Survey to Plan the African Community of Practice on Gender and Health

Brief Summary Report

The survey questionnaire was distributed through personal emails and email listserves across various networks. A total of 125 individuals completed the English (118) and French versions (7) between 19th July and 17th August 2022.

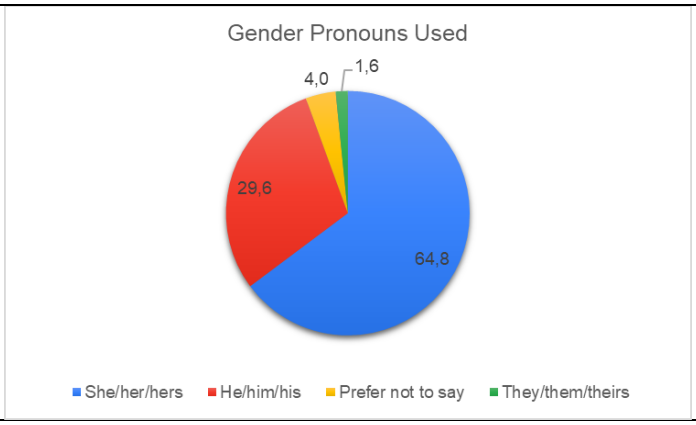
Overall the participants were predominantly women based in Africa, working in private non-profit organizations, engaged in implementing programmes and service delivery, or research monitoring and evaluation. In addition to women in Africa being the majority, participants also included men and some non-binary or non-disclosed gender identities, as well as diverse geographies, languages and professional backgrounds.

With respect to engagement with the African Community of Practice on Gender and Heath, many participants expressed enthusiasm to play active roles ranging from presenting and being a discussant in a monthly webinar, to sharing information in email groups or social media, and contributing blogs. Most participants were willing to be engaged with the group across various virtual platforms, with email the most preferred choice for the majority. English was the most preferred medium of communication, and majority indicated command of the language.

Overview of the aggregated results of the survey are presented herewith.

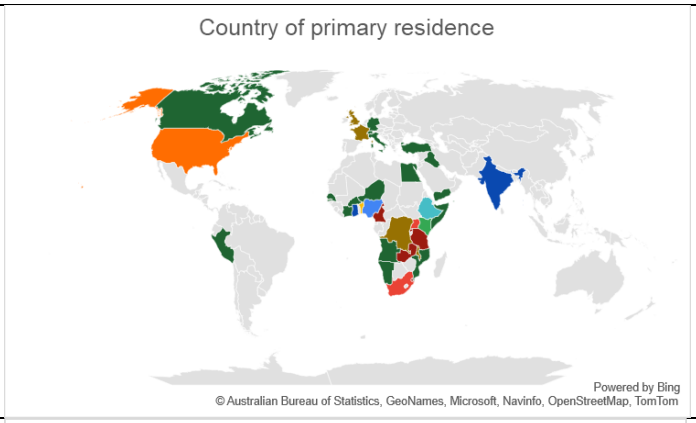
1. Genders

Participants were primarily women, with almost a third being men, and a small proportion preferring not to disclose or reporting non-binary identities.



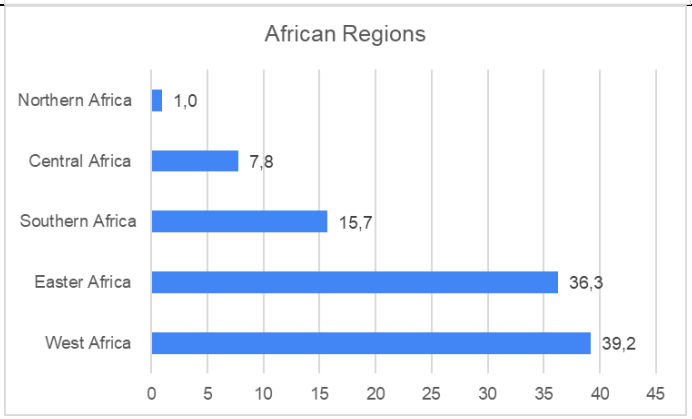
2. Geographies

3.1 Participants were spread across 37 countries, with the vast majority based in Africa (81.6%). The remaining portion of the participants (17.6%) were based outside the continent.



