SADC GENDER PROTOCOL 2016

BAROMETER

Featuring the first Southern Africa Gender Attitudes Survey



Edited by Colleen Lowe Morna, Sifiso Dube and Lucia Makamure

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The Southern African Gender Protocol Alliance vision is of a region in which women and men are equal in all spheres. The Alliance campaigned for the adoption and implementation of the SADC Protocol on Gender and Development that has 28 targets to be achieved by 2015. The Alliance is now advocating for a strong Post-2015 agenda linked to the Sustainable Development Goals (SDGs), Beijing Plus Twenty and the Africa Agenda 2063, with a strong action and results framework.

Gender Links coordinates the work of the Alliance.

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Contents

Acronyms 4
Contributors 7
Preface 11
Southern Africa Gender Attitude Survey 21
Executive summary 31

CHAPTER 1 CONSTITUTIONAL AND LEGAL RIGHTS 45
Articles 4-11

CHAPTER 2 GENDER AND GOVERNANCE 71
Articles 12-13

CHAPTER 3 EDUCATION AND TRAINING 97
Article 14

CHAPTER 4 ECONOMIC JUSTICE 123
Articles 15-19

CHAPTER 5 GENDER BASED VIOLENCE 153
Articles 20-25

CHAPTER 6 HEALTH 181
Article 26

CHAPTER 7 HIV AND AIDS 213
Article 27

CHAPTER 8 PEACE BUILDING AND CONFLICT RESOLUTION 243
Article 28

CHAPTER 9 MEDIA, INFORMATION AND COMMUNICATION 261
Articles 29-31

CHAPTER 10 GENDER, CLIMATE CHANGE AND SUSTAINABLE DEVELOPMENT 283

CHAPTER 11 IMPLEMENTATION 309

Tables

Preface
1: Summary of Post-2015 SADC Gender Protocol gains and losses 15
2: Mapping of global gender frameworks against the SADC Gender Protocol 18
3: Possible additional indicators for the SGDI 19

The Southern Africa Gender Attitude Survey 2016
1: How the GPS is scored 21
2: Sample for the 2016 GPS 21

Executive Summary
I: CSC sample 2016 32
II: Sectors covered by the SGDI and CSC 32
III: Key indicators of the status of women in SADC countries 33
IV: SGDI Scores by country and rank 2011 - 2016 35
V: SDGI by country and sector performance 2011-2016 36
VI: Citizen Scores by country and rank 2011 - 2016 37

Chapter one
1.1: Tracking table Constitutional and legal rights in the SADC region 2009-2016 46
1.2: Analysis of gender equality clauses in constitutions 50
1.3: SADC Countries rating on Social Institutions and Gender Index 56
1.4: Marriage and family laws 60
1.5: Incidence of child marriages in SADC 61

Chapter two
2.1: Tracking table - Governance in the SADC region 72
2.2: Elections in SADC 2015 to 2016 73
2.3: The Protocol Governance provisions 76
2.4: Global comparison of women in parliament by region 78
2.5: Regional and global ranking of Women in Parliament 79
2.6: Women in parliament in SADC 2016 80
2.7: Women's representation in local government 2009 to 2016 80
2.8: Women in local government in SADC in 2015 and projections 82
2.9: Political parties and quotas 83
2.10: Electoral systems, quotas and women's political participation in SADC 84
2.11: Electoral systems and quota results table 2016 85
2.12: Zambia Presidential Elections candidates and running mates 87
2.13: Analysis lists for three major political parties in Zambia 88
2.14: Summary of 50/50 Campaign Strategy 90
2.15: Women's representation in cabinet 2009 and 2016 92
2.16: Women as deputy ministers 93
2.17: Women in ambassadorial positions 93
2.18: Women in Judiciary in SADC 2016 93
2.19: Women in top management in the Public Service 94

Chapter three
3.1: Education and training trends table 98
3.2: Access and enrolment in education 101
3.3: Government expenditure on education 103
3.4: Representation of women in the teaching profession 113
3.5: Pass rates in primary and secondary schools in selected SADC countries 116

Chapter four
4.1: Tracking Table - Productive resources and employment, economic empowerment 124
4.2: Economic growth and gender indicators 128
4.3: Human Development in Southern Africa 129
4.4: Selected SADC Country data on women in business leadership 132
4.5: Ease of doing business in SADC 136
4.6: Women land ownership in some SADC countries 139
4.7: Women's and men's earnings in the SADC region 144
4.8: Conditions of employment 145

Chapter five
5.1: Tracking table GBV in the SADC region 2009-2016 154
5.2: Key baseline indicators on GBV against the SADC Protocol on Gender and Development 164
5.3: Compliance of SADC States with Minimum Standards for Eliminating Trafficking in Persons in the US Department of State Trafficking in Persons 2016 Report 169
5.4: Status of DHS Surveys in SADC countries 177

Chapter six
6.1: Trends in Health 2009, 2015 and 2016 182
6.2: Health Indicators 185
6.3: Changes in MMR 2009 - 2016 186

Figures

The Southern Africa Gender Attitude Survey 2016
1: Submissions by age group 22
2: Submissions by educational level 22
3: Gender Attitude Scores 22
4: Gender attitude score by sex and country 22
5: Gender attitude score by age group 23
6: Gender attitude score by educational level 23
7: Agreeing or strongly agreeing by sex - Women's rights 23
8: People should be treated the same whether they are male or female - by country 23
9: A woman should obey her husband - by country 24
10: A man should have the final say - by country 24
11: If a man has paid *Lobola* for his wife, he owns her - by country 25
12: Polygamy should be abolished - by country 25
13: People who are attracted to the same sex should be outlawed - by country 25
14: Agreeing or strongly agreeing by sex - GBV 26
15: A woman can refuse to have sex with her husband - by country 26
16: If a woman does something wrong her husband has the right to punish her - by country 26
17: If a man beats a woman it shows that he loves her - by country 27
18: If a woman wears a short skirt she is asking to be raped - by country 27
19: Agreeing or strongly agreeing by sex - SRHR 27
20: A woman should be able to choose to terminate a pregnancy in the first three months of her pregnancy - by country 28
21: Agreeing or strongly agreeing by sex - Economic justice 28
22: If a woman works she should give her money to her husband - by country 28
23: Men should share the work around the house with women such as doing dishes, cleaning and cooking - by country 29
24: Agreeing or strongly agreeing by sex - Media 29
25: The media interviews equal numbers of women and men - by country 29
26: Using sexy images of women in the media makes more people buy them - by country 30
27: Women do not like the news - they are only interested in soapies and gossip - by country 30

Executive Summary
I: Comparative analysis of SGDI and CSC scores 2011 to 2016 31
II: SGDI by sector 2011 - 2016 37
III: How women and men perceive government commitment 38
IV: CSC by sector 2011-2016 39
V: Comparison of the SGDI and CSC by country for 2016 39
VI: Comparative CSC and SGDI sector scores 40

Chapter one
1.1: Women and men's perceptions of constitutional and legal rights 48

Chapter two
2.1: Average comparative SGDI and CSC scores from 2011 to 2016 74
2.2: Average comparative SGDI from 2011 to 2016 74
2.3: Comparison of the SGDI and CSC by country 2016 75
2.4: Women and men's perception of governance in SADC 75
2.5: Women in political decision-making in SADC from 2005 - 2016 77
2.6: Women in parliament, cabinet and local government, 2016 77
2.7: Women in parliament in SADC - 2005 to 2016 78

Chapter three
3.1: Comparative analysis of Education and Trainning SGDI and CSC 99
3.2: Women and men's perceptions on Education and Training 100
3.3: Literacy levels of women and men 105
3.4: Proportion of girls and boys in primary school 105
3.5: Number of years of compulsory education 106
3.6: Out of school children in SADC 106
3.7: Proportion of girls and boys in secondary schools 107
3.8: Proportion of women and men in tertiary education 109
3.9: Girls enrolled in STEM 113
3.10: STEM graduates by sex 114
3.11: Percentage of trained teachers in primary school 115
3.12: Percentage of trained teachers in secondary school 115

Chapter four
4.1: SGDI Comparison by country 2011 - 2016 126

Tables

6.4: Maternal Mortality Ratio (MMR; maternal deaths per 100,000 live births) 1990-2015 187
6.5: Trends in estimates of maternal deaths, 1990-2015 187
6.6: Antenatal care 190
6.7: Variation in attendance at birth by skilled personnel 192
6.8: Unmet need for family planning in SADC 198
6.9: Progress in improving sanitation in SADC from 1990 to 2015 207
6.10: Progress in improving access to drinking water in SADC from 1990 to 2015 208

Chapter seven

7.1: HIV - Progress against targets trends table 214
7.2: HIV Prevalence in MSM compared to general adult prevalence 218
7.3: Key gender, HIV and AIDS indicators 220
7.4: Disparities in comprehensive knowledge of HIV / AIDS 223
7.5: Adolescent Prevention and HIV Testing 225
7.6: Number of infections averted in SADC in 2016 228
7.7: Number of AIDS related deaths in SADC 2005 and 2015 234
7.8: TB related deaths in People Living with HIV 2005 and 2014 235

Chapter eight

8.1: Tracking Table - Peace Building and Conflict Resolution 244
8.2: Global Peace Index 2016 ranking of Sub-Saharan countries 249
8.3: Analysis of gender provisions in relevant security services legislation 251
8.4: SAPS Organisational Profile at 31 March 2015 256
8.5: Women's representation in correctional services 257

Chapter nine

9.1: Tracking table - Media progress against targets 262
9.2: Gender and media in Southern Africa 266
9.3: Summary of key GMPS findings 266
9.4: State of media freedom in SADC 268

Chapter ten

10.1: Climate Change and Sustainable Development Trends Table 284
10.2: Changes in climate patterns in Southern Africa 286
10.3: Gender dimensions of climate change 289
10.4: Climate Change, Sexual and Reproductive Health and Rights 291
10.5: Representation of women and men in key decision-making positions related to the environment 297

Chapter eleven

11.1: Tracking table - Implementation 310
11.2: Signing and ratification progress of the Protocol by country 314
11.3: Global sets of gender indicators 316
11.4: Country mapping of national gender policies, process and alignment to Protocol 317
11.5: Centres of Excellence for gender in local government 323
11.6: Amount allocated by COEs to gender work (Rands) 323
11.7: Local Government Gender Scores 324
11.8: Alliance executive committee 329
11.9: How the Alliance collaborates with partners 329
11.10: Barometer launch dates 331
11.11: Post-2015 Protocol country consultation outreach 331
11.12: Knowledge quiz submissions per country 2015/2016 333

ANNEX 1 **338**

ANNEX 2 **340**

BIBLIOGRAPHY **345**

Figures

4.2: Women and men's perceptions on Economic Justice 126
4.3: Comparative analysis of Economic Justice SGDI and CSC 127
4.4: SGDI and CSC trends 2011 to 2016 127
4.5: Trends of women in decision-making 2009 - 2016 130
4.6: Women in economic decision-making in 2016 131
4.7: Labour force participation 143
4.8: Labour force participation in 2009 and 2016 144

Chapter five

5.1: Women and men's perception on GBV, 2016 156
5.2: Ecological model of the drivers of GBV 157
5.3: Lifetime prevalence of GBV 160
5.4: Lifetime experience and perpetration of intimate partner violence 160
5.5: Lifetime experience of rape by non-partner 160
5.6: Proportion of political speeches mentioning GBV 176

Chapter six

6.1: Comparative analysis of SRHR and Health SGDI and CSC 182
6.2: Comparison of women's and men's perceptions of SRHR provision 183
6.3: Maternal Mortality Ratio (maternal deaths per 100000 live births) 186
6.4: Percentage of births attended by skilled personnel 192
6.5: Contraceptive usage in SADC 199
6.6: Origin of SRHR case studies at the 2015 summit 202
6.7: Type of organisation 203
6.8: Target groups in the Summit Case Studies 203
6.9: Protocol targets referenced 203
6.10: How the Protocol targets are being put to work on the ground 203
6.11: Type of intervention 204
6.12: Types of change taking place through SRHR initiatives 204
6.13: Total coverage of sanitation facilities 205
6.14: Urban coverage of sanitation facilities 206
6.15: Rural coverage of sanitation facilities 206

Chapter seven

7.1: Comparative SGDI and CSC scores for the HIV and AIDS 215
7.2: Comparison of women and men's perceptions of the quality of services 215
7.3: Proportion of women and men living with HIV 222
7.4: Extent of comprehensive knowledge of HIV and AIDS 222
7.5: Percentage of eligible pregnant women on PMTC 227
7.6: Percentage of eligible people living with HIV receiving ARVs 232

Chapter eight

8.1: Women's and men's percectives on peace and security 246
8.2: Percentage of women in the defence sector 2016 253
8.3: Women's representation in SADC police forces 2016 255
8.4: Women in peacekeeping 2013-2015 257

Chapter nine

9.1: Comparative SGDI and CSC score for media 263
9.2: Comparative progress SGDI and CSC scores for media 264
9.3: Women and men's perception of the media in SADC 264
9.4: Proportion of women staff by country - 2015 vs 2010 271
9.5: Proportion of women students by country - 2015 vs 2010 272
9.6: Proportion of women and men in media houses in SADC 274
9.7: Women in management 2010 vs 2015 276
9.8: Comparing beats over time - GMBS 2003 vs GMPS 2015 - region 276
9.9: Women as news sources over time - region 277
9.10: Women as news sources in COEs and non COEs by country - region 277
9.11: Women and men sources per medium - region 278
9.12: Images of women and men in newspapers - region 278

Chapter ten

10.1: Women and men in decision-making in sustainable development 296
10.2: SADC Levels of electrification 301
10.3: Percentage of population with access to water 303

Chapter eleven

11.1: Costing model developed by Gender Links 321
11.2: The SADC GRB process framework 322
11.3 SADC Protocol@work case studies 327
11.4: Alliance logos over time 328
11.5: Streamlining the work of the Alliance 328
11.6: Average Protocol knowledge scores by country 334
11.7: Average knowledge quiz scores per question 2015 and 2016 335
11.8: Female and male knowledge quiz scores per question 2016 335

Acronyms

AAA	Association of Advertising Agencies
ABC	All Basotho Congress for Democracy
ABC	All Basotho Convention
AEO	African Economic Outlook
AGOA	African Growth and Opportunity Act
AIDS	Acquired Immune Deficiency
AIPPA	Access to Information and Protection of Privacy Act
ALAT	Association of Local Authorities in Tanzania
ALS	Agriculture and Livestock Survey
ANC	African National Congress
ANC	Antenatal Care
ANEX	Activists networking against the exploitation of children
APP	All People's Party
AREU	Agricultural Research and Extension Unit
ART	Anti-retroviral treatment
ARV	Anti-Retroviral drug
AU	African Union
BBC	Broadcasting Corporation
BBS	Biological and Behavioural Surveillance
BBSS	M&E Select High-Risk Sub Populations in Botswana
BCEA	Basic Conditions of Employment Act
BCP	Botswana Congress Party
BDC	Botswana Development Cooperation
BDP	Botswana Democratic Party
BEDIA	Botswana Export Development and Investment Authority
BEST	Basic Education Statistic in Tanzania
BNF	Botswana National Front
BNP	Basotho National Party
BOCONGO	Botswana Council of Non-Governmental Organisations
BPFA	Beijing Platform for Action
BSA	Broadcasting Services Act
BWASA	Business Women's Association of South Africa
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa
CASE	Community Agency for Social Enquiry
CCA	Concessionary Credit Agency
CCM	Charna cha Mapinduzi
CCP	Climate Change Programme
CEDA	Citizen Entrepreneurial Development Agency
CEDAW	Convention on the Elimination of All Forms of Discrimination
CEEC	Citizens' Economic Empowerment Commission
CGI	Carbon Green Investments
CHADEMA	Cha Cha Demokrasia in Tanzania
CHBC	Community Home Based Care
CMFD	Community Media for Development
CMP	Meeting of the Parties to the Kyoto Protocol
CoD	Congress of Democrats
COE	Centre of Excellence
COMSIP	Community Savings and Investment Project
COP	Conference of the Parties
COPE	Congress of the People
COSATU	Congress of South African Trade Unions
CPD	Convenor of the Continuous Professional Development
CPF	Commonwealth Parliamentary Forum
CREW	Credit Empowerment for Women (in Tanzania)
CRP	Constitutional Review Process (Zimbabwe)
CSC	Citizen Score Card
CSO	Civil society Organisations
CSW	Commission on the Status of Women
CUF	Civic United Front
CW	Commonwealth Secretariat
DA	Democratic Assembly
DA	Democratic Alliance
DBS	Development Bank of Seychelles
DIRCO	Department of International Relations and Cooperation
DPN	Democratic Party of Namibia
DPP	Democratic Progress Party
DRC	Democratic Republic of Congo
DTA	Democratic Turnhalle Alliance of Namibia
ECA	Economic Commission for Africa
ECCE	Early Childhood Care and Education
ECLA	Economic Commission for Latin America
EDF	European Development Fund
EFF	Economic freedom Front
EFF	Economic Freedom Fighters
EIA	Environmental Impact Assessment
EISA	Electoral Institute of Southern Africa
EMB	Election Management Body
EPSE	Personal and Social Education Programme (Seychelles)
FDD	Forum for Democracy and Development
FemAct	Feminist Activist Coalition
FMG	Female Genital Mutilation
FPTP	First Post the Post
FRELIMO	Frente de Libeartacao de Mocambique Liberation Front
GADN	Gender and Development Network
GAMAG	Global Alliance on Media and Gender
G-BEM	Botswana Girl/Boy Education Movement
GBI	Gender Budgeting Initiative
GBV	Gender Based Violence
GEM SUMMIT	Gender and Media Summit
GEM	Gender and Media
GEMSA	Gender and Media Southern Africa
GENOL	Gender and Energy Network of Lesotho
GEPMI	Gender and Economic Policy Management Initiative (GEPMI-Africa)
GFP	Gender Focal Point
GHG	Green House Gas
GIME	Gender and Media Education
GIME	Gender in Media Education in Southern Africa
GL	Gender Links
GMAS	Gender and Media Audience Research
GMBS	Gender and Media Baseline Study
GMDC	Gender and Media Diversity Centre
GMMP	Global Media Monitoring Project
GMPS	Gender and Media Progress Study
GMS	Gender Management System
GPA	Global Peace Agreement (Zimbabwe)
GPI	Global Peace Index
GSC	Gender Scored Card
HAM	Higher Media Authority (DRC)
HIFC	Humanitarian Information Facilitation Centre
HIV	Human Immuno deficiency Virus
HLPF	The High Level Political Forum
HVM	Hery Vaovao ho an'i Madagasikara(New Forces for Madagascar)
IBA	International Bar Association

IBA	Independent Broadcasting Authority
ICASA	Independent Communications Authority of South Africa
ICPD	International Conference on Population Development
ICT	Information and Communication Technology
IDA	International Development Association
IDASA	Institute for Democratic Alternatives
IDUs	Injecting Drug Users
IEC	Institute Electoral Commission
ILFS	Integrated Labour Force Survey
IMCI	Integrated Management of Childhood Illness
IOM	International Organisation for Migration
IPCC	International Panel on Climate Change
IPU	Inter-Parliamentary Union
ISPDC	Interstate Politics and Diplomacy Committee
IT	Information Technology
IULA	International Union of Local Authorities
IWMF	International Women's Media Foundation
JED	Journaliste en Danger
JIPSA	Joint Initiative on Priority Skills Acquisition
LCA	Lesotho Communication Authority
LCD	Lesotho Congress for Democracy
LEA	Local Enterprise Authority
LEGABIBO	Lesbians, Gays and Bisexuals of Botswana
LEP	Lesotho Education Party
LHRC	Legal and Human Right Centre
LLM	Master' Degree in Law
LPPA	Lesotho Planned Parenthood Association
M&E	Fourth World Conference on Women
M&E	Monitoring and evaluation
MAG	Monitor Action Group
MAP	Madagascar Action Plan
MAP	Media Action Plan
MBC	Mauritius Broadcasting Cooperation
MCA	Millennium Challenge Account
MCCI	Mauritius Chamber of Commerce and Industry
MCDGD	Ministry of Community Development and Gender and Children
MCM	Media Council of Malawi
MCO	Ministerial Committee
MDC-M	Movement for Democratic Change - Mutambara
MDC-T	Movement for Democratic Change -Tsvangirai
MDGs	Millennium Development Goals
MECOZ	Media Ethics council of Zambia
MER	Monitoring, Evaluation and Reporting
MFP	Marematlou Freedom Party
MFPWA	Mauritius Family Planning and Welfare Association
MGYSR	Ministry of Gender and Youth, Sports and Recreation
MIJ	Malawi Institute for Journalism
MINFAMU	Ministry for Family and Women
MISA	Media Institute for Southern Africa
MLP	Mauritius Labour Party
MMC	Millennium Challenge Compact
MMD	Movement for Multiparty Democracy
MMP	Media Monitoring Project
MMR	Maternal Mortality Ratio
MNCH	Maternal Newborn and Child Health
MNSSD	Malawi National Strategy on Sustainable Development
MoHSW	Ministry of Health and Social Welfare
MOHSW	Ministry of Health and Social Welfare
MOU	Memorandum of Understanding
MP	Members of Parliament
MPL	Members of the Provincial Legislature
MPLA	Movimento Popular de Libertacao de Angola - Popular Movement for the Liberation of Angola
MPSR	Malawi Public Services Regulations
MSM	Men who have sex with men
MST	Methadone Substitution Therapy
MTP	Medium Term Plan
MUSCO	Malawi Union of Savings and Credit Cooperatives
MWAGCD	Ministry of Women's Affairs Gender and Community Development
MWO GEMSA	Media Watch Organisation -Gender and Media Southern Africa
MWRCDFW	Ministry of Women's Rights, Child Development and Family Welfare
NABW	National Association of Business Women
NAMFISA	Namibia Financial Institutions Supervisory Authority
NAMREP	Namibia Renewable Energy Programme
NANGO	National Association of Non-Governmental Organisations
NAPA	National Action Programme for Adaptation
NBS	National Bureau of Statistics
NBSAP	National Biodiversity Strategy and Action Plan
NCC	National Constitutional Conference (Zambia)
NCOP	National Council of Provinces
NCRF	National Community Radio Forum
NDMC	Namibia Democratic Movement for Change
NEC	National Electoral Commission
NEP	National Environmental Policy
NEP	Needle Exchange Programme -Mauritius
NGO	Non-Governmental Organisation
NGOGCN	NGO Gender Coordinating Network
NICTS	New Information and Communication Technologies
NIP	National Independent Party
NLD	National League for Democracy
NLFP	New Lesotho Freedom Party
NPCGBV	National Response to Combat Gender Based Violence
NPP	National Progressive Party
NSDP	National Strategic Development Plan
NSO	National Statistical Office
NUDO	National Unity Democratic Organisation of Namibia
NWEC	National Women Entrepreneur Council
NWU	The North West University
OSHA	Occupational Health Safety Act
OSISA	Open Society Initiative of Southern Africa
OVC	Orphans and Vulnerable Children
PAC	People's Alliance for Change
PANAGED	Gender and Development National Action Plan (Madagascar)
PAPCBP	Pan African Capacity Building Program
PCAR	Primary Curriculum Assessment Reform (Malawi)
PCB	Press Council of Botswana
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PF	Patriotic Front
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PPRD	Peoples Party for Reconstruction and Democracy
PR	Proportional Representation
PSI	Population Services International
PWIDs	People Who Inject Drugs
RECs	Regional Economic Communities

REDD	Reducing Emission from Deforestation and Forest Degradation
RISDP	Regional Indicative Strategic and Development Plan
RP	Rally for Progress
RP	Republic Party of Namibia
RPTC	Regional Peace Training Centre
SA	South Africa
SABC	South African Broadcasting Corporation
SADC	Southern Africa Development Community
SAEF	South Africa Editors Forum
SALC	Southern Africa Litigation Centre
SANDF	South Africa National Defence Force
SANTAC	Southern Africa Network against Trafficking
SARDC	Southern Africa Research and Documentation Centre
SARO	Southern Africa Regional Office
SARPCCO	Southern African Regional Police Chiefs Cooperation Organisation
SAWID	South African Women In Dialogue
SB	Subsidiary Bodies (SB)
SBFA	Small Business Financing Agency
SDGD	SADC Declaration on Gender and Development
SDGs	Sustainable Development Goals
SEA	Security of Employment Act
SEnPA	Small Enterprise Promotion Agency
SGDI	SADC Gender and Development Index
SGP	SADC Protocol on Gender and Development
SGPA	SADC Gender Protocol Alliance
SGU	SADC Gender Unit
SIDA	Swedish International Development Cooperation Agency
SMEDA	Small and Medium Enterprises Development Authority
SPEMSD	SADC Protocol on Environmental Management and Sustainable Development
SPPF	Seychelles People Progressive Front
SSA	Sub-Saharan Africa
SSDS	Seychelles Sustainable Development Strategy
SSP	Safe School Programme
SSP	Gender and Security Sector Reform
STEM	Science, Technology, Engineering and Mathematics
STI	Sexually transmitted Infections
SWAAZ	Society for Women and AIDS in Zambia
SWAPO	South Western Africa's People Organisation
SWEET	Swaziland Women's Economic Empowerment Trust
TAC	Treatment Action Campaign
TACRA	Tanzania Communications and Regulatory Authority
TACRA	Tanzania Communications and Regulatory Authority
TAMWA	Tanzania Media Women's Association
TANU	Tanganyika African National Union
TAWLA	Tanzania Women's Lawyers Association
TCCIA	Tanzania Chamber of Commerce Industry and Agriculture
TEVET	Technical, Entrepreneurial and Vocational Education and Training (Malawi)
TEVETA	Technical, Entrepreneurial and Vocational Education and Training Authority (Mauritius)
TLP	Tanzania Labour Party
TNGP	Tanzania Gender Networking Program
TPFNet	Tanzania Police Female Network
TSC	Teaching Service Commission
UDF	United Democratic Front of Namibia
UDM	United Democratic Movement
UDSA	University of Dar Es Salaam
UN	United Nations
UN.GIFT	United Nations Global Initiative to Fight Human Trafficking
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Party for National Development
UNDP	United National Development Programme
UNDPKO	United Nations Department for Peacekeeping Operations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNIP	United National Independent Party
UNODC	United Nations Office on Drugs and Crime
UNSCR	United National Security Council Resolution
UPP	United Progress People
URT	United Republic of Tanzania
USAID	United States for International Development
VCT	Voluntary Counselling and Testing
VMCZ	Voluntary Media Council of Zimbabwe
VMMC	Voluntary Medical Male Circumcision
VSO-RAISA	Volunteer Service Overseas-Regional AIDS Initiative Southern Africa
WABAZ	Women Alliance of Business Associations in Zimbabwe
WCNOVAW	Western Cape Network on Violence Against Women
WCoZ	Women Coalition of Zimbabwe
WDB	Women Development Businesses
WDF	Women Dignity Project
WECA	Women in Enterprise Conference and Awards
WEDO	Women's Environment and Development Organisation
WHO	World Health Organisation
WIBA	Women in Business Association
WIDSAA	Women in Development Southern Africa Awareness
WILDAF	Women in Law and Development in Africa
WIPSU	Women in Politics Support Unit
WLAC	Women's Legal Aid Centre
WLSA	Women and Law in Southern Africa
YHC	Youth Health Centre (Seychelles)
ZAACA	Zimbabwe Agenda for Accelerated Country Action for Women, Girls, Gender Equality and AIDS
ZAFAWIB	Zambia Federation of Associations of Women in Business
ZANU PF	Zimbabwe African National Union Patriotic Front
ZBC	Zimbabwe Broadcasting Corporation
ZDF	Zimbabwe Defence Forces
ZDH	Zimbabwe Demographic and Health Survey
ZEMA	Zambia Environmental Management Agency
ZNCC	Zimbabwe National Chamber of Commerce
ZNWL	Zambia National Women's Lobby
ZWLA	Zimbabwe Women Lawyers Association
ZWRCN	Zimbabwe Women Resource Centre Network

Contributors

EDITORIAL TEAM



Colleen Lowe Morna (South Africa) is CEO of Gender Links. A South African born in Zimbabwe, Colleen began her career as a journalist specialising in economic and development reporting including as Africa Editor of the New Delhi-based Women's Feature Service. She joined the Commonwealth Secretariat as a senior researcher on the Africa desk in 1991, and later served as Chief Programme Officer of the Commonwealth Observer Mission to South Africa. Colleen subsequently served as founding CEO of the South African Commission on Gender Equality. A trainer, researcher and writer, Colleen has written extensively on gender issues in Southern Africa. She holds a BA degree in International Relations from Princeton University; Masters in Journalism from Columbia University and certificate in executive management from the London Business School. She has received awards from the Woodrow Wilson School of International Relations; the Newswomen's Club of New York and the Mail and Guardian newspaper in South Africa. In 2007, South Africa's Media Magazine named Colleen runner up in the *Media Woman of the Year Award*. In 2013, CEO magazine named Colleen the "most influential woman" in South Africa and Africa as a whole in the civil society category. A year later the University of Johannesburg awarded Colleen honorary membership of the Golden Key Association that recognises excellence in academia and public service. Colleen has served as editor-in-chief of all eight Barometers.



Sifiso Dube (Zimbabwe) is the Alliance and Partnerships Manager at Gender Links. Sifiso has been with Gender Links since September 2012 when she joined as the Gender and Governance Manager. Sifiso is now manager of the SADC Gender Protocol Alliance and the annual SADC Gender Protocol Barometer research. Sifiso holds a BCOM in Entrepreneurship and a Master's in Public Administration and Development Management. She undertook Gender Studies at the University of Pretoria and African Thought Leadership at the Thabo Mbeki African Leadership Institute (TMALI). She is currently studying towards a BA in Law degree with the University of South Africa. Prior to joining Gender Links, Sifiso worked at CIVICUS, a global civil society network where she led a gender mainstreaming programme. Sifiso wrote the Constitutional and Legal Rights and the Implementation chapters and co-authored the Economic Justice Chapter.



Lucia Makamure (Zimbabwe) Lucia is a trained journalist with close to 10 years experience working in Southern Africa. She began her career at the Zimbabwe Independent as a political reporter. Her work on gender, climate change and human rights issues has been published by both local and international news agencies including Reuters. Lucia is a candidate Commonwealth Scholar, funded by the UK government to study for a Master's in Public Policy and Management with the University of York. The Scholarship is awarded to young leaders from developing countries who will play an active role in the implementation and monitoring of the Sustainable Development Goals. In her capacity as the Senior Alliance and Partnerships Officer at Gender Links she is responsible for coordinating the SADC Gender Protocol Alliance network and the annual SADC Gender Protocol Barometer research. Lucia, who joined the organisation in 2011, is responsible for much of the desktop and administrative follow up and support on this project. Lucia researched most of the SGDI data in the report; wrote the Education chapter and the Executive Summary; and edited several chapters of the Barometer.



Debbie Budlender (South Africa) is an independent Consultant. Between 1988 and June 2012 she worked as a specialist researcher with the Community Agency for Social Enquiry (CASE): a South African non-governmental organisation working on social policy research. Between April 1997 and March 2002 Debbie was on a long-term part-time secondment to Statistics South Africa, the country's national statistical bureau. At Statistics SA Debbie worked primarily on gender, employment, poverty and children's issues. She was also in charge of planning and running the country's first national time use study. Debbie served as the overall coordinator of South Africa's Women's Budget Initiative from when it started in 1995. In subsequent years, she has served as consultant on gender-responsive budgeting to non-governmental organisations, governments, parliamentarians and donors in more than thirty-five countries. In this project Debbie has served as advisor on the SADC Gender and Development Index (SGDI).

CHAPTER AUTHORS



Mariatu Fonnah (Sierra Leone) joined GL in 2014 as the Gender and Governance Manager. She has several years' experience in progressive project management, monitoring and evaluation, training and research on gender at local, regional and international levels. As a trainer, she has designed and conducted training in rights-based gender equality, development and good governance work. She has done research on the impact of domestic violence on women, and continually sought to promote a gendered approach to any form of development and socio-economic change work especially in southern Africa. Mariatu wrote the Governance Chapter.



Shuvai Nyoni (Zimbabwe) is Regional Advocacy Specialist at the Centre for the Study of Violence and Reconciliation (CSVR), based in Johannesburg, South Africa. She is an alumnus of King's College (London) and the African Leadership Centre (ALC) (Nairobi), African Women in Peace and Security Fellowship Programme. During her fellowship, Shuvai undertook academic and technical training in the Masters in Peace, Security and Development programme at King's College. She also holds a Master's degree in International Relations from the University of Cape Town. She is the co-author of the **Economic Justice** chapter.



Linda Musariri Chipatiso (Zimbabwe) is GL's Gender Justice Advisor. She holds a Master of Arts degree in Demography and Population Studies from the University of Witwatersrand. Linda has gained significant experience in data management and analyses using household survey data from various countries in Africa. She also holds a BA Honours degree in Theatre Arts from the University of Zimbabwe. Since joining GL, Linda has co-authored the GBV Indicators Reports for Limpopo, KwaZulu Natal, Western Cape, Lesotho and Zambia. She wrote the GBV chapter.



Lynette Mudekunye (Zimbabwe/South Africa) is public health professional who is an Advisor with REPSSI, a regional organisation providing technical support in the provision of psychosocial support to children and youth in 13 countries of East and Southern Africa. She has worked in the Health, HIV and AIDS sectors in Zimbabwe, South Africa and in the region. She wrote the Health, HIV and AIDS chapters.



