

SCORE CARD FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE SADC REGION

FAST TRACKING THE
STRATEGY FOR SRHR
IN THE SADC REGION





SCORE CARD FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE SADC REGION

AN INTERIM PUBLICATION OF THE SADC STRATEGY

The strategy remains a work-in-progress as the SADC Technical Working Group begins work early in 2019 on a monitoring and evaluation framework and strategy

BROUGHT TO YOU BY:
The Civil Society Organisations
supporting the SADC SRHR Strategy



ACRONYMS

AADPD	Addis Ababa Declaration on Population and Development
ACRWC	African Charter on the Rights and Welfare of the Child (CRD)
AGYW	Adolescent girls and young women
CRC	Convention on the Rights of the Child
CSE	Comprehensive sexuality education
DHIS	District health information system
ESA	East and Southern Africa
GAM	Global AIDS Monitoring
GBV	Gender-based violence
HPV	Human Papillomavirus
ICPD	International Conference on Population and Development
IPV	Intimate partner violence
M&E	Monitoring and evaluation
MTCT	Mother-to-child transmission of HIV
NCPI	National Commitment and Policies Instrument
SADC	Southern African Development Community
SDG	Sustainable Development Goal
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SRMNAH	Sexual, reproductive, maternal, newborn and adolescent health
SRHR	Sexual and reproductive health and rights
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
UNESCO	United Nations Educational, Scientific and Cultural Organization



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1. INTRODUCTION

The Southern African Development Community (SADC) and its Member States are committed to fast tracking and advancing the realization of sexual and reproductive health and rights (SRHR) in the region to meet their global, continental and regional SRHR commitments, guided by the SADC SRHR Strategy 2019–2030, and to contribute towards sustainable human development in the region.

The development of the SADC SRHR Strategy and this corresponding score card has been led by a Technical Committee, comprising of the Ministries of Health for Eswatini, Namibia and South Africa, with technical support from the SADC Secretariat, UNAIDS¹, UNFPA², UNICEF³, WHO⁴, and UNESCO⁵ and the global SheDecides movement and their champion in the region.

A Technical Consultation on the SADC SRHR Strategy and corresponding score card was held in Pretoria, South Africa, from 3–6 September 2018. It brought

together representatives from Ministries of Health, Education, Youth and Gender from the 15 Member States⁶, civil society organizations representing a diverse array of constituencies, and youth-led organizations. This meeting provided strategic direction and inputs to finalize the SADC SRHR Strategy 2019-2030 and the indicators contained in this score card.

The Technical Committee met on 26 and 27 September 2018 to review the inputs arising from the Technical Consultation. The East African Community Secretariat (EAC) provided technical support through its strategic partner, the Health Information Systems Programme (HISP), University of Oslo, Norway, to define the methodology for scoring the score card. The Strategy and score card were sent to Member States for final validation, and presented to the National AIDS Council Directors and the Meeting of the Senior Officials for their inputs and approval.

1 Joint United Nations Programme on HIV/AIDS (UNAIDS)

2 United Nations Population Fund (UNFPA)

3 United Nations Children's Fund (UNICEF)

4 World Health Organization (WHO)

5 United Nations Educational, Scientific and Cultural Organization (UNESCO)

6 The Comoros was only added to the SADC Community in August 2018, and did not participate in the Technical Consultation, though invitations were extended.

2. PURPOSE OF THE SCORE CARD

This score card is a high-level strategic tool to track progress at a political level across the SADC region in the implementation of the Strategy for SRHR in the SADC Region 2019– 2030 against core indicators. The indicators included in the score card are multisectoral. Accountability for results will need to be shared by Member States, civil society, youth- led organizations, networks of key populations, development partners and

others. The annual updating of the score card will not only track progress made, facilitate comparative inquiry, inspire the emergence of good practices, seek to achieve stronger results for individuals and communities, facilitate the exchange of lessons learnt and promote accountability.





