

# Women's health is climate policy: centring gender in Zimbabwe's Climate Change Management Bill

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The recently concluded Parliament of Zimbabwe's (PoZ) public hearings on the Climate Change Management Bill, HB 05 2025, have surfaced a vital truth: climate change is not gender neutral, nor health neutral. In Zimbabwe as across Sub-Saharan Africa women shoulder disproportionate climate risks because of entrenched social, economic, and cultural inequalities (Global Gender and Climate Alliance (GGCA), 2016). If this Bill is to deliver real resilience, it must embed gender-responsive, health-inclusive provisions from design to delivery, with accountability for results (GGCA, 2016; Harare Declaration, 2024; Zimbabwe Parliament, 2025).

Growing evidence shows that rising temperatures are already reshaping women's daily lives in low-income and developing-country settings (GGCA, 2016). Increased heat exposure slows routine activities and forces women to spend more hours fetching water, firewood, and food, magnifying the drudgery and burden of unpaid care and domestic work. This time squeeze shortens hours for paid work, rest, and self-care, with knock-on risks to maternal, sexual and reproductive health and broader wellbeing (Resurrección et al., 2019).

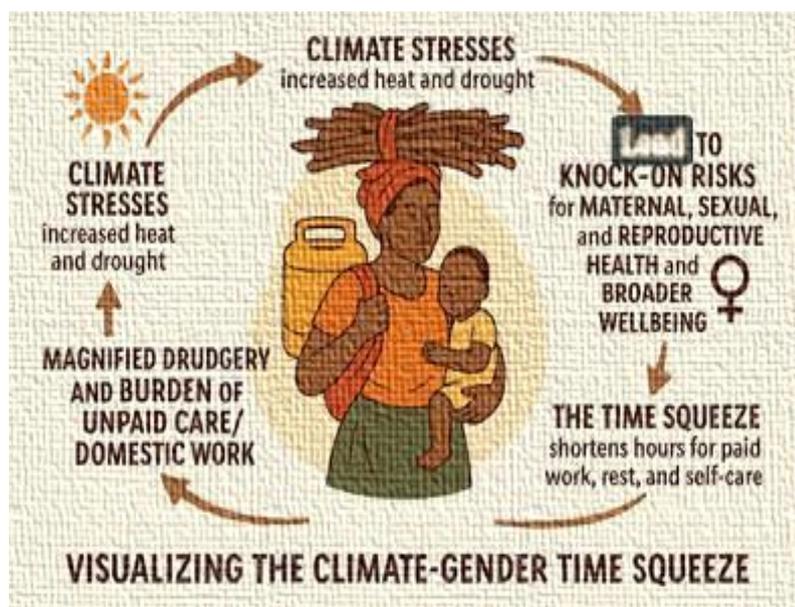


Figure 1 Visualising the climate gender time squeeze

These constraints intersect with reproductive demands and socio-economic inequalities in predominantly patriarchal societies, limiting women's choices and capacities to adapt (Djoudi et al., 2016). Health system capacity constraints including workforce attrition and service disruptions compound these risks, particularly for reproductive, maternal, newborn and adolescent health services (Harare Declaration, 2024). Compounding burdens such as HIV and AIDS and climate-sensitive diseases

(malaria, tuberculosis, schistosomiasis) further elevate women's and girls' vulnerability (GGCA, 2016; Resurrección et al., 2019). In short: Zimbabwe's climate law must take women's time, care, health, and agency seriously.

## Why women's health and gender equality are climate priorities

- **Gendered exposure, sensitivity, and adaptive capacity-** Women's roles in small scale agriculture, water collection, fuel provisioning, and caregiving heighten exposure to heat, drought, and disease risks, while structural barriers to land, credit, information, and decision-making constrain adaptive capacity (GGCA, 2016; Hakhu, 2019).

- **Climate health nexus-** Changing temperature and rainfall patterns amplify malaria, cholera, and other infectious disease risks that disproportionately affect pregnant women and children; climate shocks also disrupt access to maternal, sexual, and reproductive health services (GGCA, 2016; Harare Declaration, 2024; Resurrección et al., 2019).
- **Time poverty and unpaid care work-** Climate stresses increase the hours women spend securing water, food, and energy, intensifying unpaid care burdens and reducing time for income generation, education, rest, and civic participation (Resurrección et al., 2019).
- **Intersectionality matters-** Gender intersects with age, disability, class, ethnicity, and location to shape vulnerability and agency. Treating “women” as a homogenous category obscures who is most at risk and what works for whom (Djoudi et al., 2016).

