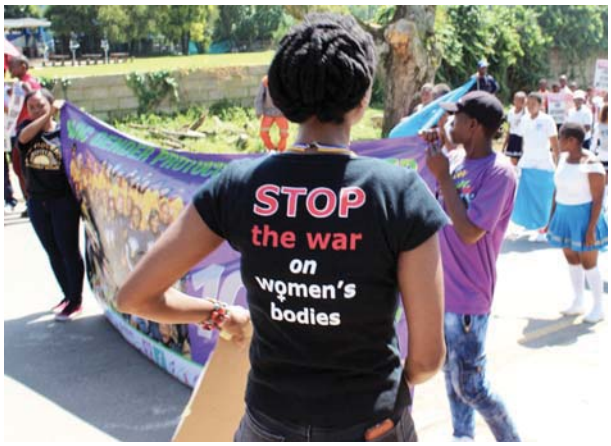
EXECUTIVE SUMMARY



SRHR march in Eswatini. Photo: Thandokuhle Dlamini

While Sexual and Reproductive Health and Rights (SRHR) is now firmly on the Southern African agenda, major gaps remain in data collection, legislation, policy, and service delivery, especially for women and girls. This is the major finding of the first Southern Africa Gender Protocol Alliance **#VoiceandChoice** or SRHR Barometer, that breaks new ground in scoring government performance and including a stand-alone chapter on sexual diversity.

The region has made significant strides with the adoption of the Mahe Declaration on SRHR by women parliamentarians in 2016, and the SADC SRHR Strategy by health ministers in November 2018. Women's Rights Organisations (WRO), buoyed by the global #MeToo and #TimesUp and South African #TotalShutdown movements have mounted energetic campaigns against GBV, HIV and AIDS and harmful practices; the rights of sex workers, LGBTI and other minority groups.

The 11th SADC Gender Protocol Barometer breaks with past tradition by focusing solely on SRHR, measuring 100 indicators in seven thematic areas: sexual and reproductive health; adolescent SRHR; safe abortion; GBV; HIV and AIDS; harmful practices and sexual diversity. It includes the first ever comprehensive chapter on LGBTI rights and access to SRHR.

The indicators used to measure the status of SRHR in SADC include 12 indicators out of the 20 indicators in the SADC SRHR scorecard that governments will be reporting against. The Barometer is the first civil society shadow report on the SADC SRHR strategy and its score card, a space that needs to be progressively expanded in order to hold governments accountable to their commitments.

A detailed explanation of the methodology used in the SRHR scorecard is included as a technical note at Annex A. The SRHR Scorecard rates countries using an index classifying performance based on quartiles. The dataset is divided into three sections using the interquartile range. Values above the first quartile is included in the 1st quartile under GREEN, anything between the 1st and 3rd quartile will fall under the YELLOW color while those below the 3rd quartile will fall under the RED color.[1] Green denotes that countries have met the required target, yellow means efforts are needed to achieve the target and red highlights countries that need urgent action to achieve the target.

Table I applies the colour coding across 15 SADC countries for which data could be obtained. Comoros, the 16th SADC country, will be included in the 2020 Barometer due to insufficient data on several indicators at the time of writing the 2019 Barometer. Table II summarises the findings per indicator, ranking these from best to least achieved.

[1] Score Card for Sexual and Reproductive Health and Rights in the SADC Region, Fast tracking the Strategy for SRHR in the SADC Region 2019-2030, SADC

Table I: Overview of countries by indicators, baseline 2019

INDICATORS	TARGET	Angola	Botswana	DRC	Eswatini	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Tanzania	Zambia	Zimbabwe
Maternal mortality	Global target 70 per 100 000	447	129	693	389	487	353	634	53	489	265	0	85	398	224	443
Neonatal mortality, institutional	Global target 12 per 100	29	25	29	17	38	18	23	8	27	18	9	11	21	22	22
Adolescent birth rate, 10-19 years of age	No target, countries measured against each other	152	30	124	77	90	110	140	27	135	74	57	43	115	83	104
Existence of laws and policies that allow adolescents to access SRH services without third party authorisation	0=Not in place 1=Exists	0	0	1	0	1	1	1	0	0	0	0	1	0	1	0
Unmet need for family planning (contraception)	No target, countries measured against each other	36	14	27	14	16	18	16	10	24	16	n/d	14	21	18	10
Percentage reduction in new HIV infections, females 15 - 24	No target, countries measured against each other	1.2	8.9	0.5	15.9	10.8	0.1	4.3	0.2	3	4.5	n/d	11.3	2.2	4.9	5.5
Mother to child transmission of HIV	No target, countries measured against each other	27.8	2.5	27	7.8	12.7	39.8	7.8	13.7	15	3.9	n/d	4.9	10.5	11.2	7.6
Percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age	No target, countries measured against each other	32	n/d	23	54	76	5	50	n/d	42	66	n/d	61	30	41	67
Minimum legal age of consent to marriage, 18 years for all irrespective	3=18 for women and men, no exception 2=18 for women and men, with exceptions 1=Below 18 for women and/or men	1	3	1	1	1	2	3	2	3	2	1	3	1	2	3
Legal status of abortion	2=Abortion on demand 1=Restricted abortion 0=Abortion not available	1	1	1	1	1	0	1	1	2	1	1	2	1	1	1
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	No target, countries measured against each other	50	35	58	43	41		43	25	48	39	30	31	47	47	43
Percentage of annual budgets allocated to health sector	Abuja Declaration recommends 15%	5.4	9.1	3.7	15.25	10.1	17.8	9.8	9.8	8.3	13.8	10	13.3	9.5	7.1	14.5