3. THE STRATEGY FOR SRHR IN THE SADC REGION (2019-2030)

VISION

The vision of this Strategy is to ensure that *all people in SADC enjoy a healthy sexual and reproductive life, have sustainable access, coverage and quality SRHR services, information and education, and are able to fully realize and exercise their SRH rights, as integral to sustainable human development in SADC.*

To achieve this vision SADC Member States will fast track the following outcomes:

1. Maternal mortality reduced to less than 70 deaths per 100,000 live births. (SDG 3.1.)
2. Newborn mortality reduced to 12 per 1,000 births in every country. (SDG 3.2.)
3. HIV and AIDS as a public health threat is ended by 2030. (SDG 3.3.)
4. Sexual and gender-based violence and other harmful practices, especially against women and girls, are eliminated. (SDG 5.1; SDG 5.2.; SDG5.3)
5. Rates of unplanned pregnancies and unsafe abortion are reduced.
6. Rates of teenage pregnancies are reduced.
7. Universal access to integrated, comprehensive SRH services, particularly for young people, women and key and other vulnerable populations, including in humanitarian settings, is ensured. (SDG 3.7; SDG 5.6)
8. Health systems, including community health systems, are strengthened to respond adequately to SRH needs in the region. (SDG 5.6)
9. An enabling environment for adolescents and young people to make healthy sexual and reproductive choices that enhance their lives and well-being is created. (SDG 4.7; SDG 5.6)
10. Barriers, including policy, cultural, social and economic, that act as an impediment to the realization of SRHR in the region, are removed. (SDG 5.1; SDG 5 c)

4. CRITERIA FOR SELECTING THE INDICATORS

The following are the criteria for the selection of indicators to track progress in meeting the outcomes of the Strategy for SRHR in the SADC region:

- Reflect the required multisectoral response.
- A balance of impact, outcome and process indicators.
- A mix of indicators for which data is readily available and aspirational indicators that reflect the SRHR ambitions of the region by 2030.
- Alignment with global, continental and regional targets agreed to by Member States.



5. THE SCORE CARD INDICATORS AND REPORTING

I) SCORE CARD CONSISTS OF 20 KEY INDICATORS THAT REFLECT AREAS FOR ACCELERATED ACTION IF THE 10 OUTCOMES OF THE STRATEGY ARE TO BE MET. GRAPHS WILL BE GENERATED THAT WILL SHOW THE REGIONAL TRENDS OVER TIME AGAINST THE INDICATORS, WHERE APPROPRIATE. THE FOLLOWING ARE THE INDICATORS TO BE INCLUDED IN THE SCORE

1. Maternal mortality, institutional (to be complemented with population-based estimates or survey data, where available).
2. Neonatal mortality, institutional (to be complemented with population-based estimates or survey data, where available).
3. Percentage of obstetric and gynecological admissions due to abortion, b) Facility records for the treatment of abortion complications.
4. Adolescent birth rate, 10–19 years of age.
5. Proportion of population accessing integrated SRH services (total population)
6. Existence of laws and policies that allow adolescents to access SRH services without third party authorization.
7. Percentage of primary and secondary schools that provided life skills-based HIV and sexuality education in the previous academic year.
8. Unmet need for family planning (contraception).
9. Percentage reduction in new HIV infections, females 15 – 24.
10. Mother to child transmission of HIV
11. Percentage of condom use with last high-risk sex among adolescent girls and young women aged 15–24 years of age.
12. Sexually transmitted infections (STIs) incidence rate, using the overall rate of syphilis, given the impact of syphilis on sexual and reproductive health outcomes.
13. Proportion of females who have received the recommended number of doses of HPV vaccine prior to age 15 (age).
14. Minimum legal age of consent to marriage, 18 years for all irrespective.
15. Legal status of abortion
16. Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months.
17. Non-partner sexual violence prevalence
18. Percentage of annual budgets allocated to health sector
19. Health worker density and distribution for SRMNAH
20. Proportion of services within the essential package of SRHR services covered by public health system

II) CARD:PROGRESS REPORT:

The progress report will complement the score card with a more in-depth analysis of the indicators in relation to the age, sex, key population, geography, socioeconomic status and other disaggregation's, as may be required to show who is being reached and who is being left behind.

III) LINKAGES WITH OTHER RELEVANT SADC TOOLS:

This score card links to the SADC HIV Prevention Score Card adopted in November 2017, and is aligned to existing global, continental and regional targets. The score card will be informed by the Monitoring and Evaluation (M&E) Framework that will provide further detail of the extent to which the region is making progress towards the vision and outcomes of the Strategy.

6. METHODOLOGY FOR SCORING THE SCORE CARD

The score card aims to inspire accelerated action by Member States to improve the SRHR of all people. A quartile approach will be used to measure progress to global targets and to set regionally agreed upon targets drawing on data from SADC Member States.

