

EXECUTIVE SUMMARY



Participants in the Economic Power to End GBV Sunrise Campaign in Madagascar regroup during the COVID-19 pandemic to re-strategise. Photo: Zoto Razanadrotrefa

The 12th #VoiceandChoice Barometer reflects slow progress in advancing women's rights in the Southern African Development Community (SADC) region. The COVID-19 pandemic threatens to roll back fragile Sexual Reproductive Health and Rights (SRHR) gains made in the last decade.

The #VoiceandChoice Barometer measures 100 indicators in seven thematic areas: sexual and reproductive health; adolescent SRHR; safe abortion; GBV; HIV and AIDS; harmful practices and sexual diversity. The 2020 Barometer adds chapters on Climate Change, Economic Justice and Women's Political Participation, key components of #VoiceandChoice, and clusters of the Southern African Gender Protocol Alliance. The State of Women in SADC Report that will be published in November 2020 weighs indicators across all these sectors and ranks countries based on these.

In the tradition of the 2019 Barometer, the 2020 Barometer continues measuring progress against the 100 SRHR indicators. The SADC SRHR strategy

adopted by Health Ministers in 2018 provides a progressive tool for measuring the progress of SRHR in the region. The strategy builds onto several global, continental and regional frameworks to advance SRHR. The indicators used to measure the status of SRHR in SADC include 12 out of the 20 indicators in the SADC SRHR Scorecard that governments will be reporting against.

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. The 12th Barometer includes Comoros, the 16th SADC country.

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, 2020

SADC SRHR scorecard	Angola	Botswana	Comoros	DRC	Eswatini	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Tanzania	Zambia	Zimbabwe	Green	Yellow	Red	No data
Maternal mortality, institutional (to be complemented with population-based estimates or survey data, where applicable). Global target is 70.	241	144	273	473	437	544	335	349	61	289	195	53	119	524	213	458	2	4	10	0
Neonatal mortality, institutional (to be complemented with population-based estimates or survey data, where applicable). Global target is 12 per 1000.	29	25	32	29	17	35	21	22	9	28	16	9	11	21	23	21	3	8	5	0
Adolescent birth rate, 10-19 years of age.	151	46	70	124	77	93	110	133	26	149	64	62	68	118	120	86	5	4	7	0
Existence of laws and policies that allow adolescents to access SRH services without third party authorisation.	0	0	0	1	0	1	1	1	0	0	0	0	1	0	1	0	6	0	10	0
Unmet need for family planning (contraception).	36	14	30	27	14	16	18	16	10	24	16	n/d	14	21	18	10	6	6	3	1
Percentage reduction in new HIV infections, females 15-24.	1.2	8.9	n/d	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	9	2	3	2
Mother to child transmission of HIV.	27.8	2.5	n/d	27	7.8	12.7	39.8	7.8	13.7	15	3.9	n/d	4.9	10.5	11.2	7.6	7	5	2	2
Percentage of condom use with last high-risk sex among adolescent girls and young.	32	n/d	n/d	25	54	76	5	50	n/d	42	66	n/d	61	30	41	67	1	10	1	4
Minimum legal age of consent to marriage, 18 years for all irrespective.	1	3	2	1	1	1	2	3	2	3	2	1	3	1	2	3	5	5	6	0
Legal status of abortion.	1	1	1	1	1	1	0	1	1	2	1	1	2	1	1	1	2	13	0	0
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.	50	35	n/d	58	43	41	42	43	25	48	39	30	31	47	18	43	2	4	9	1
Percentage of annual budgets allocated to health sector (Abuja Declaration recommends 15%).	5.4	9.1	3.6	3.7	15.25	10.1	17.8	9.8	10	8.3	13.8	10	13.3	9.5	7.1	14.5	2	9	5	0

Source: Gender Links SRHR indicators table computed from global data sources.

Table I applies the colour coding across 16 SADC countries for which data could be obtained. Table II summarises the findings per indicator, ranking these from best to least achieved.