### About the PoZ public hearings. What we heard and what we need to do

ISEJ’s submission to Parliament urged that the Bill be strengthened across four fronts: rights and consent; climate-health research and capacity; governance and accountability; and financing and delivery partnerships. These priorities align with global lessons on “mature” climate mainstreaming and gender-transformative adaptation (Lam et al., 2024; Resurrección et al., 2019; Zimbabwe Parliament, 2025).

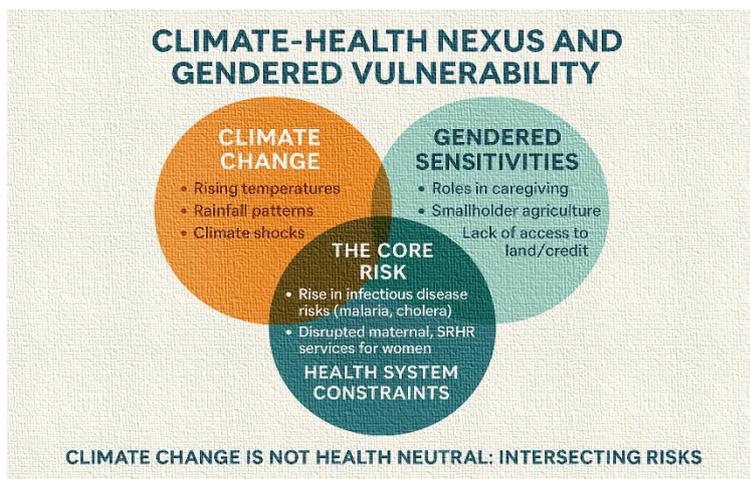


Figure 2 Climate change is not gender neutral

“victimisation” narrative, and recognises women’s agency (Djoudi et al., 2016; Resurrección et al., 2019).

### Rights and meaningful consent

The Bill should codify inclusive, transparent, free, prior and informed consent (FPIC) for climate-related projects, with specific safeguards for women, youth, persons with disabilities, Indigenous and marginalised communities. Must not be a box-ticking exercise; FPIC redistributes voice and power in decision-making, counters

### Climate–health intelligence and capacity

Establish a national climate–health research and action unit, aligned to the Harare Declaration on Climate and Health in Africa, to:

- Generate sex-, age-, and disability-disaggregated data on climate-sensitive health outcomes.

- Map hotspots where climate hazards and gendered sensitivities overlap (e.g., heat stress in pregnancy, malaria in pregnancy, drought-related malnutrition among female-headed households).
- Train health workers and community cadres in climate-informed surveillance, risk communication, service continuity, and respectful, gender-sensitive care (Harare Declaration, 2024; GGCA, 2016; Resurrección et al., 2019).

## Gender mainstreaming that goes beyond “add-and-stir”

Experience from UN institutions shows mainstreaming works when it is both programmatic and organisational (Lam et al., 2024):

- **Dual strategy-** Combine gender mainstreaming across all climate programmes with targeted measures where gaps persist (e.g., dedicated finance for women farmers’ access to irrigation, climate-resilient seed, and extension; clean energy and cold chains for health facilities; safe transport for maternity referrals). This twin-track approach avoids token “women’s projects” and delivers systemic change (Lam et al., 2024; Hakhu, 2019).
- **Organisational mainstreaming-** Line ministries, the proposed climate authority, and local authorities must integrate gender into mandates, budgets, operating procedures, performance frameworks, and learning systems supported by dedicated gender expertise and resources (Lam et al., 2024; Resurrección et al., 2019).



Figure 3 ISEJ recommendations to strengthen the Bill

- **Accountability architecture-** Create a climate-gender accountability framework, gender-responsive planning and budgeting; results indicators; independent evaluation; audits; and public reporting. Build in incentives (and consequences) so mainstreaming is more than “box-ticking” (Lam et al., 2024; Hakhu, 2019).

## Climate justice, participation, and care

A climate justice lens recognises that those who contribute least to emissions often face the greatest harms and that adaptation can reproduce inequities if we ignore power (Lam et al., 2024; Resurrección et al., 2019). The Bill should:

- Guarantee representation of diverse voices (women, youth, persons with disabilities) on climate councils and committees, from national toward level, and resource their participation.
- Invest in research and social infrastructure water, sanitation, clean energy for health facilities and households, childcare and labour-saving technologies to reduce women's unpaid care burden and enable participation in adaptation planning and economic opportunities (Resurrección et al., 2019).
- Protect and expand women's rights to land, productive resources, technology, climate finance, and markets; prohibit discrimination in access and control and provide redress mechanisms (GGCA, 2016; Resurrección et al., 2019).

