social policies are failing and how addressing gendered issues within in its culture and structure would contribute to improving the situation. This knowledge will also be useful to other regional organisations that implement social policies with little success to investigate their own gendered character and explore ways to address it to ensure effectiveness of their policy design and delivery processes. Overall, the knowledge generated by this thesis has contributed to the broader existing regionalism literature by highlighting the gendered character of regional organisations and its effects on their institutional performance, an insight which existing literature has not adequately explored. However, the Zambia case study does not provide generalisable results. Its conclusions are not meant to reflect the situation of the whole region nor any other countries within the region. The case study only provides an opportunity to apply the framework that is developed from the analysis of the AU and the Maputo Plan of Action in Chapter Five and Six, and provides a framework that can be used by other studies aiming to analyse the effective of regional SRH policy at member state level through gender lens.

1.3 Structure of the Thesis

In Chapter Two, the thesis examines existing literature on the role of regionalism in social policy, analysing why regionally integrated social policies oftentimes fail even when they are jointly developed, approved and adopted by all the member states. The chapter argues that existing literature provides some valid explanations but that it falls short for not addressing the role of gendered institutions in shaping regional social policies. The outcome of this chapter is a suggested alternative approach to analysing the role of regionalism in social policy, using feminist institutionalism, an approach that offers a lens to effectively analyse gendered institutions and trace their effect on policy processes and outcomes.

Chapter Three builds on Chapter Two to examine literature on the role of African regionalism in social policy. This chapter places some of the more general insights about regionalism and

social policy from Chapter Two within the context of Africa's distinct regional history and politics, and draws out some of the insights of the Africanist literature on regionalism. The chapter finds that existing literature on African regionalism while offering relevant explanations on why Africa's regionally integrated social policies are not effective, overlooks the role of gendered institutions in social policy delivery. The chapter argues that this gap limits the understanding of some of the challenges facing African regionalism's efforts in social policy, especially the research question for this thesis on why reproductive health policy for the AU is weak and ineffective. The chapter suggests conducting further research on why regionally integrated social policies in Africa fail using an approach that enables the investigation of the role of gendered institutions as an additional insight to existing explanations. This is the research process that this thesis takes forward.

Chapter Four outlines the methodology that is used to conduct the research for this thesis. It presents and describes Feminist Institutionalism (FI) as the theoretical approach which is used in this thesis. This approach was selected because it offers lens for analysing gendered institutions, which is the main focus of this analysis. The chapter also argues that the research question requires a qualitative and empirical methodology in order to uncover hidden gendered institutions in the AU and trace their effects in the MPoA development process and its contents. The chapter argues that this type of research requires an interpretivist approach that is able to look beyond easily observable phenomena to analyse hidden structures, perceptions and experiences (McGuirk and O'Neill, 2016, p. 246). The data collected reflected the lived experiences, thoughts and opinions which offer insights into the reasons why people's behaviour occurs in the way it does or events go the way they do. The data was collected through broad, general and open-ended interview questions, and by analysing relevant existing documents. The chapter also outlines the thesis' single case study approach, used to help ground the analysis in a real context and to make it less abstract. The research process selected the AU and the MPoA as a case study of a regional organisation and its reproductive health policy. Furthermore, this process was extended to explore the effect of regional gender institutions at member state level SRH policy design and delivery to demonstrate the connection between the regional and the national, by analysing Zambia's SRH response. The thesis draws on detailed empirical data collected at two levels: the regional level at the AUC in Addis Ababa, Ethiopia and the national level in Lusaka, Zambia to inform the argument. Methodology was presented in a separate chapter (Four) because of the methodological content that is described in the chapter. In addition, the chapter is located after Chapter Two and

Chapter Three because these are conceptual chapters which define some of the key concepts that are used in the methodology chapter.

In Chapter Five, the thesis begins the empirical discussion. The chapter discusses the argument that the AU is a gendered organisation, because it is underpinned by gendered institutions that cause its structures, systems and processes to be biased towards men. These gendered institutions also influence its policy processes and outcomes undermining women and girls; and their roles, interests and needs. The gendered nature of the AU is indicated by acute exclusion of women, unequal opportunities for participation in and benefiting from the AU processes, and gendered division of labour giving men more powerful, influential and beneficial roles than women. The culture of the AU also tends to under-prioritise issues that address concerns of women, undervalues women's capabilities and assigns women to roles that are considered unimportant. These institutional processes entrench and normalise gender inequalities and make women more vulnerable. The ultimate result is that the policy processes exclude women and their outcomes do not reflect the needs of women and girls. Furthermore, undervaluation of the needs of women and girls also compromise the priority that their needs receive and the size of budgets that get allocated to them.

Chapter Six explores and illustrates the implications of gendered nature of the AU on its policy processes and outcomes. The chapter analyses the Maputo Plan of Action (MPoA), the AU's SRH policy at two levels. Firstly, the chapter analyses its development process and finds that the gendered nature of the AU led to the exclusion of women, girls and gender aware organisations from the MPoA development process. The exclusion was not formal – as there were no rules that enforce exclusion of women – but the process presented structural challenges for women and gender aware organisations to get fair representation and meaningfully contribute to influence the contents of the policy under development. In addition, there were no deliberate efforts on the side of the AU and its stakeholders to increase the level of inclusion of women and gender aware organisations. The second level of the analysis assessed the extent to which this gendered exclusion in the process of developing the MPoA affected the quality of the policy. The chapter finds that the MPoA is not gender-responsive. Seven out of its nine of its strategies offer general improvement in health delivery and hope that this would improve women's health and address underlying gendered factors of vulnerability for girls and women. Furthermore, the MPoA is not intentionally clear about addressing gender issues. The thesis

attributes this as a result of the MPoA being a product of a gendered institution where women's needs are not a priority.

Chapter Seven discusses the role of the MPoA in country level SRH policy making. Using the example of Zambia, the chapter analyses the extent to which the MPoA supports and guides the development and implementation of effective SRH policy for the member states. The chapter begins by observing that the MPoA's mandate is to offer guidance and support for gender responsive policy strategies that could address ineffective SRH policy delivery for the member states, but it fails to deliver on this mandate because its strategies are not adequately responsive to the underlying gendered needs and vulnerability factors of women and girls. Firstly, the MPoA does not provide strategies that recommend or encourage women's inclusion in SRH policy design and delivery, and therefore fails to challenge the existing norms of women's exclusion from influential and decision-making roles. Furthermore, the failure of the MPoA to have a clear targeting on women and girls SRH needs and concerns filters to Zambia which also adopts a broad targets and fails to sharpen it to address the key issues in its national SRH profile. Finally, the MPoA fails to provide for gender responsive resource allocation but suggesting general improvement in health financing. This equally filters to Zambia and fails to challenge Zambia to ensure gender responsive resource allocation in SRH. These gaps sustain the weak SRH delivery that Zambia has been experiencing which the MPoA was meant to support in addressing. Of course Zambia's SRH weakness is driven by its own local level gendered barriers to SRH policy delivery, but the purpose of the MPoA was to bring more effective strategies to support and guide Zambia them, which it fails to deliver.

Chapter Eight is the conclusion. It presents the conclusions of this thesis in answer to the research question on why African responses to SRH are weak and ineffective despite the AU member states collectively developing and adopting a regional reproductive health policy to guide member states in developing and implementing effective SRH programmes. The chapter begins by acknowledging existing literature on the failure of regionally integrated social policies. The chapter then presents the thesis conclusion that that gendered institutions which underpin regional organisation shape policy processes that produce gender non-responsive policies. Gender non-responsive policy fail to address the gendered environment at country level and end up ineffective in their mandate. The chapter recommends that analyses of regional social policies should not overlook the gendered character of the regional organisations because these are crucial in ensuring effectiveness of the policies at country level.

CHAPTER TWO: Regionalism, Regional Social Policy and Feminist Institutionalism

2.1 Introduction

Since the mid-1990s, regionalism has included a social dimension, beginning with the EU which defined its social period as 1997 – 2005 (Vanhercke, et al 2020). The formulation of the social dimension to regional integration was influenced by a number of factors. Firstly for the EU, the 1995 enlargement to Austria, Finland and Sweden brought along their strong welfare models. Following on, the influence of the social democratic and socialist parties which returned to power around the same time in the United Kingdom, France and then in Germany in 1998. These political developments were part of a broader situation in Europe that resulted in an entirely new approach to social issues leading to the inclusion of social policy in the integration agreements and processes (Vanhercke et al 2020). This saw the EU's attempt to develop a 'true' social dimension for economic and monetary integration, which gave rise to social policy developments in the first years of monetary integration (1995–2005). These social policy developments began with the Treaty of Amsterdam (1997) and the European Employment Strategy. Vanhercke et al (2020) considered this social period as a continuation of the previous decade of the late 1980s and the 1990s where initial social policy interventions were being pursued independently of economic integration.

With these developments, regionalism emerged as one of the effective ways through which various regions could mediate the range of economic and social pressures generated by globalization (Grugel 2004). As the EU's social dimension evolved, other regions also began broadening their scope from the narrow focus on economic and trade integration to responding to social and human development issues affecting regions (Bianculli 2018; Yeates and Riggirozzi 2015; Riggirozzi and Grugel 2015; Riggirozzi 2014; Yeates and Deacon 2010). This came as a reaction to the changing global circumstances in the post-cold war era. Existing literature on the subject suggests that this turn in regionalism created optimism that regionally integrated social policies could be more effective in improving the welfare of citizens (for example, see Yeates and Deacon 2010; Daly 2006; 2012; Riggirozzi 2014). While this is the case, regionally integrated social policies oftentimes fail (De la Porte 2021; Deacon et al. 2010; Van der Vleuten 2016; Castles 2004).

This chapter aims to explore factors behind this failure, despite the optimism expressed in the literature that regionalism has potential to effectively drive social policy. This analysis addresses the broader significance of the research question by reflecting on existing literature to begin to develop a theoretical framework for answering the question. To do so, the chapter explores how existing literature on regionalism and social governance explains the failure of regional social policies. Existing explanations of this failure draw from the regional governance perspective which argues that regionally integrated social policies fail due to weak accountability mechanisms, poor commitment, inadequate financing and difficulties of consensus-building, among other challenges which are in turn a project of states' unwillingness to cede sovereignty to regional institutions and an associated lack of supranational authority on the part of these institutions.

The chapter makes an observation that these explanations offer useful insights to the understanding of the failure of regionalism in delivering social policy but that they do not give a complete story because they may not explain the failure of all policies. For example, while these explanations may explain the failure of Southern Common Market (MERCOSUR)'s COVID-19 response in Latin America and the Caribbean (LAC) region due to weak integration and cooperation among member states (Ruano and Saltalamacchia 2021), they do not explain fully explain the failure of the MPoA. The collective development and adoption of the comprehensive and detailed policy like the MPoA, suggests that member states cooperated and did not reject the MPoA as a way of protecting their sovereignty. Additionally, it was equally not an issue of institutional capacity for such social policymaking, otherwise the MPoA would not have been successfully developed. Furthermore, as suggested by explanations in existing literature, if the problem was a superficial social policy response due to historical path-dependency, the MPoA could probably have not been as detailed, specific and costed but rather high level summitry with vague statements of good intentions (Bach 2005; Söderbaum 2016). This critique of existing explanations with the regard to the MPoA suggests that there are other factors deeper than the ones in existing literature that undermine regional social policy effectiveness. To explain this, there is need focus in detail on the institutional processes through which this policy was produced and implemented, and particularly to focus on factors that might have led to these shortcomings. A study of literature on national social policy highlights that gender norms are central to the understanding of social policy design and delivery because gender underlies institutions of social policy delivery, shaping decision-making, including on policy priorities, strategy designs, and resource allocation within institutions that bear social

policies (Acker 1992; Waylen 2017; Mackay et al 2010; Kenny 2014; Lowndes 2020). Although this observation is made in relation to national level social policy, it provides insight that analysing the performance of regional social policy also requires an understanding of the institutionalised gender dynamics that underlie it. The chapter therefore suggests that an analysis of how gender affects decision-making and priority setting for social policy in regional institutions be conducted not only because gender lens provide additional insight to social policy analyses, but also because it helps answer the research question in a way that existing literature is not able to. Further, the chapter proposes the application of a feminist institutionalist approach in conducting this analysing because it offers lens for identifying and analysing gendered institutions. The line of argument in this chapter adds a new insight to the understanding of the failure of regional social policies by suggesting that they are undermined by underlying gendered institutions that are entrenched in the frameworks of regional organisations. This additional thinking builds on insights from existing literature on regional gender governance by Van der Vleuten (2016) and feminist policy analysis by Haastrup (2020).

The chapter has two parts. The first section builds context for the discussion of regionalism and social policy by presenting a brief history of regionalism and analysing how the traditional approaches to studying regionalism have shaped the knowledge of regionalism. The aim is to locate the study of regional social policy governance in the broad literature on the evolution of regionalism. The second part focuses on how literature on regionalism discusses the role of regionalism in social policy and the factors behind its failure. The chapter argues that existing explanations overlook the role of institutionalised gender dynamics in undermining regional social policy. The section then recommends further analysis of the role regionalism in social policy using a feminist institutionalist approach to identify the effect of institutionalised gender dynamics on regional social policy design and delivery. The chapter further suggests that feminist institutionalism should be applied using existing policy-based gender analysis tools that can be used to identify and trace the effects of gendered norms, rules and attitudes in institutions and societies.

2.2 Regions, Regionalism and Regional Organisations

Scholars have defined regionalism in various ways (Mansfield and Milner 1999; Mansfield and Solingen 2010; Börzel and Risse 2016). Mansfield and Milner (1999) observed that some scholars define 'region' strictly in economic terms without acknowledging political factors that

are equally important, while others offer a definition on purely geographical contiguity (Mansfield and Milner 1999, p. 591). These scholars reacted to these definitions by offering a broader definition of 'region', which covers cultural, linguistic, economic and political ties in addition to geographical contiguity (Mansfield and Milner (1999, p. 591). Contributing to this debate, Mansfield and Solingen (2010, p. 146 - 147) reviewed some literature that defines 'region' in various ways. Among the work that they reviewed is the work of Russett (1967) who defined 'region' based on geographic proximity, social and cultural homogeneity, shared political attitudes and political institutions, and economic interdependence. This definition aligns with the definition by Thompson (1973), who argued that regions include states that are geographically proximate, interact extensively, and have shared perceptions on various issues, allowing for a social constructivist aspect in the definition (Mansfield and Solingen 2010). The definition of region offered by Deutsch et al. (1957) relied on high levels of interdependence across multiple dimensions including economic transactions, communications, and political values determines whether a group of countries composes a region. Katzenstein (2005, p. 9) defined regions as "politically made" and left out all other aspects of the definition that other scholars included (Mansfield and Solingen 2010). Börzel and Risse (2016) locate regions in between the "national" and the "global", and exclude the subnational or local entities, which are also referred to as *regions* in some contexts. Further, they draw from the existing debate and define regions as social constructions and not objective categories built either by geographical or normative contiguity, which covers more than two countries. The definition by Börzel and Risse (2016) reflects various aspects of the definitions of the other scholars and covers both the social construction and the political factors for defining regions in geographically contiguous states.

The disagreement over the definition of *region* creates a scholarly dispute on the meaning of *regionalism*. On the one hand Mansfield and Solingen (2010, p.146) noted that various political scientists define regionalism as a political process marked by cooperation and policy coordination. On the other, Mansfield and Milner (1999, p. 591) suggested that regionalism is an economic process where economic flows grow more rapidly among a given group of states. Katzenstein (2006, p. 1) takes a social constructivist approach and defines regionalism as institutionalized practices within a region, while Marchand et al (1999) argued that regionalism concerns ideas, identities, and ideologies related to a regional project. Munakata (2006) restricted his definition of regionalism to institutions established by governments to promote regional economic integration. Mansfield and Solingen (2010, p. 46) developed a definition of

regionalism as involving policy coordination through formal institutions. In this way, they disagree with scholars who defined regionalism as a purely economic initiative. Haoyu Zhai (2016) defined 'regionalism' along the same lines as a strictly political project aimed at increasing and deepening regional cooperation and integration among states. Börzel and Risse (2016) also considered regionalism as a political process constituting primarily state-led processes of governing regions by building and sustaining formal regional institutions and organizations among at least three states. Börzel and Risse (2016) added that regionalism sets up guiding principles on how a collection of nations in a demarcated geographical area will collaborate and cooperate with each other. They also suggest that this collaboration must be among at least three states and must be coordinated by a regional organisation (ROs). They observed that regionalism can be sector-based, for example in health, trade or agriculture; it could also be all encompassing depending on the purpose for which the region was built and that it can also be demonstrated through shared beliefs and values as well as common knowledge among a group of nations (Börzel and Risse 2016 p. 5). While agreeing with this definition, Söderbaum (2016) added the aspect of non-state actors especially with reference to new regionalism. He argued that regionalism is clearly a political project that is led by both state and non-state actors because states are not the only political actors around. This thesis therefore draws from this debate and understands regions as formally and informally institutionalised sets of rules, norms, procedures and practices for the governance of geographically contiguous areas including three or more states. Regionalism is the process through which these regions are constructed, reconstructed and contested.

As explained by Börzel and Risse (2016), ROs play an important role in regionalism. They coordinate and facilitate collaborations and collective actions to resolve shared problems and/or achieve a common purpose for the member states. Lenz (2013) highlighted that there are different types of regional organisations; some are more institutionalized than others are, and some are more successful than others. In addition, regional organisations can be formal, with formal, rules, systems and procedures that enable effective governance of the region; or they could be informal with looser procedures and lower levels of institutionalisation. Informal institutions as Börzel and Risse (2016, p. 5) argued, are norms, rules, and procedures that manifest themselves in shared beliefs and common knowledge among groups of actors as well as in behavioural practices. The idea of institutions as informal norms, rules and procedures is relevant to this thesis to ensure that analysis of a regional social policy response is not only restricted to the formal structure and set-up, thereby ignoring the informal norms and rules

which also significantly influence the formal structures (Waylen 2017). This debate suggests that the study of regionalism must consider both the formal and informal institutions as they influence each other and shape outcomes of the regional organisation (Waylen 2017; Börzel and Risse 2016). In additions, the role of ROs in regionalism is also important when studying regionalism because the ROs' design and governance directly influences the nature of the regional cooperation (Acharya and Johnston (2017).

2.2.1 Theorising regionalism: learning from Europe

European regionalism provides a starting point for studying literature on comparative regionalism because practices and theories of the process of European integration have informed the understandings of regionalism around the world. While this is useful for providing a theoretical basis for studying regionalism elsewhere, it must be taken with caution because it creates unrealistic expectations from regionalisms in contexts other than the EU, which are completely different from Europe (Grugel 2004; Söderbaum 2012, 2016; Haastrup 2013; Schimmelfennig 2016). Warleigh-Lack and Rosamond (2010 p. 998) also cautioned that the European case should not be considered a prescriptive model for studying regionalism elsewhere but as contributing methodological and theoretical knowledge to the study of regionalism.

With this caution in mind, this thesis explores theories of European integration to examine critically relevant insights from them. The theories that have guided the study of European integration and that exert great influence on the study of regionalism globally begin with the 'old regionalism' which is contextualized in relation to the devastating experience of inter-war nationalism and World War II. The most influential theories of European integration in that context were federalism, functionalism, neo-functionalism, and intergovernmentalism (Söderbaum 2016; Schimmelfennig 2016). The intergovernmentalist and (later) liberal intergovernmentalist theories emphasised the role of the state in understanding the integration process, interpreting the motivations of integration to have been concerned with ensuring that the state does not become obsolete in the integration process (Moravcsik. and Schimmelfennig 2009). The neo-functionalist theories analysed the EU from the perspective of deeper economic integration brought about by 'spill-over' between policy areas, reduction of trade barriers in the region, and a supranational authority of the regional organisation, as the main driver of regionalism in the EU (Haas 2008; Hatton 2011; Söderbaum 2016).

The 'new regionalism' beginning in the 1990s has been distinguished in the scholarly literature from this 'old' wave and is linked to various interrelated structural changes of the global system including the end of bipolarity of the global power structure, the intensification of globalization, the restructuring of the nation-state, and the inclusion of non-state actors among other factors. This wave is characterised by the apparent emergence of multi-level governance (MLG) theory. Conceptually, MLG suggests that policy making and integration in the EU is too complicated to be explained in linear theories as earlier proposed by intergovernmentalism and neo-functionalism (Hatton 2011). This thinking shaped the study of European integration as a complex and multi-level system, reflecting on the roles of the various actors in the integration process.

These approaches to regionalism provide a way of understanding regionalism in Europe and elsewhere, including Africa, Latin America and Asia. However, critics have highlighted questions on the relevance of theories built on the European experience for regionalism outside of Europe. Mattheis (2018) for example cautioned that relying on the EU's manifestation of regionalism does not fully capture the idiosyncrasies and universalities of regionalism in Africa and elsewhere, although it does provide insights and concepts that create a context for understanding and interpreting some trends and events in regionalism that are relevant to regionalism studies (Warleigh-Lack and Rosamond 2010). Söderbaum (2013) also pointed out that the foundational theories of regional integration are 'Eurocentric' and therefore create a 'false universalism', whereby the European context, in general and the EU specifically is considered the standard for which to theorize, compare and design regionalism in the rest of the world.

Tapping into Söderbaum (2013)'s argument, this thesis, examines the adequacy of these foundational theories of European integration for analysing African Regionalism and suggests that they may have created false expectations around regional social policy in Africa by drawing from regionalism aspects in Europe which may not be applicable in Africa. The aim of this analysis is to identify shortfalls that can be addressed by this thesis, bearing in mind that some experiences in the European regionalism processes offer useful insights in understanding African processes, although these two regionalisms are distinctly different and operate in different contexts. As Haastrup (2013) pointed, regionalism in Africa was shaped by its historical relationship with Europe, and the attempt by African countries to strengthen integration through the AU, (and the OAU previously). The formation of the AU followed the

organisational templates and systems of the EU although this was applied to the African context which is characterised by regional imperatives underpinned by the narrative of pan-Africanism. While the idea of designing the AU using EU templates could be seen as problematic because of the different contexts and the different capacities of the institutions, this knowledge offers insight and understanding in relation to certain aspects and motivations of African regionalism, and why some aspects of it are effective, and some ineffective. For example, analysing African Regionalism using theories of European integration such as intergovernmentalism or neo-functionalism may explain the effect of the sovereignty-boosting principles lack of supra-nationality of African Regionalism on the depth and effectiveness of its integration and the effectiveness of its institutions of governance. However, these theories may not go far enough to explain why African Regionalism sustains these principles because these theories developed out of a context that does not present these aspects of regionalism. Studying African Regionalism therefore would require more that the foundational theories in order to offer comprehensive insights for understanding its trends, developments and effects on African integration.

2.2.2 Role of Regionalism in Social Policy

Social policy increasingly became an area of interest in the EU in the 1990s. In the global south, this development in regionalism emerged in the early 2000s, and expanded following the 2008 global financial crisis (Söderbaum 2016; Yeates and Riggirozzi 2015). This section of the thesis examines literature on regionalism and social policy with the aim of understanding why, despite attempts to create regional social policies, regionalism often fails to deliver effectively in this area of integration.

Social policy, whether regional or national, aims to address social injustice, poverty, inequality, protect basic rights and ensure the well-being and minimum welfare of the citizens (Adepoju 2008). While quoting Adesina (2007), Adepoju (2008) defined social policy as collective public efforts aimed at protecting the social well-being of the people, through education and health care provision, habitat, food security, sanitation, among others, in order to guarantee a minimum level of livelihood. He identified key players in this collective effort as the state and its partners, such as the private sector, civil society and international development partners. He also argued that the performance of social policies is measured by the level of human and social development, which is in turn determined by the income, education and life expectancy of the population (Adepoju 2008). Although social policy is traditionally a national concern,

regionally integrated social policies can guide member states in developing and implementing social policy effectively (Daly 2019; Bianculli 2018; Riggirozzi 2014; Riggirozzi and Grugel 2015).

Existing literature on regionalism and social policy suggests that regionalism could facilitate effective social policy. For instance, Yeates and Riggirozzi (2015, p.8, 18) argued that regional formations play a significant role in shaping the formation of social goals. Also, Yeates and Deacon (2010) observed that regionalism provides a framework for making social policy more effective and strengthening shared social culture by broadening social policy platforms. They further argue that due to the diversity of regions and enhanced lesson sharing among member states, regionalism increases influence over global policy by strengthening the advocacy voice at global level and promotes efficient regional division of labour. Furthermore, regional approaches to social policy enable economies of scale by spreading risk among member states and ensures effective use of resources to benefit the region and cut deals with big suppliers such as pharmaceuticals through collective bargaining. Bianculli (2018, pg. 251) also argued that regional organizations influence the social policy landscape by embracing and promoting cooperation in wider social policy fields, moving away from traditional trade and market-based agendas. This argument aligns to that of Riggirozzi (2014) who argued that regionalism creates a platform for shared programming through formal institutions and informal networks; and engages state and non-state actors involved in the formulation, negotiation and implementation of policies that address and mitigate trans-border social issues and harms.

These insights present optimism in the role of regionalism in driving social policy. However, as valuable and insightful as these observations are, regional social policies are oftentimes ineffective (De la Porte 2021; Deacon et al. 2010; Van der Vleuten 2016). The question for this thesis is to understand why this is the case when these policies are conceived, developed and approved by the member states themselves, and their regional frameworks presents an opportunity for peer support and collective planning and resourcing of shared social policies. Understanding why this is so would shed light on the research puzzle for this thesis - why regional reproductive health policy delivery in Africa is ineffective.

2.2.3 Explaining the failure of regional social policies

While explaining failures of regional social policy does not feature as the main or explicit focus of regionalism literature, they do come up as part of broader discussions about the role of regionalism in social policy. Yeates and Deacon (2010), for instance, highlighted a number of

factors behind the failure of regionally integrated social policies. They argued that regional social policies fail because of a lack of effective participation of the citizens who would push for implementation, either because they are not aware of these processes or they do not have opportunities to participate. This, they argued, is because regional social policies arise from discussions and negotiations in restricted policy making circles of ministers of finance and ministers of trade ministers (p. 36). Lenz et al (2019) highlighted that the effectiveness of regional social policy also depends on member states' willingness to be governed, without which it is bound to fail. Additionally, another challenge for regional social policy is that building consensus is not always straightforward. De la Porte (2021) cites the example of the work-life balance as well as the minimum wage policies of the EU where despite the policies being approved, implementation was not consistent among the member states due to difficulties in building consensus on a standard approach.

Complications of financing regional social policy also cause failure as Yeates and Deacon (2010) highlighted that social policy financing mostly targets national level social policies with bilateral donors being reluctant to fund multi-country projects. Finally, the in-country short term political agenda also undermines social policy because democratic systems prefer short term policies which can show results in four or five years, and there is no guarantee that the subsequent administration would buy into that policy agenda (Castles 2004; Yeates and Deacon 2010).

Emerging research on regional responses to the COVID-19 pandemic has illustrated how some of these factors play out in reality. Ruano and Saltalamacchia (2021), for instance, analysed the case of the COVID-19 response for the Latin America and the Caribbean (LAC) region and offered insights about why regional social policy responses fail. They highlighted that LAC was badly hit by the COVID-19 pandemic, accounting for 18.7 per cent of global COVID-19 confirmed cases and 27.9 per cent of deaths globally in 2020, against the 8.4 per cent of the world population that it hosts. They therefore explored the question of whether regional associations rose to the challenge of offering solutions to this common problem as they have done in the past. Focusing on four regional bodies: Caribbean Community (CARICOM), Central American Integration System (SICA), Southern Common Market (MERCOSUR) and Community of Latin American and Caribbean States (CELAC), their assessment of the performance of regional responses to the pandemic provide insights into factors that cause regional social policies to fail or enable them to succeed.

The case of CARICOM proved effective in the coordination of a truly regional approach to tackle the health crisis and its consequences. As a region which is composed of small island states, the pandemic had devastating economic effects due to their strong dependence on tourism. CARICOM's response was effective due to the leadership role of the organisation granted by the member states, its pre-existing institutions dedicated to health and disaster management and its ability to collaborate with several regional or global institutions. For SICA, Ruano and Saltalamacchia (2021) suggested that the already existing institutional architecture that could deliver multisectoral responses and a Regional Contingency Plan made its response successful. Other factors were its experience with comprehensive risk management of public health disasters and emergencies many years before the COVID-19 outbreak, and SICA's central role in dealing with the crisis which gave them leadership powers and authority. Its actions complemented the weak capacities of member states. The case of CARICOM and SICA suggest that a level of supra-national leadership authority, and existing institutional structures which have previous experience and capacity to deliver are key for regional social policy delivery to be effective in complementing the weak capacities of member states in addressing shared problems in a region.

The story is different for MERCOSUR and CELAC. Ruano and Saltalamacchia (2021)'s analysis of MERCOSUR's COVID-19 response was that it was not able to offer significant regional responses to COVID-19 for a number of reasons. Firstly, public health cooperation never really ranked high in the bloc's agenda and, thus, regional infrastructure and capacities were comparatively less developed. While coordination to curb pandemics was not entirely new to MERCOSUR, it did not really build further institutional capacities in this area, partly because its member states prioritized UNASUR as the locus for regional health cooperation (Bianculli and Ribeiro Hoffmann 2015; Riggirozzi 2020). This situation was worsened by lack of cooperation between its largest members: Brazil and Argentina. Of course MERCOSUR adopted a declaration expressing member states' intention to coordinate actions around the COVID-19 pandemic, but the implementation was weak due to existing disagreements among the members. This analysis highlights that the original purpose of the regional body helps in building its capacity to respond to certain policy areas more than others; and that good cooperation among member states is central to effective social policy delivery in a region.

For CELAC, as a forum for dialogue and political agreement, it does not have a permanent Secretariat. During the COVID-19 pandemic, it faced two important limitations in delivering

comprehensive cooperative responses to the pandemic. Firstly, at least two years before the COVID-19 outbreak, the group had fallen prey to political paralysis due to intense ideological differences among its members. Secondly, it did not have permanent sectoral bureaucracies that, despite the lack of political leadership, could work autonomously to offer expeditious solutions in their field of expertise. The pandemic found CELAC entangled in stalemate as a result of the ideological division created by the health situation in Venezuela (Ruano and Saltalamacchia 2021). The case of CELAC illustrates how effective cooperation among member states and institutional capacity within the regional body are central to effective delivery of regionally integrated social policy.

The factors behind the success and failure of LAC region's COVID-19 response illustrate the explanations on the failure of regional social policies that are highlighted in existing literature. However, they do not do not take into account the role of gender norms in analysing why regional social policies fail or succeed, which as argued by gender politics scholars, influences the performance of national social policies (Waylen 2014; Kenny 2014). Van der Vleuten (2016) suggested that gendered norms in regional institutions undermine regional social governance. This insight gives an idea of an aspect of the debate that has not yet been widely explored in the study of regional social policies. Existing literature on regional social policy focuses on formal organizational structures and the political will and ability to cooperate of member states, but does not cover the role of gender in undermining the performance of institutions that drive social policy. This is an important gap in literature that this thesis explores because gender norms, while informal and underlying, strongly influence decisions making, priority setting and resource allocation processes which are aspects of social policy design and delivery (Mackay et al 2010, Waylen 2017, Van der Vleuten 2016).

2.2.4 Gender – the missing variable

Gender politics scholars argue that social policies are delivered through social institutions such as families and communities; markets; care arrangements; health and education systems; the public sector, and that these institutions are 'bearers of gender' (Mackay et al 2010; Waylen 2014; Kenny 2014). Acker (1992) has shown how institutional structures of societies are organized along lines of gender, consciously or unconsciously building societal patriarchal structures that generate institutions based on gendered expectations that are damaging to both men and women. She termed this 'gendered institutions' and suggested that gender is systemic to the institutions of governance at various levels. She argued that the law, politics, religion,

the academy, the state, and the economy are all institutions historically developed by men, currently dominated by men, and symbolically interpreted from the standpoint of men in leading positions, both in the present and historically. Gender is inscribed into the character of institutions, shaping the behaviour of both male and female institutional actors over time to create a culture that often is in opposition to the content of specific written-down policies, thereby making policy delivery ineffective (Acker 1992). Two decades later, Mackay et al (2010) and Kenny (2014) observed that the situation was the same, with minimal improvements as both formal and informal institutions remained gendered, their systems and structures were gendered, and their processes and outcomes were influenced by gender. Social policies are filtered through these institutions and are therefore shaped by them. Gender must thus be considered when analysing the performance of social policies.

However, as already observed earlier, existing literature on regionalism and social policies does not adequately reflect on this issue. Van der Vleuten (2016) observed that literature on comparative regionalism still remains largely silent on gender both as a variable and as a perspective. She argued that although feminist theorising had featured in the field of international relations, it mainly concentrated on global governance rather than the regional level, except in the EU where it has featured, albeit marginally. Several gender scholars have observed this gap as well. Guerrina et al (2018), while acknowledging that gender equality and the insights of feminist scholarship exist in EU studies, observed that they are largely marginal to the EU studies canon, and that the feminist scholarship that had achieved traction in EU studies was limited. They acknowledged authors like Shaw (2000), who made the case for a feminist analysis to better understand the EU's legal order but that this had not advanced as would be expected. Guerrina et al (2018) also argued that the gender blindness in the EU studies literature was in contradiction to the aspirations of the EU itself which was mandated to include gender perspectives in its policymaking by the Amsterdam Treaty of 1998. Feminist analyses would therefore be helpful in understanding the extent to which informal gendered institutions obstruct the EU's attainment of gender responsive policymaking, or indeed the pace at which the EU is living up to its mandate of including gender perspectives in its policymaking. Another gap they highlighted was to do with the relegation of gender studies to silos instead of featuring it in mainstream research (Guerrina et al 2018). This observation was also made by Fiig (2020). While acknowledging that the analysis of gender equality policies was well developed within gender studies, Fiig observed that it was quite marginal in the mainstream European studies which undermines its influence in policymaking. Relegating gender studies to silos, away from

mainstream research causes them to be overlooked in policy discussions. Lombardo and Kantola (2019) also highlighted the gender blindness and masculine bias of European integration theories, adding that the mainstream scholarship had paid little attention to the fact that most key actors in the EU are men (as heads of states, commissioners, bankers or top civil servants) which affects the functioning of the organisation in gendered ways that can best be explained through feminist analyses. However, as Van der Vleuten (2016) observed, the challenge remains that there is no toolbox yet for a gendered analyses in regionalism, nor is there yet an idea of what it would look like. This gap does not take away the fact that regional governance is gendered, it only makes gender injustice in regionalism difficult to perceive and therefore difficult to address.

However, this discussion should not be taken to mean that gender and social policy issues have not been tackled at all in regionalism literature. There have been scholarly discussions on how and why regionalism can drive gender equality and human rights initiatives. For example, Grugel and Riggirozzi (2018) argued that new social policies in Latin America (under the Left) were inspired by ideas of human rights and aim to strengthen gender rights and narrow the inequalities gap, which is motivated by the rights-based approach to development. They further argued that social policy informed by human rights are aimed at putting an end to the extreme forms of socio-economic inequalities that prevent human fulfilment. These arguments highlight the aim of social policies to address gender inequality and human rights violations. Riggirozzi (2020) also brought in the aspect of human rights to Latin America's social policy arguing that from the early 2000s, social policy underwent a significant transformation by including the human rights language to issues of welfare and social protection. In addition, Bianculli (2018) discussed regional social policy in terms of poverty eradication, fighting inequalities, and social and economic mobility, social justice and inclusion. All these arguments highlight the role of regional social policies in addressing gendered inequalities and promoting human rights in the member states. They argue that social policies are a vehicle for addressing inequalities. However, the missing piece is the reflection on gendered institutions as an obstruction to effective social policy design and delivery, and as a possible explanation as to why regionally integrated social policies fail. This is the aspect of the debate that requires further exploration because the understanding of the performance of regional social policy in any region or context is incomplete without analysing the effect of gender in institutional policy processes.

The argument that institutions are gendered (Acker 1992; Razavi and Hassim 2006; Mackay et al.2010; Kenny 2014) also applies to regional institutions, although this connection has not yet been adequately explored in existing literature. Regional institutions are, after all, institutions subject to the same factors that shape all institutions. It is therefore insightful to analyse the role of gendered institutions in regional institutions in order to analyse their contribution to the failure of regional social policies. However, debates by gender politics scholars on the gendered nature of institutions which bear social policy have not yet extended to regionalism. In the same way, existing literature on regionalism have adequately reflected on the role of regionalism in social policy without directly reflecting on the role of gendered norms in undermining the performance of regional social policies. It is the therefore the role of this thesis to bring together regionalism and social policy on one hand, and social policy and gender on the other hand, to create a complete picture on the layers of gendered effects of regionalism on social policy.

2.3 The New Institutionalism, Gendered Institutions and Feminist Institutionalism

Strong institutions are a prerequisite for building strong regional communities and linking all actors together through the facilitation of cooperation and effective rules of the game because institutions govern integration processes (Rattanasevee (2014). Peters (2000) also argued that institutions are central to political relations because governance occurs in and through institutions when they, or the actors within them, mobilise power and resources to influence political relations. In addition to mobilising power and resources, institutions shape political behaviour and decision making by creating a framework for social relations within which behaviour is shaped, by prescribing rules that the members of an institution are expected to follow, and to safeguard institutional principles and standards (March and Olsen 2005, p. 8; Bell 2002). The behaviour of political actors, their power and policy preferences are shaped and conditioned by the institutional contexts in which they operate (Bell 2002; p. 3). Institutions drive regionalism and therefore regionalism studies would be more insightful if they employ institutional analyses to understand how institutions shape regionalism by regulating the behaviour of its key players (Peters 2000).

2.3.1 The New Institutionalism Approach: *application and limitations*

The study of institutions in political science is termed institutionalism, which March and Olsen (2005) argue, "Connotes a general approach to the study of political institutions, offering a set of theoretical ideas and hypotheses concerning the relations between institutional characteristics and political agency, performance and change" (p.4). They suggest that the study of institutions must be systematic in order to detect their presence as well as their effect on political conduct and political outcomes (March and Olsen 2005 p. 21; Waylen 2017). However, the old style of institutionalism was criticised by some scholars who argued that it was complicated and unfeasible (March and Olsen 2005). Another criticism was on its focus upon formal rules and organisations, excluding the informal conventions; a limitation which restricted the depth and accuracy of political analyses (Lowndes 2017). The criticisms of old institutionalism however did not mean irrelevance of institutional analyses, because as already argued by several scholars, institutional analyses help understand political behaviour and trends of organisations and their agency (Peters 2000; March and Olsen 2005; Bell 2002; Kenny 2014; Rattanasevee 2014; Schmidt 2014; Waylen 2017). Institutionalism was therefore remodelled by John Meyer and Brian Rowan to New Institutionalism (NI) as a theory of political analysis that maintains focus on the role of institutions in political behaviour, with a broadened focus to address the concerns of the critics of old institutionalism, including the focus on both the formal and informal institutions (Lowndes 2017). In the context of NI, formal institutions involve the formal constitutions and organisational structures, written guidelines and procedures, while informal ones embody values, norms, expectations and shared practices which influence political behaviour and decision-making (Lowndes 2017). While the formal are consciously designed, clearly specified and visible, the informal ones on the other hand take the form of unwritten conventions and norms such as the decision-making practices, budgetary or procurement standards, norms or practices that characterise informal procedures such as patronage or corruption (Lowndes 2017). Informal conventions, which include norms, values, informal rules and invisible systems that shape political behaviour (Waylen 2017; Mackay 2010; Kenny 2014; Lowndes 2020) may reinforce formal rules and they may also override formal rules, as has been the case with initiatives such as 'documented equal opportunities' rules which get overlooked or ignored despite the laws or policies being in place (Waylen, 2017). New institutionalism therefore does not equate institutions with political organisations; rather, they are seen as sets of 'rules' that guide, shape or constrain the behaviour of individual actors in organisations.

New institutionalism is considered by these scholars the most promising for examining the role of institutions in order to come up with explanations of certain political behaviours and their outcomes within nations or among nations (Rattanasevee 2014).