Cheryl Hendricks (South Africa) is a Professor in Politics at the University of Johannesburg. She previously worked in the Conflict Management and Peace building Division of the Institute for Security Studies (ISS). She has engaged on issues of gender, peace and security and gender and security sector reform for the past six years and has published and presented widely on the issue. While with the ISS, Cheryl incubated a network of gender, peace and security scholars and activists in the region as part of the Southern African Gender Protocol Alliance. She is also a member of the African Security Sector Network. Cheryl wrote the Peace Building and Conflict Resolution chapter.



Tarisai Nyamweda (Zimbabwe) is head of the Media and Communications Department at Gender Links. She joined GL in January 2012. She began her career as an intern at Gender Links in 2010. It is at this time that she became actively involved in media monitoring and research. She holds a BSc Honours degree in Journalism and Media Studies from the National University of Science and Technology (NUST) in Zimbabwe. Tarisai wrote the Media, Information and Communication chapter.



Dorah Marema (South Africa) has worked with a wide range of NGOs and in different sectors in both rural and urban settings since 1997. She has been involved in issues of sustainability since 2000 and worked with a wide range of multi-stakeholder participatory initiatives involving communities, NGOs, government and other institutions in various sectors. She helped establish an NGO called GreenHouse Project an Environmental Sustainability Demonstration Centre in inner-city Johannesburg, which she also managed for five years. Dorah also set up GenderCC-Southern Africa (GenderCC-SA) as a NPO organisation. GenderCC coordinates NGOs, community-based groups and individuals who are lobbying and advocating around gender and climate change in South Africa and internationally. Through this organisation, she implemented a gender and climate change capacity building project in South Africa which provided information about climate change. She is the Current President of GenderCC International. Marema updated the Climate Change chapter of the Barometer.

COUNTRY BAROMETER AUTHORS



Alice Banze (Mozambique/Angola) is a social activist for human rights, particularly women and girls' rights. She is the Gender, Environment and Climate Change Advisor to the Minister of Environment, working to ensure that gender is integrated into climate issues for the empowerment of women and communities in Mozambique. Previously, Banze worked as Regional Gender Justice Coordinator/Advisor at Oxfam Great Britain, where she promoted gender justice within six SADC countries. In 2011, she was the Pan African Gender Justice Leader, supporting partners on the implementation of the African Women's Protocol through the Raising Her Voice Project. In 2004 and 2005, she was part of the leading team advocating for the ratification of the African Women's Protocol and thereafter the SADC Protocol on Gender and Development. Banze co-updated the **Angola Barometer**.



Tirelo Modie-Moroka (PhD, MPH) (Botswana) is a Senior Lecturer at the University of Botswana, Department of Social Work. She was also a visiting instructor at the Institute of Health Sciences, where she taught theories of health behaviour and behavioural change for 10 years (2003-2013). She is a public health social worker who is broadly-trained in the behavioural and social sciences. As a mixed-method researcher and gender development specialist, she has worked on gender issues in several sectors. She has engaged in consultancy work with the Botswana Women's Affairs Department (now GeAD), UNECA, UNICEF, FHI, MCDA, Botswana Police Service, Research Triangle Institute, Ministry of Health, Ministry of Finance and Development Planning on various issues, including gender and health. Her passion lies in studying the intersecting epidemics of HIV, alcohol, poverty and IPV (dubbed the "syndemics") and the design of empirically-based interventions that address these co-occurring problems, hopefully leading to significant scientific contributions in gender-based innovations for women and girls. She updated the **Botswana Barometer**.



Anna Mayimona Ngemba (DRC) is the Director of the Congolese Union for Women in the Media (UCOFEM) in Kinshasa, the focal network of the Alliance in DRC. As a journalist Anna worked for both print and audio-visual media. She has worked with international organisations such as Search for Common Ground as Head of Programme for the media. She gained experience with the International Penal Court having worked in the section with survivors and their rehabilitation. Ngemba has coordinated the Global Media Monitoring Project (GMMPS) since 2009 in DRC. From 2006 she has led several gender and media research projects for Gender Links in DRC. She monitors the media as a regular contributor to the Francophone Gender Links News Service and has organised two SADC Protocol@Work Summits in DRC. She updated the **DRC Barometer**.



Matšeliso 'M'a-Tlali Mapetla (Lesotho) is a Senior Lecturer in the Department of Political and Administrative Studies, National University of Lesotho. She is a former Director in the Institute of Southern African Studies where she also worked over two decades as a researcher and heading the Gender and Development Research Programme. Matšeliso holds a Master's in Public Administration from Carlton University in Canada, a Graduate Diploma in Public Administration from the same institution and a Graduate Diploma in Human Rights of Women from University of Graz, Austria. She has lectured in Lesotho, USA, Germany and Sweden and Europe, extensively published in these areas including editing five books as well as receiving UNECA award for SADC Gender Champions. Matšeliso is a local, international, and regional consultant who has for the past five years, since 2009, produced the Lesotho SADC Gender Protocol Barometer. She updated the **Lesotho Barometer**.



Noro Ravaozanany (Madagascar) is a sociologist, specialising in qualitative research and gender, working in the domains of human rights, governance, education, and public health. She served as a gender expert and leader of a project for the International Labor Office (1990-1999), before moving on to become a national then international consultant to countries in the Indian Ocean region and French-speaking Africa (Comoros, Mali Central African Republic, Senegal, etc.) for bilateral and multilateral bodies. In Madagascar, she conducted the baseline survey for the SADC Gender Protocol Barometer, Gender Links (2009) and updates annually (2010 to 2013). Other publications worked on include the analysis of political party documents from gender perspectives, Institute for Democracy and Electoral Assistance (2011), Gender and Electoral Processes, and Electoral Institute of Southern Africa (2009). Noro is the president of Madagascar's National Council of Women (CNFM) and advisor for habitat for the International Council of Women (ICW). She updated the **Madagascar Barometer**.



Emma Kaliya (Malawi) is Chair of the Alliance and Programme Manager, Malawi Human Rights Resource Centre. She is also Chairperson of NGO Gender Coordination Network in Malawi that brings together 41 NGOs addressing gender, human rights, HIV and AIDS - the focal point for the Alliance in Malawi. She is the proud winner of the 2009 Drivers of Change Award bestowed to her by the Southern African Trust/Mail & Guardian Newspaper of South Africa in recognition of her work promotion of the 50/50 campaign during the 2009 Malawi General Election. Emma wrote and updated the **Malawi Barometer**.



Karina Loferte Dulobo (Mozambique) has served as a Programme Assistant with Forum Mulher since 2011. Her position involves work in the Politics Participation Programme that aims to promote Gender Equality through Women's Political Participation. Karina holds a degree in Sociology from Eduardo Mondlane University. She is currently studying for a Masters in Rural Sociology and Management Development. Karina updated the **Mozambique Barometer** with support from Forum Mulher.



Stefanie Goettinger (Namibia) is an independent consultant. She holds a Bachelor of Arts in Social Work from the Regensburg University of Applied Sciences. Goettinger is the Executive Director of Limemesha Consultancy CC which assess German students to find suitable organisations for voluntary work in Namibia. She updated the **Namibia Barometer**.



Benjamin Vel (Seychelles), a consultant, is former Drug and Alcohol Council Director. He works regularly with Seychelles News Agency. Benjamin completed a B. Ed, Psycho-education from the University du Quebec a Trois-Rivieres in 1982 - 1985. He has vast knowledge and expertise in social development research and organisational planning. He updated the **Seychelles Barometer**.

Nomthandazo Mankanaza (South Africa) is the former South Africa Alliance Programme Coordinator. She was with Gender Links from March 2011 to the end of 2015. During her time at Gender Links she also served as the Gender and Governance programme



officer and later as Executive Assistant to the CEO. Nomthandazo studied a double major in International Relations and Criminology at Monash University in South Africa. She later trained with Honeydew Police Station as a trauma counsellor. She also attended the First African Symposium of Victimology in 2008 and is a member of the World Society of Victomology. Nomthandazo updated the **South Africa Barometer**.



Zakhe E. Hlanze (Swaziland) is a full time research associate at the Women and Law in Southern Africa Swaziland Office. She holds an MA degree in Social and Economic Studies (Social Anthropology) from the Victoria University of Manchester in the UK. She worked for the Ministry of Agriculture and Cooperatives as a Rural Sociologist until 1994. Zakhe has authored several publications including *Customary Practices, Laws and Risky Behaviours: A Concern for the Increased Prevalence and Vulnerability to HIV and AIDS among Women and the Girl-Child: A Rights based Approach* amongst many others. Zakhe updated the **Swaziland Barometer**.



Jovita Mlay (Tanzania) is a Gender consultant with extensive involvement in the Women's Tribunal, Gender and Climate justice. Currently, Jovita is one of the coordinators of the Women's Working group on Financing and Development, an economic forum in Dar salaam. She is a member of Tanzania Gender Networking Programme - *Mtandao*. Jovita has founded a grassroots organisation, SASA Foundation to help vulnerable children access education opportunities. The organisation hosted the Women Tribunal on Climate Change to discuss how climate change has affected the economic and social activities of women in Africa. Jovita updated the **Tanzania Barometer**.



Pat Made (Zimbabwe) is a leading gender and media consultant, former Director General of Inter Press Service (IPS) and former editor of the Southern African Economist magazine. During her tenure at IPS, Pat played a key role in introducing a gender policy and transforming the editorial content of the sixth largest news agency in the world from a gender perspective. She updated the **Zimbabwe Barometer**.

Preface

AGENDA 2030: ACTION AND RESULTS!



Dr. Anne Letsebe making remarks while Ndivhuwo Sekoba and Thoko Mpumlwana look on at a South Africa Alliance SADC Gender Protocol consultation meeting in June 2016, Johannesburg. *Photo by Gender Links*

KEY FACTS

- In June 2016, Gender Ministers adopted the updated SADC Gender Protocol reviewed in line with the Sustainable Development Goals, Beijing Plus Twenty Review and African Union Agenda 2063. This will be officially approved at the Heads of State summit in Swaziland in August 2016.
- The 2016 Barometer highlights progress made to implement the Protocol so far and the new additions on the Post 2015 Protocol. The 2017 Barometer will measure progress based on the adopted Post - 2015 Protocol.
- The newly adopted Protocol has a stand-alone Article on Gender and Climate change. It strengthens rights-based language on Sexual and Reproductive Health and Rights as well as socio-economic rights and calls for the ending of GBV.
- The newly adopted Protocol does not have time bound targets. Gender Ministers have approved the development of a Monitoring, Evaluation and Reporting (MER) framework for implementation of the Protocol. Time frames of 2030 or earlier will be included in the MER framework.
- The newly adopted Protocol is cross referenced with five other SADC Protocols (Protocol on Education, Culture and Sports, Environment Management, Health, Employment and Labour).
- The SDGs include 56 indicators relevant to gender. The 2016 Barometer identifies 90 indicators that can be added to the 23 currently measured in the SGDI to provide a more accurate assessment of progress in attaining gender equality.
- Some aspects of the Protocol can be achieved earlier than the SDG deadline of 2030. These include 50/50 in politics in countries that are close to attaining parity, ending AIDS, parity in education and maternal mortality. The framework should allow room for each country to adopt realistic targets.

"While everyone acknowledges SADCs formulation of a comprehensive Protocol on Gender and Development as a significant move for our sub-region, it nevertheless, remains that the potential of our men and women can be greatly nurtured through the effective implementation of the Protocol. There is consensus that for our Protocol to be beneficial to the region, an enabling institutional environment is required to eliminate the challenges that hinder the achievement of gender equality and equity."

Dr Stergomena Lawrence Tax, SADC Executive Secretary, 23 June 2016 at the official opening of the SADC Gender Ministers Meeting in Gaborone



In September 2015, UN Member States adopted the Sustainable Development Goals (SDGs) to be achieved by 2030. Southern African Development Community (SADC) governments joined the rest of the world in adopting these goals. As reported in the 2015 Barometer, SADC Gender Ministers agreed to review the SADC Protocol on Gender and Development (the Protocol) in line with the SDGs, the Beijing Plus Twenty Review and Africa Agenda 2063 at their annual meeting in 2014.

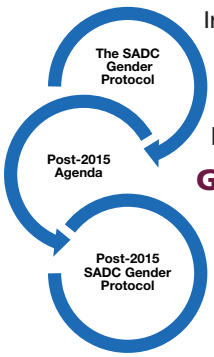
The SDGs are especially important because they include 17 goals and 169 targets, as well as 240 indicators,[1] 56 of which relate to gender. This is a powerful action and results framework that the Southern African Gender Protocol Alliance lobbied for globally, leveraging off the SADC Gender Protocol, with the aim of using this international instrument to strengthen implementation in the region - the weakest link in the chain.

Adopted by SADC Heads of State in 2008, the Protocol is a unique sub-regional instrument that brings together existing global and African commitments to gender equality, and enhanced these through time-bound targets. Originally aligned to the Millennium Development Goals, the 28 targets in the 2008 Protocol expired in August 2015.

The 2015 Barometer reported that SADC had only achieved about two thirds of what had been set out in the Protocol as measured by the SADC Gender and Development Index (SGDI) and the Citizen Score Card (CSC). At their annual meeting in Harare in 2015, SADC Gender Ministers directed that the Protocol be accompanied by a Monitoring, Evaluation and Results (MER) Framework. The region clearly acknowledges that despite having a one-stop- shop gender equality instrument, *implementation remains the key challenge*.

A related challenge is the patriarchal attitudes that lag behind formal provisions for gender equality. The 2016 Barometer features a detailed analysis of the gender attitude surveys that Alliance partners administered around the region in 2015. With an overall score of 55% for women and 51% for men, it's clear that *one of the greatest challenges for the region is to challenge the patriarchal attitudes that constantly undermine the quest for gender equality*.

Background



In 2014, the Alliance mounted a Post-2015 campaign from national to regional to global level. Country level consultations focused on getting Member States to buy into reviewing the Protocol.

Global engagement

In seeking ways to influence the global policy agenda so that this could be used as leverage at home, the Alliance held several meeting with UN Women's policy teams as well as the Post-2015 team in New York. The Alliance is a member of the Women's Major Group and the Beyond 2015 group which collate inputs into the Post-2015 agenda. Gender Links (GL) as the coordi-nating NGO for the Alliance contributed critiques on preliminary reports for the indicators report.[2]

Through FEMNET, the Alliance is advocating for financing for gender equality. The Alliance liaised with the Gender and Development Network (GADN) in formulating SMART indicators for the proposed post 2015 development framework. As chair of the Global Alliance on Media and Gender (GAMAG) GL has been especially active in campaigning for the inclusion of gender, media and ICTs, presently missing altogether from the SDGs (see Chapter nine, on the media). The March, 2015 SDG Targets and Indicators report acknowledges this input.[3] The graphic illustrates the dynamic interplay between the processes at regional and global level, each strengthening the other.

[1] These are still being refined, so the number may change.
[2] Indicators and a Monitoring Framework for the Sustainable Development Goals, 12 June 2015 http://unsdsn.org/wp-content/uploads/2015/05/150612-FINAL-SDSN-Indicator-Report1.pdf
[3] Acknowledgements, Sustainable Development Goals targets and indicators report, March 2015, United Nations.

Gender in the SDG's

SDG Goal 5 aims to "achieve gender equality and empower all women and girls." Key provisions include:



5.1 End all forms of discrimination against all women and girls everywhere.

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual, and other types of exploitation.

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

5.4 Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.

5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws.

5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women.

5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.

The SDGs also:

- Seek to realise and protect human rights of all and to achieve gender equality and the empowerment of all women and girls.
- Aim for a world in which every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed.
- Recognise disparities of opportunity including wealth and power and gender inequality.
- Realise that gender equality and the empowerment of women and girls will make a crucial contribution to progress across all the Goals and targets.
- Aim to mobilise investments to close the gender gap and strengthen support for institutions in relation to gender equality and the empowerment of women at the global, regional and national levels.
- Provide for the systematic mainstreaming of a gender perspective in the implementation of the Agenda.
- Support gender-sensitive development strategies.
- Seek to eliminate gender disparities in education.
- Encourage states to States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by gender amongst others.
- Have a particular focus on gender sensitivity, the poorest, most vulnerable and those furthest behind.

The July 2016 the UN High Level Political Forum on the SDGs included voluntary reviews of 22 countries and thematic reviews of progress on the Sustainable Development Goals, including cross-cutting issues.[4] The Women's Major Group highlighted the need for the process to be inclusive and transparent.

[4] Sustainable Development Network.

First review of the SDGs an eye opener for the SADC gender framework

Women's groups expressed grave concern that the annual review process to hold governments accountable to their commitments to the 2030 Agenda failed to address key obstacles to the achievement of the Sustainable Development Goals (SDGs). The High Level Political Forum (HLPF) on Sustainable Development, which took place from July 11-20 in New York, was the first ever follow-up and review process of the SDGs since 193 governments agreed to it in September 2015. Now known as the 2030 Agenda, the SDGs aim to reduce poverty, end hunger, increase access to energy, address climate change, advance gender equality, and promote peaceful societies, among other key actions. The HLPF, which will be held annually, will be the opportunity for governments to present their national plans and progress to implement the 2030 Agenda.

"An initial survey by the Women's Major Group of these 22 countries' reports shows that only two countries seriously engaged civil society in the review process from the beginning, and most didn't especially address women's organisations," said Eleanor Blomstrom of the Women's Environment and Development Organisation (WEDO), an organising partner of the Women's Major Group, which com-prises more than 600 women's organisations from 100 countries.

"Women's priorities are under-represented in national plans and budget allocations. For example, not one of the 22 countries presenting their national reviews said they would start using gender budgeting as they had previously committed to do in Addis Ababa Action Agenda,"said Sascha Gabizon from WECF International.

The Women's Major Group also expressed their disappointment with the very weak Ministerial Declaration adopted at the conclusion of the meeting. The Declaration failed to move beyond the empty rhetoric of "leaving no one behind," and lacked guidance and concrete commitments on how countries can fulfil human rights, establish accountability mechanisms, overcome systemic and structural barriers, and combat climate change and ecological damage, which will be necessary to achieve the SDGs.

"This Ministerial Declaration does not reflect the strong political will and financing required to make the 2030 Agenda a reality. It seems that the means of implementation necessary to move this agenda forward has been left behind. The world is watching and we expect our governments to do better," said Emilia Reyes of Equidad de Genero.

Source: Statement by Women's Major Group, after the UN HLPF on Sustainable Development, 21 July

Regional engagement

At the SADC Gender Ministers meeting in Harare in 2015, SADC Executive Secretary Dr Stergomena Tax invited the Alliance to join the technical task team formed by the SADC Gender unit and UNWOMEN to support the review of the SADC Gender Protocol. This culminated in a technical meeting in Johannesburg in October 2016, at which the Alliance supported and coordinated participation by civil society, and shared the analysis done in the 2014 and 2015 Barometers on how the Protocol could be strengthened in line with global and African developments.

The Alliance also convened country level consultations in all SADC countries ahead of the June 2016 Gender Ministers meeting. These are reported on in greater detail in Chapter 11 on Implementation.

At the Gender Ministers meeting in June 2016, the Alliance called upon Member States to recognise and acknowledge the role of civil society so that the work being done can be harmonised and built upon.[5] "The reason we have come so far on gender in this region is because of the dynamic relationship between gender ministries and the Women's Rights Organisations," noted Botswana NGO Council Chair Monica Kethusegile. "These partnerships need to be concretised if we are to deliver results in the next fifteen years."

The review of the SADC Protocol on Gender and Development created a platform for dialogue and debate between SADC Ministers of Gender, civil society, UNWOMEN and the SADC Gender Unit. The reviewed Protocol encompasses ten thematic areas which include Constitutional and Legal Rights; Governance (Representation and Participation); Education and Training; Productive Resources and Employment, Economic Empowerment; Gender Based Violence; Health, Sexual and Reproductive Health and Reproductive Rights; HIV and AIDS; Peace Building and Conflict Resolution; Media, Information and Communication; and Climate Change.

[5] Alliance press statement, June 2016.

Table 1: Summary of Post-2015 SADC Gender Protocol gains and losses	
GAINS	**LOSSES**
GENERAL	
1. The Preamble of the Protocol adds the following new instruments to which the Protocol is to be aligned: the Sustainable Development Goals (SGDs); Beijing Plus Twenty and the African Agenda 2063.	1. Removal of all time bound targets from the Protocol.
2. The less prescriptive nature of the SADC Gender Protocol through the removal of specific timeframes could pave the way for Botswana to sign.	2. Botswana did not seize the opportunity of the Gender Ministers meeting that it chaired, to announce that it would sign the Protocol, despite all the obstacles to signing seemingly being addressed.
CONSTITUTIONAL AND LEGAL	
3. Equal recognition of widows and widowers rights and removal of the clause guaranteeing widows employment addresses one of the earlier concerns preventing Botswana from signing.	
4. Changing of "affirmative action" to "special measures" accommodates concerns by Mauritius.	3. Mauritius stated at the Gender Ministers meeting in June 2016 that because of the more prescriptive language of the Protocol on child marriages, it would still not be able to sign the revised Protocol.
5. Stronger provision to prevent child marriages by removing the qualification that the minimum age of 18 for marriage is subject to national laws and practices	
GENDER AND GOVERNANCE	
6. The focus on equal and effective participation in political decision- making	4. Removed proposed inclusion by the technical review team of the need to review electoral systems in order to increase women's political participation.
EDUCATION	
7. Inclusion of early childhood development and adult education	5. No mention of the need for school environments that are girl-friendly and accessible, through measures that eradicate sexual harassment, kidnapping and trafficking and ensure improved security in schools, protective measures and adequate sanitation facilities.
8. Addition of girls access to Science, Technology and Engineering (STEM) education.	6. Not fully aligned to the SDG language of "leaving no one behind" as there is no commitment to ensuring equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.
ECONOMIC JUSTICE	
9. Inclusion of shared responsibilities between men and women to reduce the burden of multiple roles of women	7. No commitment for infrastructure and policies for early childhood development at the workplace to reduce the burden on women.
10. Recognition of unpaid care and domestic work through provision of social protection and public services	8. No commitment to facilitating women's effective participation in and benefit from the agricultural, mining and tourism value chains by giving them the resources and skills they need to improve their economic productivity.
11. Compelling governments to give equal rights to women for production resources including land, financial resources, natural resources and inheritance	9. No specific commitment to enabling rural and indigenous women will have access to productive assets: land, credit, inputs and financial services.
12. Review and development of equal access to wage employment in accordance with the Protocol on Employment and Labour.	
13. Emphasis on elimination of traditional harmful practices including child and forced marriages, female genital mutilation and slavery	
HEALTH, SEXUAL AND REPRODUCTIVE HEALTH, AND REPRODUCTIVE RIGHTS	
14. Commitment to *eliminating* rather than reducing maternal mortality	
15. Commitment to ending rather than halving gender based violence	

GAINS	LOSSES
16. Recognition of sexual and reproductive health and reproductive rights; implementing programmes and policies on sexual reproductive health and rights aligned to the Programme of Action of the ICDP and Beijing Platform for Action.	10. No recognition of Sexual and Reproductive Health and Rights which would have broadened the debate top include sensitive issues such as choice of termination of pregnancy; sexual orientation and gender identities.
HIV AND AIDS	
17. Commitment by States Parties to take every step necessary to adopt and implement gender sensitive policies and programmes, and enact legislation that will address prevention, treatment, care and support in accordance with, but not limited to, the Maseru Declaration on HIV and AIDS and the SADC sponsored UN Commission on the Status of Women Resolution on Women, the Girl Child and HIV and AIDS and the Political Declaration on HIV and AIDS.	11. No specific reference to the UNAIDS targets for an AIDS free generation by 2020.
PEACE AND SECURITY	
18. Addition of equal participation in peace- keeping	12. No commitment to invest in research on the link between conflict and gender based violence; the role of culture.
MEDIA	
19. Enactment of laws and policies to prevent gender stereotyping in the media.	13. No reference to investment to ensure that women and men can equally access and afford ICTs including internet and hardware
20. Recognition of need for equal ownership of media.	14. No commitment to build/ strengthen the capacity of media practitioners and the general public to enhance their awareness on gender equality in communications and information, including through social media.
CLIMATE CHANGE	
21. Stand-alone Article on gender and climate change cross referenced with the SADC Protocol on the Environment. This covers: gender analysis and gender mainstreaming; gender responsive policies, strategies, capacity building, education, and training on environmental management; inclusive and participatory consultations of all stakeholders including women and men; utilising women's skills, knowledge and capacities; research; gender sensitive indicators; gender disaggregated data on environmental management.	15. No commitment to ending hunger, achieving food security, and improve nutrition and promote sustainable agriculture. 16. No commitment to providing access to clean water and renewable energy technologies to all households, particularly to rural women, including by investing in and promoting the development of alternative safe and clean energies (such as hydropower and solar) in order to reduce reliance on non-sustainable energy sources.
22. Implementation of the Protocol through a Monitoring, Evaluation and Reporting Framework	
22 GAINS	**16 LOSSES**

Table 1 summarises gains and losses in the Protocol adopted in June 2016 showing 22 gains versus 16 lost opportunities. In a statement, the Alliance, "welcomed the strengthening of rights language in the revised SADC Protocol on Gender and Development adopted last week, but regrets the omission of timeframes that distinguished this Protocol from others."

All specific timeframes have been removed from the SADC Gender Protocol and shifted to the Monitoring, Evaluation and Results Framework that has been sent back for further work and might now only be adopted in 2017. Botswana, the current chair of SADC, and one of two non-signatories to the Protocol (together with Mauritius) has long argued that time frames are too prescriptive. The SADC Secretariat is opposed to time frames because it says that no other SADC Protocols have time frames, and these do not belong in Protocols. South Africa argued at the SADC Gender Ministers meeting that timeframes should be in the MER framework, not the Protocol. Seychelles, Namibia, Mozambique, Angola and the DRC argued that the Protocol should not be open-ended. They pointed out the value of targets and timeframes in moving the regional agenda forward.

Alliance raises concerns on the removal of time frames from the Protocol



Alliance team meeting with Minister Batshu. *Photo by Gender Links*

In a letter addressed to the chair of the SADC Gender Ministers, Minister of Labour and Home Affairs Edwin Batshu, following the meeting of senior officials, and ahead of the Gender Ministers meeting, the Alliance argued that:

- The position taken on targets is contrary to the brief of the SADC Gender Ministers, who directed at their meeting in Harare in 2015 that "the targets in the SADC Gender Protocol which were aligned to the MSGs be reviewed and aligned to the Sustainable Development Goals, the African Union Agenda 2063, and the Beijing Declaration and Platform for Action." Ministers further directed the Secretariat to develop a regional MER framework aligned with SMART targets and indicators to be presented during their meeting in 2016.
- The argument that Protocols cannot have targets does not hold as the previous Protocol had 28 targets with a 2015 timeframe. Even though these were not achieved, the Barometer has demonstrated how having the timeframes put pressure on Member States to achieve results.
- The definition of a Protocol is "an international agreement that supplements or amends a treaty." The Alliance believes it is misleading to state that this precludes specific targets and timeframes, as argued by the Secretariat's legal advisor.
- Targets are what makes the SADC Gender Protocol unique, amongst other SADC Protocols, and in the global arena of commitments to gender equality. Removing the targets would, in our view, greatly compromise the progress being made. This will result in a perception that the region is weakening its position on gender equality at the very moment that we should moving ahead full steam with commitments to attain gender equality.
- The Protocol is being aligned with the SDGs that Member States have already acceded to at the UN, with their 2030 targets and timeframe. The member states will therefore be domesticating the SDGs using the SADC Gender Protocol. The argument that timeframes will result in the Protocol having to be periodically reviewed is in fact a strength, not a weakness of the Protocol. This shows that gender equality is a dynamic and evolving area.
- All SADC Protocols make provision for amendments from time to time, as does Article 39 (previously Article 38) of the SADC Gender Protocol. The provision for amendments underscores the fact that Protocols are not static. Ministers specifically directed that a Monitoring, Evaluation and Results Framework accompany the Post 2015 SADC Gender Protocol. This is also unique among SADC instruments. If specific timeframes are removed, this will greatly weaken the MER framework. Targets, timeframes and indicators form an integral package. Gender equality is too fundamental an issue to be left to strategies and action plans. Conversely, we can see how having specific targets has helped to move the agenda forward.

In the end, those arguing for timeframes to be moved to the MER framework held sway. Ministers also sent the Monitoring, Evaluation and Results Framework that back for further work. This is now only likely to be adopted in 2017. "If the compromises made opened the door for a more inclusive process, that would indeed be a win-win for our region," noted Emma Kaliya, Chairperson of the Alliance, "In the meanwhile we as civil society will take 2030 as the very outside deadline for the attainment of all the objectives of the Protocol, since all our member states subscribe to Goal Five of the Sustainable Development Goals (SDGS) on gender equality."

The Alliance urged Ministries of Gender and the SADC Secretariat to expedite the finalisation of a comprehensive MER framework with targets, baselines, indicators and timeframes, some of which should be achieved before 2030. "The Alliance stands ready to assist in developing the MER framework, based on our experience of the annual Barometer quoted extensively at the opening ceremony of the gender ministers meeting," noted Colleen Lowe Morna, editor-in- chief of the SADC Gender Protocol Barometer that has been produced annually since 2009. "What we know is that what is not counted does not count, so we will go on counting down to 2030, and insist there can be no further moving of the goal posts in fifteen years' time!"

Botswana has in the past argued that it could not sign the Protocol because its time frames are too tight and it is too prescriptive. Other concerns cited by Botswana as obstacles such as provisions on employment for

widows, and the exclusion of widowers, have been amended.

Minister Batshu left the door open to Botswana signing, but fell short of committing to do so. 2016 marks the deadline for Botswana's Vision 2016, and is the fiftieth anniversary of the country's independence. "We believe it would be a great birthday present for Botswana if we could sign the Protocol," said Chigedze Chinyepe of BOCONGO, the Alliance focal network in Botswana.

At the technical meeting in October 2015, Mauritius seemed to be on board after provisions on affirmative action that the island said run counter to its Constitution got changed to "special measures". But in a new curve ball, Mauritius announced at the gender ministers meeting that it would not be able to sign due to the qualification that the age of marriage before 18 be subject to national law being removed in the revised Protocol.

Child marriages are a huge issue in the SADC region and have been the focus of several campaigns, especially in Malawi, Mozambique and Zimbabwe. Mauritius says its national laws allow for marriage from 16 to 18 with parental consent and this is permitted by certain religious groups. During a closed meeting before the formal adoption of the revised Protocol, Ministers from other countries stood firm on 18 as the minimum age for marriage.

The Alliance applauded the SADC Ministers of Gender on some key gains in the revised Protocol including stronger language on preventing child marriages and rights based language on Sexual Reproductive Health. Moving from "halving" to "eliminating" gender based violence is a huge step forward in localising the Sustainable Development Goals. In line with SDG language, the SADC region has also moved beyond women's "equal" to "equal and effective" participation in decision- making.

The Protocol incorporates SDG language on unwaged work, ownership and control of productive resources. After a long campaign to get climate change explicitly referenced in the Protocol, this has now been incorporated and cross referenced with the SADC Protocol on Environment and Sustainable Development. Missed opportunities in this section include food security, clean water and energy as well as tapping into indigenous knowledge.

Table 2: Mapping of global gender frameworks against the SADC Gender Protocol

Thematic area	MDGs	The SADC Gender Protocol	SDG	BPFA	AU Agenda 2063
Constitutional and Legal rights					
Governance					
Education					
Economic Justice					
Gender Based Violence					
Sexual and Reproductive Health					
HIV and AIDS					
Peace and Security					
Media					
Climate Change					

Key	Gender missing	Gender weak	Strong on gender	Very strong on gender

Despite the shortfalls, the mapping of the SADC Gender Protocol against African and global instruments shows that it is a strong instrument for effecting change, and has become stronger as a result of the review that draws on the best of all these instruments. With colour coding ranging from red for gender missing to dark green for gender very strong, the analysis shows that the SADC Gender Protocol is now all either in the light or dark green zone (with red for climate change now light green; education; GBV; peace and security and

media changing from light green to dark green). The Protocol has much to contribute to global debates on the media, ICTs, HIV and AIDS.

Measuring change

The Alliance has been measuring progress using the SADC Gender Development Index (SGDI) which is based on empirical data collected on 23 indicators on six areas (Governance, Education and training, Productive resources and employment, economic empowerment, Sexual and reproductive health, HIV and AIDS and Media and information and communication). Annex 1 shows the list of 56 gender-related indicators adopted by the UN in March 2016. Only 14 of the UNSD indicators are currently included in the SGDI.

Table 3: Possible additional indicators for the SGDI

Sector	No. of targets in revised Protocol *	No. of gender indicators in the SDGs	No. of indicators - present SGDI	Potential No. of new indicators - future SGDI	Total No. of proposed indicators in Post 2015 SGDI
Constitution and legal rights	16	1	0	6	6
Governance	5	2	3	4	7
Education	3	18	3	8	11
Economic Justice	12	14	6	15	21
Gender Based Violence	18	5	0	14	14
Health	1	11	3	8	22
HIV and AIDS	3	2	3	5	8
Peace and Security	2	1	0	4	4
Media and ICTs	8	2	5	12	17
Climate Change	1	0	0	12	12
Implementation	26	0	0	2	2
Total	**95**	**56**	**23**	**90**	**125**

Source: Gender Links SGDI, UNSD 2016.

