Introduction 1

Survivors of GBV learn how to produce sanitisers during an Entrepreneurship workshop held in Kadoma, Zimbabwe in July 2020.
Photo: Tapiwa Zvaraya

KEY POINTS

- The 2020 #VoiceandChoice Barometer has been expanded to cover Sexual Reproductive Health and Rights (SRHR), Governance, Economic and Climate Justice. It also covers Comoros, SADC's newest member state for the first time.
- The Barometer is being launched virtually in the wings of the Southern African Development Community (SADC) Heads of State Summit in August 2020 under the shadow of the Corona Virus Disease- 2019 (COVID-19) pandemic.
- In August 2020, SADC accounted for 58% of the African and 3% of the global COVID-19 cases. South Africa, with 92% of all cases in the region and 53% of all cases in Africa, is the hardest hit SADC country.
- COVID-19 threatens fragile SRHR gains made in the SADC region. But the pandemic has also opened opportunities to explore multi-sector approaches for achieving gender equality by 2030. Bridging the digital gender gap will help achieve #VoiceandChoice in the time of COVID-19.
- Key global events that informed data collection of the Barometer are the 25th anniversaries of the International Conference on Population and Development (ICPD) and Fourth World Conference on Women (the Beijing conference). The Barometer also draws on the 23rd International AIDS conference and the 2020 Sustainable Development Goals (SDG) report.
- Fifty-four national and 130 local government SRHR campaigns demonstrate the need to mainstream gender in emergency responses such as the COVID-19 pandemic.
- Ninety-eight local government councils across nine SADC countries have conducted a rapid response survey of COVID-19 impact on SRHR in 2020.
- Youth, especially young women are central to the #VoiceandChoice campaign. The SADC region consists of a largely youthful population who are demanding space to participate meaningfully in matters affecting their lives.

Each year since the first edition in 2009, the Southern Africa Gender Protocol Barometer has been evolving, moving with the times, and the dominant concerns of each period. Now in its twelfth edition, the 2020 #Voice andChoice Barometer is no exception. In 2019, in the wake of the #MeToo, #TimesUp, #TotalShutdown and other regional and global campaigns the Barometer sharpened its focus on SRHR under the umbrella of the #VoiceandChoice campaign. Key themes included: maternal and menstrual health; adolescent SRHR; safe abortion; gender-based violence; HIV and AIDS; harmful practises and sexual diversity. The 2020 Barometer adds chapters on economic justice; climate change; gender and governance - all key components of #VoiceandChoice.

Produced in the midst of the COVID-19 pandemic that led to states of emergency or disaster in most SADC countries since March 2020, the Barometer analyses the gendered impacts of the pandemic across different chapters. Every pandemic and natural disaster preys on inequality. COVID-19 is no exception. Initially, women were less infected but more affected than men. As we go to press, data suggests women are now both the majority of those infected and affected by the deadly virus in SADC. However, as in every crises the silver lining in this dark cloud is the opportunity to revision a "new normal" not just for addressing the pandemic but also gender relations.

This chapter provides crucial background information on the pandemic; its impact on Southern Africa in general and gender equality in particular. It describes the instruments against which the progress towards gender equality is measured; the role played by the Southern African Gender Protocol Alliance; the methodology for gathering data in the Barometer, and the broader scope in 2020. The chapter ends with a summary of limitations in the research.

COVID-19 and SADC

COVID-19 is an infectious disease caused by a virus transmitted through droplets generated when an infected person coughs, sneezes, or exhales. Infection can also occur through breathing in the virus when in close proximity of someone who has COVID-19, or by touching a contaminated surface and then touching ones' eyes, nose or mouth.

Table 1.1: COVID-19 cases in Southern Africa, 5 August 2020[1]

	Confirmed cases	Active cases	Recoveries	Deaths	% deaths	% SADC
South Africa	521 318	148 683	363 751	8 884	1.7%	92%
Madagascar	11 895	2 486	9 286	123	1.0%	2.1%
DRC	9 178	1 236	7 727	215	2.3%	1.6%
Zambia	6 793	1 511	5 109	173	2.5%	1.2%
Malawi	4 361	2 186	2 047	128	2.9%	0.8%
Zimbabwe	4 075	2 938	1 057	80	2.0%	0.7%
Eswatini	2 856	1 549	1 258	49	1.7%	0.5%
Namibia	2 470	2 247	211	12	0.5%	0.4%
Mozambique	2 029	1 249	765	15	0.7%	0.4%
Angola	1 280	746	476	58	4.5%	0.2%
Botswana	804	739	63	2	0.2%	0.1%
Lesotho	726	531	174	21	2.9%	0.1%
Tanzania	509	305	183	21	4.1%	0.1%
Comoros	386	49	330	7	1.8%	0.1%
Mauritius	344	-	334	10	2.9%	0.1%
Seychelles	114	75	39	-	0.0%	0.0%
Total	569 138	166 530	392 810	9 798	1.7%	100%
						SADC as %
Africa	980 616	317 277	64 245	21 094	2.2%	58%
Global	18 579 615	6 705 075	11 173 262	701 278	3.8%	3%

Source: Gender Links, with data from Wikipedia.

Table 1.1 shows that as at 5 August 2020:

- SADC accounted for 3% of all COVID-19 cases globally, but 58% of all cases in Africa. South Africa alone accounts for more than half (53%) of the cases in Africa.
- Although South Africa only accounts for 17% of the 342 million people in SADC, it accounts for 92% of all the COVID-19 cases. Like many other pandemics before it, COVID-19 preys on inequality. Twenty six years since the first post-apartheid democratic elections in South Africa, the country remains one of the most unequal nations in the world.
- Nearly 10,000 people (9,798) have died in SADC as a result of COVID-19; 8,884 (90%) of these in South Africa. However the fatality rate in South Africa and most SADC countries is less than 2%; lower than the Africa average of 2.2% and global average of 3.8%. Experts suggest that the lower death rate in Africa may be due to the more youthful population, with 60% of the population under the age of 18.

The harsh lockdown measures taken in Southern Africa since March have helped to slow down the spread of the virus so that health facilities can cope. On 26 March 2020 South Africa went on full lock down. Botswana, Eswatini, Lesotho, Madagascar, Mauritius, Mozambique, Namibia, Zambia and Zimbabwe soon followed suit. The restrictions imposed in the lockdown included bans on all international travel, internal movement and gatherings. The economic impact is devastating for all SADC countries.

[1] https://en.wikipedia.org/wiki/Portal:Coronavirus_disease_2019

COVID-19 and Women's Rights

In most of the world, more men than women are infected by, and die as a result of, COVID-19. In South Africa, which accounts for 92% of the cases in SADC, a pandemic that started with these gender metrics has taken an about turn. Women are now **more infected *and* affected** by the deadly pandemic.

Initially, data in South Africa reflected the global trend, with men constituting 60% of those infected and 70% of those who died as a result of COVID-19. The Lancet Gender and COVID-19 Working Group suggested that this could be because across the globe more men smoke cigarettes than women, making them more susceptible to the respiratory complications in coronavirus. Research showed that women could have stronger immune responses to coronavirus, possibly linked to higher levels of oestrogen and having two x chromosomes.