Several types of new institutionalism have emerged within the NI literature. The three most commonly referred to are the rational choice approach; historical institutionalism and sociological institutionalism (Immergut 1998; Peters 2000; Bell 2005). The rational choice approach is a deductive methodology that explains the motives of behaviour from abstract assumptions, and assumes that actors are rational, mostly drawing from economics perspectives (Bell 2005, p. 5). Further, B. Guy Peters (2000) adds that the underlying logic of rational choice institutionalism is that institutions are arrangements of rules and incentives, and the members of the institutions behave in response to those basic components of institutional structure. Historical institutionalism on the other hand argues that the policy and structural choices made at the beginning of any institution hold a lasting influence over its behaviour for the remainder of its existence, thereby creating path dependence (Peters 2000; p. 4 – 5). This approach is well suited to explaining the persistence of certain policies and trends in institutions (Peters 2000 p. 3). Sociological institutionalism, also known as cultural institutionalism, is built on the constructivist belief that institutions shape behaviour through their ability to structure what is deemed as appropriate action by actors working within them via the imposition of norms, values and expectations (Schofer et al 2012). The sociological institutionalist perspective sees culture, experience and interpretation as essential in explaining behavior.

While the NI approach is sharper and more useful in understanding political behaviour than older iterations of institutionalism, it does not tell us everything. As Bell (2002, p. 3) argues, there are limitations to how much institutionalism can explain. One of the key gaps in the NI approach as identified by gender politics scholars is that it does not take gender dynamics into consideration (Waylen 2017). According to Acker (1992), all institutions are gendered because they are underpinned by gendered norms that shape the creation of rules, systems, practices that drive social constructions of discriminations and marginalisation of women in society. She further argued that these social constructions are so basic, stemming from the very foundation of institutions and advancing to the higher levels of institutions. This makes gender bias part of the fabric of institutions and therefore difficult to identify except by observing its effects such as exclusion of women and discrimination against women. The sources of gender bias in

institutions are gendered norms, rules, systems and practices which collectively constitute 'gendered institutions' (Acker 1992; Waylen 2017; Lowndes 2017).

Lowndes (2017) explained that a 'gendered institution' means that the biased social constructions of masculinity and femininity are intertwined in the daily culture or 'logic' of political institutions influencing how it is run, and how it shapes peoples behaviours, rather than "existing out in society or fixed within individuals which they then bring whole to the institution" (p. 101). Lowndes (2017) further argued that institutions can produce gender biases and influence the behaviours of people in the institution to practice it because of the underlying gendered norms within it, and that on the flip side, institutions can also receive particular influence of gender prejudices and stereotypes from the actors within them. As institutions prescribe acceptable forms of behaviour, rules and values for men and women within institutions, they breed and sustain gender bias. In this way, institutions shape political behaviours and political outcomes in gendered ways. It is therefore important to conduct gendered analyses of institutions to identify not only the prevailing inequalities, but also the factors that drive them (Razavi and Hassim 2006; Lowndes 2020).

However, due to the subtle nature of gendered institutions, their analysis must be systematic and sensitive to these underlying, informal and invisible yet highly influential aspects. As Waylen (2014) argued, the NI approach is not sharp enough to identify and analyse these gendered institutions, it must improve its understanding of how institutions are gendered in order to take the analysis of political behaviour deeper and formulate explanations on the gendered motives of behaviour. Offering a solution to this limitation of the NI approach, Lowndes (2020) advocated for Feminist Institutionalism (FI) highlighting that it offers the opportunity to recalibrate the 'rules of the game' in institutions to influence decision-making that is responsive to gender concerns and needs. She noted that FI helps detect the gendered effects of institutions on political behaviour and outcomes, thereby sharpening political analyses of institutions. This is important, she argued, because institutions affect women differently from men and institutional analyses must be able to pick and explain these gendered differences and how they influence institutional processes and their outcomes (Mackay et al 2010; Kenny 2014; Acker 1992).

Kenny (2014) also argued that institutions, which she defined as the "formal and informal rules of the game" are profoundly gendered, but that gender politics scholars grapple with how to identify and discuss the gendered character and gendering effects of institutions. To this

challenge, she equally advocated for FI as an approach to sharpen the gender lens of the new institutionalist approach. Her argument was that feminist institutionalist approach provides useful insights into the analysis of the gendered foundations of political institutions and their operations, whether formal or informal. She defined feminist institutionalism as an approach that synthesizes elements of the new institutionalism and feminist political science (FPS). She saw this as a relationship of mutual benefit where NI sharpens its lens to get deeper insights along the lines of gender while FPS gets the gender concerns featured in the institutional analysis to draw attention to the complex ways in which gender and power relations play out in political institutions. The value addition of feminist institutionalism is that it sharpens the analysis by bringing out these gender biases and demands that they are addressed (Acker 1992; Kenny 2014; Waylen 2017; Lowndes 2017, 2020).

2.3.2 Suitability of Feminist Institutionalism In answering the research Question for this thesis

The scholarly debate in the previous section builds a consensus that institutions are gendered because their very nature is under-laid by gendered norms and rules that construct social institutions, which marginalise women in their policy processes and outcomes (Acker 1992; Razavi and Hassim 2006; Mackay et al 2010; Waylen 2014; 2017; Lowndes 2017; 2020). The discussion has also built consensus that feminist institutionalism offers a lens for identifying and studying gendered institutions and how they shape actions, opportunities and benefits along gendered lines and how such patterns become systematic, stable and predictable over time legitimizing and normalising gender inequalities and biases (Mackay et al 2010; Kenny 2014; Waylen 2014; 2017; Lowndes 2017, 2020; Thomson 2018).

Feminist institutionalism draws from new institutionalism the focus on informal institutions which is an important variable in analysing gendered institutions. While the informal are mostly invisible and unwritten, they are embedded in the culture and practice of political actors and systems; and are a powerful force that influences the outcomes of formal institutions. The informal directly influence formal institutions by shaping the behaviour of the actors in formal institutions and influencing how rules, guidelines and policies are developed, implemented or overlooked (Waylen 2017; Mackay 2010; Kenny 2014; Lowndes 2020). Due to the interaction between the formal and the informal aspects of institutions, unaddressed gender biases in the informal institutions subtly influence the behaviour of political actors in the formal establishments and by shaping their actions to produce gender bias without following existing

written or formal rules (Thomson 2018). When formal barriers to gender equality have been removed, it is the unaddressed informal norms and rules that remain and sustain structures of male bias in institutions (Waylen, 2017, p. 2). Such informal institutions, she points out, are not always perceived, they are mostly invisible though they are highly influential. She calls them the 'hidden life' of institutions. Analysing gender inequalities in formal institutions and ignoring the informal institutions is therefore not adequate as it leaves out some useful insights on how gendered power dynamics come into play. FI enables analyses to study both the formal and the informal institutions thereby going deeper with the analysis than the NI approach (Waylen 2014; Kenny and Mackay 2017). This makes FI suitable for this thesis because the research question requires a deeper analysis of the complex social constructions of gender norms that underpin regional organisations and influence decision making and resource allocation for social policies.

Another scholar of feminist institutionalism, Marian Sawer (2012), argued that the aim of feminist institutionalism is to highlight how 'gendered power relations and inequalities are constructed, shaped, and maintained through institutional processes, practices and rules. She argued that feminist institutional analyses provide insights into how to intervene into institutional processes with the aim of promoting feminist goals. Sawer (2012) cautioned that without taking a feminist institutionalist approach, dominant discursive institutional frames normalise gender inequality. Davis (2021) also recommended feminist approaches because they enable the analysis of how 'gender' is constructed in policies, and analyse how gendered power hierarchies are developed in institutions. She adds that this kind of analysis is necessary because when masculine power embedded in policies and institutions is not carefully examined, it is simply reproduced and entrenched (p. 349; Vleuten 2016). Feminist approaches both correct gender biases and transform gendered power dynamics, placing value on women's issues and fundamentally transforming the study of politics (Kenny and Mackay 2017).

These arguments hold that feminist institutionalism can indeed provide a suitable framework that enables the examination of gendered institutions to identify and analyse their effect on the political behaviours and outcomes of both the structure and the agency (Mackay et al 2010; Jupille and Caporaso 1999; Waylen 2017; Kenny and Mackay 2017; Lowndes 2017, 2020).

To understand how the FI approach analyses institutions with a gender perspective, Kenny and Mackay (2017) start their argument by defining gender as a constitutive element of social relations based upon socially constructed differences between women and men, how humans

think about and organize their social activities, rather than as a natural consequence of sex difference. Gender is therefore a social structure and not an expression of biology, nor a fixed dichotomy in human life or character, but rather a dynamic attribute that is constructed socially and can change with time (Kenny and Mackay 2017 p. 100). In addition, gender can also be seen as a process through which structures and policies create a differential impact upon women and men, while also providing different opportunities to actors seeking favourable gendered outcomes (p. 100). However, the challenge is that despite the birth of a feminist institutionalism, there are still gaps in the gendered analysis of institutions because in most cases, analysts do not apply FI but rather still use NI frameworks which are clearly limited (Waylen 2014).

There is lack of appreciation of the value of FI and this sustains gender inequality in political analyses. Kenny and Mackay (2017) suggest that this is because historically, most political scientists were men, and the spheres of public politics that they studied were likewise overwhelmingly male. Although there has been a positive shift in the last two decades, political science has remained a relatively 'inhospitable' discipline to women and gender, particularly compared to other social science fields (Kenny and Mackay 2017). As a result, feminist approaches are still often side-lined in political science research and teaching; with issues of women and gender usually ignored, and women relegated to the private sphere and 'low politics', while men are associated with the public sphere and 'high politics' (Guerrina et al 2018; Fiig 2020; Kenny and Mackay 2017). These observations and opinions justify the use of feminist institutionalism to ensure that gender discrimination in academy as well as in policy is understood, its negative effects seen for what they are and that strategies are designed to address it. For this thesis, feminist institutionalism provides the best approach to answer the research question as it brings for a deeper analysis of both the informal and formal institutions that underlie and shape the AU's social policy processes.

2.3.3 The applicability of Feminist Institutionalism to this thesis

Feminist institutionalism brings and deepens an understanding of gender and the role of gendered power dynamics in institutions and how they frame decision-making within institutions. Thomson (2018) saw feminist institutionalism as an approach that can help analyse the gendered effects of institutions. She observed that existing literature in political science research has not adequately covered the gendered interventions that institutions have been implementing in the recent years such as such as gender quotas, gender mainstreaming with

regards to policy or state feminist initiatives either because scholars lack interest in the approach or they lack tools for operationalising it. Van der Vleuten (2016) also noted that there was no tool box yet for feminist analyses. Gender politics scholars such as Joan Acker (1992), Judith Lorber (1994), Fiona Mackay et al (2010), Georgina Waylen (2014, 2017), Meryl Kenny and Fiona Mackay (2017), Vivien Lowndes (2017, 2020) among others have highlighted the value of feminist institutionalism and other feminist approaches to studying institutions, but they did not provide operational tools on how this can be done systematically. However, March et al (1999) and Smith (1999) emphasised the importance of systematic approaches to operationalising feminist approaches in order to identify and analyse systemic and underlying gender issues in institutions and other spheres of society.

Operationalising the feminist approach to institutionalism requires tools that can identify and explain gendered patterns of the relationships and behaviours of women and men, factors that drive them, and their effect on processes and outcomes (March et al 1999). One way suggested by March et al (1999) is by using existing policy-based gender analysis tools which Singla (2016) argued are tools for analysing gender roles and relationships, the factors that underlie them, how they shape behaviour and their effect on men, women, boys and girls. Quoting Moser (1993), Smith (1999) also argued that these practical tools to conduct systematic gender analyses are useful in identifying, analysing and interpreting gendered aspects of behaviour, their causes, and their effects on institutional processes and outcomes in complex contexts and situations. This ensures that the internal and external political processes that influence the institutions' or society's decisions are studied systematically using standard measurements (Smith 1999). Although these tools were originally designed to analyse projects and policies, they can be adapted for institutional analyses, as discussed in further detail in Chapter Four of this thesis.

There are several gender analysis tools that can be used to operationalise feminist approaches including Harvard Gender Analysis Framework (1984), Caroline Moser's Gender Analysis Framework (1986), and Sara Longwe's Gender Empowerment Framework (1995). The Harvard Gender Analysis Framework, (HAF) is also called the Gender Roles Framework. It was developed in 1984 by the Harvard Institute for International Development in collaboration with USAID and aims to enhance understanding of community-level gendered power dynamics and vulnerabilities, but it has also been adapted for understanding gender dynamics in institutions to understand how roles are shared, the power dynamics that flow from the

gendered sharing of roles and their effect over institutional processes and outcomes (March et al 1999). Moser's Gender Analysis Framework (1986) was developed by Caroline Moser as a method of gender analysis at the Development Planning Unit (DPU), University of London. It has six tools that analyse various aspects of gender including gender responsiveness of policies, analysis of gendered needs of women or men, and women's participation and/or exclusion in policy processes (March et al (1999). The Women's Empowerment (Longwe) Framework (1995) which was developed by Sara Hlupekile Longwe, a Zambian consultant on gender and development based in Lusaka, Zambia, is intended to help planners question what women's empowerment and equality means in practice, and, from that point, to assess critically the extent to which a policies or projects supports this empowerment (March et al (1999). These gender analysis tools enable this thesis to apply the feminist institutionalist approach by guiding areas of analysis for the identification of gendered norms, rules, behaviours and practices; and then tracing their effect in the processes and outcomes. The details of how these tools will be used for this research are outlined in the methodology chapter of the thesis (Chapter Four).

2.4 Conclusion

This chapter has discussed the role of regionalism in social policy. The chapter has highlighted that existing literature acknowledges that regionally integrated social policies can be effective and beneficial to citizens, but that oftentimes they fail to effectively deliver on their mandate. The chapter further studied how this literature on regionalism and social policy explains this failure. Weak accountability mechanisms, lack of political commitment, inadequate financing and difficulties of consensus-building among other challenges are the factors cited in literature as behind the failure of regional social policy.

While these explanations offer useful insights in understanding the failure of regional social policies and also answering the research question for this thesis, the chapter has observed that these insights are inadequate because they overlook the role of gendered institutions in undermining regional social policy delivery. The chapter thus examined literature on gender and social policy and identified an argument that social policy is gendered because it is driven by institutions which influence social policy formation and delivery in gendered ways (Waylen 2017; Kenny 2014; Lowndes 2017, 2020; Acker 1992). However, the chapter also found that that this aspect of the debate has mostly been discussed in national level social policy literature and has not adequately been addressed in regionalism literature. While existing literature

covers the role of regionalism in social policy, gender governance and human rights, it does not address the role of gendered institutions in undermining social policy design and delivery except in the EU, albeit minimally. The existing gap in regionalism literature is therefore the limited exploration of gendered institutions as an obstruction to effective social policy design and delivery (Van der Vleuten 2016; Minto and Parken 2021). The chapter concludes that this is an area of research to be further explored by this thesis.

The need for further exploration of the role of gendered institutions in regionally integrated social policy delivery led the thesis to identify feminist institutionalism as the most suitable approach for this research because it provides tools for identification and analysis of underlying gendered institutions. This analysis will draw conclusions that will add new insights to the broader regionalism question on why regionally integrated social policies fail, while also directly answering the research question for this thesis – why reproductive health policy in Africa is ineffective despite being collectively designed, approved and adopted by the member states themselves.

CHAPTER THREE: African Regionalism and Social Policy

3.1 Introduction

This chapter explores literature on African Regionalism and its shortfalls in explaining the failure of regionally integrated social policies in Africa especially with regard to answering the research question for this thesis which explores why the Maputo Plan of Action (MPoA) has been ineffective to deliver effective sexual reproductive health (SRH) for the region. The chapter explores a body of literature that argues that the type of regional governance that in Africa undermines the effectiveness of its integration and its regional projects due to lack of supranational authorities and strictly guarded sovereignty (Acharya and Johnston 2017; Söderbaum, 2012; Bach 2005; Herbst 2007). From this literature study, I make an observation that these factors as highlighted in existing literature do not affect the effectiveness of the MPoA in a significant way, because there was overwhelming consensus among member states and they collectively developed and approved it (AUC 2020; Sigsworth and Kumalo 2016) suggesting that lack of supra-nationality of the AU and member states' strictly guarded sovereignty did not come in its way. This chapter therefore aims to go deeper by exploring the contours of African Regionalism, trace its history and explore its distinctive context to identify deeper and broader aspects of African Regionalism beyond what is currently understood about it as being superficial cooperation with weak integration (Acharya and Johnston 2017; Akokpari et al 2008; Herbst 2007; Bach 2005; Söderbaum 2012; Deacon and Yeates 2010). To build this knowledge, the chapter explores a tension that arises between this body of existing literature and the newly emerging literature on the COVID-19 response in Africa that demonstrates a level of effective integration despite sovereignty and lack of supra-nationality which has led to successful COVID-19 regional policy delivery despite the challenges of sovereignty and lack of supra-nationality (Oloruntoba 2021). This tension suggests that understanding African Regionalism, as well as its role in social policy requires a deeper and broader theory that analyses it within its African distinctive context that is shaped by its own historical factors and evolution. Drawing from the conclusion of chapter two that gendered institutions contribute to undermining regionalism's efforts in social policy, this chapter explores the extent to which gender lens have been applied in African Regionalism theories and suggests that gender lens can deepen the analysis to explain the complexities of African Regionalism and its role in social policy that could contribute to explaining the factors behind the ineffective delivery of the MPoA.

The chapter begins with a short overview of African regionalism and its motivations. The aim of this discussion is to provide the historical context that shaped the nature and character of African regionalism. The chapter then discusses how the role of African regionalism in social policy has been covered in existing literature on African regionalism, analysing existing explanations as to why the design and delivery of social policy on the continent has largely been ineffective. This part of the chapter also acknowledges that emerging literature on the COVID-19 response that highlights a level of success in integrated social policy response and raises interest to understand the factors of success. The final part of the chapter discusses the extent to which gender lens have been incorporated in analyses of African Regionalism and social policy, highlighting that that the role of gendered institutions in shaping the design and delivery of regional social policy is missing in literature, and suggests further exploration of aspect of African regional social policies.

3.2 Regionalism in Africa: history and overview

The historical account of African regionalism which has shaped studies of African regionalism focuses on weak integration and strict sovereignty approach of post-colonial Africa as having developed a path which African regionalism has followed (Bach 2005; Herbst 2007; Yihdego 2011). It provides a framework for analysing of trends and patterns in African regionalism which have dominated existing knowledge on the subject. This account however, does not offer an analysis of gender and gendered institutions as important aspects in understanding African regionalism. Despite this gap in the historical account, the existing narrative provides a starting point and a context for discussing and analysing the missing aspects.

The history of African regionalism can be traced as far back as the formation of colonial federations during the 19th century. Söderbaum (2016) suggested that debates about regionalism in Africa must be situated in the post-colonial context of the continent because that is the period that African states began forming regional movements, even though the African debate was also loosely influenced both by the intellectual debates in Latin America as well as by European integration theory and practice. He highlighted that colonialism through the 'Partition of Africa' created African territories aligned to their colonial authorities. Although the colonial projects reflected Europe's colonial operations in Africa and not African regionalism activity, the effects of their fragmentation of the continent into colonial territories created regional groupings which still underlie the theory and practice of African regionalism today (Bach 2005; Herbst 2007; Söderbaum 2016). The colonial legacy shaped the contours

of African states and regional groups through the division of African territories at the Berlin Conference and the creation of colonial federations which still map onto present day African regions (Bach 2005; Söderbaum 2016). Some of the African Regional Organisations (ROs) of today were built around the dissolved African colonial federations, which became multiple sovereign states cooperating as regional groupings (Bach 2005). Examples of these are the decolonisation of large territorial units such as the British East Africa Federation, which broke into four states and the Federation of Rhodesia and Nyasaland, which broke into three states (Bach 2005; Herbst 2007). The colonial legacy therefore set the framework for regionalisation processes and offers some insights in understanding and explaining certain characteristics of African regionalism, though it must not be taken as the only perspective.

The further developments of African regionalism began the process of mobilisation for region-building among the African states in the 1960s. This process aimed at advancing African unity, pride and identity, against colonialism, perpetuation of the legacies of slavery, and continued domination in the form of apartheid in South Africa (Bach 2005, 2016; Söderbaum 2016; Hartman 2016; Haastrup 2013). *African unity* was at this point the most important factor that underpinned African regionalism under the broader concept of Pan-Africanism, which was part of a larger movement of African pride. Pan-Africanism contributed to the transformation of African national and global politics in complex and radical ways while advancing the principle of 'African solutions to African problems' (Bach 2005; Glas 2018; Hartman 2016; Hansen and Jonsson 2014). African region-building at this time was also seen as a tool for the attainment and preservation of sovereignty to guarantee viability of independent states that were formed out of the deconstruction of the colonial federations (Herbst 2007; Bach 2005; Glas 2018; Hartman 2016), giving rise to the strict sovereignty-boosting principle that characterises African regionalism today.

The Pan-African movement culminated into the 1963 adoption of the Addis Ababa charter, which established the Organisation of African Unity (OAU), the first ever continent-wide regional body which set the foundation for a collective approach to African unity. The general ideological foundation of regional cooperation and integration in Africa was formulated in the series of treaties that were developed within the framework of the OAU. Even though its relevance and efficiency has been widely criticised, the OAU was important for coordinating a common African stand against colonialism and apartheid (Hartmann 2016; Söderbaum 2016). All independent African states were invited to join the OAU and rally around the 'freedom from colonialism and apartheid' mandate. Hartmann (2016) accounts that at its formation on

25th May 1963, the OAU had thirty-six member states (of the fifty-five African states). At this time, a deliberate decision was made to maintain existing borders and strictly guard state sovereignty while at the same time advancing African unity among equal, sovereign states and offering mutual respect and support of each other (Hartmann 2016). This position was motivated by the need to guarantee and safeguard the borders and the independence of the states because at the formation of the OAU, Africa was characterised by fragile states, weak economic capacities, weak governance institutions and violent internal and external conflict (Herbst 2007; Hartmann 2016). The strict boundary regime assured the members of the security of their independent states and stability on the continent, but is also considered by some scholars as countering the 'unity' agenda of the OAU (Herbst 2007; Hartmann 2016). However, the positive aspect of it is that it prevented the creation of new sources of conflict across the continent (Bach 2005; Herbst 2007; Hartman 2016).

Although the OAU secretariat was weak, it managed to advance a very successful boundary regime through consensus and mediation by ad hoc committees of the heads of states (Herbst 2007). However, the negative side of this guaranteed preservation of state sovereignty was that it seemed to sustain impunity of authoritarian leaders and rogue regimes (Bach 2005). This aspect also encouraged non-accountability of member states to the regional organisation on their internal affairs, leading to the OAU's failure to intervene in important issues affecting the member states such as the Rwandan genocide of 1994 (Herbst 2007). Yihdego (2011) also highlighted that the OAU failed to intervene in governance challenges on the continent such as the national regimes in Uganda, Sudan, Ethiopia and Gabon which became homes for tyrants and corrupt regimes as well as new dictatorships such as the Eritrean dictatorial regime (Yihdego 2011). These situations created governance challenges for the OAU and weakened its mandate of a unified Africa. Its purpose was limited to collective action in fighting colonialism on the continent and apartheid in South Africa which once achieved, rendered the OAU irrelevant (Bach 2005; Haastrup 2013; Söderbaum 2012). This eventually led to the disbanding of the OAU in search for a more effective regional formation, relevant to the changing needs of the African continent.

The decision to dissolve the OAU and rebuild it as a union was adopted in Sirte, Libya, on 9 September 1999, at the close of the extraordinary OAU summit convened by Muammar Gaddafi of Libya. On 26th May 2001, the African Union (AU) was founded in Addis Ababa, Ethiopia, and it was formally inaugurated on 9th July 2002 in Durban, South Africa. The

Constitutive Act that provided for the transformation of the OAU into the AU maintained it as the highest of all regional and sub-regional organisations on the continent. The AU was given a broader mandate than that of the OAU, beyond political union, to also cover issues of security, economic development and stability of the continent (Bach 2005; Herbst 2007). This empowered the AU to respond to and address some of the challenges and weaknesses of the region such a deepening poverty, which the OAU failed to address due to its limited mandate. Even with this broader mandate, the AU resolved to carry forward the OAU's determination to preserve boundaries and jealously guard sovereignty, territorial integrity and independence of member states because it gave its leaders external security.

The AU is considered a relative success to its predecessor, the OAU, because with its broader mandate, it has assumed more authority over the member states than the OAU, and has acted on a broader range of issues for integration than its predecessor (Bach 2005; Söderbaum 2012). However, analyses of the AU equally highlight that its performance and effectiveness is restricted by the strict boundary regime and sovereignty boosting principles which undermine member states' commitment and accountability to regional integration (Bach 2005; Herbst, 2007; Haastrup 2013; Söderbaum 2012).

Existing literature has also highlighted the multiplicity of players in African regionalism due to the sub-regional Regional Economic Communities (RECs) as one of the challenges affecting its effectiveness. The formation of the sub-regional level RECs began in the late 1960s. Some of these formations were aimed at strengthening political cooperation, while others were more focussed on transforming economies (Hartmann 2016). Initially, three regional economic communities (RECs) emerged in Sub-Saharan Africa. The East African Community (EAC) was formed in 1967, uniting the three former British colonies of Kenya, Uganda, and Tanzania. It disbanded in 1977 and recreated in 2000 as a six-member organisation having included Rwanda, South Sudan and Burundi. The Economic Community of West African States (ECOWAS) was formed in May 1975stimulated by the post-colonial negotiations with Europe. This process was led by Nigeria, as a powerful state in the region at the time. Currently, ECOWAS has fifteen member states. In the southern region, the establishment of the Southern African Development Community (SADC) would first be created as the Southern African Development Coordination Conference (SADCC) in 1979. SADCC was motivated by the need to oppose South Africa's proposal to create a regional grouping centred on the apartheid state. SADCC was an anti-colonial and anti-apartheid struggle for the region. In 1992, the SADCC

Heads of State Summit signed the SADC Declaration, which was a transition from SADCC (a regional platform) to SADC - a regional organisation with a legal character. Currently, the African Union (AU) recognises seven RECs. There is the Arab Maghreb Union (AMU), the Economic Community of West African States (ECOWAS), the Economic Community of Central African States (ECCAS), the Common Market for East and Southern Africa (COMESA), the Southern Africa Development Community (SADC), the Intergovernmental Authority on Development (IGAD) and the Community of Sahelian-Saharan States (CEN-SAD). Some of these organisations are not fully functional, while some overlap such as the overlaps among SADC, COMESA, the East African Community, IGAD and the Southern African Customs Union (SACU).

These multiple regional bodies create complexities in the governance of the region because the overlapping mandates and memberships create tensions. In some cases, some of these RECs perform functions that have very little or nothing to do with their stated mandates and programmes (Bach 2005; Söderbaum 2012; Hartmann 2016). The overlaps of these regional organisations create complex politico-bureaucratic and normative hurdles in the region because overlaps negatively affect how Africa designs, commits to and rolls out joint actions and shared projects (Bach 2005; Söderbaum 2012; Hartmann 2016; Byiers 2017). Söderbaum (2012) argued that the overlapping membership of regional organizations is an indicator of a poor political commitment to regional cooperation. He also argued that the main reason for overlaps could be the need for African states to have as many arenas as possible to satisfy their quest for formal status and recognition while compensating for their weak political statuses.

However, some scholars of African regionalism do not consider this multiplicity of regional organisation and the overlapping memberships as entirely negative. Byiers (2017) for instance, argued that multiple memberships to various regional organisations by the AU's member states was probably necessary due to the magnitude and complexities of the challenges facing the continent. Other scholars view the multiple African regional institutions as serving as crucial focal points for policy formulation where actors have been able to develop and jointly implement some policies (O'Reilly and Heron 2022).

3.3 Regionalism, social policy and Gender in Africa

This historical account of African regionalism has shaped studies of African regionalism which focus on weak integration and strict sovereignty approach of post-colonial Africa as the

characteristic that determines its performance and effectiveness (Bach 2005; Herbst 2007; Yihdego 2011). This perspective has continued to dominate accounts of the failures of African regionalism and have also been applied to the failure of regional social policy for the continent arguing that the style of regionalism and its historical motivations determine its performance (Bach 2005; Söderbaum 2012; Herbst 2007).

The beginning of social policy in African is linked to the economic challenges for the region and other related challenges that in the post-cold war period. These challenges were termed by Akokpari (2008) as 'internal African issues' which included violent conflict, HIV/AIDS, widespread poverty, high unemployment levels and increasing debt crisis. These, compounded by donor aid fatigue and the general endorsement of neoliberal economic policies on the part of the international institutions, drew African regionalism to a social policy response. The Pan-Africanists reacted to Africa's challenges with a regionalist and collective economic and market-based integration strategy (Bach 2005; Farrell 2005). A group of new Pan-African leaders emerged and forged a regional project to fight against Africa's marginalisation from the global scene and address poverty, underdevelopment, peace, security and stability (Akokpari et al 2008; Mathews, 2008). This gave rise to the New Partnership for Africa's Development (NEPAD) which is now called African Union Development Agency (AUDA-NEPAD) in 2001 during the OAU's 37th Summit and would later be ratified by the AU in 2002 at the first AU summit. NEPAD was formed with the purpose of forging economic and market-related integration as a response to Africa's development challenges at the time (Yihdego 2011). The AU's social policy agenda was set in motion during the first session of the African Union Labour and Social Affairs Commission, held in Mauritius in 2003, where the African Union Commission (AUC) was tasked to develop a Social Policy Framework (SPF) for Africa in partnership with other stakeholders (Wright and Noble (2010). According to the AUC, the main purpose of this SPF was to provide an overarching social policy structure to assist AU member states in developing their national social policies to promote human empowerment and development on the continent. The intention was that this framework would supplement other pre-existing regional programmes particularly those of NEPAD.

Until 2020, the Department of Social Affairs (DSA) in the AUC led the operationalisation of the AU's SPF. In 2020, the AUC underwent a restructuring process aimed at optimising its functioning. The restructuring process led to the DSA department changing its name to the Department of Health, Humanitarian Affairs and Social Development (HHS). Its mandate has

remained to promote the AU's health, labour, employment, migration, social development, drug control, crime prevention, sport and cultural agenda (AUC 2020). This new structure is aimed at making the AU's social policy response more effective, however, it is still too early to determine if the new structure is more effective than the previous one. In its current form, the department has four divisions, which are the main pillars of the SPF, covering health systems, disease and nutrition, health and humanitarian affairs, labour, employment and migration and social welfare, vulnerable groups and drug control

Since 2003, the AU has had in place an elaborate social policy framework under the AUC. Despite that, Africa's social policy response is weak, inconsistent and in some cases ineffective (Phakathi 2019; Mathews 2008; Sigsworth and Kumalo 2016; Söderbaum 2012). Existing literature explains this ineffectiveness as being a result of lack of commitment to implement agreements due to the colonial legacy of weak African states and reluctance to pool sovereignty, which affects their operationalisation and implementation at national level. Yihdego (2011) highlighted that the challenge was because the features of the response system were based upon cooperation, voluntarism and national implementation using the AU's voluntary and non-binding agreements. As a result, member states showed reluctance to fully legalise their regional commitments and to empower regional bodies to enforce the agreements beyond just cooperation and experience sharing. This created an environment where some member states devoted to fully implementing union norms and policies, whilst others made some progress on selected policies and yet others completely ignored and even offended the agreements. The AU is not yet able to address non-compliance decisively and collectively. Its member states do not demonstrate political will to apply AU principles and agreed upon commitments, and the AU does not hold them to account despite its desire to uphold its norms and agreements. The narrative by Yihdego (2011) aligns to the prevalent criticisms of African Regionalism about the nature of regionalism and how it affects its effectiveness, which this thesis acknowledges but suggests going beyond it to explore other aspects of African regionalism that also influence its performance.

In line with this argument, Byanyima (2008) gave an account of the challenges of implementing the AU's regional gender policy. She noted that in 2002, during the Heads of State summit, the AU committed to the principle of gender parity in the running of the Union. Following on, the organisation developed and adopted several instruments for advancing gender equality, women empowerment and gender mainstreaming on the continent. One of the key instruments that the

AU developed was the 2003 protocol to the African Charter of Human and Peoples Rights (ACHPR) which is called the Maputo Protocol on women's rights. The protocol aims to facilitate Africa's response to gender equality both at regional and country level. Van der Vleuten and Van Eerdewijk (2020) observed that the adoption of the Maputo Protocol was a landmark decision for the AU because it offered a comprehensive framework combining cross-cutting and stand-alone gender equality norms. The following year, in 2004, the AU reaffirmed its commitment to gender equality by adopting the Solemn Declaration on Gender Equality in Africa (SDGEA) which underlines the gender parity principle adopted to promote women's representation in politics and political decision-making (Haastrup 2019; Van der Vleuten and Van Eerdewijk 2020), to bring forward the aspirations of the Maputo Protocol. However, while the protocol was hailed as a success for women's rights movement on the continent, its implementation at country level has persistently been slow, inconsistent and patchy (Sigsworth and Kumalo 2016). The SDGEA has also not yet made a significant impact since it was adopted (Sigsworth and Kumalo 2016; Van der Vleuten 2016). Over a decade after the adoption of the Maputo Protocol and the SDGEA, Alozie and Akpan-Obong (2017) observed that there was very little to celebrate because very little had been achieved in elevating the position of women across Africa, women's second-class citizenship was still pervasive in all spheres of life throughout the continent, and that the pace of change was slow and unsustainable. Even though these instruments were not receiving significant implementation, the AU did not stop there with producing more. In 2015, after its Golden Jubilee celebrations of the formation of the OAU, the AU adopted 'Agenda 2063: The Africa We Want' whose Aspiration 6 aims to realize gender equality 'in all spheres of life' (AU, 2015 p. 9). Further to these developments, in February 2019, the AU launched the Strategy for Gender Equality and Women's Empowerment (GEWE) 2018–2028 which seeks to implement Aspiration 6 of Agenda 2063. While this strategy requires its own implementation, it also carries the domestication and implementation of the Maputo Protocol of 2003 as a key objective under its third pillar, an agenda which was also part of the mandate of the SDGEA in 2004. All these documents present impressive commitment to gender equality on the part of the AU, but they remain poorly implemented creating very little impact on the ground. One of the reasons that Byanyima (2008) gave for the slow action is that political will both at regional and country level has been weak, leading to a strong and rhetoric voice of commitment with little or no action of implementation. Van der Vleuten (2016) also attributed this failure to lack of political will to address issues of women. While these authors rightly attribute the failure of operationalisation

of this policy to lack of political will, their explanations are silent of the role gendered institutions in undermining political will and decision-making in institutions.

Another example of a regional social policy where implementation was ineffective is the AU's regional HIV/AIDS policy. In the mid-1980s, HIV/AIDS emerged as a common and a complex challenge for African states due to other related challenges of the continent that fuelled it such as endemic poverty, weak governance systems, ethnic and local conflict, and competition for scarce resources (Ndinga-Muvumba 2008). Furthermore, HIV/AIDS-related sickness, death toll and burden also exacerbated these developmental challenges on the continent eroding its most reliable human resource, diverting resources from other development challenges to addressing the consequences of the pandemic. This situation required a strong regional leadership for an effective response. In June 2001, the UN would hold the UN General Assembly Special Session on HIV/AIDS (UNGASS), and they demanded an Africa's common position on HIV/AIDS from the AU (Ndinga-Muvumba 2008). In response, the AU developed the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and other related infectious diseases which informed the Africa's Common Position on HIV/AIDS which was presented to the UNGASS on HIV/AIDS in June 2001.

Of course, Ndinga-Muvumba (2008) noted with concern that these instruments were met with little or no action for implementation. While the AU seemed to be determined to respond to the HIV/AIDS pandemic through these declarations and positions, there was no action to operationalise these commitments. For example, the 2001 Abuja Declaration was a pledge made by members of the African Union during a conference in Abuja, Nigeria to increase their health budget to at least 15% of the state's annual budget in order to respond to HIV/AIDS, and requested western donor countries to increase their support to health. By 2010, only one African country had reached that target, twenty-six had increased health expenditures without reaching the 15% target, and eleven had reduced it and the rest of them had not had a noticeable negative or positive trend. This demonstrated that the strong sense of regional commitment to addressing HIV/AIDS shown by the pronouncements and declarations was not matched by action to implement the AU's own resolutions. To gain political attention, HIV/AIDS was initially included in the broader peace and security response. However, the AU's peace and security commission moved very slowly in integrating HIV/AIDS into its work as this was not a priority at that time (Ndinga-Muvumba 2008).

The reflections by the authors of these two examples illustrate the factors highlighted in literature on the ineffectiveness of African regionalism in general, which have also been applied to explaining the failure of African regional social policies. The first explanation highlights that the sovereignty boosting principle of African regionalism makes integration weak and almost non-existent as each member states remains independent of the others with little or no influence from the regional body (Phakathi 2019; Yihdego 2011; Mathews 2008; Sigsworth and Kumalo 2016; Söderbaum 2012; Herbst 2007). This challenge is compounded by the lack of supra-nationality authority feature of African regionalism which compromises the enforcement of any policies (Bach 2005; Herbst 2007; Wright and Noble 2010; Haastrup 2013; Söderbaum 2012). In addition, the weak institutions of regional governance undermine participation of stakeholders in policy formulation and delivery have also been highlighted as contributing to social policy failure in Africa (Yihdego 2011). The AU designed itself after the EU's institutional design but does not have the requisite capacity to make its institutions effective for social policy development and delivery (Haastrup 2013; Yihdego 2011). Weak participation of stakeholders in social policy design and delivery also creates a path for failure. Deacon et al 2010 also made this observation and specifically highlighted the weak civil society capacity in Africa which undermines accountability in the design and delivery of regional social policies.

Literature on African regionalism also highlights that social policy fails because in some cases it is influenced by external players such as foreign powers, donors, international financial institutions, non-governmental organisations and transnational corporations, among others (Buzdugan 2013). This influence manifests either as the basis for international collaboration or as a condition for financial support, (Muntschick 2012; Buzdugan 2013). External actors influence both the structure of regionalism as well as the priorities of regional projects through financial support, technical support or provision of information (Buzdugan (2013; Muntschick 2012; Herbst 2007). These authors argue that external influence leads to superficial interventions only meant to appeal to the international community.

While these explanations hold true about the performance of African regionalism in social policy, another perspective suggests differently. The argument by O'Reilly and Heron (2022) highlighted that it is not always the case that African regionalism is rhetoric without concrete action of implementation, citing the example of the EAC's ability to collectively conceive, implement and cancel a regional policy on second hand clothing. However, an argument can

be made that the EAC is effective in fostering certain regional policies because it has a degree of supranational authority over its members which other regional bodies in Africa do not have (Kamanga and Possi 2017; Fagbayibo 2013). Binda (2017) explained that while the competence of the EAC as an intergovernmental organization is not explicitly stated in the Treaty for the Establishment of the East African Community (the Treaty) as is the case of the EU, its powers are clarified in Article 5(1) of the EAC Treaty which provides for a degree of supra-nationality to the EAC which enables it to conceive and implement collective and regional policies for its partner states. This observation enhances the argument that lack of supranational authority is a factor in undermining the performance of African regionalism, which also extends to its performance on social policy delivery. The insight from the case of the EAC is that African regionalism is not homogenous, and conclusions about its nature and its performance should be mindful of some of these institutional differences and other relevant factors that may not have been covered by conventional literature.

Another insight from emerging literature on African regionalism and social policy which also suggests that in some circumstances, it has been possible for African regionalism through the AU to successfully design and deliver regionally integrated social policy is by Oloruntoba (2021). He analysed Africa's regional response to the COVID-19 pandemic under the AU and noted that it was largely successful in helping to mitigate its effects, although this success was not uniform across the continent. High resource countries like Nigeria, South Africa and Egypt, among others, were more effective in managing the pandemic than small countries where data was not readily available. He suggests that the success of such a policy response in Africa depends on effective pooling resources, fostering collaborative initiatives; and effective management of national politics and border control (Oloruntoba 2021).

The reflections by Oloruntoba (2021) suggests that lack of supranational authority, the multiplicity of actors and the strict sovereignty may not be the only explanation for failure of regional social policies in Africa because in the case of COVID-19, performance was not undermined by these factors. This tension brings the discussion closer to the case of the Maputo Plan of Action which also does not seem to be directly undermined by these known factors, having been collectively developed, approved and adopted by all member states. This tension suggests that the role of African regionalism in social policy has not yet been fully explored to gain a complete picture of the factors behind its performance. One area that remains yet to be

covered is, as argued in Chapter Two of this thesis, on the role of gendered norms in undermining social policy delivery in African regionalism.