3.2 A closer look at the regional distribution of participants across Africa shows that the majority were based in Western (across 8 countries) and Eastern Africa (9 countries), followed by Southern Africa (3 countries), Central Africa (4 countries), and Northern Africa (1 country).

3.3 Close to half of the participants are from five Africa countries: Nigeria (17.6%), South Africa and Uganda (9.6% each), Benin (6.4%) and Kenya (5.6%).

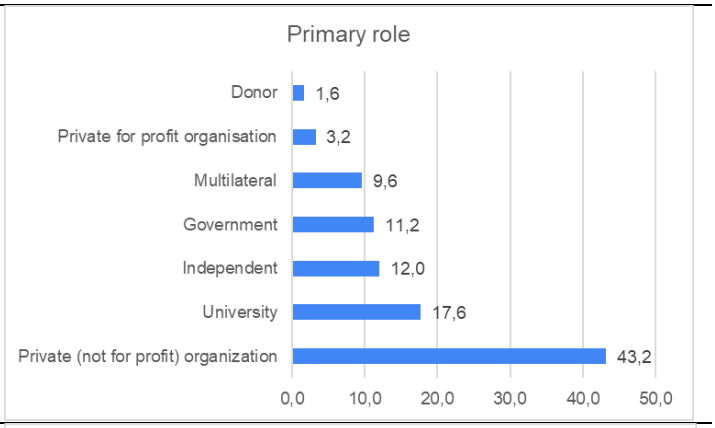


3.4 The first three citizenship nationalities were Nigeria, South Africa and Ethiopia. With the first two mirroring the geographic residence of participants. After these three main categories, participants include a range of African and non-African citizenship.

4. Professional roles, interests and networks

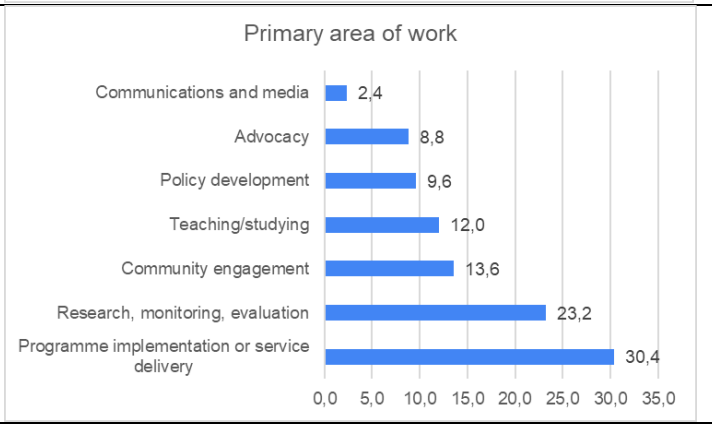
4.1 Organisational base

Participants were affiliated to diverse types of organisations. Over two-fifths of the participants are located in private not for profit organizations. Universities were a distant second, followed by those who reported being independent, or working in government and multilateral institutions. A very small portion of participants also come from private for profit organisations and the smallest proportion from donor organisations.



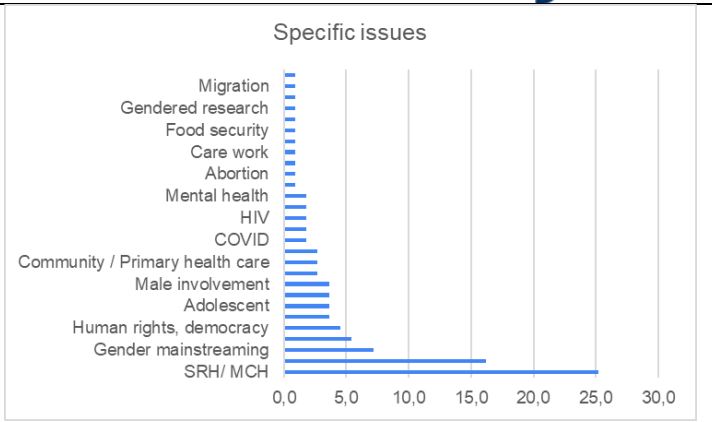
4.2 Primary role

Three in ten participants were engaged in programme implementation or service delivery. Research, monitoring and evaluation was the next most reported primary area of work, reported by a quarter of the participants. Significant proportions of the participants were also engaged in community work, scholarly activities, policy development, advocacy and communication and media.