Sex disaggregated data from 125 countries from 24 June 2020[2], shows that although the gender gap is closing, globally the male infection rate (54%) is still higher than infections in women (46%). But in South Africa, more women (57%) are infected compared to men (42%). However, the death rate for men in South Africa (51%) is slightly higher than that of women (49%).

These shifts suggest that although biologically women might be less susceptible to the virus, there are strong social reasons why the gap is closing and - in the case of South Africa - the tables have turned.[3] Across the world, women constitute 75% to 80% of **health care workers**. According to UN women COVID-19 infections among female health workers are twice that of their male counterparts, in Spain, Italy and the USA - countries with some of the highest prevalence rates.[4] Women also dominate in care occupations that have a higher level of contact such as the hospitality and retail industries; care for the elderly and domestic work.

In South Africa, women have higher levels than men of the three **comorbidities**[5] now strongly associated with those worst affected by the virus: diabetes, hypertension and obesity. Globally and in South Africa, the gender gap in the long term impact of the pandemic continues to widen. Women comprise 39% of global employment but account for 54% of overall job losses as a result of COVID-19. Women in South Africa accounted for two million (two thirds) of job losses between February and April 2020.

These and other alarming statistics can be found in the National Income Dynamics Study (NIDS) Coronavirus Rapid Mobile Survey[6], a telephone survey of 7,000 households in South Africa to measure of the impact of Covid-19 on jobs,

Nomthandazo Mankazana, Grants Coordinator of the Canadian Women Voice and Leadership (WVL) fund in South Africa, distributes food parcels to women entrepreneurs after the pandemic hit. Photo: Gender Links

2 https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters
3 https://genderlinks.org.za/news/south-africa-more-women-than-men-now-infected-by-covid-19/
4 https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters
5 State of having multiple medical conditions at the same time, especially when they interact with each other in some way.
6 https://www.dailymaverick.co.za/article/2020-07-15-overview-chapter-of-the-2020-coronavirus-rapid-mobile-survey-results-and-findings/#gsc.tab=0

hunger and poverty, which highlights the disproportionate effect this pandemic is having on women and other vulnerable groups.

Women **dominate in some of the sectors that have been hardest hit by the pandemic**, including the tourism and hospitality sectors. Women are also more likely to work in the informal sector, where many have lost their livelihoods because of not being able to conduct their business during lockdown restrictions. As a result hunger and poverty has increased, with half of all respondents (47%) in the NIDS rapid mobile survey, saying that their household ran out of money to buy food in April and one in five (22%) reporting that someone in their household went hungry in the last seven days.

Not factored anywhere into the statistics is the increased **burden of care work** that women are carrying as a result of the pandemic, including caring for or home-schooling children, for the sick and elderly. In some cases women are forced to drop out of the labour market completely. A poll conducted in 17 countries shows that both women and men are taking more responsibility for household chores and the care of children and family during the lockdown, but the majority of work continues to fall on women and girls, reflecting a pre-pandemic pattern.[7]

The rapid increase in COVID-19 cases is **overwhelming many health systems**. Many health facilities are closed or are only providing limited services. Essential health services and lifesaving interventions are being disrupted. People are unable or afraid to go to health-care facilities to seek services such as check-ups, vaccinations and even urgent medical care. This could reverse decades of improvements in health outcomes. In SADC, this will severely affect women's SRHR.

There is an **increased risk of maternal and child deaths**.[8] Many women and girls are choosing to skip important medical check-ups for fear of contracting the virus. In addition, global supply chain disruptions may lead to **shortages of contraceptives**. As a result, tens of millions of women may not be able to access contraceptive services, resulting in millions of unintended pregnancies. **Safe abortion**, unavailable at the best of times even in countries where it is legal (South Africa and Mozambique) is now even less accessible.

The lockdown restrictions have once again highlighted the crisis of **gender-based violence**, particularly intimate partner violence. The coronavirus pandemic lockdowns have confined many women and girls to their homes, sometimes with abusive partners, putting them at greater risk of domestic violence. Women are also more likely to have their phones monitored by abusive or controlling partners. In addition, because of service disruptions and closures, women experiencing violence have less access to support and may not be able to receive medical care, if needed.

Following the easing of lockdown restrictions on 1 June 2020 there has been a spike in cases of femicide in South Africa. A list of more than 400 women alleged to have been killed by their abusive partners went viral on social media. Some of the horrific murders include an eight month pregnant woman Tshegofatso Pule, stabbed in the stomach and hanged from a tree; Naledi Phangindawo, stabbed in her car by her ex-boyfriend and Sanele Mfaba, dumped by a tree in a Soweto township, to mention just a few. In his address to the nation on 17 June, President Cyril Ramaphosa dubbed GBV a "second pandemic". As the #BlackLivesMatter protests swathed across the US and major cities globally in July 2020, gender activists in Southern Africa started the hashtag #FemaleLivesMatter.

[7] United Nations, Sustainable Development Goals Report, July 2020
[8] World Health Organisation, July 2020 The effects of COVID-19 on maternal health

Although **harmful practices** are slowly declining, the COVID-19 pandemic has disrupted programmes aimed at ending child marriages and female genital mutilation in areas where it is practiced. Young girls who are normally at school are more vulnerable to harmful practices during the pandemic. COVID-19 has exacerbated vulnerabilities in **LGBTI communities**, especially those relating to health care and violence.

Climate change will make future disasters and epidemics, such as COVID-19 inevitable, pushing millions of women and girls even further into poverty. It will challenge the fragile **economic gains** made by women, unless the complete disruption of the economic and eco system can be used to create a "new normal" for gender equality.

The **fifty-fifty campaign in SADC**, that has been a case of one step forwards, two steps backwards, now has the added challenge of making democracy more inclusive under states of emergency, crisis and threats - imagined and real. Civic space and advocacy work have been severely affected. Women politicians, especially in the First Past the Post system, have the cards stacked against them at the best of times, let alone under lockdown. The only glimmer of hope is that in SADC there is a strong correlation between post conflict and higher level of women's political representation and participation. This opens an opportunity to vision a new normal in which women and men stand side by side in political decision-making.

Global context

All SADC member states subscribe to the **Sustainable Development Goals (SDGs)** adopted in 2015. Indeed, the SADC Protocol on Gender and Development is the only SADC Protocol that has been updated in line with the SDGs and now has a Monitoring, Evaluation and Results Framework incorporating the 35 gender indicators of the SDGs.

The specific goals referred to in this Barometer are Goals three (Good Health and Well Being), five (Gender Equality) and goal 13 (Climate Action - reducing greenhouse gas emissions and investing in climate resilience). Goal 3 of the SDG includes SRHR targets of reducing maternal mortality, child mortality, ending AIDS, tuberculosis, malaria, tropical diseases, hepatitis, and other communicable and water-borne diseases,[9] 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.