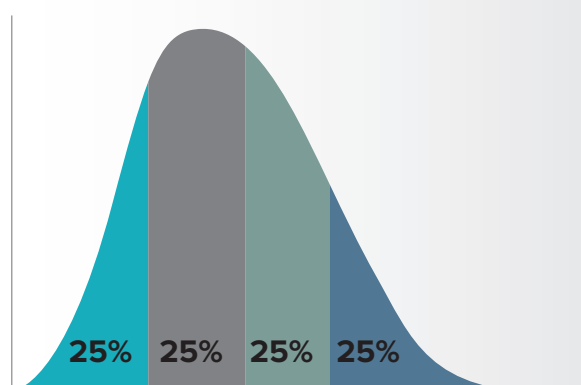
I) INDICATORS WHERE GLOBAL TARGETS EXIST:

Countries that meet the target will be GREEN, countries that fall in the second and third quartile that show progress towards the target will be YELLOW, and countries in the fourth quartile where urgent action is required to meet the target will be RED.

II) INDICATORS WHERE NO GLOBAL TARGETS EXISTS:

Targets will be set using the quartile approach. The first quartile will represent the regionally agreed targets. Countries that fall in the second and third quartiles showing progress to the target will be Yellow, and countries in the fourth quartile where urgent action is required to meet the target will be RED.

DETERMINATION OF CUT-OFF POINTS



- Sort low to high (or visa versa)
- Divide N (total countries) by 4 to give Q1, by 2 for Q2 and by 3 for Q3.
- Relate the cut-offs with global standards



7. RESPONSIBILITY FOR REPORTING

Ministries of Health of the 16 Member States will identify a focal person to coordinate the populating of the score card on an annual basis. The score card will be submitted to the SADC Secretariat for consideration during the Annual Meeting of the Senior Officials and prior to submission to the Ministers of Health. The Score Card will also be shared through other SADC Ministerial platforms such as meetings of the Ministers of Education, Gender and Youth Meetings to ensure accountability across all sectors. UN agencies will provide support to Member States with the collection and analysis of the data for reporting purposes.

8. FREQUENCY OF REPORTING

The score card and progress report will be reported upon annually to the SADC Ministers of Health, Education, Gender and Youth.

9. LIST OF INDICATORS

The list of indicators defines the indicators, the rationale, the data sources and the alignment with the 10 Strategic Outcomes of the Strategy for SRHR in the SADC region.

	Indicator	Definition	Rationale	Alignment with Strategic Outcome & Target	Frequency of Reporting	Data Sources
1.	Maternal Mortality Ratio <i>1.A: Institutional Maternal Mortality ratio⁷</i> Age, cause of death and geographic location.	Number of maternal deaths among 100,000 deliveries in health facilities/ institutions. Numerator: # of maternal deaths in institutions. Denominator: Total number of deliveries (all deliveries including live and still births) in institutions.	MMR in several countries of the region remain very high, for example, in DRC, 846 per 100,000 live births. Zimbabwe has an MMR of 651 per 100,000 live births. Without drastic interventions, the region is unlikely to meet the SDG targets. Reducing maternal mortality requires progress to made in a number of linked indicators in this score card, including: reducing the vulnerability of pregnant adolescents; increasing human resources, in particular midwives, and obstetric services; increasing the uptake of contraceptives; access to safe abortion services as defined by the law of each country and post-abortion care for those in need; ; addressing cultural attitudes towards pregnancy, labor, and delivery; reducing the distances between health centres and residences;	Strategic Outcome: 1. Target: Reduce maternal mortality to less than 70 deaths per 100,000 (SDG Target 3.2.)	Annual	DHIS, maternal deaths surveillance, response systems
	Maternal Mortality Ratio <i>1.B: Maternal Mortality Ratio.</i> SDG Target: 70/100,000 live births.	Annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy expressed per 100,000 live births for a specified time period. Numerator: number of maternal deaths. Denominator: Number of live births			Every 3 years	Civil registration & vital statistics Population based surveys

⁷ Indicator Source: WHO. (2018) Global Reference List of 100 Core Health Indicators (plus health-related SDGs). (WHO)

	Indicator	Definition	Rationale	Alignment with Strategic Outcome & Target	Frequency of Reporting	Data Sources
2.	Neonatal Mortality Rate A: Neonatal deaths in health facilities ⁸ . Disaggregation: Geographic location and cause of death by ICD-PM.	Percentage of total institutional neonatal deaths (28 days or less) Numerator: Number of neonatal deaths in the health facility (28 days or less) x 100. Denominator is the total number of neonatal deaths in health facilities	Several countries in the region have neonatal mortality rates above 20 per 1,000. South Africa and Mauritius are the only two countries currently meeting the SDG target of 12 per 1,000 live births. Reducing neonatal mortality is linked to a number of interventions, including ensuring sufficient and appropriate skilled staff, in particular midwives, the provision of good obstetric care, ensuring sufficient supplies of medicines and equipment, and increasing postnatal check-ups two days after delivery.	Strategic Outcome: 2 Target: Reduce newborn mortality to 12 per 1,000 births in every country. (SDG 3.2.)	Annual	DHIS, maternal deaths surveillance, response systems
	Neonatal Mortality ⁹ Rate Disaggregation: age, sex, and socioeconomic status.	Numerator: Number of children who died during the first 28 days of life. Denominator: Number of live births			Every 3 years	Survey Population based (every 3 years)