Table 3 shows that:

- Now that the Protocol has been reviewed and time frames removed, there are 95 targets (albeit without time frames). As pointed out in previous editions of the Barometer, while the Protocol had 28 time bound time frames, it had several more provisions without specific time frames. Moving from the Alliance position that *alignment with the SDGs means that the outside deadline for all Protocol provisions is 2030* SADC now has 95 gender targets to achieve.
- To date the Alliance has measured progress using 23 indicators for which data could be obtained across countries. The SDG's have identified another 56 gender-related indicators. The 2016 Barometer identifies 90 potential additional indicators for which we are confident data can be obtained, giving a total of 125. These include areas like the media, where the SDGs have no targets or indicators. While this list may be a little too ambitious, it shows that there is considerable scope for expanding the SGDI to give a more diverse, nuanced and accurate reflection of change in the region.

The **Citizen Score Card** measures citizen perceptions of their governments' performance. To date, citizens have awarded a score against the 28 targets of the SADC Gender Protocol. The score card will need to be changed, to reflect the revised SADC Gender Protocol.

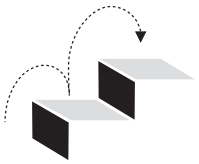


Citizens in Kabwe, Zambia, fill out the Citizen Score Card.
Photo by Colleen Lowe Morna

The **Knowledge Score Card** is used to gauge how well the SADC Gender Protocol is known. These were administered to over 40000 women and men in the region in 2015/2016. This quiz needs to be updated to reflect the review that has just taken place.

The Alliance administers a **Gender Progress Score** used to measure changes in attitude towards gender equality. In 2016, the Alliance analysed the extent of gender attitudes by sector and country. The detailed results are presented in this Barometer. Some of the questions in the survey need to be reviewed, so that this too becomes a baseline for tracking progress.

The Alliance has been collecting case studies to measure gender progress on the ground and assess the implementation of the SADC Gender Protocol. To date a total of 2934 **SADC Protocol@Work** case studies have been collected through the annual SADC Gender Protocol Summits hosted by the SADC Gender Alliance in collaboration with local government and the media and support from Gender Ministries. Since 2010, the Alliance and partners have convened the annual **SADC Protocol@Work summits**, at district, national and regional level, showcasing how this instrument is being used at local and national level, by the media, government and civil society, to bring about change.



Next steps

- Signing the reviewed Protocol by Heads of States at the SADC Heads of State Summit in Swaziland, August 2016.
- Finalising the MER framework in line with the SDGs and including time frames of 2030 or earlier.
- Alliance review of monitoring tools in line with the adopted Protocol and the SDGs.
- Accelerated implementation at a national level.
- Capacity building on data collection and analysis.
- Mobilising resources to implement the Post 2015 Protocol.
- Building partnerships with local government, civil society, the private sector, and development partners.

THE SOUTHERN AFRICA GENDER ATTITUDE SURVEY 2016



The fifteen countries of the Southern African Development Community (SADC) scored 53% in the Gender Progress Score (GPS) administered by Alliance networks to over 46,000 respondents for the 2016 Barometer. This ranges from 45% in Lesotho to 65% in Mauritius. While women (55%) scored a little higher than men (51%) the overwhelming message is that patriarchal attitudes remain the major stumbling block in achieving gender equality in the SADC region.

2016 marks the first time the survey has been carried out in all 15 SADC countries. This in-depth report on the results is intended to prompt debate and thinking as we move into the Post-2015 era on some of the less tangible but powerful barriers to achieving gender equality. The evidence is overwhelming that laws and policies are not enough. We must also chip away at the pervasive patriarchal attitudes and gender stereotypes that result in the constant one step forwards, two steps backwards syndrome.

What the survey consists of

The Gender Progress Score (GPS) has evolved from a 20 question attitude survey derived from Gender Links' Violence Against Women and Girls (VAWG) baseline survey to a 25 question survey that includes questions on contentious areas such as polygamy; choice of termination of pregnancy; sex work and sexual orientation. Each of the 25 questions is scored from one to four (from least progressive = one, to most progressive = four).

Table 1: How the GPS is scored

Question	Strongly agree	Agree	Disagree	Strongly disagree
People should be treated the same whether they are women or men	4	3	3	1
A woman should obey her husband	1	2	2	4

Table 1 provides two examples of how the scoring is done, depending on the question. The scores for the 25 questions add up to 100 with one being least progressive and 100 most progressive. The percentage score is thus a measure of where women and men stand on key gender issues in SADC.

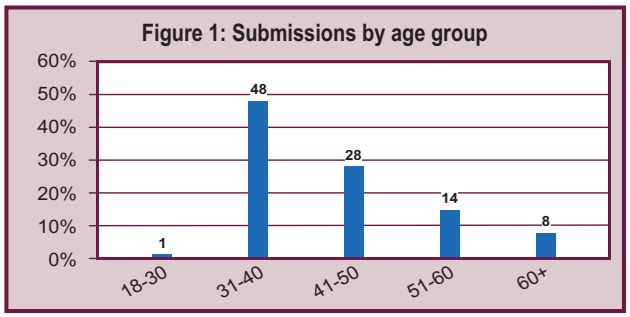
In this report, we give the overall score, as well as by country, and then cluster the questions into five themes: Women's Rights; Sexual and Reproductive Health and Rights (SRHR); GBV; economic justice and the media. For each we provide the percentage women and men who agreed or strongly agreed with the statement. We then break these percentages down by country for some of the key questions to show the range of responses and differences between countries.

Table 2 shows that 46,740 women and men responded to the survey between 2 July 2015 and 17 June 2016 during Southern African Gender Protocol Alliance village level workshops as well as GL local government workshops. The sample comprised women (52%) and

Table 2: Sample for the 2016 GPS

Country	Female	Male	Total
Botswana	3067	2736	5803
Swaziland	2357	1990	4347
Madagascar	2271	2037	4308
Mozambique	2190	2103	4293
Namibia	2281	2011	4292
Zambia	2250	1956	4206
Mauritius	2051	2043	4094
Lesotho	1991	2057	4048
Zimbabwe	2023	1969	3992
South Africa	2013	1637	3650
Angola	538	559	1097
Tanzania	630	455	1085
DRC	490	541	1031
Malawi	178	176	354
Seychelles	88	52	140
Total	24418	22322	46740
%	48%	52%	100%

men (48%). Sample sizes varied with lower numbers in the countries where GL does not have offices (Angola, Tanzania, DRC, Malawi and Seychelles). However, the overall sample is robust and sufficiently diverse in all countries to provide a good indication of the GPS at country level.



The 31-40 age bracket accounted for 48% of the respondents followed by the 41-50 group (28%). Future samples need to expand the youth sector (18-30) that accounted for only 1% of the sample, and the elderly (60+) at 8%.

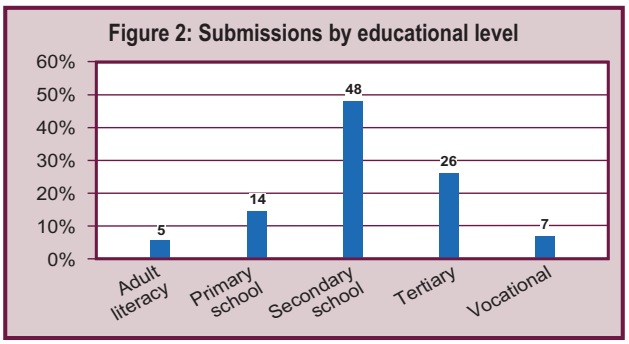


Figure 2 shows that 48% of the respondents had a secondary education; 26% tertiary education and 7% vocational education. 22% had either adult literacy or primary school education. This sample is consistent with education levels in the region.

Gender attitudes overall

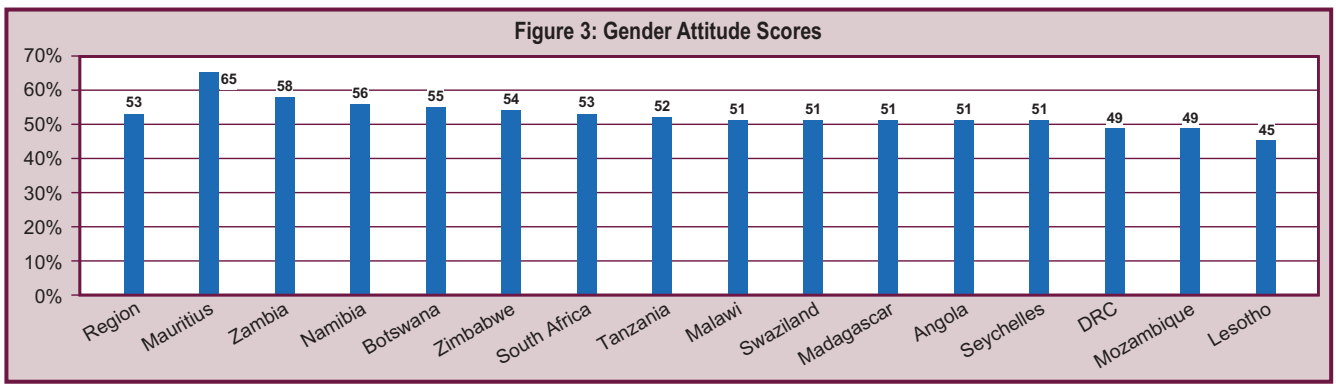


Figure 3 shows that the average GPS score is 53%. Mauritius (65%) is the only country to have attained a score above 60%. Five countries (Malawi, Swaziland, Madagascar, Angola and Seychelles) tied at 51%. Three countries (DRC, Mozambique and Lesotho) scored below 50%.

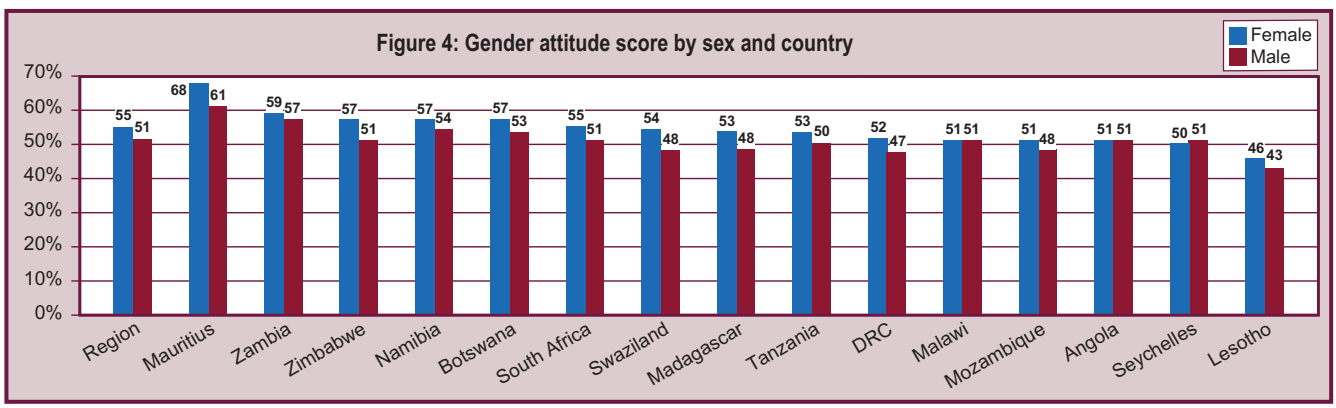


Figure 4 shows that at 55%, women scored slightly higher than men (51%). Women scored higher than men in 12 countries (Mauritius, Zambia, Zimbabwe, Namibia, Botswana, South Africa, Swaziland, Madagascar, Tanzania and DRC). In Malawi and Angola women scored the same as men (51%). In Seychelles women scored less than men. Mauritius, 68% for women and 61% for men registered both the highest score and the biggest difference between women and men. With 46% for men and 43% for women, Lesotho registered the lowest score.

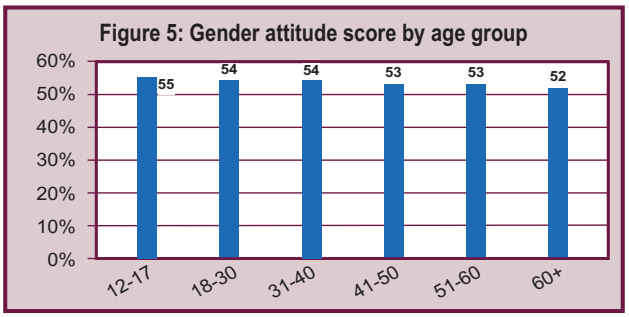
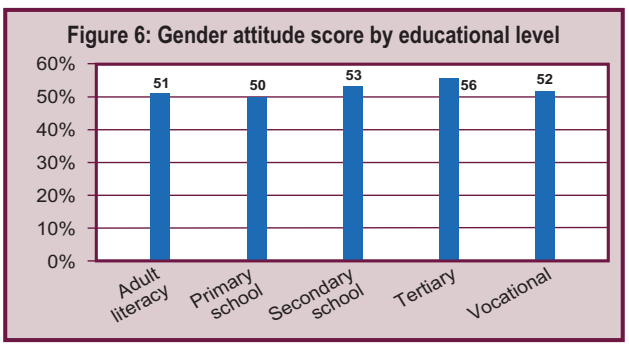


Figure 5 shows that there is very little difference between the scores of the different age groups, although the younger respondents had slightly higher scores than the older respondents.



Similarly, Figure 6 shows that there is very little difference between the scores by educational level. However, as might be expected, those with a tertiary education (56%) scored the highest, above the regional score of 53%.

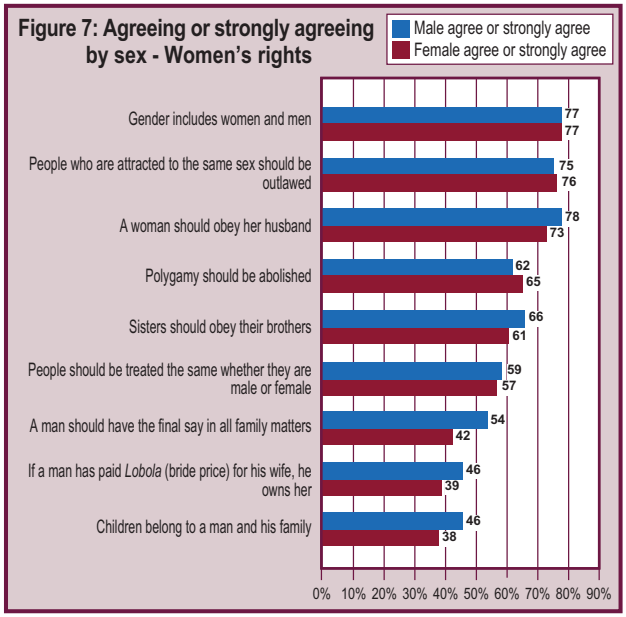
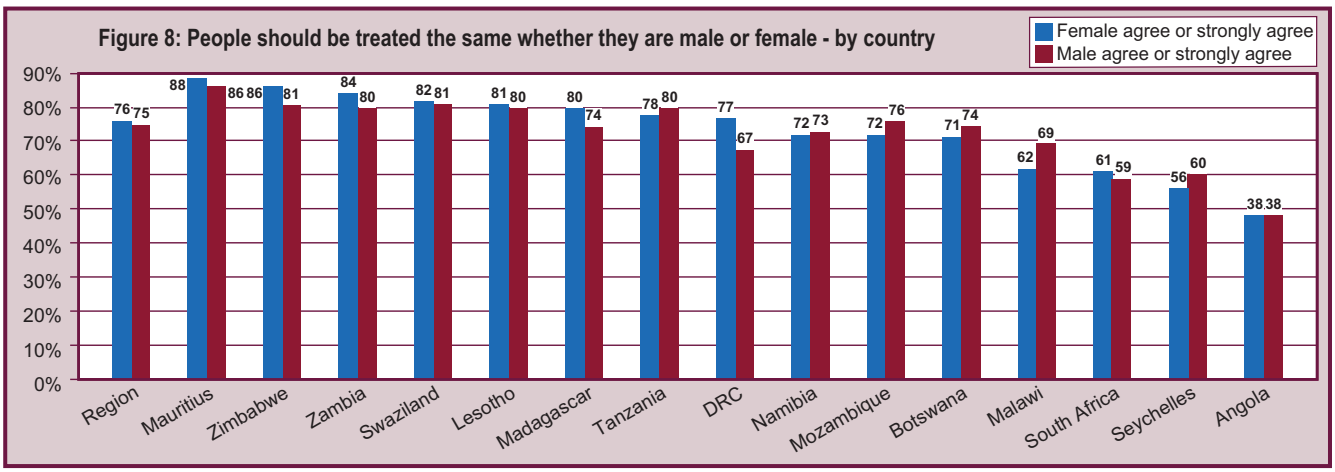
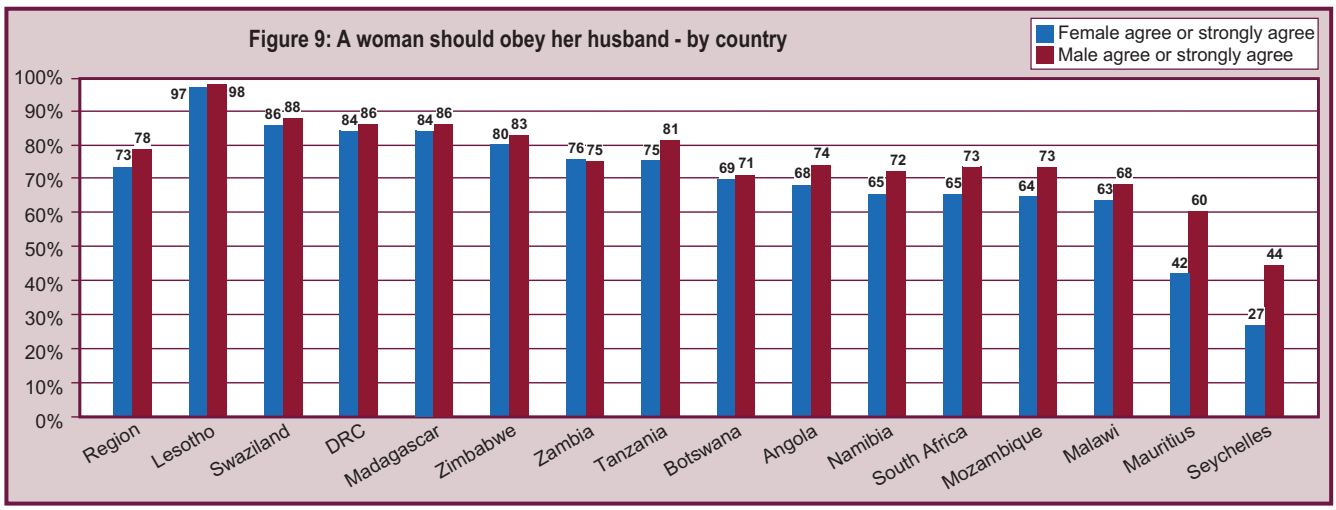


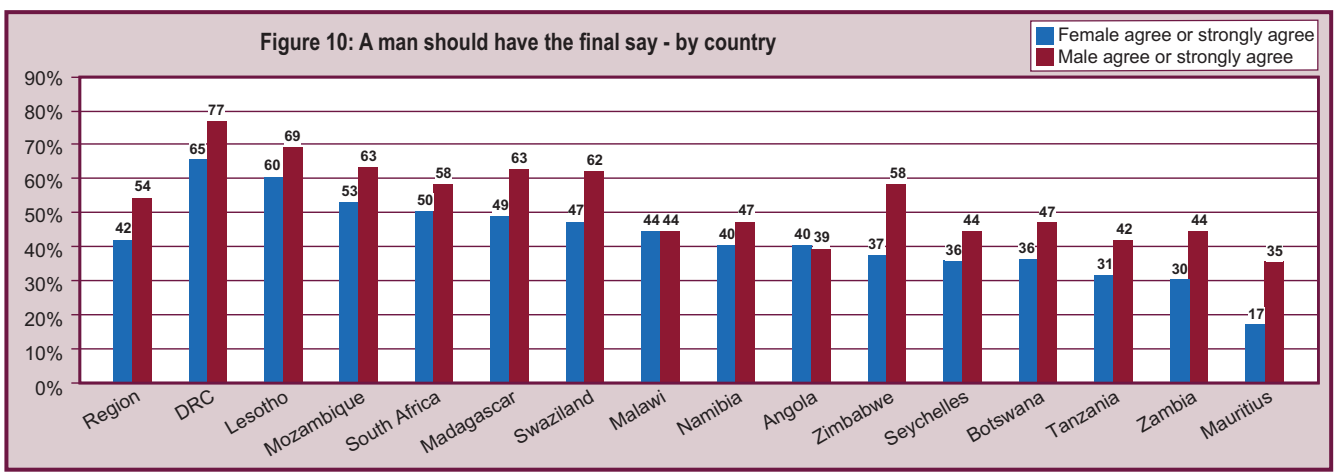
Figure 7 reflects the percentage of women who agreed or strongly agreed with the seven statements relating to women's rights. The results show that over 75% of women and men understand that gender includes both women and men, and affirm that people should be treated the same whether they are male or female. However, an equally high proportion believe that "a woman should obey her husband." 54% of men and 42% of women believe that "a man should have the final say in family matters", while 46% of man and 38% of women believe that "children belong to a man and his family." A high proportion of women (65%) and men (62%) say that polygamy should be abolished: an unexpectedly progressive view. Sadly however, 59% of men and 57% of women say that people who are attracted to the same sex should be outlawed. Given the exceptionally high levels of homophobia in Southern Africa, this figure is in fact lower than what might be expected, and is an encouraging sign of more tolerant attitudes emerging.



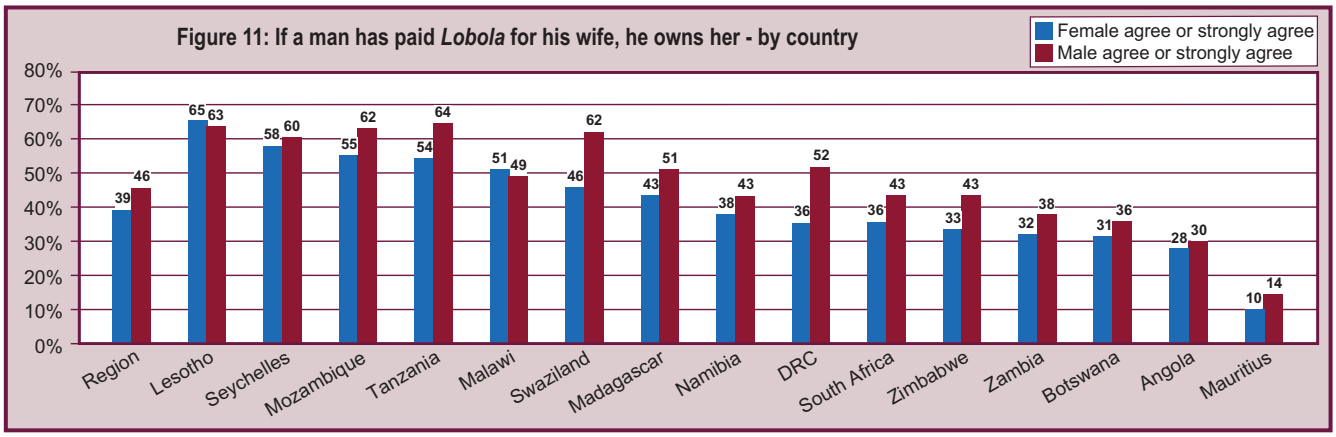
Mauritius (88% women and 86% men) and Zimbabwe (86% women and 81% men) scored highest on the equal treatment for women and men. Surprisingly, South Africa, Seychelles and Angola, usually associated with progressive views, scored lowest.



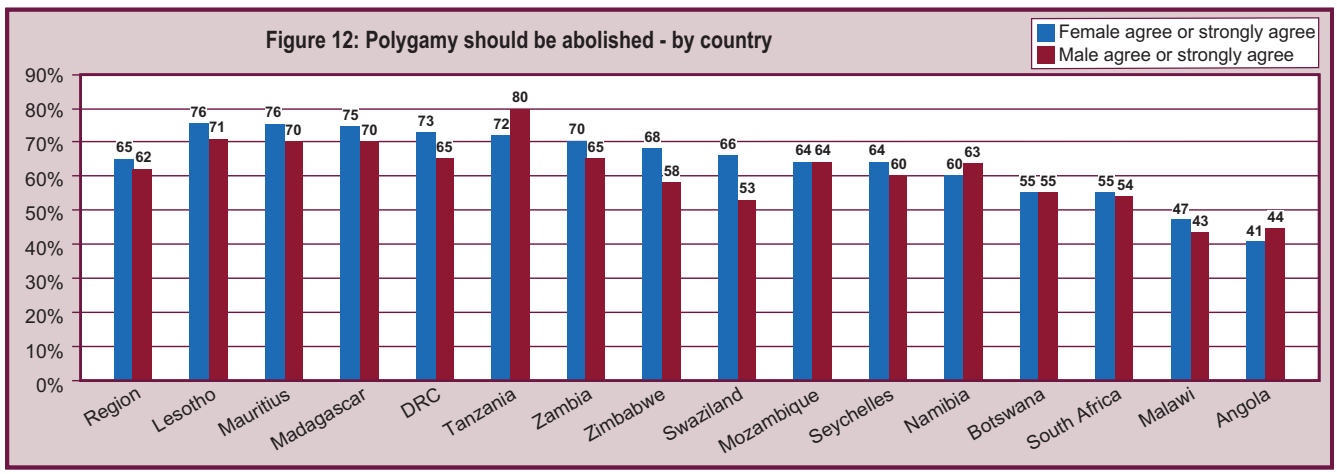
In direct contradiction to the strong support for equal treatment of women and men, over 70% of women and men in six SADC countries agreed or strongly agreed that *a woman should obey her husband*. Three of the most conservative countries in the region (Lesotho, Swaziland and DRC) endorsed this regressive view most strongly; while the two sister Indian Ocean islands (Mauritius and Seychelles) were least inclined to this view, but with strong gender gaps, suggesting that women and men are still far from being in unison on this issue.



Regional scores on "a man should have the final say" were not quite so stark (47% for women and 54% for men). But over 50% of women and men in four countries (DRC, Lesotho, Mozambique and South Africa) agreed with this view point.



The much lower overall scores on the question of whether bride price means a woman is owned by a man show that some of these traditions are being questioned. Lesotho had the highest score while Mauritius had the lowest. The high scores in Seychelles are puzzling as there is no bride price in practise on the island. This may reflect a misunderstanding of the question.



Over 50% of women and men in 13 SADC countries said that polygamy should be abolished reflecting the fact that age old patriarchal practices are beginning to be questioned. Malawi and Angola scored lowest. Despite its progressive Constitution, South Africa scored third lowest. South Africa has an openly polygamous president.

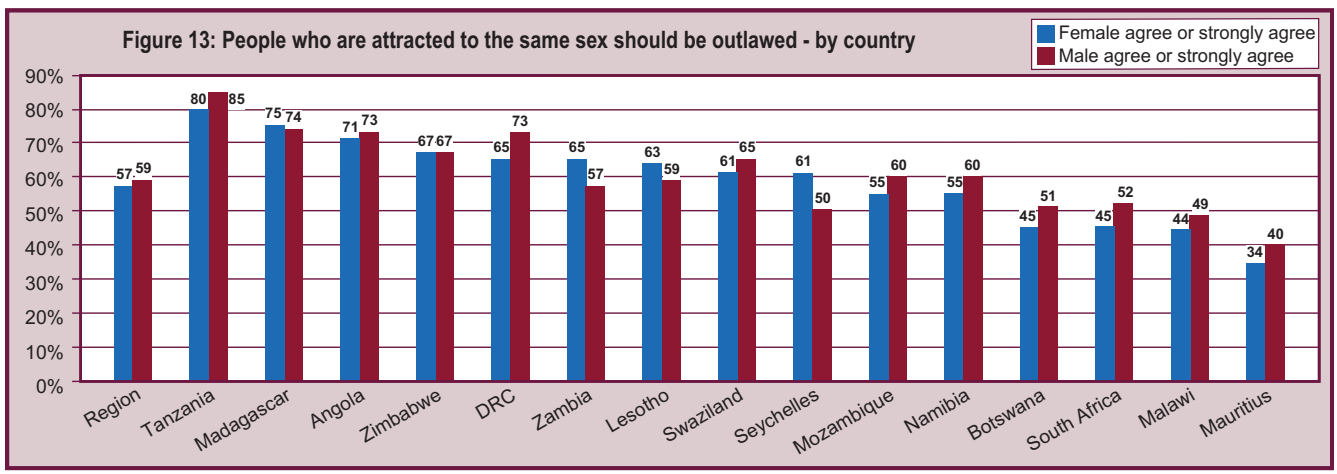


Figure 13 shows that Tanzania (80% women and 85% men) scored highest on outlawing same sex relationships; followed by Tanzania and Madagascar. Mauritius (34% women and 40% men) had the least homophobic views. Surprisingly, despite being the only region in the world with a Constitution that that recognises sexual orientation as a right, 45% women and 52% men said that *people who are attracted to the same sex should be outlawed*.

Gender violence

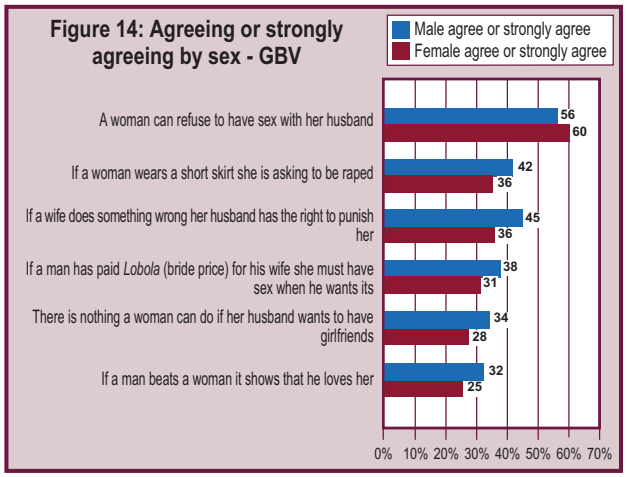
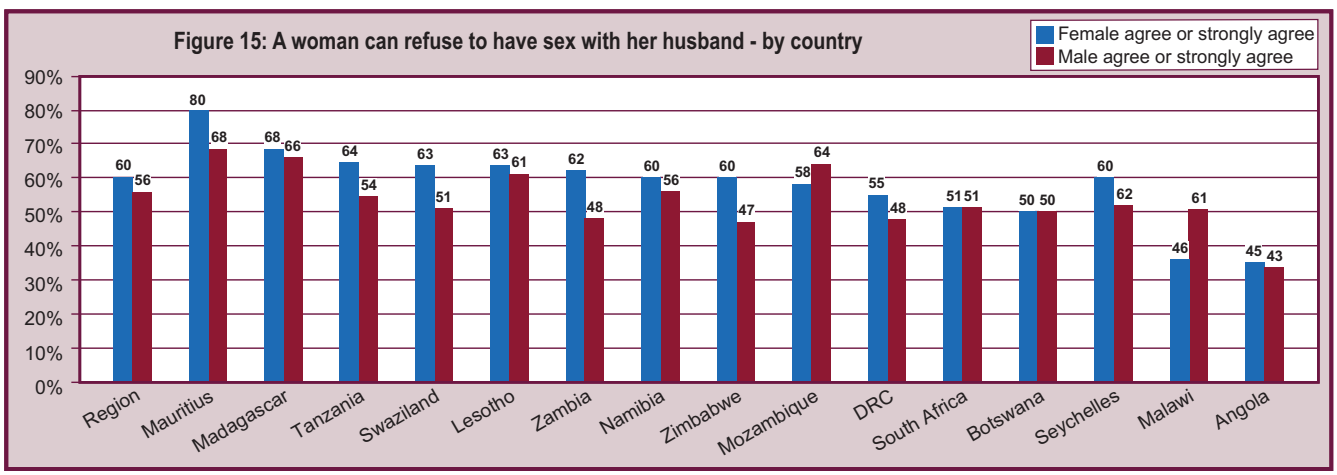
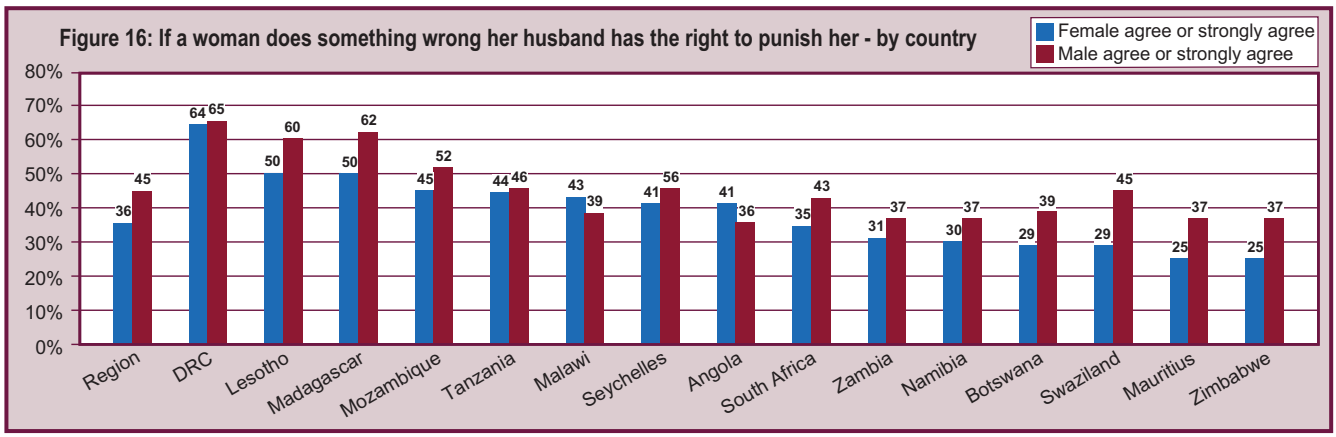


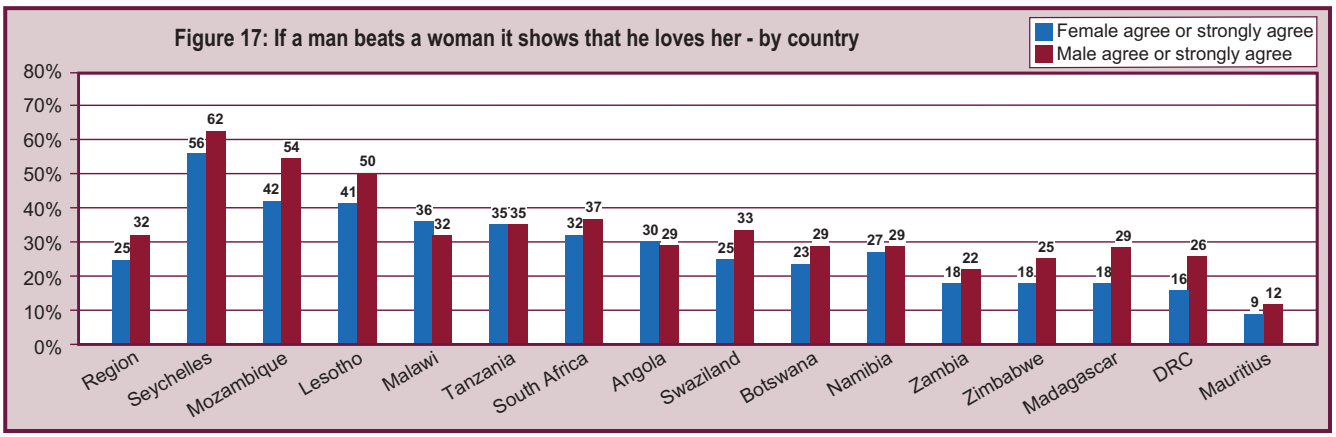
Figure 14 shows that a relatively high proportion of men (56%) and women (60%) believe that *a woman can refuse to have sex with her husband*. Over one third of men believe that *if a man beats a woman, its shows that he loves her; that there is nothing a woman can do if her husband wants to have girlfriends; that if a man has paid bride price a woman must have sex whenever he wants; that a husband has a right to punish his wife* and that *if a woman wears a short skirt she is asking to be raped*. Although in each case women are less inclined to hold the same view, a quarter or more also support these views. These findings go a long way in explaining men's sense of entitlement, and women's acceptance of their inferior status: two key factors fuelling the high levels of gender violence in the region.