3.4 Gendered Institutions as a factor in Africa's Social Policy Failure

The debate on the effectiveness of African regionalism presented in the previous section offers sound arguments on the factors behind the performance of regionally integrated social policies in Africa. These explanations draw from existing literature that the nature, character and history of African regionalism undermine its performance in regional projects which includes regionalism. However, this literature is silent on the effect of underlying gendered institutions on African regionalism. Gendered institutions undermine social policy design and delivery because they underlie organisations and shape their processes and outcomes in gendered ways, influencing priorities and budgets in ways that marginalise women and girls (Acker 1992; Mackay et al 2010; Waylen 2014; 2017). As argued in Chapter Two, gendered institutions create blindness to women's concerns leading to failure to recognise and respond to their needs (Acker 1992; Franceschet 2008; Benedict 2011).

In the African context, Van der Vleuten (2016) illustrated this point by arguing that both the AU and SADC failed to implement their gender equality policies not for lack of funds (because these organizations have some funds for implementation mainly based on oil revenues and donor funding), but because of institutional attitudes which do not prioritise women's needs and concerns. This thesis builds on this argument and extends it to analyse the gendered institutions that shape these attitudes that then undermine social policy effectiveness. As Van der Vleuten (2016) further argued, sometimes regional or national governments adopt positive legal instruments for gender equality and other social issues to boost their international reputation which enables them to attract foreign direct investment (FDI) or donor money but their institutional attitudes restrict the actions of implementation leading to failure. The attitudes, which undervalue or disregard interests of women, leading to behaviours that block implementation of positive gender instruments are driven by patriarchy, which is a structured perpetuation of gendered stereotypes and male bias (Acker 1992).

The role of gendered institutions in undermining social policy in Africa can also be seen in Haastrup (2020)'s analysis of South Africa's feminist policy. While not directly referring to regionalism, Haastrup (2020) reflected on South Africa's failure to improve the status of

women in the country despite having formally institutionalised gender equality in the country's governance system by creating instruments and policies that foster gender equality which do not get effectively implemented to create change. She gives an example of how South Africa created a number of structures such as the Commission for Gender Equality whose mandate is to champion gender equality in the country, and a constitutional provision to ensure one third representation of women in parliament. Gender inequalities and discrimination and victimisation of women remains very high, and the country still suffers high levels of gender inequality, high incidence of gender-based violence, including femicides against women and gender nonconforming people (Haastrup 2020). Although Haastrup does not link this situation to gendered institutions, it is highly indicative of institutionalised informal gendered institutions which defy the formal structures of gender equality that have been put in place. South Africa's case brings interest to this thesis by highlighting that informal gendered norms though invisible, are so powerful that they shape political behaviour against existing and visible formal systems and structures. Understanding these gendered institutions would therefore require a careful and systematic analysis to detect them, understand them and assess their influence.

Building on the insights drawn from the cases presented by Van der Vleuten (2016) and Haastrup (2020), this thesis takes interest to further analyse African regionalism using feminist institutionalism in order to explore these underlying gendered institutions and trace their effect on regional social policy design and delivery. Through this analysis, the thesis contributes to the body of literature on the role of African regionalism in social policy while also directly answering the research question for the thesis on why reproductive health policy in Africa remains weak and ineffective despite the commitment shown by the African states through the collective development and adoption of the Maputo Plan of Action. This is an additional perspective on the failure of regionally integrated social policy in Africa that is not yet adequately explored by existing literature.

3.5 Conclusion

This chapter has discussed African regionalism and its role in social policy as presented in existing literature. The chapter has established that regional social policy in Africa is covered within the broader scope of African regionalism literature. With regards to its performance, the chapter has highlighted that existing explanations on why regional social policies in African

oftentimes fail focus on the historical factors of the colonial legacies as well as on the type of regional governance which promotes sovereignty. The chapter has also acknowledged emerging literature on the COVID-19 response in Africa that demonstrates a level of effective integration leading to effective COVID-19 response policy delivery, which has provided insight that regionally integrated social policy can sometimes be successful. This tension has created interest to explore further the factors behind the success or failure of regional social policies in Africa, in efforts of addressing the research question for this thesis.

Drawing from the conclusions of Chapter Two, the chapter has acknowledged existing evidence that social policies can be undermined by unaddressed gendered institutions in the frameworks of the organisations that drive them. The chapter then noted that literature on African regionalism has been silent on the role of gendered institutions in its performance. The chapter highlights this is a shortfall in literature that requires further exploration. The chapter therefore concludes that the story of the role of African regionalism in social policy is not yet fully understood because of this lacuna, and that further exploration could be useful to investigate the role of gendered institutions in African regionalism and its social policy processes and outcomes.

CHAPTER FOUR: Methodology

4.1 Introduction

In this chapter, I present the methodology for this thesis, justify its selection, describe its implementation and discuss the challenges that I encountered along the way. I discuss the process of deciding what kind of data to collect, when and how often to collect it, developing or selecting measurements for each variable, identifying a sample or test population, choosing a strategy for contacting subjects, data collection tools and processes, planning the data analysis and presenting the findings (Abutabenjeh and Jaradat 2018).

The chapter has two sections. In the first section, the chapter begins by describing the research design for the thesis which is empirical and qualitative. The chapter then discusses the theoretical framework that the thesis uses to conduct this research, feminist institutionalism (FI). Further, in this chapter I explain that this theoretical approach is operationalised through existing policy-based gender analysis tools. I describe the gender analysis tools that are used and explain why these tools were selected, highlighting that the blending of an academic theoretical approach, FI and the policy-based gender analysis tools addressed a methodological gap in FI approaches that literature highlights as one of the main challenges for limited application of feminist analyses (Van der Vleuten 2016).

In the second section, I discuss the data collection and data analysis processes. I begin by discussing the methods that are used to collect data for this thesis which are interviews and documents analysis. I justify the selection of these data collection methods highlighting that FI points to institutions that may be informal and hidden, and may not be easy to access and analyse through quantitative means. Furthermore, as a qualitative research process, it required data from opinions, ideas, lived experiences and impressions of policy makers, service users and service providers on the delivery of sexual and reproductive health policy in Africa which could best be described qualitatively (Erlingsson et al 2017; Haase & Myers 1988). The document analysis presented additional evidence that could not be sourced from interviews and validated some of the claims being made in the interviews. In the same section, I present the details of the fieldwork process including the challenges that I encountered during data collection, the biggest of which was the restrictions imposed by the COVID-19 pandemic. Further, I discuss the data analysis process which involved transcribing, classifying and

synthesizing the data based on the key themes of the analysis which were identified using the policy-based gender analysis tools.

4.2 Research Design

A research design is a plan or blueprint that guides a research process whose purpose is to answer some specific questions about the research process including what is being researched and why, how it will be researched, where and when (Spector 2011). The research design for this thesis describes the purpose of the research, the research methods and provides justifications for the choices and decisions made. Babbie (2004) urged that a research design must be as specific as possible about what they want to find out and must determine the best way to do it. This suggestion streamlines the process and helps create a logical flow. The research design for this thesis is described in the subsections of this section below. It is worth mentioning that the research process for this thesis remained largely guided by the design described in this chapter, but there were a few limitations mostly caused by the COVID-19 pandemic. These limitations are discussed in more detail in a later part of this chapter. The chapter also discusses the extent to which these limitations were managed to ensure that the research results were not compromised.

4.2.1 Purpose of the thesis

This thesis aims to understand the role of gendered institutions in regional sexual reproductive health (SRH) policy delivery in Africa. It does this by asking why Africa's regionally integrated SRH policy delivery is weak and ineffective despite having been collectively conceived, developed, approved and adopted by all member states. While there are existing explanations of why regional social and health policies often fail, the role of gendered institutions has not yet been extensively explored. The existing explanations centre on the historical purpose of regionalism which did not include regional social policy; and the style of regionalism which undermines accountability or weakens consensus building, as factors behind the failure of regionally integrated social policies. The thesis acknowledges these explanations as part of the story; but argues that they are inadequate as they do not explore the role of gendered institutions in shaping social policy design and delivery by influencing priority-setting and resource allocation processes in gendered ways. The thesis therefore sets out to explore the extent to which gendered institutions contribute to making the design and delivery of reproductive health policy in Africa ineffective. In short, the thesis seeks to understand how institutions are

gendered and the extent to which their gendered nature shape the type, content and outcomes of policies that they produce.

This type of analysis requires an approach that can identify, define and interpret gendered institutional variables and trace their effect in institutional policy processes and outcomes. For this thesis, I selected Feminist Institutionalism (FI) because it offers lens that can best identify, define and interpret complex gender institutional variables and analyse them effectively to trace their effect on policy processes and outcomes (Waylen 2014, 2017; Kenny 2014; Kenny and Mackay 2017). This approach suggests that institutions are gendered, and their gendered nature facilitates processes and produces outcomes that discriminate against women. As social policy is driven through institutions, its design and delivery is shaped by the gendered nature of institutions leading to poor priorities, ineffective strategies and unresponsive budgets. The thesis takes this approach in analysing regional SRH policy in Africa to explore the extent to which gendered institutions influence its design and delivery. The research process develops the analysis at three stages. Firstly, it analyses the gendered nature of the host institution for the regional SRH policy, the African Union (AU) by identifying and defining the key features of its structure and culture that are gendered and how the gendered nature manifests. The second stage, analyses how the gendered nature of the AU shaped the development and the implementation of its SRH policy, the Maputo Plan of Action (MPoA), identifying ways in which the gendered effects of the AU compromised its development process and undermined its design and delivery. This second stage of analysis is a dependent variable, based on the findings of the first stage because the findings of the gendered institutional analysis in stage one of the analysis determines the direction of the second stage of the analysis. The third stage of analysis applies the findings of the second stage to a country level situation by analysing how the SRH policy that was shaped by a gendered organisation performs at country level in efforts to strengthen the country level SRH delivery for the AU member states.

4.2.2 Rationale for Qualitative Approach

Qualitative methods do not generate numbers, they work with text, audio or images which are processed through interpretation by the researchers. This suited the research question because it required the understanding of reality that is shaped by the perspectives of various individuals who interact with the AU and/or its SRH policy to inform the creation of an understanding of how gendered institutions shaped reproductive health policy in Africa (Creswell 2008).The data presented multiple perspectives drawn from experiences, opinions and ideas of policy

makers, service users and service providers through which the reality of regional social policy delivery was interpreted. The findings were constructed by interpretation of multiple interactions that are filtered through multiple frames of reference by the interviewees and the researcher (McGuirk and O'Neill 2016 p. 246). The FI approach that the thesis applies also best operates qualitatively by analysing complex contexts, the lived experiences, thoughts and opinions which offered insights into gendered structures of institutions that shape people's behaviour in gendered ways (Erlingsson and Brysiewicz 2013; Haase and Myers 1988).

4.2.3 Operationalising the Feminist Institutionalist Approach

Smith (1999) argued that gender analysis processes require practical instruments or tools that help in identifying, understanding and explaining the gendered complexities of contexts and situations. This ensures standard measurements for analysing and interpreting various aspects of a context (Smith 1999). Applying the FI approach would therefore require tools for operationalisation to guide the definition and analysis of variables for the research which are interpreted through the frame of the conceptual framework. There are several gender analytical tools that can be used to operationalise the FI approach. A researcher can select any existing tools to use based on the needs of the research (March et al 1999; Smith 1999). For this thesis, I adopted existing gender analysis tools which are commonly used in policy-based research both in government institutions and non-governmental organisations (NGOs) to operationalise the FI approach. I decided to use these tools because of my previous experience using them, and also because they are adaptable to institutional analyses. Some gender practitioners such as Pamela Singla (2016) cautioned that when using these gender analysis tools, a combination of two or more of them is useful because a single tool does not address all aspects of gender analysis. The selection of the tools to create a combination model must be informed by the needs of the research based on its objectives. March et al (1999) also made a similar observation, adding that each gender analysis tool is not comprehensive enough because it focusses on a limited number of aspects for analysis, those that were deemed as important or relevant in the context within which the tool was developed.

The complementarity of the gender analysis tools and the FI framework addressed a methodological gap for the application of the FI approach which provides the lens for the analysis of gendered institutions but does not offer tools to operationalise it (Van der Vleuten 2016). The thesis has therefore suggested a methodological novelty which can be explored for future application of the feminist institutionalist analyses, and of course other feminist

analyses. Although these gender analysis tools were developed over three decades ago, they are adaptable to suit the requirements of a particular research process based on the needs of the researcher. This thesis thus selected three gender analysis tools, each bringing its relevant contributions to the needs of this thesis. The selected frameworks are: Harvard Gender Analysis Framework (1984), Caroline Moser's Gender Analysis Framework (1986), and Sara Longwe's Gender Empowerment Framework (1995). These tools were selected based on the factors discussed below.

i. Harvard Gender Analysis Framework (1984)

The Harvard Gender Analysis Framework, (HAF) is also called the Gender Roles Framework. It was developed in 1984 by the Harvard Institute for International Development (HIID) in collaboration with USAID. The development team was made up of James Austin, Catherine Overholt, Mary Anderson and Kathleen Cloud. The HAF aims to enhance understanding of gender dynamics and power relations that are developed through the way roles and responsibilities are shared between men and women. It analyses gendered division of labour by analysing which gender is overburdened with what type of work, which gender has roles that give them power and control, who benefits from their roles and whose role is deprived of the benefits (March et al 1999; Wiebe 1997). This analysis goes a step further to analyse how those who draw power from their roles gain access to such roles, and how they use their power to control others. The HAF has three tools as documented by March et al (1999). These are:

The Activity Profile: This tool studies gender division of labour by categorising work into productive and reproductive roles and analysing it by gender and age. The aim is to identify who is burdened, who has prestigious roles and who have power to make decisions.

The Access and Control Profile: This tool identifies differences in men's and women's access and control of resources and benefits; highlighting who benefits and who is deprived. Where relevant, this tool further classifies this gender divide into age groups to clarify which type of men or women benefit or are deprived.

Analysis of Influencing Factors: This tool provides a strategy for examining the social, economic and political forces that may have an impact on gender roles and relations, because gender relations are contextual and certain context exacerbates the gender disparities more than others.

This thesis used the activity profile and the access and control profile to guide this research process in the identification of the key variables for analysing gendered institutions. The variable that were identified are: gendered representation, gendered access to and control over opportunities, gendered division of labour and gendered power dynamics. These variables were then interpreted using the feminist institutionalism perspective by tracing the beliefs systems, practices and informal rules that shaped these variables. This perspective enabled the thesis to analyse gendered power dynamics within the AU structure that are both a cause and an effect of the sharing of roles and responsibilities and access and control of resources, opportunities and benefits between men and women. The analysis also assessed the implications of those power dynamics on the processes and outcomes of the organisation.

I selected the HAF because although it was designed for project-based gender analysis, it has also been adapted it to institutional gender analyses by some NGOs. One such organisation is the SRHR Trust in Southern Africa, a non-profit organisation working on reproductive health in East and Southern Africa (Southern Africa AIDS Trust 2004). Adrienne Wiebe (1997) also documented a case study on the effectiveness of this tool in Maya-Mam community, in Guatemala. Her findings were that the HAF was a useful tool in the examination of data, analysing the dynamics of gender and work relations which this thesis analyses in terms of gendered work relations in the AU. However, she highlighted that the tool was limited because it focussed on very few variables centred on roles sharing which is not the only important aspect of gender analysis. Wiebe's (1997) view suggested that the HAF is not a perfect tool. As other scholars (March et al 1999 and Singla 2016) have also pointed out, its weaknesses or limitations must be considered by gender analysts in order to find ways of complementing it with other tools. They suggest application of a complementary gender analysis tool to close this gap and draw a deeper meaning out of these gender dynamics (March et al 1999). For this thesis, Caroline Moser's gender analysis framework was selected because its tool number one and number four complement the two profiles of the HAF that this thesis uses.

ii. Moser Gender Analysis Framework (1986)

This framework was developed in the early 1980s by Caroline Moser as a method of gender analysis at the Development Planning Unit (DPU), University of London (March et al 1999). The DPU saw gender planning both as a technical and a political strategy for the emancipation of women from their subordination, and their achievement of equality, equity, and empowerment, and this framework was designed to support that process. It has six tools, each

analysing specific aspects of development planning to identify gender issues that must be addressed. March et al (1999) describes Moser's tools as follows:

Moser Tool 1 - Gender roles identification / triple role: Moser designed this tool to analyse the gender division of labour by asking 'who does what?' and 'who decides who does what?' This analysis identifies how sharing roles between men and women is influenced by gendered power dynamics, and it also shapes the power dynamics depending on who get more powerful roles and how do they use this power in relating with the other, and who is relegated to low profile and undervalued roles, and the power dynamics that flow from there. This tool complements the HAF's activity profile in analysing power dynamics that fall from gendered roles distribution.

Moser Tool 2 - Gender needs assessment: The second tool for the Moser's Framework focuses on the concept of women's gender interests. Moser argued that women as a group have particular needs, which are different from those of men as a group. The difference in needs comes in partly because of the women's roles in society, but also because of their subordinate position to men in most societies. Moser distinguishes women's practical gender needs and strategic gender needs. She argued that practical needs are immediate and they address women's welfare but do not challenge structural discrimination whereas strategic needs are more long term and addressing them enables women to transform existing imbalances of power between women and men. Women's strategic gender needs are those which exist because of women's subordinate social status. The FI approach identifies how underlying institutions shape vulnerabilities that generate these needs and how men and women react to these needs and how they shape the status of men and women in society. The FI lens also assist in analysing the extent to which gendered institutions shape the way policy processes and outcomes reflect these gendered needs.

Moser Tool 3 - Disaggregating control of household resources and decision-making: This tool is used to analyse who is in control of what, who is affected by the control and how. This tool links resource allocation with the underlying gendered bargaining processes that assign more bargaining power to men than women. Although it was mainly set to analyse household level resource allocation, it can also be applied to institutions. This tool can also be linked to the division of labour to assess which positions have more control over what resources and how this shifts the power dynamics. The FI approach provides lens that highlight the underlying

gendered institutions which drive the distribution of power for control of resources and decision-making and map their implications in policy processes and outcomes.

Moser Tool 4 - Planning for balancing the roles of women: This tool is used to determine whether planned development work overburdens a woman with excessive workload in any of her roles, to the detriment of her other roles. For example, overburdening women with reproductive or community roles, while undermining their ability to participate in productive work where they also have to compete with men, who have lesser burden of reproductive roles.

Moser Tool 5 - Distinguishing different aims in interventions: This tool examines approaches used in projects, programmes or policy implementation to determine the inherent weaknesses, constraints, and possible pitfalls. It encourages users to consider how different interventions can transform the subordinate position of women, by asking: to what extent do different approaches meet practical and/ or strategic gender needs? This tool uses five different types of approaches to policy analysis and development planning. She defined them as the welfare, equity, anti-poverty, efficiency, and empowerment approaches. This tool provides the parameters for defining gender responsiveness of interventions or policies by analysing the extent to which a policy or project is responsive to the practical and strategic gendered needs of women, girls, boys and men equitably. In FI analyses, the conceptual framework then provide lens for understanding underlying forces that undermine gender responsiveness of policies and projects.

Moser Tool 6: Involving women, and gender-aware organisations and planners in design and delivery processes. This tool assesses the extent to which policy processes involve women, gender-aware organisations, and gender-aware planners. These individuals or organisations must be involved not only in the analysis, but also in defining the goals of an intervention, and in its implementation. This tool provides parameters for analysing the level of inclusion of these gender groups and organisations in the development process of any policy or development process. The tool is applied in Chapter Six while analysing the development process of the MPoA.

This thesis applies Moser's tools one, two, three, five and six. Tools one and three complement the Harvard Framework by interpreting the gendered division of labour and the access and control variables beyond 'who does what?' to explore the power relations and gender discrimination that are caused by these variables. For policy analysis of the MPoA, Moser's

tools number six assesses gender inclusiveness of the policy process, while tool number two and five are used to complement Longwe's Empowerment tool number two to analyse the extent to which a policy outcome is gender responsive. The thesis then interprets these findings using a feminist institutionalist perspective, to identify the underlying gendered institutions that shape the processes and influence the outcomes. Moser's framework has been used in the past by organisation such as Overseas Development Institute (ODI) on the gender audit programme in Malawi for Department for International Development (DFID) which is now called Foreign, Commonwealth and Development Office (FCDO). Other organisations that have also applied this framework are NGOs such as Oxfam and Action Aid (March et al 1999).

iii. Women's Empowerment (Longwe) Framework (1995)

The Women's Empowerment (Longwe) Framework was developed in 1995 by Sara Hlupekile Longwe, a Zambian consultant on gender and development based in Lusaka, Zambia. The Longwe framework is intended to help planners to question what women's empowerment and equality means in practice and to assess critically the extent to which development interventions support this empowerment (March et al (1999). Longwe defines women's empowerment as an enablement of women to take an equal place with men, and to participate equally in development processes in order to achieve control over the factors of production on an equal basis with men. The Longwe Framework has two analytical tools which March et al (1999) outlined:

Women's Empowerment Tool 1 - Levels of equality: This tool centres on the concept of five 'levels of equality', which indicate the extent to which women are treated equally with men. It is similar to Moser's tool number five which also uses levels of equality to assess the likelihood of development interventions promoting equality and women's empowerment. Longwe's levels of equality are: Control, Participation, Conscientisation, Access and Welfare. Longwe presents these levels hierarchically. If a development intervention focuses on the higher levels, there is a greater likelihood that women's empowerment will be increased by the intervention than if the project focuses on the lower levels. The highest level is the Equality of control, which means a balance of control between men and women, so that neither side dominates. Longwe termed this the 'utopian situation' where the situation achieves the highest possible level of equality to aim for. This tool is used to assess the extent to which a policy or intervention responds to the needs to women and girls in a way that it transformative. However, this thesis does not apply this tool in analysing the MPoA because the focus of the analysis is

not to determine the level of transformation in line with the five levels of equality, but rather the extent of responsiveness which is provided by Longwe's tool number two described below.

Women's Empowerment Tool 2 - Level of recognition of women's issues: This tool assesses the extent to which the project or policy objectives are concerned with women's development and empowerment. Through this tool, Longwe identifies three different levels of gender responsiveness of a project or policy design. The **Negative level** at which project objectives are blind to women's issues. She noted that women are very likely to be left worse off by such a project. The **Neutral level** which is also known as the conservative level recognises women's issues but does not take deliberate efforts to address the gender issues. The third level is the **Positive level** whereby a project' objectives are positively concerned with women's issues and are aimed at improving the position of women relative to men. NGOs such as Oxfam and Action Aid have extensively used this framework in many countries, and it has proved effective. This thesis applies this tool, complemented by Moser's tool number two and number five to assess gender responsiveness of the MPoA.

A summary of the gender analysis tools for this thesis is presented in the table below:

Tool	Tool description	How it is applied in the thesis
HAF -Activity Profile	This tool analyses gender division of labour by analysing who is involved and in what capacities, highlighting whose roles are more valued and respected than others, and those which are more influential.	This tool is applied in Chapter Five to analyse the sharing of roles and responsibilities in the AU and how this affects gender representation of women in positions of influence and the resultant power dynamics. This tool is applied in Section 5.3.
HAF - access and control Profile	This tool identifies differences in men's and women's access to and control of resources and benefits; highlighting	This tool is used in Chapter Five to analyse which gender has more access to the AU platforms and resources, and also which gender has more control and influence in the AU processes as well as the factors

	who benefits and who is deprived.	that shape this gendered access. This tool is applied in section 5.3.
Moser Tool 1 - Gender roles identification / triple roles	This tool analyses the gender division of labour by asking 'who does what? Who is burdened? Whose roles are prestigious? Whose roles have more control and influence?	This tool is applied in Chapter Five to complement the HAF-activity profile by assessing how roles are shared and who has more benefit and influence from the roles they have and the implications of this roles distribution on power dynamics in the organisation. This tool is applied in section 5.3.
Moser Tool 3 - Disaggregating control of resources and decision-making.	This tool is used to analyse who is in control of what resources and who decides how resources would be used and who controls what.	This tool is applied in Chapter Five to deepen the analysis of the power dynamics drawn from the gendered roles-sharing. This tool is applied in section 5.3.
Moser Tool 5 - Distinguishing different aims in interventions.	This tool analyses a policy or programme to assess the extent to which its aims and key strategies identify and respond to underlying gendered needs of women and girls.	The tool is applied in Chapter Six to analyse the policy objectives and key strategies of the MPoA to assess the extent to which they are gender responsive or not. It complements Longwe tool number two which assesses level of recognition of women's issues and concerns. This tool is applied in section 6.4 and 6.5 to assess gender responsiveness of the MPoA.
Moser Tool 6 - Involving women and gender	This tool analyses how well a process includes women, and their input and how well the process	This tool is applied in Chapter Six to analyse how well the development process of the Maputo Plan of Action included women and valued

aware organisations in planning	involved gender aware organisations and planners	their input, as well as that of gender aware organisations and planners. This tool is applied in section 6.3 in analysing gender inclusiveness of the MPoA.
Sara Longwe's Empowerment Tool 2 - Level of recognition of women's issues (defined as concerns of women from women's perspectives)	This tool analyses how well a policy or intervention recognises and responds to women's issues. It provides three levels: negative level (gender blind), neutral level (gender neutral) and positive level (gender responsive).	This tool is applied in Chapter Six to analyse how well the MPoA recognises and respond to concerns of women and girls. In its application, the tool is complemented by Moser's tool number five. The application of this tool is in Chapter Six, section 6.4.

Table 1: Summary of gender analysis tools used in the thesis and how they are applied

4.2.3 Case study approach

The thesis took a case study approach which helped to conduct the analysis using a real situation and not in abstract. The case study helped to answer the research questions in depth and within its real-world context (Yin, 2013, p. 29). Gerring (2006) identified two ways to use case studies. The first one is a cross-case method which superficially looks at several cases. In the context of this thesis, it would entail selecting several reproductive health policies from various regions to study the effect of gendered institutions on each of them and create a pattern which informs the conclusion. The second approach is single case study which in this case would pick one region and its reproductive health policy and analyse it in-depth to map gendered institutions and how they shape the policy processes and outcomes. The single case study best suited this thesis because feminist institutionalist approach requires the detailed analysis of formal and informal institutions through careful and in-depth qualitative engagement. Studying multiple policies and regional organisation would not have been feasible within a short period of a PhD. This case study is not generalisable, the conclusions drawn from its analysis are not meant to reflect the situation of the whole region nor any other countries within the region. The case study provides an opportunity to test the framework that is developed from the analysis of the AU and the Maputo Plan of Action in an empirical

context, and provides a framework that can be used by other studies aiming to analyse the regional SRH policy through gender lens.

The thesis therefore selected the AU as the regional organisation and the Maputo Plan of Action for Sexual Reproductive Health and Rights in Africa (MPoA) - 2016 to 2030. The selection was based on the fact that they are both continent-wide which provides a good opportunity to analyse a reproductive health policy that applies to the whole continent as is the aim of this research. The MPoA suits the research question because it has clear and specific strategies which are costed, it also has clearly set objectives that can be analysed; and it has been approved and adopted by all the AU member states. Although the findings from this case study are not generalizable, the framework for conducting the research can, if necessary, be adapted and applied elsewhere.

Further to analysing the AU and the MPoA, the thesis assessed the extent to which the gender dynamics of the AU and the MPoA influence SRH programming for the member states. For this level of analysis, Zambia was selected as a case country. The selection was based on the knowledge that Zambia like other countries in sub-Saharan Africa, has acute SRHR challenges, suggesting ineffective SRH policy design and delivery. But what made it unique for this research was that compared to the other countries, it has a more favourable policy and legal framework for reproductive health which does not get adequately implemented (Banda 2016; PMRC 2020). Secondly, Zambia has in the recent years recorded economic growth which has seen it attain a lower middle-income status (World Bank 2011), although this economic growth has not directly translated into significant improvements in reproductive health policy resource allocation and delivery. This raises interesting questions on the influencers of priorities that underlie the weak enforcement of favourable SRH legal and policy frameworks in the country and poor fiscal investment leading to ineffective SRH policy design and delivery in the country. Additionally, the choice of Zambia was also influenced by my previous experience working in Zambia which guaranteed me good access to the institutions that I needed to interview because of my previous work connections and my existing knowledge of the SRH landscape for the country.

4.2.4 Data Collection: methods and process

Research methods are a set of tools or processes that are utilised to collect data, process it and analyse it (Wade and Smith 2017). This thesis selected two research methods for data collection: semi-structured interviews and documents analysis. These methods were relevant

to the research design because being a qualitative and case study research, its data can best be collected through broad, general and open-ended interview questions and through analysing relevant existing documents to complement the interviews (Babbie 2004; Williams 2007; Abutabenjeh and Jaradat 2018). The research design for this thesis required two field research activities, firstly to the Africa Union Commission in Addis Ababa and then at a later time, to Zambia. Before commencing the data collection, the research went through a comprehensive ethics approval process through the Economics, Law, Management, Politics and Sociology Ethics Committee (ELMPS). The ethics process emphasised data protection, confidentiality, informed consent and protection of human subjects among other key issues.

Interviews

Interviews were conducted in two periods of field research. The first one was at the African Union Commission (AUC) in Addis Ababa, Ethiopia. This was done in February to March 2020; and the second one was conducted in Zambia from December 2020 to April 2021. This process produced a total of eighty-eight semi-structured face-to-face interviews (twenty-five from Addis Ababa and sixty-three from Zambia). The purpose of these interviews was to gain understanding from the AU, AU stakeholders, Zambian policy makers, service providers and service users on their views on how gendered institutions shape reproductive health policy delivery at regional and country levels. The interviews collected the views of people and explored a range of issues that the research process applied to the research question (May 2001, p. 124). The data was generated from the interaction between myself as the researcher and the interviewee, and shaped by the assumptions and views of both parties' ideas but more driven by the interviewees' subjective understanding of the discussions (May 2001, p. 124). The interviews were anonymous, and they were documented with code numbers for ease of reference in the thesis. This allowed the interviewees to speak freely without fear of being singled out for what they said. Using a voice-recorder, and with consent from the interviewees, the interviews were audio-recorded. The recording helped to avoid misquotations as I would playback to get the actual message whenever necessary. This also enabled the thesis to make direct quotations when referring to some of the interview data which were sourced from the recordings. A list of the all the interviews that were conducted is provided in an appendix to this thesis. However, for the sake of anonymity, they are not presented by name of interviewee but by a code number and brief description of the interviewee. Although I do not draw direct quotations from all interviews, I used all of them, some as corroborating accounts of others.

The data collection process was guided by a data collection framework that I designed to guide process by shaping the kind of data that I was looking for from each category of interviewees based on the research question. Reflecting on the process, the 25 interviews that were conducted in Addis Ababa were adequate as they provided enough data for the analysis of the AU and the Maputo Plan Action. However, the 63 interviews that were conducted in Zambia were too many, especially for those that were conducted with service users as some of the data generated, though relevant, did not directly apply to the thesis. In future research, I would do less interviews with service users, and stop data collection process once saturation required from service users is reached. However, this information was not wasted as it informed the feedback and validation sessions that I held with policy makers and service users in Zambia on the SRH service provision can be improved.

Challenges during field work

There were a number of challenges during the field work that had potential to disturb the research process. Firstly, the COVID-19 pandemic whose second wave in Africa hit during the second phase of the field work caused some setbacks in Zambia. During this period, scheduling interviews became more difficult, interviews could be cancelled any time due to illness, self-isolation or fear of meeting a new person. Due to limitations of access to internet and high cost of data for internet, most of the interviewees were unable to schedule online interviews. The process indirectly benefitted from travel restrictions that led to my prolonged stay in Zambia and allowed me time to follow up on some interviews. Overall, despite these challenges, it was a successful field work that produced the required data for the thesis.

All the people that accepted to be interviewed were willing to answer all the interview questions. The challenge arose in interviews with service users as most of their responses were drawn from personal experiences of the ineffective reproductive health delivery system in Zambia, so the interviews tended to digress to other related but irrelevant issues. However, I was able to manage the process by bringing the conversation back to focus. The opportunity to interview service users enabled the thesis to draw first-hand information to substantiate the claims that the reproductive health policy delivery in the country was ineffective. Although their accounts did not go further as to connect this ineffectiveness to underlying gendered institutions, they provided adequate information which the FI approach could frame and make the connections. It was the role of thesis to apply the feminist institutionalist lens and make those connections. The other challenge was caused by some interviewees who do not believe

that gender is a real developmental problem. These people attempted to counsel me on why I should not waste efforts on gender, but rather spend my time on what they considered more useful topics. Interviews with people who held such strong opinions were very difficult, especially when such people were important interviewees such as AUC members of staff or officials from the Ministry of Health in Zambia. In total, I experienced only three extreme cases whose interviews could not continue, for the rest of them, I managed to keep focus of the interviews and got the information that I needed.

Document Analysis

In addition to interviews, the research process also analysed some documents which validated some of the interviews and provided additional details that the interviews did not bring out. This thesis adopted the interpretivist approach because it best suited the research design which is qualitative (Lowndes et al 2017). This was done by analysing the AU's SRH policy position and guidelines, reports on progress of policy implementation, Zambia's Ministry of Health and relevant stakeholders, and interpreting them based on knowledge collected from interviews with various stakeholders. The documents were not considered entirely objective as they mostly provided the position of the institutions that produced them on their performance in SRH delivery which could be biased (Gill 2000 p. 174). That is why the information from them was interpreted by applying contextual knowledge from interviewees and researches assumptions.

4.3 Data preparation and Analysis

Data preparation started with transcribing the recorded interviews verbatim. Some interviewees did not grant permission to voice-record their interviews and for those ones, I wrote the interview notes in a notebook. The initial plan was to use NVIVO for data management and analysis. However, due to the COVID19 restrictions, I was locked down in Zambia during fieldwork; I had not access to the software tool. As a solution, I did manual process of identifying key themes guided by the Gender Analysis Frameworks and designed matrixes that I used for data classification, coding and analysis. The challenge with this process was that it was tedious and took longer than it should had I used NVIVO. In future research, this challenge could be addressed by making arrangements on how to access the software tools remotely if there was risk that I would not return to the university in time for data analysis.

Using the gender analysis tools described above, categories of gender issues were generated which guided the data interpretation process. The analysis process involved classifying the data into the categories of the broad themes of analysis and the sub-themes within them. The broad themes were as follows:

i. **Stage 1: Is the AU structure, system and culture gendered (and if so, how?)** – The analysis looked for any indication of the influence of gendered institutions in the AU's structure, systems and culture. The gender analysis tools guided the identification of the following areas of investigation: gendered representation, gendered access to and control over opportunities and resources, gendered division of labour as indicators of underlying gendered institutions. Using the FI conceptual framework, I interpreted the findings by assessing the extent to which they are shaped by underlying gendered institutions, how they influence processes and outcomes and how they perpetuate the gendered power dynamics in the AU. The conclusion of this analysis is an opinion on the gendered nature of the AU.

ii. **Stage 2: The effect of the AU's gendered institutions on the MPoA** – At this stage, the research process analysed the MPoA in two respects: the extent to which its development process was gender inclusive (refer to Moser's tool number six), and the extent to which the outcome is a gender responsive policy (refer to Longwe's tool number two and Moser's tool number five). At this stage, the gender analysis tools guided the identification and definition of two broad categories for assessing policies - the gender inclusiveness of the process, and gender responsiveness of the content of a policy. The findings were interpreted using the FI approach to analyse the gender institutions in the AU that drove the process and shaped the contents of the MPoA, as well as the implications of the policy in addressing the underlying gendered institutions that undermine the implementation of the MPoA.

iii. **Stage 3**: **Effect of gendered institutions in SRH delivery at member states level – The case of Zambia.** The research process analysed the extent to which the MPoA is able to guide and support Zambia in making its SRH policy design and delivery more effective. This stage of the analysis acknowledges that Zambia's SRH delivery is undermined by its own country level gendered institutions, but argues that the MPoA was developed with the aim of assisting member states to address these gendered institutions in order to have more effective SRH policy

design the delivery. The analysis therefore assesses the extent to which the gender non-responsiveness of the MPoA analysed in stage two of the analysis undermines the MPoA's effectiveness in Zambia. This stage of analysis connects the gendered institutions of the AU with the MPoA's performance in Zambia. This brings the thesis to answering its research question. Table 2 and 3 below presents summarised details of the data collection process.

Location	Type of Interviewee	Number of Interviews		Key questions covered
		Male	Female	✓ How is gender represented within the AU structure?
Addis Ababa	AUC staff	3	6	✓ What key aspects of the institution are gendered?
	AU stakeholders	12	4	✓ Is there a connection between the policy processes/outcomes and the gendered nature of the institution?
Zambia	Government Officials	5	4	✓ What is the MPoA?
	Health workers	2	14	✓ What are the key provisions? ✓ Are they gender responsive?
	Donors	0	3	✓ How was it developed? ✓ Was the processes gender inclusive?
	Civil Society	5	8	
	Service users	0	22	Did the gendered nature of the AU affect the nature and quality of the MPoA? In what ways?

Table 2: Summary of interview details

Table 3 below presents details of the documents that were reviewed both in Lusaka and in Addis Ababa as part of data collection.

Location	List of Documents reviewed	Key questions covered

AUC	African Union Commission End of Term Report 2017-2021. Addis Ababa	✓ How is gender represented within the AU structure?
	African Union Commission 2020. African Union Handbook 2019. Addis Ababa	✓ What key aspects of the institution are gendered?
	AU Strategy for Gender Equality & Women's Empowerment 2018-2028. Addis Ababa	✓ Is there a connection between the policy processes/outcomes and the gendered nature of the institution?
	African Union Commission. Commissioner, Health, Humanitarian Affairs and Social Development Job Profile	✓ What is the MPoA? ✓ What are the key provisions? ✓ Are they gender responsive? ✓ How was it developed?
	African Union Commission. Strengthening Popular Participation in the African Union A Guide to AU Structures and Processes. Addis Ababa	✓ Was the processes gender inclusive? ✓ Did the gendered nature of the AU affect the nature and quality of the MPoA? In what ways?
	African Union Commission. The AU Gender Policy (not published)	
	African Union Commission 2015. Maputo Plan of Action 2016 – 2030. Addis Ababa	
	African Union Commission. The AU Gender Policy (not published)	
	African Union Commission 2015. Maputo Plan of Action 2016 – 2030. Addis Ababa	

	African Union Commission 2006. Maputo Plan of Action 2007 – 2015. Addis Ababa	
Lusaka, Zambia	Population Council, UNFPA, Government of Zambia Human Rights Commission, WLSA, and United Nations in Zambia. 2017. "**The Status of Sexual and Reproductive Health and Rights in Zambia: Contraception and Family Planning, Preventing Unsafe Abortion and Accessing Post-abortion Care, and Maternal Health Care**." Lusaka, Zambia. Ministry of Health **Zambia** **National Health Strategic Plan** 2017 – 2021. Ndeke House, Lusaka **Republic of Zambia First Draft Reproductive Health Policy, 2000** Ministry of Health, Reproductive Health Unit, Ndeke House, Lusaka. Government of the Republic of Zambia. 1972. **The Termination of Pregnancy Act Chapter 304 of The Laws Of Zambia.** Ministry of Legal Affairs, Lusaka	✓ How, and how far, is Zambia's SRH policy linked to the AU SRH policy? Is the impact discursive (that is shaping the language of policy) or is it substantive? ✓ How does this affect the SRH policy outcomes for the country? ✓ What is the overview of National SRH profile for Zambia? ✓ How gender sensitive is the Zambia SRH policy process? Why is this the case? ✓ How effective is the MPoA in guiding Zambia's SRH delivery? ✓ Which areas of the MPoA undermine its performance in Zambia? In what ways? ✓ What conclusions can be made about the role of gendered institutions in Zambia's SRH delivery

Table 3: Details of documents reviewed

Table 3: Details of documents reviewed

4.4 Researcher's Positionality

The research process benefitted from my past experience working directly and indirectly with the AU, as well as in Zambia prior to starting the PhD. This experience, in addition to being African and also of the feminine gender created a 'cultural insider' positionality which benefitted the research process due to my commonality with the research participants drawn from shared social background, culture, and in some cases, language (Manohar et al. 2017; Holmes 2020). As argued by Manohar et al (2017), being a cultural insider is the best approach for successful fieldwork because researchers sharing same cultural characteristics as their participants are better positioned to understand and interpret ideas, arguments, and opinions of the research participants. Holmes (2020) also argued that an individual's world view influences the position they adopt about a research task and its social and political context which are shaped by factors such as political allegiance, religious faith, gender, sexuality, geographical location, race, culture, ethnicity, social class, age, and linguistic tradition. My 'insider' positionality benefitted me during the research process because it allowed for confidence in the interpretation of issues that may not otherwise be easily interpreted by an outsider. Furthermore, my personal experiences and my feminine gender also positioned me at an advantage in understanding and interpreting some of the findings of this research. My personal experiences with gender discrimination and gendered norms shaped my thinking while developing the research concept and shaped the analysis of the findings to enable effective interpretation of the research findings. Throughout the process, I was mindful of this positionality and its effect on the research process (Holmes 2020).