Source: Gender Links, 2019

Table II: Summary of performance by indicator

Indicators	Green	Yellow	Red	No data	% Green
Percentage reduction in new HIV infections, females 15 - 24	8	4	2	1	53%
Mother to child transmission of HIV	7	5	2	1	47%
Adolescent birth rate, 10 - 19 years of age	6	6	3		40%
Existence of laws and policies that allow adolescents to access SRH services without third party authorisation	6		9		40%
Unmet need for family planning (contraception)	6	6	2	1	40%
Minimum legal age of consent to marriage, 18 years for all irrespective	5	4	6		33%
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	4	8	3		27%
Neonatal mortality, institutional	3	8	4		20%
Maternal mortality	2	7	6		13%
Legal status of abortion	2	12	1		13%
Percentage of annual budgets allocated to health sector	2	9	4		13%
Percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age	1	10	1	3	7%
Total #	3	19	5	3	
Percentage of total	22%	53%	19%	11%	

Source: Gender Links

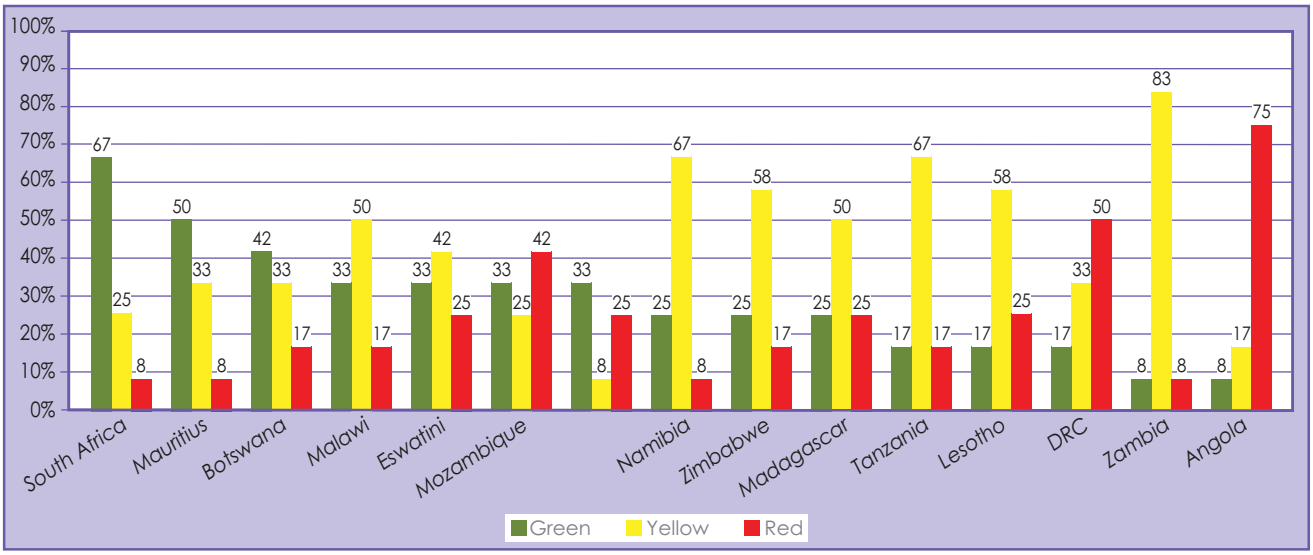
Table II shows that:

- Overall, only 22% of the 12 indicators that could be measured fall in the green category; 53% in the yellow category; 19% in the red category and 11% in the no data category.
- The largest number of greens (53%) is percentage reduction in new HIV infections among females 15 - 24 followed by reduction in Mother to Child transmission of HIV (47%). This is consistent with the enormous strides that have been taken in containing the HIV and AIDS pandemic over the last decade.
- The lowest percentages of green are maternal mortality (13%); legal status of abortion (13%); percentage of annual budgets allocated to the health sector (13%) and percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age (7%).