A regional score of 60% women agreeing or strong agreeing that *a woman can refuse to have sex with her husband* is an encouraging sign of women becoming more empowered within their personal relations. This is especially high in Mauritius (80%) but quite low in Angola (45%).



In all countries, a far higher proportion of men than women say that *if a woman does something wrong, her husband has the right to punish her*, regardless of the context of each country. For example, the gender gap in Seychelles (56% for men and 41% for women) is higher than Swaziland (29% women and 45% men). In DRC women (64%) and men (65%) both strongly affirm the view that a man is entitled to punish his wife.



It is heartening to note in Figure 17 that only a minority of women (25%) and men (32%) believe that *if a man beats he wife this shows that he loves her*. However, over 50% of the men in Seychelles, Mozambique and Lesotho believe this to be so. In many countries, the gap between women and men is not that wide. These underlying attitudes explain the high levels of GBV in the region.

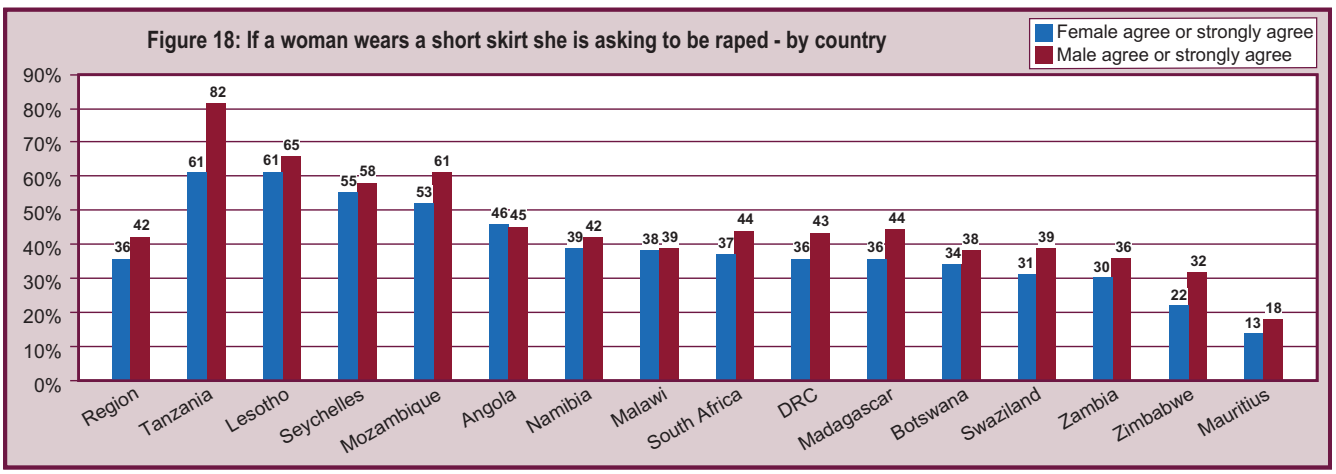


Figure 18 again shows that overall, less than 50% of women and men in SADC agree that if *a woman wears a short skirt she is asking to be raped*. But there are notable and worrying exceptions - such as 82% of the men in Tanzania agreeing with this statement.

Sexual and reproductive health and rights

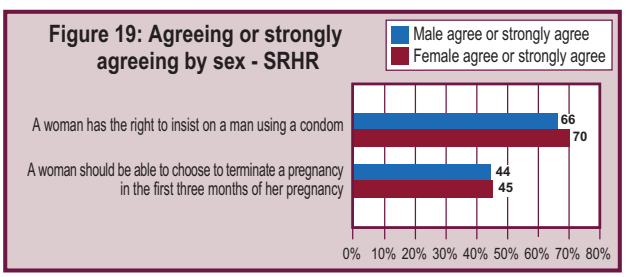


Figure 19 shows that a high proportion of women (70%) and quite a high proportion of men (66%) believe that *a woman has the right to insist on a man using a condom*. However, less than half of both women and men believe that *a woman should be able to choose to terminate a pregnancy in the first three months*.

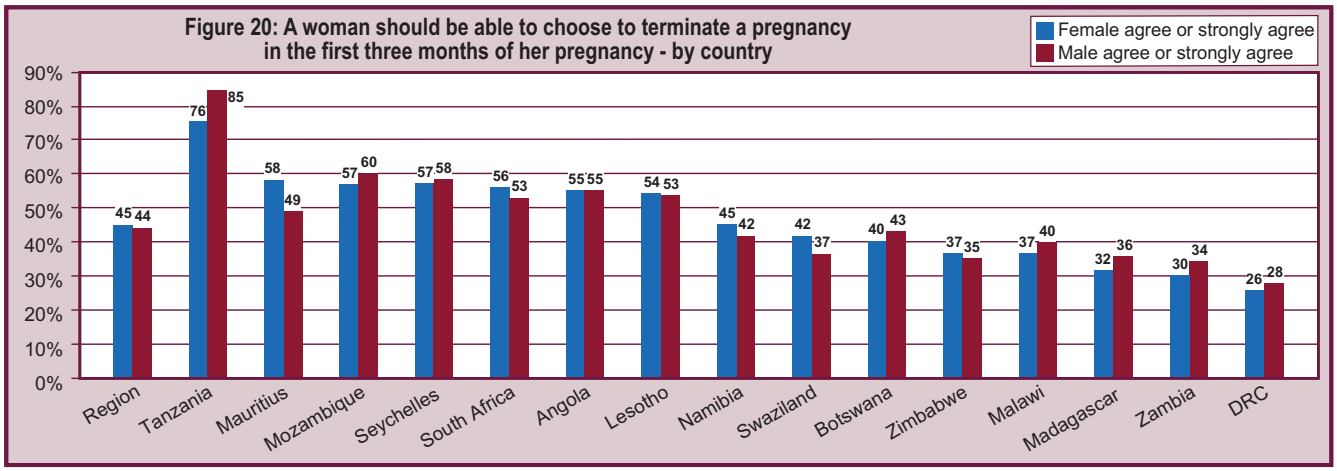


Figure 20 shows considerable country variation on the choice of termination of pregnancy issue. Surprisingly Tanzania had the highest scores (76% for women and 85% for men). In at least eight countries (Tanzania, Mozambique, Seychelles, Botswana, Malawi, Madagascar, Zambia and DRC) men had more progressive views than women. Even though South Africa is the only country in the region with Choice of Termination of Pregnancy legislation, only 56% women and 53% men supported the view that a woman should be able to choose to terminate a pregnancy in the first three months.

Economic justice

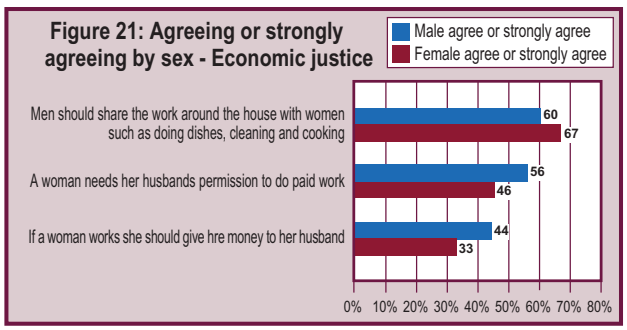


Figure 21 again reflects a contradiction in views on gender issues - this time on economic justice. On one hand a high proportion of women (67%) and men (60%) say that *men should share the work around the house with women such as doing dishes, cleaning and cooking*. Yet 56% of men and 46% of women say that *a woman needs her husband's permission to do paid work*. Despite the headway that women have made in gaining economic independence, 44% men and 33% women say that *"if a woman works, she should give her money to her husband."*

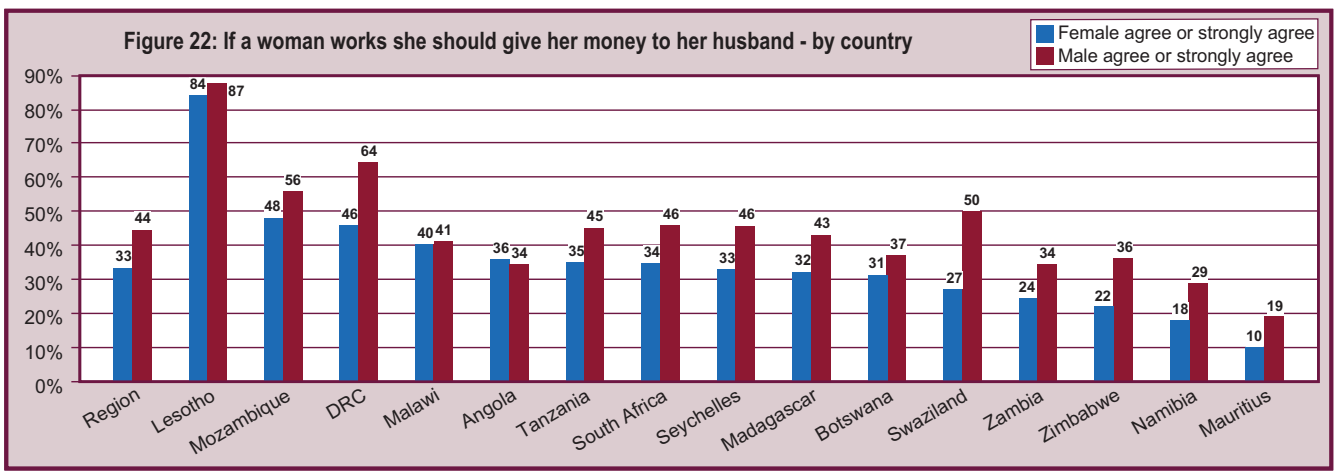
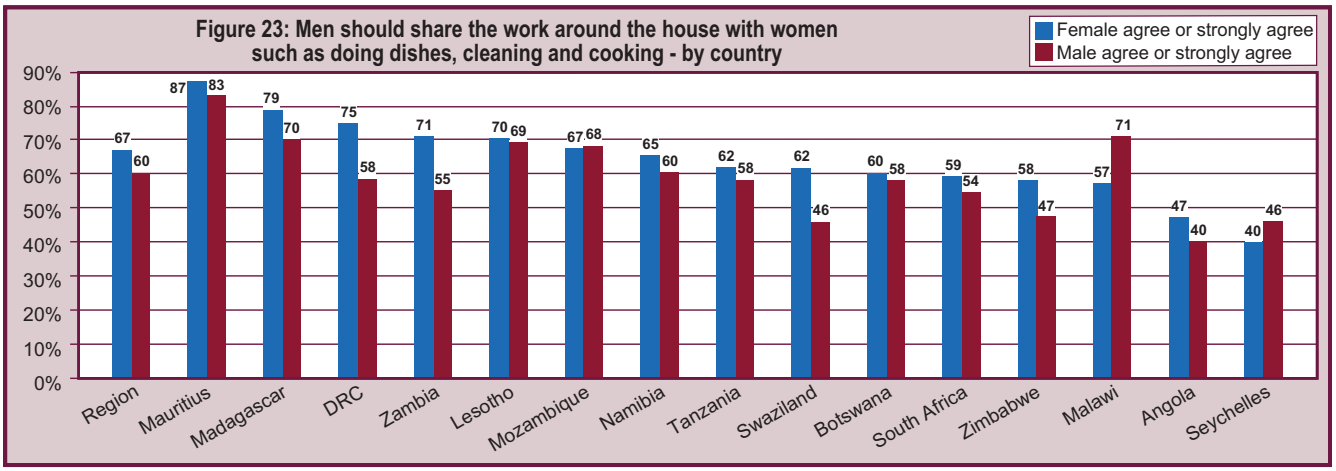


Figure 22 shows that this varied considerably between countries; from 10% women and 19% men in Mauritius, to 84% women and 87% men in Lesotho.



Mauritius (87% women and 83% men) had the most progressive views on women and men sharing responsibilities in the home, followed by Madagascar and DRC. Angola and Seychelles had the least progressive views.

Media

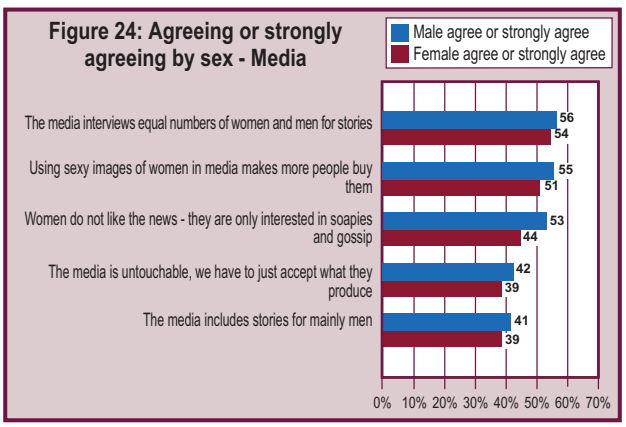


Figure 24 reflects low levels of gender and media literacy in the region. Even though women only constitute 20% of new sources, 56% men and 54% women say that *the media interviews equal numbers of women and men for stories*. Yet 41% men and 39% women say that *the media includes stories mainly for men*. 55% men and 51% women subscribe to the notion that gender stereotypes is what makes women and men buy the news. 53% men and 44% women believe that women do not like the news - they are only interested in soapies and gossip.

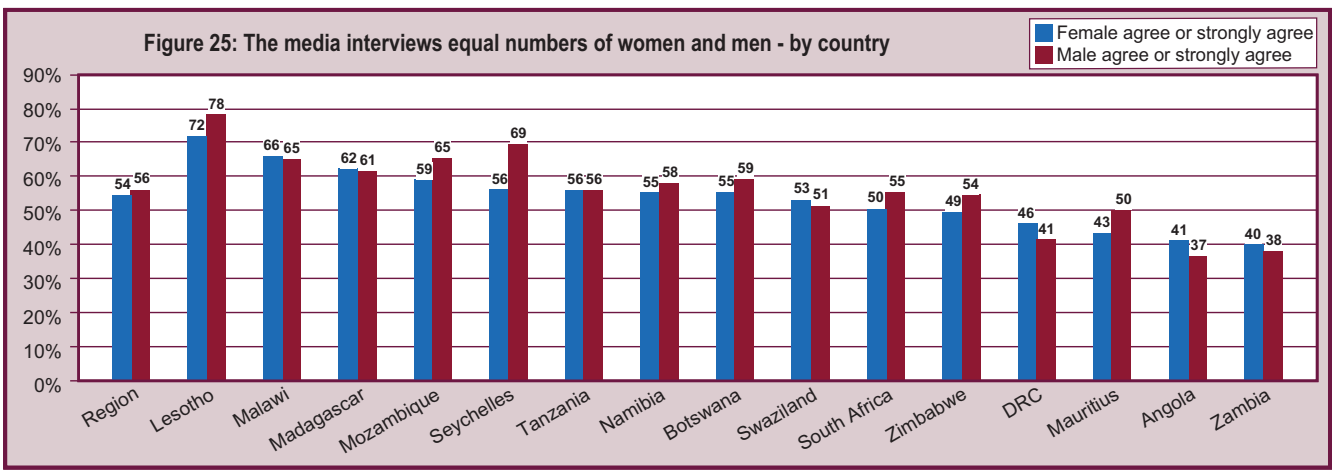


Figure 25 shows that the view that the media interviews equal numbers of women and men is strongest in Lesotho and weakest in Mauritius, Angola and Zimbabwe.

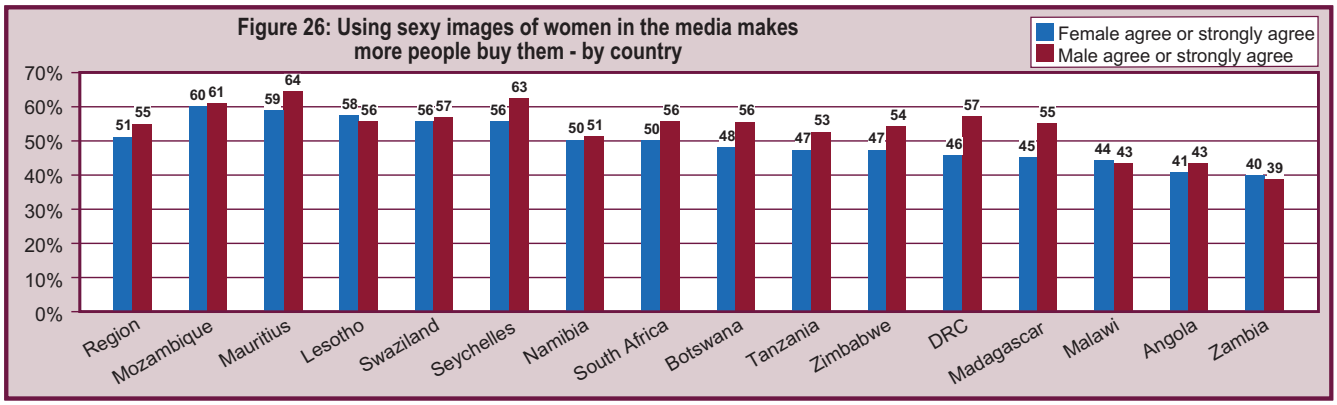


Figure 26 shows that women and men in Mozambique, Mauritius and Lesotho had the highest affirmative scores on sexy images selling news while Malawi, Angola and Zambia demonstrated the most scepticism.

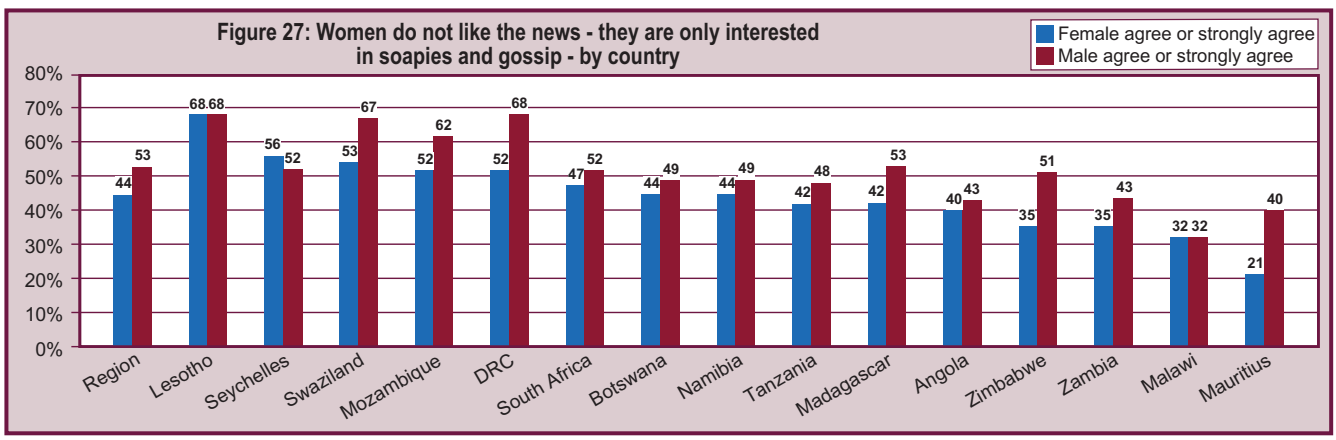


Figure 27 shows that across countries quite a high proportion of women and men believe that women are more interested in soapies than in news. This is especially high in Lesotho (68% of both women and men). But only 21% of women in Mauritius (and 40% of men) believe this to be the case, showing that attitudes are gradually changing.

Conclusions and recommendations

This survey, the first of its kind, reflects societies in transition, from gender blind (and gender blinkered) to gender awareness, tolerance and sensitivity. This explains the often confusing and contradictory responses, overall and in-country. The alliance recommends that:

- The results of this survey be customised for each country, and disseminated in multi-media formats at the Gender and Media Summit; SADC Protocol@Work summit and at the launches of the Gender and Media Progress Study.
- This survey be administered at least every two years to track progress in changing attitudes and mindsets so vital for the achievement of Agenda 2030.

Executive summary



Alliance members at the Zambia SADC Gender Protocol Consultative meeting in Lusaka. *Photo: Isaac Zulu*

In June 2016, SADC Gender Ministers adopted the revised SADC Gender Protocol aligned with the Sustainable Development Goals (SDGs), Beijing plus 20 and Agenda 2063. The new gender agenda sets out an ambitious roadmap for the region to accelerate and enhance progress on achieving gender equality.

With the revised Protocol set for signing this August in Swaziland at the 36th SADC Heads of States Summit (HOS), the 2016 SADC Gender Protocol Barometer (Barometer) sheds light on the successes, challenges and lessons learnt during the implementation of the original Protocol.

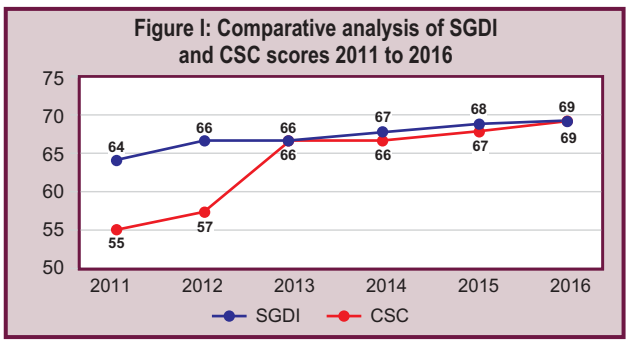
While SADC member states might have not met all the 28 targets of the original Protocol, analysis in all the eleven chapters of the Barometer shows that significant progress has been made in the region to improve the status of women. Results from the Citizen Score Card and Gender Progress Surveys analysed in detail in this Barometer also reflect the extent to which the Protocol has in the last eight years managed to put gender on the national, local and household agendas.

Progress against the SGDI and CSC

Since 2011, the Alliance has been measuring progress towards gender equality in the region using two indices (see box). The SADC Gender and Development Index (SGDI) measures progress against 23 empirical indicators in six sectors (education, political participation, the economy, health, HIV and AIDS, and the media), all adjusted to a factor of 100.

The Citizen Score Card (CSC), administered to a representative sample across the region, measures perceptions of women and men on the change that is taking place around them against all 28 targets of the SADC Gender Protocol, in ten sectors. Unlike the SGDI, the CSC captures nuances that are not incorporated in the empirical data. For example, while the SGDI records enrolment levels for boys and girls, the CSC includes qualitative aspects like safety in schools and gender biases in curriculum. The CSC covers (in addition to the six SGDI sectors) the four sectors for which there are no SGDI scores because these are difficult to measure. These are: Constitutional and legal rights, GBV, peace building and implementation. Like all indicators, both the SGDI and the CSC have limitations. However, read together, they provide a fair reflection of the progress and challenges.

Figure I: Comparative analysis of SGDI and CSC scores 2011 to 2016



Source: Gender Links 2016.

Figure I tracks the SGDI and the CSC since 2011, the first year in which the Barometer had data for both. Typical of empirical measures, the SGDI has moved slowly, from 64% to 69%, a five percentage point increase. The CSC on the other hand has increased by 14 percentage points from 55% to 69%, underscoring the optimism among the people of SADC that gender is now on the agenda. The graph shows that by 2016 the SGDI and the CSC had tied at *69%. Both scores place the region thirty one percentage points from reaching its 2015 targets.* This is a two percentage point jump for the CSC and a one percentage point increase for the SGDI compared to the 2015 scores. While The SGDI is based on empirical data collected on three important spheres of life; human development (education, sexual and reproductive health and HIV and AIDS), political participation and access to productive resources and the economy the CSC is based on citizen's perceptions. Both indices underscore the key message of the 2016 Barometer: ***action and results for sustainable development***.

How the CSC and SGDI work

Table I: CSC sample 2016

Country	Female	Male	Total submissions
Botswana	1950	2013	3963
DRC	601	577	1178
Angola	538	559	1097
Lesotho	1906	2010	3916
Madagascar	2103	1846	3949
Malawi	216	228	444
Mauritius	2033	2025	4058
Mozambique	2131	1930	4061
Namibia	1822	1718	3540
South Africa	1802	1594	3396
Seychelles	129	54	183
Swaziland	1714	1462	3176
Tanzania	505	410	915
Zambia	1836	1722	3558
Zimbabwe	1983	1722	3705
Regional	**21269**	**19870**	**41139**

The CSC has been running for seven years now, and it is a key accountability tool. For example, at village level workshops, when the Protocol is being explained, participants are asked to rate how their governments are doing. The CSC gives ordinary men and women the opportunity to hold their government accountable. It also ensures that women and men engage critically with the provisions of the Protocol.

The sample size for the CSC continues to grow each year with 41139 submissions collected from all 15 SADC countries for 2016 .This is almost twice the 21 528 sample for 2015 collected from 13 SADC countries. Women constituted 52 %, and men 48 % of the total.

The challenge is to couple perception measures (qualitative) with empirical measures (quantitative). As detailed in **Annex Two**, there have been several attempts globally and in Africa to develop indexes for measuring progress towards attaining gender equality. Each of these is fraught with challenges. Running through all these challenges is the difficulty of obtaining a wide enough variety of indicators to capture the many facets of gender equality or the lack of it.

Because information on political participation and education as well as some economic indicators is most readily available, gender-related indexes have tended to draw heavily on these. But such indicators do not adequately capture the more rights-based issues, such as voice; agency; the right to make decisions about one's body; safety and security.

In 2009, the Barometer assembled a range of baseline data across the 15 SADC countries on the status of women. This had gaps by sector and by country. But by 2011, through online searches and data gathered at for the country barometers, the team had assembled data on 23 indicators in six sectors (see **Table V**). Figures in red indicate backward movement over the last year while those in green reflect positive developments. Considering the various efforts at global and continental level to develop a basket of indicators for measuring gender equality (see Annex Two) this represented a significant amount of information.

Table II: Sectors covered by the SGDI and CSC

SADC Gender Protocol Sector	SGDI	CSC
Constitutional and legal rights		✗
Governance	✗	✗
Education	✗	✗
Economy, productive resources & employment	✗	✗
Gender based violence		✗
Health	✗	✗
HIV and AIDS	✗	✗
Peace building and conflict resolution		✗
Media, information and communication	✗	✗
Implementation		✗



The indicators are grouped under six categories, namely Governance (3 indicators), Education (3), Economy (5), Sexual and Reproductive Health (3), HIV and AIDS (3), and Media (6). To create the composite index, each category was given equal weight by calculating the average score across the indicators in that category. Therefore, for example, for categories with three indicators, the score for that category was the average across the three. This approach also solved the problem of how to deal with countries for which some indicators were missing, as the average was calculated on the available indicators for each country. In order to standardise, all "raw scores" had to be converted into values that range from 0 (for the worst possible performance) to 100 (for the best possible performance).

While the majority of indicators measure a desirable characteristic, for which a high score indicates good performance, there are a few indicators that measure undesirable characteristic for which higher scores reflected poorer performance (such as unemployment rate female share of people living with HIV, and maternal mortality rate). For these indicators the rate was inverted by subtracting the standardised rate from 100. Table IV illustrates the sectors for which there are SGDI and CSC scores, and CSC scores only:

TABLE III : KEY INDICATORS OF THE STATUS OF WOMEN IN SADC COUNTRIES

% women	ANGOLA	BOTSWANA	DRC	LESOTHO	MADACASCAR	MALAWI	MAURITIUS	MOZAMBIQUE	NAMIBIA	SEYCHELLES	SOUTH AFRICA	SWAZILAND	TANZANIA	ZAMBIA	ZIMBABWE
GOVERNANCE															
Parliament	37	10	9	25	20	17	12	40	38	44	41	15	37	13	34
Local government	n/a	19	6	49	8	10	32	38	48	n/a	38	12	34	6	16
Cabinet	22	12	8	22	20	11	12	29	22	27	42	26	32	30	12
EDUCATION															
Primary School	46	51	46	49	50	49	49	47	49	50	50	48	52	49	50
Secondary School	44	48	36	57	50	54	52	44	53	50	55	50	46	45	50
Tertiary level	40	47	32	59	50	40	61	38	53	n/a	58	51	40	52	42
ECONOMY															
Economic decision-making	29	29	21	30	17	13	10	25	33	33	25	20	14	23	35
Labour force participation - Women	65	75	72	60	88	85	49	86	56	68	49	45	90	73	85
Labour force participation - Men	78	83	74	75	91	81	80	83	65	79	64	73	91	86	91
Unemployment - Women	n/a	21	9	27	5	10	12	25	33	5	27	31	4	8	10
Unemployment - Men	n/a	15	7	23	3	5	5	20	26	4	23	26	3	8	12
Women in non-agricultural paid labour (% of labour force)	24	41	50	51	35	11	38	11	42	54	47	32	31	22	34
Length of maternity leave (weeks)	12	12	12	12	14	8	12	12	12	14	16	12	12	12	14
Maternity leave benefits (% of wages paid)	100	50	100	100	100	100	100	100	100	100	60	100	100	100	100
SEXUAL AND REPRODUCTIVE HEALTH															
Maternal mortality rate (out of 100,000)	477	129	693	487	353	634	53	489	265	n/a	138	389	398	224	443
Using contraception	18	53	20	60	40	59	76	12	56	41	60	66	34	49	67
Births attended by skilled personnel	49	95	80	78	44	87	100	54	88	99	94	88	49	64	80
HIV and AIDS															
Comprehensive knowledge on HIV and AIDS women	25	40	15	39	23	42	80	36	65	67	27	58	40	38	52
Living with HIV as proportion of total	59	55	59	59	46	59	28	58	60	42	60	58	61	52	58
HIV positive pregnant women receiving PMTCT	14	97	27	81	3	73	96	66	90	100	87	95	71	86	82
MEDIA															
Overall	n/a	44	32	43	35	26	42	27	44	52	53	55	31	34	49
Board of directors	n/a	26	17	43	21	48	27	37	39	71	32	48	24	48	50
Management	n/a	32	17	53	34	39	43	31	40	24	46	44	24	36	11
Female staff in institutions of higher learning	n/a	54	24	44	58	24	71	25	53	n/a	44	33	39	29	27
Proportion of students in institutions of higher learning	n/a	68	77	73	54	54	78	29	53	n/a	59	60	57	61	27
News sources	n/a	28	6	21	21	21	10	25	19	28	20	18	22	19	24

Source: Gender Links, 2015.