Table II: Summary of performance by indicator

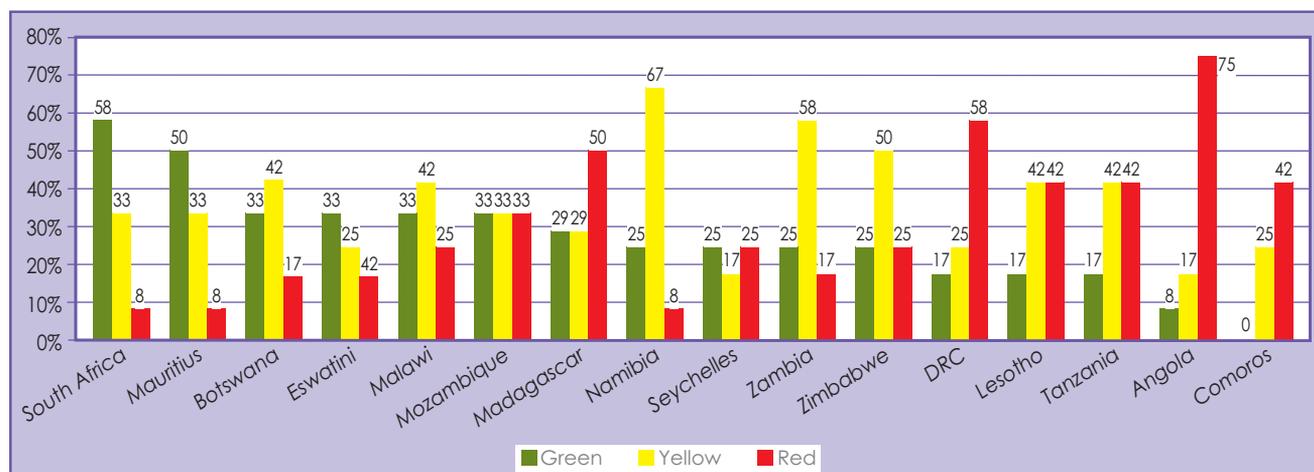
Indicators	Green	Yellow	Red	No data	% Green
Percentage reduction in new HIV infections, females 15 - 24	9	2	3	2	56%
Mother to child transmission of HIV	7	5	2	2	44%
Existence of laws and policies that allow adolescents to access SRH services without third party authorisation	6	0	10	0	38%
Unmet need for family planning (contraception)	6	6	3	1	38%
Minimum legal age of consent to marriage, 18 years for all irrespective	6	4	6		38%
Adolescent birth rate, 10-19 years of age	5	4	7	0	31%
Neonatal mortality, institutional	3	8	5		19%
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	2	4	9	1	13%
Maternal mortality	2	4	10		13%
Legal status of abortion	2	13	1		13%
Percentage of annual budgets allocated to health sector	2	9	5		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	4	6%
Total #	51	69	62	10	
Total possible score	192	176	192	192	
Percentage of total	27%	36%	32%	5%	

Table II shows that:

- Overall, only 27% of the 12 indicators that could be measured fall in the green category; 36% in the yellow category; 34% in the red category and 5% in the no data category.
- The largest number of greens (56%) is percentage reduction in new HIV infections among females aged 15 - 24 followed by reduction in Mother to Child transmission of HIV (50%). The region still needs to accelerate commitments to reducing HIV infections.

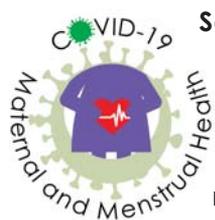
- The lowest percentage of greens (6%) is percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age. Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months (13%); maternal mortality (13%); legal status of abortion (13%) and percentage of annual budgets allocated to the health sector (13%) also garner a low score.

Figure I: Overview of country SRHR scores



Source: Gender Links SRHR indicators table computed from global data sources.