4.3 Gender and health interests

From 111 respones, many reported working on sexual and reproductive health, maternal and child health and gender-based violence. Several also mentioned gender mainstreaming, primary health care and immunization, neglected tropical diseases, humanitarian contexts, adolescents and working with men. A great variety of health conditions were listed ranging from TB/HIV to mental health/ NCDs, marginalized issues and populations (abortion, LGTBQI, disability), as well as broad cross-cutting themes such as climate change and food security.



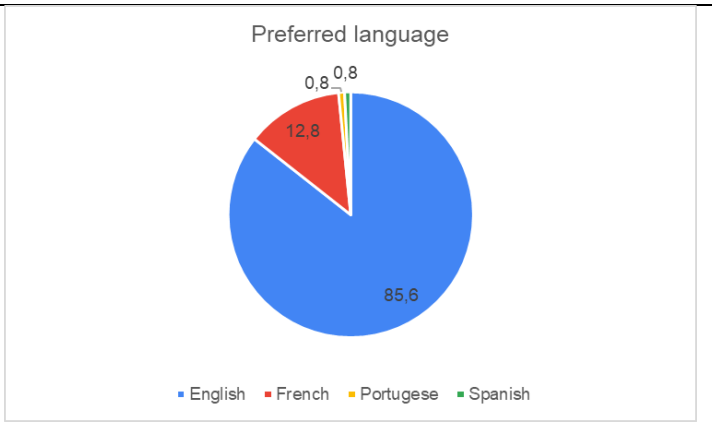
4.4 Other related networks

60 participants reported networks they are part or aware of. Most of them were independent of each other, representing many diverse networks operating at national and regional level. Six participants mentioned belonging to Women in Global Health.

5. **Languages***:* While the French version of the survey was released after the English one, most of the respondents were from the English survey.

5.1 Preferred language

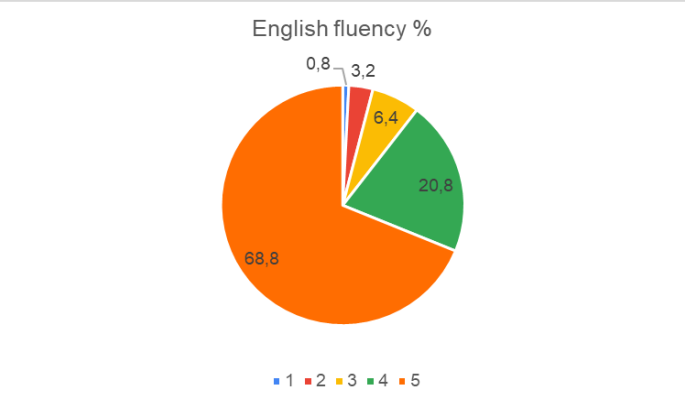
English was the preferred language of engagement on the COP platform for the vast majority of the participants. French was the preferred language for 12.8% of the participants. Spanish and Portuguese were also reported as preferred languages by one participant each.



5.2 English fluency

About 9 out of 10 participants reported having above average fluency or more.