4.5 Conclusion

This chapter has presented the methodology for this thesis and explained why this methodology was selected, as well as how it was operationalised. In the first section, the chapter begins by describing the research design for the thesis which is empirical and qualitative, using an interpretivist approach for data analysis. Furthermore, as the research question explores the role of gendered institutions in SRH policy design and delivery, the research applied the FI approach which was operationalised through policy-based gender analysis tools. This approach was best suited for this research because it provides lens for identifying gendered institutions and tracing their effects in policy processes and outcomes.

The chapter has also indicated that the research process applies a single case study approach to enable the research process to use a real life situation which enabled the research to be as in-depth as possible. The AU as a regional organisation and its Maputo Plan of Action for Sexual Reproductive Health and Rights in Africa (MPoA) - 2016 to 2030 were selected because they are both continent-wide in and they provide a good opportunity to analyse a reproductive health policy that applies to the whole region, which was the aim of this thesis. The research process also extended to the country level and selected Zambia as a case country to study how gendered institutions shape the country level reproductive health policy design and delivery. Zambia was suitable because not only does it have acute SRHR challenges, but it also has a good legal framework for SRHR and significant economic growth both of which have not translated into improvements in the SRH policy delivery.

The chapter has also outlined the data collection process using interviews and document analysis as methods which was done in Addis Ababa at the AU and in Lusaka, Zambia. The research process experienced some setbacks especially due to the COVID-19 situation during the field research in Zambia. Overall, despite these challenges, it was a successful field research.

In its final section, the chapter describes the data analysis process that involved transcribing, categorising and synthesising data. This section also makes a reflection on researcher's positionality, which was a 'cultural insider' and discussed its effect on the research process.

CHAPTER 5: The Gendered Institutions of the African Union

5.1 Introduction

This chapter develops an argument that the African Union (AU) is underpinned by gendered institutions that influence its social policy processes and outcomes in gendered ways.

The chapter begins its analysis by presenting the structure of the AU and outlining its policy-making hierarchy. It then assesses the AU structure to detect any effects of gendered institutions and trace their effect on the institutional processes and outcomes using the Feminist Institutionalism (FI) approach, operationalised through policy-based gender analysis frameworks. The two gender analysis frameworks that are used in this chapter are: the Harvard Gender Analysis Framework (HAF) and Moser's Gender Analysis Framework. From these frameworks, specific tools are selected, and these are the activity profile and the access and control profile from the HAF, and Moser's tool number one on gender roles identification and tool number three on control of resources and decision-making.

Using these tools, the key variables identified for the study of the AU's gendered institutions in this chapter are: gender representation, gendered access to and control of opportunities and resources and gendered division of labour or gendered roles distribution. While the gender analysis tools facilitate the identification of these gendered dynamics, the arguments and positions of the FI conceptual approach interpret these from a feminist perspective to shed light on the underlying factors that drive these injustices, as well as the implications of these gendered manifestations on policy processes and outcomes. This analysis reveals a power dynamic and value system that influences decision-making, priority setting and resource allocation in the AU.

The chapter concludes that the AU is a gendered organisation because it is underpinned by patriarchal values that create complex underlying structures that drive underrepresentation of women, unequal opportunities and gendered division of labour within the AU structure. The chapter further argues that these gender biases in the AU undermine its policy processes and outcomes by influencing gender biased priority-setting and resource allocation which lead to weak policy design and delivery.

5.2 The AU Structure

The AU has twelve structures which are called the organs of the AU[1]. Each organ has a specific role in the decision-making and policy formulation hierarchy. The outline of the AU organs according to hierarchy is as follows:

i. **The Assembly:** This is the supreme policy and decision-making organ. It is composed of all member states Heads of State and Government. The assembly determines the AU's policies and priorities, adopts its annual programme and budget, and monitors the implementation of its policies and decisions. It also elects the Chairperson and the Deputy Chairperson of the AUC, appoints the AUC Commissioners and determines their functions and terms of office and admits new members to the AU. It can delegate its powers and functions to other AU organs, as appropriate.

ii. **Executive Council of Ministers:** Coordinates and takes decisions on policies in areas of common interest to Member States. It is responsible to the Assembly. The Council is composed of foreign ministers or such other ministers or authorities as are designated by the governments of Member States. It takes some decisions in its own right, and also prepares decisions for and reports to the Assembly.

iii. **Permanent Representatives Committee (PRC):** The PRC has oversight of the day-to-day running of the AU Commission, on behalf of the Assembly and Executive Council. It facilitates communication between AUC and member states making it one of the most influential organs of the AU. It meets at least once a month, usually at the AU headquarters in Addis Ababa. It is made of all high commissioners and ambassadors of the AU members states to the AU and Economic Commission for Africa (ECA).

iv. **Specialised Technical Committees (STCs):** The Specialised Technical Committees (STCs) are thematic committees on key AU thematic projects and programmes. STCs are responsible to the Executive Council. Composed of Member States' ministers or senior officials. STCs prepare AU projects and programmes and submit them to the Executive Council for approval.

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[1] The AU Handbook 2019

v. **Peace & Security Council (PSC):** The AU's organ for the prevention, management and resolution of conflicts. Composed of 15 elected Member States. The PSC is the main pillar of the African Peace and Security Architecture (APSA), which is the framework for promoting peace, security and stability in Africa.

vi. **African Union Commission (AUC):** This is the AU's secretariat. It is composed of a Chairperson, Deputy Chairperson and eight commissioners and staff members under each commission. Its functions include representing the AU and defending its interests under the guidance of, and as mandated by the Assembly and Executive Council. It initiates proposals to be submitted to the AU's organs as well as implementing decisions taken by them, acting as the custodian of the AU Constitutive Act and all other AU legal instruments.

vii. **Pan-African Parliament (PAP):** This is a platform for people from all African states to participate in discussions and decision-making on issues facing the continent. Members are designated by the legislatures of the Member States.

viii. **Economic, Social & Cultural Council (ECOSOCC):** Advisory organ that provides a mechanism for African civil society organisations to contribute to the AU's principles, policies and programmes. It is composed of social and professional groups from AU Member States.

ix. **Judicial, Human Rights & Legal Organs:** This is made of the African Commission on Human and Peoples' Rights (ACHPR), African Court on Human and Peoples' Rights (ACHPR), AU Commission on International Law (AUCIL), AU Advisory Board on Corruption (AUABC) and the African Committee of Experts on the Rights and Welfare of the Child (ACERWC). This organ guides the judicial, human rights and legal interests of the AU member states.

x. **Financial Institutions:** There are three financial organs whose role is to implement economic integration projects. These are: the African Central Bank (ACB), African Investment Bank (AIB) and African Monetary Fund (AMF). The role of these institutions is to implement the economic integration.

xi. **African Peer Review Mechanism (APRM):** This mechanism aims to foster the adoption of policies, values, standards and practices of political and economic governance for political stability, economic integration, economic growth and sustainable development. The APRM was established in 2003 by the New Partnership for Africa's Development (NEPAD), which is now called the AU Development Agency (AUDA), and the Heads of State and Government Implementation Committee (HSGIC) as an instrument for Member States to voluntarily self-monitor their performance.

xii. **Regional Economic Communities (RECs):** The Regional Economic Communities (RECs) are regional groupings of African states, each of which is led by a Head of State or Government on a rotational basis. The purpose of the RECs is to facilitate regional economic integration among members of the individual regions and through the wider African Economic Community (AEC). The AU recognises eight RECs, and these are the: Arab Maghreb Union (UMA), Common Market for Eastern and Southern Africa (COMESA), Community of Sahel–Saharan States (CEN–SAD) East African Community (EAC), Economic Community of Central African States (ECCAS), Economic Community of West African States (ECOWAS), Intergovernmental Authority on Development (IGAD), and Southern African Development Community (SADC).

From this twelve-organ operational structure, the AU identifies its decision-making hierarchy through which all structures are coordinated. The AUC coordinates and facilitates decision-making processes following this hierarchy presented below:
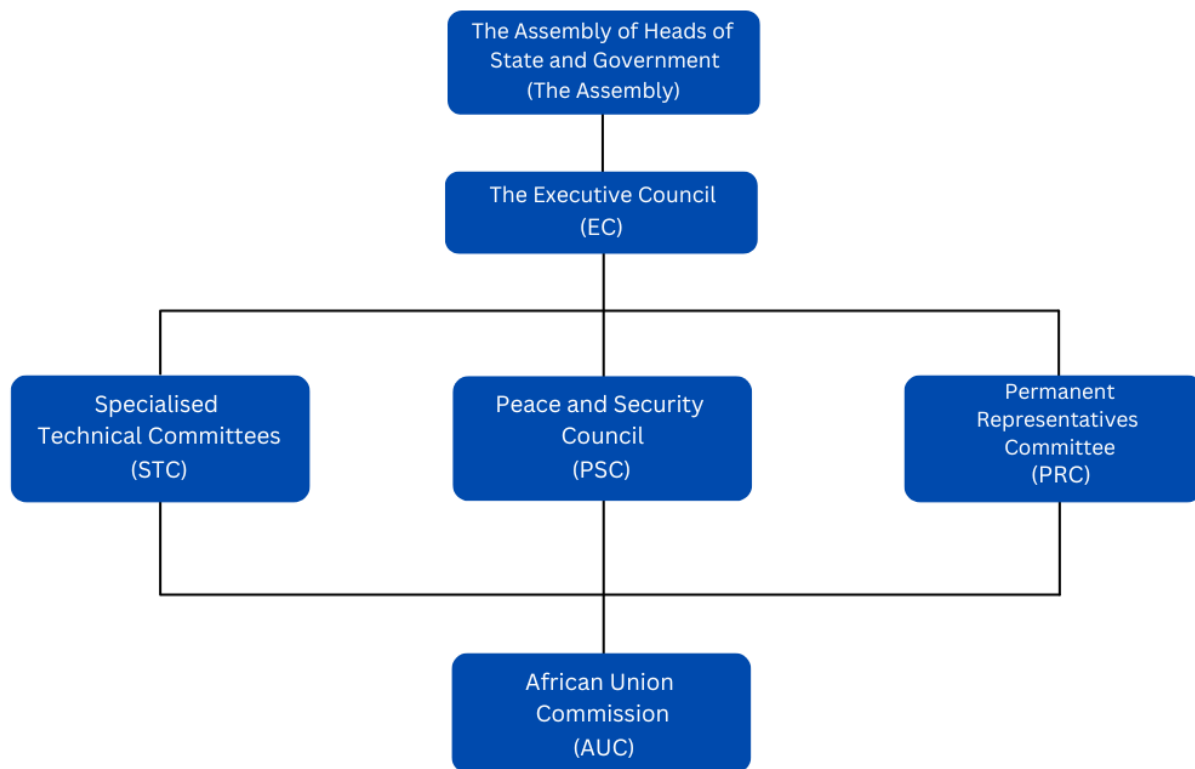
Figure 1: AU's decision making hierarchy (Source: African Union handbook 2019)

This decision-making hierarchy presents the line of authority for decision-making in the AU. Any organ of the AU may initiate ideas or projects, which get handed over to this hierarchy and follow this line of authority to get approval and adoption. The implementation of resolutions is equally channelled through this hierarchy. This thesis analyses the decision-making structure of the AU in line with the three variables identified earlier to identify manifestations of gendered institutions in the structure.

5.3 Gender Analysis of the AU's decision-making structure

The Constitutive Act of the AU (1991) recognises gender as pivotal to Africa's development and requires fifty percent representation of women in all its structures. The AUC is mandated to facilitate gender parity across all the AU organs and in all the projects and programmes of the AU. However, the reality of implementation does not match the commitment demonstrated on paper. Gender discrimination remains highly prevalent and deeply entrenched such that except in highly obvious situations, gender bias is undetected and normalised. While its effects can be seen in the behaviour of the actors within the organisation, they are considered normal. In an interview, a member of the human resources department of the AUC said:

"When you asked me why women mostly occupy support roles in our structure, that is when it occurred to me that it's a pattern that is unfair, otherwise, even ourselves as women we are comfortable in support roles and do not see anything wrong with it. Of course, there are some women in influential positions, but they are very few compared to us in support roles. But there is no rule here that says that women should take support roles, it just happens."[2]

This quotation suggests that gender discrimination in the AU is deeply entrenched and highly normalised. The following sections analyse how the gendered institutions manifest in the AU structure, following the three key indicators outlined earlier. To suit the purpose of this chapter, the discussion begins with analysing gender representation to establish the status-quo, after which a reflection on unequal opportunities is done to analyse the factors that create the status-quo. Finally, having reflected on the state of representation and the factors behind it, the chapter analyses how roles are distributed among men and women within the context of gendered under-representation.

5.3.1 Unfair Gender representation in the AU

Under-representation creates denial of an opportunity to be heard and to have the issues and opinions of interest considered fairly. One of the key manifestations of gender injustice is when women are under-represented in influential and decision-making positions (Chaban et al 2017). Franceschet (2011) also observed that under-representation of women creates an environment where women's interests are defined by men who represent them. This leads to male-defined interests which may not necessarily be the real interests and needs of women. This practice stems from the gendered norm that women are not capable of decision-making or that their voice is not important enough (Acker 1992; Shell 2011).

An assessment of the AU structures showed that gender representation is very poor across all the twelve organs of the AU. The Assembly for instance, as the highest decision-making body for the AU only had three women out of fifty-five heads of state and government at the time of this research, making 5.4%[3]. As Franceschet (2011) points out, such gross under-representation of women makes it difficult for the women to speak for women either because they get drowned in debates or they get ignored due to the culture of trivialisation of women's issues which

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[2] Interview number 16 with a member of staff at the AUC on 27th February 2021.
[3] Interview number 1, a member of staff at the AUC, 17th February 2020

considers advocates of women's issues as petty. Additionally, due to the linear structure of the AU's governance system, there are inadequate and ineffective alternative opportunities for women to influence the deliberations and resolutions of the Assembly at a high level, unless they are in the Assembly.

> *The Assembly is a closed meeting, there is no opportunity to advocate to the Assembly, except for country-level advocacy that various interest groups can do before their Head of State goes for the Assembly. So, the lack of numbers for women in the Assembly just means they are not represented, and there is no effective platform where they can influence the agenda or the contents of the debate of the Assembly through advocacy. That's just how it is.[4]*

Interviews with some AUC staff members and AU stakeholders indicated that the main barrier to women's representation in the Assembly was that in the African context, politics is considered a man's field. Several factors strategically and structurally push women onto the margins of politics, reducing the numbers of women in political leadership including in the role of head of state and government which forms the AU Assembly. The challenge is that if women's input into the Assembly's agenda is made at a much lower level of the AU's consultation processes, their views easily get diluted, swallowed up or removed by the time the recommendations reach the Assembly, and there is no one in the Assembly to speak for women[5]. Additionally, being present in the Assembly would enable women to debate the issues, rather than just suggest an issue that can be debated and possibly misinterpreted or dropped in their absence.

> *"Currently, the only way women can influence the agenda of the Assembly is by participating in the meetings of the committees of experts which are hosted by the AUC, but this level is very low. The input from these committees goes through several other platforms before they reach the assembly, and some issues fall out or get changed in the process."[6]*

Of course, after the adoption of the "Solemn Declaration on Gender Equality in Africa, (SDGEA)" in 2004 as enshrined in Article 4 (l) of its Constitutive Act of the African Union,

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[4] Interview number 13, Director of the PLAN International – AU Liaison Office on 25th February 2020
[5] Interview number 14 with a programme manager at Action Aid Ethiopia on 25th February 2020
[6] Interview number 14 with a programme manager at Action Aid Ethiopia on 25th February 2020

the AUC formed the continental civil society movement for gender equality called: Gender is my Agenda Campaign (GIMAC) (Haastrup 2019). This is a network of civil society organisations working on gender equality which holds regular pre-summit consultative meetings on the fringes of every AU Assembly of Heads of State and Government, and makes their recommendations to the Assembly which are communicated through a communique or press statement.

However, some stakeholders such as PLAN International and Action Aid suggested that these events create civil society action around the Assembly but do not achieve much impact for two reasons: firstly, they are not a recognised contributor to the Assembly so they do not get the necessary attention, and secondly, by the time the Assembly is set to happen, it is too late to advocate for anything onto the agenda. GIMAC therefore gives a false comfort to Women's CSOs that they are participating in the AU processes, when they actually are practically excluded[7]. Women's advocacy activities such as GIMAC are important and must be encouraged, however, they must be clear on who they want to influence, and direct the energies to that direction, than to gain false comfort that they are included in the AU Assembly when in fact they are not. In a way, such activities are also driven by gendered institutions that suggest finding activities to keep women busy in their corner, while men deal with the serious business (Franceschet 2011). These activities should not replace the demand for women's meaningful participation in positions of influence in the mainstream structures.

The case of the Assembly repeats itself at the level of the Executive Council. As it is made of Ministers of Foreign Affairs from the member states, and there are few women Ministers of Foreign Affairs on the continent, women are grossly under-represented in this forum. At the time of the research, only 8% of the Executive Council members were women and according to the AUC Human Resources Department, women make between 5% to 10% of the Executive Council at various times.[8] The interviews at the AUC suggested that in most AU member states, Foreign Affairs is considered a fit for men, and therefore, while the composition of the council does not say: 'men only', the culture excludes women. Excluding women at this important level entrenches patriarchy by excluding women from leadership and influence. The Executive Council is a very important and influential organ of the AU. This is where the agenda for the Assembly is set, and recommendations to be considered by the Assembly are made in this

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[7]Interview number 13, Director of the PLAN International – AU Liaison Office on 25th February 2020

[8] Interview number 2 with an AUC member of staff at the AUC on 17th February 2020

forum. Sentiments from the Women's Movement in Zambia on the Executive Council were that the fact that this council runs with very few, almost no women, and there are no alternative platforms created for the Executive Council to consult or engage women creates an impression that the AU can run effectively without women, and that women can be represented by men which is a strong patriarchal way of thinking (Waylen 2014; Acker 1992). This is problematic as one of the leaders of the women's movement in Zambia observed in an interview:

> *"The Executive Council runs with very few to no women. I can't emphasise proven knowledge that when women are left out, development efforts move one step forward and two steps backwards. When our cultures and our politics keep pushing women backwards, we limit the ability of women to thrive and to develop themselves. This pushes back not only the women, but the whole society."*[9]

This interviewee further pointed out that:

> *"This is why you see a lot of infrastructure development in most African societies, like the mushrooming of shopping malls here in Lusaka, which are not improving people's lives except a small business elite. Both rural and urban household poverty is increasing in Zambia even when the country reports annual GDP growth. Children keep dropping out of school in large numbers, child marriages are still highly prevalent at 40% as a coping mechanism to poverty because women's health, economic empowerment, food security and social empowerment are not moving forward. Do you think these shopping malls represent women's priorities? Women are left out of critical and influential platforms such as the Executive Council, or locally here, in ministerial platforms, even in district council assemblies where development priorities are set. Do you think men sit on those platforms and discuss how to address women's priorities and interests? I have been in some of these platforms and I can tell you that the priorities are different, gender-based violence is sometimes discussed like it's a joke and people laugh about it, in a meeting. We need women in these platforms who are empowered enough to define and advocate for women's priorities, women who can challenge these attitudes that undervalue women, but if what you get is two women against twenty-five men, then you are joking."*[10]

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[9] Interview number 30 with a leader of the women's movement in Zambia held on 7th December 2020

[10] Interview number 30 with a leader of the women's movement in Zambia held on 7th December 2020.

These sentiments are consistent with Judith Lorber (1994)'s observations that excluding women and expecting women's lives to advance based on male-defined interests is ineffective. Joan Acker (1992) also observed that gendered institutions shape policies that overlook strategic needs of women by addressing needs of women that are defined by men. Including women in influential position creates an opportunity to balance men's interests with those of women than having development priorities skewed to one perspective. However, as argued by the feminist institutionalists, exclusion of women is driven by deeply entrenched gendered institutions. Addressing them requires lens that can identify them and tools that can define them so that they can be challenged and deconstructed.

The third organ in the AU's decision-making hierarchy is the Permanent Representatives Committee (PRC). The PRC focusses on political relations issues, resolutions and actions of the AU. The main business of the PRC relates to making policy decisions on issues of multilateral cooperation, the AU's budgetary and administrative matters, refugees and humanitarian issues, infrastructure development, among other matters. They formulate draft decisions for consideration by the Executive Council and the Assembly. The membership of the PRC is made of all the member states' ambassadors to the AU and Economic Commission for Africa (ECA). In February 2021, an interview with one of the male members of the PRC indicated that seven out of the fifty-five members were women at the time, marking 12.7% of the membership. This interviewee further explained:

> *"You see, I have been on the PRC for the past five years, the highest number of women I can recall was eight out of fifty-five, sometimes it has gone down to two. But we don't sit there and discuss why there are no women, because that's just how it has always been. The PRC cannot claim that their work is affected because there aren't enough women; the PRC operates with very few women, but it is able to effectively deliver its mandate, even to discuss issues that directly affect women and make good decisions for recommendation to the Executive Council. Do you know that the AU has a Gender Directorate? That is where specific gender equality issues are addressed, the PRC mainly focusses on political interests of member states, such as security, immigration and trade. We don't necessarily need women to discuss these issues. But even for issues*

that directly affect women, the PRC manages to address them without seeing any need for more women in the committee."[11]

The sentiments from the PRC suggest that inclusion of women is not valued, their contributions are not valued and their absence is not considered a setback. The view that gender equality is the mandate of the Gender Directorate seems to counter the AU's own commitment to gender equality across its structures and projects, as it suggests that gender can only be confined to the Gender Directorate. The feminist institutionalists argue that this attitudes against women affairs are driven by deeply entrenched gendered institutions which normalise exclusion of women. When an organisation does not function effectively due to exclusion of women, it is difficult to identify gender as an undermining factor of the organisation's progress because it is not visible and therefore not considered an issue at all. While acknowledging that ten per cent women's representation is better than no women at all, and that there are definitely some women who can defy the odds and make a difference under such circumstances, this situation is far from ideal. It requires much more effort on the part of women (and most often fails) to make the required impact when they are grossly outnumbered (Franceschet 2011; Benedict 2008; Mackay at al 2010). Further, marginalisation of women undermines their dignity by entrenching the stereotypes that women are not capable players and therefore they are looked down upon. The opinion of a PRC member above demonstrates what Joan Acker (1992) noted, that gender discrimination in gendered institutions is so entrenched that it is considered normal and is therefore not detected, and its implications are not correctly attributed to gender.

One of explanations given for the underrepresentation of women in the PRC was that there are few women ambassadors to the AU. An interview with a member of staff at the AUC indicated that as the ambassadors are sent by the member states, the AUC can only work with the people sent to them, and that the AUC cannot interfere with the appointment process of ambassadors at member state level. Therefore, if member states send male ambassadors to the AU and ECA, there is nothing the AUC can do about it[12]. This explanation only serves to show that AU is scapegoating responsibility by blaming the system which is created by the AU itself. If for instance the Assembly resolved to get equal gender representation on the PRC and worked with the Executive Council to design a system which guides the gender distribution of the PRC membership for each country, on rotational basis, this issue could be addressed. However, the

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[11] Interview number 38 with a member of a former member of the PRC on 12th December 2020 via Zoom.
[12] Interview number 3, Member of staff at the AUC on 17th February 2020.

AU does not get proactive to address this gap because unequal gender representation is not considered a setback, and therefore, there is no political will to design an effective strategy that can achieve equal or fair gender representation. This is driven by the gendered institutions that undervalue women and their contributions. However, as Joan Acker (1992) observes, expecting the AU to go an extra mile to address unequal gender representation would be expecting too much of an organisation that was set by men, and is run by men to deliver male-defined interests, unless there was a consciousness of the value of gender equality and respect for women's contributions to their operations (Kenny 2014; Lowndes 2020). This is why the underrepresentation of women in the PRC and across all AU organs persist. Unless political interest builds up to call it out as injustice, it will continue to be seen as normal, even natural. However, political interest must be conscientised by feminist institutionalist views that identify gendered institutions as underlying gender injustice and analyse their effects in institutional processes and outcomes. While justifying under-representation of women, a male member of the PRC indicated that when there are discussions directly affecting women, the few women on the PRC do not argue on behalf of women. He said:

> *"I don't think you should be concerned about having women represented on the PRC, rather focus of getting men who can argue in favour of women's issues. In my experience being on the PRC, it is actually men who argue in favour of women's issues more than the women who are there."[13]*

This comment confirms the arguments made by Acker (1992), Franceschet (2011), Waylen 2014 and other gender politics scholars who observed that gendered institutions propagate views that men can effectively represent women. This view overlooks the argument that women can best represent women, but when women are grossly outnumbered in politically charged platforms, they tend to align to the views of the majority for fear of being labelled petty (Franceschet 2011). Those who do speak out, most of the times get drowned by the opposing numbers. When the few good and competent women get drowned in such platforms, they are assumed to be incompetent without an assessment of the effects of being grossly outnumbered. In such circumstances, the prevalent gendered institutions quickly drive opinions that women's participation is neither necessary nor effective, which is an existing deep-seated view of gendered institutions.

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[13] Interview number 38 with a member of the PRC on 12th December 2020.

With regard to the Specialised Technical Committees (STC), as the name suggests, these committees focus on specific thematic areas of programming for the AU, including health, child protection, agriculture, social protection among others. At the time of this research, there were 14 committees which were comprised of government ministers and thematic experts drawn from various member states. The mandate for each committee is to reflect on their specific thematic issues, how they affect the region and develop strategies, draft resolutions and/or policy actions and make recommendations to the Executive Council. An interview with a member of staff at the AUC indicated that on average, since 2017 there has been up to 15% women represented across all STCs at each time. While this is an improvement of the 5% to 10% in the higher organs, this underrepresentation still demonstrates high marginalisation of women. A former member of staff at the African Capacity Building Foundation (ACBF) who worked directly with the AUC as a technical advisor argued in an interview that Africa is not short of capable women who can make up to 80% of technical experts in the STCs if there was a willingness among the leadership of the region to include women.

> *"It is not true that there are no women who qualify for positions and who can accept an appointment. The issue is lack of intention to include women. While it is true that women lag behind men in education status and professional development, and that there are more male degree holders in various fields than women, across all the fifty-five countries, Africa has more than enough capable women who are willing to fill up positions in the AU organs. There are a lot of capable female African experts who are underutilised because the environment assumes that the challenging positions are for men. The thing is, if a recruitment process assumes that the position will be filled by a man, applications from female experts do not get fairly assessed because the gender of the applicant removes some merit from the application. It is prejudice"[14]*

The fact that women are grossly discriminated against in influential positions and other opportunities such as scholarships, loans and others, results in very few women having expert skills to occupy politically significant positions, creating a smaller pool of women ministers and experts to be considered for STC positions than for men. And then, even in the small pool of capable women, only a few of them are given the opportunity due to values that judge women as incapable before testing their abilities. Additionally, there is a prejudice that women can only be relevant in 'soft issues' such as child welfare, maternal health and gender (Franceschet

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[14] Interview number 48 with a former member of the ACBF on 17th January 2021

2011) which further marginalises women by restricting them only into STCs that tackle the so-called 'soft' issues. This situation further limits the possible slots where women could fit in the STCs. Having women in influential positions is cardinal to designing policies and strategies which are responsive to the needs of women and girls (Franceschet 2011; Bikketi et al 2011; Shelly 2011).

Underrepresentation of women in the AU also features very clearly on the Peace and Security Council (PSC), an AU organ which is the main pillar of the African Peace and Security Architecture (APSA), the framework for promoting peace, security and stability in Africa. This is a standing decision-making organ of the AU for the prevention, management and resolution of conflicts. It has 15 members with equal voting powers. All members are elected by the AU Executive Council and endorsed by the AU Assembly during its ordinary sessions. The PSC is empowered by its Protocol, article 8(5), to establish subsidiary bodies as it deems necessary. Since September 2018, there are three subsidiary bodies: the Committee of Experts, Military Staff Committee, and the PSC High-Level Panel. The PSC is also supported by the following APSA pillars: the African Union Commission (AUC), Panel of the Wise, Continental Early Warning System (CEWS), African Standby Force (ASF), and the Peace Fund. As it is one of the important pillars of the APSA, the Panel of the Wise is supported by 'Friends of the Panel of the Wise', Pan-African Network of the Wise (PanWise) and FemWise-Africa, which is a network of African Women in Conflict Prevention and Mediation.

Similar to the other organs of the AU, the PSC is chiefly a men's platform in terms of representation and presence. At the time of this research, there was one woman out of the 15 members of the Council. The gendered institutions dictate that peace and security is a strong form of militarized masculinity where women are seen only as victims needing protection, invoking ideas that national security officers are masculine (Tickner 2019). Of course, influenced by the UN Security Council Resolution (UNSCR) 1325, the AU has made efforts to promote women, peace and security (WPS) agenda by setting up FemWise Africa in 2017 and appointing the AU special envoy for WPS in 2014 (Davies and True 2019; Haastrup 2019). Despite these efforts, security and peace have remained gendered concepts and women's representation in the AU's PSC and its subsidiary bodies has remained marginal. The AU compensates women's underrepresentation in the PSC and its subsidiary bodies through the FemWise-Africa, a support structure to the Panel of the Wise. An interview with an AU advisor on migration issues indicated that FemWise-Africa is an attempt to address women's

marginalisation in peace and security agenda and to show progress on the UN WPS agenda. He observed that peace and security issues directly affect women and children's welfare causing internal displacement, health problems, and sexual violence among other challenges; and considered FemWise-Africa as a well-intentioned attempt, but as a mockery to women's representation. He argued that:

> *"There is nothing wrong in having a parallel structure that features women only, but this does not achieve much in addressing women's marginalisation in the PSC, and there is no guarantee that the deliberations of FemWise-Africa will make any difference in the mainstream organ, the PSC or its subsidiaries."*[15]

At Action Aid, their opinion was that women's representation must begin with fairness and equality in the mainstream structures. They argued that creating FemWise-Africa is like an attempt at appeasing the international pressure, to be seen to be including women in issues of peace and security. As Htun and Weldon (2018) argued, addressing gender inequalities requires systematic approach, and not just one move that appears to superficially include women. Franceschet (2011) also observed that when men are the decision-makers, they decide which roles and which structures to create for women, and women are expected to thankfully accept these opportunities whether they are effectively addressing their needs or not. This does not mean women should not take up such opportunities, but that they should not get satisfied by it because there is need for more effective strategies for inclusion and participation than superficial and tokenistic approaches. It can be argued that women can take advantage of such tokenistic or superficial initiatives to make a difference. This is indeed possible but may require twice as much effort to achieve half the amount of impact, and would count as oppression of women in the end. While the call for increased inclusion of women in peace and security is well-intentioned, due to the underlying gendered institutions which define peace and security as masculine, it has led to tokenistic responses put forward to appease the international community and the donors while sustaining exclusion of women.

The African Union Commission (AUC) is the executive organ of the AU. Once decisions have been made by the AU, the AUC is given mandate to execute them on behalf of the AU or any of its organs. At the time of this research, the AUC was made of eight commissions representing the eight thematic departments of the AU (AU Handbook 2019). While Article 6 of its statutes

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[15] Interview number 5 with an AU advisor on Migration issues held on 19th February 2020.

requires equal gender representation in all the positions within the AUC structure, this equality in gender representation is only strictly observed at the level of commissioners[16]. Other critical positions such as directors, deputy directors and heads of sections who influence the work of commissioners are not gender balanced and are heavily skewed towards men. According to the AUC human resources records obtained on 12th October 2020, only 2 out of eight directors were women at the time of this research. At the same time, there were a total of 1,744 members of staff in the AUC and 634 of them were women, marking 36% representation. The AUC clearly does better on gender representation than the rest of the AU organs. Although this is the case, an interrogation of this 36% is necessary to understand which roles the 36% women take and how that affects power dynamics between men and women in the organisation. This discussion is made in more detail under the gender division of labour section of this chapter.

Similar to the FemWise in the PSC, the AUC has a Women, Gender and Development Directorate (WGDD). According to the AU Handbook 2019, this directorate is meant to work with government departments, NGOs (both local and international) and the UN agencies in the member states to lead, guide, defend and coordinate the AU's efforts on gender equality on the continent. It is not a commission, and it is not part of any commission within the AUC and therefore reports directly to the AUC Chair. The creation of this directorate in the AUC structure demonstrates awareness of the need to address gender injustice. This is a step in the right direction by the AUC. However, the interviews within the AUC and among the AU stakeholders indicate that the work of this directorate is not effective as they do not have adequate budgets to champion their work on gender policy guidance for the member states. An interview at Action Aid shared their view:

> *The work of this directorate depends on partners and NGOs which have funding on gender equality and require the involvement of the AUC for political legitimacy. So they are involved in gender related activities that are mostly driven by the external stakeholders[17].*

Additionally, the interviews within the AUC indicated that the directorate does not interface with the work of the commissions of the AUC and other directorates within the AUC to integrate gender and champion gender responsive approaches within the AU organs. The views

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[16] Interview number 1 with a member of staff at the AUC on 17th February 2020

[17] Interview number 14 with a programme manager at Action Aid-Ethiopia on 25th February 2020

of some stakeholders was that this directorate is a superficial attempt at addressing gender injustice on the continent which does not address the deeply entrenched gendered institutions within the main structure itself, their processes and outcomes, as well as in the member states. However, this does not mean that the directorate does not serve any purpose, it does. It is an important symbolic feature of the AU's commitment to addressing gender equality and to be accountable to the international community on the gender agenda. However, it is not strategically positioned in a way that can challenge the deep-seated gendered institutions within the AU and the member states. Additionally, this directorate would be key in supporting member states efforts in addressing their deep seated gendered institutions, but their efforts are not felt at country level because they do not have adequate resources in terms of human capacity and budgets. As Franceschet (2011) observed concerning such kind of initiatives, this directorate can be seen as a move by the men who are in charge of the AU to appease the international community's call to action for gender equality. The fact that this directorate is not adequately funded is indicative of the low value placed on its usefulness beyond creating positive optics to the international community. Acker (1992) also pointed out that situations such as this one are an expected outcome of a gendered institution whereby tokenistic interventions are implemented to appease stakeholders and to pacify the marginalised group. In a way, this approach entrenches gender inequalities as it creates a platform for women to get busy, while men advance their interests in platforms that are more influential and which affect both men and women (Franceschet 2011: Branisa and Ziegler 2010). This practice reinforces gendered power dynamics that fuel inequality and discrimination in the African society. The leader of the women's movement in Zambia added to this debate by explaining that today gender injustice is not driven by written laws but informal and invisible institutions which shape attitudes and influence behaviour that marginalises and undervalues women (Waylen 2017; Mackay et al 2010; Franceschet 2011; Bikketi et al 2011; Shelly 2011). Unless one is gender-aware, such entrenched prejudices appear normal, and influence policy process and outcomes in gendered ways.

5.3.2 Unequal access to opportunities for participation in AU structures

The access and control profile of the HAF and the equity approach under Moser's tool number three on control of resources and decision-making identify gendered unequal opportunities as one of the key variables to be analysed when studying gender injustice in projects, policies, institutions or any development process. Unequal opportunities are linked to under-representation as women tend to be underrepresented when the opportunities for participation

and inclusion favour men. The feminist institutionalist view is that underlying gendered institutions shape unequal opportunities for participation and control by creating structures and systems that favour men over women. Having concluded in the previous section that the AU is characterised by unequal gender representation across the AU structures, this section analyses gendered unequal opportunities for participation and control in the AU processes. Control of access and participation in the AU processes grants the ability to advance agendas of interest, power to influence policies, receiving recognition and acknowledgement and personal level benefits such as career opportunities and sources of income. The aim of this analysis is to understand how gendered institutions create a culture that restricts women's opportunities to participate in influencing the AU's policy processes and outcomes. The analysis explores the underlying structural and systemic barriers to women's participation and control, and assessed if there were any deliberate efforts by the AU to level the playfield as a means of ensuring equity and equality of opportunities. As will be seen in the discussions of this section, there are overlaps between the previous section on gender representation and this section on unequal opportunities because they are interconnected. However, the point of this section is to discuss unequal opportunities for participating and exercising influence in the AU.

Htun and Weldon (2018) argue that attainment of gender equality requires removal of structural barriers to participation such as cultural beliefs and institutions that hinder women from stepping up to leadership and other influential roles, gender-based violence that undermine women's capabilities and confidence, and societal male bias that favour men over women, among other issues. However, this is not straightforward because gendered institutions create barriers that are so entrenched and blended into the institutional culture and systems that they are considered normal and their negative effects are not attributed to gender and therefore remain unaddressed (Shell 2011; Acker 1992).

For the AU, its various organs present biased opportunities for participation and control, favouring the inclusion and participation of men. While there are no written rules that dictate that influential roles are only for men,[18] there are structural barriers that are imposed by underlying gendered institutions that restricts women's opportunities for inclusion and participation in the AU structures as well as drawing benefits from them. The Assembly for example presents a structural barrier due systemic obstacles to political participation for

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[18] Interview number 2 with a member of staff at the AUC on 17th February 2020

women. An interview with a member of staff at one of the donor organisations accredited to the AU in Addis Ababa explained:

> *"For the Assembly, because it is made of Heads of state and government, you know the African environment is not ready for female heads of state, so it is expected that this will remain a 'men only' platform for a very long time."*[19]

As argued by feminist institutionalists, sentiments such as this are driven by gendered institutions that normalise unequal opportunities and claim that nothing can be done to level the playfield (Thompson 2017; Waylen 2014). The challenge with such kind of tolerance of gendered unequal opportunities is that it does not see the need to level the playfield in order to enable women to participate equally. On the part of the AU, while they cannot influence having women as heads of states and government, the failure to create a subsidiary structure that would give women an opportunity to constructively feed into the deliberations of the Assembly; or to co-opt some women onto the Assembly to contribute to the debates as an affirmative action is concerning. An interview at the UNICEF office accredited to the AU and the Economic Commission for Africa (ECA) also highlighted that the AU Assembly is a 'boys club' which they set up for themselves for peer support.[20] Terming the AU a 'boys club' suggests that it is not for women, it normalises and entrenches exclusion. The implications of this is that there are restricted opportunities for women to be part of this organisation. The sentiments from UNICEF further explained that:

> *"There have been women in the Assembly, sometimes two, sometimes three, but they do not fit in, they feel out of place because it is not a place for women, at least not at the moment. Did you read about a female member of the Assembly in 2013 who knelt down to greet the male members of the Assembly as a sign of respect to men, because African women are traditionally expected to kneel before men? Do you expect that woman to feel that she stands at the same level with everyone else even when they sit at the same table in the Assembly? Can she debate with them confidently?"*[21]

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[19] An interview number 17 with a member of staff at the European Union office accredited to the AU on 27th February 2020

[20] Interview number 4 with Education Director at UNICEF accredited to the AU and ECA on 19th February 2020.

[21] Interview number 4 with Education Director at UNICEF accredited to the AU and ECA on 19th February 2020.

These sentiments amplify the power dynamic in AU that restricts women's opportunity to participate in the Assembly by suggesting that women will not fit in. However, this does not mean that the Assembly is not a place for women nor that women's participation is not valuable, but that the landscape does not favour women's participation in this highest level of political leadership on the continent. This situation is far from ideal and normalising it is highly problematic because the implications of this exclusion of women negatively affect interests of women which radiates to the whole society (Waylen 2014). Sustaining unequal opportunities for participating in high level platforms such as the AU Assembly is counter-progressive for Africa's development.