Numbers in red have failed to reach 30%; Numbers in black have reached 30% but failed to reach 50%; Numbers in green have reached the 50% target; For unemployment the target is in reverse order with 0 being the target.

The SGDI Post 2015

Between 2011 and 2016 the SDGI formed the bedrock for monitoring the level of commitment by SADC member states in achieving the 28 targets of the original SADC Gender Protocol. Data collected on six core human development sectors from all the 15 countries fed into the annual assessment of the differences in the situations of women and men.

With the revised Protocol now adopted, the SGDI in the coming year will be expanded to include recommendations from the Alliance Post 2015 campaign as well as some of the SDGs. Each chapter in this year's Barometer highlights the proposed indicators.

What the SGDI measured

EDUCATION

- Primary school: The number of girls enrolled in primary school expressed as a percentage of total primary school enrolment. Source:
- Secondary school: The number of girls/women enrolled in primary school expressed as a percentage of total secondary school enrolment.
- Tertiary education: The number of women enrolled in tertiary education institutions expressed as a percentage of total tertiary enrolment.

ECONOMY

- Female share of economic decision- making: The number of women occupying high-level economic decision-making positions expressed as a percentage of all such positions in the country. The positions included in the measure are Minister and Deputy Minister of Finance, Minister and Deputy Minister of Trade and Industry/ Commerce, Minister and Deputy Minister of Planning Commission, Central Bank, or their equivalents, permanent secretaries.
- Female LFP/ Male LFP. The Labour Force Participation rate of women expressed as a percentage of the labour force participation of men. The labour force participation rate is calculated as the (number of women/men of working age (usually 15+ or 15-64) who are either employed or looking for work) divided by the total number of women/men of working age.
- Female/male unemployment rate. The unemployment rate of women expressed as a percentage of the unemployment rate of men. The unemployment rate is calculated as the (number of women/men who are looking for work) divided by the (number of women/men who are either employed or looking for work).
- Female share of non-agricultural paid labour. The number of women employed in paid work outside of agriculture expressed as a percentage of all people employed in paid work outside of agriculture.
- Length of maternity leave: The number of weeks leave to which a woman is entitled in respect of pregnancy and childbirth.

MEDIA

- Women employees as % of total: The number of women employees working in media institutions expressed as a percentage of all employees in media institutions.
- Women as % of board of directors: The number of women directors of media institutions expressed as a percentage of all directors of media institutions.
- Women as % of management: The number of women managers in media institutions expressed as a percentage of all managers in media institutions.
- Female % of staff in institutions of media learning: The number of female staff in institutions of media learning expressed as a percentage of all staff in institutions of media learning.
- Female % of students in institutions of media learning: The number of female students in institutions of media learning expressed as a percentage of all students in institutions of media learning.
- Percent women news sources: The number of women referenced as sources in the media expressed as a percentage of all people referenced as sources.

SEXUAL AND REPRODUCTIVE HEALTH

- Women using contraception: The percentage of women aged 15 to 49 years reporting that they use a modern form of contraception.
- Births attended by skilled personnel. The percentage of births in a given year in which the women is assisted by trained staff such as midwives or nurses.
- Maternal mortality ratio: The number of women who die while pregnant or within 42 days of termination of pregnancy for every 100,000 live births of babies.

HIV and AIDS

- Comprehensive knowledge on HIV and AIDS: The percentage of women aged 15-who can correctly answer specified questions about HIV and AIDS.
- Living with HIV as proportion of total: The number of women who are HIV-positive expressed as a percentage of all people who are HIV-positive.
- HIV-positive pregnant women receiving PMTCT: The number of HIV-positive pregnant women receiving prevention of mother-to-child transmission treatment expressed as a percentage of all HIV-positive pregnant women.

GOVERNANCE

- Parliament: The percentage of parliamentarians who are women. The measure includes both upper and lower houses of parliament for countries that have more than one house.
- Local government: The percentage of local government councillors/representatives who are women.
- Cabinet. The percentage of members of the Cabinet who are women. The measure includes deputy ministers and ministers of state where they are members of the Cabinet. Similarly, it includes the President if s/he is a member of Cabinet.

Table IV: SGDI Scores by country and rank 2011 - 2016							
Country	2016	Rank	2011	Rank	Variance rank (2011-2016)	Variance score (2011-2016)	Variance 2015 target
Average	69		64			5	31
Seychelles	80	1	79	1	0	1	20
Namibia	80	1	73	3	2	7	20
South Africa	79	3	79	1	-2	0	21
Lesotho	76	4	73	3	-1	3	24
Mauritius	76	4	71	5	1	5	24
Swaziland	71	6	70	7	1	4	29
Botswana	70	7	65	6	-1	1	30
Zimbabwe	70	7	67	9	2	9	30
Tanzania	67	9	61	8	-1	1	33
Zambia	67	9	57	10	1	9	33
Mozambique	62	11	58	12	1	5	38
Malawi	62	11	56	13	2	6	38
Madagascar	61	13	58	10	-3	3	39
Angola	58	14	56	13	-1	2	42
DRC	50	15	45	15	0	5	50

Source: Gender Links 2016.
Notes: Numbers in red show regression since 2011; Numbers in black show no change; Numbers in green show progress since 2011.

Table IV compares the SGDI scores from 2011 to 2016 by country and rank. At 80%, Seychelles scored highest, with a percentage point increase compared to 2011. Seychelles remained in the top position throughout the monitoring period. Namibia moved up two places to first position and gained seven percentage points from 73% in 2011 to 80% in 2016. All countries except South Africa received a rating that is above the 2011 score. Only one country (South Africa) remained stagnant.

DRC, while ranked last in the region, has made a five percentage point shift from 45% to 50%. With a nine percentage point improvement, Zambia and Zimbabwe registered the greatest improvement during the period - a result of the progressive gender measures taken during this period. Namibia (seven percentage points) and Malawi (six percentage points) also registered significant improvement over this period. All countries have a long way to go to reach the 100 percent target. This ranges from 20% in Namibia and Seychelles to 50% in the DRC.



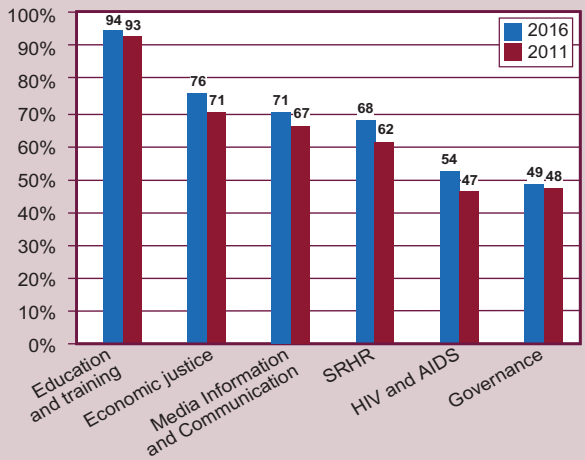
SADC Gender Protocol Summit DRC winners look on, Kinshasa, June 2015.
Photo: Gender Links

Table V: SDGI by country and sector performance 2011-2016							
Countries		2015	Sector	2016	Sector	Variance (Progress)	Progress versus target
	Regional	68		69		1	31
	Highest	94	Education	94	Education	0	6
	Lowest sector	49	Governance	49	Governance	0	51
1	Seychelles	82		80		-2	20
	Highest	100	Education	100	Education	0	0
	Lowest sector	70	Health	70	Health	0	30
1	Namibia	79		80		1	20
	Highest sector	99	Education	99	Education	0	1
	Lowest sector	65	HIV	65	HIV	0	35
3	South Africa	79		79		0	21
	Highest sector	100	Education	100	Education	0	0
	Lowest sector	70	Health	51	Health	-19	49
4	Lesotho	75		76		1	24
	Highest sector	99	Education	99	Education	0	1
	Lowest sector	54	HIV	54	HIV	0	46
4	Mauritius	75		76		1	24
	Highest sector	99	Education	99	Education	0	1
	Lowest sector	40	Governance	37	Governance	-3	63
6	Swaziland	67		71		4	29
	Highest sector	99	Education	99	Education	0	1
	Lowest sector	42	Governance	35	Governance	-7	65
7	Botswana	69		70		1	30
	Highest sector	100	Education	97	Education	-3	3
	Lowest sector	28	Governance	27	Governance	-1	73
7	Zimbabwe	66		70		4	30
	Highest sector	95	Education	95	Education	0	5
	Lowest sector	41	Governance	59	HIV	18	41
9	Tanzania	69		67		-2	33
	Highest sector	91	Education	91	Education	0	9
	Lowest sector	50	HIV	50	HIV	0	50
9	Zambia	62		67		5	33
	Highest sector	96	Education	96	Education	0	4
	Lowest sector	23	Governance	33	Governance	10	67
11	Malawi	61		62		1	38
	Highest sector	93	Education	93	Education	0	7
	Lowest sector	31	Governance	25	Governance	-6	75
11	Mozambique	65		62		-3	38
	Highest sector	86	Education	86	Education	0	14
	Lowest sector	48	HIV	47	HIV	-1	53
13	Madagascar	60		61		1	39
	Highest sector	100	Education	100	Education	0	0
	Lowest sector	27	HIV	27	HIV	0	73
14	Angola	58		58		0	42
	Highest sector	87	Education	87	Education	0	13
	Lowest sector	27	HIV	27	HIV	0	73
15	DRC	48		50		2	50
	Highest sector	76	Education	76	Education	0	24
	Lowest sector	19	Governance	15	Governance	-4	85

Source: Gender Links 2016. Notes: Numbers in red show regression since 2011; Numbers in black show no change; Numbers in green show progress since 2011.

Table V provides the highest and lowest SGDI score for each country by sector. The table shows that for all countries, education is the highest scoring sector. The lowest scores are all for HIV and AIDS, Health and Governance. This provides an indication of priority areas for the post -2015 agenda.

Figure II: SGDI by sector 2011 - 2016



Sector	2016	2011	Variance
Education and Training	94	93	1
Economic Justice	76	71	5
SRHR	71	67	4
Media Information and Communication	68	62	6
HIV and AIDS	54	47	7
Governance	49	48	1

Source: Gender Links 2016. Numbers in green show progress since 2011.

Figure II shows that SGDI scores in all sectors have gone up since 2011. Education and training scored highest, followed by the economy, media, sexual and reproductive health, HIV, and AIDS. Governance remained in sixth place owing to slow progress and the decrease of women in parliament in countries that had elections between 2011 and August 2016.

The SGDI in all six sectors moved upwards from their 2011 baseline scores. The most progress over the last five years has been made in the HIV and AIDS sector which gained seven percentage points from 47% in 2011 to 54% in 2016. This reflects the tremendous strides that have been achieved in reducing new HIV and AIDS infections, including Prevention of Mother to Child Transmission.

Sexual and Reproductive Health and Rights improved by six percentage points, thanks to improvements in maternal mortality, and contraceptive usage. Economic justice improved by five percentage points, as women have become more engaged in business and the work place. Education and training, already high, made a shift of one percentage point.

Governance also made a modest shift of one percentage point. Major achievements during the past four years include the adoption of legislated quotas for women in parliament and local government in Mauritius, Namibia and Zimbabwe using the Protocol as a lobbying tool. Forward and backward movement in elections resulted in limited net gains.

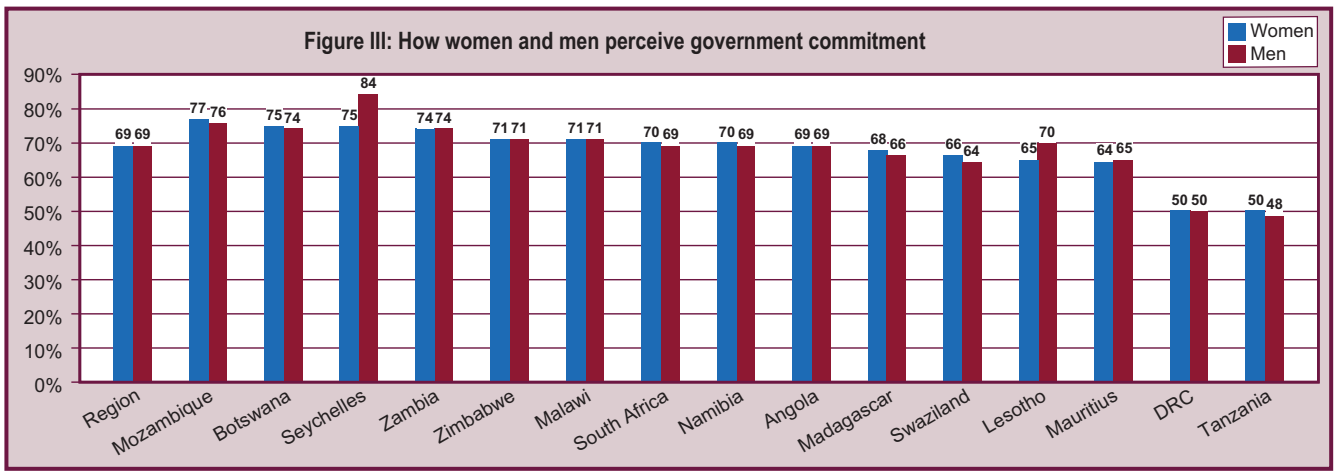
Table VI: Citizen Scores by country and rank 2011 - 2016

Countries	2016	Rank	2011	Rank	Variance rank	Variance score	Variance target
Average	69		67			2	31
Seychelles	83	1	61	5	4		17
Mozambique	77	2	54	8	6	23	23
Botswana	75	3	54	9	6	21	25
Zambia	74	4	41	14	10	33	26
Malawi	71	5	61	4	-1	10	29
Zimbabwe	71	6	47	11	5	24	29
South Africa	70	7	74	2	-5	-4	30
Namibia	69	8	74	1	-7	-5	31
Angola	69	9					31
Lesotho	67	10	59	6	-4	8	33
Madagascar	67	11	44	13	2	23	33
Swaziland	66	12	46	12	0	20	34
Mauritius	64	13	70	3	-10	-6	36
DRC	50	14	50	10	-4	0	50
Tanzania	49	15	56	7	-8	-7	51

Source: Gender Links, 2016.
Notes: Numbers in red show regression since 2011; Numbers in black show no change; Numbers in green show progress since 2011.

Table VI shows that overall there has been a positive trend in citizen perceptions as measured by the CSC. Seychelles scored highest (83%). Citizens in eight SADC countries scored their countries higher than in 2015. Zambia made the most progress from 41% in 2011 to 74% in 2016; a 33 percentage point improvement.

Mauritius dropped the most from third position (70%) in 2011 to 13th position (64%) during the period under review. Joining Mauritius on the downward trend is Malawi, South Africa, Namibia, Lesotho, Mauritius, DRC and Tanzania.

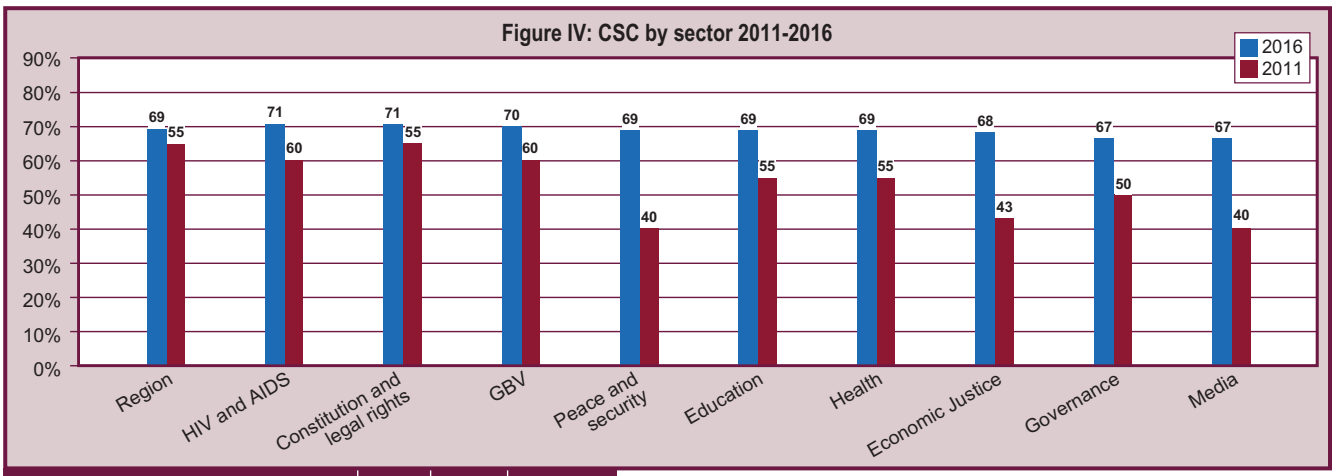


Source: Gender Links, 2016.

Figure III shows that overall women and men score their governments much the same. Women scored their governments higher than men in Mozambique, Botswana, Zambia, South Africa, Namibia, Madagascar, Swaziland and Tanzania. The opposite is true in Seychelles, Lesotho, and Mauritius. In Zimbabwe, Malawi, Angola and DRC both women and men gave the same score. Seychelles and Lesotho registered the biggest gender gaps (nine and five percentage points). This gap in perceptions points to the underlying social conservatism, with men apparently perceiving a far more conducive environment than women.



Post 2015 Protocol consultation workshop participants in Mozambique, June 2016. *Photo: Gender Links*

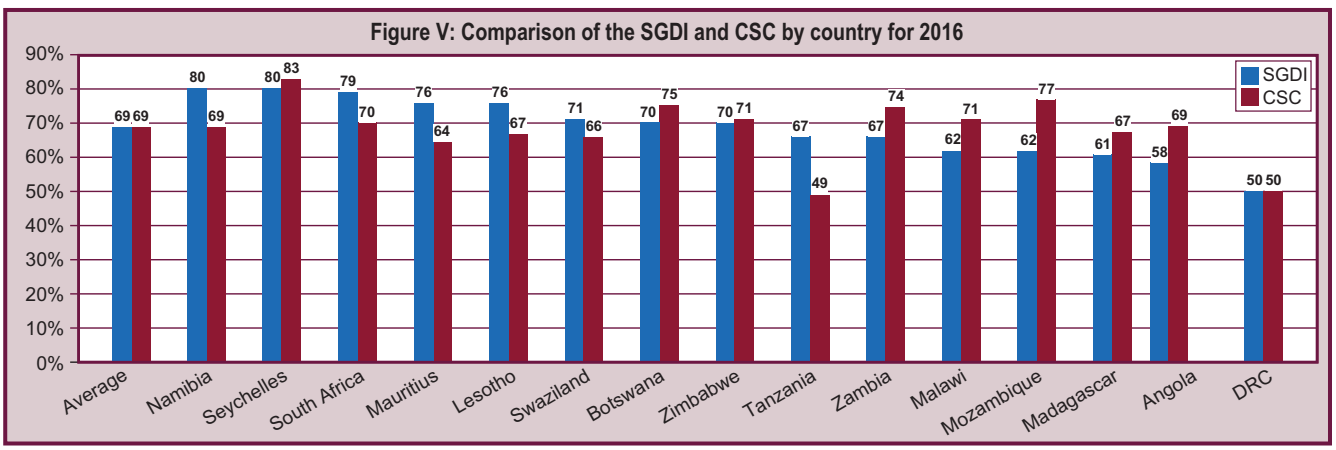


Sector	2016	2011	Variance
Regional	**69**	**55**	**14**
HIV and AIDS	71	60	**11**
Constitutional and legal rights	71	55	**16**
GBV	70	60	**10**
Peace and security	69	40	**29**
Education	69	55	**14**
Health	69	55	**14**
Economic Justice	68	43	**25**
Governance	67	50	**17**
Media	67	40	**27**

Source: Gender Links, 2016. Numbers in green show progress since 2011.

Figure IV shows that at 71%, the HIV and AIDS and Constitutional and legal rights sectors have the highest score. This reflects the positive perceptions engendered by prevention, treatment and care campaigns over the period that have resulted in a decline in new rates of infection as well as constitutional reviews across the region. Governance (67%) and media (67%) scored lowest, reflecting lacklustre performance in women's representation and missing voice in the media.

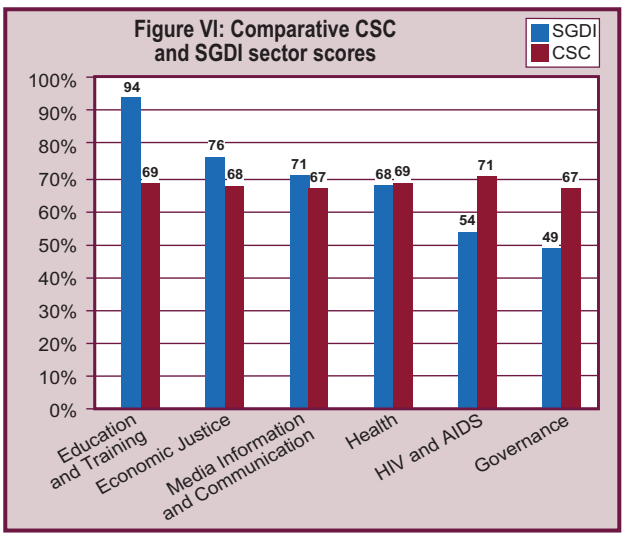
While the scores of all sectors improved, peace building registered the greatest improvement (29 percentage points). This reflects the return to peace in most SADC countries, except for pockets of conflict, notably in the DRC and Lesotho. With a 27 percentage point increase, media is a close second. This may reflect the hands-on work in the media sector with 109 media houses in 13 countries now joining the Centres of Excellence for Gender in the Media programme. GBV (10 percentage points) registered the least improvement. GBV remains one of the biggest areas of concern and most telling indicators of gender inequality in the SADC region.



Source: Gender Links, 2016.

As highlighted in previous Barometers, the SGDI and CSC are not directly comparable since the latter is based on perception and covers all 28 targets of the SADC Gender Protocol in ten sectors compared to empirical data for 23 indicators in six sectors in the case of the SGDI. It is however important to compare the extent to which citizen perceptions correlate to the SGDI that is based on actual numbers.

Figure V shows that there can indeed be wide divergences between perception and reality. The biggest gap is in Tanzania, which scored 67% for SGDI, but is the lowest for the CSC (49%). The lesson here is to weigh the two scores together in forming an opinion on progress, but to be clear on the strengths and limitations of each yardstick.



Source: Gender Links, 2016.

Figure VI compares the SGDI (empirical scores) and CSC (perception) scores in the six sectors that have both these scores. While the scores are constructed in different ways, the trends are interesting, as they reflect the extent to which perceptions and reality either converge or diverge. The graph is sorted in descending order according to SGDI scores. The graph shows that:

- The biggest gap between the two scores is for the education sector. The SGDI ranks education highest (94%) compared to a CSC score of 69%. This is a stark reminder of the need to consider both quantitative and qualitative evidence in assessing progress. SADC countries have done well in achieving gender balance especially at primary and secondary school level. However, there are still strong gender biases in teaching, subjects, curriculum and occupational choices. Gender violence is rife in schools.
- The SGDI ranks productive resources second, while the CSC ranks education second. The SGDI captures a relatively narrow range of economic indicators. These do not include access to land, finance and productive resources. The divergence between the SGDI and CSC is therefore not surprising.
- At 71% the CSC score is considerably higher than the SGDI HIV and AIDS score of 54%. Positive citizen perceptions with regard to HIV and AIDS can be attributed to the tremendous increase in access to ARVs, Prevention of Mother to Child Transmission Treatment (PMTCT) and care work policies. These will take longer to translate into realities that will change the SGDI score.
- Governance is ranked last on both the CSC and SGDI. The empirical SGDI score of close to 50% reflects the reality that the average representation of women in political decision-making - averaging 23% to 27% for parliament, local government and cabinet - is half way where it should be. The CSC score (67%) reflects the desire by citizens for their governments to redouble their efforts in this area.
- The CSC places the media in last place whereas the SGDI puts media in third place. However, both award a score of 67%. The SGDI media score includes women's representation in media training, within the media, in media management, and in media content. The first two categories tend to skew the score, because women are now relatively numerous in these two categories. They are however painfully absent from decision-making and as sources in the news. Because the SGDI is quantitative, it does not measure the *portrayal* of women in the media.
- At 68% and 69%, the SGDI and CSC scores for Sexual and Reproductive Health and Rights are very similar. This is an area in which SADC has made progress at the basic needs level (such as reducing maternal mortality) but is still grappling with more contentious issues, such as abortion. The adoption by Mozambique of Choice of Termination of Pregnancy legislation in the period under review (the third country after South Africa and Zambia to have such a law) shows that these are areas of gender discourse that are gradually advancing.

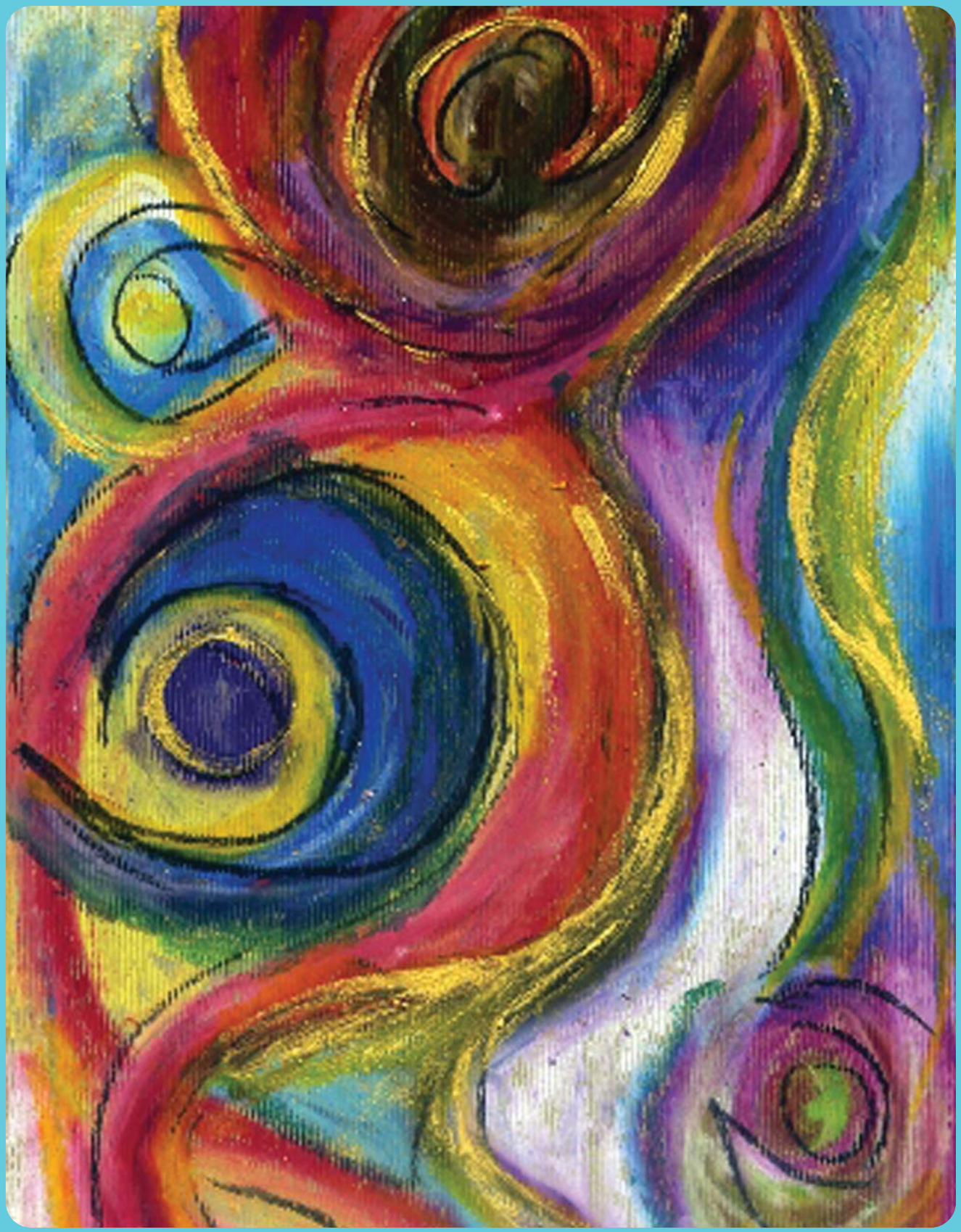
SADC GENDER PROTOCOL MILESTONES

- **2005:** Audit of achievements against the SADC Declaration on Gender and Development leads to a paper - "Rationale for the Elevation of the SADC Declaration on Gender and Development to a Protocol" - the most legally binding of SADC instruments. Civil society organisations for the Southern African Gender Protocol Alliance.
- **2005-2008:** Alliance members form part of a Task Team constituted by the SADC Gender Unit to prepare drafting notes for a legal team, comment on and canvass seven drafts of the Protocol before its final presentation to Heads of State.
- **August 2008:**13 out of 15 HOS sign the SADC Gender Protocol, a unique sub regional instrument that brings together and enhances existing commitments to gender equality through 28, time bound targets aligned to the 2015 deadline for MDG 3. Alliance members launch a campaign to get Mauritius and Botswana to sign.
- **August 2009:** The Alliance launches the SADC Gender Protocol Baseline Barometer - a key tracking tool assessing progress of 15 countries against the 28 targets of the Protocol - http://www. genderlinks.org.za/page/sadc-research.
- **August 2009:** Alliance launches the "Roadmap to Equality" - strategies and lessons learned in the campaign; key provisions of the Protocol in 23 languages; radio spots; a DVD; knowledge and attitude quiz; village level meetings to popularise the Protocol that have since reached 15,000 citizens directly and thousands more indirectly.
- **2009/2010:** Alliance devises a Citizen Score Card that is used to gauge citizen perceptions of government progress and is administered at village meetings.
- **August 2010:** Progress Barometer and Alliance annual meeting. Alliance gets better organised into country and theme clusters, each leading on a key issue, e.g. GBV, economic justice.
- **August 2011:** SADC Gender Protocol goes into force with South Africa becoming the ninth country to ratify the Protocol giving the two thirds critical mass required. With data from 15 countries on 23 indicators, the 2011 Barometer introduces the SADC Gender and Development Index - see http://www.genderlinks.org.za/page/sadc-sgdi. Alliance forms a Think Tank to guide the work of the Alliance in between annual meetings.
- **2011/2012:** Alliance networks in-country identify champions for the 28 targets of the Protocol, begin to collect case studies of the Protocol@work - see http://www.genderlinks.org.za/page/protocol-work.
- **September 2011:** The Alliance collaborates with the SADC Gender Unit on a tool and process for aligning national gender action plans to the targets of the SADC Gender Protocol, and costing their implementation. Namibia pilots this process - see http://www.genderlinks.org.za/page/implementation.
- **November 2011:** Intense lobbying for an Addendum to the Protocol on Gender and Climate Change linked to COP 17.
- **February 2013:** Gender ministers meeting in Maputo ahead of the 57th meeting of the Commission on the Status of Women (CSW) commit to take forward the Addendum. Alliance releases a progressive statement on gender justice concerns in the region. Mounts a presence at the CSW and produces a daily newsletter; generates debate on the Post-2015 agenda.
- **March-April 2013:** Twelve country summits and a regional summit lead to 672 case studies being gathered on the SADC Protocol@Work from NGOs, CSO, Faith-Based Organisations.
- **By June 2013:** Lesotho, DRC, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe learn from Seychelles, Namibia, Zambia and Swaziland on aligning their policies and action plans to the SADC Protocol and costing implementation.
- **August 2013:** Alliance annual meeting ahead of the SADC Heads of State Summit in Malawi with a key focus on implementation, the 50/50 campaign, gender and climate change and Coalition Building. Round table meeting with the new Southern African head of UN WOMEN, Phumzile Mlambo-Ngcuka. Study visit to the Gauteng *Women Demand Action Now* Alliance networking meeting sparks ideas for strengthening country, provincial and district-level networking.
- **August 2013:** Coalition building and networking at the regional level through the SADC Heads of state summit held in Malawi in August 2013. The regional barometer was officially launched then, strengthening the alliance network through a strategy meeting held in August 2013 and a think tank meeting held alongside the SADC HOS summit.
- **August 2013:** Production of the fifth edition of the SADC Gender Protocol Regional Barometer, tracking progress against the 28 targets. The 2013 barometer had in-depth analysis of implementation of the SADC Gender protocol by the governments and civil society.
- **December 2013:** 12 country barometer reports; 9 launches. SADC Gender Protocol village level workshops in 10 countries through the country networks resulting in 72 meetings.
- **By October 2013:** Strengthening the country focal networks through mapping of country thematic clusters and championing resulting in 11 country level meetings and 82 signed up champions.
- **May 2014:** SADC Gender Protocol@Work summit preceded by 12 national summits with a special category on the Faith Based Organisations (FBOS).
- **March 2014:** Alliance participates in the 58th Commission on the Status of Women.
- **July 2014:** Gender ministers meeting in Malawi ahead of the 35th HOS Summit in Harare in August, followed by the SADC CNGO civil society forum in Harare. Alliance makes the case for a strong Post-2015 gender agenda.
- **August 2014:** 35th SADC Heads of State Summit in Victoria Falls; Alliance lobbies for review of the SADC Gender Protocol.
- **March 2015:** The Alliance participate at CSW 59 with a focus on the targets and indicators for the SDGs and the SADC Gender Protocol Post-2015.
- **March 2015:** The Alliance's input on the Global SDGs consultations is acknowledged.
- **May 2015:** The SADC Executive Secretary requests the Alliance together with UN Women to work with the SADC Secretariat as technical partners in the review process.
- **May - June 2015:** The Alliance holds 13 national SADC Protocol @ work summits.
- **August 2015:** The Alliance launched the sixth edition of the SADC Gender Protocol Barometer in Botswana on the eve of the 36th SADC HOS Summit in Gaborone at the SADC Protocol@Work summit.