Key: 1= Not at all fluent, 5 = Completely Fluent

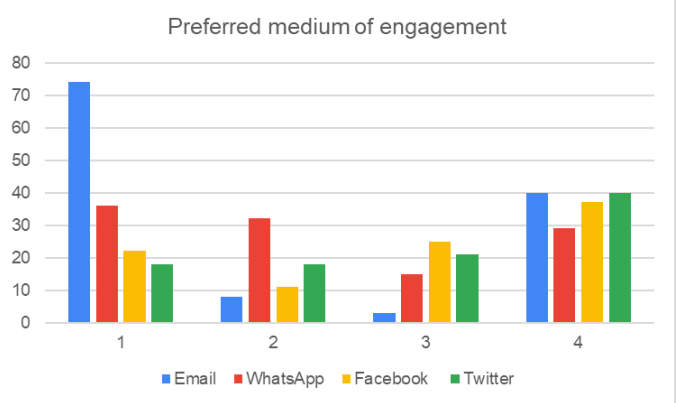


6. Forms of engagement

6.1. Forms of online engagement.

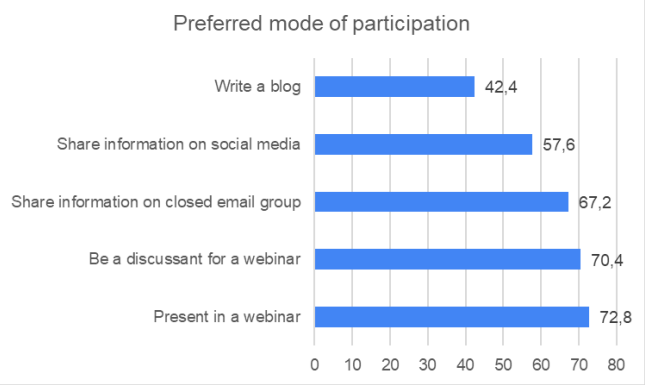
Participants were open to engaging with the group through various online and social media platforms. Email was the most preferred avenue for the majority of the participants (n=74), followed by WhatsApp (n = 36), Facebook (n=22), and Twitter (n = 18).

Key: rank 1=most preferred, 4=least preferred



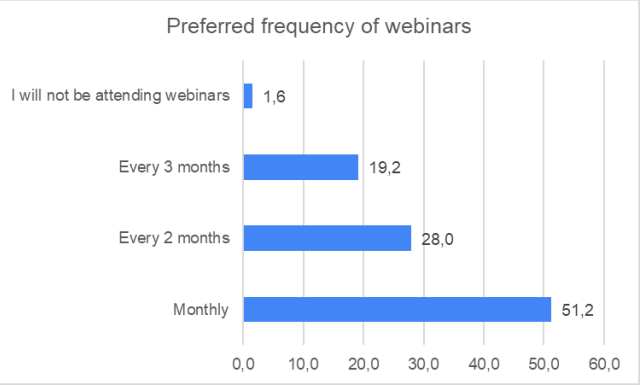
6.2 Types of engagement

Participants expressed enthusiasm to engage with the group actively and assume different roles. Seven in ten participants showed interest to present in a webinar and be a discussant. The next categories of participation garnering significant interest were sharing information on closed email groups and sharing information on social media. A significant proportion of participants indicated being keen to contribute to blogs.



6.3 Webinar frequency

If we were to launch a webinar series as one of the community building activities, the most preferred frequency for the webinar was monthly, reported by a little over half of the participants. With almost another half reporting slower frequencies. Only a small proportion reported not engaging with the webinar format.



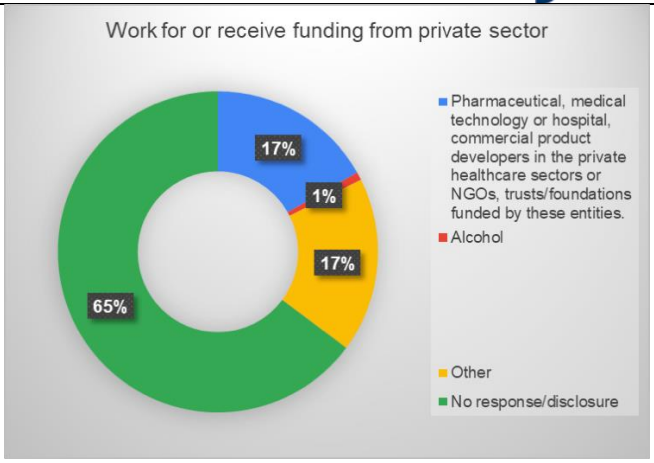
7. Disclosures of commercial interests that profit ill-health

Given the commercial determinants of health, we wanted to be transparent about any such possible influences and therefore asked participants to disclose any such relationships. We realised that our question could have been framed better, and therefore plan to follow up with participants to gain further clarity.

Disclosure: Please provide details if you do work for, or receive funding, salary, stock options, payment, or gratuities from private sector organizations from any of the following industries:

17% disclosed working with or receiving fund from pharmaceutical, medical technology or hospital, commercial product developers in the private healthcare sectors or NGOs, trusts/foundations funded by these entities. An equally significant proportion (17%) of participants reported similar affiliation with the private sector without specifying the nature of the industry. Only 1% of the participants reported having financial relationship with the alcohol industry. None of the participants disclosed having financial relationship with the tobacco, weapons, gambling, sugary drinks, or fast-food industries.

The vast majority (65%) were silent (skipped) on the question, which is indicative of the absence of any such relationship or unwillingness to disclose.