8 Indicator adapted from: UNICEF & WHO. 2018. Analysis and use of health facility data: Guidance for RMNCAH Programme Managers to measure institutional neonatal mortality.

9 Indicator Source: WHO. (2018) Global Reference List of 100 Core Health Indicators (plus health-related SDGs). (WHO)

10 Indicator Source: WHO. 2012. Safe Abortion: Technical and Policy Guidance for Health Systems, 2nd edition. Geneva, Switzerland

	Indicator	Definition	Rationale	Alignment with Strategic Outcome & Target	Frequency of Reporting	Data Sources
3.	Percentage of obstetric and gynaecological admissions due to abortion ¹⁰ . (a) Facility records for induced abortions (b) Facility records for the treatment of abortion complications	<p>Definition: Obstetric and gynaecological admissions due to abortion as a percentage of the overall obstetric and gynaecological admissions. It is important to disaggregate those accessing safe, legal services and those reporting for complications. Both elements are key in measuring progress towards women and girls being able to access safe services.</p> <p>(a) Numerator: Admissions for induced abortions Denominator: All obstetric and gynaecological admissions</p> <p>(b) Numerator: Admissions for the treatment of abortion complications. Denominator: All obstetric and gynaecological admissions</p>	<p>In 2010-2014 the estimated incidence of abortion in Africa and Southern Africa was 35 per 1,000 women of reproductive age. Three-quarters of the estimated 6.9 million annual abortions in Africa were classified as unsafe and nearly half (48%) were classified as 'least safe', the highest globally. A) measures the extent to which legal provisions that allow women to access safe services are being applied; B) measures the levels of unsafe abortions, the impact on the health and wellbeing of women, and the health systems. Understanding the rate of abortion at national and sub-national level can inform policymaking to save lives and reduce maternal mortality and morbidity.</p>	<p>Strategic Outcome: 1, 5, 6 and 7</p> <p>Target: TBD</p>	Annual	DHIS
4.	Adolescent Birth Rate ¹¹ (SDG 3.7.2.) Disaggregation: Per age cohort	<p>Annual number of births to females aged 10 -14 or 15 – 19 years per 1,000 females in the respective age group</p> <p>Numerator: Number of live births to women aged 10 – 14 years or 15- 19 years</p> <p>Denominator: Exposure to childbearing by women aged 10 – 14 or 15 – 19 years</p> <p>(WHO-HIS-IER, 2018)</p>	<p>WHO (2018) estimates that every year 16 million girls aged 15–19 years old give birth, with maternal mortality being the second leading cause of death for this age group in low and middle-income countries. This indicator would bring critically needed attention to the sexual and reproductive health needs of adolescents in the region.</p>	<p>Strategic Outcome 1, 2, 5,6</p> <p>Target: Universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. (SDG 3.7 & 5.6)</p>	Annual	DHIS, civil registration and vital statistics and population-based surveys.