Summary of progress and challenges from 2009 to 2016

Red lights	Green lights
Implementation	
Mauritius indicated during the gender ministers meeting in June that it would not be able to sign due to disagreements on age of marriage. Botswana, the current chair of SADC, steered the process around the review and seemingly had all its concerns with the original Protocol addressed. However, Botswana has still not signed the Protocol.	The SADC Ministers responsible for gender adopted the reviewed SADC Gender Protocol aligned to the Sustainable Development Goals, the African Union Agenda 2063 and Beijing plus Twenty Review in June 2016.
All timelines have been dropped from the Protocol itself, and moved to the MER framework.	An accompanying Monitoring, Evaluation and Reporting (MER) Framework for the Protocol will provide a comprehensive mechanism for implementing the Post 2015 Protocol. As the Protocol is aligned to the SDGs, the ultimate deadline should be taken to be 2030, with earlier deadlines where warranted.
	In line with the Post 2015 agenda the SADC Gender Protocol Alliance has been streamlined into five clusters (Governance, Economic Justice, Sexual and Reproductive Health and Rights, Media and Climate Change). Each cluster lead forms part of the Alliance Executive Committee.
Constitutional and legal rights	
Five SADC countries still have "claw back" clauses in their Constitutions that undercut gender equality provisions. Most of these relate to laws governing marriage, pregnancy, death and inheritance.	The Post-2015 SADC Gender Protocol strengthens rights-based approaches to achieving gender equality, especially child marriages.
Mauritius stated that it would not be able to sign the Protocol because of this, as its laws allow for marriage with parental consent from 16 to 18 years.	The revised Protocol removes the previous qualification that the age of 18 for marriage is subject to national laws. Mauritius stated that it would not be able to sign the Protocol because of this, as its laws allow for marriage with parental consent from 16 to 18 years. SADC has adopted a model law on ending Child Marriages. In a landmark ruling, Zimbabwe's Constitutional Court has outlawed child marriages.
Only three countries in the region- South Africa, DRC and Mozambique, have decriminalised homosexuality. Botswana has legally registered the first LGBTI organisation, but homosexuality is illegal.	Eight Constitutional Reviews have been undertaken in the region since the adoption of the SADC Gender Protocol. Malawi, Zambia and Tanzania are in the process of undertaking Constitutional Reviews while Angola civil society is closely monitoring the Constitution for effective implementation of laws on gender based violence.
Governance	
The amended Protocol dropped the reference that the Alliance lobbied for on the need to review electoral systems that play a crucial role in the level of women's political representation.	The revised SADC Gender Protocol points toward a paradigm shift from mere numerical representation of women in decision making positions to effective and transformative leadership.
The SGDI for Governance remains unchanged at 49% despite elections in Lesotho, Namibia and Tanzania and a number of cabinet reshuffles in the region during the period under review.	With 27% women in parliament, the SADC region is at par with North America, and second only to the Nordic countries, in the global stakes on women's political representation.
Projections in this chapter show regression for women in local government ahead of local elections in Lesotho, South Africa and Zambia in late 2016 to early 2017.	The Governance chapter has this year broadened its scope from just elected political presentation and provided analysis of women representation in the public service, foreign services and the judiciary - data made available by SADC member states.
Education and training	
While considerable progress has been made in ensuring universal enrolment in primary and secondary education, gender gaps are still pronounced at tertiary and vocational level. Women are underrepresented in the Science, Technology, Engineering and Mathematics (STEM) subjects.	With the adoption of the Sustainable Development Goals (SDGS) in 2015, the education agenda has shifted from a basic needs approach to a transformative framework. This aims both to improve the number of girls enrolled at all levels of education, as well as enhance retention, performance and challenge gender stereotypes in education.
Drop-out rates are higher among girls than boys, owing to high rates of teenage pregnancy and ambivalent policies on this front.	Education is one area in which SADC countries have made tremendous strides especially with regard to enrolment.
The learning environment and quality of education leaves much to be desired in many public schools.	The Post-2015 SADC Gender Protocol adopted by gender ministers in June 2016 has been strengthened to include provisions that reflect inclusivity, equality and quality lifelong learning.
Productive resources	
Sex disaggregated data remains a challenge to assess women's positions in management of the private sector.	SADC is finalising the regional Multi-Dimensional Women's Empowerment Programme which will include a Resource mobilisation strategy for implementation of the programme.
Women's equal rights to economic resources are still largely hampered by parallel legal systems where usually customary law denies women property inheritance	The Sustainable Development Goals prioritise the empowerment of women and girls through aims to promote decent work and remove legal and economic barriers to empowerment.
There is no equity in women's earnings compared to their male counterparts. Tanzania has the most equitable earnings for women at 93% while Mauritius has the least at 42%.	Women's banks in Swaziland, South Africa and a proposed bank in Zimbabwe are one way of mitigating challenges of capital and skills support for women's entrepreneurship and start-ups.
Economic policies remain largely gender blind. However, some countries have enacted policies to boost small to medium businesses owned by women.	
Gender Based Violence	
Studies show GBV is embedded in culture and perpetuated by inequitable gender norms.	Eleven out of the fifteen countries have put in place domestic violence and sexual assault legislation; four countries (Tanzania, Swaziland, DRC and Lesotho) fall short of the target.

Red light	Green light
GBV prevention efforts should focus on increasing gender equality and transformation of gender norms.	The new goal to eliminate GBV by 2030 requires redoubled efforts from governments, civil society and the private sector.
There is urgent need to identify meaningful indicators on GBV linked to representative household surveys.	As countries work towards undertaking GBV indicators surveys with up to 42 indicators, they can also be encouraged to include the Domestic Violence Module in Demographic Health Surveys as these include 14 relevant indicators.
Sexual and Reproductive Health and Rights	
SADC countries need to increase the focus of their SRHR programmes on adolescents.	The revised SADC Gender Protocol has been strengthened to recognise women's sexual and reproductive health as a human right.
The maternal mortality ratio still varies from 53 per 100,000 (Mauritius) to 693 per 100,000 (DRC). Many countries need to urgently expand access to four antenatal visits and delivery that is attended by a skilled health worker, and to address disparity in access in rural areas, by poor women, for other marginalised women such as women with disability, sex workers and refugees and women in prison.	HIV has contributed to high maternal mortality across the region.
There is considerable divergence in access to health between different countries.	Mauritius and Seychelles consistently offering the highest quality of health services in the region.
HIV and AIDS	
Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe still have adult prevalence rates of over 10%. Lesotho, Swaziland and Botswana still have adult prevalence rates above 20%. Lower mortality and more people living longer with HIV are contributing to this.	UNAIDS is leading the world in a campaign to end AIDS by 2030. This will require a focus on specific populations especially adolescent girls and young women; sex workers, men who have sex with men, injecting drug users, prisoners, migrants and women who have sex with women.
Gender disparities continue to be a major driver of the pandemic. Women account for 59% of those living with HIV in the sub-Saharan region. Women bear the greatest burden of care.	UNAIDS has an ambitious plan for Fast Tracking to End AIDS that requires more domestic and foreign investment to be achieved. SADC member states are all beginning to put more emphasis on adolescents as well as investigating the situation of key populations.
	Access to ARVs to prevent transmission of HIV from mothers to their babies (PMTCT) continues to expand rapidly. 7 countries (Botswana, Mauritius, Mozambique, Namibia, Seychelles, South Africa and Swaziland) have achieved coverage of over 90% and a further 4 (Malawi, Tanzania, Zambia and Zimbabwe) have coverage of between 80 and 90%. All countries in SADC are using option B+ which was pioneered by Malawi.
Peace building and conflict resolution	
Only one SADC country, the DRC, has adopted a UNSCR 1325 National Action Plan, as per Article 28 of the SADC Protocol on Gender and Development. Namibia, South Africa and Madagascar are engaged in processes of the developing Action Plans on Women's Peace and Security.	The reviewed SADC Gender Protocol now recognises women's equal participation in peace building. The Southern African Development Community (SADC) is paying far more attention to issues of gender, peace and security and it is in the process of developing a Regional Strategy to implement United Nations Security Council Resolution (UNSCR) 1325.
Violent and non-violent conflicts occurred in DRC, Lesotho, Mozambique, Madagascar, South Africa, Angola, Zimbabwe and Tanzania.	The SADC Commission of Inquiry into Lesotho required that the country undertake security sector reforms (SSR). This provides a good opportunity for the country to mainstream gender into their security sector.
	There has been an improvement in the provision of sex-disaggregated data on security services since the Barometer began tracking this parameter in 2010. We are able to track the sex-disaggregated data for 12 countries on defence and 13 countries on the police. SADC must populate its database on women in the security sector so that there can be a more regularly updated statistics on this sector.
Media and communication	
There is an insignificant one-percentage point increase in women sources in the media from 19% in the 2010 GMPS to 20% in the GMPS 2015.	The Global Alliance on Media and Gender (GAMAG) is contributing to strengthening the global gender and media movement as well as providing coordinated follow up to the strategic objectives of Section J of the Beijing Declaration and Platform for Action (BDPFA).
The GMPS shows that in Southern African newsrooms while women constitute about 40% of all media workers, women are absent from boards and top media positions.	The proportion of women in management in the media has increased from 28% in 2010 to 34% in 2015.
The media gives little coverage to issues on sexual orientation and gender identities. There has been an overall decline in the proportion on HIV and AIDS and GBV coverage, despite these being of major concern in the region.	The Gender and Media Progress Study (GMPS) and the Global Media Monitoring Project (GMMP) provide vital up to date data on progress in gender mainstreaming in the media in SADC and globally.
Climate change	
The revised Protocol omits commitments to end hunger, achieve food security, and improve nutrition and promote sustainable agriculture; to provide access to clean water and renewable energy technologies to all households, particularly to rural women, including by investing in and promoting the development of alternative safe and clean energies (such as hydropower and solar) in order to reduce reliance on non-sustainable energy sources; as well ensuring that women and men participate equally in all decisions related to climate change and develop sex disaggregated data on climate change.	After many years of advocacy, the Alliance scored a goal for gender equality with the inclusion of stand-alone provisions on gender and climate change (Part Ten, Article 31) in the Post-2015 SADC Protocol on Gender and Development, cross referenced with the Protocol on Environment and Sustainable Development. However, the re-vised Protocol excludes specific mention of gender and food security, disaster management, energy, water, indigenous people and financing.
	The Sustainable Development Goals (SDGs), to which the revised SADC Gender Protocol is aligned, include seven Goals on different aspects of climate change. The United Nations Framework Convention on Climate Change (UNFCC) Paris Agreement compels governments, including SADC governments to consider gender equality when taking action on climate change. Twelve SADC countries have ratified the UNFCC treaty.



A question of culture *Anushka Virahsawmy*

CHAPTER 1

Constitutional and legal rights

Articles 4-11



Women demand their rights in a march in Xai-Xai, Mozambique. *Photo by Ruben Covane*

KEY POINTS

- Citizens rated their governments 71% (up from 66% in 2015) on Constitutional and Legal Rights using the Citizen Score Card (CSC) that gauges citizen perceptions of progress made thus far. Mozambique scored the highest and Tanzania the lowest. There is no SGDI score for this sector.
- The Post-2015 SADC Gender Protocol strengthens rights-based approaches to achieving gender equality, especially child marriages. The revised Protocol removes the previous qualification that the age of 18 for marriage is subject to national laws. Mauritius stated that it would not be able to sign the Protocol because of this, as its laws allow for marriage with parental consent from 16 to 18 years.
- SADC has adopted a model law on ending Child Marriages. In a landmark ruling, Zimbabwe's Constitutional Court has outlawed child marriages.
- Eight Constitutional Reviews have been undertaken in the region since the adoption of the SADC Gender Protocol. Malawi, Zambia and Tanzania are in the process of undertaking Constitutional Reviews while Angola civil society is closely monitoring the Constitution for effective implementation of laws on gender based violence.
- Five SADC countries still have "claw back" clauses in their Constitutions that undercut gender equality provisions. Most of these relate to laws governing marriage, pregnancy, death and inheritance.
- Thirteen out of fifteen SADC countries now have provisions for special measures in their Constitutions, up from eight in 2009.
- Three countries in the region - South Africa, DRC and Mozambique - have decriminalised homosexuality. Botswana has legally registered its first LGBTI organisation.
- Two SADC countries (South Africa and Zimbabwe) have established gender commissions. Zambia has included Constitutional provisions for the establishment of a Gender Equity and Equality Commission.

Table 1.1: Tracking table Constitutional and legal rights in the SADC region 2009-2016				
Target	**Baseline (2009 or 2011)**	**Progress (2015)**	**Progress (2016)**	**Variance (Progress minus target)**
15 countries undertake constitutional reforms and review processes to align with the SADC Protocol on Gender and Development	**0**	**11** *8 complete* (Angola, DRC, Madagascar, Mauritius, Mozambique, Namibia, Seychelles, Zimbabwe) *3 in process* (Malawi, Tanzania, Zambia)	**11** *9 complete* (Angola, DRC, Madagascar, Mauritius, Mozambique, Namibia, Seychelles, Zimbabwe and Zambia) *2 in process* (Malawi, Tanzania)	**-4** (Botswana, Lesotho, Swaziland, South Africa)
15 countries provide for non-discrimination on the basis of sex and others	**14** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)	**15** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)	**15** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)	**0**
15 country Constitutions provide for the promotion of gender equality	**7** (Angola, DRC, Lesotho, Malawi, Mozambique, South Africa, Swaziland)	**12** (Angola, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zimbabwe)	**13** (Angola, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)	**-2** (Botswana, Seychelles)
15 countries have no claw back clauses	**7** (Angola, DRC, Madagascar, Mozambique, Namibia, Seychelles, South Africa)	**10** (Angola, DRC, Madagascar, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia, Zimbabwe)	**10** (Angola, DRC, Madagascar, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia, Zimbabwe)	**-5** (Botswana, Lesotho, Malawi, Mauritius, Swaziland)
15 countries address the contradictions between the constitution, laws and practices	**4** (Namibia, South Africa, Swaziland, Tanzania)	**12** (Angola, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)	**12** (Angola, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)	**-3** (Botswana, DRC, Mauritius)
15 countries provide for special measures in their constitutions	**9** (DRC, Lesotho, Malawi, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zimbabwe)	**13** (DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)	**13** (DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)	**-2** (Angola, Botswana)
15 countries decriminalised LGBTI	**0**	**3** (DRC, Mozambique, South Africa)	**3** (DRC, Mozambique, South Africa)	**-12** (Angola, Botswana, Lesotho, Madagascar, Malawi, Mauritius, Namibia, Seychelles, Swaziland, Tanzania, Zambia, Zimbabwe)
Marriage age for girls and boys is a minimum of 18 in 15 countries	**8** (Angola, Botswana, Madagascar, Mauritius, Mozambique, Namibia, Seychelles, South Africa)	**9** (Angola, Botswana, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa)	**10** (Angola. Botswana, Madagascar, Malawi, Mauritius[1], Mozambique, Namibia, Seychelles, South Africa, Zimbabwe)	**-5** (DRC, Lesotho, Swaziland, Tanzania, Zambia)

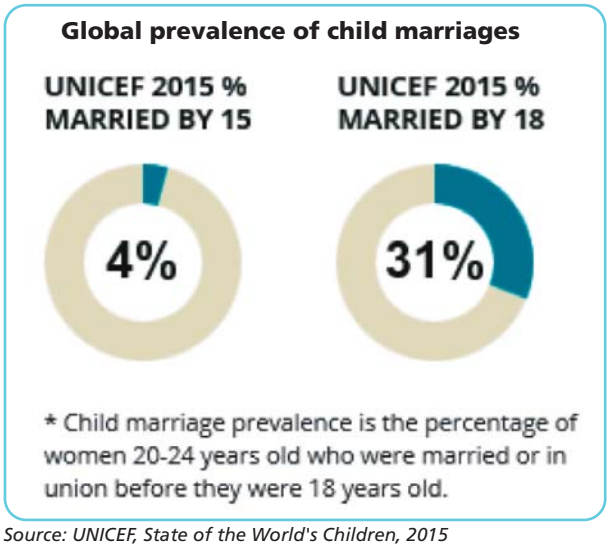
[1] The law in Mauritius provides for marriage at the age of 16 with parental consent.

Target	Baseline (2009 or 2011)	Progress (2015)	Progress (2016)	Variance (Progress minus target)
Marital rape is a crime in 15 countries	**0**	**5** (Lesotho, Namibia, South Africa, Swaziland and Zimbabwe)	**5** (Lesotho, Namibia, South Africa, Swaziland and Zimbabwe)	**-10** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Seychelles, Swaziland, Tanzania, Zambia)
15 countries decriminalise sex work	**0**	**0**	**0** (Although Zimbabwe made a ruling for a case to allow sex work)	**-15** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)
15 countries legalise abortion	**2** (South Africa, Zambia)	**3** (Mozambique, South Africa, Zambia)	**3** (Mozambique, South Africa, Zambia)	**-12** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Namibia, Seychelles, Swaziland, Tanzania, Zimbabwe)
Citizen Score Card (CSC) 100%	**60%**	**66%**	**71%**	**-29%**

Constitutional and legal rights provide the foundation for a rights-based approach to achieving gender equality. The chapter highlights progress made in the last year based on the original Protocol. The revised Protocol has strengthened rights language, especially in relation to child marriages, and other harmful practices, but avoided being too prescriptive on sensitive subjects like custom and culture. Progress is measured against the original Protocol, with new developments highlighted in relevant sections of the chapter. The revised Protocol will be used for updating indicators in future research.

The 2008 SADC Protocol on Gender and Development (the Protocol) raised the bar on a rights-based approach to achieving gender equality through insisting that by 2015 all Constitutions in the region enshrine gender equality and that this not be compromised by any other provisions.

One of the most significant developments since the adoption of the the Protocol since 2008 is the fact that eight SADC countries have undertaken Constitutional Reviews, and three (Malawi, Tanzania and Zambia) are in the process of doing so. These reviews prioritise strengthening gender provisions in Constitutions. All but two countries (Botswana and Seychelles) now have strong Constitutional provisions for the promotion of gender equality (including the draft Zambian Constitution). All but two countries (Angola and Botswana) have special measures for achieving gender equality in their Constitutions. The trends table shows that all 15 SADC countries provide for non-discrimination on the basis of sex and other gender considerations.



Source: UNICEF, State of the World's Children, 2015

Child marriages campaigns and legislation have been topical issues during the period under review. According to *Girls not Brides*, approximately 40% of girls in sub-Saharan Africa are married before the age of 18; 26% come from the SADC region.

Ten countries (excluding DRC, Lesotho, Swaziland, Tanzania and Zambia) have now set 18 as the minimum age for marriage. However, as surfaced during the negotiations for the amended Protocol, Mauritius allows for marriage from 16 to 18 with parental consent.

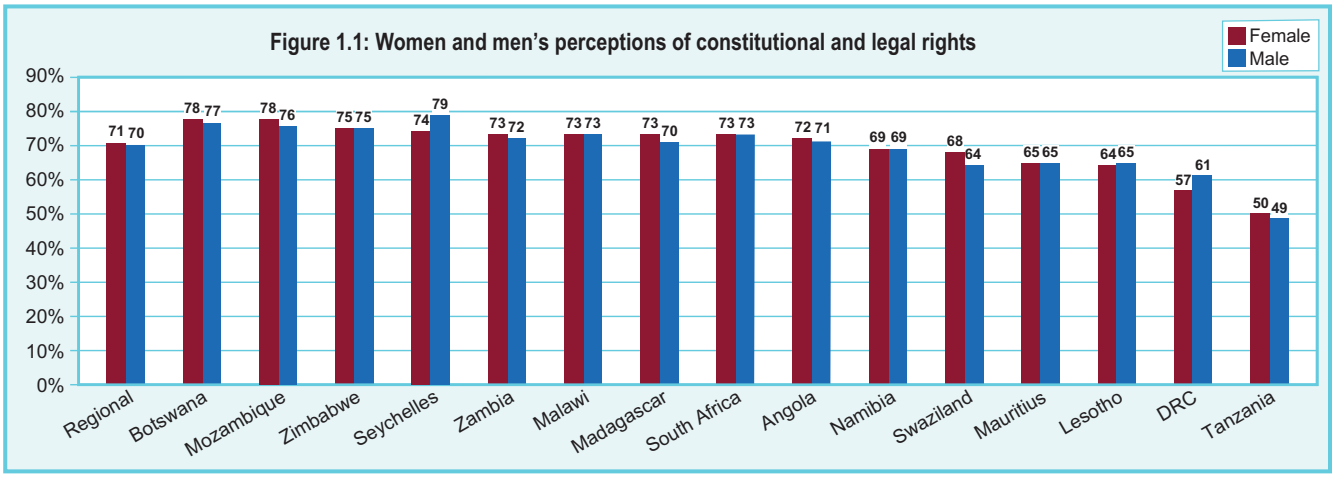
In January 2016, the Zimbabwean Constitutional Court ruled that the Marriage Act, which allowed girls as

young as 16 to be married with their parents' consent, was unconstitutional and recognised 18 years as the legal minimum age of marriage.[2]

SADC Gender Ministers took a firm stand on child marriages at their meeting in June 2016. The revised SADC Gender Protocol highlights that no person under the age of 18 shall marry. This removes the previous qualifying clause that made this subject to national laws.

Sexual orientation and gender identity (SOGI) remains highly contentious in many countries. Only three SADC countries have decriminalised sexual orientation: DRC, South Africa and Mozambique.

As indicated in the trends table The Citizen Score Card (CSC) for Constitutional and Legal Rights rose to 71% in 2016. This is 29 percentage points below the 100% target for the CSC. However, the score increased by five percentage points from 66% in 2015. This increase is promising for strong, inclusive implementation of the Post -2015 SADC Gender Protocol.



Source: Gender Links 2016 with data derived from citizens' score cards administered in the respective countries.

Figure 1.1 shows that on average, women and men graded their governments almost similarly on Constitutional and legal rights - 71% and 70% respectively. Botswana and Mozambique had the highest CSC from women at 78% while men rated their governments at 77% and 76% respectively. This is due to vibrant mobilisation by civil society around Constitutional and Legal Rights issues. Tanzania ranked lowest at 50% for women and 49% for men. Four countries (Zambia, Malawi, Madagascar, South Africa) had women rating their governments at 73% on Constitutional and legal rights. Namibia dropped further to 10th position compared to fifth position in 2015. Women and men rated their government equally at 69%. Stronger public awareness campaigns could improve Namibia's CSC score Post 2015. South Africa's score improved from eleventh position in 2015 to eighth position with both men and women rating the government at 73%.

Malawi dropped from second position to sixth position at 73% score for both men and women despite government efforts to reduce child marriages. DRC remained fourteenth with men rating the government higher at 61% than women at 57%. Women in DRC continue to face mass violations on military perpetrated gender based violence.

Zimbabwe, which recently adopted a progressive Constitution, ranked third (with a 75% rating by both women and men). Angola, which administered the CSC for the first time in three years, had a rating of 72% by women and 71% by men. Angola ranked ninth.

Background

The Protocol has three measurable targets for Constitutional and Legal rights. These include:

- To enshrine gender equality and equity in constitutions and ensure that these are not compromised by any provisions, laws or practices.
- Develop and strengthen any specific laws, policies and programmes to achieve gender equality and equity.
- Put in place special measures with reference to women to prevent all barriers that prevent them from participating in all spheres of life.

SADC countries committed to continental and global instruments promoting human and women's rights. These include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW 1979),



Dorothy Pasipanodya the team leader from the University of Zimbabwe faculty of Law presents her arguments before the panel of judges during the National International Humanitarian Law Moot Court Competition, Harare, 2012. *Photo courtesy of ICRC Photo visual archives*

the African Union Protocol on the Rights of Women in Africa, the Beijing Declaration and Platform for Action (1995) and the United Nations Millennium Declaration (2000) that spells out the Millennium Development Goals (MDG's).

The attitude survey in the introductory section reflects, however, the dichotomy between what is said on paper, and what women and men think and believe. The survey showed that 76% women and 75% men agree or strongly agree that people should be treated the same whether they are women or men. Yet 73% women and 78% men said that a woman should obey her husband. 54% men and 42% women said that a man should have the final say in all family matters/ 46% men and 38% women said children belong to a man and his family. 66% men and 61% women said sisters should obey their brothers. These views reflect deeply ingrained patriarchal attitudes that often undermine the lofty provisions of Constitutions and laws.

The SADC region still experiences discriminatory social institutions intersect across all stages of girls' and women's life, restricting their access to justice, rights and empowerment opportunities and undermining their agency and decision-making authority over their life choices. Discriminatory social institutions perpetuate gender gaps in development areas, such as education, employment and health, and hinder progress towards rights-based social transformation that benefits both women and men.

In the SADC region, the plurality of legal systems that govern many countries render women's land and property rights vulnerable or insecure. Customary or religious laws that condone early marriage and unequal inheritance practices infringe on women's and girls' rights. Unequal inheritance practices continue, e.g. in Botswana.

Constitutional reforms and review processes in the region

The SADC Protocol on Gender and Development provides that by 2015 all countries shall endeavour to enshrine gender equality and equity in their constitutions and ensure that any provisions, laws or practices do not compromise these.



Women judges claim their space in Madagascar. *Photo by Zotonantenaina Razanandrateta*

Thirteen of SADC countries have explicit Constitutional provisions that promote gender equality: Over the period 2009 to 2016 six countries included specific clauses that relate to gender equality to their constitutions. Botswana and Seychelles do not have specific clauses that relate to gender equality.

Constitutional provisions

Table 1.2: Analysis of gender equality clauses in constitutions

Country	Provides for non-discrimination generally	Provides for non-discrimination based on sex specifically	Provides for non-discrimination on the basis of sex and others e.g. marital status, pregnancy	Provides for the promotion of gender equality	Has other provisions that relate to gender	Has claw back clause	Addresses contradictions between the Constitution, law and practices	Provides for affirmative action
Angola	Yes, Article 23	Yes, Article 21	Yes, Article 21	Yes, Article 21 and 35	Yes, Article 36 and 77	No	Yes, Article 239	No
Botswana	Yes, Section 15	Yes, Section 3	Yes, Section 15	No	No	Yes, Section 15	No	No
DRC	Yes, Articles 11, 12 and 13	Yes, Articles 14, 36 and 45	Yes, Articles 40	Yes, Article 14	Yes, Article 16	No	No	Yes, the national policy of gender mainstreaming, promotion of women, of the family and children
Lesotho	Yes, Chapter II, Section 1 and 18	Yes, Section 18	Yes, Section 18	Yes, Chapter III, Section 26 and 30	Yes, Section 26	Yes, Section 18	Yes, Section 18	Yes Article 18 and 26
Madagascar	Yes, Article 8	Yes	Yes, Article 8	Yes	Yes, Article 17	No	Yes, Article 160	Yes
Malawi	Yes, Section 20	Yes, Article 20	Yes, Section 13 and 20	Yes, Article 13	Yes, Section 19 and 18	Yes, Section 26	Yes, Article 5	Yes, Article 30
Mauritius	Yes, Article 3	Yes, Section 16	Yes, Section 16	Yes, Article 16	No	Yes, Section 16	No	Yes, Article 16 - to provide for gender neutral quota: 30% of either sex on party lists as candidates
Mozambique	Yes, Article 35	Yes, Article 36	Yes, Article 39	Yes, Article 120	Yes, decriminalisation of homosexuality and termination of pregnancy	No	Yes, Article 143	Yes
Namibia	Yes, Article 10	Yes, Article 10	Yes, Article 14	Yes, Article 95	Yes, Article 8	No	Yes, Article 19	Yes, Article 23
Seychelles	Yes, Article 27	No	Yes, Article 30	No	No	No	Yes, Article 5	Yes Article 27
South Africa	Yes, Chapter 1	Yes, Chapter 2, Section 9	Yes, section 9	Yes, Section 9	Yes, Section 12	No	Yes, Chapter 7, Section 15, 30	Yes, Section 9, Article 187
Swaziland	Yes, Section 20	Yes, Section 20	Yes, section 20 (2)	Yes, Section 28	Yes, Section 28	Yes, Section 20	Yes, Section 2 and Article 20	Yes, Section 20, Article 86
Tanzania	Yes, Article 13	Yes, Article 9	Yes, Article 16	Yes, Article 66	Yes, Article 13	No	Yes, Article 30	Yes, Article 78
Zambia	Yes, Article 23	Yes, Article 23	Yes, Article 23	Yes, 231	Yes, Articles 45,69, 231	Amended	Yes, Article1(1)	Yes
Zimbabwe	Equality and Non-Discrimination Section in the Declaration of Rights	Section 23, Declaration of Rights	Section 23, Declaration of Rights	Gender equality and equity commission Gender equality is listed among the Founding Values and Principles; Gender Balance is one of the Sections articulated in the National Objectives	The Declaration of Rights in the new Constitution has been expanded to include Equality and Non-Discrimination	The new constitution invalidates customary law and practices that infringe on women's rights	A law review and reform process has started to align the countries laws, policies and practices to the provisions of the new Constitution	Yes, Section 23

Source: Gender Links (2016).



The constitution of **Lesotho** guarantees the right to equality and non-discrimination on the basis of sex, however customary laws are exempted from this constitutional guarantee. The constitutional principle of non-discrimination does not, however, apply to laws relating to adoption, marriage, divorce, burial, devolution of property, death or other matters that fall under personal law or where Customary Law governs the parties concerned.



Article 10 of the Constitution of **Namibia** guarantees equality before the law and the right to non-discrimination on the basis of sex. The constitution is considered one of the few to use gender-neutral language throughout.



The amended Constitution of **Zambia** (5 January, 2016)[3] provides for gender equity in the National Assembly or council. It also allows for two Deputy Speakers of the National Assembly who are not members of the same political party and of the same gender. The Constitution provides for adequate and equal opportunities for appointments, training and advancement of members of both gender. The Constitution provides for the establishment of a Gender Equity and Equality Commission. The Constitution provides for 50% of each gender to be nominated or appointed from the total available positions, unless it is not practicable to do so. The Gender Equity and Equality Commission as provided for in Article 231 is mandated to promote the attainment and mainstreaming of gender equality. The Commission is also expected to monitor, investigate, research, educate, advise and report on issues concerning gender equality; ensure institutions comply with legal requirements and other standards relating to gender equality; take steps to secure appropriate redress to complaints relating to gender inequality, as prescribed; and perform such other functions as prescribed.



In **Zimbabwe**, a new constitution adopted in 2013 recognises the rights of men and women to equal opportunities in political, economic, cultural and social spheres. It also guarantees the right to equal pay and voids all laws, customs, traditions and cultural practices that infringe on the rights of women. The Constitution also calls for the state to ensure gender balance and fair representation of marginalised groups and promote women's participation in all spheres of society. The Ministry of Women Affairs, Gender and Community Development convened a national conference on how to make the Constitution work for women.



The draft **Tanzania** Constitution[4] provides for non - discrimination on grounds of gender. Under "rights of women," the draft Constitution includes a clause on protection against discrimination, abuse, injustice, bullying, gender violence and harmful traditions. Chapter 13 of the draft includes gender equality as part of the fundamental principles of public service and employment of leaders and civil servants. The Constitution also guards against gender stigmatisation during elections and registration of political parties. Women's organisations such the Wanawake na Katiba; an alliance of over 50 women's rights organisations across Tanzania advocating for a women friendly constitution have taken an active lead in mobilising to secure women's interests in the new Constitution.[5]



Gender movements march for a more inclusive Constitution in Tanzania, June 2014. *Photo courtesy of Constitution Net*

Twelve SADC countries have specific clauses that address the contradictions between Constitutional provisions, laws and practices: In 2009 only four SADC countries included clauses in their Constitutions to address contradictions with other laws and practices. This number rose to 12 in 2016. Only Botswana, the DRC and Mauritius Constitutions fail to state that the Constitution overrides any other provisions. However, in reality many contradictions persist.

Five SADC countries have claw back clauses in their constitutions: In 2009 eight countries had claw back clauses in their constitutions. This number has dropped to five in 2016. Progress in eliminating claw back clauses has been slow. Botswana, Lesotho, Malawi, Mauritius and Swaziland include claw back clauses in their constitutions.



Botswana provides for a House of Chiefs, which submits resolutions to the National Assembly on Bills affecting customary issues. The Botswana Council for NGOs

[3] Missing from the new Constitution is the Bill of Rights (Article 79) which will go to a Referendum on 11 August 2016.
[4] United Republic of Tanzania, Special Parliament Final Draft Constitution, October 2014.
[5] Constitution Net (Accessed 30 June 2016) http://www.constitutionnet.org/news/tanzanias-draft-constitution-opening-spaces-gender-revolution

(BOCONGO) 2010 CEDAW Shadow Report indicates that "customary laws remain a big obstacle for women to attain and enjoy equal rights as the different ethnic groups still have laws, values and practices that treat women as subordinate and promote discrimination against women and girls."



In **Lesotho** the recognition of cultural and customary rights mitigates against gender equality. Women are prejudiced in customary legal systems, e.g. child marriage and female genital mutilation. Moving forward these clauses must be challenged.