Annex – Tables

1. Disclosure: Please provide details if you do work for, or receive funding, salary, stock options, payment, or gratuities from private sector organizations from any of the following industries:

Work for receive funding from private sector organizations	N	%
Pharmaceutical, medical technology or hospital, commercial product developers in t private healthcare sectors or NGOs, trusts/foundations funded by these entities.	21	16.8
Alcohol	1	0.8
Other	22	17.6
No response/disclosure	81	64,8
Total	125	100,0

2. Gender Pronouns Used

Gender Pronouns Used	**N**	**%**
She/her/hers	81	64,8
He/him/his	37	29,6
Prefer not to say	5	4,0
They/them/theirs	2	1,6
Total	**125**	**100,0**

3. Country of Primary Residence

Country of Primary Residence	**N**	**%**
Nigeria	22	17,6
South Africa	12	9,6
Uganda	12	9,6
Bénin	8	6,4
Kenya	7	5,6
USA	6	4,8
Ethiopia	5	4,0
Ghana	4	3,2
India	4	3,2
Cameroon	3	2,4
Eswatini	3	2,4
Rwanda	3	2,4
Tanzania	3	2,4
Zambia	3	2,4
UK	2	1,6
Congo	2	1,6
Democratic Republic of Congo	2	1,6
France	2	1,6
Malawi	2	1,6
The Gambia	2	1,6
Angola	1	0,8
Burkina Faso	1	0,8
Canada	1	0,8

Cote d'Ivoire	1	0,8
Egypt	1	0,8
Germany	1	0,8
Iraq	1	0,8
Italy	1	0,8
Mozambique	1	0,8
Namibia	1	0,8
Niger	1	0,8
Peru	1	0,8
Senegal	1	0,8
Somalia	1	0,8
Switzerland	1	0,8
Turkey	1	0,8
Yemen	1	0,8
Prefer not to say	1	0,8
Total	**125**	100

African country and region of primary residence

Western Africa	N	%
Nigeria	22	17,6
Bénin	8	6,4
Ghana	4	3,2
The Gambia	2	1,6
Burkina Faso	1	0,8
Cote d'Ivoire	1	0,8
Niger	1	0,8
Senegal	1	0,8
Eastern Africa		
Uganda	12	9,6
Kenya	7	5,6
Ethiopia	5	4
Rwanda	3	2,4
Tanzania	3	2,4
Zambia	3	2,4
Malawi	2	1,6
Mozambique	1	0,8
Somalia	1	0,8
Southern Africa		
South Africa	12	9,6
Eswatini	3	2,4
Namibia	1	0,8
Central Africa		
Cameroon	3	2,4
Congo	2	1,6
Democratic Republic of Congo	2	1,6

Angola	1	0,8
Northern Africa		
Egypt	1	0,8

African region of primary residence

Regions	**F**	**%**
West Africa	40	39,2
Southern Africa	16	15,7
Easter Africa	37	36,3
Central Africa	8	7,8
Northern Africa	1	1,0
Total	102	100,0

4. Citizenship

Citizenship	**F**	%
Nigerian	20	16,0
Ugandan	11	8,8
Beninese	9	7,2
South African	7	5,6
American	7	5,6
Ethiopian	6	4,8
Kenyan	5	4,0
Indian	4	3,2
Tanzanian	4	3,2
Cameroonian	3	2,4
Canadian	3	2,4
Swati	3	2,4
Ghanaian	2	1,6
Malawian	2	1,6
Senegalese	2	1,6
British	2	1,6
Zambian	2	1,6
Angolan	1	0,8
Burkinan	1	0,8
Canadian and Ghanaian	1	0,8
Canadian and British	1	0,8
Canadian, Malian, American	1	0,8
Congolese	1	0,8
Ivorian	1	0,8
Danish	1	0,8
Congolese and American	1	0,8

Egyptian	1	0,8
French	1	0,8
Gambian	1	0,8
Haitian	1	0,8
Iraqi	1	0,8
Irish	1	0,8
Italian	1	0,8
Kenyan	1	0,8
Basotho	1	0,8
Mozambican	1	0,8
Nigerien	1	0,8
Pakistani	1	0,8
Peruvian	1	0,8
Rwandan	1	0,8
Senegalese, American	1	0,8
Somali	1	0,8
South African; British	1	0,8
American, Irish	1	0,8
Yemeni	1	0,8
Missing	5	4,0
Grand Total	**125**	100,0