While it may seem as if this situation only presents itself at the Assembly level because the forum is made of heads of state and government, the reality is that opportunities for participation in the Executive Council are also skewed towards men. The barriers are structural and characteristic of gendered institutions. Members of the Executive Council are the ministers of foreign affairs from all the fifty-five member states of the AU. While there is nothing wrong with targeting the foreign affairs ministers from the member states for this platform, the challenge is that there is a structural barrier for women to become ministers of foreign affairs in their countries, and they get automatically excluded from this platform. An interview with members of the women's movement in Zambia indicated that due to several barriers to joining politics for women, there are already fewer women in the run for ministerial positions because the society ends up with fewer women in politics. For those few who become politicians, even fewer of them are appointed into ministerial positions due to the prejudice that high politics is a men's playfield (Franceschet 2011; Acker 1992; Lorber 1994). Furthermore, women who become ministers are more likely to be considered for ministries of gender, social welfare, community development or deputy ministers[22] before they can be considered fit for the so-called politically challenging ministries such as foreign affairs, trade and security (Franceschet 2011). This is not to say there are no women ministers of foreign affairs, but they are very few, not enough to make equal numbers at the Executive Council level because opportunities to meet the criteria do not favour women. It is not because women do not want to, nor that they are incapable, but because the societal structure creates less opportunity for women to get such politically important positions (Franceschet 2011; Acker 1992). The challenge is that while these disparities exist in the AU, they are not considered setbacks to the AU development

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[22] Interview number 40 with a female lawyer, a member of the women's movement on 12th December 2020

efforts, and sometimes they are not visible because they are deeply entrenched and normalised. As a result, not much effort is made to correct the situation. If any, efforts to level the ground tend to be superficial, such as developing periphery structures which do not directly input into the mainstream structures. They sustain unequal opportunities for participation, and as long as opportunities are not equal, women will continue to be side-lined at the expense of sustainable development for the region. As Waylen (2014) argued, when the landscape is already gendered, unless deliberately intervened, it remains male-dominated, investing more power in men, even for situations which directly affect women and are best understood by women. She argues that if success is to be recorded in addressing gender injustice, deliberate actions must be employed to address the prevailing acute marginalisation of women in governance systems, by creating opportunities for women to lift themselves (Waylen 2014; Kenny 2014).

The unequal opportunities present differently at the AU's PRC level which is made of all member states ambassadors to the AU and ECA. While women's opportunities to get onto the Executive Council are mostly affected by structural barriers to political careers, for the PRC, opportunities are restricted by the prejudice of the appointing authorities in public administration. The gender discrimination for this platform begins that at member state level where fewer women in public administration are accredited to embassies; and when they are, they are not sent to embassies that are considered politically important such as the AU, COMESA or the UN, unless they are administrative and support staff. An interview with a member of staff at the AUC indicated that the that there is nothing the AUC can do to increase opportunities for women at PRC level as discrimination takes place during public appointments at country level. While it is true that the AUC does not have supra-nationality, and can therefore not interfere into the decisions regarding which gender gets appointed from which country, the AU bears part of the responsibility for its failure to engage strategies to improve opportunities for women to be appointed, such as gender quotas on rotational basis of which countries should send women for which periods to ensure a sustained balance. As an organisation underpinned by gendered institutions, the AU fails to recognise that barriers to women's inclusion in these platforms are unfair and unjust and that they must be addressed. The AU also fails to recognise that bias against women requires deliberate intervention and that leaving it to chance does not achieve any impact. The AU has made it possible for commissioners to be gender balanced by creating a system of appointment from the regions sending commissioners to abide by the gender requirements of the appointment. The same approach could be applied to the PRC, if there was political will to make it work. However, due to lack of political will to address

unequal opportunities, there are no efforts to facilitate equal opportunities for women to sit on the PRC.

For the specialised technical committees (STC) which is composed of member states' ministers and senior officials responsible for sectors falling within their respective areas of competence, unequal opportunities are caused by two factors. Firstly, a structural barrier is created by having fewer women ministers and fewer women experts in sector ministries. Secondly, the prejudice of appointing officers in public administration who overlook capable women due to beliefs that men are a better fit for such roles. A former staff member of the ACBF who worked as a technical advisor to the AU gave her opinion during an interview that it would be possible to increase the number of women in the STCs if the appointing authorities were interested in increasing them, especially if there was a deliberate move to create opportunities targeted at women[23]. The main reason therefore behind unequal opportunities for receiving appointment to the STCs is the gendered culture both at the regional and the country level that sustain unequal opportunities for participation.

The Peace and Security Council of the AU does not offer equal opportunities for men and women to be appointed. This is partly because most of the members are drawn from a pool of politicians, mostly Ministers of Defence and key actors in national security programmes from the member states which feature a smaller pool of women compared to men, thereby creating structural discrimination. In addition, there is a traditional prejudice that women are not considered eligible for roles in peace and security issues[24]. However, the AU has been making efforts to create opportunities for women to participate in peace, security and conflict management issues. An interview with one of the donor agencies indicated that that a group of donors were working with the AU to increase women involvement in peace keeping conflict management and security issues in Africa[25]. This move was informed by evidence that showed that women bring in a lot of value in peace keeping missions in conflict regions by ensuring protection of women and children from violations that are committed by male peacekeepers and local community members. Women are also influential in conflict prevention in fragile regions. FemWise-Africa is one of such opportunities, established through a decision of the AU Assembly of Heads of State and government on 4 July 2017. FemWise is an opportunity specifically for women inclusion. However, while having a women specific structure can be

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[23] Interview number 48, a former member of the ACBF on 17th January 2021
[24] Interview number 5 with an AU advisor on Migration, held on 19th February 2020.
[25] Interview number 27 with Canadian High Commission Official in Lusaka on 6th December 2020

seen as a positive move, creating it as one of three support structures to one of three subsidiary structures to the main committee, and not even as a subsidiary to the main committee in its own right has been considered by some stakeholders as a mockery to women's involvement[26]. The creation of this support to the subsidiary structure would be more meaningful if accompanied by increasing opportunities for women in the mainstream structures – the PSC and the Panel of the Wise. Otherwise, such a structure could legitimise exclusion of women from the more effective structures with the excuse that they have their own place in the 'women's only' structure which may not be as effective nor as influential. The AU's efforts therefore appear superficial and tokenistic, aimed at appeasing the international community in view of the UNSCR 1325. This situation gives women a false sense of inclusion when in fact they are not included.

At the AUC, even with a statutory commitment to ensure equal opportunities for men and women in all the levels and departments of the organisation, opportunities for inclusion and participation are not equal except at the level of commissioners where the AU has made it mandatory to ensure gender parity. At the time of this research there were four male and four female commissioners, as has been the case since this statute was established. For the rest of the positions, opportunities favour men, featuring both structural discrimination and prejudice of appointing authorities. Although jobs are advertised without explicit plan for exclusion of women, the recruitment process is shaped by underlying gendered institutions that influence the preference for men over women[27].

An interview with a member of staff in the human resources office of the AU indicated that during recruitment, there is nothing written that indicates that this position would target a man or a woman, but that certain roles, especially support roles, are considered a good fit for women, because women are more organised and find it easy to follow instructions[28]. Although this view sounds like a positive comment about women's attitude to work, it is prejudicial, boxing women into a role of subservience. In addition, while it is not a statute, it is an unwritten rule that guides the behaviour of the appointing or recruiting officers. Another interview with one of the AUC acting directors also indicated that they tend to get more male experts and managers

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[26] Interview number 5 with an AU advisor on Migration, held on 19th February 2020.
[27] Interview number 40 with a female lawyer, a member of the women's movement on 12th December 2020
[28] Interview number 2 with a member of staff at the AUC on 17th February 2020

because there aren't enough qualified women with the right expertise to compete with the men.[29].

> *Only two of our eight directors are women at the moment. This is not our desire, the policy is clear that we must have 50:50 representation, but there are no women to fill these positions, even when we say women are encouraged to apply, we still end up with men for some of these positions[30].*

As and Waylen (2017) and Htun and Weldon (2018) observed, gendered institutions influence the development of institutional cultures which either may be written or unwritten. In some instances unwritten cultures are more influential because they are invisible but they shape the way people think and behave. Therefore, the fact that the AUC does not say 'men only' on their job advertisements does not mean that their recruitment practices are not biased towards men. Unwritten institutions that certain roles are a better fit for men are very strong barriers to women's participation, and they exert much stronger influences than written rules (Mackay et al 2010; Waylen 2017). In some cases, women get disqualified before they begin to compete due to prejudices that they will underperform because of their domestic responsibilities of being a mother or a wife.[31] Interviews with some members of staff at the AUC claimed that there aren't enough skilled women on the continent to take up positions due to the low literacy levels among women and other cultural barriers. One AUC member of staff at director level argued:

> *"Our policies indicate equal opportunities for all positions, and all the AUC adverts indicate that women are encouraged to apply, but if they do not apply, we cannot apply for them. To take up a role in the AU requires that a person leaves their home country to come to Addis, or travel frequently. Can women leave their families and do that? No, mostly women want to accompany their spouses who come to take up jobs in Addis Ababa and that is the unfortunate truth."[32]*

While it is true that there are cultural barriers for women, it is also not true that all women are unwilling and unavailable to take up roles. Presenting cultural barriers as a reason for not appointing women normalising injustice. Additionally, attitudes that women are underperformers cause women's achievements to be overlooked. Sentiments from the

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[29] Interview number 3 with Member of staff at the AUC on 17th February 2020
[30] Interview number 3 with Member of staff at the AUC on 17th February 2020
[31] Interview number 54 with member of the women's movement in Zambia on 18th January 2021.
[32] Interview number 3, a member of staff at the AUC on 17th February 2020.

women's movement in Zambia on this issue were that there is evidence of capable women who aspire for challenging and prestigious opportunities, but such opportunities are not easy to access especially for women.

> *"In most cases, the recruiters assume that they will get a man, and although it is not written down that this position is for a man, women's applications are already almost disqualified before the assessment is done. There is an underlying belief that women will not perform well. It is a baseless belief, prejudice."*[33]

These sentiments were from a female lawyer who is also a member of the women's movement in Zambia. The women movement in Zambia also indicated that African women from academia, private sector, NGOs and government who have the requisite expertise could ably serve in these committees. The challenge is that appointing authorities blinded by prejudice look for men sometimes unconsciously.

> *"But in some cases, side-lining women is deliberate, based on the prejudice that a man and a woman holding the same qualification are not equal in capabilities because men are just better than women. This was my experience when I applied for the position of Secretary General for our Council of Churches in Zambia. I was interviewed and I came out the best, but because I was a woman, they re-advertised the position. I applied again, and still came out the best that is when they hired me. But I could have given up after the first interview. And I found myself working twice as hard because I wanted to prove that I was capable although I am female. It was exhausting."*[34]

This was the experience of a female clergy who served as a Secretary General of one of the councils of churches in Zambia from 2010 to 2016. As Joan Acker (1992) pointed out, gendered institutions are set up by men to serve male-defined interests. Their culture and their systems sustain gender discrimination whether consciously or unconsciously. It is this gendered discrimination that unbalances opportunities for women in favour of men.

Another way that opportunities are unequal is in the way the advertisements are done as argued by a member of the Bloggers of Zambia Network in an interview. Due to gendered digital divide on the continent, challenges of internet access affect women more than men, some

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[33] Interview number 40 with a lawyer and member of the women's movement in Zambia on 12th December 2020
[34] Interview number 54member of the women's movement in Zambia held on 18th January 2020.

capable women may not have access to the job opportunities. The gendered digital divide is a challenge that must not be ignored when planning affirmative action because it creates unequal opportunities[35]. Member states could explore alternative ways of advertising opportunities, such as using local media outlets to increase outreach.

5.3.3 Unfair Gendered Division of Labour

The activity profile of the Harvard Gender Analysis Framework (HAF) and Gender roles tool number one from Moser's Gender Analysis Framework identifies division of labour as important aspect of gender analysis because it demonstrates how roles distribution between men and women shapes gender power dynamics in the society. The feminist institutionalist perspective adds to this thinking an insight that gendered roles sharing in underpinned by gendered institutions which influence roles sharing that favours men with more influential and more productive role than women, thereby consolidating the male power establishment at the expense of women. Addressing gender injustice that stems from roles sharing should therefore look beyond the power dynamics drawn from the roles to analysing the underlying institutions that drive it. In organisations, women tend to be given non-influential roles, mundane and less prestigious tasks that men do not enjoy doing (Acker 1992, Waylen 2014; 2017). Men prefer to get roles that consolidate their power and influence in the organisation (Bikketi et al 2016; Franceschet 2011; Lorber 1994). The point for this thesis is to reflect the role of the underlying gendered institutions in driving unfair and gendered roles-sharing in the AU and how this shapes the power dynamics that drive policy processes and policy outcomes especially for reproductive health policy.

As already established in the earlier sections, women are under-represented in the AU. Further to this under-representation, the few women who are represented are relegated to non-influential positions, to support men who take up tasks that are more valued[36]. Bikketi et al (2016) termed this practice a form of labour exploitation which manifests as feminisation of low-valued responsibilities and breeds subordination of women. An interview with an AUC member of staff indicated that women who hold influential positions in the AUC structure are mostly in the Department of Social Affairs (DSA), Reproductive Health and Gender Unit[37]. Although the interview did not provide the actual percentages of women in these departments

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[35] Interview number 56 with the Founder of Zambian Bloggers network 21st January 2021
[36] Interview number 2 with a member of staff at the AUC on 17th February 2020
[37] Interview number 2 with a member of staff at the AUC on, 17th February 2020

against those in the other departments, it gave an indication that feminisation of responsibilities is also issue-based, assigning women dealing with 'soft' issues (Franceschet 2011; Waylen 2017; Mackay 2010; Kenny 2014). However, even within these 'soft issues' departments, some leadership and influential roles are taken by men, further limiting the already limited opportunities for women and tilting the power dynamics towards men. Feminisation of low-valued responsibilities is a by-product of gendered institutions because it is shaped by underlying institution that power is a preserve for men (Kenny 2014; Acker 1992). This causes men to assume the positions of power and influence in institutions and the society in general where they influence policies and processes from a male perspective.

Two interviews with members of staff in the DSA department indicated that one of the challenges in the DSA department was inadequate of funding for their projects and activities because most DSA projects are considered low priority for the AU. However, due to the nature of their thematic issues such as reproductive health, child protection, ending child marriages, caring for the elderly, ending gender-based violence among others, the department attracts funding from interested donors and international NGOs such as PLAN International, International Planned Parenthood Foundation (IPPF) and others who are interested in the AU as a platform for addressing social issues. The interventions by partner NGOs are usually one-off events which do not sustain the work of the department. As a result, some of the positions that women hold in this department are considered underperformers because they do not achieve their targets due to lack of funding. Additionally, depending on funding from NGOs undermines the role of the AU in providing oversight and leadership, because the power to set the agenda rests with the NGOs who bring the funding. Setting up departments with limited funding and assigning them to women aligns to Lorber (1994)'s interpretation that gendered institutions create a 'conspiracy' against women, aimed at advancing the stereotype that women are under-performers.

Because the AU is a political and highly prestigious organisation, and it is structurally designed as a men's organisation[38] there are more men in the organisation performing the influential roles than women. Bikketi et al (2016) explains this situation using the example of the household level where a male household-head relatively easily manage to exploit the labour of women by overburdening them, under-appreciating them and under-recognising their efforts, while benefitting from their labour to consolidate his power. Such exploitation undermines

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[38] Interview number 4, Education Director at UNICEF accredited to the AU and ECA, on 19th February 2020.

women's confidence in themselves and in other women as capable duty-bearers. Bikketi et al (2016) framed this phenomenon as an 'invisible disempowering effect of labour'. While the issue of gender division of labour in Bikketi et al (2016)'s discussion reflected the household level dynamics, it can be applied to the institutional set up where women are burdened with support roles that are heavy and time consuming, to support men who occupy the prestigious, influential and less labour-intensive roles. If an event or project does not go well, the women behind it shoulder the blame, but if it goes well, the men in the front line receive the accolades. In an interview, a member of the PRC indicated that the few women that feature in these structures as equal members with equal voting rights also end up doing all the mundane tasks that men do not like doing, such taking minutes and liaising with the secretariat to organise events.

> *"Women also mostly take up passive roles when they are in these platforms such as the PRC. Normally, women take minutes, organise events, and liaise with the secretariat. It is mostly men who take up responsibilities that are influential such as drafting position papers, reporting to the Executive Council and negotiating with governments. Roles just get shared naturally like that. That is why I am saying, your issue should not be about having women in the committee but getting men who respect the interests of women on board because men influence the agenda more than women do."[39]*

The argument of the feminist institutionalists is that unfair roles sharing does not happen naturally, as suggested in the quotation above. It is driven by underlying and invisible institutions that are gendered, structuring the distribution of roles in ways that assign powerful roles to men and non-influential ones to women. When women are trapped in corners of passive roles, it is not the work of nature, it is a gendered institutional system that is created by underlying norms and beliefs that power belongs to men, and this institutional system can be deconstructed through feminist analyses that can expose it (Waylen 2017; Mackay 2010; Kenny 2014; Acker 1992). Of course gendered institutions that socialise both men and women make both women and men find this situation as normal, because the influence is underlying and invisible. That is why it calls for feminist institutionalist lens to be able to identify these institutions. One woman shared her experience of being in a male-dominated committee as follows:

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[39] Interview number 38 with a former member of the PRC of the AU on 12th December 2020

"You know my experience - there were two of us on the civil service reforms board and thirteen were men. The chair of the committee would deliberately create tension between the other lady and myself expecting to see drama and jealousies, literally pitting us against each other. I just told myself that I will not satisfy these people, even if they push me so hard, there will be no drama between women on this committee. Eventually, I just stepped down".[40]

This experience suggests that gendered institutions also shape an environment is also hostile to women who get an opportunity of an influential role because they are expected not only to underperform, but also fight against each other thereby jeopardising their work. All these stereotypes are used against women when deciding which roles women can play.

At AUC level, the situation is somewhat different because as an executive structure of the AU, it is a big and complex structure with several departments and layers. The analysis of the gendered division of labour at the AUC begins with the observation that at the time of the research, women made 36% of the total staffing and over sixty per cent of them were in support and administrative roles without any decision-making powers[41]. An interview with one of the Heads of Division in the AUC indicated that women are better administrators because they are more organised and they easily follow instructions so they offer better administrative support to men who tend to be less organised. Further, his argument was that such administrative roles afford women an opportunity to avoid excessive travel which most AUC staff members are involved in, as women need to stay home and manage their families[42]. While these sentiments are not a formal and written down rule to guide roles distribution in the AUC, they shape the behaviour of the decision-makers in the organisation. Behind this thinking are patriarchal attitudes that restrict women to domestic and caring roles which in institutional set-ups translate into support roles. This reinforces stereotypes against women who desire to advance in more challenging roles and tends to restrict ambitious and high performing women who have high aspirations, by making them feel guilty for aspiring for more challenging roles. A by-product of this situation is that both women and men begin to believe that women's place is in support roles and not in the challenging and influential positions; and that it is abnormal for women to

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[40] Interview number 37 with a former member an STC held on 12th December 2020
[41] Interview number 2 with a member of staff at the AUC on 17th February 2020
[42] Interview number 3 with a member of staff at the AUC on 17th February 2020

aspire for more. This underlying belief influences how roles are shared between men and women.

The AUC also features another form of labour exploitation of women which Bikketi et al (2016) termed 'hidden labour'. In the AUC institutional set up, hidden labour manifests as women being burdened with social responsibilities such as staff welfare, social gatherings and similar activities which are not formally recognised as part of their work, are not covered by their job descriptions, not remunerated but are time consuming and energy draining. In the AUC, women take up such roles in various social committees such as facilitating networking and staff social welfare events, among other tasks[43]. Due to the unpaid caring role that women assume in society, such responsibilities are mostly pushed onto them, overburden them and compromise their ability in their formal roles. Under fair circumstances, there is nothing wrong with women taking up such roles if the roles are shared fairly and are recognised and valued fairly. But in circumstances where the burden falls on one gender for the benefit of both genders, and it is not recognised nor valued, it counts as injustice.

5.4 Connections between the gendered AU and its policy processes

The analysis above suggests that the AU is a deeply gendered organisation. Its gendered nature is seen firstly in the gross underrepresentation of women and the failure to recognise that underrepresentation of women in its structure is injustice and a setback to its operations. This underrepresentation of women is driven by unequal opportunities for inclusion and participation in the AU structures, for control of participation and for drawing benefits from the AU. Opportunities favour men and men are in control of who participates and how they participate. Furthermore, the AU does not demonstrate intention to address this inequality. Finally, while women are underrepresented in the AU structure, they also suffer unfair gendered division of labour where men get influential and prestigious roles while women get low-valued and non-influential roles. These aspects of the AU are indicative of deeply entrenched underlying institutions of patriarchy and gendered power structures that drive the unequal opportunities for women, underrepresentation and unfair division of labour in the AU structure, leading to unequal power dynamics between men and women in the organisation.

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[43] Interview number 2 with a member of staff at the AUC on 17th February 2020

This situation creates a gendered reality that tilts the power dynamics towards men at the expense of women. This denies women the power to contribute to agenda setting in policy processes leading to male-defined interests and priorities (Acker 1992; Franceschet 2011). Existing literature also suggests that these dynamics directly affect resource allocation because those in influential positions decide which projects get more resources based on their definitions of what is important and what is a priority. As a consequence, women's roles get less funding on account of being less valued, and because women do not control resource allocation (Franceschet 2011). In the same way that gendered institutions shape thoughts and ideas about women's capabilities and potentials, they also shape the thinking regarding the hierarchy of policy issues within the institutions, undervaluing policy issues that serve women. In these situations, women who have an opportunity to sit in an influential role fail to be effective in advocating for women firstly because they are outnumbered, and secondly because women's issues are considered trivial and women who defend women's interests are considered petty (Franceschet 2011).

The gendered situation that obtains in the AU as discussed in this chapter aligns with conceptual discussion in Chapter Two that gendered institutions affect social policy design and delivery by compromising decision-making on policy priorities, strategy designs, and resource allocation (Waylen 2017; Benedict 2008; Lowndes 2020; Kenny 2014; Mackay et al 2010; Acker 1992). Understanding the gendered nature of the AU provides insight that in most situations, women are excluded from social policy processes which produces unbalanced views due to the lack of women's voice in the processes. This exclusion of women contributes to undermining the processes and the outcomes. This suggests that an additional explanation of why social policy has not been adequately effective in the AU and its member states is because the processes exclude women and contents do not adequately address their concerns. This conclusion helps set the basis for analysing the AU's reproductive health policy in the next chapter. The next step for this thesis is to analyse how the AU's SRH policy design and delivery is shaped by the underlying gendered institutions of the AU. The aim for that discussion to explore the extent to which the AU's gendered character compromised the process and the content of its SRH policy and in what ways.

5.5 Conclusion

Gendered institutions were defined in Chapter Two as underlying rules, norms, beliefs, practices and systems that shape power dynamics and social structures in gendered ways (Acker 1992; Waylen 2014). This chapter has discussed that the AU is a gendered organisation, characterised by gendered institutions have shaped the reality of gross underrepresentation of women, unequal opportunities for participation in AU structures and gendered division of labour which relegates the few women in the AU to non-influential roles, and undervalues their contributions and capabilities. This gendered environment in the AU tilts the power dynamics towards men and weakens women's influence in policy process and outcomes leading to biased priorities, ineffective strategies and inadequate resource allocation to women's policy interests. The chapter has further argued that the underlying gendered institutions of the AU are deeply embedded in its institutional framework that they and their effects on the organisation's processes and outcomes are considered normal.

The chapter has also argued that these gendered institutions that drive gender injustice in the AU shape its policy processes and outcomes in gendered ways, benefiting men more than women and widening gender inequalities. This observation provides insight into the role of gendered institutions on the performance of the AU's social policy and motivates for further exploration on the role of the gendered institutions in undermining its reproductive health policy processes and outcomes in the AU. This chapter builds a step towards answering the research question which aims to explain why reproductive health policy in Africa is ineffective by highlighting the role of gendered institutions in policy performance. The next chapter (six) builds on this conclusion to analyse the extent to which the development process and the contents of the Maputo Plan of Action (MPoA), which is the AU's policy on sexual reproductive health, was affected by the gendered nature of the AU. The discussion in Chapter Six will bring the thesis closer to answering the research question.

CHAPTER 6: AU's Gendered SRH Policy Delivery – The Maputo Plan of Action (MPoA)

6.1 Introduction

This chapter builds on the conclusions of the previous chapter to develop an analysis that provides insight into why the delivery of regional reproductive health policy in Africa is weak and ineffective, despite having been collectively conceived, designed and adopted by the member states. It does so by taking a feminist institutionalist approach to analyse the development process and the contents of the AU's reproductive health policy – the Maputo Plan of Action (MPoA). The discussions in this chapter apply the term 'policy ineffectiveness' to mean that the policy is ineffective if it does not significantly improve the standard SRH indicators of maternal mortality rate (MMR) and infant mortality rate (IMR) over a period of time. In section 6.5 of this chapter, I make an argument that the MPoA is ineffective because it is gender non-responsive. My basis for concluding that the MPoA is ineffective is drawn from the WHO (2019) report that observed that Africa's MMR and IMR remains very high despite the MPoA being in force since 2006.

Chapter Five concluded that the AU is a gendered organisation because it is underpinned by patriarchal values that create complex underlying structures that drive underrepresentation of women, unequal opportunities and gendered division of labour within the AU structure. The chapter also argued that these gender biases in the AU undermine its policy processes and outcomes by influencing gender biased priority-setting and resource allocation which lead to weak policy design and delivery. This chapter applies this argument to the AU's reproductive health policy, the MPoA, and builds an argument that demonstrates how the gendered institutions of the AU shaped the development process of the MPoA in ways characterised by exclusion of women and gender-aware organisations, leading to a MPoA that it is not adequately responsive to the reproductive health needs of women and girls. The chapter draws from Moser's gender analysis tool number six which assesses gender inclusiveness of policy processes; and Longwe's tool number two complemented by Moser's tools number two and five to assess the gender responsiveness of the policy.

The chapter proceeds as follows: the first part presents the background of the MPoA and then analyses its development process to determine the extent to which the gendered institutions underlying the AU institutional framework may have influenced a gender non-inclusive

process. Gender inclusiveness here is defined within the parameters provided by Moser's gender analysis tool number six which assesses the extent to which a policy process included women and gender-aware organisations. This definition aligns to the conceptual framework of this thesis, which discusses inclusion as an approach where both men and women are equally involved in a process, their perspectives are valued and taken on board and their needs understood and addressed (Girard 2014).

The second part of the chapter assesses the extent to which the exclusion of women and gender aware organisations from the MPoA development process may have led to a gender non-responsive outcome. Gender responsiveness here is defined within the parameters provided by Sara Longwe's gender analysis tool number two which assesses the extent to which a policy or project recognises and responds to concerns of women and girls, complemented by Moser's tool number two and five. This part of the analysis builds on the first part to develop an argument that when policy processes are not gender inclusive, they will likely result in gender non-responsive outcomes which may not be effective in achieving the objectives for which they were developed. The ultimate aim of this analysis is to make a case that gendered institutions drive gender non-inclusive policy processes that produce gender non-responsive policies which are ineffective at implementation level. The discussion in this chapter builds a step towards answering why Africa's sexual reproductive health policy is weak and ineffective despite having been collectively designed and developed by all member states by offering an insight that the problem could be with nature of the policy itself, which if compromised by gendered institutions, becomes ineffective for implementation.

6.2 What is the MPoA?

The Maputo Plan of Action (MPoA) of 2016-2030 is the continental policy framework for sexual reproductive health and rights for the AU and its member states. This framework was developed in response to a call to action by the International Conference on Population and Development (ICPD) held in Cairo in September 1994 which focused on the reduction of maternal and infant morbidity and mortality on the African continent. The United Nations (UN) through the Population Division of the UN Department of Economic and Social Affairs (UN DESA) and United Nations Population Fund (UNFPA) convened this conference (UNFPA 2014). It focussed on the fundamental role of women's rights in population matters and introduced the concepts of sexual and reproductive health and reproductive rights. It had 11,000 participants including 183 governments, UN agencies, intergovernmental organizations, non-

governmental organizations and the media. More than 4,000 representatives of over 1,500 non-governmental organizations from 113 countries attended the independent NGO Forum which was held in parallel to the official conference. The conference was said to have been successful in bridging the North and South, East and West in matters of population and development (UN 1995 Report on the ICPD p. 185).

The resolutions of this ICPD were informed by the recommendations of several other international conferences on population and development that preceded it, including the World Population Conference held in Bucharest in 1974, the 1984 ICPD held in Mexico City, the World Summit for Children (1990), the UN Conference on Environment and Development (1992), and the World Conference on Human Rights (1993). Due to its high international profile and its cutting-edge evidence on the link between women's empowerment and reproductive health, the ICPD of 1994 informed several global agenda including the World Summit for Social Development and the Fourth World Conference on Women, both held in 1995, and the Millennium Development Goals (2000-2015). On the African continent, ICPD's influence led to the development of the Maputo Plan of Action as a continental framework for comprehensive sexual reproductive and rights.

To set a foundation for the development of a continental rights-based SRHR policy framework, the AU moved to develop a legally binding instrument that guards women's rights on the continent – the Maputo Protocol. This is a women's rights protocol to the African Charter on Human and Peoples' Rights (ACHPR). The protocol was drafted in 1995, signed in 2003 and became effective in 2005. It lays the foundation for the women's rights legal framework in Africa. It recognises the value of women based on principles of equality, peace, freedom, dignity, justice, solidarity and democracy. The protocol commits African states to combat all forms of discrimination against women through the drafting and implementation of legislative, institutional and policy measures in a determined effort to ensure that the rights of women are promoted, realised and protected for the realisation of their human rights (Viljoen 2009). The Maputo Protocol is consistent with the United Nation's Convention on all forms of discrimination against women (CEDAW) of 1979. Its value-addition is that as an African Protocol, it mobilises for African-driven commitment to women's rights, which include sexual reproductive health as an African agenda, by addressing contextual and cultural barriers to women's rights (Sigsworth and Kumalo 2016). It also extends to the right to health especially reproductive health for rural women and girls. Viljoen (2009) further argued that this protocol

was the first treaty to provide a legal framework for circumscribed medical abortion and women's protection from HIV infection. The protocol responds to the ICPD of 1994's call to action for comprehensive SRHR grounded in human rights, gender equality and protection of women's dignity (Viljoen 2009). A part of the protocol reads:

> *NOTING that women's rights and women's essential role in development, have been reaffirmed in the United Nations Plans of Action on the Environment and Development in 1992, on Human Rights in 1993, on Population and Development in 1994 and on Social Development in 1995[44].*

This part of the Maputo Protocol acknowledges the 1994 ICPD conference as one of its underlying motivations. The contents of the protocol also carry the resolutions of the ICPD by emphasising the value of women's rights in sustainable development, and the need to tackle reproductive health from human-rights-based and gender-sensitive perspectives.

After the Maputo Protocol was signed by the AU member states in 2005, the Heads of States summit of the same year then commissioned the development of a continental policy framework for SRHR. This process culminated into the development of the MPoA of 2006 – 2015, which was later extended for the 2016 – 2030 period. While the Maputo Protocol looks at a broad range of women's rights issues, the MPoA specifically focusses on SRHR. The MPoA extracts the SRH-related content of the Maputo Protocol and develops it into an SRHR policy framework for the continent. All member states therefore who signed the Maputo Protocol are automatically a part of the MPoA, and are expected to report on their progress on the implementation of the MPoA as part of their accountability on the Maputo Protocol to the AU.

6.3 The MPoA development process

The African Heads of State and Government mandated the African Union Commission (AUC) in collaboration with the Africa Regional Office of the International Planned Parenthood Federation (IPPFARO) and UNFPA to lead the MPoA development process. The first step was the organisation of a number of sub-regional consultation meetings to collect ideas and aspirations for the development of the draft policy. Informed by the outcomes of the

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[44] Maputo Protocol, African Union Commission 2006, page 2.

consultative meetings, the AUC Department of Social Affairs in collaboration with the UNFPA and the IPPFARO facilitated the drafting of the policy framework with clearly planned strategies and costed them for the period of 2007 to 2015. The Draft document was reviewed by the Specialised Technical Committee on Health, Population and Drug Control, adopted by the Executive Council and endorsed by the Heads of State and Government Summit of 2006.

The expiry of the MPoA 2007 - 2015 also coincided with the AU's plan for Africa's structural transformation in the next fifty years *"Agenda 2063: The Africa We Want"*. After a comprehensive review of the MPoA 2007 – 2015 which was conducted in the context of the seven aspirations of the Agenda 2063, a revised Maputo Plan of Action 2016 – 2030 was adopted. The thesis assesses the extent to which this process was gender inclusive. It applies Moser's tool number six for the assessment. This tool assessed two types of inclusion as shown in the table below:

Tool	Description		Issue
Moser Tool 6 - Involving women and gender aware organisations in planning	(i)	analyses how well the process included women, and their input	Level of exclusion of women in consultations, drafting, reviewing and adopting the MPoA
	(ii)	assess how well the process involved gender aware organisations and planners	Extent to which the criteria for selecting participating organisations and experts considered their gender expertise and awareness.

Table 4: *Tools for analysing gender inclusiveness*

The MPoA development process started with the commissioning of its development by the Assembly of the African Heads of State and Government in October 2005. While this was a positive action by the AU's Assembly, the lack of women on the Assembly raises questions of legitimacy of a decision made for women by men (Acker 1992; Lorber 1994; Kenny 2014). Of course, it is good that the policy was birthed at the highest level of the AU, the Assembly, to

demonstrate high-level political commitment. While it can be argued that African women advocated for this to the Assembly, there is also a possibility that this issue was an international agenda, which the African leaders just followed through to be seen to comply. This is not a negative implication in itself, because of course one of the purposes of international collaboration is to motivate for positive peer influence (Söderbaum 2012). However, the exclusion of women at this high level is concerning because it gives men the power to decide how women should be included and how far to go on the SRH agenda. This situation also connotes the approach of men thinking for women, choosing for women and providing for women. This approach to policy making normalises exclusion of women in decision-making processes which has dire consequences for women's lives and development in general.

Meaningful inclusion of women at the conception stage in policy formulation is important because as argued by Bianculli (2018), the quality of the policy is determined at this stage. If a process normalises exclusion of women at this early stage, it risks sustaining this trend throughout the process, and if certain important aspects are overlooked at this level, it may be difficult to correct them. This argument emphasises the need for gender inclusive beginnings to a policy process such as the MPoA to ensure that motivations and intents are in the right place for impact. An all-male platform responding to an international call for acceleration of women's reproductive rights risks taking superficial and tokenistic actions just to appear responsive to the international agenda. However, if the other processes following on from this this step are adequately gender inclusive, the impact of gender non-inclusiveness at this level, though worth noting, could be diluted. The actual drafting of the MPoA was informed by the outcomes of the continent-wide consultative meetings which took place in all the African sub-regions, facilitated by the AUC DSA in collaboration with UNFPA and IPPFARO. An interview with IPPFARO indicated that these consultative meetings were not adequately gender inclusive as there were few women represented in the consultative meetings. An interview with an official at IPPFARO highlighted that:

> *"The problem was that nominations of participants were done by member-states. The member states considered the participation in the consultation meetings as prestigious international travel opportunities. Because of the prestige, men were interested and took up most of the spaces to travel for these meetings. As IPPFARO, we could not interfere with the decisions on who the member states selected to attend. There were*

definitely some women in attendance, yes. I would say on average women made 20%
of the participants[45]."

This quotation articulates the culture of marginalisation of women and male dominance that is demonstrated by the suggestion that men took an upper hand to attend consultative meetings on SRHR for prestige's sake. It however does not negate the fact that having some women in attendance during the consultative meeting was a positive feature, although they were grossly outnumbered, and their participation could have been compromised by that (Franceschet 2011). Action Aid expressed further concerns on the consultative process:

IPPF only invites their members to such events, it is not representative of civil society
organisations on the continent. So for us, we are here in Addis Ababa and we work on
women empowerment and reproductive health, but we did not know that there
consultations for civil society on women's rights going on.[46].

The sentiments from Action Aid raise another issue of underrepresentation, suggesting that the 20% women's representation given by IPPFARO was not representative of all categories of women that should have been represented. While not all women can be consulted, a rounded representation of all categories of women would work better as views and needs of women are not homogenous, just as 'women' are not a homogenous group. Van Der Vleuten (2016) cautioned with regards to regional gender governance that it is difficult to assess the impact of policies that tend to construct women as a homogeneous body, because women and their positions in society are so diverse and the effects of similar challenges on their lives are different as is the effect of the same interventions and/or policies. This observation brings out two problems of gender inclusivity at this stage of the MPoA development process. Firstly, that men grossly outnumbered women and secondly that some categories of women were left out due to non-affiliation to the convening organisations. Both of these situations create inclusivity problems for the MPoA process. As Franceschet (2011) argued, being outnumbered creates situations where in some cases women are either unable to speak out for fear of being considered petty, or they are drowned out unless they play to the gallery of the majority. Joan Acker (1992) argued that underrepresentation is a key feature in gendered institutions, where men are in control of the narrative and they decide which opportunities to give to women. Secondly, the question of which groups of women get represented is equally an important issue

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[45] Interview number 18 with a programme manager at IPPFARO on 27th February 2020.
[46] Interview number 14 with a programme manager at Action Aid Ethiopia on 25th February 2020

as the needs of women are different depending on factors that define them be it socio-economic status, rural/urban divide, age among other factors. This raises concern on how the policy would be comprehensively responsive to the needs of women and girls in Africa.

The Specialised Technical Committee (STC) on Health, Population and Drug Control conducted the review of the draft policy. The STC submitted the document to the Executive Council for approval, and then the Executive Council submitted to the AU Assembly for adoption and signing. As discussed in the previous chapter (five), these structures are gendered, characterised by gross underrepresentation of women.[47] A process that failed to meaningfully and fairly include women at consultative level and was drafted, reviewed, approved and adopted by structures that largely exclude women, is not gender inclusive. While it can be argued that as an AU policy, it had to go through the AU structures, and not parallel structures and hence it was expected that women would not be well represented in the process, the situation of exclusion is not justified by the technicalities of the exclusion. Extra concern is drawn from the fact that the process went on and was concluded without women's fair inclusion; and the low representation or participation of women was not highlighted as a drawback to the process. This can be interpreted that women's participation and their opinions were not valued in this process. This is characteristic of gendered institutions that are deeply entrenched that they blind consciousness to gender injustice. Commenting on this under-representation of women in the development process of the MPoA, a member of staff at the AUC indicated that:

> *"During team composition for drafters, there were fewer women with requisite skills to be included. But efforts were made, so we had some women on the team although it was not 50:50 with the men. But the consciousness to include women was there guided by the AU's own gender policy to ensure gender parity in all our operations.[48]"*

Commenting on this claim, a former member of ACBF explained:

> *'I was at ACBF when these processes were happening, and we were funding some organs of the AU at that time, so I closely followed the events. It is not true that there were no women to include. I know some women who were relevant because of their positions and also their qualifications who were not involved in this process. It seemed*

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[47] Interview number 38 with a member of the PRC on 12th December 2020.
[48] Interview number 3 with a member of staff at the AUC on 17th February 2020.

to me that the people developing the MPoA already knew what should be included in the policy. They were conducting consultations to legitimise the process. But as an outsider and a funder, I could not influence those decisions, I advised inclusion of more women and also consultation of a wider range of gender aware NGOs, that's the best I could do. I wouldn't say that my advice was taken seriously[49].'

The debate presented by these quotations demonstrate that while the AUC justifies exclusion of women because there were no qualified women available, other views consider this as just an excuse underpinned by gendered institutions which normalise exclusion of women. This is typical of the gendered nature of the organisation which assumes that women are not capable and that progress can take place without them. Secondly, these sentiments suggests that women and gender aware NGOs were not adequately included to make significant input into the document.