Figure I summarises each country's performance on the basis of the 12 indicators. South Africa (58% green) is in first position followed by Mauritius (50% green) and Botswana; Eswatini, Malawi and Mozambique (33% green) tie for third place. Fourteen SADC countries have achieved less than 50% of the targets. The lowest ranking countries on the green scores are DRC, Lesotho and Tanzania (17% each) followed by Comoros (8%) and Angola (8%). Angola (75%) and DRC (58%) have the highest red score. Namibia (67%) and Zambia (58%) have the highest yellow score. Key factual highlights in each theme chapter of the Barometer include:



Sexual and reproductive health:

Maternal mortality remains high across the region, despite political commitment to reduce it. Fourteen countries in SADC remain below the target of 70 deaths per 100 000 women. Of the 16 SADC countries, 14 now have stand-alone policies or guidelines on Sexual and Reproductive Health and Rights (SRHR). Only two (Angola and DRC) do not. However, many countries failed to mainstream SRHR into their COVID-19 responses, leaving women and girls without vital services and support throughout the region during the pandemic. Six SADC countries (Lesotho, Mauritius, Seychelles, South Africa, Zambia, and Zimbabwe) have removed Value Added Tax (VAT) from menstrual hygiene products and five (Botswana, Lesotho, Madagascar, Seychelles, and Zambia) now provide free sanitary pads in schools. The COVID-19 pandemic has increased the need for clean water and sanitary facilities for menstrual hygiene and highlighted the lack of clean water in many SADC communities. More women than men collect water in nine of 16 SADC countries studied. In Mozambique and Malawi, a recent study found that 84% of women and girls collect water for the household, as opposed to just 6% and 7% men and boys, respectively. In eight SADC countries (Comoros, DRC, Eswatini, Malawi, Mauritius, Mozambique, Tanzania, and Zambia) more than half of women between ages 15 and 49 do not have a say in decision-making about contraceptive use. The COVID-19 pandemic highlighted many gaps in health systems in the region,



Adolescent SRHR: UNESCO estimates that 75 million learners enrolled in primary and secondary schools in Southern Africa (more than 70% of students) were out of school due to COVID-19 from February

to May 2020. Governments have struggled to keep commitments to achieving universal access to Sexual and Reproductive Health and Rights (SRHR) due to the COVID-19 pandemic. Menstrual health and harmful practices for adolescents are not receiving sufficient attention. Better access to sex education and contraceptive information could reduce high numbers of maternal deaths due to unsafe abortion. Bowing to local and global advocacy, and in a major policy reversal, the Tanzanian government committed to providing pregnant girls with equal opportunity to education in March 2020.



Safe abortion: The Guttmacher Institute reports that 24% of all pregnancies in Southern Africa end in abortion. The 2019 Nairobi International Conference on Population and Development (ICPD25) firmly established that safe

abortion services and treatment of complications from unsafe abortion represent one of nine essential elements SRHR service. ICPD25 resulted in renewed commitments from governments across Africa and the globe to the provision of SRHR to reach three overarching targets: zero maternal deaths, zero unmet need for family planning, and zero gender-based violence (GBV) and harmful practices within the next decade. A new study has shown the negative impact of the Global Gag Rule on improving legislation around abortion and provision of SRHR services. No SADC country totally bans abortion, but most conditions under which women can obtain abortions remain restrictive. Little change has occurred in legislation in the last year, but DRC and Mozambique have made strides to improve their legislative framework for abortion. Namibia's First Lady spoke out in favour of legal reforms to

improve access to abortion in July 2020 as lawmakers in that country prepared to debate the issue. Unsafe abortions affect mostly poorer, unmarried women and adolescents. As this group contributes significantly to high maternal mortality rates in the region, it will be difficult to reach the goal of eliminating maternal mortality without addressing the need for safe abortion. Emerging evidence suggests that the COVID-19 pandemic will increase the need for abortions, reduce the provision of abortion services, restrict access to abortion and SRHR services, and reduce the opportunities for advocacy for legislative reform.