5. Primary role of organization

Primary Role	**F**	**%**
Private (not for profit) organization	54	43,2
University	22	17,6
Independent	15	12,0
Government	14	11,2
Multilateral	12	9,6
Private for profit organisation	4	3,2
Donor	2	1,6
No response	2	1,6
Total	**125**	100,0

6. What is your primary area of work?

Primary area of work	**F**	**%**
Programme implementation or service delivery	38	30,4
Research, monitoring, evaluation	29	23,2
Community engagement	17	13,6
Teaching/studying	15	12,0
Policy development	12	9,6
Advocacy	11	8,8

Communications and media	3	2,4
Total	**125**	100,0

7. What specific issues related to gender and health do you work on?

Issues
A. The first major area of work (Human Rights), B. The second main area of work (democracy): C. The third main area of work (Education)
Abortion right and access
Access to health services
Access to Sexual Reproductive Health Rights
Addressing health inequalities in gender perspective
Adolescent health issues
Advocacy for Gender mainstreaming in policy and programs
Advocacy, programme development and management, resource mobilisation, capacity development
Alcohol use disorder
Assessment of gender (and regional) inequalities in health, for instance, in COVID-19 vaccines distribution.
care work/domestic work in Africa
Child Protection (Violence against Children and Women)
Climate finance and women-hunger
Collecting and disseminating data; Helping to mainstrain gender and health in news media on the continent; capacity-building and training on data journalism
Community health care
Community Psychology
Covid
curriculum and programmes design and delivery, and evaluation , gender related research
Education, Santé de la Reproduction et Violences Faites aux Femmes
EN CONSULTORIO DE LA MUJER
Equitable access to care
Equity in Access
Gbv
GBV prevention and management
GBV, CEFM, Providers bias and behaviors
GBV, Family Planning; Adolescents & Maternal Health
GBV, social norms, research on women's social and economic empowerment
GBV,SRH, bodily autonomy, HIV and economic empowerment
Gender & SRH, Social Justice & gender in global health
gender and immunization, implementation science
Gender and women Empowerment, Gender Based Violence, Violence Against Children Community sensitization
Gender barriers to equitable access to medical products
Gender Equality and Social Inclusion
Gender equality, Gender Roles, Gender base violence and key population, Human rights

Gender equity
gender equity, youth, and inclusion (GYSI), monitoring, evaluation, research, and learning (MERL), localization , capacity development , equity, diversity, and inclusivity
Gender in Health Technical Working Group, Federal Ministry of health
Gender in immunization
Gender integrated health programming
Gender issue awareness and advocating Minority Rights Inclusion within Humanitarian aid service delivery in Somalia
Gender issues in Neglected Tropical Diseases
gender issues on neglected tropical diseases and how to mainstream gender in these programs
Gender lens to evaluation of health policy and programming;
Gender mainstreaming
gender mainstreaming in policies
Gender mainstreaming, SRHRs, GBV, HRH, health systems strengthening
gender related TB research
gender roles in community engagement and development; health issues and development
Gender sensitive programming around SRH/FP
gender stereotypes around women's sexual and reproductive health
Gendered impacts of COVID-19; universal health systems, with particular attention to gender equality and practical policy analysis and processes in support of change; and understanding patterns of vulnerability, exclusion and systemic inequalities from a social determinants of health perspective
Gendered pathways to seeking health care with TB
Generating research evidences
Harmful traditional practices on women and reproductive health mobidities affecting women and girls
Health rights
Health sector response to violence
HIV/AIDS, Key Populations programming, Human rights
Immunization
Immunization and MHC
Including sex and gender in outbreak investigation and response
Inclusion, norm shifting, decision making
Integrating gender issues into health data collection and analysis
Involvement of both men and women in primary health Care services
Male Engagement into Service Delivery; Gender Based Violence (GBV) Response
Male involvement in Reproductive Health/Family Planning
Maternal and perinatal mortality, Death audit, Covid-19
Maternal and Reproductive Health Rights, Sexual and Reproductive Health Rights, Road Safety, Women with Disability, Gender Based Violence
Maternal health
Maternal, newborn and child health
migration and policy development
xxx is an experienced researcher and global health specialist who worked extensively on health systems in fragile states and LMICs, focusing on the intersectionality between health, and