2020 marked a five-year milestone towards achieving the 2030 Agenda for Sustainable Development. It is therefore a pivotal year for accelerating progress towards the attainment of gender equality and the empowerment of all women and girls, everywhere. The global community marked the twenty-fifth anniversary of the **Beijing Declaration and Platform for Action (1995)**. The Political Declaration set to be tabled

[9] Sustainable Development Goals

during the 2020 Commission on the Status of Women but postponed due to the COVID-19 pandemic aims to[10]:

- Undertake a review and appraisal of the implementation of the Beijing Declaration and Platform for Action1and the outcome documents of the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century".
- Assess current challenges and gaps that affect the implementation of the Beijing Declaration and Platform for Action and the achievement of gender equality and its contribution towards the gender-responsive implementation of the SDGs.
- Ensure the acceleration of the implementation of the Platform for Action, with a commitment to ensuring the mainstreaming of a gender perspective into United Nations conferences and summits in the development, economic, social, environmental, humanitarian and related fields so that they effectively contribute to the realisation of gender equality and the empowerment of all women and girls.

The 25th anniversary of the Beijing Conference gave rise to the **Generation Equality Forum**, convened by UN Women and co-hosted by the governments of Mexico and France. On 1 July 2020, the convenors announced the leaders of the Generation Equality Action Coalitions to deliver concrete and transformative change for women and girls around the world in the coming five years. They will focus on six themes that are critical for achieving gender equality: gender-based violence, economic justice and rights, bodily autonomy and sexual and reproductive health and rights, feminist action for climate justice, technology and innovation for gender equality, and feminist movements and leadership. Adolescent girls and young women will be at the heart of each **Action Coalition**'s work[11]. Gender Links, as secretariat of the Southern African Gender Protocol Alliance, is a co-leader of the feminist movement building Action Coalition.

Twenty-five years ago, the **International Conference on Population and Development (ICPD)** endorsed a Programme of Action that laid out an ambitious population and development strategy. In November 2019, the world commemorated the 25th anniversary of ICPD in Nairobi. The Nairobi summit aimed to:

- Obtain political reaffirmation of the ICPD Programme of Action, within the context of the 2030 Agenda for Sustainable Development and the SDGs.
- Build political and financial momentum to fulfil the unfinished business of the ICPD Programme of Action.
- Reinvigorate and expand the community of people necessary to push forward the ICPD agenda on all fronts.[12]

The summit's 12 global commitments highlight **three zeros**:

- The end to preventable maternal mortality,
- Unmet need for contraceptives, and
- Gender-based violence and harmful practices.

Other commitments made at the summit include achieving SRHR as part of universal health coverage respond to demographic diversity end gender-based violence and harmful practices, uphold sexual and reproductive health and rights in humanitarian and fragile contexts mobilise more financial resources to achieve SRHR.

[10] United Nations Political Declaration on the Twenty-Fifth Anniversary of the Fourth World Conference on Women, 2 March 2020
[11] UN Women, Announcement of Global Leaders to Accelerate Gender Equality, July 2020
[12] UNFPA, Report on the Nairobi ICPD25 Summit.

More than 350 organisations signed on to a **joint declaration on abortion** for ICPD25 developed by the Asian-Pacific Resource and Research Centre for Women (ARROW), Center for Reproductive Rights, CHOICE for Youth and Sexuality, Ipas, Marie Stopes International, Realising Sexual and Reproductive Justice (RESURJ), Spectra, and Vecinas Feministas. The Declaration states that the world will not meet the SDGs if governments do not urgently address access to safe abortion, with support from UN agencies, civil society organisations, health providers, the private sector, and the donor community. It notes that this means abortion must be safe, legal, available, accessible, and affordable.

MOVING TOGETHER
TO BUILD A HEALTHIER WORLD

The **High-Level Meeting on Universal Health Coverage** held at the United Nations General Assembly in September 2019 focused on "Universal Health Coverage: Moving Together to Build a Healthier World." It brought together heads of state, political and health leaders, policy-makers, and universal health coverage champions to advocate for health for all. The meeting aimed to strengthen health systems for universal health coverage. Government contested many aspects of SRHR during the meeting. The political declaration from the meeting garnered financial and political commitments from countries to sustain health investments. The political declaration commits to accelerating progress towards universal health coverage, including access to essential health services, skilled health workers, financial risk protection and access to safe, quality, effective and affordable medicines and vaccines for all.[13] There is still need for solid political commitments to integrating SRHR into essential health services.

AIDS 2020
23RD INTERNATIONAL AIDS CONFERENCE
VIRTUAL
6 - 10 JULY 2020

For the first time, the 23rd annual **International AIDS conference** took place virtually due to the COVID-19 pandemic. The July 2020 conference highlighted the impact of COVID-19 on people living with HIV. At the time of writing there was no evidence to suggest that there is an increased risk of infection and increased severity of illness for people living with HIV (with the understanding that they are not immunosuppressed and/or have no other co-infections or co-morbidities). However, people living with HIV who are not on treatment or who are not virally suppressed may have a compromised immune system (measured by a low CD4 count) that makes them vulnerable to opportunistic infections and more severe illnesses. During lockdowns caused by COVID-19, some HIV patients could not access their medication resulting in compromised immune systems. Women are the most infected and affected by both viruses.[14]

UN Women and women's rights organisations have demanded that gender be integrated into COVID-19 response plans, not only to achieve better outcomes for women and girls, but to build stronger and more resilient economies and societies for everyone.[15] UN Women's Data Hub dashboard provides a compilation of indicators that will inform gender-responsive policy action on COVID-19.

[13] United Nations General Assembly Resolution 74/2 Political Declaration on Universal Health Coverage, October 2019
[14] International AIDS Society, COVID-19 and HIV, accessed from https://www.iasociety.org/covid-19-hiv on 3 August 2020
[15] UN Women COVID-19 and Gender Monitor, June 2020

The African context

African Union (AU) Heads of State and Government declared 2020 to 2030 as the African Women's Decade on Financial and Economic Inclusion during the 33rd Ordinary Assembly held in Addis Ababa, Ethiopia. The AU in collaboration with the United Nations Economic Commission for Africa (UNECA), launched the African Women Leadership Fund (AWLF) with the aim of mobilising resources from the global private sector to fund women initiatives and promote an enabling environment for the increased participation of women across the continent. The Africa Continental Free Trade Agreement (AfCFTA) promises to benefit women in business, especially women cross-border traders across the Continent.[16]

The African Union Commission affirmed its preparedness for the COVID-19 virus through the Africa Centre for Disease Control and Prevention (Africa CDC), which activated its Emergency Operation Centre, to support Member States with the necessary surveillance and responses. In March the AU called on governments to enhance the rights and opportunities of women and girls during the COVID-19 pandemic.