## From policy to practice, what to write into the Bill and its regulations

- **Principles and definitions-** Explicitly recognise gender equality, health equity, intersectionality, and climate justice as guiding principles. Define gender-responsive climate action and gender-transformative adaptation (Resurrección et al., 2019).
- **Planning and budgeting-** Mandate gender analysis for all climate strategies, NDC/NAP-aligned plans, and projects; require sex-, age-, and disability-disaggregated baselines, targets, and indicators. Tie public allocations and approvals to demonstrable gender-responsive design (Lam et al., 2024; Hakhu, 2019).
- **Consent and safeguards-** Embed FPIC in permitting; require social and gender impact assessments; enforce accessible grievance mechanisms for women and marginalised groups (Djoudi et al., 2016; Zimbabwe Parliament, 2025).
- **Institutions and expertise-** Establish a Gender and Climate Unit within the climate authority; appoint gender focal points in each line ministry and metropolitan/provincial/local authority; fund civil society partnerships to co-deliver outreach and independent monitoring (Resurrección et al., 2019).
- **Monitoring, evaluation, and learning-** Create an independent mechanism to evaluate gender and health outcomes of climate action (including unintended effects) and to course-correct. Publish annual climate–gender scorecards (Lam et al., 2024).
- **Research and data-** Fund sustained capacity building for policymakers, implementers, and communities on gender-responsive, health-inclusive climate action; institutionalise disaggregated data collection and open data sharing across ministries (Hakhu, 2019; GGCA, 2016).
- **Finance-** Earmark public climate finance for gender-responsive and climate–health priorities; require international climate funds channelled through Zimbabwe to meet GCF/GEF gender policy standards; incentivise private actors to uphold gender and health safeguards (Hakhu, 2019; Lam et al., 2024).

## Avoiding common pitfalls

Evidence cautions against the token “*just add gender*” which tends to be box ticking and light on accountability. The alternative is to aim higher: transformative adaptation that changes who decides, who benefits, and who bears care (Resurrección et al., 2019; Lam et al., 2024).

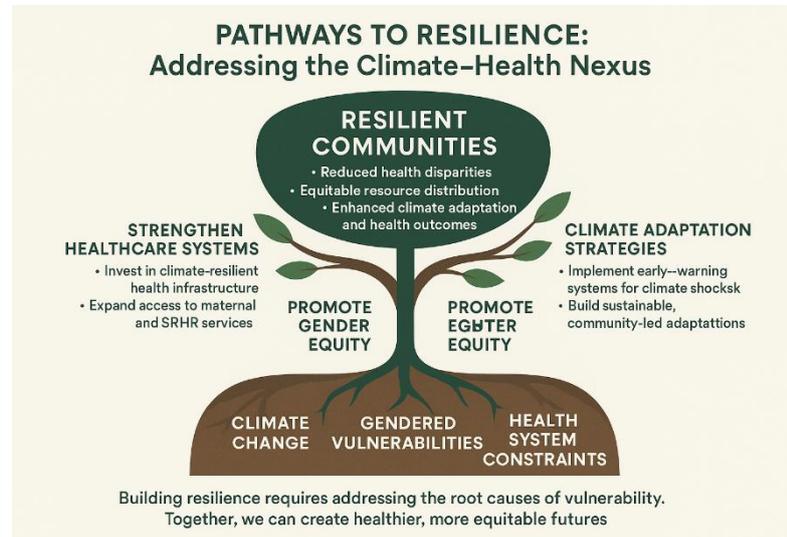


Figure 4 Pathways to resilience

## On to the next steps

Zimbabwe stands at a promising juncture. Through embedding health and gender into the Climate Change Management Bill and backing this with institutions, indicators, and investments we can move beyond rhetoric to resilience that is fair and effective. Women are not merely on the frontline of climate impacts; they are leaders of solutions. ISEJ as part of an advocacy

consortium led by Population Services Zimbabwe and key advocates like My AgeAfrica, CeSHHAR, Advocacy Core Team, and Plan International, who all contributed to the public hearings calls on lawmakers to enact a law that mainstreams gender, health, research, and youth inclusion.

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