11 Indicator Source: WHO. (2018) Global Reference List of 100 Core Health Indicators (plus health-related SDGs). (WHO)

	Indicator	Definition	Rationale	Alignment with Strategic Outcome & Target	Frequency of Reporting	Data Sources
5.	Proportion of population accessing integrated SRH services (age and gender disaggregation)	<p>This indicator measures the proportion of population who access a minimum package of people-centred integrated SRH services, delivered at one service delivery point, that respond to the SRH needs of the individual, depending on their age and stage of development, as defined by the SADC Minimum Standards, according to the following service delivery points: i) Outpatient Department; ii) STI; iii) TB; iv) SGBV; v) Family Planning; HTS; vi) ANC; vii) MNH; viii) PNC, ix) VMMC; x) Nutrition; xi) SAC and PAC; Gynaecology wards; xii) Community level</p> <p>Numerator: Number of people accessing integrated services</p> <p>Denominator: Total Population</p>	<p>The SADC region is at the epicentre of the HIV epidemic, has high levels of unintended pregnancies and gender-based violence. These factors are all interlinked through poverty, gender inequality, etc. The provision of people-centred integrated services has been shown to reduce waiting time for clients and repeat visits to health centres, and to increase health-care worker efficiency, with cost saving benefits for the health system.</p>	<p>Strategy Outcome: 7 and 8</p> <p>Target: Universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. (SDG 3.7 & 5.6)</p>	Annual	DHIS
6.	Existence of laws and policies that allow adolescents to access SRH services without third party ¹² authorization (SDG 3.7 & 5.6)	<p>The indicator measures whether there are legal and/or regulatory barriers to adolescents' accessing SRHR services as defined in the ICDP POA, without authorizations from third parties, such as parents, spouses or guardians, on the basis of age or marital status</p> <p>Measurement: The age at which adolescents aged 10–14 can access all SRH services without third party consent.</p>	<p>In many Member States, there are inconsistencies relating to age at which adolescents can access critical SRHR without third party authorization. These policy barriers contribute towards the persistent high levels of unintended pregnancies, unsafe abortions, HIV infections and maternal mortality. This health burden can be addressed by removing the policy barriers so that all adolescent girls and young women are able to access to SRHR services without restrictions.</p>	<p>Strategic Outcome: 9 and 7.</p> <p>Target: Universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. (SDG 3.6 & 5.7)</p>	Annual	Laws, policies and strategies relating to access to SRHR services for adolescents and third-party restrictions.

12 Adapted from the High-Level Task Force on ICPD. 2015. Indicators for a transformative, high impact & people centered 2030 Agenda for Sustainable Development. Note: The strategy for SRHR in the SADC Region (2019 – 2030) calls for adolescents to have access to all SRHR services without third party restrictions. The package of services defined is based upon the ICPD Programme of Action and the Beijing Platform for Action and the outcome documents of their review conferences and includes: i) Comprehensive Sexuality Education; ii) STI prevention, diagnosis and treatment; iii) Contraceptives; iv) obstetric, ANC and PNC; v) Safe abortion and post-abortion care; vi) HIV prevention, testing and treatment; vii) prevention, detection and treatment of reproductive health cancers; viii) medical male circumcision; ix) SGBV.

	Indicator	Definition	Rationale	Alignment with Strategic Outcome & Target	Frequency of Reporting	Data Sources
7.	Percentage of primary and secondary schools that provided life skills-based HIV and sexuality education in the previous academic year	<p>The proportion of primary and secondary schools that offer a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality, aiming to build knowledge, skills, attitudes, and values that empower learners to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.</p> <p>A: Primary Schools <i>Numerator: Number of primary schools that provided life skills-based HIV and sexuality education in the previous academic year.</i></p> <p><i>Denominator: Total number of primary schools.</i></p> <p>B: Secondary Schools <i>Numerator: Number of secondary schools that provided life skills-based HIV and sexuality education in the previous academic year.</i></p> <p><i>Denominator: Total number of secondary schools</i></p>	<p>Too many young people receive confusing and conflicting information about relationships and sex as they make the transition from childhood to adulthood. This has led to an increasing demand from young people for reliable information, which prepares them for a safe, productive and fulfilling life.</p> <p>In 2013, ministers of health and education from 20 ESA Countries committed to implement policies to promote scientifically accurate, age-appropriate, culturally relevant and locally adapted CSE that is aligned to international standards and integrates gender, rights and empowerment into the content, as well as in teacher and/or facilitator training. Opportunities should be taken to link CSE with SRH services</p>	<p>Strategy Outcome: 9 and 7</p> <p>Target:</p>	Annual	Progress Reports on ESA Commitments