Goal three of the **African Union Agenda 2063** aims to increase 2013 levels of SRHR Services to women by at least 30%. Agenda 2063 provides for equal, affordable and timely access to independent courts and judiciary that deliver justice without fear or favour. The 2009 AU Gender Policy provides for non-discrimination through its Commitment 2 on legislation and legal protection actions against discrimination, for ensuring gender equality. AU Agenda 2063 provides that all harmful social practices (especially female genital mutilation and child marriages) will be ended and barriers to quality health and education for women and girls eliminated. The measures include specific legislature to end harmful practices such as child marriages and female genital mutilation. Some of these practices include but not limited to child marriage and the betrothal of girls and boys for marriage, polygamy, wife inheritance, wife kidnapping, sexual cleansing of widows, female genital mutilation and virginity testing.[17]

The **Maputo Protocol** is a ground-breaking Protocol on women's and girls' human rights, both within Africa and beyond, and was adopted in 2003 and came into force in 2005. This Protocol to the African Charter on Human's and Peoples' Rights on the Rights of Women in Africa compensates for shortcomings in the African Charter (1981) with respect to women's and girls' rights. It includes 32 articles on women's and girls' rights, and provides an explicit definition of discrimination against women, which was missing in the African Charter:

> Discrimination against women means 'any distinction, exclusion or restriction or any differential treatment based on sex and whose objectives or effects compromise or destroy the recognition, enjoyment or the exercise by women, regardless of their marital status, of human rights and fundamental freedoms in all spheres of life'.

Women's rights organisations have played a key role in adoption of the Maputo Protocol, and continue to play a critical role in its further ratification, domestication and implementation. The Barometer refers to progress made on the Maputo Protocol in some themes.

[16] Message of the Chairperson of the African Union Commission H.E. Mousa Faki Mahamat on the occasion of International Women's Day, March 2020
[17] Morna C, Dube S, Makamure L (2016) SADC Gender Protocol Barometer

SADC context

Southern Africa Gender Protocol Alliance

The **Southern African Gender Protocol Alliance** (the Alliance) is a "network of networks" that campaigned for the adoption of the SADC Protocol on Gender and Development (the Protocol) in 2008 and its updating in 2016 to align to the SDGs. Attesting to the vital role of civil society in campaigning for gender justice in the region, the SADC Gender Protocol is the only one of the 26 SADC Protocols that have been updated; also the only Protocol that is accompanied by a Monitoring, Evaluation and Results Framework. The Alliance has spearheaded women's political participation and SRHR campaigns including during the COVID-19. Each year since 2009, the Alliance has produced a Barometer, using the Protocol as the main standard setter for gender equality in the region. Although the #VoiceandChoice Barometer draws from a range of normative frameworks, the SADC Gender Protocol is the key yardstick in all barometers because this instrument incorporates all the existing continental and global commitments to gender equality.

Articles 12 to 13 of the **SADC Protocol on Gender and Development** outline the provisions for women's equal and effective participation in political decision-making. This includes use of special measures to ensure that women have the opportunity to contest in elections. Articles 15 to 19 of the Protocol highlight the provisions that concern economic justice, a chapter included in this #VoiceandChoice Barometer. Article 26 concerns Sexual Reproductive Health and Rights provisions and Article 27 concerns HIV and AIDS provisions. Gender and Climate Change provisions are outlined in Article 31 of the Protocol and these are cross-referenced with the Protocol on Environment.[18] These provisions are relevant to this edition of the Barometer. The Southern African Gender Protocol Alliance has been tracking implementation of the provisions and advocating for its domestication by Member States.

The first ever Women's Parliament held in July 2017 in Mahe, Seychelles organised by the SADC Parliamentary Forum Regional Women's Parliamentary Caucus (RWPC) and other partners, rallied female Members of Parliament around the SADC sponsored **UN Resolution 60/2 entitled "Women and the Girl Child and HIV and AIDS"** adopted in March 2016 at the Commission on the Status of Women (CSW) held in New York, USA.

The **Mahe Declaration** committed women Members of Parliament to champion SRHR in their countries including reviewing, revising, amending or repealing all laws, regulations and policies including cultural and religious practises and customs that have a discriminatory impact on youths, especially girls and young women. In a far-reaching move, the MPs committed to lobby for safe abortion laws in their countries.

The SADC Key Populations strategy provides guidelines for HIV prevention, treatment and care and sexual and reproductive health and rights among key populations.[19] The Key Populations strategy is a result of a series of participatory and interactive processes that involved members of key populations, governments, civil society and development partners. SADC Ministers responsible for Health and HIV and AIDS approved it, in November 2017. The Strategy is in line with the revised Regional Indicative Strategic Development Plan (RISDP), which provides the Secretariat and other SADC institutions with a clear view of SADC's approved economic and social policies and priorities.

[18] SADC Protocol on Gender and Development, revised in 2016
[19] SADC, 2018, Key Populations Strategy

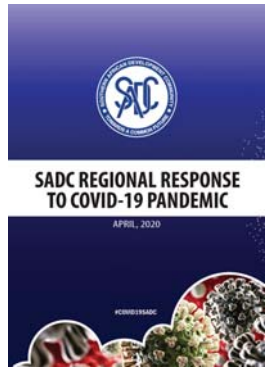
In November 2018, Ministers of Health and Ministers responsible for HIV and AIDS from the 16 SADC member states approved the ground-breaking **SADC Regional Strategy for Sexual and Reproductive Health and Rights (SRHR) 2019 - 2030** and corresponding Score Card to measure progress. The Strategy provides a framework for the member states to fast-track SRHR in the region. It will support the vision of the SADC Regional Indicative Strategic Development Plan (RISDP) 2015-2020 of a shared future within a regional community that will ensure economic well-being, improvement of the standards of living and quality of life, freedom, social justice, peace and security for its peoples.[20]

The Strategy provides a framework for the member states to fast-track SRHR in the region. It will support the vision of the SADC Regional Indicative Strategic Development Plan (RISDP) 2015-2020 of a shared future within a regional community that will ensure economic well-being, improvement of the standards of living and quality of life, freedom, social justice, peace and security for its peoples.[21]

The SADC SRHR Strategy builds on the Sexual and Reproductive Health Strategy 2006 - 2015. The current strategy moves from a service focus to a rights-based approach. This illustrates an important shift to recognising people's human rights as the centre of development and achieving higher levels of well-being in SADC. Ministers approved the first ever SADC **multi-sectoral score card** to measure progress in achieving implementation of the strategy and the sustainable development goals.[22]

The key targets of the strategy are:

- Maternal mortality ratio reduced to fewer than 70 deaths per 100,000 live births (SDG 3.1.).
- New born mortality ratio reduced to fewer than 12 deaths per 1,000 births (SDG 3.2.).
- HIV and AIDS ended as a public health threat by 2030 (SDG 3.3.).
- Sexual and gender-based violence and other harmful practices, especially against women and girls, eliminated (SDGs 5.1, 5.2 and 5.3).
- Rates of unplanned pregnancies and unsafe abortion reduced.
- Rates of teenage pregnancies reduced.
- Universal access to integrated, comprehensive SRH services, particularly for young people, women, and key and other vulnerable populations, including in humanitarian settings, ensured (SDGs 3.7 and 5.6).
- Health systems, including community health systems, strengthened to respond to SRH needs; (SDG 5.6).
- An enabling environment created for adolescents and young people to make healthy sexual and reproductive choices that enhance their lives and well-being (SDGs 4.7 and 5.6).
- Barriers - including policy, cultural, social and economic - that serve as an impediment to the realisation of SRHR in the region removed (SDGs 5.1 and 5c).