Campaigning for condoms for all. Photo: Gender Links

[1] Score Card for Sexual and Reproductive Health and Rights in the SADC Region, Fast tracking the Strategy for SRHR in the SADC Region 2019-2030, SADC

Figure I: Overview of country SRHR scores



Source: Gender Links, 2019

An analysis of each country's performance on the basis of the 12 indicators shows that South Africa with 67% green is in first position followed by Mauritius (50% green) and Botswana (42% green). Thirteen SADC countries have achieved less than 50% of the targets. The lowest ranking countries are Tanzania, Lesotho and DRC (17% green) and DRC, Zambia and Angola (17% green). Zambia, however, has the highest yellow score (83%) showing that it is most active in working to close the gaps. Angola, with a 75% red score, is in the gravest danger zone. Key factual highlights in each theme chapter of the Barometer include:

Sexual and reproductive health: Menstrual health is on the regional agenda. Five SADC countries (Botswana, Lesotho, Madagascar, Seychelles and Zambia) provide free sanitary ware at schools. Four countries (Mauritius, South Africa, Tanzania and Zambia) have removed VAT. A major concern is the lack of access to basic sanitation in most SADC countries. There is 50% or less access to basic sanitation in ten countries including Angola, DRC, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Tanzania, Zambia and Zimbabwe. Madagascar is lowest, at 10%. Only two SADC countries, Seychelles and Mauritius, meet the global target of less than 70 deaths per 100 000 live births for pregnant women and girls. The maternal mortality rate is ten times higher than this in the DRC. Most pregnant women and girls have access to at least one antenatal visit, fewer have four or more and very low proportions have postnatal visits. Health budgets remain below the recommended Abuja Declaration goal of 15% expenditure on health. Only Eswatini and Madagascar meet this target. SRHR services need to be integrated into universal health care (UHC).

Adolescent SRHR: Most SADC countries have a Comprehensive Sexual Education (CSE) programme in place that meets or is in the process of being aligned to international standards but implementation, monitoring and evaluation is still weak. Where CSE is implemented, young people are able take advantage of educational and other opportunities that will impact their lifelong well-being; avoid unwanted pregnancies and unsafe abortions; improve their sexual and reproductive health and protect themselves against Sexually Transmitted Infections (STIs), including HIV. Only six SADC countries (DRC, Lesotho, Madagascar, Malawi, South Africa and Zambia) have stand alone ASRHR policies or strategies.

Only five countries (Madagascar, Mozambique, Namibia, South Africa and Tanzania) do not require parental consent for adolescents to access SRHR services. The age of access to contraceptives in SADC ranges from 12 in five countries to 18 in one. Adolescent fertility ratios in the region range from 27 per 1000 women in Mauritius to 152 per 1000 women in Angola. Tanzania's President John Magufuli has banned readmission of girls who get pregnant in school. He has also urged women to stop using contraception so that they can increase the country's population.

Safe abortion: The ability of a woman or girl to safely decide not to continue a pregnancy may be the key that unlocks numerous opportunities in life, including education, employment, financial security and good health. The SADC SRHR Strategy highlights that 24% of all pregnancies in Southern Africa end in abortion, with the vast majority of these unsafe and a major contributor to maternal mortality. Among the international instruments, only the Maputo Protocol mentions the right to abortion, in certain circumstances.

There are only two SADC countries in which abortion is available on demand in the first trimester (South Africa and Mozambique). Abortion is available under certain circumstances in all SADC countries, with varying degrees of restriction. Provision of good post abortion care reduces the mortality but is costly. The GL attitude survey shows that in almost all SADC countries less than half the respondents believe that a woman should be able to choose to terminate a pregnancy in the first three months. SAfAIDS has mounted the "My choice, our choice" campaign which seeks to influence the policy environment on unsafe abortion.

HIV and AIDS: Southern Africa is the epicentre of the HIV and AIDS pandemic globally. This varies considerably across the region. Four countries have a prevalence rate of 20% and above; four 10% and above and seven below ten percent.Women, and especially young women, comprise the highest proportion of those living with HIV and AIDS, except for the islands (Madagascar, Mauritius and Seychelles) where intravenous drug needles are the main means of transmission.