When the MPoA 2007 - 2015 expired in 2015, the AUC reports that a comprehensive review of its implementation, achievements, challenges and gaps was conducted to inform the post-2015 direction of the continental SRHR policy response. The review was done in the context of the seven aspirations and six main strategic pillars of Agenda 2063 – *the African we want* and the Common African Position respectively. From this process, a revised MPoA (2016 – 2030) for the operationalization of the Sexual and Reproductive Health and Rights Continental Policy Framework was developed. A member of the AUC Department of Social Affairs explained:

"This review process was commissioned by the Executive Council who made a recommendation to the Assembly of Heads of State and Government to renew the MPoA and extend it from 2016 to 2030. I think this approach helped us to continue having an SRH framework in place and to avoid a gap between the old policy and the new one, so this was done quickly.[50]."

IPPFARO held a perspective that it was good that the AU did not leave a gap between MPoA I and MPoA II because the gap would compromise the efforts that were already underway by undermining momentum:

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[49] Interview number 48 with a former member of the ACBF on 17th January 2021
[50] Interview number 1 with a member of staff at the AUC on 17th February 2020

"You know it has not been easy advocating for some of the components of the MPoA to the AU structures and the member states. For example, issues of comprehensive sexuality education for adolescents, access to safe abortion and the issue of sexual minorities. So, having a policy framework in place helps us to continue engaging. So, if one policy expires and there is nothing for a year or two, it would have negative effects on the progress we are making. So, yes, the move to review came from the AU but we welcomed it[51]."

Action Aid-Ethiopia commented on the MPoA review process:

' we didn't even know that there was a review process going on, and we are based here in Addis, we run programmes for women, so we are the intended users of this policy, we should have been consulted, but we didn't know about it[52].

To explain this gap, IPPFARO as the organisation that was mobilising civil society explained:

'as IPPFARO, we have our own country chapters of IPPF and those are the ones we mobilised, so yes, we had NGOs represented and consulted, but they were from the IPPF network. We used our own funding to support the AU in this process so we could not extend it to everyone[53].'

These interviews show that there was efficiency within the AU to ensure that there is a policy in place but that in the process, some important steps were overlooked. While efforts were made to consult some stakeholders, other equally important stakeholders, especially those who could not financially support the process were left out. The process fell short of inclusiveness and led to an elitist process with potential to undermine the quality of the product and its effectiveness. Additionally, the sentiments from IPPF that they financially supported the process by sponsoring civil society participation demonstrates that while the AU showed high-level commitment to the MPoA by ensuring that the renewal was done quickly, they did not show fiscal commitment to invest in the process and ensure an inclusive process. As a result, the partners who could finance the process determined who would be involved.

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[51] Interview number 18 with a programme manager at IPPFARO on 27th February 2020.
[52] Interview number 22 with a member of staff at Action Aid – Ethiopia on 3rd March 2020
[53] Interview number 18 with a programme manager at IPPFARO on 27th February 2020.

There are gains to this efficiency that must be acknowledged. Having a policy in place supports programme implementation and enables budget allocation. When there is no policy, decision-makers can use that as a justification for not allocating any resources to the proposed interventions. However, if the policy is not responsive, it is equally problematic because resources can be allocated and interventions implemented without achieving the desired impact. In the case of the MPoA, a positive action was taken but without following inclusive procedures, thereby risking a non-responsive and ineffective policy. The fact that this process advanced, concluded and was deemed successful, without acknowledging exclusion of women as a setback confirms lack of value for women's contributions in the development of the MPoA which is meant to serve and empower them. Bianculli (2018) noted that sometimes policy processes are ineffective because they use formal procedures and rules under the shadows of the informal politics which directly undermine the outcomes. The informal tends to have a strong effect although in most cases remains undetected. In the case of the MPoA, it can be said that while its development process and its review followed formal processes, they were influenced by informal cultures of patriarchy and gender discrimination, which beleaguer the AU.

A conclusion therefore can be drawn that the MPoA development process was not gender inclusive because the process was not intentional about fair representation of women and gender aware organisations, and lack of their input was not considered a setback to the process. There were situations where women were involved but in smaller numbers that would not have made significant influence on the process. The next section of this chapter will assess the gender responsiveness of the policy that came out of this gender non-inclusive process to assess the extent to which exclusion of women and gender aware organisations from the process undermined the quality of the outcome.

6.4 How gender responsive is the MPoA?

The MPoA's purpose as set out in the resolutions of the ICPD of 1994 that conceived it and the Maputo Protocol that grounded it, is to deliver a women's rights-based sexual reproductive health response that is responsive to the needs of women and girls in Africa. Alyssa Benedict (2008) explained that gender responsive policy making entails being guided by the specific needs of women and girls, which arise from the factors of their socialisation, psychological development, strengths, vulnerabilities and unique needs of women which are different from those of men at every level of policy making or service delivery. The lived experiences of

women and girls, their actions and reactions to the society, the society's actions and reactions to them, as well as their ethnic and cultural identities generate gender specific needs for women and girls which social policies must address. A policy that is gender responsive is therefore effective in achieving its objectives because it addresses these gendered needs (Mackay et al 2010; Kenny 2014; Waylen 2014; Acker 1992).

The gender analysis of the MPoA therefore assesses the extent to which its strategies are intentional in responding to the physiological, socio-cultural, socio-economic, socio-legal and psychological factors that affect women and girls. The analysis applies a gender analysis tool number two from Sara Longwe's Gender Empowerment Framework complemented by Moser's tool number two and five to define the parameters of gender responsiveness that are used in this discussion.

Sara Longwe's Empowerment Tool 2 - Level of recognition of women's issues (defined as concerns of women from women's perspectives): This tool enables the thesis to assess the how well women's concerns were recognised and addressed in the MPoA. Guided by this tool and using the definition of gender responsiveness presented above, this analysis assesses the MPoA strategies at three possible levels responsiveness. The Negative level (gender blind), the Neutral level (gender neutral) and the Positive level which is gender responsive. (More details of this tool are in Chapter Four).

Moser Tool 2 - Gender needs assessment: This tool emphasises the analysis of gender needs to inform policy and practice. The tool argues that women's roles in society and their subordinate position create needs that are different from those of men and must be addressed accordingly. (More details of this tool are in Chapter Four).

Moser Tool 5 - Distinguishing different aims in interventions: This tool examines approaches used in projects, programmes or policy implementation to determine the inherent weaknesses, constraints, and possible pitfalls that make it non-responsive to gender. It encourages users to consider how different interventions transform the subordinate position of women. (More details of this tool are in Chapter Four).

To assess the MPoA's gender responsiveness, the thesis examined its key elements to determine if they are adequately gender responsive. They elements that were assessed were: the inception of the process to determine if it had a gender responsive grounding (Bianculli

2018), its nine strategies to assess their gender responsiveness and its target population to assess if the MPoA was design to target relevant population. The assessment of these aspects formulated an opinion on the extent to which the MPoA is gender responsive.

6.4.1 MPoA aspects which are gender responsive

After analysing the key components of the MPoA, the assessment found that the MPoA's inception and two of its nine strategies are gender responsive, while the seven strategies and its target populations are not. The MPoA's inception was gender responsive as seen from the objectives, content and resolutions of the 1994 ICPD which conceived it. An excerpt from the UN's 1995 report on the ICPD of 1994, which birthed the MPoA, highlights that it was motivated by the following points:

> *"7.34. Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives. Equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body, require mutual respect and willingness to accept responsibility for the consequences of sexual behaviour. Responsible sexual behaviour, sensitivity and equity in gender relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women.*
>
> *7.35. Violence against women, particularly domestic violence and rape, is widespread, and rising numbers of women are at risk from AIDS and other sexually transmitted diseases as a result of high-risk sexual behaviour on the part of their partners. In a number of countries, harmful practices meant to control women's sexuality have led to great suffering."[54]*

These excerpts from reports on the ICPD of 1994 demonstrate positive recognition and response to the gendered needs and concerns of women and girls. As the MPoA is grounded in the ICPD, its conception was gender responsive. However, this was only the initiation stage and it is not enough to make the MPoA gender responsive. The gender responsiveness of the MPoA further depends on how well this initial stage led to the development of gender

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[54] United Nations, 1995. Report of the International Conference on Population and Development Cairo, 5-13 September 1994, Page 48.

responsive strategies. Based on the analysis conducted by this thesis, only two (strategy number two and strategy number three) of the MPoA's nine strategies are gender responsive. Strategy number two for instance provides for instituting health legislation and policies for improved access to comprehensive reproductive health services including Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH). An excerpt from this strategy reads:

> *This will involve removal of legal, regulatory and policy barriers limiting women, men, young people and adolescent's access to SRH commodities, programmes and services; streamlining legislative frameworks, policies and operational strategies that govern partnerships and collaborations in the health sector; enacting, reviewing and enforcing laws that prevent early and child marriages and ensure access to safe abortions1 in accordance with national laws and policies[55].*

This strategy is important and gender responsive because some SRH needs of women in Africa are restricted by unfavourable legal frameworks, which are influenced by the deeply entrenched patriarchal values on the continent. Removal or reformation of such laws would enable planners and service providers to have legal basis for including services that are currently unavailable or inadequate such as safe abortion care services, contraception and family planning and comprehensive sexuality education services, among others. Further such legal reforms would also facilitate removal of harmful practices such as female genital mutilation, wife inheritance and child marriages which are entrenched by patriarchy. However, removal of restrictive legal frameworks is only a starting point as it does not automatically lead to service provision (Lorber 1994). An interview at Common Market for East and Southern African secretariat (COMESA) indicated that:

> *"Due to the deeply entrenched patriarchal cultures on the continent, gender responsive legal reforms are easily pronounced at regional level to appease the international community. At regional level, they remain non-binding because the AU is not supranational. In fact regional pronouncements are useful to our politicians because they demonstrate to donors that they are taking the right actions when in fact there is no commitment to follow through with them."[56]*

This situation was also confirmed by IPPFARO in an interview:

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[55] MPoA 2016 – 2030, page 11.
[56] Interview number 28 with a member of staff at COMESA on 6th December 2020

'The problem we have with our member states is that they approve these things at the region, but they do not change their domestic laws to enable implementation. Currently, comprehensive sexuality education is still highly contested because in some member states it is illegal, same with safe abortion. At regional level, the treaty was adopted and signed, and the plan of action was developed but no implementation, sometimes just partial implementation. The AU cannot force member states to implement because again there is sovereignty to be respected. And for us, planning for interventions that are considered illegal at country level is impossible. We plan and set our targets based on the MPoA, then at country level, we are confronted with domestic laws that are not consistent with the regional instruments[57].'

Further explanation from IPPFARO was that:

'The member states approved this provision in the MPoA in 2006, but there has not been much commitment to enact these favourable laws at country level even today. Issues of child marriages have been straightforward and there is progress in addressing them, but issues of safe abortion, comprehensive sexuality education and sexual minorities' issues are still pending, and yet our leaders use the MPoA to demonstrate that they are addressing these issues[58].'

This sentiment suggests that this strategy though it is gender responsive, is not effective on its own because there is no commitment from member states. Van der Vleuten (2016) also made a similar observation that sometimes regional organisations adopt non-legally binding agreements at regional level when it comes to gender governance demonstrating weak regional commitment as implementation is not guaranteed. This is characteristic of gendered institutions as they tend to undervalue interests and concerns of women and girls.

The second strategy of the MPoA that is gender responsive is strategy number three which provides for ensuring gender equality, women and girls' empowerment and respect of human rights. This strategy is gender responsive because it advocates for improving the status of women and girls in society by addressing factors that create inequality between men and women and exacerbate women and girls' vulnerabilities. One of the sure ways of addressing reproductive health challenges for women is to address the inequality and power imbalance

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[57] Interview number 18, a programme manager at IPPFARO conducted on 27th February 2020.
[58] Interview number 18, a programme manager at IPPFARO conducted on 27th February 2020.

between men and women. However, as a strategy for the MPoA, it is weak because it is not directly responsive to SRH. An SRH strategy would be effective if it is unapologetic about addressing SRH-related gender issues. As it is, the strategy risks losing track of SRH issues in the process or only addressing SRH by chance. It is ineffective to leave the response to SRH challenges facing the continent to chance, especially in a policy that is created to address SRH. Undoubtedly, general gender equality interventions would indirectly improve some SRH issues for women and girls, but that is not for an SRH policy. As an SRH policy, the MPoA, would be more effective if its strategies were specifically addressing SRH from a gender perspective, than to address gender inequality with the hope of alleviating some SRH issues in the process. As it is, from its phrasing, this strategy would be difficult to measure any improvements in the SRH because its indicators would be measuring gender equality, and not how gender equality is achieving positive change for SRH.

6.4.2 MPoA strategies which are gender blind and therefore gender non-responsive

There are three strategies in the MPoA, which though responsive to SRH, are gender blind because they overlook the fact that women and girls are disproportionately more vulnerable to SRH challenges than men and boys. For instance, strategy number four on improving SRHR information, education and communication is important for realisation of comprehensive SRHR, but the way it is presented in the MPoA is gender blind. It reads:

> *Improving SRHR information, education and communication through: the institution of effective behaviour change communication and information sharing mechanisms that promotes RMNCAH; targeting adolescents and youth (both in and out of school) with age appropriate and culturally sensitive comprehensive education on sexual and reproductive health that involves parents and communities; promotion and facilitation of communication among health care providers including peer educators at various levels; widely disseminating information on RMNCAH; and promoting community mobilization for and participation in RMNCAH, with a special focus on the involvement of men[59].*

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[59] MPoA 2016 – 2030, page 6

This MPoA strategy adopts a homogenous approach for male and female adolescents and does not demonstrate deliberate target of women's gendered information needs. Furthermore, it does not provide for addressing barriers to accessing SRH information by women which would inform developing interventions that uses women-friendly information channels and women-specific information needs. Emphasising the importance of SRH information for women, one of the health Advisors at FCDO in Ethiopia explained that:

> *When women do not understand these services and their implications, they do not know the options they have. When women know, they sometimes manage to go to the service centres on their own to access services without disclosing to their partners who aim to control their SRH choices. I think we should reach a level where they can be open about it, but in the current environment, it is good enough if they access the services secretly. But they can only do so if they have adequate information about services and their implications. For example one of the leading causes of maternal deaths here is unsafe abortion. While safe abortion services are available, women do not know where to access these services or who to ask. No one talks about it because of the stigma around it[60]."*

Another example shared by IPPFARO:

> *"Sometimes women have taken some SRH measures without understanding their full implications, but because their husband or partner decided they do so. I know a young woman whose partner took her for tubal ligation, and paid for it, because he did not want her to get pregnant. But she did not know that this procedure she got was permanent. These things happen. We need information out there, but when we advocate for CSE, our politicians think we are championing gay marriage and they oppose it without taking time to understand what we are saying. Sometimes young women have had to procure unsafe abortions without knowing the full extent of consequences and risks, when safe abortion services are available because of lack of knowledge of their SRHR[61]."*

The example by IPPFARO highlights that lack of information about services expose women and girls to violations of many forms. When women understand their SRHR and they know

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[60] Interview number 23 with a health advisor at FCDO – Ethiopia on 3rd March 2020.
[61] Interview number 18, a programme manager at IPPFARO conducted on 27th February 2020.

about existing services, they can best make better choices for themselves and avoid unnecessary and preventable SRH-related deaths and injuries for women. The Health Advisor at FCDO Ethiopia further shared another complication that is caused by this lack of adequate SRH information:

> *Another challenge here is caused by the health workers themselves. Because of our cultural belief that family planning is not good for the body, health workers discourage the women from accessing contraception, and they do not give them the options. If a woman demands for it, they do not deny her, but they do their best to talk them out of it. Those who do not know are carefully counselled against it. So we need women to be knowledgeable about these things and confident about what services they need so that they can demand services[62].*

While the need is clear, it is also important to note that channels of SRH information that are effective for women may not be the same as those that work for men. In addition, the information that women need may be different from the one men need depending on their vulnerabilities. This is why it is important to be specific in the MPoA strategy on the information needs of women and girls. This would guide programming on CSE to be more effective.

Another MPoA strategy that is responsive to SRH but is not gender responsive is strategy number five on investing in SRHR needs of adolescents, youth and other vulnerable and marginalized populations. This is a good strategy because it addresses access to SRH services and identifies a clear demographic as the target population. However, the strategy does not acknowledge that girls are disproportionately more vulnerable and that their needs are different from those of boys. The strategy is left open to interpretation by the implementers to decide what the needs of adolescents are and to decide how gender responsive they can be. While both boys and girls have SRH needs, girls are disproportionately more affected than boys, therefore, it would be helpful to make the strategy intentionally more gender specific in order to address the needs of the girls proportionately equally with those of the boys. Such specificity would also ensure that the development of interventions that address the vulnerabilities of girls, accompanied by indicators that are specific enough to identify gendered progress in

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[62] Interview number 18, a programme manager at IPPFARO conducted on 27th February 2020.

implementing the strategy and resource allocation for those interventions. Targeting adolescents as a homogenous group negatively affects girls who needs more investment due to the nature of their SRH vulnerabilities and challenges (Van der Vleuten 2016). Such gender-blind approaches disadvantage the most affected as they are expected to move at the same pace with other groups who are less burdened or less vulnerable (Waylen 2014; Benedict 2008). An opinion from Action Aid in Ethiopia highlighted that:

> *"It is not a problem that the strategy targets adolescents as a block, because it is clear that SRH issues affect girls more than boys so girls will automatically receive more investment[63]."*

Although more girls are automatically reached than boys, being gender responsive is deeper than the outreach numbers (March et al 1999). It entails addressing gendered barriers and this may not be achieved just by targeting them but identifying gendered barriers to information access, as well as gendered information needs based on gendered vulnerabilities and deprivations and designed responsive strategies based on these needs (Kenny 2014; March et al 1999). It may also entail targeting boys as allies, which can only be achieved through gender responsive interventions that clearly identifies the vulnerabilities.

Strategy number nine on increasing health financing and investments in the MPoA is also gender blind. Increasing health financing is a positive starting point because increased health financing leads to stronger health systems, facilities, services and products. However, the strategy assumes that increasing health financing automatically increases financing for reproductive health needs for women and girls which is not the case. An interview with Ipas in Zambia shared that:

> *In 2011 and 2012, Zambia's health budget increased to up to 11% of the national budget from 7%. But even then, access to contraception, medical abortion drugs and fistula repairs did not receive any budget. These remained dependent on donor projects directly financing them, because they were not considered a priority by the health planners. But you see, there are people at the end of the line waiting for these services, that's where the problem is[64].*

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[63] Interview number 22 with a member of staff at Action Aid. 3rd March 2020

[64] Interview number 39 with Ipas Executive Director in Lusaka on 12th December 2020

The sentiments from Ipas Zambia confirm that increased health budgeting does not automatically increase SRH funding. Not specifically mentioning SRH needs of women in a financing strategy leaves gender responsiveness to chance, and to the mercy of the decision-makers who in this case operate in a gendered environment that already undervalues the needs of women. A blanket statement to increase health financing runs a risk of overlooking the already deprived specific needs of women and girls. The strategy would be gender-responsive if it calls for increased financing for the gendered needs of women which are currently disproportionately underfunded. These needs could be identified following a gender needs analysis. As a member of the women's movement in Zambia explained:

> *"the challenge is the casual approach to women's reproductive needs, such that you find items such as contraception, or medical abortion drugs not featuring on the essential drug list, and women who can afford, buy at higher cost, while the majority return home unserved. The stock outs for contraception are very common, and there is usually only one type of contraception available, so you either get that one or wait for a cycle or two before your preferred one is available, and at that time, it will also be the only option available, so the women who prefer the one you didn't prefer, will either not be served or be forced to get the different one. This gaps lead to high levels of unsafe abortion leading to preventable injuries and deaths.[65]"*

Interviews with some organisations including IPPF, PLAN International, NGOCC, PPAZ highlighted that specific needs of women and girls are disproportionately under-provided for such as access to contraception, cervical cancer screening, safe abortion care, fistula repairs among others which justifies the need for gender responsive budget allocation. For instance, Planned Parenthood Association of Zambia said:

> *"I am sure you've already been told, the biggest challenge with SRH for us is limited budgets. The ministry acknowledges that there are certain specific needs of women and girls which do not make it into the budgets, and some which make it into the budget but with up to fifty percent under-budgeting. Some of those products and services are only available through donor funding when there is a project and once the project ends, the*

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[65] Interview number 57 with a member of the women's movement, in Zambia. 21st January 2021

service also ends, while others are just unavailable. As a nurse, I feel as if I am failing when I send people away because we are unable to offer such services[66]."

Another example of this situation was shared by a gynaecologist at a provincial hospital in Katete District, Eastern Province of Zambia:

"From 2010 to 2019, our hospital performed 11 fistula repair surgeries on the local women from the surrounding community. We had a visiting consultant who would come and perform the repairs. But in 2020 alone we repaired 280 women, you know why, because one of our doctors was trained on the procedure and he performs it locally. I am convinced that when word goes around that the service is now offered by a resident gynaecologist right here, more women will come for it. So, low numbers accessing a service does not always mean the need is not there, sometimes it is because the service is not available. Investing in training personnel and also providing adequate surgical supplies will be useful, sometimes we run of supplies, even syringes for drawing blood[67]."

The comment of the gynaecologist above demonstrates that SRH requires targeted increased health financing. A gender responsive policy would do well to be clearly intentional about gender responsive budgeting in SRH. The take away from the analysis of this strategy is that gendered needs of women and girls require specific and targeted increased financing, to address the disproportionately underserved areas, and not a general and gender blind increase in health financing, which may increase areas with less need, if the decision-makers do not consider women's specific needs as essential. March et al (1999) argued that from a rights-based perspective, gender blind approaches to SRH are a violation of women's rights because they entrench inequalities that fuel women's vulnerabilities (March et al 1999).

Some scholars including Blanc (2001) and Glasier et al (2006) also observed that the reproductive health as a gendered issue calls for interventions that specifically address the needs of women and girls, not only by providing services but also by reducing their vulnerabilities, and this can only be achieved through gender responsive approaches. These views are consistent with the resolutions of the ICPD of 1994 on which the MPoA was built and is expected to deliver on. However, the MPoA strategies discussed in this section fall short

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[66] Interview number 82 with a member of Zambia Planned Parenthood Foundation 12th February 2021.
[67] Interview number 65 with a gynaecologist in Zambia. 27th January 2021.

of this standard by failing to identify and address underlying gendered factors that drive women's SRH vulnerabilities.

6.4.3 MPoA strategies which are gender neutral and therefore gender non-responsive

Sara Longwe's gender empowerment framework suggests that being gender neutral entails recognising challenges that women face but not taking any action to address them (March et al. 1999) She differentiated gender neutrality from gender blindness by defining gender blindness as failure to acknowledge that women and girls have different needs from men and boys due to their different gender statuses, while gender neutrality acknowledges the gender differences but does not take action to address them (March et al 1999), refer to section 6.4 of this chapter in Longwe's empowerment tool number two.

There are four MPoA strategies which are gender neutral and therefore gender non-responsive because neutrality entails inaction to address gender inequalities even when they are identified or acknowledged. Firstly, MPoA strategy number one calls for increased political commitment, leadership and good governance and provides for political prioritisation of Reproductive, Maternal, new-born, Child and Adolescent Health (RMNCAH). This strategy would improve SRH policy delivery as priorities and budgets are directly influenced by the priorities defined by the political leadership. However, it is gender neutral because while it recognises RMNCAH as an important challenge requiring political prioritisation, it overlooks the gender aspects that underlie it because although RMNCAH directly affects women and girls, being gender responsive goes beyond acknowledging the issue to prioritising gendered factors around it. Suggesting political commitment in such a superficial way can be interpreted to only address pregnancy related care and child birth which is equally important but only part of the issue. A part of the contents of this strategy reads:

> *This will entail adoption and ownership of the MPoA 2016 - 2030 at the continental, regional and national levels, prioritizing Reproductive, Maternal, new-born, Child and Adolescent Health (RMNCAH) into continental, regional and national development plans, budgets and Policy Reduction Strategic Plans (PRSPs) and holding political*

leaders accountable for attainment of milestones set out in global and regional declarations, policy frameworks and development agendas targeting RMNCAH[68].

As a strategy in a policy that aims to empower women and improve women's rights for effective SRH, this strategy falls short because it is not intentional about addressing underlying gender issues that fuel vulnerabilities of women and girls in the socio-cultural context. It only focusses on RMNCAH service provision which is about pregnancy, child birth and child health. As Dixon-Mueller (1993) emphasised, a reproductive health programme must involve more than just the delivery of maternal and child health (MCH) services or family planning services as conventionally defined, but must be multi-dimensional and rights-oriented. This strategy could be interpreted in a way that ignores pre-pregnancy choices, preferences and rights such as pregnancy prevention, pregnancy termination, the right to make choices and related issues. In its current form, the strategy follows the traditional narrow approach to reproductive health which denies women the power to control their reproductive lives, the very approach that the ICPD of 1994 which birthed the MPoA was moving away from to adopt a broad-based, gender responsive and human rights based approach to SRH. The MPoA was conceived to go beyond the narrow focus of RMNCAH to providing comprehensive SRHR by addressing underlying issues of gender, human rights and women empowerment as drivers of women's SRH vulnerabilities. Implementation of this strategy in its current form can fall short of achieving effective SRH delivery for women and girls because political leaders can easily identify and implement aspects of SRH that they are comfortable with, leading to a patchy response. Without being guided by the specific strategic and practical gendered needs of women, the strategy is likely to fail women, because the patriarchal culture of the regional organisation and patriarchal context in the national institutions of the member states would influence decisions that do not favour women empowerment in SRH (Acker 1992; Mackay et al 2010; Waylen 2014). Considering the patriarchal environment that is prevalent within the AU and its member states, it would be necessary for MPoA strategies to be specific and intentional about gender and SRHR.

The second gender neutral strategy in the MPoA is strategy number six which focusses on optimizing the functioning of the health system and improving human resources for RMNCAH to ensure universal health coverage. By planning to optimise RMNCAH delivery systems, the

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[68] Maputo Plan of Action 2016 – 2030 page 11.

MPoA responds to SRH and there is an implied recognition that it is addressing the needs of women and girls. However, the strategy is not deliberate about optimising the aspects of SRH delivery that respond to sexual rights and sexual choices for women and girls which is cardinal to effective gender responsive and human rights based SRH delivery. As it is, the strategy could be interpreted as respond narrowly to women and girls' needs that arise after they fall pregnant, and ignore issue of sexual rights and choices. To be effective, SRH responses must be intentionally and explicitly human rights based and gender responsive (Dixon Mueller 1993). The strategy could be gender responsive by clearly expressing the gender responsive approach to systems strengthening and human resource enhancement for SRH delivery.

The MPoA also provides for improving partnerships and multi-sectoral collaborations for RMNCAH in its strategy number seven. This strategy similarly acknowledges SRH as a bigger issue for women and girls by focussing on building partnerships specifically for RMNCAH. Partnerships and collaborations with relevant sectors and stakeholders are important for effective SRH delivery Therefore, the MPoA does well in engaging this strategy. However, in terms of gender responsiveness, this strategy is neutral because it is not intentional about fostering partnerships and collaborations with gender aware organisations and planners, or women interest groups and relevant manufacturers and service providers. The strategy assumes that if partners are brought on board to respond to RMNCAH, they will automatically respond in a gender responsive way, which is not the case. This strategy could lead to partnerships that support RMNCAH by ensuring effective maternity care and ignore aspects of sexual rights, sexual choices for women and girls which are the gender responsive and human rights-based aspects of SRH and critical to effective SRH delivery. In this way, the strategy provides for a business as usual approach to SRH when the MPoA was meant to go beyond such a narrow focus. The strategy would do well to specify gender-related or gender-aware stakeholders. Finally, MPoA strategy number eight is equally gender neutral. It provides for ensuring accountability and strengthening monitoring and evaluation, research and innovation. A part of strategy reads:

> *Establishing strong evidence–based integrated national monitoring and evaluation frameworks; implementing or strengthening Maternal, Child Death Surveillance and Response (MCDSR) systems; developing a foundation for baseline data that can be used to track progress; developing/strengthening civil registration and vital statistics*

systems; strengthening national health information systems to collect and publish key
age/sex disaggregated RMNCAH data; investment in research and innovation[69].

The challenge with this strategy is that it is not deliberate about gender responsive indicators that track positive gender change except for using gender disaggregated data. The strategy still focuses narrowly on monitoring maternal and child death which are an important part of SRH but not the complete programme. Gender disaggregated data on its own is not gender responsive. It may demonstrate a gender gap, but it does not take action to address it. In its current form, this strategy could also present a misleading picture by using numbers that are not qualified for example reporting on numbers of women attending antenatal clinics and numbers of safe deliveries, while being unable to capture other gendered or human rights based outputs or outcomes, such as number of women unable to access safe abortion care, or miscategorising post-abortion injuries as child birth injuries because the system is not designed to pick such cases.[70] This overlooks the underlying rights-based and gendered drivers of vulnerability factors, quality of care and services which are also important aspects of comprehensive SRHR. This strategy could improve by demanding accountability and research on gender specific issues that fuel SRH vulnerabilities using gender responsive indicators beyond gender disaggregated data.

6.4.4 MPoA has a gender neutral target population

The MPoA identifies its priority target groups as couples, women of reproductive age, and women beyond reproductive age, men in hard to reach areas, new-borns, children, adolescents, youth, mobile and cross-border populations, displaced persons and other vulnerable groups. This targeting is comprehensive but not specific. For a policy that was developed to address SRH from a gender perspective and grounded in women's rights, this targeting is too broad. Of course a strategy could have secondary targets who are targeted with the aim of improving the situation of the primary target, but in the case of this strategy, it seems to target the whole society as a primary target. The contents on its priority target groups in the MPoA reads:

Reproductive health encompasses the whole life cycle of an individual from birth to old
age, as such SRH and reproductive rights services shall be provided along the
continuum of care to all who need them. Emphasis will be on couples, women of

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[69] Maputo Plan of Action 2016 – 2030 Page 13
[70] Interview number 39 with Ipas Executive Director in Lusaka on 12th December 2020.

reproductive age, women beyond reproductive age, new born, children, adolescents and youth and men in hard to reach areas, mobile and cross-border populations, displaced persons and other vulnerable groups.[71].

While it is true that reproductive health affects couples and everyone else that the MPoA targets, designing an SRH policy meant to be gender responsive that has a broad target group as is the case with the MPoA does not demonstrate gender responsiveness because it is not clear who exactly is targeted. Including women as one of the targets is a positive step, but due to the gendered operating environment, women's needs can easily get overlooks as had been the case prior to the MPoA's development The ICPD recommended a clear focus on women and women's rights for the reason that targeting women along with everyone does not work because the environment is gendered which tends to undervalue women's needs (Manda et al 2021; Ram et al 2020). The gendered nature of reproductive health arises from vulnerabilities of women due to the power dynamics between men and women, which are caused by disparities in physical features and in access to material and social resources (Manda et al 2021; Ram et al 2020; Dixon-Mueller 1993). Broadening the target to couples, and other high risk men who are also targeted by other health programmes could dilute the focus on women's needs which is already weak. With seven of the nine strategies of the MPoA being gender non-responsive, a broad and unspecific target is problematic for effective programming. Against the backdrop of the institutional culture of gender discrimination, a gender-blind intervention left open for implementers to figure out and decide how to make it gender responsive is as good as deciding not to be gender responsive. This part of the MPoA could be improved by being clear on targeting women and categorise the groups of women into demographics of similar characteristics and challenges either by age, socioeconomic status, and rural/urban divide among other characteristics. This would be one way of ensuring gender responsive targeting.

6.5 The MPoA is gender non-responsive and therefore unlikely to be effective

The analysis of the MPoA suggests that this policy is not gender responsive. At its conception, it was meant to be a gender responsive and human rights based SRH policy response for women and girls in Africa. However, it falls short of this requirement. Having started well with gender

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[71] Maputo Plan of Action 2016 – 2030 Page 13

responsive resolutions from the 1994 ICPD and the subsequent development of the Maputo Protocol that set the foundation for the MPoA, the process lost its focus by its failure to be gender inclusive. Some opinions from the interviews conducted during the research attempt to explain the situation:

> *'The challenge I see is that interpreting the ICPD resolutions into actionable SRH strategies was not easy. The consciousness to make the MPoA gender responsive was there but the delivery did not work out. That is why some strategies read well but are not easy to implement in the context of SRH. The vagueness can lead to implementing other things that are not directly related SRH.[72].'*

The opinion from IPPF could be expanded with an observation from Zambia which argues that people who could best define the strategies were not involved in the process. A view on the MPoA from a member of the women's movement in Zambia explained:

> *'This MPoA of yours mentions all the right words, because the AU wants to appear responsive to their funders. So you find that if you read quickly, you get an impression like wow, this document is indeed relevant, gender responsive and human right based, but when you analyse it carefully, you realise that it is vague, that is why most of these strategies have not translated to action on the ground. I think it the MPoA made an effort to consult women and girls and allowed this processed to be led by women groups, it would have been a more responsive policy.[73].'*

The views of the women's movement in Zambia suggest that the people who are meant to be served by this policy do not consider it effective enough for them and they do not own it; they see it as a political tool for policy makers to impress their funders and partners. This could be symptomatic of lack of participation and/or inclusion in the development process and the delivery of the policy. This is one of the main flaws of the MPoA process that have been identified by the stakeholders. The sentiments are that the AU acknowledged gender equality as foundational to effective SRH delivery but fell short in developing a gender responsive SRH policy. Gender politics scholars such as Acker (1992), Benedict (2008) and Franceschet (2011) argue that lack of women's inclusion in any process undermines the quality of the outcomes because it is based on one-sided views which may not be complete. The absence of women in

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[72] Interview number 18, a programme manager at IPPFARO on 27th February 2020.
[73] Interview number 30 with the leader of the women's movement in Zambia on 7th December 2020.

the process could be one of the major factors behind the MPoA's failure to be intentionally gender responsive.

The causal relationship between the process and the product is that as the MPoA process was characterised by acute gender exclusion manifested by how women were marginally represented throughout the process, their interests were not fairly considered. By advancing policy debates for a policy that addresses the reproductive needs of women without women's meaningful participation, the process communicates that women's views are not valued. In this way, the process entrenched the patriarchal views that women cannot decide for themselves what is good for them, they must wait for men to do the thinking and planning for them. The results of such kind of processes are policies that are not responsive and therefore ineffective (Acker 1992; Lorber 1994; Waylen 2014; Waylen 2017).

6.6 Conclusion

This chapter has developed an analysis that the MPoA is not gender responsive. The chapter started by analysing the MPoA's development process using Moser's gender analysis tool number six. It concluded that the process was not gender inclusive because women and gender aware organisations were not adequately and meaningfully involved. While efforts to include women were made, the process seems to have been hijacked by men who considered the MPoA process a prestigious opportunity and either consciously or unconsciously pushed women to the margins.

The chapter then analysed the contents of the MPoA to determine the extent to which the gender non-inclusive process could have resulted in a gender responsive policy using Longwe's tool number two, complemented by Moser's tool number two and five. The chapter found that the MPoA is gender non-responsive as seven out of its nine strategies are not gender responsive. The MPoA therefore falls short of its mandate which was to be a gender responsive and human rights based SRH policy.

The chapter has reflected on the causal relationship between the gender non-inclusive process and the gender non-responsive policy. Using the FI argument, exclusion of women which is driven by gendered institutions leads to non-responsive outcomes, the chapter concluded that that the AU is as a gendered organisation, underpinned by patriarchal principles of gender exclusion and gender discrimination which features both in its formal systems and informal

culture. These gendered institutions influenced exclusion of women from the MPoA development process. The gender non-inclusive policy process created an environment where women and girls could not effectively contribute to the contents of the policy, thereby creating a one-sided policy featuring male defined opinions about women's SRH needs (Van der Vleuten 2016; Acker 1992; Franceschet 2011). The exclusion of women, coupled with the gendered institutions influencing the behaviour of men who lead the AU led to a gender non-responsive policy.

This conclusion raises a further question to be explored by the thesis regarding the extent to which gendered institutions interfere with the effectiveness of the MPoA implementation at member state level. The next chapter will address this question by applying the case study of the AU and the MPoA to a case country, Zambia, a member state of the AU. Specifically, the chapter will assess how the MPoA's weaknesses that are shaped by the AU's gendered institution weaken its ability to drive an effective SRH policy delivery for the member states. The conclusion from this analysis will explain why the reproductive health policy response in Zambia is still ineffective despite being guided by a regional SRH policy that was collectively developed and adopted by all member states to guide effective development and delivery of SRH for women and girls in Zambia and the whole continent. This research will also, through its design and methodology, provide a framework for analysis of similar situations in other AU member states as a methodological contribution to academic research.

CHAPTER 7: Why is the AU's regional SRH policy delivery ineffective at member state level? – The case of Zambia

7.1 Introduction

This chapter builds on the conclusions of Chapter Six to explore the impact of the gender non-responsiveness of the MPoA on Sexual Reproductive Health (SRH) programming for the member states using Zambia as a case country. (Chapter Four for justification of case selection).

The chapter formulates its argument within the context of the resolutions of the International Conference on Population and Development (ICPD) of 1994 which observed that the SRH response in Africa was ineffective, characterised by poor SRH outcomes including high maternal and infant mortality rates (UN 1995). This conference attributed the poor SRH policy outcomes in Africa to its narrow-focused approach to SRH which was not grounded in women's rights and gender equality principles (UNFPA 2014). A recommendation from the ICPD of 1994 therefore was to broaden SRH programming to include gender and human rights issues in order to make it more effective and improve SRH outcomes for the region. As already noted in Chapter Six, the African Union (AU) responded to this recommendation by developing the Maputo Protocol, a women's rights protocol to the African Charter on Human and Peoples' Rights (ACHPR). The protocol recognises the value of women rights based on principles of equality, peace, freedom, dignity, justice, solidarity and democracy, and provides legal backing for comprehensive SRHR for women. The SRHR provisions of the protocol were operationalised through the Maputo Plan of Action (MPoA) which was adopted in 2006, and aimed at ensuring comprehensive gender responsive and human rights-based SRH policy delivery in the region. However, despite having collectively developed and adopted the MPoA in 2006, by 2021, Africa was still characterised by ineffective SRH policy delivery with poor SRH outcomes.

In this chapter, I explore why, despite the MPoA, Africa's SRH outcomes have remained poor and SRH policy delivery has remained ineffective on the ground. The focus of this exploration is to understand why the MPoA has not been effective on the ground by examining the effect of its gender non-responsive character on its effectiveness in influencing member states to develop and implement successful gender responsive and human rights based SRH programmes. This argument offers an additional explanation of why regional social policy

fails, complementing existing arguments in literature that have focused on more on issues of sovereignty, lack of funding or lack of or limited supra-nationality as factors behind the failure of regionally integrated social policies (De la Porte 2021; Deacon et al. 2010; Van der Vleuten 2016). I focus on the flaws within the policy itself, which, I suggest, is not responsive enough to the core of the problems on the ground. This insight suggests that analyses of the performance of regionally integrated social policies should look beyond the known challenges of slow or lack of domestication and implementation, to assessing the character of the policy itself which could also hinder effectiveness.

To build this argument, I analyse the state of SRH delivery in Zambia, highlighting the fact that from 2006 (when the MPoA was adopted), there has been very slow improvement despite Zambia's economic growth and favourable legal and policy environment for reform. I then reflect on the MPoA strategies and assess the extent to which they are able to effectively guide Zambia's SRH programming to be more effective. This analysis finds that the gendered weaknesses of the MPoA which were discussed in Chapter Six undermine its ability to positively influence Zambia's SRH programming. As concluded in Chapter Six, the MPoA is not gender responsive because it is shaped by the gendered institutions of its host organisation, the AU. It can therefore be concluded that one of the factors behind the failure of SRH delivery in Africa is the gendered institutions of the AU which undermined the MPoA's design and delivery at regional level, which then causes it to be ineffective in influencing SRH policy effectiveness at the country level, as seen in the case of Zambia.

The chapter is in two parts. The first part presents a brief country profile of Zambia and its adaptation of the MPoA to the national SRH response. This section also highlights the key strengths and weaknesses of Zambia's SRH programming. The second part analyses the ways in which the gendered flaws of the MPoA cause its failure to positively influence Zambia to develop and implement an effective SRH policy response. It highlights the MPoA's failure to be explicit about its focus on women and girls, its failure to encourage inclusion of women in SRH policy processes, its failure to support gender responsive political interest for SRH and the failure to advocate for gender responsive budgeting as factors behind its failure to influence effective SRH design and delivery for Zambia.