gender and protection (SGBV/ child protection). For the last 12 years, she led multi-country humanitarian response and research in over 15 countries (Including Liberia, Lebanon, Libya, Uganda, Kenya, Egypt, Iraq, Djibouti, Bangladesh, Sudan, Yemen, South Sudan and Jordan), with reputable United Nations Agencies, INGOs, and Red Cross and Red Crescent Societies. She contributed to multiple health activism avenues, including the Arab Coalition for Population and Development and the Post-2015 Global Advocacy Group. xxx
NCDs and HIV in Malawi and Mozambique Using gender analysis and gender power dynamics
Neglected Tropical Diseases
On none of the questions yet
Oral Health
Oral health care
Policy development, advocacy on gender and health issues such as health financing etc..
Policy influence on SRHR with a focus for underserved areas and issues
Policy influence to increase access to SRHR and safe abortion services for young people particular women and girls
Portfolio of family planning with a lens to reduce gender inequities
Prevention of Sexual Exploitation Abuse and Harassment , UHC and Gender Equality, Women Leadership in Health
Primary Healthcare assistance
Promoting women's rights in public health
Public Health
Reduction of maternal mortality and morbidity
Reproductive Health
Reproductive health
Research and guidelines for the inclusion of gendered data in outbreak and public health response
Ressources humaines en santé, qualité des soins de Santé, santé et droits sexuels, maternels et infantiles
Senior Gender Advisor & Rwanda Country Representative
Sexual and Reproductive Health Rights
Sexual and gender-based violence, Poverty, inequity,
Sexual and Reproductive Health and Rights and services delivery
sexual and reproductive health and rights, RMNCAH-N
Sexual and reproductive health and rights; sexual and gender-based violence; economic equity; women's entrepreneurship; LGBTQ+ rights; gender equity in tech; gender equity in innovation and entrepreneurship
Sexual health, mental health, health behaviour, help seeking, health inequality, Vulnerability and health policy.
Sexual Health, Reproductive Health, Mental Health and Gender Transformative Health Systems
Sexual Reproductive Health
Sexual Reproductive health and rights
sexual reproductive health for AGYW
sexual, reproductive maternal and Newborn and gender equity in global health leadership
Sexual, reproductive, maternal and newborn health

Social norms, power dynamics, providers bias and behaviors as they apply to GBV, and SRHR
socio cultural barriers to adolescent girls and boys accessing services and information
SRHR
Support countries to develop equitable health policies, teach University (graduate and undergraduate) courses on diversity & inclusiveness
The Burden of Non-Communicable Diseases (NCDs)
The neglect of men in public health
Training
Trauma program development, access equity, poverty, survivor decision making
Violence prevention: Implementation research for scaling up interventions; Developing, adapting and testing novel interventions for VAC and VAW prevention;
We are working toward the following gender-related objectives: 1. Apply SBC methodologies that address intractable or challenging gender-related attitudes, norms, and behaviors to achieve sustainable change in health outcomes 2. Expand the integration of SBC approaches in service delivery programs that address gender-related factors 3. Improve capacity of country partners (e.g., governments, nongovernmental organizations, and community-based organizations) to design, implement, and evaluate gender transformative approaches using SBC 4. Mobilize coordinated leadership and investments in the application of SBC to achieve gender equality and improve health outcomes using SBC programs to address underlying gender-related attitudes, norms, and behaviors, including among people who do not typically access health services, such as men and young people, as well as the people who provide services, such as clinical health-care providers and community health workers. The efforts are extended beyond health services into the community and/or other related institutions to provide tailored information, address gender discrimination and inequitable gender roles, and encourage couple communication and community dialogue to support positive changes in health outcomes (see Breakthrough ACTION–Nigeria Gender Strategy). One of the priorities is to increase women's participation in decision making, this has a direct impact on health outcomes for women and children, we believe there is a constituency of religious and traditional leaders ready to support this goal, and it could be an entry-point for other gender equity issues to be addressed in time. Other priorities include awareness of risks of early pregnancy and attitudes around gender-based violence. We are working with religious and traditional leaders as a pillar of the gender approach, as they are key arbiters of social and cultural issues in the North
Women and girls' empowerment, adolescent girls, health, child early and forced marriage, education and skills in safe spaces for adolescents
Women have very limited power to decide when to vaccinate their children.
Women, Children and Adolescents/ PMNCHA
Women's health well being with regards to access of basic services such as water, sanitation, covid-19 and nutrition.
women's health in LMICs especially in the context of NTDs