HIV and AIDS: SADC, which has 4.6%

of the world's population, is home to 45% of all people living with Human Immunodeficiency Virus (HIV) in the world. In 2019 SADC accounted for: 55% of new infections in young women and 35% new infections in young men globally;

48% of people on antiretroviral therapy (ART) and 55% of children on ART globally; 65% of the global number of pregnant women that were on ARTs; 67% of voluntary malecircumcisions (VMC) conducted in priority countries; 35% of all acquired immune deficiency syndrome (AIDS)-related deaths, 46% of AIDS related deaths in young people (15 to 24), 37% of AIDS related deaths in children; 50% of TB-related AIDS deaths globally and 52% of all AIDS related deaths that are estimated to have been averted by ART. Much progress has been made towards achieving the UNAIDS 2020 targets of 90% awareness of status, 90% access to treatment and 90% suppression of the virus. New infections in adolescent girls and young women have been declining steadily and the proportion of new infections in key populations (sex workers, men who have sex with men, people who inject drugs - who are especially important in the island nations, prisoners) is rising. COVID-19 is disrupting HIV services. This could lead to an additional 500,000 deaths in sub-Saharan Africa by the end of 2021 and regression of the Prevention of Mother to Child Transmission (PMTCT) programme to levels of a decade ago. Community care workers have been called into COVID-19 service to support testing and will likely support those that contract COVID-19 and not be hospitalised.



Gender-based violence: COVID-19

lockdowns could have a "catastrophic impact" on women, leading to a 20% surge in domestic violence cases. Restrictions linked to the pandemic

have worsened existing gender inequalities and left many women and girls without options to escape violent settings as governments across the region shuttered clinics and shelters and limited response mechanisms. Fifty seven percent of women surveyed in Zimbabwe said men had forced them to offer sexual favours in exchange for jobs, medical care, and even when seeking placements at schools for their children. Following a spike in violence against women during the pandemic, South Africa announced a R1.6billion Emergency Response Plan to fight GBV and femicide. Some countries still lack critical data on intimate partner violence (IPV) and violence against men. Globally, traffickers rob a staggering 24.6 million people of their freedoms and basic human dignity. In September 2019, the SADC Parliamentary Forum convened to discuss ways of harmonising and implementing GBV legislation to establish a GBV Model Law for SADC. "Hashtag advocacy" has gained tremendous momentum as a social media campaign tool across the region, although researchers warn its successes could be short-lived. A global UN Women study in 2019 found that 84% of respondents believe it is essential for society to treat women as equal to men.



Harmful practices: The Tanzania

Court of Appeal upheld a 2016 High Court judgment outlawing child marriage and declaring it unconstitutional. The Government had appealed the 2016 ruling, arguing that the court should

uphold Islamic and customary laws, which allowed for marriage before age 18. Civil society in Mauritius continue to lobby government to repeal Section 145 of the Civil Code, which allows children from the age of 16 years to marry if they have parental consent. Meanwhile, the government has tabled a Children's Bill, which seeks to repeal the Child Protection Act and replace it with a new legislative framework to

protect children. In South Africa, a 2019 Constitutional Court ruling gave spouses in both monogamous and polygamous customary marriages equal rights of ownership and control over matrimonial property. In Eswatini, the progressive Sexual and Domestic Violence Act continued to face resistance, mostly because it criminalises marital rape. DRC is on track to pass its Disability Rights Bill in 2020. The Act will protect children with disabilities from accusations of witchcraft. Zimbabwe gazetted a Marriage Bill to harmonise its different marriage regimes and laws and ensure that it governs all marriages under one law. Emerging harmful practices in the region, such as skin lightening/bleaching and vaginal tightening have negative impacts on women's health yet remain readily available.

all pillars and to prioritise Women's Economic Development Strategy. Macro-economic policy cannot continue in its current form where women are largely excluded and gender is not integrated in all aspects. SADC needs gender aware 'business unusual' policies. Levels of extreme poverty are high across the region, in the DRC and Madagascar there are 75% or more women and men living in extreme poverty. Food security is a critical area of concern that must be linked with climate change mitigation and sustainable economic growth strategies. The gender division of labour is still very evident in industry and services. Men dominate in industry and women in service. Economic power and agency are central to stopping and preventing GBV.