7.2 The Maputo Plan of Action (MPoA) in Zambia

In Zambia, the MPoA is implemented in line with Zambia's dualist legal system which does not recognise international legal instruments as part of its legal framework. As stated in its Amendment Act number two of 2016 of the Constitution of Zambia, the laws of Zambia consist of the Constitution, Acts of Parliament, the statutory instruments, and aspects of the Zambian customary law which are consistent with the Constitution. International laws and instruments only become part of Zambia's legal framework after they are domesticated as Acts of Parliament or Statutory Instruments (Sloss 2011; Banda 2016). Furthermore, Zambia is at liberty to domesticate any regional or international instruments as a whole or in part, or not to domesticate them. As a sovereign state, it is under no obligation to domesticate any international or regional instrument that it ratifies. Regional and international bodies that Zambia is party to can only encourage domestication by appealing to its moral obligation, but they cannot enforce it. However, even when Zambia has ratified and domesticated an instrument, and is then obligated to implement it, in some cases, implementation does not take place (Banda 2016). Just as it is in the case of non-domestication, non-implementation of domesticated instruments equally cannot be enforced by any international or regional body due to Zambia's sovereignty (Banda 2016). As a result, the country has ratified and domesticated some laws that are not adequately implemented, and it is not held legally accountable by any regional or international body.

The Zambian situation illustrates the arguments in existing literature that the nature of regionalism, especially sovereignty and lack of supra-nationality of the AU undermines member states' accountability to regional agreements, making their implementation ineffective (Sigsworth and Kumalo 2016; Söderbaum 2012; Herbst 2007; Okere 1984). However, in the case of the Maputo Protocol and the MPoA, the situation is different because it was already domesticated through various pieces of legislation including the following: i) Gender Equity and Equality Act No.22 of 2015, iii) Persons with Disabilities Act No.6 of 2012 iv) Anti-Gender Based Violence Act No.1 of 2011. These pieces of legislations are operationalised through relevant sector plans and policies (Sigsworth and Kumalo 2016; PMRC 2020). For the MPoA, it was operationalised the National Health Strategic Plan (NHSP). However, despite its domestication and operationalisation through the NHSP, its implementation has been slow, inconsistent and patchy leading to weak and ineffective SRH delivery in the country (Sigsworth and Kumalo 2016). As a result, SRH delivery remains one of the weakest health subsectors in

the country[74] despite the MPoA aiming to improve it. This chapter argues that the problem is not only lack of supra-nationality of the AU and weak accountability mechanisms, but the fact that the MPoA itself is not adequately responsive to the key gendered obstacles for realising effective SRH delivery in Zambia.

7.3 Zambia's SRH Profile and Current SRH Programming

Despite having the MPoA since 2006 to guide the strengthening of its SRH design and delivery, Zambia, like most Sub-Saharan African countries, still experiences a high burden of reproductive health challenges and poor SRH outcomes. According to the most recent Zambia Demographic and Health Survey (ZDHS 2017 – 2018) one of the key reproductive health issues in Zambia is high fertility rate. By 2018, Zambia's total fertility rate (TFR) was 4.7 children per woman (ZDHS 2017 – 2018) which slightly higher than Africa's fertility rate of 4.3 and twice as high as the global fertility rate of 2.4 at the same time, according to the World Fertility Rate Macro trend. Urban areas in Zambia have a lower TFR (3.4) than rural areas (5.8). The ZDHS 2017 – 2018 further recorded that the fertility situation in Zambia is fuelled by inadequate and inconsistent access to family planning. In 2018, the unmet need for family planning was twenty percent, and this was projected to grow because according to the same report, sixty percent of the then married women who were not using contraception at the time that the report was produced, indicated intention to use family planning in the future. Further to the unmet need for contraception, Ooms et al (2020) reported that in 2019, 81.9% of Zambia's unmarried, sexually active adolescent girls aged 15–19 were not using contraception, indicating a serious gap in both the supply and demand of family planning services.

Another key reproductive health issue facing Zambia is the high rate of maternal mortality. According to the ZDHS 2017 – 2018, in 2018, maternal mortality ratio (MMR) in Zambia was 252 maternal deaths per 100,000 live births. This figure indicates a decline from Zambia's MMR of 2014 recorded as 398 maternal deaths per 100,000 live births reported by the 2013-14 ZDHS, and is lower than the 2030 projected MMR for sub-Saharan Africa which is estimated to be 390 per 100 000 live births in 2030 according to the Atlas of African Health Statistics 2022. However, Zambia's MMR is still much higher than the 2030 Sustainable Development Goal (SDG) target of less than 70 maternal deaths per 100 000 live births, and much higher than the average of 13 deaths per 100 000 live births witnessed in Europe in 2017.

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[74] Interview number 70 with Ministry of Health Official on 7th February 2021

It therefore remains one of the highest MMR rates in the world and is indicative of some persistent gaps in the SRH delivery system in the country.

In addition to high MMR rate, there are other challenges related to poor quality of service delivery indicated by the increasing numbers of injuries during labour, perinatal deaths and other factors. For example, UNICEF's 2020 Country Office Annual Report for Zambia reported that their e-weekly Maternal and Perinatal Death Surveillance Review showed that the number of perinatal deaths increased from 4,576 in 2019 to 9,078 in 2020, partly indicating a weakness in quality of care given to pregnant women. Another indicator is the high number of pregnancy-related mortality ratio (PMR) of 278 deaths per 100,000 live births in 2018 as recorded by the 2017 – 2018 ZDHS. This indicator was not recorded by the 2013 – 2014 ZDHS and therefore a comparison could not be made. However, the 2018 figure is high indicating a challenge in the SRH service delivery system in the country. UNICEF's 2020 Country Office Annual Report for Zambia also reported that the Mother-To-Child Transmission (MTCT) rate for HIV infection at 24 months remained high at 10 percent. This is more than double the MTCT elimination target, indicating a need for more efforts to address the gendered needs of pregnant women which bar them from accessing Prevention of Mother to Child Transmission (PMTCT) services.

Finally, one of the known underlying factors of poor reproductive health outcomes for women in Zambia is gender based violence which increases women's SRH vulnerabilities and acts as a barrier to service access by putting men in control of the decisions women make about their sexual and reproductive lives (NHSP 2017 – 2021).[75] This violence takes various forms including economic, physical and mental abuse. Incidents of gender based violence remain very high in the country. In 2018, the ZDHS 2017 – 2018 reported that more than one-third (36%) of women aged 15-49 reported having experienced physical violence at least once since age 15, and 18% experienced physical violence within the 12 months prior to the survey.

Zambia's National Health Strategic Plan (NHSP) for 2017 to 2021 indicated some persistent challenges in its health delivery system that undermine the delivery of SRH services. These include acute staffing and equipment shortages especially in the rural areas, drug stock outs, and negative attitude of health workers, overburdened and poorly compensated health workers, low knowledge levels and negative attitudes towards SRHR services among other challenges.

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[75] Interview with the Gender Analyst, Ministry of Gender in Lusaka on 17th March 2021.

Additionally, the referral systems within the health care system are weak, especially in rural areas, and there is inadequate infrastructure for maternity services, inadequate equipment, transport, and communication facilities and inadequate health sector response for sexual gender based violence (NHSP 2017 – 2021). While these gaps are general to the health delivery system, SRH is disproportionately more affected than the other subsectors demonstrating poor outcomes and weak service delivery (NHSP 2017 – 2021). These challenges have been exacerbated by the COVID-19 pandemic through its disruptive effect of the health delivery systems for services such as family planning, postnatal care for women and new-borns, neonatal intensive care units, and antenatal care services. Inadequate investment in health and funding for health programmes are also some of the major drawbacks.

This thesis takes an interest in these glaring SRH challenges in Zambia and analyses why Zambia's institutional SRH responses have remained weak and ineffective despite having adopted the MPoA whose aim was to strengthen SRH policy delivery for the AU member states that adopted it. The AU specifically designed the MPoA to guide member states in addressing the weak and inconsistent SRH policy delivery for an initial period of 2006 to 2015 and later extended from 2016 to 2030 (AUC 2006; AUC 2008; AUC 2015). The MPoA therefore would support the identification of factors that weaken SRH delivery and guide in addressing these. This chapter aims to understand why the MPoA has so far not been able to achieve the positive effect it was meant to achieve for Zambia's SRH design and delivery. This discussion will contribute to answering why Africa's reproductive health policy response remains weak and ineffective despite having in place a regional policy framework that was collectively developed and approved by all member states with the aim of guiding member states to strengthen their SRH policy responses and make them more effective. Beyond SRH policy, the conclusion from this chapter will contribute to the broader regionalism question why regionally integrated social policies often times fail despite the optimism presented in existing literature on the role of regionalism in social policy.

7.4 Exploring Why the MPoA Fails Zambia's SRH Design and Delivery

This section analyses the factors that hinder the MPoA from successfully guiding and supporting Zambia to design and deliver effective and gender responsive SRH policy for its women and girls. To develop this analysis, the chapter reflects on the gendered flaws of the

MPoA that were analysed in Chapter Six, and explores the extent to which they undermine the MPoA's effectiveness in supporting and guiding Zambia to strengthen its SRH policy design and delivery. The chapter identifies four aspects of the MPoA which compromise its effectiveness to deliver on its mandate in Zambia.

7.4.1 The effect of the MPoA's failure to be explicit about addressing the gendered SRH needs of women and girls

As concluded in Chapter Six, the MPoA is not explicitly clear about addressing the gendered SRH needs of women and girls. The MPoA's failure to be intentional on women and girls' issues fails to guide, encourage and support the development of an effective SRH response for Zambia that is responsive to the vulnerabilities of women and girls who are the primary target population for the MPoA, (refer to the 1994 ICPD resolutions in Chapter Six). For example, the MPoA does not clearly define its target population as women and girls which was the reason it was developed. It presents its target as women, girls, couples, cross-border men, youths and key populations. While it may be important to target all these groups which present various vulnerabilities to SRH, the MPoA is not clear on the disproportionate SRH needs and vulnerabilities of women and girls which require a more deliberate focus and more investment. This diluted targeting sets a diluted standard for SRH policy design for the member states which leads to overlooking some of the key and specific needs of women and girls. In the case of Zambia, this results in vague targeting for its SRH policy as well as seen in its SRH programme which targets women of reproductive age, women beyond reproductive age, men, elderly people, adolescents and marginalized populations[76]. The challenge with this broad targeting is that the focus for priority-setting and resources allocation is spread over a broad target including groups whose needs may also be covered under other programmes of Zambia NHSP. This has resulted in under prioritisation and low resource allocation for the gendered SRH needs of women and girls. It is important to remember that the MPoA was conceived to guide effective SRH programming which is grounded in women's rights including comprehensive SRHR for women and girls.

> *Women's SRH needs suffer inadequate funding no mandate for the ministry to prioritise the SRH needs of women and girls except for safe delivery which is also very important but only a part of the needs. That's why contraception is always in short supply, suffering perpetual stocks, safe abortion services do not even feature on the budget*

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[76] Zambia NHSP 2017 – 2021 pg. 21

because despite the need out there, it is considered not essential. If the MPoA mandated member states to have a clear focus on the SRH needs of women and girls, it would strengthen advocacy for effective resource allocation.[77]

It would therefore have been useful if the MPoA was clear on targeting women and girls for comprehensive SRHR to ensure that the SRH policy design and delivery is more effective than was previously the case. This MPoA strategy would have worked better if it focussed on strengthening member states SRH policy designs that target women and girls SRH vulnerabilities. This would offer encouragement and guidance to member states to sharpen their targeting in designing their SRH priorities, making them more responsive. While it can be debated that member states do not just follow the standard set by regional policies as argued in existing literature on regionalism and social policy, setting a standard is a good starting point and it offers a challenge to the member states to account on it. Furthermore, it provides a platform for advocacy by citizens, to hold their government to account on the commitment made by adopting the policy. It would therefore would have been a strength for the MPoA if it set a good standard on SRH target population that was responsive to its objectives.

Another example of how the MPoA's lack of clear position on women undermines its ability to influence effective SRH programming is seen in the effect of its gender non-responsive strategies. As established in Chapter Six, most of the MPoA strategies are not gender responsive. This gender non-responsiveness filters to Zambia which has also adopted an approach that appears to be a gender neutral to its reproductive health policy. Gauging from the way Zambia crafted its gender analysis reflection for SRH programming, it can be concluded that there is limited capacity to design a gender responsive SRH policy response, an area which the MPoA could offer guidance if it was gender responsive itself. An extract from Zambia's current NHSP (2017 to 2021) reads:

Gender Attributes: Gender considerations are important for both health service delivery and also for assessing the health sector outcomes. Some of the pernicious manifestations of gender inequality in Zambia include the disproportionately high ratio of educated men to women and low representation of women in politics and formal employment. In addressing issues of gender and health, the NHSP in the next five years

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[77] Interview number 80 with USAID Adolescent Health Specialist held on 9th February 2021

will stress the inclusion of gender mainstreaming in planning, design, and M&E of health programmes and policies[78].

This paragraph is the only reflection of gender issues to inform Zambia's SRH programming in the NHSP for 2017 to 2021. Considering that SRH is underpinned by gender issues that drive vulnerabilities of women and girls, a superficial gender analysis as presented above is not adequate to inform gender responsive SRH policy design and delivery. The analysis could have gone deeper to look at implications of these inequalities and how they shape SRH vulnerabilities for women and girls. Zambia's SRH policy would then respond to these. As already highlighted, the MPoA was conceived to guide member states in crafting gender responsive and human rights based SRH policies, but it sets a very low standard by providing gender non-responsive strategies. It is not surprising therefore that Zambia mentions 'gender' in its SRH policy but does not analyse how it affects SRH and how Zambia would respond to it. In other words, Zambia fails to develop a comprehensive gender analysis to inform its SRH policy design and delivery. If the MPoA had gone some distance to provide gender responsive strategies, it would act as an example to guide member states in gender responsive SRH programming. Of course, Zambia's SRH strategy in the NHSP 2017 – 2021 does highlight some social cultural issues that bear some gender underpinnings, but does not go the distance to develop a gender analysis that can inform gender responsive strategy design. This excerpt from the NHSP below shows this:

> *Socio-cultural Attributes: Zambia is a multi-cultural society, characterized by different racial and ethnic groups and religious and traditional groupings. The country is also characterized by a high level of urbanization and increasing access to the internet and other sources of information. These have significant potential for promoting good health. However, there are some social, cultural, and religious beliefs and practices that negatively affect health. These include practices such as sexual cleansing of surviving spouses, unsafe traditional male circumcision procedures, early marriages for the girl child, and negative patriarchal traits that perpetuate the low status of women[79].*

This excerpt highlights a reflection on some socio-cultural issues that have gendered effects on Zambia's SRH situation but does not explore the linkages between such socio-cultural issues,

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[78] Zambia NHSP 2017 – 2021 p. 10
[79] Zambia NHSP 2017 – 2021 p. 10

the underlying patriarchal structures and gender responsive SRH programming. While Zambia does have its own strong and deep rooted gendered institutions which undermine the development and delivery of gender responsive SRH policy, it was the purpose of the MPoA to offer guidance and support on how Zambia could design an effective and responsive policy to be effective in such an environment. The MPoA fails to deliver on this mandate because it is not adequately gender responsive and is not intentional enough on addressing issues of women and girls. In this way, the MPoA dilutes its own mandate, and filters this dilution to Zambia's SRH programming which follows this apologetic approach to gender responsiveness. The MPoA could offer guidance that goes beyond statements that highlight gender as a factor in SRH programming.

As highlighted in Chapter Six, one justification for the weak gender responsiveness of the MPoA was to be culturally appropriate in a society that does not believe women should have control of their own sexuality.[80] While it is indeed important to avoid radical approaches that can backfire in culturally conservative contexts, a gender responsive SRH policy process could be managed progressively over the years by adopting gender transformative approaches that address stereotypes, which can progress gradually towards acknowledging women and girls' needs and responding to them. However, this has not been the case with the MPoA as it has carried this gendered gaps from MPoA 2006 – 2015 to MPoA 2016 to 2030.

7.4.2 The MPoA fails to support member states in building political interest for gender responsive SRH from a women's rights perspective

As already alluded to earlier in this chapter, the MPoA was developed with the purpose of guiding and supporting member states in developing and implementing more effective SRH policies and programmes that are gender responsive and human right based. Political interest to address women's issues is important for effective and gender responsive SRH policy delivery (Lorber 1994; Van der Vleuten 2016). However, the MPoA fails to offer the necessary guidance and support to member states on how to build this political interest. In its strategy number one, the MPoA calls for increased political commitment, leadership and good governance for political prioritisation of Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH). However, as argued in Chapter Six, this political commitment is gender neutral because while it recognises RMNCAH as an important challenge requiring political prioritisation, it does not specify addressing the gendered factors that underlie it.

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[80] Interview number 18, a programme manager at IPPFARO on 27th February 2020.

RMNCAH directly affects women and girls but can be interpreted to only address a narrow-focus on pregnancy related care and child birth which is equally important but only as part of the issue.

> *In Zambia we have selected safe delivery and ending child marriages as our areas of focus to demonstrate political commitment to RMNCAH. These two areas have received political priority starting with the president. If a woman dies in child birth, it's a big scandal and people get fired. In child marriages, our president directly engages traditional and religious leaders to bring change. But women are still dying of unsafe abortions and there are perpetual stock out of contraception. I think that the MPoA should have been specific enough on political commitment so that Heads of States prioritise the complete SRH continuum and not only specific issues of choice.[81]*

In the case of Zambia, before the MPoA was developed, Zambia's SRH programming was narrowly focused on providing contraception and offering pregnancy care (Zambia Reproductive Health Policy 2000) and it was deemed inadequate and ineffective based on the resolutions of the ICPD of 1994 and the AU Heads of State and Government. The coming of the MPoA was meant to support the broadening of this scope to be more gender responsive and human rights based. However, the failure of the MPoA to guide on strategies for building country level political interest for gender responsive SRH policy design and delivery has resulted in superficial and gender blind political interest for SRH. For example, as highlighted in the quotation above, currently, Zambia's SRH response focuses on preventing death during pregnancy to extent that the President of the Republic of Zambia receives a daily report on every woman who dies in child birth across the country, and if negligence is detected, people on duty get fired from their jobs.[82] However, this commitment does not extend to addressing issues of distance to maternity clinics which cause delays to receiving maternity care, maternal malnutrition, unsafe abortions which cause serious injuries, even deaths, limited access to contraception, obstetric fistula, cervical cancer screening, gender based violence among other gendered SRH vulnerabilities of women and girls in Zambia. While Zambia's legal framework provides for commitment to advancing women's interests such as gender equality, ending gender based violence and ensuring comprehensive SRHR for women and girls among other issues, the operationalisation through policy framework does not match the commitment in the

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[81]Interview number 71, a member of the women's movement in Zambia on 5th February 2021
[82]Interview number 70 with a member of staff at Ministry of Health in Lusaka, on 2nd February 2021

legal framework in the same way that the commitment to women's SRHR in the Maputo Protocol doesn't not translate into the MPoA.

The MPoA could guide member states on building gender responsive political commitment and not cherry-picking aspects of SRH that feel comfortable for the leaders. The failure of governments to operationalise their own legal frameworks is not unusual, as observed by Lorber (1994) that some government enact favourable laws without any intention to implement them, but only to appeal to the international community. Van der Vleuten (2016) also made similar observations arguing that sometimes governments make these decisions to attract funding, foreign direct investments and other benefits from the international community as they are seen to be complying with international standards. In the case of Zambia, failure to implement their own gender responsive laws for SRH is driven by gendered institutions which undervalue women and girls and their needs[83]. Paakkinen (2020) reported that due to traditional norms, women in Zambia suffer discrimination that causes their voice to be ignored and trivialised, while their aspirations get ignored. A member of the women's movement in Zambia also confirmed this report by sharing her sentiments that:

> *The biggest challenge is that women's issues are trivialised by our government, as a result people who push for women's interests are considered petty noise-makers. The political interest to deliver for women is very low.[84]*

One of the visible results of weak political commitment for SRH policy delivery in Zambian context is seen in the lack of political interest to implement the Termination of Pregnancy (TOP) Act number 26 of 1972. While safe abortion is widely known to be illegal in Zambia, the country has the Termination of Pregnancy (TOP) Act number 26 of 1972 which provides for safe termination of pregnancy when any of the four prescribed conditions have been met. The TOP Act is not widely known by law enforcers, service providers and service users, and therefore not adequately implemented. Fetters et al (2017) noted that although abortion was technically legal in Zambia, the reality was far more complicated with service access severely limited. There are numerous barriers to abortion care at both the policy and implementation levels and unsafe abortion remains a very real problem - causing death and disability across the country. Women get violated and arrested for accessing abortion as they are forced by circumstances to access it from unauthorised service providers due to lack of service provision

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[83] Interview number 71, a member of the women's movement in Zambia on 5th February 2021.
[84] Interview number 71, a member of the women's movement in Zambia on 5th February 2021.

in public facilities. Haaland et al (2019) noted that in Zambia, abortions are regulated by the criminal code which establishes penalties of up to 7 years for those who illegally provide abortion services, and up to 14 years for women who procure illegal abortions or anyone who assists her. In 2005, the criminal code was amended to ensure that girls who are victims of rape can seek legal termination of pregnancy, however access is still limited due to misinterpretation of the legal provision. Haaland et al (2019) pointed out that Zambia has ratified the Maputo Protocol committing itself to providing comprehensive reproductive health services, including safe abortion but despite these legal commitments, but it still falls short in delivery of safe abortion services. As late as 2020 during the time of this research, women were still getting arrested for procuring abortion services. For example, on August 31, 2020, the Zambia Daily Mail carried an article titled: *Young woman jailed for abortion*. This was in a case where a 21 year old woman of Nchelenge district was sentenced to three years simple imprisonment for aborting a seven-month-old pregnancy, contrary section 221(1) of the Penal Code of the laws of Zambia.

> *This arrest could have been avoided if the TOP Act (1972) was effectively used to support the needs of women timely and safely. However, law enforcers and service providers deliberately ignore the existence of this law to deny women an essential and available service. The policy makers equally give a blind eye to the fact that an existing law that has potential to save lives and dignity of women and girls. The law is clear, some service providers know about it, some deliberately twist it to make it impossible to offer services, but some just ignore the fact that it is there. What they don't know is that the TOP Act is there to save lives and preserve the dignity of women and girls who need an abortion[85].*

An excerpt from the TOP Act below explains the conditions under which safe abortion can be legally provided in Zambia:

> *3. (1) Subject to the provisions of this section, a person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioner if he and two other registered medical practitioners, one of whom has specialised in the branch of medicine in which the patient is specifically required*

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[85] Interview number 87 with member of staff at Ipas in Lusaka on 3rd April 2020

to be examined before a conclusion could be reached that the abortion should be recommended, are of the opinion, formed in good faith

(a) that the continuance of the pregnancy would involve- (i) risk to the life of the pregnant woman; or (ii) risk of injury to the physical or mental health of the pregnant woman; or (iii) risk of injury to the physical or mental health of any existing children of the pregnant woman; greater than if the pregnancy were terminated;

or

(b) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

(2) In determining whether the continuance of a pregnancy would involve such risk as is mentioned in paragraph (a) of subsection (1), account may be taken of the pregnant woman's actual or reasonably foreseeable environment or of her age.

(3) Except as provided by subsection (4), any treatment for the termination of pregnancy must be carried out in a hospital.

(4) Subsection (3) and so much of subsection (1) as relates to the opinion of two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination of pregnancy is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman[86].

The TOP Act (1972) as shown in the excerpt of its section 3, subsection 1 and paragraph a) is adequate to provide safe abortion services in the country for all women who need the service. It provides that if the pregnancy presents physical or mental injury to the woman or her existing children, it can be terminated. According to this provision, abortion services should be legally accessible in Zambia in all circumstances because when it is unwanted, mental injury is highly likely. However, the law is not adequately implemented in Zambia; as most public facilities do

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[86] Republic of Zambia, Chapter 304 of the Laws of Zambia Chapter 304: The Termination of Pregnancy Act of 1972, section 3 and 4.

not provide this service. Some interviews explained that one of the major gaps in ensuring access to safe abortion in Zambia is that it is not widely known by service users that abortion is legal in Zambia and policy makers are not interested to enforce this law for fear of losing political mileage due to the stigma around it. Only project based facilities such as Marie Stopes, Ipas, and Planned Parenthood Association of Zambia (PPAZ) provide such services at a fee to those who can afford it and they do so under severe stigma and scrutiny.

> *Most women do not know that there is a law that permits abortion in Zambia. Not only women, even our law enforcers do not know. Just last month, two women were arrested here in Lusaka for procuring abortion services from one of the facilities that we support. When we got the news, I had to go to the police myself, because we have been training police officers on how to interpret this law and protect women from these arbitrary arrests. So I went and met with some officers who have been part of our trainings to negotiate the release of these women. But it doesn't have to be like that, the unnecessary public attention these women were subjected to is regrettable. While as with all SRH services, procuring abortion services should be a private matter, it gets public because the police are involved, and sometimes the media catches these stories. This deters other women from coming forth for service, and they end up with the local 'aunties' who abort them with sticks, wires or toxic herbs. The causalities that we see arising from unsafe abortions in these communities are terrible.*[87].

The issue of the TOP Act in Zambia is a sign of limited political interest to implement an existing law that defends women's SRHR and dignity thereby exposing women to physical harm, indignity, shame and public ridicule. The added challenge to this situation extends beyond the women who are arrested to those who fear to access services because of the experiences of other women. Political interest could enforce this law and ensure that services are prioritised, planned for, budgeted for and made available. Political leadership has a responsibility to ensure that citizens, service providers and law enforcers are aware of this law and ensure effective service delivery. Sentiments from the women's movement expressed frustration with the failure to enforce the TOP Act:

> *They hide behind the clause in the constitution that says 'Zambia is a Christian nation' to deny women the right to health. But the same Zambian legal framework allows other*

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[87] Interview number 39 with Executive Director of Ipas in Lusaka on 12th December 2020

practices that are not consistent with the Christian values like for example polygamy is allowed under the Zambian customary law. And I think this customary marriages Act is only tolerated because it disadvantages women and empowers men to have more wives, but when it comes to abortion, they say we are a Christian nation. I mean yes we are a Christian nation but this has got nothing to do with being Christian, this is selfishness and greed. I see this as hypocrisy, and unchristian.[88]

Lack of political interest to enforce existing laws leads to inadequate service provision and in some cases unavailable services because when laws are not operational, there is no framework to guide the financing processes. This weakens the national SRH policy response which the MPoA is meant to address. An example that demonstrates the link between lack of implementation of existing laws and resource allocation is the same case of the TOP Act:

Safe abortion equipment such as the Manual Vacuum Aspiration (MVA) kits and medical abortion drugs (MAD) do not feature on the essential drugs list. Currently there has been lobbying by some of the funders for the health budget, the Swedish and UK aid to include these supplies on the essential drugs list. For now, an agreement has been reached that the donors can directly fund these resources in order to include them on the essential drug list, but not to feature on the Zambia health budget, because they are not yet a priority because numbers are low. But why are numbers low? It's because the service is hidden from the people. Numbers of women and girls accessing unsafe abortions are not counted and when they report for complications, they are treated as miscarriages to avoid complications with the law. So you can see that they have left this to the donors, no commitment from Zambian Government. When donor projects end, it will be the end of service availability.[89].

As argued in Chapter Six, while the MPoA strategy number two provides for legal and policy reforms for improved access to comprehensive reproductive health services, it is undermined by the low political interest to drive this agenda. The argument in Chapter Six suggests that this strategy though a positive gender responsiveness strategy, is not effective on its own because if there is no political commitment from member states to reform or implement existing favourable laws and policies, there will be no progress. This argument is proved true

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[88] Interview number 71 with a member of the women's movement in Lusaka on 5th February 2021.
[89] Interview number 37 with Executive Director of Ipas in Lusaka on 12th February 2021.

in the Zambian situation regarding the TOP Act. A member of the women's movement in Zambia argued that:

> *If there was political will to implement the TOP Act, I think the law is adequate, but politicians are afraid that they would lose political mileage if they are seen to be supporting abortion. Abortion puts power in the hands of women to decide about their reproductive choices, and it seems men are afraid of such power so the best way to control women is to deny them this right. My question is: why is the law there, enacted in 1972, it has never been repealed, but even today, women get arrested if they are reported for having accessed an abortion.[90]*

Attempting to explain Zambia's inaction to implement the TOP Act, a leader of the women's movement in Zambia argued:

> *The issue is not that Zambia is not able to implement its laws, the issue that this law benefits women only, and not only benefitting women, the law empowers women to have control of their reproductive lives. When women can access contraception, and can access safe abortion if an unplanned pregnancy occurs, the power to decide on their reproductive rights rests in their hands. That's what the failure to implement this law is about. In our society, pregnancy is used as a weapon to put women down. Have you heard the saying: just make her pregnant and she will keep quite? So if we talk advocacy, we have to target the policy makers and leaders to operationalise this law so that it can start informing health budgets on what is required to implement the TOP Act at service delivery level[91].*

While the low political will to sustainably and comprehensively address SRH in Zambia could be driven by Zambia's own underlying gendered institutions which influence political leaders to ignore the enforcement of laws that empower women with reproductive choices, of interest to this thesis is the failure of the MPoA to influence positive change in the political interest to implement favourable laws for SRH needs of women and girls in Zambia. The MPoA has a strategy to increase political commitment to SRH, however, this strategy is not gender responsive and has failed to influence positive change in Zambia's political interest in SRH. If the MPoA strategy on increasing political commitment was gender responsive by suggesting

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[90] Interview number 39 with Executive Director of Ipas in Lusaka on 12th December 2020
[91] Interview number 71 with a member of the women's movement in Lusaka on 5th February 2021

political commitment in identifying and addressing gendered SRH vulnerabilities and needs of women and girls, it would filter to Zambia by creating expectation of a gender responsive political commitment for comprehensive SRHR for women and girls that does not cherry-pick comfortable areas, but address all areas of need. This would suggest to Zambia the need to develop and enforce its positive laws and policies for gender responsive SRH in the country. However, due to its lack of clarity on increasing or building political commitment on gendered SRH vulnerabilities of women and girls, Zambia is not challenged to demonstrate strong political commitment to, and prioritisation of key underlying gendered SRH factors. The MPoA's weakness seems to reinforce weak political commitment by carrying a strategy that is gender neutral on political commitment when it should be doing the opposite. The argument therefore is that while Zambia fails to demonstrate its own commitment to addressing SRH concerns of women and girls, the failure has persisted partly because the MPoA's design does not offer effective guidance it is meant to provide to Zambia to increase gender responsive political commitment. The MPoA therefore fails on its mandate in this regard.

7.4.3 The MPoA's silence on the need for inclusion of women in SRH policy processes sustains exclusion of women SRH processes by member states

The MPoA was developed to support SRH programming in a gendered environment where women are excluded from influential roles including in SRH policy processes. The implication of this exclusion is that women's views and ideas are not included in the design and delivery of SRH policies, which undermines the quality of the SRH responses (Waylen 2017; Kenny 2017; Acker 1992). Part of the mandate of the MPoA was to guide member states in designing and delivering SRH policies that are responsive to gendered vulnerability factors for women and girls. As such the inclusion of women and girls in the design and delivery processes would be important for effective SRH design and delivery (Mackay et al 2010; Waylen 2014, 2017; Kenny 2017; Franceschet 2011; Bikketi et al 2011; Shelly 2011). For the MPoA to effectively deliver on its mandate, advocating for inclusion of women and girls would have been one of its most important strategies, to guide and support member states on how best to ride above the gendered stereotypes and barriers that exclude women and girls in the design and delivery of their SRH policies. However, the MPoA falls short of this mandate by being silent on the need to include women and girls in SRH programming. As a result, member states do not address exclusion of women in their SRH policy planning and delivery. This situation obtains in Zambia as well where women are excluded from influential positions across sectors including in designing and delivery of SRH services. At the time of this research, in Zambia, women

mostly featured at the end-point of service delivery levels of the SRH system for the country, taking up roles as social workers, nurses, clinical officers among other similar positions. Although the Ministry of Health in Lusaka did not open their human resources records for review by this research, the officials interviewed indicated that women were lacking in influential and decision-making roles in the ministry, including the Directorate of Reproductive Health where all the top key positions as well in planning and budgeting were male. This pattern is similar to other AU member states such as Malawi where in 2020 the Malawi COVID-19 Rapid Gender Analysis report highlighted that in the health sector women mostly featured as nurses at 91.5% and associate nurses at 84.7%, while medical doctors, health planners and managers were mostly male (Government of Malawi 2020 p. 6). This gender divide in health delivery where women are only at the end-point delivery level denies the system the opportunity to influence strategy design and resource allocation which could strengthen the response. The Ministry of Health in Zambia indicated that they make efforts to include women, but they are unsuccessful:

We have been making efforts to increase the number of women in health planning, budgeting and health economics because I agree with you women are underrepresented, but the pool of qualified women is small. For now, one of our two permanent secretaries in the ministry is a woman, the one in Administration, while for technical services it is a man. And we have five departments and at least currently, one department, the department of nursing services is headed by a female director. The other four are male. So there is progress, we definitely have room for improvement but we are making efforts[92].

These comments confirm that women are excluded from the influential positions although the ministry justifies it by explaining that it is because there are fewer women who are capable to be included in these highly technical levels. The fact remains that exclusion of women and girls in decision making has negative implications on the quality of programming and service delivery. Acker (1992) observed that most institutions are designed by men to serve male-defined interests without perspectives of women, and hence they are not adequately responsive to women's needs and concerns. This observation was also made by several gender politics scholars including Waylen (2017), Shelly (2011), Franceschet (2011), and Chaban et al (2017) who argued that exclusion of women from participating in policy making at influential level

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[92] Interview number 31 with the Public Health Director at Ministry of health in Lusaka on 7th December 2020

creates incomplete responses which may not be responsive to the needs of the excluded group and therefore ineffective. While it is important to have women at the service delivery level, it is equally important to include women in decision making roles where the policies are made, interventions are designed, and budgets are allocated. At service delivery level, players do not have much influence on the priorities, the design and the budgets of the programmes because by the time processes get here, decisions have already been made. In pursuing its goal of strengthening SRH delivery in Africa, ensuring that girls and women influence the policy design and delivery to respond to their needs is cardinal. Having fewer capable women could be addressed progressively by creating opportunities for women to be trained in health economics, health planning and other related skills. However, even opportunities for training favour men because of the belief that men can excel better than women in advanced studies. An employee at the ministry of health in Lusaka shared an experience:

> *The government has a skills development programme, some people are even sent abroad for training. The disadvantage for women is that they are considered a liability because most of them are married or they have younger children so they mostly attend local and short term trainings, you really have to prove yourself beyond doubt to be given the opportunity. Sometimes people offer bribes to get an opportunity for further training. But sometimes, others make an effort to register themselves with local universities but when they finish, they are not recognised, so it can be frustrating[93].*

The lack of appreciation of the impact of exclusion of women causes inaction to address the situation. This is the area where the MPoA could make a difference, by offering guidance and encouragement to member states on how and why this gap should be addressed. However, the MPoA is silent on this issue, and the silence seems to tolerate exclusion of women from SRH policy process by the member states thereby reinforcing the existing ineffectiveness of the SRH response.

> *You know, if the MPoA was really responsive to the gaps in member states' SRH programming, it could respond to some of these gender gaps. For example, if it provided a strategy on increasing women's and girls' inclusion in SRH policies and make suggestions on how this could be done, while leaving the practicalities to the member states. This provision could sensitise member states on this gap and place a*

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[93] Interview number 70 with a member of staff at Ministry of Health in Lusaka on 2nd February 2021

moral obligation on them to address it. Because the MPoA is not here to suggest what we are already doing, but to highlight the gaps and suggest addressing them.[94]

While acknowledging that having the MPoA carry the strategy would not automatically mean that member states would implement it, it is a good starting point. Such a strategy would sensitise member states on this gap and encourage them to address it. It would also be an opportunity for advocacy for citizens to old their governments accountable. This lack of inclusion of women and girls creates another challenge that further weakens member states' SRH programming – gender unaware planning and budgeting. This issue is discussed in detail in the next subsection of this chapter.

7.4.4 The MPoA's lack of gender-aware priority-setting, planning and budgeting processes reinforces Member States ineffective planning and budgeting for SRH

Gender aware processes ensure that gendered needs of men and women are addressed equitably, views and interests of each gender are considered fairly and that opportunities to be heard are equal (Benedict 2008; Acker 1992). In terms of budgeting, gender aware budgets use gender analysis reports to determine which needs apply to which gender and which group requires more investment due to the nature of their burden and vulnerabilities. This ensures that resources are allocated to the needs of each gender equitably. It entails being conscious of existing gendered needs and taking responsive action by ensuring equitable resource allocation. Ignoring gender dynamics in policy planning and delivery leads to responses that are not fully responsive to the needs of the concerned people (Benedict 2008; Acker 1992).

As a policy that aims to strengthen SRH policy response by ensuring effective design and delivery processes, it would be important for the MPoA to foster gender aware planning and budgeting processes. This would encourage member states to be conscious of the effects of gender unaware planning and budgeting and to make efforts to address gender gaps in planning and budgeting processes. However, this is not the case. In its ninth strategy, the MPoA provides for increased health financing and investments. The strategy does not specify financing for SRH services and commodities, nor for women and girls' needs (refer to Chapter Six). It seems to assume that increasing health financing would automatically increase financing for reproductive health needs for women and girls. However, as seen in the case of Zambia, this gap in the MPoA has not worked. It has failed to challenge gender unaware priority-setting,

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[94] Interview number 71, a member of the women's movement in Zambia on 5th February 2021

planning and budgeting in Zambia's SRH policy delivery which is indicated by prevalent and persistent SRH commodity stock outs and inconsistent SRH service provision for women and girls (Ooms, et al. 2020). Although Zambia's National Health Strategic Plan acknowledges the value of gender awareness in health services delivery, (NHSP 2017 – 2021), this recognition is superficial and does not translate into gender aware programming and resource allocation. The persistent failure to adequately plan and budget for gendered needs of women and girls has led to recurrent and persistent commodity stock outs. This indicates that when short budgets are experienced in a year, the following year fails to assess the needs of women and girls in order to adequately budget or progressively increase the figures towards closing the gaps. An article by Ooms et al. (2020) confirms these claims by reporting that the average number of stock-out days for sexual and reproductive health commodities per month was on average 12 days in Zambia's public sector. In the other sectors which are for-profit, unaffordability was the biggest challenge with most SRH commodities being reported as unaffordable by service users (Ooms et al 2020) For the average Zambian woman, private facilities are not an option, they rely on the public facilities which are failing them due to persistent poor planning, budgeting and distribution of women's SRH commodities. In addition, consultations with service users confirmed that the stock-outs of contraception are very common. Stock outs go for up to two or three weeks. When they are available, it is not uncommon to have only one type of contraception and if that one runs out, a different type would come and women are forced to just get whichever type is available, or risk missing several cycles as they wait for the particular one of their choice. The sentiments below describe the effect of this gender unaware budgeting on service users:

> *Sometimes, you try your best to find transport money to attend a family planning clinic because you want to avoid getting pregnant. You get there and you find they don't have any contraceptives and they tell you to come the following week, and you ask yourself: with which transport money? Sometimes you find that the type of contraception you use is not there, there is a different type, so it is a choice you make, to change and get the one available or risk getting pregnant. But if you change, when you come back the following month, there will be yet another type, and you change again. But we hear that these things cause side effects, so changing like that, may be it can give you cancers which are common today, but the workers there do not consider these things. It works better for those who get implant for three years or five, when implants are available,*

but they also wait for availability. But if you don't want the implant, or if you react badly to it, then it is difficult[95].

Those who can afford to, indicate that they go to private facilities to buy their preferred method of family planning, but those who cannot afford wait for availability, and hope to not fall pregnant.

For me, the unpredictability of services is discouraging, I go there up to three times and find no contraceptives. And then when you get pregnant, you cannot abort because they say how do you mean it is unwanted when you were having sex? It's unfair, it is like telling me to stop breathing. You know when you create demand and then fail to offer the service, it is difficult for the clients. It would even be better if there was no family planning services at all. Sometimes I think that if men could experience pregnancy, we would have effective advocates in the budget sessions who speak for us[96].