In April 2020, SADC produced an analytic report on the regional response and impact of COVID-19. The report acknowledged the gendered dimensions of the pandemic. In the report, SADC recommends that Member States need to pay special attention to the rising cases of domestic violence and gender-based violence during the COVID-19 pandemic by ensuring that women and girls are protected from all forms of abuse. Further, Member States need to incorporate gender perspectives in all responses to COVID-19 to ensure that actions during, and after the COVID-19 crisis aim to build more equal, inclusive and sustainable economies and societies.[23] SADC has produced at least 10 reports on the pandemic excluding sectoral impact reports. However, there is need for political commitment by Member States to guard gender equality gains made in the past two decades as the pandemic rages on.

[20] The SADC SRHR Strategy, 2019 - 2030
[21] The SADC SRHR Strategy, 2019 - 2030
[22] https://esaro.unfpa.org/en/news/groundbreaking-regional-strategy-sexual-and-reproductive-health-gets-ministerial-approval
[23] SADC, 2020, Regional Response to COVID-19 Pandemic, April 2020

The #VoiceandChoice campaign

SADC Protocol@Work Summit

Sommet Protocole au travail de la SADC

Cimeira do Protocolo@Work da SADC

The *#VoiceandChoice* campaign, launched in August 2018 by the Alliance, builds on the global and regional momentum on SRHR. It moves the gender justice agenda from the Post 2015 era to include individual and collective voices to advocate for change. The agenda is driven by citizens' demands and voices. By improving citizens' wellbeing, institutions and other stake-holders are building a critical citizenry that can hold governments accountable.

The campaign aims to:

- Ensure that SADC citizens including key populations have access to an essential package of SRHR services and that these ar e included into Universal Health Care strategies.
- Contribute towards positive policy change that will ensure equal access to good quality SRHR across SADC.
- Contribute towards the attainment of the SRHR regional and global commitments.
- Foster a culture of inclusivity through embracing key populations and other vulnerable groups.
- Hold governments accountable on investment in health through ongoing monitoring, lobbying and advocacy.
- Use multi-media platforms to raise awareness of effective SRHR to key populations, women and adolescents.
- Create a strong network of SRHR advocates through the SADC Protocol Alliance SRHR cluster.
- Build a body of knowledge on good SRHR practices through national *#VoiceandChoice* summits.

Learners from various schools in Windhoek commemorating Menstrual Health & Hygiene Day.
Photo: Veronika Haimbili

In August 2018 the Alliance focal networks in 15 SADC countries[24] and representatives from the 400 Centres of Excellence for Gender in Local Government[25] met to map out joint strategies for attaining SRHR in SADC countries. Over the last two years, with the support of the Amplify Change Fund, national and local partners have developed SRHR campaigns in eight thematic areas including menstrual health; maternal health; comprehensive sexual education (CSE) and services; teenage pregnancy, safe abortion; HIV and AIDS; child marriage; GBV and sexual diversity.

[24] Comoros had not yet joined
[25] A GL Programme that has been running to over a decade in ten SADC countries to promote gender responsive local governance.

Table 1.2: Campaigns conducted by the Southern African Gender Protocol Alliance

Country	Menstrual health		Maternal health		ASRHR		Teenage pregnancy		Safe abortion		HIV and AIDS		Child marriage		GBV		Sexual Diversity		N	L
	N	L	N	L	N	L	N	L	N	L	N	L	N	L	N	L	N	L		
Angola	1		1		2		1				1								**6**	**0**
Botswana					1				1								1		**3**	**0**
DRC													1		4				**5**	**0**
Eswatini	1	10			1										1		1		**4**	**10**
Lesotho	1	5							1	5		5	1	5					**3**	**20**
Madagascar	1	10			2	10	1												**4**	**20**
Malawi			1						1				1		1		1		**5**	**0**
Mauritius													1				1		**2**	**0**
Mozambique	1	10											1	10					**2**	**20**
Namibia	1	5		3	1	5						2					1		**3**	**15**
Seychelles									1						1		1		**3**	**0**
South Africa		3		4						3						3			**0**	**13**
Tanzania		1			2								1						**3**	**1**
Zambia	1	5	1		2		1		1				1						**7**	**5**
Zimbabwe	1	10	1	10									1	6	1				**4**	**26**
TOTAL	**8**	**59**	**4**	**17**	**11**	**15**	**3**	**0**	**5**	**8**	**1**	**7**	**8**	**21**	**8**	**3**	**6**	**0**	**54**	**130**

N=National; L=Local

Source: Southern Africa Gender Protocol National Reports.

Table 1.2 shows that the #VoiceandChoice coalition has implemented 54 national and 130 local government campaigns. Zambia held the highest number of national campaigns (7) followed by Angola (5). Zimbabwe held the highest number of local level campaigns (26). The menstrual health local level campaign was implemented the most (59) followed by the child marriage campaign. The menstrual health, child marriages and GBV campaigns were the most popular campaigns at a national level. Six countries (Botswana, Eswatini, Malawi, Mauritius, Namibia and Seychelles) are implementing the sexual diversity campaign despite the restrictive laws and attitudes towards LGBTI in most countries. National and local networks in Botswana, Lesotho, Malawi, Seychelles, South Africa, Zambia and Zimbabwe have taken up safe abortion campaigns. Some examples of successes of the Alliance-led SRHR campaigns include:

Angola: The SRHR cluster of Plataforma Mulhers Emaccao (PMA) has engaged schools on sexual and reproductive rights education to raise the gender equality awareness among girls and boys alike. This raised interest for youth to demand gender responsive SRHR services in local health facilities.

Botswana: The Gender Sector of the Botswana Council of Non-Governmental Organisations (BOCONGO) worked with UNESCO in the Comprehensive Sexual Education (CSE) campaign. The campaign has led to training of teachers and health workers (nurses) on the CSE manual in an effort to integrate CSE into the school curriculum through a partnership with the Ministry of Basic Education. The ministry is working with parents using UNESCO's Parent Child Communication (PCC) manual to bring parents on board in order to address SRHR. A partnership with the Botswana Council of Churches (BCC) aims to train faith-based organisation and religious leaders on SRHR. UNPFA works on prevention of early and unplanned pregnancy among young people. This includes supporting line Ministries in ensuring young people have access to SRHR services and information and ensuring policies are aligned to global standards.

Lesotho: The Women in Law Southern Africa (WLSA) Lesotho Chapter partnered with women's rights organisations and UNFPA to popularise an app on GBV response and support. Women's rights organsiations are working with media houses

such as BAM Media to avail GBV platforms. They have decided to publish GBV stories biweekly in their Newspaper which is circulated free of charge, Karabo ea Bophelo has operationalised a GBV referral system. Gender Links has an advert on TV Lesotho that is aimed at creating awareness on GBV. WLSA also implemented the menstrual health campaign as menstrual hygiene remains a challenge for many Basotho girls and young women. Despite the scrapping of tax on sanitary pads, they still remain expensive and not accessible to most girls and young women who come from poverty stricken backgrounds. WLSA Lesotho will continue to lobby the new cabinet to ensure accessibility of sanitary pads in both urban and rural areas.