Sexual diversity: Five (one-third) of Southern African countries (Angola, DRC, Mozambique, Seychelles, and South Africa) have decriminalised homosexual relationships. Botswana's High Court decriminalised same-sex relationships in June 2019, but promulgation of the law is pending following an appeal. COVID-19 has exacerbated vulnerabilities in LGBTI communities, especially those relating to health care and violence. Three countries (Mauritius, Namibia, and South Africa) allow LGBTI people to change their gender markers. Mauritius and South Africa ban conversion therapy, which causes extensive physical and psychological damage. Only one SADC country, Angola, has hate crimes legislation that explicitly protects LGBTI persons from violence and discrimination. The UN Human Rights Office calls on countries to outlaw sporting regulations that pressure female athletes to undergo "unnecessary" medical interventions. COVID-19 health strengthening strategies must include long-term strategies towards the attainment of universal health care.



Climate justice: The past year witnessed increasing temperatures throughout the region, accelerating sea level rise, droughts, cyclones, and other disasters and pushing 12 million people in nine countries into a state of food insecurity.

Climate change will make future disasters and epidemics, such as COVID-19 inevitable, pushing millions of women and girls even further into poverty. Globally, increasing natural disasters and weather-related emergencies have contributed to large increases in sexual trafficking and forced child marriage. The COVID-19 crisis represents an unprecedented wake-up call for the region, reminding leaders that they must prepare for more frequent emergencies linked to climate change. The COVID-19 pandemic exacerbated food insecurity and other social challenges, leaving women and girls in impoverished communities, marginalised people, refugees and other displaced people especially vulnerable. The environmental crisis in SADC has extended from directly affecting agriculture and food security to impacting healthcare across the region. In 2019, climate shocks worsened measles outbreaks and Namibia saw a spike in hepatitis E-transmissions in informal settlements due to poor access to water and adequate sanitation. The COVID-19 virus will contribute to food insecurity, conflict, and gender-based violence (GBV) for months and possibly years to come. However, it also presents an opportunity



Economic justice: SADC states need to turn global, continental and regional economic commitments into change for women on the ground. The SADC Industrialisation Strategy and Roadmap 2015-2063 needs review to integrate gender in

for governments in the region to re-align their priorities and pursue the development of renewable energy and “greener” economies.



Governance: Eleven countries held elections between July 2018 and December 2019 - Botswana (national and local); Comoros (national and local), DRC (national and local), eSwatini (national and local), Madagascar (National Assembly and local), Malawi (national and local); Mozambique (national and provincial), Mauritius (national); South Africa (national and local); Namibia (national), Zimbabwe (national and local). Women's representation in parliament has increased by three percentage points over the last decade, from 25% in 2009 to 28% in 2019. There is mixed progress between countries, which ranges from an increase of 16 per-

centage points in Namibia and Zimbabwe to a decrease of seven percentage points in Angola, from 37% in 2009 to 30% in 2019. Women's representation in parliament in the SADC region is three percentage points higher than the global average of 25% and four percentage points higher than the Sub-Saharan average of 24%. Women's representation in cabinet in the SADC region has increased by four percentage points from 23% in 2009 to 27% in 2019. Women speakers/presidents of parliament in the SADC region have decreased from 40% in 2018 to 35% in 2019. The first-past-the-post (FPTP) electoral system is still the most popular in the region with seven countries using this system at the national level and eight at the local level. Countries with the highest number of women parliamentarians use either the PR or mixed system in conjunction with some form of Temporary Special Measure (TSM).



Young people participating in a menstrual health campaign at the Lavumisa Town Board, Eswatini.

Photo: Thandokuhle Dlamini