These sentiments suggest that there is no progressive realisation in improving availability of and access to SRH commodities and services over the years leading to weak and ineffective service delivery. Interviews with several organisations including IPPF, PLAN International, NGOCC, Planned Parenthood Association of Zambia (PPAZ) interviews highlighted the issue of inadequate budgets for SRH year after year. For instance, PPAZ said:

"I am sure officials at the Ministry of Health have told you, the biggest challenge with SRH for us is limited budgets. The ministry acknowledges that there are certain essential needs of women and girls which do not make it into the budgets. Such products and services are only available through project-based donor funding when there is a project and once the project ends, the service also ends. So the national budget does not concern itself with gendered needs of women because they are considered un-important. But as a nurse, it is difficult for me when I send people away because we are unable to offer such services due to unavailability of supplies[97]."

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[95] Interview number 51, a service user from Chilenje, Lusaka on 18 January 2021
[96] Interview number 53 with a service user from Ng'ombe in Lusaka on 18th January 2021
[97] Interview number 50 with a nurse at the Zambia Planned Parenthood Foundation on 17th January 2021.

Of course an argument can be made that for a country like Zambia, low budgets affect every sector, and that in the Ministry of Health, every department is affected by limited budgets. However, gender-unaware processes lead to women's needs being disproportionately under-prioritised and under-provided for. When there is a budget shortfall in one area, women's needs tend to be the first to be reduced in favour of another component of health due to the institutionalised gendered institutions that undervalue women's needs. These gender unaware budget decisions also affect decisions on human resource budgeting affecting how much investment can be in developing human resources for the specific needs of women. A member of the women's movement in Zambia highlighted this in an interview:

> *Even when technical experts have developed the plans and budgets, arbitrary cuts are made, and women's issues are the easy to target. Currently with the COVID-19 crisis in the country, family planning centres have been converted to COVID-19 centres, but there is no plan B for the women. That's what happens in a country where women are considered second-class citizens, and people say the women's movement just makes noise, but we will not stop making noise until these prejudices change, but I don't think that's in our life time[98].*

The lack of an overarching policy guidance on gender aware budgeting leaves this gender unaware budgeting unchallenged leading to weak SRH policy delivery in the member states and in this case, Zambia. Poor funding and arbitrary budget cuts is a sign of systemic gender non-responsive budgeting which leads to discrimination against women in service delivery influenced by deeply internalised gendered institutions that undervalue women and women's needs. . Sentiments below from the women's movement confirm this:

> *The other challenge is that the planners plan, but the minister can make an arbitrary changes in the budget, they can just reduce the amount or even remove a whole component which they do not value, and reallocate the money elsewhere. And reproductive health is an easy target for arbitrary cuts because they say need for contraception is not a disease. This is where we need parliamentarians who can interrogate the budget when it is presented in parliament to ask the right questions. So, year in year out we get under-budgeted SRH – contraception, inadequate IPTp [intermittent preventive treatment of malaria in pregnancy], no funding for safe*

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[98] Interview number 30 with the leader of the women's movement in Zambia on 7th December 2021

abortion, no funding for fistula repairs, inadequate provision for cervical cancer screening, and no one asks why? I think we need to conscientise our parliamentarians, especially female parliamentarians to carry the women agenda and defend it in parliament[99].

The challenge of gender unaware budgeting is compounded by the weak coordination between the Ministry of Health and the Ministry of Gender. While the two ministries collaborate in designing SRH programmes in order to integrate issues of gender based violence and women empowerment as part of the SRH response, their collaboration can be said to be superficial. An official from the ministry of gender shared in an interview his impressions of this collaboration:

The challenge we have is that the ministry of gender is not funded. We are supposed to work within the budgets in the sector ministries. But we do not have influence. I, for example cannot go to the ministry of health and start telling them how to do their budgets, because I am not from their ministry. I wait to get notified of what components of my portfolio have been covered and I start working on those. The other challenge is that we have very few gender planners. I am expected to work with the ministry of health, agriculture, education and social welfare to advise on gender issues in their programmes, how can I be effective in that way?[100]

These sentiments suggest that there is a tokenistic approach to integrating gender-aware planning and budgeting in health by creating ineffective structures. When the plans are not gender aware, indicators of performance are also not gender sensitive and they do not monitor the gender issues that affect the quality of performance. This affects the extent to which performance monitoring can detect gender gaps in the quality of service delivery. Reporting therefore tends to be superficial and focusses on numbers, for example how many women attended clinic and how many men attended clinic, without paying attention to the gendered inequality of service unavailability and its impact on women lives. If the system was gender aware, indicators would be gender sensitive and could therefore pick some of the gaps and flag them for corrective action.

I don't think our planning and budgeting officers are conscious of the lack of gender awareness of these processes because the system is gender blind. The lack of policy

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[99] Interview number 30 with the leader of the women's movement in Zambia on 7th December 2021
[100] Interview number 32 with a programme planner in the Ministry of Gender and community services in Lusaka on 7th December 2021.

provision to hold them accountable, or to advocate for gender aware planning and budgeting sustains the gender unaware planning and budgeting which renders our SRH programming ineffective. For us as women's movement, sometimes they consider us as noise-makers, so it doesn't matter how much we talk about this, if the policy is not gender responsive, there is no gender awareness in our planning and budgeting.[101]

This view suggests that if the MPoA offered some policy guidance on gender aware planning and budgeting, it would be a starting point for consciousness of the planners and policy-makers to begin to be gender aware. This is an area where the MPoA could have made a difference if it was clear on gender aware planning and budget. Its silence seems to reinforce the unawareness of these planning processes.

7.5 Conclusion

This chapter has built its argument on the conclusion from Chapter Six and discussed how the MPoA as a gender non-responsive regional SRH policy (Chapter Six), has failed to effectively deliver on its mandate which is to guide and support the strengthening of gender responsive and human rights-based SRH policy design and delivery for the member states. Using Zambia as a case country, the chapter has analysed how the gender non-responsiveness of the MPoA undermines its effectiveness at member state level.

The chapter has highlighted several ways in which the MPoA fails to influence and support the development of effective SRH programming strategies that are adequately responsive to the underlying gendered needs and vulnerability factors of women and girls. Firstly, by its failure to be explicitly clear and intentional about addressing the gendered needs of women (refer to Chapter Six), the MPoA seems to reinforce an approach that overlooks the needs of women and girls in Zambia's national SRH policy design and delivery. The chapter argues that the MPoA seems to take an apologetic approach by failing to clearly define its target population as women and girls and also by providing for strategies that are gender blind or gender neutral which do not specify their responsiveness to the gendered needs of women and girls as argued in Chapter Six. This lack of intentional position on women and girls in the MPoA filters to Zambia which has also adopted an approach that appears to be a gender neutral to its reproductive health policy. The MPoA fails to challenge Zambia's strong and deep rooted

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[101]Interview number 71, a member of the women's movement in Zambia on 5th February 2021

gendered institutions which undermine the development and delivery of gender responsive SRH policy.

Secondly, the MPoA fails to guide member states in building or increasing political interest for gender responsive SRH from a women's rights perspective. The chapter argues that political interest to address women's issues is important for effective and gender responsive SRH policy delivery. However, the MPoA fails to offer the necessary guidance to member states by not being clear and specific on the need for gender responsive political interest.

Another weakness of the MPoA is that it does not challenge women's exclusion in SRH policy processes. The MPoA is silent on this issue and the silence seems to reinforce women's exclusion. As a result, member states do not address exclusion of women in their SRH policy planning and delivery. In the case of Zambia women are already excluded from influential positions across sectors including in designing and delivery of SRH policy and the MPoA's silence does not help. The implications of women's exclusion are an SRH policy delivery that is ineffective and patchy, characterised by intermittent, inadequate and under resourced services leading to poor SRH outcomes for the country. For the MPoA therefore to effectively deliver on its mandate, advocating for inclusion of women and girls would have been one of the most important strategies.

Finally, but equally important, the MPoA fails to encourage and support member states in gender-aware priority-setting, planning and budgeting processes. The MPoA could challenge member states to make efforts to be gender aware in the planning and budgeting. The chapter reflects on the MPoA strategy number nine which provides for increased health financing and observes that it does not specify financing for SRH, nor for women and girls' issues (refer to Chapter Six) and assumes that increasing general health financing automatically increases financing for reproductive health needs for women and girls. However, this has not worked for Zambia whose SRH policy delivery is indicated by inadequate budgets, arbitrary budget cuts, commodity stock outs and inconsistent SRH service provision for women and girls.

The chapter therefore concludes that the MPoA fails to deliver on its mandate of supporting the strengthening of member states SRH policy design and delivery due to its gender non-responsive character which is shaped by the gendered institutions of the AU. This conclusion answers the research question why SRH in Africa remains weak despite the MPoA being collectively developed and adopted by all the member states with the aim of strengthening Africa's SRH policy response. Beyond SRH in Africa, this conclusion has added new insight

to the regionalism debate on why regionally integrated social policies oftentimes fail despite the optimism presented in literature that regionalism can leverage social policy delivery for the member states. The additional insight is that gendered institutions in regional organisations compromise the nature and character of regionally integrated social policies by creating gender non-responsive policies, which in turn compromise policy delivery at country level.

CHAPTER 8: Conclusion

8.1 Introduction - Aims and Research Puzzle

This thesis started with an observation that Africa's regional reproductive health policy delivery is currently not effective in delivering the sexual reproductive health (SRH) needs of women and girls (Sigsworth and Kumalo 2016; UNICEF 2019). My aim was to understand why this is the case when the AU's member states collectively conceived, developed and adopted a regional policy on reproductive health, which is called the Maputo Plan of Action (MPoA), aimed at improving the reproductive health outcomes for the region. The thesis therefore investigated the factors that lie behind the ineffectiveness of the MPoA delivery by the AU member states using Zambia as a case country. The thesis addressed reproductive health policy from a social policy perspective because health is part of the broader set of social issues that regional organisations' social policy frameworks focus on. For the AU, reproductive health is a key component of its social policy framework because of the intersection between poverty and reproductive health; and while poverty weakens Africa's health programming, poor people who are the majority in Africa suffer the brunt of it (Rousseau 2007; Gammage et al. 2020). The findings of this research contribute to answering a broader question about why regionally integrated social policies often fail despite the optimism presented in regionalism literature that regionalism could drive social policy.

The thesis started by acknowledging existing literature that offers some explanations as to why regionally integrated social policies oftentimes fail. One perspective in existing literature argues that regionally integrated social policies fail because historically, social policy was not part of the motivation for regionalism and that this created a path-dependency such that when regional organisations embark on social policy projects, they tend to be superficial and tokenistic (De la Porte 2021; Deacon et al. 2010; Ruano and Saltalamacchia 2021). A second explanation argued that regionalism fails to effectively deliver social policy due to the style of governance that the regional organisations follow such as the sovereignty-boosting principles and lack of or limited supra-nationality of the regional bodies which create challenges with consensus building, compromise accountability and undermine effective participation of key stakeholders in policy processes (Castles 2004; Deacon et at. 2010; Ruano and Saltalamacchia 2021; De la Porte 2021). The thesis observed that these explanations are relevant but inadequate

in explaining the failure of regionally integrated social policies because they are silent on the role of gendered institutions in the design and delivery of regional social policies.

Literature on social policy argues that gender dynamics play a critical role in the quality of social policy design and delivery by influencing institutions that bear social policy in their decision-making on priority-setting, strategy design and resource allocation in gendered ways (Waylen 2014; Lowndes 2017, 2020; Mackay et al. 2010). This literature highlights that institutions are gendered, and their structures, cultures, systems and operations influence gendered processes and outcomes that marginalise women and girls and are not fully responsive to their needs. However, this literature only focusses on the national level processes and does not apply this thinking to analysing the gendered character of regional organisations and its impact on regionally integrated social policies. The thesis interpreted this as important gap in regionalism literature that required further exploration. The thesis therefore embarked on this exploration to generate more knowledge on the role of gendered institutions in regionally integrated social policy in order to find additional and alternative explanations of why African regionalism fails to effectively deliver on its reproductive health policy despite being collectively developed and adopted by all member states. The new knowledge generated through this investigation also contributes new thinking to the broader regionalism literature on why regionally integrated social policies oftentimes fail when existing literature offers optimism that regionalism could drive social policy.

The thesis identified feminist institutionalism (FI) as an appropriate framing for this analysis because it provides a lens for analysing gender in institutions and tracing its effects on policy processes and outcomes. Applying the FI approach required tools for operationalisation to guide the definition of variables and providing interpretations of the meaning of their presence in a context. The thesis adopted existing gender analysis tools that are commonly used in policy-based research by government departments and NGOs. The selected gender analysis tools were: Harvard gender analysis framework, Moser's gender analysis framework and Longwe's gender empowerment tool because these tools can be applied to gender analysis of institutions and policies as this thesis aimed to. Furthermore, these tools make a complementary combination with each other based on the needs of this research. The gender analysis tools guided the identification and understanding of the gender gaps, how they feature and their effects on policy processes and outcomes. The FI approach offered a framework for interpreting these variables by linking them to the invisible and complex gendered institutional

factors that shape political behaviour in institutions, a perspective that only the FI approach is able to provide. The complementarity of the policy-based gender analysis tools and the FI conceptual framework addressed a methodological gap that while the FI approach provides the lens for the analysis of gendered institutions, it does not provide the tools for its operationalisation (Van der Vleuten 2016).

The research process took a case study approach, where a regional organisation that has regional social policies could be analysed to trace gendered institutions and their effect on its social policy efforts. The research process therefore selected the African Union, (AU) as the regional organisation to be studied, and the MPoA as the regional SRH policy to be analysed. The process started by analysing how gendered institutions feature in the AU's structure and culture, as well as how they shape the AU's policy processes and outcomes. The research process then studied the MPoA by analysing its development process and its contents to determine the extent to which the AU's gendered institutions influenced the development process and the contents of this particular policy. The research process had a third step that analysed the MPoA's effectiveness in SRH programming at member state level. For this stage of the analysis, the research process selected Zambia as a case country because, like other Least Developed Countries (LDCs), it has acute SRH challenges, but unique to Zambia, it has a conducive legal framework for SRH which does not get adequately implemented to deliver effective SRH for its women and girls. I found it interesting to understand factors behind Zambia's failure to implement its existing favourable legal frameworks for SRH policy delivery when a regional policy framework to support its delivery was in place. To do this, I explored how the MPoA's flaws that are shaped by the AU's gendered institutions filter into Zambia's SRH policy delivery system and perpetuate the existing country-level gendered barriers to effective SRH design and delivery. The MPoA was developed to guide and support the strengthening of member states' SRH response through the development of a gender responsive and human rights based SRH policy responses. While Zambia ratified and domesticated the Maputo Protocol that grounded the MPoA, and adopted and operationalised the MPoA through its National Health Strategic Plan (NHSP), the MPoA does not seem to be achieving the desired impact as the country has only made very low improvement in SRH since the adoption of the MPoA. This thesis argues that the MPoA fails to be effective in guiding and supporting Zambia to make its SRH delivery more effective because it is not gender responsive. The MPoA's mandate was to challenge Zambia's gendered institutions that are a barrier to effective SRH design and delivery, however, this does not work effectively because

the MPoA itself is not gender responsive. The thesis identifies four main aspects of the MPoA that bring about this failure. Firstly, that the MPoA is not intentional and deliberate enough on addressing women's reproductive health issues as shown by its failure to clearly indicate 'women and girls' as its primary target population. Secondly, the MPoA does not articulate the need for women inclusion in SRH decision-making which undermines the quality of strategy development and resource allocation at member state level. Further to these challenges, the MPoA fails guide member states on increasing political commitment for gender responsive SRH and this gap seems to sustain poor political prioritisation of SRH by the member states. Finally, the MPoA is silent on the need for gender aware resource allocation and budgeting which leads to non-responsive budgets and poor service delivery by the member states.

Extending the research from the regional level to the national level added an important lens to the analysis because while regional social policies are developed at regional level, their operational planning, budgeting and implementation takes place at national level. The regional social policy framework is meant to provide guidance and support for effective national level policy making and programming. It was therefore insightful to explore effects of the MPoA's regional level gendered flaws on country-level policy making. However, this case study is not generalisable to the region. Its conclusions not meant to reflect the situation of the whole region nor any other countries within the region. The case study has provided an opportunity for the thesis to empirically test the framework that is developed from the analysis of the AU and the Maputo Plan of Action in Chapter Five and Six because regional social policies get implemented at country level. It provides a framework that can be used by other studies aiming to analyse the role of regional SRH policy at country level through gender lens. Although the research process was successful, there were some challenges. One of the challenges was due to the COVID-19 pandemic whose second wave broke out in Zambia in the middle of the field work. This caused difficulty with interview scheduling. Some interviews were cancelled on short notice or no notice at all due to illness, self-isolation or fear of meeting a new person. This challenge was mitigated by the travel restrictions that allowed me to stay longer in Zambia to follow up on outstanding interviews. Another challenge that I encountered during the process was that interviews with service users whose responses were drawn from personal experiences tended to digress to other related but not quite relevant issues. I managed such situations by politely bringing the conversation back to focus. Although some interviews took longer than necessary, I was able to collect the information that was needed for this research. I conducted 88 interviews, 25 in Addis Ababa and 63 in Lusaka. While the 25 interviews in Addis were adequate, some categories of the 63 interviews in Lusaka were too many especially those with

service users. In future research, I would do less interviews with service users, and stop data collection process once saturation required from service users is reached. However, I used this extra information during the feedback and validation sessions that I held with policy makers, NGOs and service users in Zambia on the SRH service provision can be improved.

The third challenge related to interviewees who did not believe that gender is a problem in SRH and tried to counsel me against it, or cancel my conceptual framework by suggesting a different one. For extreme cases, I could not proceed with the interview, but for those who were willing to continue the conversation from my perspective, the interviews collected the required data. Furthermore, for data management and analysis, I was unable to access NVIVO, the software tool that planned to use for data management and analysis because I was restricted to travel back to York by the COVID19 measures. As a solution, processed the data manually, by identifying key themes guided by the Gender Analysis Frameworks. I designed matrixes that I used for data classification, coding and analysis. This process was tedious and long, but I was able to produce the results that addressed the research questions.

The application of the gender analysis frameworks was helpful in conducting the analysis of regional policy processes. However, as the tools were applied in combination in order to complement each other, the combined application in some cases turned to be more like a repetition because the tools were performing the same function. For example, in section 5.3, the Harvard activity profile and Moser triple roles tool. In future research, I would probably pick either one of these tools and combine it with a different tool that helps in explaining the findings more than performing the exact same function. This situation also obtained in section 6.4 when analysing the gender responsiveness of the MPoA. In this section, Longwe's Tool on level of recognition of women's issues was combined with Moser's Tool on distinguishing various aims of a policy or project. These tools seems to repeat each other more than complement each other and in the process, only one tool, Longwe's tool was adequately applied. Other than that, the tools were very useful in applying gender lens to the analysis of the AU and the MPoA.

8.2 Thesis Conclusion

The conclusion of this thesis speaks to the research question why reproductive health policy delivery for the AU is weak and ineffective despite being collectively conceived, developed and adopted by the member states. The conclusion acknowledges existing knowledge on

national level social policy that argues that gendered institutions underlie institutional frameworks of social policy delivery and compromise the quality and performance of social policies. However, the thesis observed that this thinking had not yet been reflected in existing analyses of regional reproductive health policy of the AU, nor indeed other regionally integrated social policies of the AU and elsewhere except in the EU. The thesis argued that based on this knowledge, a complete understanding of why regional social policies fail could be arrived at by incorporating the analysis of the effect of the gendered character of regional organisations on policy design and performance. The thesis therefore conducted an investigation of the role of gendered institutions on the design and delivery of regional social policies in Africa by using the AU and the MPoA as a case study. The thesis analysed the effect of gendered institutions of the AU on the MPoA design and delivery. The process began by analysing how gendered institutions feature in the AU and then traced their effects in the development process and the contents of the MPoA, as well as its implementation at country level using Zambia as a case country.

From this research, the thesis makes its conclusion based on the three stages of the research process outlined in the methodology (Chapter Four). In the first stage, the thesis confirms the gendered character of the AU. The thesis found that the AU features complex underlying gendered institutions which are indicated by gross under-representation of women, failure to recognise that underrepresentation of women is a setback for its performance, unequal opportunities between men and women to feature in the AU structure which are biased towards men, and gendered division of labour where women are assigned roles considered less significant, non-influential, less prestigious and those that address the so-called less important issues. There are no written rules in the AU that promote or encourage marginalisation of women, and in fact, the written rules are clear about gender equality and equal representation of women and men across the AU structures. However, informal institutions that are shaped by deeply entrenched patriarchal structures that underpin the AU, obstruct the delivery of this equality and leaves women at an average of 12% coverage of the whole structure, higher in some organs and much lower in others. The AU justifies this gendered injustice by offering an explanation that it is not possible to raise the numbers of women at this time because there are not enough capable women available for appointment. The AU further argues that the low number of women working in the AU does not affect the performance of the organisation. These sentiments suggest the presence of deeply entrenched gendered institutions that view gender injustice as normal, unavoidable and having no effect on their processes and outcomes.

Of course some structures of the AU such as the AUC have a higher percentage of women (36% women representation), which gets averaged out to a lower percentage due to the lower numbers in other structures. However, even in such circumstances where the number of women is fairly high as in the case of the AUC, a higher percentage of the roles played by these women are in administrative and support roles which are not influential in shaping decisions. This also counts as discrimination against women driven by gendered institutions (Bikketi et al 2016; Franceschet 2011). The thesis found that these gendered characteristics of the AU shape behaviours and practices of exclusion that lead to poor understanding of women's issues, under-prioritisation and under-funding of policy areas that address women's needs. In some cases these attitudes cause discontinuation of projects on account of low priority because they are considered less important, when in fact women and girls need them for their survival or to preserve their dignity but they do not have a platform to express this need. The other challenge of gendered institutions is that the few women who have an opportunity to be in the influential positions fail to effectively advocate for women fear of being considered petty, as women's issues, including essential health service provision are considered trivial and petty (Franceschet 2011).

Secondly, the thesis concludes that the gendered character of the AU negatively affects its social policy processes and outcomes leading to ineffective implementation. Through the analysis of the effect of the gendered institutions of the AU on the development process and the contents of the MPoA, the thesis found that the MPoA development process was characterised by acute exclusion of women and gender aware organisations. Their views and interest were largely ignored. The factors of exclusion were two-fold. Firstly, the AU claimed that there were not enough capable women to include in the technical teams. The justification of this underrepresentation of women by the AUC and its stakeholders was that most institutions sent men who are well-versed in SRH who could ably articulate women's SRH needs. This explanation suggests normalisation of gender bias and women's exclusion (Acker 1992). This situation also suggests presence of entrenched gendered institutions that consider women's input unimportant and that lack of women's input as no setback (Lorber 1994). Of course there were some women who participated in the process but they were a minority, making less than twenty percent representation and their influence on the process was undermined by their acute underrepresentation. The second factor for exclusion was that the opportunities for participation in the consultation processes were dominated by men because of the prestigious, international travel opportunities attached to them. Furthermore, due to

funding limitations, invitations to participate were restricted to a select few NGOs especially those who could finance the process. Both of these factors suggest underlying gendered institutions. The belief that women are not capable enough to decide on a policy issue that directly affects them is gender discriminatory; and the failure of the AU to allocate adequate resources for participation and ensure that women get fair representation is equally indicative of gendered institutions that undervalue women's participation and their views. The thesis therefore concludes that the process was not gender inclusive due to lack of meaningful participation of women and gender aware organisations.

A result of the gender non-inclusive nature of the process is that it produced a gender non-responsive policy which is not adequately responsive to the underlying SRH vulnerabilities of women and girls. The thesis came to this conclusion by conducting an analysis of the contents of the MPoA and found that seven of its nine strategies are not gender responsive because they offer SRH solutions that are homogenous when the population is gendered and SRH needs are gendered. Furthermore, the MPoA appears not to be intentionally clear on women and girls reproductive health needs and attempts to neutralise the focus on women and girls by broadening its target population beyond women and girls to every demographic in the society. This is a weakness because the MPoA is meant to be gender responsive, and gender responsiveness requires being deliberate, intentional and unapologetic about responding to the underlying gendered needs of women and girls (Mackay et al 2010; Acker 1992; Waylen 2014). This is lacking in the MPoA strategies because they are gender non-responsive. This thesis concludes that the MPoA process and content were compromised by the gendered institutions within the AU framework that shaped the MPoA development process and influenced its contents. The failure to be gender responsive is the beginning of the failure of the MPoA because it was supposed to be gender responsive and human rights based.

This thesis further finds that the gender non-responsiveness of the MPoA contributes to its ineffectiveness at the country level is because its gender non-responsive strategies are unable to challenge the gendered barriers to effective SRH programming at the country level. This conclusion is drawn from the analysis of the effectiveness of the MPoA in Zambia's SRH policy response which is the third stage of the analysis of this research.

This stage of analysis started by acknowledging that Zambia still experiences acute SRH challenges although it domesticated the Maputo Protocol; and adopted and operationalised the MPoA through its National health Strategic Plan (NHSP). The SRH progress in Zambia since

the adoption of the MPoA has been very slow, inconsistent and patchy (Sigsworth and Kumalo).While the MPoA was developed to guide and support member states such as Zambia to challenge their gendered barriers to effective SRH delivery, it is not effective enough to guide Zambia in challenging its own deep-rooted gendered barriers to effective SRH policy delivery because the MPoA itself is not gender responsive. An assessment of the effect of the MPoA in Zambia suggests four factors that compromise the MPoA's effectiveness. Firstly, the MPoA's failure to be intentional and articulate about addressing the gendered needs of women (refer to Chapter Six), the MPoA fails to challenge and guide Zambia to adequately respond to the specific SRH needs of women and girls which Zambia's SRH response currently ignores. The chapter argues due to the MPoA's rather apologetic approach by failing to clearly define its target population as women and girls and its gender non-responsive strategies, the MPoA fails to challenge Zambia's strong and deep rooted gendered institutions which undermine the development and delivery of gender responsive SRH policy. Secondly, the MPoA fails to support Zambia in building or increasing political interest for gender responsive SRH from a women's rights perspective. The chapter argues that political interest to address women's issues is important for effective and gender responsive SRH policy delivery. However, the MPoA fails to offer the necessary guidance to member states on how to build this political interest because its strategy of political interest is not specific to addressing SRH concerns of women and girls. In this way, the MPoA overlooks Zambia's failure to build political interest for addressing the specific concerns of women and girls and does not offer any support or guidance, which is part of its mandate.

Another weakness of the MPoA is that it does not challenge women's exclusion in SRH policy processes. One of the factors that weaken Zambia's SRH delivery is the exclusion of women in SRH policy processes which leads to incomplete policies drawn from one-sided views (Acker 1992). The silence of the MPoA on this issue seems to tolerate and support women's exclusion in Zambia's SRH policy processes. The implication of women's exclusion in Zambia's SRH policy processes is an SRH policy delivery that is ineffective and patchy, characterised by intermittent, inadequate and under resourced services leading to poor SRH outcomes for the country. For the MPoA therefore to effectively deliver on its mandate, advocating for inclusion of women and girls would have been one of the most important strategies. Finally, but equally important, the MPoA fails to encourage and support member states in gender-aware priority-setting, planning and budgeting processes. The MPoA could challenge member states to make efforts to be gender aware in the planning and budgeting.

However, its strategy number nine which provides for increased health financing, does not specify financing for SRH, nor for women and girls' issues (refer to Chapter Six) and assumes that increasing general health financing automatically increases financing for reproductive health needs for women and girls. However, this has not worked for Zambia whose SRH policy delivery is indicated by inadequate budgets, arbitrary budget cuts, commodity stock outs and inconsistent SRH service provision for women and girls. In this way, the MPoA fails Zambia's SRH delivery.

From this analysis, the thesis concludes that the MPoA fails to effectively deliver on effective and responsive SRH policy in Zambia because it has gendered flaws which were shaped by the gendered institutions of the AU. These gendered flaws make the MPoA ineffective in influencing or shaping Zambia's SRH policy design and delivery. This conclusions offers an explanation why reproductive health policy delivery for the AU is ineffective despite being collectively conceived, developed and adopted by all member states. This explanation is alternative to existing explanations in literature that argue that regionally integrated social policies are not effective due to poor ratification and domestication of the regional instruments, lack of accountability mechanism and other such factors which are driven by limited or lack of supra-nationality and sovereignty-boosting principles. In the case of the MPoA, ratification and domestication were done and the policy was operationalised through a local policy framework Zambia's NHSP. Its failure to be effective is due to its lack of gender responsiveness.

At a higher level, the thesis conclusion suggests that one of the reasons that regionally integrated social policies may fail is because regional organisations are gendered and their deeply entrenched gendered institutions undermine decision making for priority-setting and resource allocation for social policy design and delivery leading to ineffective delivery at country level. This conclusion suggest an alternative way of interpreting the failure of regional social policy in broader regionalism literature. It is crucial that literature on regional health and social policy to pay attention to gender, not only as a 'niche' interest for those interested in gender politics, but as a central factor in explaining the genesis, implementation and effectiveness of regional social policy. As concluded in this thesis, gender is key to understanding how regions and regional policymaking operate, in addition to the more familiar factors like the path dependence of regional institutions, their degree or supra-nationality and sovereignty boosting principles which already exist in literature. Furthermore, regionally integrated social policies must consider that processes are gender inclusive and that outcomes are gender responsive to ensure successful development and implementation processes of

regionally integrated social policies. This thesis has shown that regional policies will not realise their aims of fostering gender-responsive change at the national level if they are not inclusive and responsive in their own institutional structures. This can only be achieved if regional organisations go beyond addressing gender inclusiveness and responsiveness of their formal rules and processes, to assessing and addressing the underlying informal norms, practices and patterns that shape their operations. In this way the thesis provides useful policy advice on how to ensure effectiveness of regionally integrated social policies, especially for SRHR.

Although this conclusion may not be representative of all AU social policies, nor all regional organisations on the continent, the research provides insights that can offer alternative thinking and a research framework that can be used to study other regional bodies on the continent, as well as other social policies within the AU and beyond. Furthermore, the conclusion of this thesis can be confirmed by conducting further gendered analyses of regional organisations and social policies beyond SRH policies to develop a pattern that can inform theory formulation.

In summary, this section has presented the conclusions of this thesis. It started with acknowledging existing literature that offers some explanations as to why regionally integrated social policies oftentimes fail and argued that while relevant, these explanations are inadequate because they are silent on the role of gendered institutions in the design and delivery of regional social policies. The thesis built an analysis that led to the conclusions discussed in this section using feminist institutionalism approach to study the AU and its MPoA. The analysis extended to the member state level by studying Zambia as a case country for analysing the effect of the MPoA at member state level. The chapter also highlights some challenges that were encountered during the field work mainly due to the COVID-19 pandemic which caused interview scheduling challenges during field work.

The conclusion that has been drawn from this analysis is that the AU is a gendered organisations that is underpinned by underlying complex social structures of patriarchy that influence the political behaviour of the organisational structure and its agency. The gendered nature influences the AU to exclude women, minimise their opportunities for inclusion, assign less valued roles to them and undervalue the needs and concerns of women and girls. The exclusion of women from decision-making shape priority setting and resource allocation in gendered ways. This situation played out clearly in the case of the MPoA development process which acutely excluded women and resulted in a gender non-responsive policy. The effect of these gendered institutions at regional level also affect regional policy's effectiveness at

member state level. In Zambia for instance, while the country has its own gendered institutions that obstruct effective SRH, MPoA was developed to provide guidance and support for challenging these gendered institutions and guide the development and implementation of a gender responsive and human rights-based SRH programming. However, the MPoA falls short of this mandate because it is not adequately gender responsive itself. It fails to challenge exclusion of women in SRH programming, gender unaware budgeting, gender non-responsive targeting and strategies and gender non-responsive political commitment in Zambia's SRH policy design and design. These factors weaken Zambia's SRH delivery. To succeed in supporting Zambia in strengthening its SRH policy delivery, the MPoA needed to address these gaps, but the MPoA's own gendered flaws undermine its ability to achieve this mandate.

At a higher level, the thesis conclusion suggests that sometimes, regionally integrated social policies fail because regional organisations are gendered and their gendered character undermines social policy design and delivery. This conclusion suggests an alternative way of interpreting the failure of regional social policy in broader regionalism literature. This argument can be confirmed by conducting further gendered analyses of regional organisations and social policies beyond SRH policies to generate a pattern that can inform theory development. This research process and its conclusions have made some contributions to broader regionalism literature. The feminist institutionalist theoretical framework for the study of regional social policy failures is the first contribution that the thesis has made. This theoretical framework can be used by gender politics scholars aiming to study regional organisations with gender lens. The thesis blended this theoretical contribution with the policy-based gender analysis tools which has contributed to addressing methodological gap in the application of feminist institutionalism. Another contribution is the development of a comprehensive gendered analysis of AU and its policymaking processes and a wealth of new empirical interview data, drawn from 88 interviews, which informed the development of a detailed picture of the MPoA design and delivery processes through gender lens. This knowledge will inform the AU in its policy making processes on why some of their social policies are failing and how addressing underlying gendered issues within in its structure and agency would contribute to improving the situation. These contributions have added knowledge and evidence to existing regionalism literature which can be referred to by other regionalism scholars.

8.3 Future Research

There are a number of research interests that can be developed from the conclusions of this thesis. This section of the thesis outline a few of them.

Firstly, the role of gendered institutions in other policy areas of regionalism such as trade, security or economic integration, as well as other social policy areas such as welfare, employment and citizenship could be explored, both for the AU and other regional bodies in Africa and beyond. This thesis focussed on the effects of gendered institutions on regional reproductive health policy. The findings demonstrate that gendered institutions shaped decision making and priority setting as well as strategy development of the AU which directly influenced the design and delivery of its SRH policy, the MPoA. However, this may not be the only policy area that is undermined by gendered institutions. This conclusion may suggest that other areas of social policy, other than SRH could equally be shaped by gendered institutions. A systematic study of other policy areas using a feminist institutionalist approach could be eye opening in understanding the extent to which gendered institutions undermine regional policies that are not specifically related to 'women's issues'. A feminist institutionalist approach could offer some insights on how gendered institutions influence outcomes for those policy areas. This angle of research would contribute to understanding how gendered institutions affect all aspects of regionalism's development agenda and not just 'women's issues', thereby contributing to broader literature on the role of gendered institutions in regional integration. Additionally, it could be worth exploring how well the methodological framework applied in this thesis could be applied in other regions beyond Africa as well and how it can be adapted to suit the varying regional contexts, considering that gendered institutions are not unique to Africa even though they may manifest differently and to different intensities in other regions.

Secondly, it may be an area of interest for further research to investigate the specific ways in which gendered institutions feature in other countries in Africa using the methodological framework developed by this thesis. Understanding the specific ways in which gendered institutions feature, and how they interfere with the regional reproductive health policy in a particular country is useful for policy guidance for that country. The findings in Zambia cannot be generalised for other countries although similarities may be identified. Additionally, for purposes of theory development, extending this research to other case countries generates

evidence that can be used to generate patterns that can inform theory development for explaining the role of gendered institutions in the failure of reproductive health policy in Africa.

Finally, the relationship between the national and the regional level is another area of interest for further research. In the case of this thesis, the MPoA did not have gender responsive strategies that could be used to influence gender responsiveness at member state level, so it is not possible to determine how they would have been applied to the national level. It would be insightful to explore the extent to which a clearly designed gender responsive policy at the regional level would influence the national level gender responsive policy making in the context of Africa where such research has not yet been adequately explored. This research extension would also inform of any existing barriers that may exist between the regional and the national in terms of policy influence, and draw recommendations on how they can be dealt with.

LIST OF INTERVIEWS

Interview Code	Sex	Organisation	Interview date
1	M	AUC	17th February 2020
2	F	AUC	17th February 2020
3	M	AUC	17th February 2020
4	M	UNICEF	19th February 2020
5.	M	AUC - Advisor	19th February 2020
6.	F	African Child Policy Forum (ACPF)	19th February 2020
7.	F	Save the Children	20th February 2020
8.	M	Africa CDC	20th February 2020
9.	M	UNDP	20th February 2020
10.	F	UNFPA	24th February 2020
11.	M	UNFPA	24th February 2020
12.	M	UNICEF	24th February 2020
13.	M	PLAN International	25th February 2020
14.	F	Action Aid- Ethiopia	25th February 2020

15.	M	Save the Children	25th February 2020
16.	F	AUC	27th February 2020
17.	M	EU in Ethiopia	27th February 2020
18.	M	IPPFARO	27th February 2020
19.	F	PLAN	27th February 2020
20.	M	AUC	2nd March 2020
21.	M	AUC	2nd March 2020
22.	F	Action Aid- Ethiopia	3rd March 2020
23.	F	FCDO – Ethiopia	3rd March 2020
24.	M	Africa CDC Director	3rd March 2020
25.	F	AUC	3rd March 2020
26.	M	NGOCC	6th December 2020
27.	F	Canadian High Commission	6th December 2020
28.	F	COMESA	6th December 2020
29.	M	COMESA	7th December 2020
30.	F	Leader of women's movement in Zambia	7th December 2020

31.	M	Ministry of Health	7th December 2020
32.	M	Ministry of Gender	7th December 2020
33.	F	Ministry of Gender	7th December 2020
34.	M	Katete District Hospital	8th December 2020
35.	F	Likumbi Lya Mize member	8th December 2020
36.	F	Canadian High Commission	8th December 2020
37.	F	Former STC member	12th December 2020
38.	M	Former PRC Member	12th December 2020
39.	F	Ipas - Zambia	12th December 2020
40.	F	Women's movement	12th December 2020
41.	F	Embassy of Sweden in Zambia	13th December 2020
42.	F	Ministry of Gender	14th December 2020
43.	F	Kanyama Clinic - nurse	14th December 2020
44.	F	Embassy of Sweden	14th December 2020
45.	F	Chilenje community service user	15th December 2020

46.	F	Mathero community mobiliser	15th December 2020
47.	F	Chawama community nurse	15th December 2020
48.	F	Former member of ACBF	17th January 2021
49.	M	Chilenje community nurse	17th January 2021
50.	F	Zambia Planned Parenthood foundation	17th January 2021
51	F	Chilenje Service User	18th January 2021
52.	F	Ng'ombe service user	18th January 2021
53.	F	Ng'ombe service user	18th January 2021
54.	F	women's movement member - Lusaka	18th January 2021
55.	F	Kalingalinga service user	19th January 2021
56.	F	Bloggers network member	21st January 2021
57.	F	Bloggers Network member	21st January 2021
58.	F	Panos Institute Member	21st January 2021

59.	M	Mwanawasa Medical School	22nd January 2021
60.	F	Hope International Zambia	22nd January 2021
61.	F	School teacher – Garden Compound	25th January 2021
62.	F	Traditional Counsellor	25th January 2021
63.	F	Traditional Counsellor	25th January 2021
64.	F	School teacher Mutendere	27th January 2021
65.	M	Gynaecologist from Katate	27th January 2021
66.	F	Chongwe teacher	27th January 2021
67.	F	Family Planning mobiliser	1st February 2021
68.	F	Chelston Service user	1st February 2021
69.	F	Traditional culture promoter	2nd February 2021
70.	F	Ministry of Health	2nd February 2021
71.	F	Women's movement member	5th February 2021

72.	F	Kalingalinga Social worker	5th February 2021
73.	F	Ngwerere School Headmistress	5th February 2021
74.	F	Ngwerere school teacher	5th February 2021
75.	M	Action Aid Zambia	6th February 2021
76.	M	Law Association of Zambia	6th February 2021
77.	F	Chelston School teacher	8th February 2021
78.	M	Chawama social worker	9th February 2021
79.	F	Kalingalinga nurse	9th February 2021
80.	F	USAID Adolescent Health Specialist	9th February 2021
81.	F	Ministry of Gender	10th February 2021
82.	F	ZPPF nurse, Lusaka	12th February 2021
83.	F	Save the Children	12th February 2021
84.	M	Civil Society Constitution Agenda (CiSCA	15th February 2021
85.	F	Action Aid - Zambia	9th March 2021

86.	F	Common Cause Zambia	27th March 2021
87.	F	Ipas member of staff	3rd April 2021
88.	F	Traditional Leader	6th April 2021

Table 5: List of Interviews

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