	Indicator	Definition	Rationale	Alignment with Strategic Outcome & Target	Frequency of Reporting	Data Sources
8.	Unmet need for family planning (contraception) ¹³	<p>The percentage of women of reproductive age who have an unmet need for family planning. Women with unmet need are those who want to stop or delay childbearing but are not using any method of contraceptives</p> <p>Numerator: Number of women of reproductive age with an unmet need for family planning</p> <p>Denominator :Number of women of reproductive age</p>	<p>The indicator tracks progress towards the target of achieving universal access to reproductive health.</p> <p>The unmet need for family planning points to the gap between women's desire to avoid pregnancy and their contraceptive behaviour. Even when contraceptive prevalence is rising, unmet need for family planning may fail to decline or may even increase. This can happen because in many populations the demand for family planning increases because of declines in the number of children desired.</p>	Strategy Outcomes: 5 and 6	Annual	Survey
9.	<p>Percentage reduction in new HIV infections¹⁴</p> <p>(a) 15-24 (male and female)</p> <p>(b) Key populations</p>	<p>Numerator: Number of people newly infected during the reporting period.</p> <p>Denominator: Total number of uninfected population (or person-years exposed)</p> <p>Calculation Rate: (Numerator x 1,000)/ Denominator</p>	<p>Adolescent girls and young women in the SADC region remain the most vulnerable to HIV infection, while rates of new infections among men tend to increase from their mid-20's to early 30's. Rates of new infections among key populations exceed those among the general population. The overarching goal of the global AIDS response is to reduce the percentage of people newly infected with HIV by 90% by 2030.</p>	<p>Strategy Outcome 3 and 7</p> <p>SDG target: End the epidemic of HIV/AIDS in line with Agenda 2030 and UNAIDS Strategy (SDG 3.3.)</p> <p>Aligned with targets set in High-Level Meeting on AIDS (2016)</p>	Annual	Spectrum

¹³ Indicator Source: United Nations, Department of Economic and Social Affairs, Population Division (2014). World Contraceptive Use 2014 (POP/DB.CP/Rev2014).

¹⁴ Indicator Source: UNAIDS (2016). Global AIDS Monitoring 2017: Indicators for Monitoring the 2016 United Nations Political Declaration on HIV/AIDS. Geneva.

	Indicator	Definition	Rationale	Alignment with Strategic Outcome & Target	Frequency of Reporting	Data Sources
10.	Mother to child transmission of HIV ¹⁵	<p>Definition (as per UNAIDS Epidemiology Database Management System):</p> <p>MTCT rate at 6 weeks (Female) = New HIV infections at 6 weeks of age / Mothers needing PMTCT Female * 100</p> <p>Final transmission rate including breastfeeding period (Female) = New HIV infections (0-14) Male Female / Mothers needing PMTCT Female * 100</p>	<p>Every child has a right to an HIV-free beginning. In 2011, global leaders committed to eliminating mother to child transmission (EMTCT) of HIV by 2015. Although remarkable progress was made, notably so in many SADC Member States, the job is far from done. As per WHO and the Global Validation Advisory Committee (GVAC), the key criteria for validation of EMTCT is to achieve a mother-to-child transmission rate of below 5 per cent in breastfeeding populations. This indicator is included in the score card to encourage and further accelerate progress on EMTCT.</p>	<p>Strategy Outcome: 3</p> <p>Target: End the epidemic of HIV/AIDS in line with Agenda 2030 and UNAIDS Strategy (SDG 3.3.).</p> <p>Aligned with targets set in High-Level Meeting on AIDS (2016)</p>	Annual	Spectrum
11.	<p>Percentage of condom use with last high-risk sex among¹⁶:</p> <p>(a) People aged 15 -24</p> <p>Disaggregation: sex</p> <p>(b) Key Populations</p> <p>Disaggregation: MSM, FSW</p>	<p>The percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the past twelve months.</p> <p>Numerator: Number of respondents who report using a condom the last time they had sex with a non-marital, non-cohabiting partners.</p> <p>Denominator: Total number of respondents who report that they had sex with non- marital, non-cohabiting partners in last twelve months.</p>	<p>Condoms protect against HIV, unintended pregnancies and STIs, during sexual contacts with non-regular sexual partners. Condom usage among adolescent girls and young women is lower than among adolescent boys and young men, thus placing young females at a higher risk of HIV, STIs and unintended pregnancies. Given the high rates of HIV and STIs among key populations, condom usage at last sex with a non-regular partner is an important intervention to reduce new HIV infections.</p>	<p>Strategic Outcomes: 3, 5 and 6.</p> <p>End the epidemic of HIV/AIDS in line with Agenda 2030 and UNAIDS Strategy (SDG 3.3.).</p>		Survey Data

15 Indicator Source: UNAIDS 2017 Guidance Global Aids Monitoring 2018 Indicators for Monitoring 2016 United Nations Political Declaration on Ending AIDS. 2018

16 Indicator Source: UNAIDS 2017 Guidance Global Aids Monitoring 2018 Indicators for monitoring 2016 United Nations Political Declaration on Ending AIDS. 2018