The region is seeing a reduction in HIV infections. Overall, Southern Africa has met 25 of the 45 UNAIDS 90-90-90 targets (15 countries x three targets each). The targets are: percent people living with HIV who know their status; percent people who know their status who are on ART; and percent people on ART who achieve viral suppression. This means overall progress in achieving the UNAIDS targets in Southern Africa is 56%. In 2018, ARVs averted 682,000 deaths in Southern Africa, 330,000 of these in South Africa. However, the number of HIV positive children between ages 0 and 14 on anti-retroviral treatment (ART) is cause for concern. Less than 50% of HIV positive children in Angola, Botswana, DRC, Madagascar and Mauritius are on ARVs. Evidence from South Africa suggests that drug resistance is a threat to the expanded treatment programme. This requires vigilance from all. The AU is calling for two million more community health workers and for governments to ensure that they receive training, psychosocial support, remuneration and materials

Gender-based violence remains one of the most flagrant but under resourced and under reported violations of human rights in SADC. The availability of current data on the prevalence of GBV is a challenge. Information gathered through the Demographic Health Surveys are not regular. Police data is dependent on reported cases. Only seven SADC countries have undertaken dedicated GBV studies to determine the extent and effectiveness of responses to GBV. The region needs to identify effective surveillance systems to track GBV on an ongoing basis.

All countries in SADC have laws on human trafficking, but many do not have the data to track victims. All countries offer some form of services to survivors of GBV, yet under-resourced NGOs continue to do most of the work. Stakeholders have called for a regional approach to meet the goal of eliminating GBV by 2030.

Tanzania has approved a five-year budget of nearly 267 billion shillings (approximately US $119 million) to combat GBV. All SADC countries offer comprehensive treatment, including PEP, to survivors of violence. A study on TV media in South Africa shows that this medium lacks diversity, balance and sensitivity in the coverage of gender violence. Only 16% of TV news stories on GBV mentioned where survivors can go for help. South Africa broke new ground in 2018 with a presidential summit on ending GBV - one of the demands of the #TotalShutdown campaign.

Harmful practices: The average regional score for the Gender Responsive Assessments (GRA) of Constitutions and laws in SADC undertaken by peer review groups in every SADC country as part of the 2019 Barometer is just 57%. The lowest rated area (average 49%) is access to justice. This reflects the contradictions between statutory provisions for gender equality and the customary law that governs the lives of the majority of women in SADC.

While all SADC countries meet the requirement of the minimum age of 18 for marriage for men, only three countries (Malawi, Mozambique and South Africa) stipulate 18 as the minimum age of marriage for women and men with no exceptions, i.e. are compliant with the SADC Protocol on Gender and Development. In eight SADC countries (Angola, DRC, Madagascar, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe) over one third of all young women are married by the age of 18.

In Tanzania, the promulgation of a law prohibiting female genital mutilation in 1998 has not ended the practice. Widows in Southern Africa still face various forms of harmful cultural practices including forced widow inheritance, accusations of witchcraft including accusations of killing their deceased husbands, gender based violence, property grabbing and other forms of inhumane, humiliating and degrading treatment. In Swaziland widows are openly discriminated against by State institutions. Discriminatory practices include being barred from participating in politics and other public life/spaces, being barred from getting close to the King or the Queen mother or even obtaining mundane services like applying for a passport.

Sexual diversity: This groundbreaking chapter expands the narrow focus on decriminalising homosexuality to include protections and the recognition of LGBTI rights. Homosexuality is now legal in five (or about one third) of Southern African countries - South Africa, Seychelles, Angola, Mozambique and DRC. Botswana's High Court recently rejected sections of the country's penal code that criminalised same-sex relations. The Attorney General has signalled that he intends to appeal the High Court ruling.

Only South Africa allows for same sex marriages and civil unions. Three countries (Mauritius, Namibia and South Africa) allow LGBTI persons to change their gender markers. Mauritius and South Africa ban conversion therapy, which is known to cause extensive physical and psychological damage. Only one SADC country, Angola, has hate crimes legislation that explicitly protects LGBTI persons from violence and discrimination. Only South Africa has laws in place for protection of intersex people. There is a lack of targeted SRHR services for LGBTI people and a dearth of data to guide informed strategies.

Gender Links and Southern African Gender Protocol Alliance are working with LGBTI organisations from five countries - Botswana, Malawi, Mauritius, Namibia and Eswatini - to lobby for the decriminalisation of LGBTI people and social protection for their communities. The **#VoiceandChoice** campaign works to "leave no one behind" in the quest for SRHR and the well-being of all SADC citizens.