In **Mauritius**, the claw back clauses relate to law with respect to adoption, marriage, divorce, burial, devolution of property after death and other personal laws.



In **Swaziland** the preamble of the Constitution states that it is necessary to blend customary institutions with those of democratic society, and then the constitution sets out the traditional pillars of the monarchy and states that traditional government is administered according to Swazi law and custom. It also establishes a Council of Chiefs, responsible for advising the King on customary issues and considering Bills that could alter or affect customary authorities, cultural activity, customary courts, Swazi law or custom.

Affirmative action



State parties are to implement legislative and other measures that eliminate all practices which negatively affect the fundamental rights of women and men. They are also to introduce affirmative action measures.

This section will focus on increasing women's participation in sectors other than public decision-making. This subject will be covered in Chapter two: Governance. At the start of the monitoring, nine countries had affirmative action (now special measures in the revised Protocol) provisions in their Constitutions. This has increased by four countries to 13 countries. Angola and Botswana do not have affirmative action provision in their constitution. Botswana, however, uses affirmative action strategies to improve the lives of its citizens. For example the Botswana Revised Area Development Programme of 2009 provides broad strategies aimed at uplifting members of remote area settlements.



Article 34 of the **Madagascar** Constitution and Law no. 2007-002 guarantees women's access to non-land assets. They can manage their own property without their husband's agreement, whether it was acquired before or during the marriage. Under the law, both spouses have equal access to property acquired during the marriage, equal rights in jointly managing any property and equal rights to dispose of the property.



Initially, the **Mauritius** government did not sign the Protocol on the basis that the Mauritian Constitution does not allow for affirmative action. In 2012 Mauritius adopted a local government quota that quadrupled the representation of women in local government following a Constitutional amendment to allow for positive discrimination. During the updating of the SADC Gender Protocol in 2015, member states agreed to change the term "affirmative action" to special measures in order to accommodate Mauritius' concerns. However, Mauritius' reservations about child marriages still remain a stumbling block to Mauritius signing (see later section).

Discriminatory legislation

The SADC Protocol provides that by 2015, SADC countries shall have reviewed, amended or repealed all discriminatory laws and specifically abolished the minority status of women.

In general SADC Constitutions have strong gender provisions. The challenge is aligning contradictory and discriminatory laws that still operate and require repealing or amending. The added and perhaps bigger challenge are the discriminatory provisions in customary law particularly where Constitution are not clear.



Section 15 of the Constitution of **Botswana** provides the right to non-discrimination on the grounds of sex. However, this right does not apply to "adoption, marriage, divorce, burial, devolution of property on death or other matters of personal law."



In **Lesotho**, under customary law, however, it is reported that daughters do not have the same inheritance rights as their brothers. First-born sons are typically considered to be the heirs to land and other property. In cases where there is no male heir, the senior wife is expected to consult the family of her deceased husband about the inheritance.



In 2008, **Mauritius** passed landmark anti-discrimination legislation that included provisions on sexual harassment in employment, provisions of goods and services, accommodation, etc. The Prevention Information Lutte contre le SIDA (PILS) used the Anti-Discrimination Act to stop the deportation of a Cameroonian student. The student test HIV positive on her arrival in Mauritius and was subsequently denied a study permit. PILS asserts that deporting the student because of her HIV status is contrary to the Act.



Malawi: The Ministry of Gender, Children, Disability and social welfare with support from UNFPA Malawi launched the 2013 Gender Equality Act Implementation and monitoring plan with a call to reach out to the vulnerable and promote gender equality in all sectors of the society. The Ministry of Gender, Children, Disability and social welfare with support from UNFPA Malawi have launched the 2013 Gender Equality Act Implementation and monitoring plan with a call to reach out to the vulnerable and promote gender equality in all sectors of the society.

Only the DRC, South Africa and Mozambique protect the rights of LGBTI people, and homophobia runs high in most countries: As reflected in the attitude survey at the beginning of this report, 59% men and 57% women agreed or strongly agreed with the statement that "people who are attracted to the same sex should be outlawed."



In **Madagascar**, it is legal for two persons of the same sex to have sexual intercourse as long as they are 21 years old. The Penal Code prohibits such activity for persons below 21 years old and punishes perpetrators with two to five years of jail and a fine. However, marriage between two persons of the same sex is forbidden.



South Africa disappointed LGBTI activists around the world late June 2016 when it refused to support a landmark resolution on LGBTI rights at the UN Human Rights Council (UNHRC) in Geneva. South Africa tabled the original resolution on the SOGI and the LGBTI issue in 2011. The council voted to adopt a resolution on the "Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity (SOGI)" that establishes the position of an Independent Expert on SOGI. Remarkably, South Africa - which previously led on SOGI resolutions since 2011 - chose to abstain in the vote.



Mozambique decriminalised homosexuality in its new Penal Code, making it one of a few African countries where same-sex relationships are legal. While not technically illegal, same-sex sexual activity can be prosecuted under existing criminal code if individuals are found to "habitually engage in vices against nature." Mozambique civil society is engaging the government to observe human rights and dignity for all.



Botswana has made progress through a landmark Court of Appeal ruling allowing a LGBTI organisation to be registered. The court ruled that there is no legislation in Botswana preventing anyone from being homosexual. The court upheld that the refusal of registration for the organisation was a violation of freedom of association.

Botswana: Courts uphold LGBTI rights



Members of LEGABIBO celebrate the victory court ruling for registration in March 2016. *Photo courtesy of LEGABIBO*

On 16 March 2016, a full bench of the Court of Appeal of Botswana delivered a significant judgment in the case of *Attorney General v Thuto Rammoge and 19 Others* upholding the decision of the High Court and ordering the Botswana government to register Lesbians, Gays and Bisexuals of Botswana (LEGABIBO) as a society in terms of the Societies Act.

Founded by Ditshwanelo Center for Human Rights, LeGaBiBo is the first LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) organisation in Botswana. Activists across SADC posted messages of support on social media.

In 2012, LEGABIBO, which had been coordinated from within the Botswana Network on Ethics, Law and HIV/AIDS (BONELA), applied but was refused registration as a society by the Director of the Department of Civil and National Registration and subsequently the Minister of Labour and Home Affairs. The government's position was that lesbian, gay and bisexual persons' rights were not recognised by the Constitution and the objectives of LEGABIBO were incompatible with peace, welfare and good order in Botswana.

Thuto Rammoge and other activists, with technical and legal support from the Southern Africa Litigation Centre (SALC), the Open Society Initiative of Southern Africa (OSISA) and BONELA, took the government of Botswana to the High Court seeking a review of the decision to refuse registration. They argued that the decision was irrational and in violation of their Constitutional rights to equal protection of the law, freedom of association and freedom of expression. The activists obtained a successful judgment in the High Court in November 2014, but the State appealed the decision.

The Court of Appeal reaffirmed that the refusal to register LEGABIBO was both irrational and in violation of the right to freedom of association. In an important judgment for the LGBTI community, the Court emphasised that there is no legislation in Botswana which prohibits anyone from being homosexual. The Court went further to hold that the objectives of LEGABIBO, which include promoting the human rights of LGBTI persons and advocating for law reform, were not unlawful. Importantly, the Court of Appeal emphasised that fundamental rights are to be enjoyed by every person and to deny this, is denying an individual's human dignity.

"The win gives us hope, faith and belief in Botswana's legal system. It has been a very long and exhausting 11 years since we first started the journey to have our organisation registered," said Caine Youngman, LEGABIBO Advocacy and Awareness officer. "This judgment is one of the many occurrences in Botswana where democracy has come to play, the courts are protecting minority rights and giving a voice to the LGBTI community" said Anna Mmolai-Chalmers, LEGABIBO Coordinator at BONELA.

BONELA's Executive Director, Cindy Kelemi added that, "there is a lot that still has to be done to ensure promotion and protection of the human rights of the LGBTI persons and Parliament as the legislative arm of government is responsible for making laws which will protect LGBTI persons from discrimination, stigma and abuse."

"The judgment emphasises the importance of the fundamental right of individuals to freely associate," said Tashwill Esterhuizen, SALC's Sexual Minority Rights programme lawyer. "The ability to share opinions in a collective manner and to campaign for human rights is important and all governments have a duty to protect the right to freedom of association."

Source: LEGABIBO website accessed 30 June 2016
https://legabibo.wordpress.com/2016/03/16/press-release-groundbreaking-judgment-by-botswana-court-of-appeal-on-freedom-of-association-and-lgbti-rights/

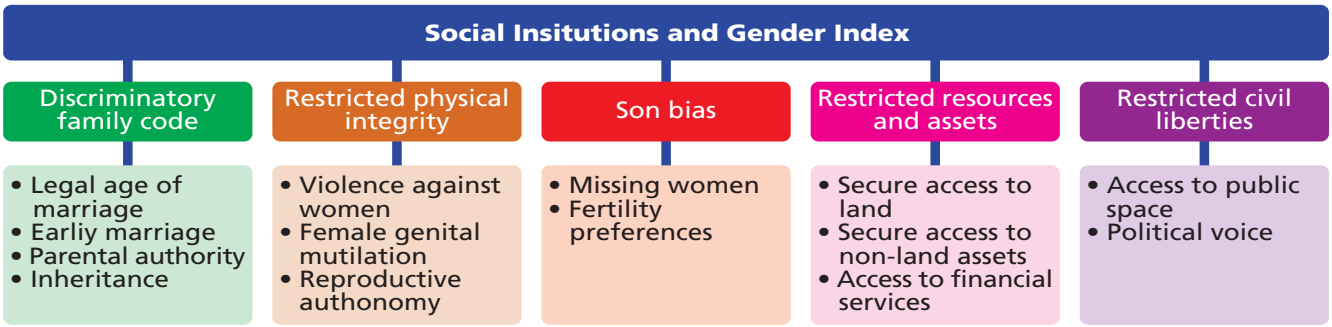
Harmful traditional practices

The Protocol provides for the abolition of practices detrimental to the achievement of the rights of women.

A key source of contradictory and discriminatory laws and practices emerges from parallel legal systems. Current contradictions between formal and customary laws that occur across the SADC region require the most significant legal reform. Parallel legal systems of statutory, customary and in some cases religious law, govern marriages. Women suffer discrimination due to non-uniform marriage and divorce laws, the application of customary property laws that still favour men's ownership of land, discriminatory and harmful cultural practices, gender-based violence and lack of equal access to education. A number of discriminatory practices occur in SADC countries, frequently under harmful customary laws and practices. These include:

- Marital rape
- Domestic violence
- Forced marriage
- Child marriage
- Being "given away" in marriage
- Age of consent frequently lower for girls than boys
- Having no option for divorce
- No ability to travel without permission
- Accusations of witchcraft
- Not being deemed good enough to be guardian for children
- Economic disempowerment
- *Kusasa fumbi/fisi* - A Malawian practice whereby a male has sexual intercourse with a female as an initiation requirement
- *Kulowa Kufa* - A Malawian practice in which a male member of the community has sexual intercourse with a woman upon the death of her husband
- Female genital mutilation (not prevalent throughout much of the SADC region, occurs in Tanzania)
- *Ukungena* - Widow inheritance (where a woman is made to marry her husband's brother if she is widowed)
- Virginity testing
- Sexual cleansing of widows
- Prohibition of family planning
- Elevation of boy children above girl children
- Widow dispossession/property grabbing
- Polygamous marriages
- Initiation rites
- Abduction
- *Lobola* (bride price)
- Wearing of mourning weeds
- Beating wives as a sign of love
- *Kuhlanta* - A practice in Swaziland where a woman is married off to her sister or aunt's husband
- *Kulamuta, ukulamuza, chiramu* - A practice in Swaziland and Zimbabwe where a man has sex with a younger sister or paternal niece of his wife
- Virginity testing - to ascertain the purity of a woman before marriage

Discriminatory social institutions persists in the SADC region and include formal and informal laws, attitudes and practices that restrict women's and girls' access to rights, justice and empowerment opportunities. The OECD Development Centre's Social Institutions and Gender Index (SIGI)[6] is a cross-country measure of discrimination against women in social institutions (formal and informal laws, social norms, and practices) across 160 countries including SADC countries. The SADC countries have varying levels of discrimination experienced mainly through laws, customs, religion and limited access to justice. The classification of these is depicted in the diagram:[7]



[6] http://www.genderindex.org/ Accessed 30 June 2016.
[7] www.genderindex.org , accessed 2 July 2016.

The SIGI covers five dimensions of discriminatory social institutions, spanning major socio-economic areas that affect women's lives: discriminatory family code, restricted physical integrity, son bias, restricted resources and assets, and restricted civil liberties. The SIGI's variables quantify discriminatory social institutions such as unequal inheritance rights, early marriage, violence against women, and unequal land and property rights. Through its 160 country profiles, country classifications and unique database, the SIGI provides a strong evidence base to more effectively address the discriminatory social institutions that hold back progress on gender equality and women's empowerment.

Table 1.3: SADC Countries rating on Social Institutions and Gender Index

Country	SIGI rating				
	Very low	Low	Medium	High	Very high
Angola					
Botswana*					
DRC					
Lesotho					
Madagascar					
Malawi					
Mauritius*					
Mozambique					
Namibia					
Seychelles*					
South Africa					
Swaziland					
Tanzania					
Zambia					
Zimbabwe					

Source: Adapted from OECD Social Institutions and Gender Index (SIGI) study, 2014.

*SIGI rating not applicable.

SIGI Ratings:

Very low - These countries are characterised by robust legal frameworks and measures that provide equal rights in the family code and in access to resources and assets and that promote women's civil liberties ((SIGI < 0.04)

Low - These countries are characterised by strong laws providing equal rights for women and men in the family code, in access to resources and assets, and in civil liberties (0.04 < SIGI < 0.12).

Medium - These countries are characterised by inconsistent or conflicting legal frameworks covering the family code, women's access to resources and assets, and civil liberties (0.12 < SIGI < 0.22).

High - These countries are characterised by discrimination embedded in customary laws, social norms and practices and by inappropriate legal protections against gender discrimination in all dimensions of social institutions (0.22 < SIGI < 0.35).

Very high - These countries are characterised by very high levels of discrimination in legal frameworks and customary practices across most sub-indices and by very poor implementation measures (0.35 > SIGI).

Table 1.3 shows that of the countries rated, Lesotho, Madagascar, Namibia and South Africa have the strongest laws and civil liberties, while DRC and Zambia have very high levels of discrimination in legal frameworks and customary practices. Zambia's new Constitution offers some hope for improvement.



Tanzania is characterised as having "discrimination embedded in customary laws, social norms and practices and by inappropriate legal protections against gender discrimination in all dimensions of social institutions." While female genital mutilation (FGM)

is on the decline in Tanzania, the practice remains widespread in some rural areas, and in Maasai communities like Lingate in the northern Arusha region, dozens of women are being turned away in marriage because they have refused to be cut. Despite efforts to end the practice, some Maasai tribal elders embrace the tradition and want their daughters circumcised. Most women were still being cut in several regions, including two regions just south of Arusha - Manyara, where 81% of women have undergone some form of genital mutilation, followed by Dodoma, where approximately 68% of women[8] have undergone the procedure.



Societal discrimination against widows is a problem in **Mozambique**, and the rights of widows are not directly addressed in the Family Law Act. For instance, there is a practice of accusing widows of witchcraft and then expelling them from their homes. This is reported to be more common in rural areas.[9]



In **Swaziland**, discriminatory practices continue to hinder women's access to public space. Some immigration offices continue to require permission from a married woman's husband to issue passports and travel documents. Further, widows in mourning remain in seclusion until the spouse is buried and a further month following the burial. This is followed by a period of two to three years of the wearing of mourning clothes, assuming a certain posture when walking, and observing restrictions in appearing in certain public and employment domains.[10]

Virginity testing is prevalent in Swaziland and South Africa, but has recently been contested in South Africa, as reflected in the case study that follows:

South Africa: Bursaries for virgins unconstitutional - CGE



In a landmark ruling, the Commission on Gender Equality (CGE) found a new category of bursaries for virgins by the UThukela District Municipality announced during its Mayoral Matric Excellence Awards on January 11 2016 to be unconstitutional. The recipients had to undergo virginity testing every holiday to ensure they were not sexually active. The bursary scheme named the has left a hole in South Africa's otherwise gender progressive status. Sixteen young women from the uThukela District Municipality received the Maidens Bursary Award on condition that they remained "pure".

An outcry from gender activists prompted an investigation by the CGE which highlighted that the virginity scheme amounted to a gender discriminatory practice against the girls. The Constitutional body found that the scheme created a burden on young women to "remain virgins", without imposing the same burden of responsibility on boys through a similar scheme.

The Commission also found that the district municipality had failed in its Constitutional obligations. The Commission ruled that the scheme be discontinued and that students awarded retain their bursary without further virginity testing.

CGE CEO Keketso Maema highlighted that the bursary scheme violated the girls' Constitutional right to equality, dignity and privacy. She added that culture and cultural practice should not be used as a factor to exclude those who do not subscribe from benefiting or receiving from services provided by government. The commission found that the bursary scheme failed to take into account circumstances beyond the control of the recipients, such as rape, that may lead to loss of virginity.

Source: Commission for Gender Equality, 2016

The attitude survey shows that the region is still in a state of flux with regard to customary practices. 46% of men and 39% women agreed or strongly agreed that if a man has paid lobola for his wife, he own her. But a surprisingly high percentage of women (65%) and men (62%) said that polygamy should be abolished.

[8] Thomson Reuters Foundation, http://news.trust.org//item/20131216094140-k5c2x/
[9] Namburete E, 2010.
[10] CEDAW Report , 2012.

Access to justice

The Protocol provides for:

- *Equality in the treatment of women in judicial and quasi-judicial proceedings, or similar proceedings, including customary and traditional courts and national reconciliation processes;*
- *Equal legal status and capacity in civil and customary law;*
- *The encouragement of all public and private institutions to enable women to exercise their legal capacity;*
- *Positive and practical measures to ensure equality for women as complainants in the criminal justice system;*
- *The provision of educational programmes to address gender bias and stereotypes and promote equality for women in the legal systems;*
- *Equal representation by women in the courts, including traditional courts, alternative dispute resolution mechanisms and local community courts; and*
- *Accessible and affordable legal services for women.*

Access to justice is defined as "the ability of people to seek and obtain a remedy through formal or informal institutions of justice, and in conformity with human rights standards". Across the region lack of resources, low levels of literacy and lack of information are emerging as the three main challenges women face when exercising their legal capacity. Men dominate traditional courts and it is highly unlikely that women will get a fair hearing in these courts. Numerous recent cases show that the justice on paper accorded to women by Constitutions and Protocols is not translating into reality. Religion also plays a role in limiting access to justice.

Access to justice improves where there is investment of judicial personnel, public rights education and investment on facilities. Police and social workers need to be also trained on gender equality and how to handle cases of abuse, discrimination and harmful traditional practices. Women need to assume more leadership positions in the legal field.

Protocol @ work

Zambia: Law Association of Zambia gets its first female President



Lusaka lawyer Linda Kasonde became the first woman President of the Law Association of Zambia (LAZ) during the association's fifth annual conference in April 2016. She obtained her LLB Degree from the University of Leicester in England in 2000. In 2007, Kasonde obtained a commercially-biased Master's Degree in Law (LLM) from the University of Cape Town.

Since her admission to the Zambian Bar, Kasonde has worked as an Advocate at the National Legal Aid Clinic for Women and was employed at her current firm in 2004 and rose to the position of partner in 2009 and in 2014 became the first female to be elevated to the position of named partner in a top ranked firm in Zambia. Kasonde is an alumnus of the Harvard University's Leadership in the 21st Century Executive Programme 2013.

She has also undergone training in law practice management on the IE University's Lawyers' Management Programme in Madrid and London in 2012. Kasonde is also a member of the Chartered Institute of Arbitrators (MCIArb) in England and Zambia. She is also an officer of the Women's Interest Group committee of the International Bar Association (IBA) and Convenor of the Continuous Professional Development (CPD) Committee of LAZ.



LAZ President Linda Kasonde, April 2016.
Photo courtesy of The Post Zambia

Source: Adapted from Lusaka Times and Law Association of Zambia (June 2016)



In **Botswana**, access to the justice system for women and girls remains a challenge due to limited financial resources, poor legal education, lack of a national legal aid service and poor knowledge about their rights. However, the government is making efforts to address the problems. For example, in 2011 to 2013 it piloted the legal aid service, at the Attorney General's Chambers in Gaborone and Francistown. This initiative will go a long way to assist poor and low-income women and men who do not have resources for legal litigation.



In theory, in the **Seychelles**, women have equal right of access to justice and protection before the law (Article 27 on equal protection under the law). However, in reality vulnerable and disadvantaged women who wish to pursue court cases have reported in the UNDP Access to Justice Report in 2010[11] that because proceedings usually take place in English, they are often unaware of what has happened during their cases and how the outcomes were reached. They spoke of coming to court, hearing an incomprehensible babble and then leaving with the case postponed or ended, even when it is in their favour.



In **Lesotho**, some women report that the decision to visit her family or relatives is made mainly by the husband and wife jointly. In **South Africa**, laws such as the Traditional Leadership and Governance Framework Act (2003) and Traditional Courts Bill (which has been proposed but not passed) marginalise women's voices, shifting the balance of power more towards male household heads and traditional leaders. The legislation around traditional leadership affects single women, particularly those without male family members, who have little status in the eyes of some traditional leaders and structures.





In **Zambia**, although the government passed the Land Act in 1996, which guaranteed women the possibility of being land-owners, the legislation simultaneously allows for customary laws to dictate land ownership which mainly confers land ownership to men.[12] Under customary law, men dominate the allocation, inheritance and use of land. Women generally lack control over land but may have access and user rights to the land.

Marriage and family laws

The Protocol requires that State Parties enact and adopt appropriate legislative, administrative and other measures to ensure that women and men enjoy equal rights in marriage and are regarded as equal partners in marriage. Existing legislation on marriage shall therefore ensure:

- *No person under the age of 18 shall marry unless otherwise specified by law, which takes into account the best interests of the child.*
- *Every marriage takes place with free and full consent of both parties;*
- *Every marriage is registered in accordance with national laws;*
- *Reciprocal rights and duties towards the children of the family with the best interests of the children always being paramount; and*
- *An equitable share of property acquired during their relationship.*

State Parties must also enact laws and other measures to ensure that parents fulfil their duties of care towards their children and enforce maintenance orders. Married women and men should have the right to choose whether to retain their nationality or acquire their spouse's nationality through legal provisions. However, there is no period within which these measures should be achieved.

The SADC region has been hampered by child marriages due to tradition, religion and poverty. The causes of child marriage are similar across the SADC region. Parents may marry off their daughter due to poverty or out of fear for their safety. Tradition and the stigma of straying from tradition perpetuate child marriage in many communities. Crucially, gender inequality and the low value placed on girls underlie the practice.

[11] UNDP (2010) Study on Disadvantaged and Vulnerable Women in Seychelles Access to Justice.
[12] CEDAW reports.

Table 1.4: Marriage and family laws

Provision	Angola	Botswana	DRC	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
No person under the age of 18 shall marry	Angola No, legal age of marriage is 16	Yes, the minimum age for marriage is 18	Minimum age for marriage increased from 14 for girls and 18 for boys to 18 for both in 2009	No, girls can legally marry at 16 and at 18 for boys. Under customary law, girls and boys can marry after puberty	Yes, the legal age for civil marriage is 18 but under customary law there is no fixed age require-ment	Yes, the legal age for marriage for girls and boys is 18	Yes , the official age for marriage is 18 for boys and girls but girls can get married from 16 with parental consent	Yes, the minimum age for marriage is 18	Yes, the age for civil marriage is 21	Yes, the legal age for marriage is 18 but girls can get married from 15 with parental consent	Yes, the minimum age for marriage is 18	No, girls can civilly marry from 16. Under customary law, marriages can take place from puberty	No, girls can marry from 15 and boys from 18	No, the legal age to marry is 16 but under customary law marriage can take place from puberty	A land-mark court case has set the age of marriage at 18
Every marriage shall take place with the full consent of both parties	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Every marriage, including civil, religious or customary is registered	No	No	No	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No
Parties have reciprocal rights and duties towards their children, including when spouses separate, divorces or have the marriage annulled	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Law to enforce maintenance orders	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Married women and men have the right to decide whether to retain their nationality or acquire spouses nationality	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No

Source: Gender Links 2016.

Despite ratifying international instruments on the rights of the child, the practice is still rife in the region, preventing young girls from enjoying the constitutional rights: It is estimated that child marriages contribute to the 36% of maternal deaths with 13% of those caused by unsafe abortions. Apart from denying the girl child the right to remain in school and attain higher education, such a practice compromises the girl child's life human dignity, health and development. In extreme cases, child marriages also expose girls to various forms of servitude, sexual abuse and exploitation. While it has been argued in certain quarters that child marriages are acceptable among certain cultural and religious groups, the fact still remains that the practice of child marriages exposes children to a multiplicity of harmful consequences.

Table 1.5: Incidence of child marriages in SADC

Countries and areas[13]	Child marriage (%) 2005-2013*	
	Married by 18	Married by 15
Malawi	50	12
Mozambique	48	14
Zambia	42	9
Madagascar	41	12
Democratic Republic of the Congo	39	9
United Republic of Tanzania	37	7
Zimbabwe	31	4
Lesotho	19	2
Namibia	9	2
Swaziland	7	1
South Africa	6	1

Source: UNICEF No data available for Angola, Botswana, Mauritius and Seychelles.
*The statistics in Table 1.5 record the percentage of girls married before the age of 15 or 18 in a sample of respondents between ages 20 - 24.

A high proportion of girls marry before the age of 18: Table 1.5 shows that Malawi has the highest incidence of child marriages by 18 years of age (50%) while South Africa has the least at 6%. At 14%, Mozambique has the highest child marriages by 15 years of age.

Nine SADC countries have now established the age for marriage at 18 or above: **Namibia** is most progressive with the age of marriage at 21 for boys and girls. In **Botswana**, the Marriage Act (amended in 2001) sets the legal age of marriage at 18 for both sexes, conditional on parental consent. Without parental consent, the legal age is 21. This age limit does not apply to marriages contracted under customary or religious law according to which there is no limit. The marriage age for girls in **Lesotho, Tanzania**, and **Zambia** is between 15 and 16. In these countries the marriage age for boys is 18. President Edgar Lungu of **Zambia** has publicly indicated his commitment to eradicate child marriages by reviewing policies such as the Marriage Act and the Gender Equality Bill. Eleven Zambian Ministries have been ordered to head the campaign to end child marriages ahead of the August 2016 elections.[14]

In **Zimbabwe** the legal minimum age for civil marriage under the Marriage Act is 18 years for men and 16 years for women. There is no minimum age of marriage for registered customary marriages under the Customary Marriages Act. The Domestic Violence Act of 2007 prohibits forced marriages, the practice of wife inheritance, and early marriage. In a landmark ruling in early 2016, the Constitutional court outlawed child marriages. Zimbabwean civil society and government has been active in ending child marriages though raising awareness and advocacy.

In **Angola**, the Civil Code sets the legal age of marriage at 16 years for both sexes, however the law allows for girls to be married at a younger age in special circumstances. In **Mauritius**, and **Seychelles** the age of marriage can be between 16 and 18 with parental consent. The Family Code in **Madagascar** was amended in 2007, increasing the minimum legal age of marriage to 18 for both sexes. However, before this age and for serious (unspecified) reasons, the President of the court may authorise a marriage upon the request of the child's parents or guardian and the consent of the child. The Malawi Parliament took a bold step by passing the long awaited Marriage, Divorce and Family Relations bill into law in 2015, putting the age of marriage age at 18 years.



Campaigns by civil society groups such as Roots led to the outlawing of child marriages in Zimbabwe by March 2016 .
Photo courtesy of Google Images

[13] http://www.unicef.org/search/search.php?q_en=child+marriage&go.x=0&go.y=0
[14] NGOCC meeting with President Edgar Lungu.

Malawi: Female Senior Chief Kachindamoto champions war against child marriages



Senior Chief Kachindamoto, a woman chief in Malawi, is leading the campaign against child marriages in her country. She says that she felt very disturbed when she found high rates of child marriage in her district. She could not persuade parents to change their views about child marriages. The 50 sub-chiefs in the district agree to abolish early marriage and annul existing unions. She convinced community leaders to change the civil code to ban early marriage.

In Malawi, 52% of girls are into marriage before age 18, most of them unwillingly. As of 2015, 37% of children were affected by these marriages, making Malawi the worst affected country in sub-Sahara Africa.[15]

The factors driving child marriages are many and complex. One of the major contributing factor is Malawi's own cultural values and belief systems which do not seem to recognise the dignity of children, particularly the girl child. In customary households it is normal to expect a girl to marry as long as she has reached puberty and has had her first menstruation, an age which most rural populations expect her to fend for herself and not continue to rely on parents. This practice is exacerbated by the custom of initiation ceremonies, rites of passage, which announce the maturity of young boys and girls to the whole community. Men often take advantage of this belief pattern as society certifies that girls are ready for consummation after the initiation ceremonies[16] regardless of how old they are.[17]

The casual and systematic abuse of underage girls by adult men is such that getting married early is not such a serious issue to many in rural communities. Sexual exploitation and abuse of children is worse where such children are orphans or socio-economically vulnerable and desperate. We have to add that while culture explains most of the decisions, poverty makes it worse. It is not uncommon for parents and grandparents to force their daughters into premature marriages or to drive them into prostitution in order to obtain a source of livelihood.



Senior Chief Kachindamoto advocating to end child marriages and violence against girls. *Photo courtesy of Huffington Post*

In recent years the country has recorded cases of the sale of children. There is anecdotal evidence of girls living in servitude. Section 23 (1) of the Malawi Constitution provides for full protection of children regardless of the circumstances of birth , whilst Child Care, Protection and Justice Act (2010) Section 1.1.1 (b)(i) provides for protection of children from violence, abuse, exploitation, oppression and exposure to physical, mental, social and moral hazards. Furthermore, Malawi has ratified several regional and international instruments on the rights of children and women which not only protect children from abuse but also define specific rights related to education, health and other social services.

In the process of enforcing the ban on child marriages, Senior Chief Kachindamoto fired four Village headmen responsible for areas where child marriages continued, later reinstated them when she had confirmation that these marriages had been annulled.

"I have annulled 330 marriages, of which 175 were girl-wives and 155 were boy-fathers. I wanted them to go back to school. As of 2016, over 850 early marriages have been annulled. I do not want youthful marriages, children must go to school not to marriages. I have helped set laws to govern everybody within my area when it comes to marriages and will leave no sacred cow. No child should be found loitering at home; gardening or doing any house hold chores during school time. No village head, Group Village Headman or the clergy to officiate marriages before scrutinizing the birth dates of the couple", says Senior Chief Kachindamoto, whose actions have earned her international recognition.

Marriages that have been annulled so far are customary in nature, regulated by chiefs, rather than civil marriages. Chief Kachindamoto has been working with groups of mothers, teachers, village development committees, religious leaders and non-government organisations on this cause. Initially she met resistance from parents and the couples themselves, particularly poor parents when a dowry had been paid. She feels that the door-to-door campaign has been the largest factor in gaining agreement for annulment of the unions. She is now working with other traditional leaders elsewhere to replicate the best practice of reducing child marriages. Her moto is "Educate a girl and you educate the whole area: You educate the world".

Case study compiled by Emma Kaliya, NGOGCN Chairperson, June 2016

[15] These may only be indicative as data in this area are inadequate and unreliable.
[16] Comment by delegate form Government making a presentation on factors driving child marriages.
[17] Ref: Girls not Brides Symposium report 2015, Malawi Human Rights Commission Report 2004.

Governments across Southern Africa urgently need to harmonise policies and legislation to bring an end to child marriage. The African Union Agenda 2063 and the SDGs promote the end of child marriages while SADC has enacted provisions which will guard against child and forced marriages. Collective action between government, civil society, traditional leaders and religious leaders is key to end child marriages. Review of laws and development of policies against child marriages is key to achieve a zero level of child marriages.



Nyaradzayi Gumbodzvanda (2nd from right),AU ambassador on child marriages during the adoption of the model law on child marriages, Swaziland, June 2016. *Photo courtesy of Girls not Brides website*

SADC model law on child marriages is a step closer to ending child marriage in Southern Africa: SADC adopted a model law on child marriages in Swaziland in June 2016. Civil society movements hope that the Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage, adopted in June 2016, is a step in the right direction. Developed by the Southern African Development Community-Parliamentary Forum (SADC-PF), the Model Law has the potential to shape how the region addresses child marriage.[18] Based on the latest evidence, the Model Law sets a consistent standard for how legislation should deal with child marriage and protect children already in marriage.[19] The model law on child marriages will guide legislators and other policy makers when they adopt national laws to eradicate child marriages. The law will be a powerful tool for countries that are developing, reviewing or harmonising their laws related to child marriage and its impact.

SADC Gender Ministers took a bold step towards ending child marriages in the updated Gender Protocol, with Mauritius the lone one out: At their annual meeting in Gaborone, Botswana in June 2016 at which they adopted the Post 2015 SADC Gender Protocol, Gender Ministers took an important step forward when they removed the words *unless otherwise specified by law, which takes into account the best interests of the child*, from the provision that "No person under the age of 18 shall marry", which now stands alone. Ministers took this stand despite Mauritius vowing that it would not be able to sign the updated Protocol, that it says is now at odds with national laws.