Madagascar: The Alliance focal network, Federation Pour La Promotion Feminine Et Enfantine (FPFE) has trained young people from several municipalities to raise awareness and build their capacity on young people's sexual and reproductive health. The network engaged mainstream media to highlight issues of adolescents SRHR.

Malawi: The SRHR cluster of the NGO Gender Coordinating Network (NGOGCN) implemented the Adolescent Sexual and Reproductive Health Campaign (ASRHR) included training service providers to provide family planning service provisions to the youth during the pandemic. This will also include motivating health care service providers and the youth to engage amidst COVID-19 fears. The campaign included advocating for the creation of USSDs (Unstructured Supplementary Service Data) which will capitalise on the use of phone messaging and social media among the youth. The campaign included building the capacity of people to administer health care by themselves due to the shortage of health workers during the pandemic e.g. self-injectables.

Tanzania: The Tanzania Gender Networking Program (TGNP) has done extensive research on adolescent health and specifically on menstrual health. The network identified youth champions for SRHR in coastal villages of Tanga and Bagamoyo. The network is also working with schools to form gender clubs. Young Feminist Forum Members have been participating in interactive and educative shows in five popular radio stations and one TV station: *Abood FM, Kiss FM, Ndingala FM, Divine FM, Faraja FM, EA TV* and *Katavi FM*. The talk shows have reached a combined audience of over 20,000 Tanzanians, for whom radio is a primary source of information and not less than 27% of Tanzanians who watches TV in Tanzania. The radio programs started where the world was commemorating the Menstrual Hygiene Day in May. Menstrual health is one of the components of SRHR and it is bringing back to life the major campaign of TGNP, which is the provision of free sanitary pads. The programs were part of advocating for the importance of good menstrual hygiene management (MHM).

Namibia: The Gender Sector of the Namibia Non-Governmental Organisation Forum Trust and Gender Links worked with Outapi Town Council to popularise the menstrual health campaign. The council adopted the campaign in their action plan/ budget. The campaign aims to break the silence and build awareness about the fundamental role that good menstrual health and hygiene management plays in enabling women and girls to reach their full potential. The campaign led to round table discussion among leaders and policy-makers, calling for certain items such as sanitary products to be exempted from VAT, provision of free sanitary product in schools, and increase policies on and attention to menstrual hygiene management. Young people have been championing the campaigns through social media and community outreaches aimed at creating awareness.

South Africa: The campaign against teenage pregnancy led by South African Women in Dialogue (SAWID) has contributed to a review of the Teenage Pregnancy Policy in South Africa and the South Africa School health Act. South Africa designated May 2019 as Teenage Pregnancy Month. This resulted in the establishment of a national school teenage pregnancy tracker, which also monitors re-entry back into school for teen mothers.

Zimbabwe: The menstrual health campaign led by the SRHR cluster of the Women's Coalition of Zimbabwe (WCOZ) has yielded positive results as evidenced by the removal of sanitary ware tax. The 2020 National Budget has set aside $200 million to cater for the provision of sanitary ware for rural primary and secondary learners from Grade four to Upper sixth form as a measure to enhance the dignity of the girl child. However, there is lack of political will to implement measures put in place as the school learners have not yet received sanitary ware.

Sounding the alarm - SRHR and COVID-19

When the COVID-19 pandemic broke out, the Southern Africa Gender Protocol Alliance convened virtual meetings via Zoom to assess the impact of the SRHR campaigns and the effects of COVID-19 on these campaigns. These virtual meetings assessed the impact of COVID-19 on SRHR and included youth, persons with disabilities and other key populations. The Alliance networks also held radio talk shows on community radio or other relevant media to highlight how the COVID-19 pandemic has affected the SRHR campaigns in each country.

Table 1.3 Overview of Alliance SRHR consultations and Radio Talk Shows

Country	Number of virtual consultation on SRHR campaigns	Number of SRHR Radio talk shows
Angola	2	1
Botswana	2	3
DRC	3	3
Eswatini	2	2
Lesotho	2	2
Madagascar	2	2
Malawi	2	1
Mauritius		
Mozambique	3	4
Namibia	2	2
Seychelles	1	2
South Africa	2	3
Tanzania	2	6
Zambia	2	2
Zimbabwe	2	2
TOTAL	**29**	**35**

Source: Southern Africa Gender Protocol National Reports, Gender Links Workshop Statistics, 2020.

Table 1.3 shows that the Alliance held 29 Zoom or virtual consultations to analyse the impact of SRHR campaigns during the COVID-2019 pandemic. The Alliance networks collaborated with 35 community radio stations and national radio stations to hold talk shows on the impact of COVID-19 on SRHR. Tanzania held the most radio talk shows, which demonstrates the power of community radio in that country. All countries held at least two consultation meetings except Seychelles and Mauritius.

The main findings of the analysis of campaigns and talk shows are:

- Community radio is a reliable source of information during emergencies such as COVID-19, especially where internet access is likely to be limited. SRHR issues attract a wide audience on community radio including from traditional and religious leaders. Women and men participated almost equally in most call in radio talk shows.
- There are disparities in the supply of sanitary products between urban and rural schools in countries where these are free, posing challenges to the menstrual health campaign especially in times of COVID-19.
- Health recommendations such as wearing masks, washing hands, social distancing, and the use of sanitisers a challenge to some type of disabilities during COVID-19. Women with disabilities more likely to become a target for gender-based violence and sexual harassment during this period.
- Due to the closure of schools, there are high chances of child marriages because the girls are not in school, which prolongs their chances of going into marriage.
- Access to family planning services has declined as a result of COVID-19.
- The rate of unplanned pregnancies and unsafe abortions are likely to increase during pandemic.
- Funding directed to fighting the COVID-19 pandemic is being diverted from SRHR.
- SRHR campaigns have been effective where there is a multi-stakeholder involvement including government, women's rights organisations, local government and community based organisations amongst others.
- There is need to create better supply chains between menstrual health suppliers/providers for the smooth supply of the products during the COVID-19 pandemic.
- Effective use of technology safeguards support for SRHR services for youths and girls.

Local action on gender responsive approaches to COVID-19[26]

Strengthening the SRHR plan in the Mafeteng Council, Lesotho.
Photo: Tokelo Lefoka

In May 2020 Gender Links administered a questionnaire on the impact of COVID-19 to 98 Centres of Excellence for Gender in Local Government programme. In most SADC countries, local government is also responsible for primary health care in the form of clinics. Almost all councils in the survey were open and functioning to varying degrees including working from home, working on shifts, providing limited services with limited staff. Of the 98 councils who completed the survey, only 33% have a COVID-19 response plan. Only 12% have a budget to fight COVID 19.