Work in a limited area but interests extend to maternal health, gendered power relations in communities/stakeholder relations, gendered discrimination in healthcare access , women and leadership
Youth and women's issues
Grand Total 111

8. What other gender and health networks are you a part of/ or aware of in Africa?

Network	**N**
Gender in health technical working group [GiHTWG] in Nigeria	1
Africa Health Organization	1
Africa Regional SGBV Network	1
African Gender & Development Evaluators Network (AGDEN)	2
African Network of Reproductive health and Rights	1
African Society for Social and Behavior Change	1
African women's leadership network	1
Association des femmes scientifiques du Burkina Faso	1
Aucun	1
Boost community	1
Center for Gender and Policy Studies	1
Civil Society For Malaria Elimination (CS4ME)	1
Communauté de pratique prestations des services de santé	1
Community of Practitioners in Accountability and Social Action in Health (COPASAH)	1
Data for Health Initiative	1
Data2X	1
DomEQUAL: A Global Approach to Paid Domestic Work and Global Inequalities	1
East, Central and Southern Africa Health Community (ECSA-HC)	1
Eastern Africa Social Norms Initiative	1
EPHNET	1
Equalitynow	1
EQUINET Africa	1
Equity Watch Initiative, Forum for African Women Educationalist	1
Faith to action network	1
FAWE	1
Feminist Coalition	1
FEMNET	1
FP2030	1
GBV Prevention Network	1
Gender and COVID working group	1
Gender mainstream	1
GFF	1
Global Fund Advocate Network (GFAN)	1
Global heath, WANEL	1

Health hub	1
Health Systems Global	1
Humanitarian gender network	1
IAWG	1
IBP network	1
IGWG	1
Influential women foundation in Ghana	1
InterAgency Gender Working Group	1
Kenya Medical Women Association (KEMWA)	1
Male Engagement Task Force	1
Mbale CAP	1
Medical Women Association of Tanzania (MEWATA)	1
MenEngage Alliance	3
Mosaic	1
National Forum (NFHR)	1
Ndifuna ukwazi	1
Nigeria Social Norms Learning Collaborative	1
plateforme "The collectivity	1
PMNCH (WHO)	1
Queen Afua Health & Wellness Institute	1
réseau "Afrafra"	1
Réseau des Synergies contre les Pathologies Tropicales (RESIPAT)	1
Sexual Violence Research Initiative	1
Society of Gender Professionals	1
SOLO CONOZCO	1
SONKE Gender Justice	2
SRHR Action Coalition Generation Equality	1
SRJC	1
SVRI	2
Tanzania Gender Networking Program	1
TB Proof	1
The Africa Gender network	1
Uganda Gender Person's of Contact	1
UNGH	1
USAID	1
Vesico viginal Fistula, Female genital mutilation, Maternal mortality	1
Women in Global Health Chapters	6
Women in Global Health Equity Hub	1
Women in the Africa Community Networks Movement	1
Women in the Informal Economy under Globalisation and Organisation (WIEGO)	1
World Bank SWEDD	1
Total respondents	**60**

9. Preferred language

Preferred language	**F**	**%**
English	107	85,6
French	16	12,8
Portuguese	1	0,8
Spanish	1	0,8
Grand Total	**125**	100,0

10. Please estimate your overall fluency in English (1= Not at all fluent, 5 = Completely Fluent)

Overall fluency in English	F	%
2	4	3,2
3	8	6,4
4	26	20,8
5	86	68,8
Total	124	100,0

11. How would you prefer to be engaged with the group? (rank 1=most preferred, 4=least preferred)

Preferred medium of engagement	**Email**	**WhatsApp**	**Facebook**	**Twitter**
1	74	36	22	18
2	8	32	11	18
3	3	15	25	21
4	40	29	37	40

12. How would you like to participate?

Preferred way of participation	**F**	**%**
Present in a webinar	91	72,8
Be a discussant for a webinar	88	70,4
Share information on closed email group	84	67,2
Share information on social media	72	57,6
Write a blog	53	42,4

13. How often would you attend webinars on gender and health in Africa?

Frequency of webinars	**F**	**%**
Monthly	64	51,2
Every 2 months	35	28,0
Every 3 months	24	19,2
I will not be attending webinars	2	1,6
Total	125	100,0