	Indicator	Definition	Rationale	Alignment with Strategic Outcome & Target	Frequency of Reporting	Data Sources
12.	Sexually transmitted infections (STIs) incidence rate ¹⁷ Disaggregation: Age, sex, syndrome	Number of new cases of reported STIs (syndromic or etiological reporting) over the last 12 months. Numerator: Number of new cases. Denominator: Total Population	There is a lack of data relating to STI incidence and prevalence in the region. Data on the STIs is critical to prevent, control and manage STIs for focused public health action ¹² . STIs can result in a range of sexual, reproductive, maternal-child and child health consequences: syphilis in pregnancy leads to over 300,000 fetal and neonatal deaths each year. The presence of STIs such as syphilis, gonorrhoea or herpes simplex infection increases the risk of acquiring or transmitting HIV infection.	Strategy Outcome: 7 and 9 Target: by 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes (SDG3.7)	Annual	DHIS
13.	Proportion of females who have received the recommended number of doses of HPV vaccine prior to age 15 (age) ¹⁹	The percent of 15-year-old girls in target population who have completed the full three-dose vaccination schedule for the human papillomavirus (HPV). This indicator is calculated as: Numerator: Number of girls aged 15 in target population who have received three doses of the HPV vaccine Denominator: Total number of 15 year old girls in target population) x 100	The HPV vaccine is a critical intervention to prevent cervical cancer. The majority of 60 000 deaths related to cervical cancer in the Africa region are in Eastern and Southern Africa ²⁰ . WHO recommends that girls aged 9–10 receive all three doses of the vaccine to prevent later infection when they become sexually active. Girls aged 9–15 years can receive a two- dose HPV vaccine at either a six-month or one-year interval.	Strategy Outcomes: 9 and 7	Annual	WHO- UNICEF Joint Reporting Form
14.	Minimum legal age of consent to marriage for all	Refers to the minimum age at which a person can consent to marriage	Child marriages, below the age of 18 years irrespective, are prevalent in a number of SADC countries. Child marriages negatively impact on the health and well-being of girls. Child marriages deny girls the possibilities of finishing their education and reaching their full potential, make them vulnerable to gender-based violence, early and unintended pregnancy, and increases their risk of mortality.	Strategy Outcome: 4 and 10 Target: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. (SDG 5.3)	Annual	National legislation pertaining to marriage.

17 Indicator Source: WHO. (2018) Global Reference List of 100 Core Health Indicators (plus health-related SDGs). (WHO)

18 WHO Global Health Sector Strategy on Sexually Transmitted Infections 2016

19 Guttmacher Institute Sexual and Reproductive Health and Rights Indicators for the SDGs- Recommendations for inclusion in the Sustainable Development Goals and the post- 2015 development process, 2015.

20 Denny, L & Anorlu Cervical Cancer in Africa Cancer Epidemiol Biomarkers Prev 2012;21:1434-1438. Published Online First July 17, 2012.

	Indicator	Definition	Rationale	Alignment with Strategic Outcome & Target	Frequency of Reporting	Data Sources
15.	Legal status of abortion	The circumstances for lawful termination of pregnancy. Measurement: In some instances, abortion may: A) be provided upon request; B) restricted to certain provisions as defined by the laws of the country concerned; C) may not be accessible.	In 2010-2014 the estimated incidence of abortion in Africa and Southern Africa was 35 per 1,000 women of reproductive age. Three-quarters of the estimated 6.9 million annual abortions in Africa were classified as unsafe and 48% 'least safe', the highest globally. The legal status of abortion impacts the extent to which women and girls can access safe abortion services, and consequently the levels of unsafe abortion, which is a major driver of maternal mortality.	Strategy Outcomes: 5 and 7	Annual	National Constitutions, Health Codes, Penal Codes WHO UN Global Abortion Policy Data Base
16.	Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months ²¹ Disaggregation: age, income, location	Proportion of ever-partnered women 15–49 years who experienced physical and/or sexual violence from a male intimate partner in the past twelve months ²² . Numerator: Number of women and girls aged 15 -49 who experienced IPV in the previous 12 months. Denominator: Number of women and girls aged 15 years and older (15 -49)	Gender-based violence is a significant challenge in the region, but data remains inadequate on the extent of the problem. Women who have been physically or sexually abused by their partners are more likely to have a low-birth-weight baby; have an abortion; experience depression, and are more likely to acquire HIV.	Strategy Outcome: 4 Target: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, and sexual and other types of exploitation (SDG 5.2)	Annual	DHIS Surveys when available
17.	Non-partner sexual violence prevalence ²³ Disaggregation: age, geography, type of sexual violence	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months. Numerator: Number of women and girls aged 15 -49 who <i>experienced</i> sexual violence by persons other than an intimate partner in the previous 12 months. Denominator: Number of women and girls aged 15 years and older (15 -49)	Sexual violence is a significant challenge, yet there is no reliable data and reporting to the criminal justice system. There is a direct correlation between sexual violence and vulnerability to unintended pregnancies, STI, HIV infection,	Strategy Outcome: 4 Target: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation (SDG 5.2)	Annual	DHIS Surveys