Despite the constraints, some councils are making valiant efforts to sustain their SRHR services and action plans. Councils would welcome support in mainstreaming gender into their COVID action plans. GL has worked with councils to create a Gender, COVID-19 and Emergencies Checklist with a strong SRHR component. The examples below show the approaches being taken by local authorities:

Botswana - Okavango Sub District Council: The response plan has been devised to address all matters arising due to the COVID 19. The plan was drafted by a committee appointed by the director and includes all relevant stakeholders. The same plan allows for the easy implementation.

Eswatini - Mbabane: Council has a plan in place even though with new changes it has to be updated now in response to the pandemic.

Madagascar - Andoharanomaintso: After a consultation meeting between Mayor and councillors of the Andoharanomaitso rural council, the COVID-19 response plan was created and relies on COVID-19 budget response.

Mauritius - Municipal Council of Port Louis: The Health Department of all Councils are actively engaged in their activities which includes the provision of scavenging services and cleaning of public places such as market fairs, recreational places falling under the council.

Namibia - Tses Village Council: The council came up with a response plan to respond to emergencies and community education.

Zambia - Chipata Municipality: An emergency plan has been developed and approved by full council.

Zimbabwe - Bikita Rural Council: The Council quickly came up with a COVID - 19 response plan as soon it was declared a national disaster. Local action plans on COVID-19 include raising awareness of the pandemic as highlighted in the case of Murewa district council below:

Zimbabwe: Murewa Rural District Council action plan guards SRHR[27]

Murewa as a district is not left behind in this situation and the Council in conjunction with key stakeholders came up with a Gender responsive plan in relation to SRHR. Murewa RDC is also a key member of the Murewa COVID-19 Gender Sub-Committee.

[26] Gender Links, June 2020, Gender and Local Government COVID-19 Rapid Response
[27] Excerpt from the Murewa Rural District council COVID-19 and SRHR response plan, June 2020

The rural district council's action plan's overall objective is to ensure that access to SRHR services by women and girls prevail during the lockdown/COVID-19 pandemic period. The strategic priorities of the action plan are:

- ***Personal Protective Equipment (PPE) at Council Rural Health Centres*** - To ensure that health workers at council clinics are protected and willing to provide all essential services like SRHR services - Council is providing PPE material to its clinics during the period.
- ***Ensuring access to contraceptives and reproductive health services*** - All Murewa Rural District Council 16 Rural Health Centres are operational and contraceptives are available at all centres. Council has liaised with the District Medical Officer to ensure that there is adequate supplies at all clinics and health centres in the district.
- ***Ensuring that menstrual education and sanitary ware is accessible to women and girls*** - Due to the COVI-19 restrictions many women and girls will find it difficult to access sanitary ware and menstrual health education. Murewa RDC will continue distribution of sanitary ware and provision of menstrual health education/awareness.
- ***Making sure that maternal health services (including waiting mothers homes) are accessible to Murewa community*** - Maternity services i.e. pre and post antenatal care services shall be available at all council clinics and waiting homes shall be fully operational during the COVID-19 pandemic period.
- ***To ensure that cervical cancer screening, STI treatments and HIV/AIDS services exist during the period*** - The COVID-19 Gender sub-committee liaised with the District Medical Officer so that cervical cancer screening services resume at health centres. STI treatment is being done at all Council clinics. ART services are also available at all Council clinics.
- ***Ensuring continuity of public awareness on SRHR and GBV issues*** - Public awareness on SRHR and GBV issues continue to be a priority. The District COVID-19 Gender sub-committee is raising awareness on SRHR and GBV (child marriage, sexual violence etc). Councillors who are close to the communities are now regarded as referral points for GBV cases for onward reporting to relevant offices.
- ***Rapid response services for GBV cases and provision of shelter to victims*** - The RMT centre continues to provide shelter to GBV victims in the district during the COVID-19 pandemic period. A District COVID-19 Gender committee was set to ensure that they rapidly respond to reported cases of GBV.

Methodology

Table 1.4: Structure of the #Voice and Choice Barometer

Chapters	Relation to previous Barometer Chapters
1 Introduction	
2. Sexual and Reproductive Health	Health
3. ASRHR	Education
4. Safe abortion	Constitutional and legal Rights
5. HIV and AIDS	HIV and AIDS
6. Gender Based Violence	Gender Based Violence
7. Harmful practices	Constitutional and legal rights
8. Sexual Diversity	New since 2019
9. Economic justice	Economic justice
10. Climate Justice	Climate Change
11. Gender and Governance	Gender and Governance

Table 1.4 summarises the eleven chapters of the 2020 Barometer. The first eight chapters are the same as 2019. Chapters that have been added, and correlate to chapters in the original Barometer include Economic Justice; Climate Justice; Gender and Governance. The 2020 #VoiceandChice Barometer includes:

- A section on how the COVID-19 virus has affected all aspects of #VoiceandChoice. Each chapter includes an analysis on the pandemic in the chapter.
- The SRHR chapters include an analysis of Alliance campaigns by SRHR theme (through national and local level campaigns done by the Alliance partners).
- The Barometer includes Comoros in the analysis as it is now the sixteenth member of SADC.
- The chapters include an analysis of youth involvement. In particular, the ASRHR chapter includes information on the rapid assessment to determine the availability and uptake of SRHR services by youth conducted by Gender Links.
- New SADC Protocol@Work case studies highlighting various aspects of #Voiceand Choice and collected through the learning aspects of the annual summits.

Normative frameworks

The provisions of the SADC Protocol guide the chapters on Gender and Development. However, to strengthen the arguments, the #Voice andChoice Barometer brings in other relevant gender provisions, which include:

- SADC Protocol on Gender and Development (SGP).
- Strategy for Sexual and Reproductive Health and Rights in the SADC Region 2019-2030.
- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol).
- United Nations Conference on the Status of Women Resolution 60/2 on Women, the Girl Child and HIV.
- Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

- Beijing Platform for Action (BPFA).
- International Conference on Population and Development (ICPD).
- Sustainable Development Goals (SDGs).

Updated Audit of SRHR Laws and Policies in SADC

The updated 2020 Audit of SRHR Laws and Policies is mainstreamed across the SRHR chapters of the Barometer. The audit includes information on Comoros, the newest member to join SADC as well as additional information and updates at various points within the SRHR themes presented. What unfolds is a picture of a region with a diverse SRHR landscape. The audit reviewed sexual and reproductive health laws strategies and reports, academic research, analysis of laws and practice as well as newspaper articles across all 16 SADC countries.

There are areas with strong legislative and policy framework such as GBV and HIV, and there are others where legislation and policies are patchy.

Despite presence of strong legislation, GBV however, remains at crisis levels and is a huge concern for SADC. The region has even moved a step further to start consultations on establishing a GBV Model Law for SADC.[28] There is need however to reflect on the impact the available legislation is making in preventing and responding to GBV. Coupled with the presence of the COVID-19 pandemic that has threatened the fragile gains made on ending GBV in the region, focus on primary prevention as well as strengthening coordination efforts is more crucial at this point.

Developing indicators - quantitative measures

Each chapter begins with a table of key indicators for which data could be reliably obtained across the 16 countries. The three primary sources of these indicators are:

- **Empirical data** from credible sources to establish baselines and measure progress. This comes from UN Agencies such as UNAIDS, the WHO; UNFPA and UNESCO.
- **Public attitudes:** Each year Alliance partners administer the Gender Progress Score (GPS) or Attitudes Survey that gauges prevailing gender attitudes amongst the public using a 25-question survey. Eight of these questions are relevant to SRHR. They help to gauge public attitudes on topic issues such as safe abortion and sexual diversity that in turn play a critical role in driving or deterring reform agendas. For the period 1 August 2018 to 31 July 2019 GL gathered 11 124 surveys, 6013 women and 5111 men.
- **The Gender Responsive Assessment (GRA) of Constitutions and Laws:** The GRA is a peer review of Constitutional rights, special measures, domestic legislation, equality in accessing justice, marriage and family rights, persons with disabilities, widows and widowers' rights, the girl and the boy child (Articles 4 to 11 of the SADC Gender Protocol). A group of legal and subject area experts meet and score the country using a standardised score sheet. These are acknowledged in the contributors section of the Barometer.

Table 1.5: Classification of indicators

Thematic area	Emperical data	Public attitudes	GRA	TOTAL	Quantitative indicators from the SADC SRHR Scorecard for which data could be sourced	Quantitative indicators in the SADC SRHR Score card
Sexual and reproductive health	20	0		***20***	5	11
Adolescent SRHR	5	0		***5***	1	1
Safe abortion	3	1		***4***	1	2
HIV and AIDS	23	1		***26***	3	3
Gender-based violence	12	4		***16***	1	2
Harmful practices	5	0	7	***12***	1	1
Sexual Diversity	15	2		***17***	0	0
TOTAL	***85***	***8***	***7***	***100***	***12***	***20***

Table 1.5 shows that:

- There are a total of 100 quantitative indicators that can be used to measure SRHR across the seven SRHR themes. The largest number of these (26) is HIV and AIDS followed by SRH (20). These indicators are found in each chapter of the Barometer.

[28] https://www.sadc.int/news-events/news/sadc-secretariat-engages-members-parliament-regional-gbv-legislative-response/

- The #VoiceandChoice Barometer is unique in identifying 17 indicators for measuring sexual diversity. None of these feature in the SADC SRHR score card.
- Out of the 20 indicators in the SADC SRHR score card, GL identified 12 (60%) for which reliable data could be sourced across the 15 countries. This raises concerns regarding how governments will use this score card to measure themselves.
- Using the 12 indicators for which data could be sourced, Alliance partners last year conducted the first shadow report of the SADC SRHR score card (see Executive Summary). This has been updated in 2020. It gives a preliminary indication of how SADC countries are performing, using the colour coding agreed for the score card.

SADC Score Card indicators for which reliable data could not be found include:

3. Percentage of obstetric and gynaecological admissions due to abortion, b) Facility records for the treatment of abortion complications.
5. Proportion of population accessing integrated SRH services (total population).
7. Percentage of primary and secondary schools that provided life skills-based HIV and sexuality education in the previous academic year.
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).
17. Non-partner sexual violence prevalence.
19. Health worker density and distribution for SRMNAH
20. Proportion of services within the essential package of SRHR services covered by public health system

Qualitative data

Several sources of qualitative data have been used in the Barometer:
Case studies: Evidence is also being gathered through the case studies presented at the #Voiceand Choice SADC Protocol@Work summits (in progress at the time of writing).

Table 1.6: 2019/2020 SADC Protocol@Work summit entries

Country	SRHR	Economic justice/ Education	Drivers of Change	Media	Climate change	Local government COEs	Entrepreneurship	Constitutional, legal and Governance	Total
Zimbabwe	43	22	21	42	11	59	11	12	221
Madagascar	32	41	23	7	24	30	9	12	178
South Africa	35	10	15	3	8	3	12	2	88
DRC	27		7	36	9			5	84
Lesotho	7	3	8	10		46	7	2	83
Botswana	34	13	5	5		16	6		79
Namibia	25	3	9	20	2	13	4		76
Mauritius	11	18	7	15	7	6	2	6	72
Eswatini	21	11	6	9	1	11	10	1	70
Mozambique	17	2	3	12	2	18	9	3	66
Tanzania	7	1	4	51				1	64
Malawi	15		4	15				2	36
Angola	3		1	20					24
Zambia	1	1	3	5		5		2	17
Seychelles	2	1		4	3				10
Total	**280**	**126**	**116**	**254**	**67**	**207**	**70**	**48**	**1168**

Table 1.6 shows that Alliance partners collected 1,168 case studies between 2019 and 2020. The SRHR theme category had the highest number of case studies (280) followed by the media theme (254) and local government Centres of Excellence (207). The theme on Constitutional, legal and governance had the least number of case studies (48). The Protocol@work case studies provide evidence from the ground on implementation of the SADC Protocol on Gender and Development and other gender equality frameworks. The case studies are collated from local government, civil society, media, faith based organisations, entrepreneurs and individual activists.

Media articles from the journalists trained in 15 countries on coverage of gender equality issues. GL trained journalists from around the region and in April 2019, an in-country in DRC, Madagascar, Mauritius, Mozambique, Tanzania and Zimbabwe between May and June 2019. A total of 132 articles have been produced by the journalists. These are referenced in the Barometer where relevant.

Political Discourse on SRHR - these are political statements analysed by researchers in different countries. Many times political statements tend to translate into policies. The Barometer has mainstreamed the analysis of political discourse in the SRHR chapters. This is an important indicator of changing attitudes and mindsets.

Rapid response on SRHR

Gender Links conducted an Adolescent Sexual and Reproductive Health and Rights (ASRHR) Rapid assessment undertaken in Botswana, Eswatini, Lesotho, Madagascar, Zambia and Zimbabwe from November 2019 to April 2020. The study will be rolled out to Mauritius, Mozambique, Namibia and South Africa between by end of August 2020. The preliminary findings of the assessment are highlighted in the ASRHR chapter of this Barometer.

Limitations

The COVID-19 pandemic posed constraints on the processes linked to the Barometer. SADC Protocol@work summits have been postponed in four SADC countries (Lesotho, Eswatini, Zambia and Zimbabwe). These have not yet been adjudicated. These summits will be held towards the end of 2020 where COVID-19 regulations allow. The regional SADC Protocol@Work summit scheduled for May 2020 has been indefinitely postponed. Regional, continental and global meetings of importance to the Barometer were held virtually or cancelled due to the pandemic.

Data on Comoros, SADC's latest member, is limited. An Alliance national network will be identified for the island by early 2021. #VoiceandChoice campaigns have not been held in Comoros due to the lack of an Alliance focal network.

Some case studies related to economic justice and HIV could not be used in the research for ethical reasons. The two subjects involve vulnerable women namely survivors of GBV in economic justice and people living with HIV. Case studies used in the research are accompanied by full consent from the subjects.