21 Indicator Source: High Level Task Force for ICPD INDICATORS for a Transformative, High-Impact & People-Centred 2030 Agenda for Sustainable Development. August 2015

22 Physical violence includes: slapped, threw something that could hurt her; pushed, shoved, hit her with a fist or something else that could hurt her, kicked, dragged or beat her up, choked or burned her threatened to use a gun, knife or other weapon against her. Sexual violence is physically forced her to have sexual intercourse against her will, to do something sexual that is degrading or humiliating, made her afraid of what would happen if she did not have sexual intercourse.

23 Indicator Source: WHO. (2018) Global Reference List of 100 Core Health Indicators (plus health-related SDGs). (WHO)

	Indicator	Definition	Rationale	Alignment with Strategic Outcome & Target	Frequency of Reporting	Data Sources
18.	Percentage of annual budgets allocated to health sector ²⁴	Total current expenditure on health as a percentage of gross domestic product. Numerator: sum of all current expenditure on health (12-month period) Denominator: Gross Domestic Product	This indicator tracks political commitment to strengthen health service delivery. Current health expenditure (percentage as a proportion of GDP) in the SADC region is uneven, with a number of countries reflecting a decrease. Investments in strengthening the broader health system can help to realize and improve the SRHR outcomes in the region, through ensuring sufficient health-care workers, availability of commodities, supplies and equipment, and improving the health infrastructure.	Strategy Outcomes: 8,7 and 10 Target: Health systems, including community health systems, are strengthened to respond adequately to SRH needs in the region (SDG 5.6), which is key to the provision of integrated, comprehensive, quality SRHR services.	Annual	National budgets, health accounts
19.	Health worker density and distribution ²⁵ SRMNAH (Disaggregated by geography and cadre of health worker)	Density of health workers per 1,0000 of population. Numerator: number of health workers. Denominator: Total population	The region continues to experience shortages in trained health-care workers to provide quality integrated services. The brain drain places an added burden on the region to care for the health needs of the population. Having the required health-care workers available that are trained and motivated, and equally distributed to provide quality health care services, including SRH, is critical to achieve the outcomes of the Strategy for SRHR in SADC region, the health-related SDG and universal health coverage targets.	Strategy Outcome: 8 and 7 Target: Substantially increase health financing, the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States (SDG 3c)	Annual	Health Worker Registry

24 WHO The Abuja Declaration Ten Years On <http://www.who.int/healthsystems/publications/Abuja10.pdf>
 25 Indicator Source: WHO. (2018) Global Reference List of 100 Core Health Indicators (plus health-related SDGs). (WHO)

	Indicator	Definition	Rationale	Alignment with Strategic Outcome & Target	Frequency of Reporting	Data Sources
20.	Proportion of integrated SRHR defined services delivered at the PHC facility	<p>Universal access to the full package of sexual and reproductive health interventions as defined by the ICPD: (i) counselling and services for a range of modern contraceptives; (ii) antenatal, childbirth, postnatal care and newborn care; (iii) safe abortion services and treatment of complications of unsafe abortion; (iv) prevention and treatment of HIV (including the use of PrEP for key populations and those most at risk); (v) prevention, screening and treatment of sexually transmitted infections; (vi) prevention, detection, immediate services and referrals for cases of sexual and gender based violence, including the provision of post exposure prophylaxis (PEP) and emergency contraceptives; (vii) prevention, detection and management of reproductive cancers, especially cervical cancer; (viii) information, counselling and referrals for sub fertility and infertility and (ix) information, counselling and services for sexual health and mental well-being, and (ix) meet the SRHR needs of all people, in humanitarian situations</p> <p>Numerator: Number of SRHR services as defined above delivered at a PHC clinic</p> <p>Denominator : Number of PHC clinics</p>	<p>UHC which measures access, equity, quality and financial risk protection is a key priority in the region. Given the levels of poverty and inequality in the region, facilitating access to SRHR services, particularly for those who are most marginalized by poverty and other factors, is key.</p> <p>Central to every essential package is the need to organize service delivery so as to maximize the integration of complementary services that can be delivered effectively, safely, and with cost-efficiencies over the delivery of individual services, and in combinations that are both acceptable to the client and feasible to the health system, and especially to the provider.</p>	Strategy Outcomes: 10 and 7	Annual	

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