In terms of the minimum legal age of marriage, the Civil Code provides that a person in **Mauritius** can get married at the age of 18 years. However, a person aged 16 years can get married with the consent of their parents, or with the consent of one of the parents exercising parental authority or in the absence of the consent of parents, by the Judge in Chambers if the latter considers that it would be in the interests of the minor to get married. During the negotiations on the Post 2015 Protocol, Mauritius further voiced concern on rigidly setting the legal age of marriage at 18, stating that certain religious groups in the country allow for marriage before the age of 18.

In principle, marriages take place with a woman's consent in most countries: Under civil law in all countries except Tanzania, marriage must take place with the woman's consent. In Tanzania, a woman's parents can consent on her behalf to marriage under the Law of Marriage Act. In other SADC countries, parents can 'give away' their daughters in marriage or in some cases even sell them under customary law. The justice system can allow, for example in the case of South Africa, a judge to allow a marriage of a minor.

Registration of marriages is required in some countries: Only four SADC countries require all forms of marriages to be registered, whether civil, legal, customary or religious (Mauritius, Mozambique, South Africa and Seychelles). Citizens typically register civil marriages more often than customary and religious marriages. This results in a lack of protection for women under the law when there are disputes or succession battles.



The government of **South Africa** has taken steps to equalise women's rights within all types of marriage, particularly customary marriage, which the state now recognizes under the 1998 Recognition of Customary Marriages Act. The legal minimum age for marriage for all forms of marriage in South Africa is 18 years for both sexes, and marriage requires the consent of both spouses, including for customary marriage. No one under the age of 18 can marry without the consent of the parents or a judge. The special consent of the Minister of Home Affairs is also required for the marriage of a girl under the age of 15. This poses a hurdle as it opens doors to child marriages.

[18] SADC Parliamentary Forum.
[19] Girls Not Brides.



In **Lesotho**, under common law, women have the right to initiate divorce and proceedings are carried out in a "competent court of law". In order for customary law marriages to have legal standing in civil court, they must also be registered under the common law system. Alternatively, such divorces can be obtained through customary judiciary procedures or through informal arrangements between the spouses and their families.



Marriage in **Malawi** can be entered into under common and customary laws; the later may be either patrilineal or matrilineal in nature. Matrilineal descent systems are the customary norm for a majority of the population, although the formal legal system is modelled on patrilineal English legislation.[20] Although polygamy is prohibited by the Malawian Penal Code for common law marriages and is similarly prohibited in the proposed Marriage, Divorce and Family Relations Bill, customary laws allow for this type of marriage and efforts to outlaw polygamy have met with strong opposition from Islamic religious leaders. Child marriages are rife in Malawi although, the government has taken strict measures to end child marriages through campaigns and involving traditional leaders.

Men and women have reciprocal duties towards children in cases of divorce or annulment of marriage: Guardianship rests primarily with the father of the child in Swaziland. Even where the marriage has ended in divorce, the mother may be granted custody only with the father maintaining guardianship.[21] In the case of Tanzania, customary law entitles women to child support in nebulous and undefined "special circumstances." In all SADC countries except Swaziland and Tanzania, both men and women have equal duties towards children in cases of divorce or marriage annulment. While laws enforce maintenance payments in ten SADC countries, enforcement remains an issue.



The **Angola** Family Code prescribes that both parents have equal responsibility to support their children, and if children remain with the mother following divorce, the father must pay for maintenance for the children.



In **Tanzania** men and women are not equally responsible for the financial management of household resources, under the Law of Marriage Act. The Act also allows for polygamous non-registered marriages; the first wife may however formally object if the second marriage causes hardship for her and her children.

[20] Berg et al. (2013); CEDAW (2008).
[21] Aphane, D. (2009) p.28.



The **DRC** Family Code stipulates that men are the head of the household and women must obey them. This highlights the inequality between man, the husband and father who is head of the family, and woman, the wife and mother who manages the household setting out an inequitable relationship when it comes to child rearing.

Illegality of termination of pregnancy exacerbates maternal mortality: Most SADC countries outlaw abortion. Only three countries have legislation in place legalising abortion (South Africa, Zambia and now Mozambique). Following the 1996 Choice on Termination of Pregnancy Act, South Africa is the only country in SADC in which abortion is available upon request. Abortion is only allowed in **Lesotho, DRC, Madagascar** and **Malawi** to save a women's life.



In mid-2012 the **Mauritius** National Assembly passed the Criminal Code Amendment bill which allows for the termination of pregnancy in special circumstances, including where necessary to prevent injury to the pregnant person, where there is substantial risk that the pregnancy will result in severe abnormality of the foetus, or where the pregnancy has not exceed fourteen weeks and is the result of rape or intercourse with a female under the age of 16.



Namibia's Abortion and Sterilization Act makes it a crime for a woman to seek an abortion, or to terminate her own pregnancy, except in very narrow circumstances. It is permitted to save a woman's life or health, in the event of rape or incest or due to foetal impairment. It is not permitted on request or on social or economic grounds

Public opinion on abortion is still deeply divided: In the Southern African attitude survey, less than half (45% women and 44% men) said they agreed or strongly agreed that a woman had a right to terminate her pregnancy within the first trimester.

In most countries women have the right to maintain their nationality: In ten of the SADC countries, women have the right to decide whether to retain their nationality or to acquire their spouse's nationality. In the case of Lesotho, only men have the right to decide their nationality. A woman acquires the nationality of her husband upon marriage. In Swaziland, a national exercise to change travel documents to a new format exposed gender inequality in the Citizenship Act, which makes it mandatory for children to assume the citizenship of the father. Women can only pass on citizenship to children born out of wedlock.

Widows and widower rights

The Protocol requires that Member States enforce legislation to protect widows from being subjected to inhumane, humiliating or degrading treatment. A widow will also automatically become the guardian and custodian of her children after the death of her husband; she will also continue living in the matrimonial home. She will exercise her rights to access employment and other opportunities to enable her make meaningful contribution to society.

A widow will also be protected against all forms of violence and discrimination based on her status while having the right to an equitable share in the inheritance of the property of her late husband. She will also have the right to remarry a person of her choice. States will also put in place legislative measures that will ensure that widowers enjoy the same rights as widows.

The Protocol guards against inhuman treatment of widows. At the insistence of Botswana, the Post-2015 SADC Gender Protocol refers to both widows and widowers although the issues of inheritance, remarrying, custody of children, violence and discrimination primarily refer to widows. The Post 2015-2015 Protocol also removes the reference to widows having "the right to employment and other opportunities to enable her to make a meaningful contribution to society" on grounds that governments cannot guarantee employment for widows.



The **Botswana** Abolition of Marital Power provides women equal rights with regard to decision making on family property management, including upon the death of a husband although, again, this does not apply to customary or religious marriages where the eldest male son assumes the role as head of the household. If a spouse dies intestate (without a will) the estate is devolved using customary rules.



In **Angola**, The inheritance rights of widows and divorced women are particularly precarious. Although divorced women or widowers may inherit land, this is commonly only in trust for their children. A study conducted by the Rural Development Institute in 2008 found that only 23% of widows use the land left by their deceased husbands, and further, that many women lack knowledge of their land and inheritance rights.



Concerning inheritance rights in **DRC**, the Family Code gives preferential treatment to the children of the deceased and does not discriminate between women and men within the second category of heirs although in practice women are not often full recipients of the inheritance.[22] Article 758, paragraph 3, of the Family Code stipulates that women have the right to inherit their husband's property.



In 2011, the **Malawi** parliament passed the Deceased Estates (Wills, Inheritance and Protection Act) Bill, which provides widows and daughters equal inheritance rights and addresses the issue of widows being denied their inheritance upon the death of a spouse.[23]



Following the **South Africa** Constitutional Court decision, in 2009, the government introduced the Reform of Customary Law of Succession and Regulation of Related Matters Act 11 of 2009, so that the rights of women to inherit property under customary law are now governed by the Intestate Succession Act, which also accounts for the recognition of polygamous marriages. There is evidence of other harmful traditional practices in South Africa, including virginity testing and abduction for forced marriage.



The **Zimbabwe** Administration of Estates Act was amended to make the surviving spouse and the children of a deceased person as his or her major beneficiaries, as opposed to their heir who was mainly the eldest son. Secondly, the Act provides that the matrimonial home, whatever the system of tenure under which it was held and wherever it may be situated, remains with the surviving spouse. Widows still face challenges to inheriting property, as illustrated in the case below:

[22] Chronic Poverty Research Centre (2011).
[23] Women's Inheritance Now (2012).

Zimbabwe: Widow gets her rightful share of estate



On 9 June 2016, the High Court of Zimbabwe granted an order declaring a widow the sole beneficiary of a farm on which she and her husband had lived immediately before the husband's death.

The widow (name not publicised), who is the Applicant in this matter, and her deceased husband purchased the farm in 1986 and started living on it in the same year. With their joint efforts, the couple developed the farm to its current state over a period of 33 years. They were living on the farm immediately before the husband passed away in November 2013.

Following the husband's death, the Master of the High Court approved a liquidation and distribution plan that awarded the farm in equal parts to the widow and the deceased's children. The deceased's children are all of age. In approving the liquidation and distribution plan, the Master reasoned that the farm was not the couple's matrimonial property but rather a commercial or business venture. When challenged, the Master suggested that only the farm house and a portion of land surrounding the farm could be regarded as the matrimonial home, instead of the entirety of the farm.

According to the distribution plan approved by the Master, the Applicant's husband owned three separate pieces of land in addition to the farm and all of these formed part of his estate. However, no matrimonial home was identified and awarded to the Applicant despite the fact that the couple had lived together for 43 years and specifically lived on the farm for 33 years. The High Court set aside the Master's distribution plan and awarded the farm to the Applicant widow as the sole beneficiary.

"The Master's decision would have set a dangerous precedent that would have negatively impacted on women and defeated Zimbabwe's efforts to advance women's property rights", said Women and Law in Southern Africa-Zimbabwe (WLSA-Zimbabwe), National Director, Slyvia Chirawu. "For instance, if a couple owned a piece of land on which they built a home and used the remaining portion to grow some tomatoes and sell them for a living, the Master's decision would have allowed a situation where the widow is given the home whilst the portion of land needed to earn a living would be parceled out."

"Reducing a widow to the status of a child by limiting her inheritance under the guise that the property that the couple regarded as their home was too large to be a matrimonial home would have been unfair and unjust", said Brigadier Siachitema of the Southern Africa Litigation Centre which supported the case. "The Master's decision, if not set aside, would have subjected the Applicant to grave injustice because it ignored not only her rights as a surviving spouse but also her substantial contribution towards the acquisition and development of the farm."

Source: The Southern Africa Litigation Centre and WLSA Zimbabwe, 15 June 2016

The girl child

The Protocol requires that Member States adopt laws, policies and programmes to ensure the development and protection of the girl child. This includes: eliminating all forms of discrimination against the girl child; ensuring that girls have the same rights as boys and are protected from harmful cultural attitudes; girls are protected from all forms of economic exploitation, trafficking, violence and sexual abuse; girl children have access to information, education, services and facilities on sexual and reproductive health and rights.

The girl child is often more vulnerable to violations than the boy child in the SADC region. Safety at schools is particularly critical to ensure that girls are not subjected to violence. The region is faced with highly patriarchal attitudes about the girl child. This is manifested through child marriages, teenage pregnancies, school drop outs and child headed households.

The region has taken concrete steps to end child marriages through strengthening this provision in the reviewed Protocol. However, aligning laws with the Protocol is critical to ensure that the girl child is protected equally as the boy child. In South Africa for example, Home Affairs may agree to legalise a marriage of a girl under the age of 15. In Zambia, under customary law,

it is legal to marry a girl child who has attained puberty. In Swaziland, girl children, on the other hand, are expected to leave the natal home through marriage. The recent Children's Protection and Welfare Act of 2012 bans sexual activity with underage females and penalises parents who arrange early marriages with prison sentences of up to 20 years.



Senior Chief Kachindamoto advocating to end child marriages and violence against girls. *Photo courtesy of Huffington Post*

The fundamental right to education is sometimes denied to girls especially where poverty persists. Due to stigmatisation of teenage pregnancies, the girl child usually drops out of school as soon as they find out that they are pregnant. Many are ridiculed when seeking access to ante-natal care which has contributed to resurging HIV infections in the region.

The girl child is often discriminated against in Science, Technology, Engineering and Mathematics (STEM) subjects. This has led to a lower proportion of girls graduating at tertiary level in these subjects. However, SADC member states have embarked on a drive to increase the number of girls in STEM subjects. The SDGs and the revised Protocol call for the inclusion of men and boys in sharing the burden of multiple roles of girls to ensure that they effectively participate in the economic and political spheres.

Constitutional and legal rights Post-2015

In September 2015, SADC countries committed to the Sustainable Development Goals (SDGs) which are the basis of the revised SADC Gender Protocol. The SDGs centre on realising human rights for all to achieve gender equality and the empowerment of all women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental. The SDGs have a stronger rights based approach, are more inclusive and seek to include gender equality at all levels. The challenge for the Member States is now to localise the SDGs through the Protocol.



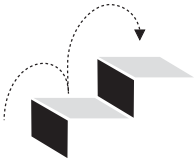
Constitutional and legal rights in Agenda 2030

- They seek to realise the human rights of all and to achieve gender equality and the empowerment of all women and girls.
- Target 5.1 seeks to end all forms of discrimination against all women and girls everywhere.
- Seek to have a universal respect for human rights and human dignity, the rule of law, justice, equality and non-discrimination; of respect for race, ethnicity and cultural diversity; and of equal opportunity permitting the full realisation of human potential and contributing to shared prosperity.
- Seek to eliminate all forms of discrimination and violence against women and girls, including through the engagement of men and boys.
- They reaffirm the commitment to international law and emphasise that the Agenda is to be implemented in a manner that is consistent with the rights and obligations of States under international law.
- They envisage a world in which every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed.
- The SDGs aim for a just, equitable, tolerant, open and socially inclusive world in which the needs of the most vulnerable are met.
- Target 10.3 ensures equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.
- Target 16.b seeks to promote and enforce non-discriminatory laws and policies for sustainable development.
- The SDGs aspire for a world in which every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed.

The dichotomy between statutory law[24] and customary law needs to be redressed. Inheritance practices should align to laws through public awareness raising and advocacy. The region should ensure that family law establishes the equal right and responsibility of husband and wife in the management of the assets of the household. This will eliminate the minority status of women. At their meeting in Gaborone, Botswana in June 2016 SADC Gender Ministers reviewed Part Two (Constitutional and Legal Rights) of the Protocol. They made changes to Articles 4, 5, 8, 10 and 11.

New additions following the review include:

- Compelling State Parties to develop and strengthen laws, policies and programmes to achieve gender equality and equity.
- Substitution of the affirmative action Article with special measures.
- Setting the legal age of marriage at 18.
- Recognition of the widows and widowers' rights.
- Recognition of the rights of the girl *and* boy child.



Next steps

The adoption of the reviewed Protocol by Gender Ministers in June 2016 marks a new era of developing and strengthening laws to ensure gender equality. The implementation of the Protocol is critical for the region to localise the SDGs. The region will be involved in the following next steps regarding Constitutional and legal rights:

- Finalising the Monitoring, Evaluation and Reporting framework for Constitutional and legal rights through development of SMART indicators.
- Development of legislation, programmes and projects to end child marriages in line with the model law on child marriages adopted in June 2016.
- Opening up platforms for dialogue on issues such as termination of pregnancy, LGBTI rights and marital rape.
- Improvement of equal access to justice to all through effective legal centres, increasing the number of judiciary officer and police per 100,000 people and public education on equal rights.
- Abolishing harmful traditional practices such as female genital mutilation and forced marriages through working with traditional and religious leaders.
- Enacting special measures to ensure increased participation and representation of women in all spheres of life.
- Resource mobilisation to ensure a rights based approach in localising the SDGs and implementing the Post-2015 Protocol.
- Effective measurement of progress in gender responsive Constitution and legal rights.
- Building partnerships with civil society, private sector and development partners in the Post 2015 Protocol implementation and SDGs localisation.

Up to now, the Barometer has relied on the CSC for monitoring progress. Using indicators from the SDG, it may be possible to obtain empirical indicators for measuring progress that can be added to the SGDI, as illustrated in the table that follows. As before, there will continue to be several tracking indicators for this sector.

[24] African Development Bank country gender profiles.

PROPOSED INDICATORS FOR IMPLEMENTATION FRAMEWORK	SGDI	New SGDI
Constitutional provisions		
Special measures		
Percentage of female and male students who complete LLB degree		✓
Equality in accessing justice		
Proportion of women in the judiciary (registrars, judges, magistrates, prosecutors, clerks of courts)		✓
Proportion of total adult population with secure tenure rights to land, with legally recognized documentation and who perceive their rights to land as secure, by sex and by type of tenure (Source UN-Habitat and World Bank)		✓
Marriage and family rights		
Percentage of girls married by the age of 18		✓
Persons with disabilities		
Widows and widowers rights		
Percentage of widows and widowers receiving full inheritance (from registered marriages)		✓
The girl and the boy child		
Proportion of children under 5 years of age whose births have been registered with a civil authority, by age and sex (Source - UNICEF)		✓
TRACKING		
Number of Constitutions that enshrine gender equality.		
Is there a non-discrimination clause in the constitution? (AFDB)		
Extent and scope of specific clauses to promote gender equality and equity in the Constitution.		
Number of countries that adopt and implement constitutional, statutory and/or policy guarantees for equal public access to information. (Source - UNESCO)		
Existence of independent national human rights institutions in compliance with the Paris Principles. (Source - OHCHR)		
Percentage of women who have undergone any type of female genital mutilation.		
Share of males as the last child from women currently not desiring additional children or sterilised.		
Percentage of women and men reporting having personally felt discriminated against or harassed within the last 12 months on the basis of a ground of discrimination prohibited under international human rights law. (Source - OHCHR)		
Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months. (Source - UN Women)		
Do women and men have the same rights to access credit and bank loans? (AFDB)		
Do women and men have equal legal rights to own and administer property other than land? (AFDB)		
Can a married woman be “head of household” or “head of family” in the same way as a man? (AFDB)		



Forgotten by families

Anushka Virahsawmy

CHAPTER 2

Gender and governance

Articles 12-13



Women from Mavula community in Swaziland make their voice count during a debate on the equal representation of women in politics. *Photo by Thandokuhle Dlamini*

KEY POINTS

- The revised SADC Gender Protocol represents a crucial paradigm shift from mere numerical representation of women in decision-making to effective leadership. Unfortunately, however, the amended Protocol dropped the reference that the Alliance lobbied for on the need to review electoral systems that play a crucial role in the level of women's political representation.
- The switch from "affirmative action" to "special measures" broadens the range of options for increasing women's political representation, and should assuage the concerns of member states that found the latter too prescriptive.
- The chapter this year has broadened its scope from just elected political presentation to several other areas of decision-making including the public service, foreign service and the judiciary - using data made available by the SADC member states. This provides scope for broadening the SADC Gender and Development Index (SGDI) to be more reflective of different areas of decision-making.
- Analysis in this chapter shows that countries with a PR or mixed system and quota have double the percentage of women (36% to 40% at local and national levels) compared to 9% to 17% in the FPTP system (with no quota).
- Women's representation in SADC stands at 27% for Parliament, 26% for local government and 23% for Cabinet.
- Seychelles (4th) and South Africa (8th) remain the only two SADC countries in the top ten global ranking of women parliamentarians. However with an average of 27% women in parliament, SADC is four percentage points ahead of the global average of 23%.
- The SGDI for Governance remains unchanged at 49% despite elections in Lesotho, Namibia and Tanzania and a number of cabinet reshuffles in the region during the period under review. At 67% the Citizen Score has also remained unchanged.
- Between July 2016 and the end of 2017, four more SADC countries - DRC (local - date to be confirmed); Lesotho (local), Zambia (Tripartite), and South Africa (local) are due to hold elections. Projections in this chapter show likely regression in a number of cases. This raises concerns regarding political commitment to women's equal and effective participation in decision-making.
- Given the wide variations between countries - from 10% women in parliament in DRC and Botswana, to 44% in Seychelles -countries need to adopt different timeframes for achieving gender parity, with 2030 the outside deadline for doing so.

Table 2.1: Tracking table - Governance in the SADC region				
Target 2015	**Baseline (2009)**	**Progress (2015)**	**Progress (2016)**	**Variance (Progress minus target)**
Women in parliament				
The average proportion of women in parliament reaches 50%.	25%	27%	27%	-23%
Number of countries that have achieved over 30% women in Parliament.	**5 countries** (Angola, Mozambique, Namibia, South Africa, Tanzania).	**7 countries** (Angola, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zimbabwe).	**7 countries** (Namibia, Seychelles, South Africa, Mozambique, Angola, Tanzania, Zimbabwe).	**- 8 countries** (Lesotho, Madagascar, Malawi, Swaziland, Zambia, Mauritius, Botswana, Democratic Republic of Congo - DRC).
Highest (country/%)	South Africa - 42%	Seychelles (44%)	Seychelles (44%)	-6%
Lowest (country, %)	DRC - 8%	DRC (9%)	DRC - 9%	-91%
Women in Cabinet				
Average proportion of women in cabinet reaches 50%.	21%	22%	23%	-27%
Number of countries that have achieved over 30% women in Cabinet	**1 country** (South Africa) South Africa	**2 countries** (South Africa, Tanzania)	**2 countries** (South Africa, Tanzania)	**13 countries** (Seychelles, Namibia, Lesotho, Angola, Madagascar, Botswana, Malawi, Zambia, Mauritius, DRC, Mozambique, Namibia, Swaziland)
Highest (country/%)	(42%)	South Africa (41%)	South Africa (43%)	-2%
Lowest (country/%)	Mauritius (10%)	Mauritius (8%)	DRC (11%)	-39%
Women in local government				
Average proportion of women in local government reaches 50%.	23%	24%	26%	-24%
Number of countries that have achieved over 30% women in Local Government	**5 countries** (Lesotho, Mozambique, Namibia, South Africa, Tanzania)	**5 countries** (Lesotho, Mozambique, Namibia, South Africa and Tanzania)	**5 countries** (Lesotho, Namibia, South Africa, Mozambique, Tanzania)	**-10 countries** (Angola, Botswana, Malawi, Madagascar, Mauritius, Namibia, Seychelles, Swaziland, Zambia, Zimbabwe)
Highest (country/%)	Lesotho(58%)	Namibia (49%)	Lesotho (49%)	-1%
Lowest (country/%)	Mauritius(6%)	Madagascar (6 %)	Zambia (6%) DRC (6%)	-44%
Scores				
SGDI	48%	49%	49%	-51%
CSC	50%	67%	67%	-23%

Women's leadership, inclusivity at all levels of decision-making and representation is central to achieving human development and promoting human rights. When women are marginalised in politics, issues that concern them, children and youth tend to be compromised at the political decision-making level. When women are equal partners in decision-making, and their experiences considered and their voices heard, national and development policies are more inclusive and have a broader influence and impact. This makes a difference in people's lives, which supports the need to have more women in local and national parliaments.[1]

[1] African Woman and Child Feature service, 2010. "Beyond Numbers: Narrating the Impact of Women's Leadership in Africa."

Table 2.2: Elections in SADC 2015 to 2016				
Country	Elections held 2015		Elections planned 2016-2017	
	Local	National	Local	National
Angola				2017
Lesotho		February 2015	March 2017	
Madagascar	July 2015			
Tanzania	October 2015	October 2015		
Namibia	November 2015			
Mauritius	December 2015			
South Africa			August 2016	
Zambia			September 2016	September 2016
DRC			Late 2016	2017

Source: Gender Links 2016.

Table 2.1 shows elections held in SADC in 2015 and upcoming elections till 2017. The year under review witnessed four local elections (in Madagascar, Tanzania, Namibia, and Mauritius) and two national elections (in Lesotho and Tanzania). Local or national elections are planned to take place in Lesotho (local), South Africa (local), Zambia (tripartite) and DRC (local and national) in 2016/2017. Namibia, Madagascar and Mauritius realised small gains in local elections, while the national elections in Lesotho and Tanzania resulted in no changes in women's representation.



Women and the 2015 General Elections in Tanzania.
Photo courtesy of UNDEF

With a regional average of 27% women in national parliaments, 26% in local government and 23% in cabinet, Southern Africa failed to meet the 2015 target of 50% women in all areas of decision-making. However on a positive note the region is performing well ahead of the global average of 23% as well as the following regions; Europe, Asia, Arab States and the Pacific .The adoption of affirmative action measures - such as quotas and party electoral lists or reserved seats - has been critical in facilitating women's entry into national assemblies and local councils. Innovations in electoral system and affirmative action measures have come about as result of pressure from women's movement and through the influence of global declarations and resolutions.[2]

The trends table shows that progress on women's representation in the three governance indicators (national, cabinet and local) is uneven with countries like Lesotho (49%-local), Namibia (48%-local), Seychelles (44%-parliament) and South Africa (42%-parliament) missing the target by single digits while in DRC the variance runs in the double digits.

The period under review demonstrated yet again that First Past the Post System (FPTP) with no legislated quotas has failed to bring transformative change in closing the gap on the representation of women in political decision making at all levels. Political will translated in party manifestos, policies and actions remains critical for increasing the chances of women's representation and participation in decision making at all levels of governance.

In **Madagascar**, the increase of women's representation from 6% to 8% after the 2015 local elections showed that rapid increases in women's political representation are not likely in the FPTP system, particularly when they are not accompanied by any kind of special measures. Forecasts for elections in **Zambia** and **DRC** due to be held later this year show that in the absence of special measures, there is not likely to be any significant change in women's representation at national or local level.

Countries with a Proportional Represen-tation (PR) system such as **Namibia** have done well at national and local levels. As a result of the ruling South West Africa Peoples (SWAPO) 50% zebra quota, the representation of women in the national assembly in Namibia shot up from 26% to 46%, but the overall

[2] UN Women: Progress of the world's women 2015-2016.

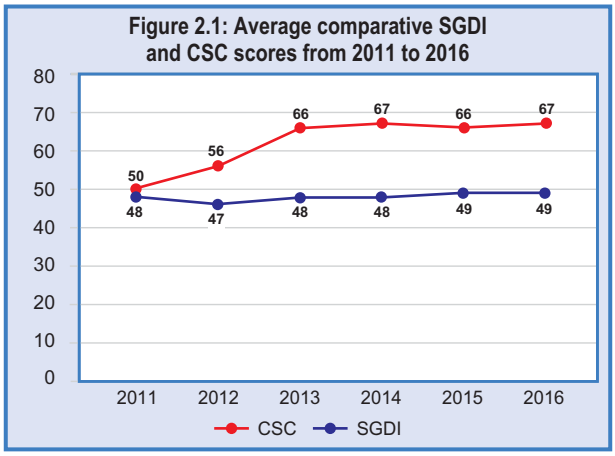
figure is diluted to 36% because of a weaker showing in the upper house. Local elections in November 2015 saw an increase in women participation from 42% to 48%, testament to the impact of the legislated 30% quota for women in local government, combined with SWAPO's voluntary 50% quota.

Lesotho, which has a mixed system, missed the opportunity in the February 2015 elections to escalate the quota at local level to national level. Again, the PR seats delivered a higher proportion of women, but the overall performance (25%) fell short of target. Lesotho's local elections have been postponed to 2017. Lesotho's legislated quota at the local level guarantees women 30% of the seats on a PR basis. Women are also free to compete in the FPTP elections, and won 19% of these seats last election, giving a total of 49% local seats to women - the highest representation of women in area of political decision-making in SADC. Lesotho's challenge in the coming local elections in to hit the 50% mark.

Tanzania missed its last opportunity to meet the 50% target of women in political decision making at national (36%) and local levels (34%) in the October 2015 general elections. Like the Lesotho local elections, Tanzania has a mixed electoral system, with women able to run for the openly contested seats, and be awarded an additional 30% of seats on a PR basis in accordance with the strength of each party. The static performance in the 2015 elections is largely explained by the indefinite delay in the constitutional referendum that proposes to increase the PR quota from 30% to 50% before the elections.

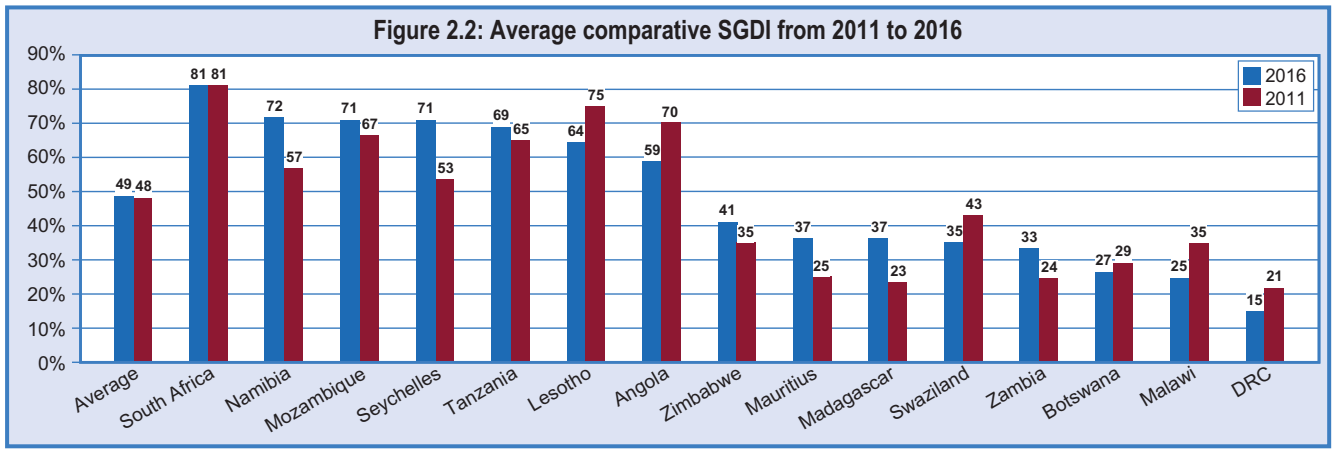
South Africa also has a mixed electoral system at local level, but with no legislated quota. The only party that has voluntarily adopted a quota is the ruling African National Congress (ANC). The 2011 local elections witnessed a decline in women's representation at the local level from 40% to 38% as a result of the ANC's overall majority declining. The outlook for the August 2016 elections is not promising as the ANC's majority appears set to decline even further.

The Southern Africa Gender and Development Index (SGDI) is a composite index comprising (for governance) women's representation in parliament, cabinet and local government with the ultimate target of 50% doubled to 100% in each case, as all SGDI scores are out of 100. While the SGDI measures progress against governments achieving the set targets, the Citizen Score Card (CSC) measures citizen perceptions of governments' commitment to gender in governance. The CSC is dependent on perceptions. A combination of the two scores provides a good measure of progress countries are making.



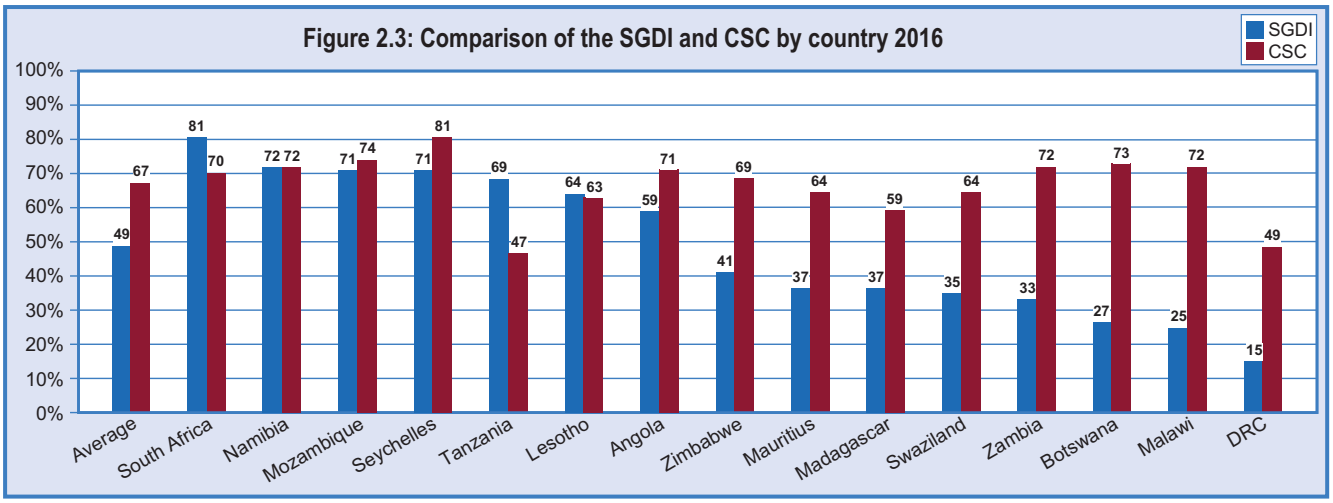
Source: Gender Links 2016.

Figure 2.1 shows that the average SGDI for governance has not moved from 49% since 2015 as the small gains in a few elections have been offset by static performance and losses in other areas, notably cabinet. The failure to reach at least the half way mark for this sector serves as a call for renewed efforts by SADC member states to put in place measures to increase representation and participation of women at all levels of decision-making. The CSC increased by a percentage points from 66% to 67%. The higher perception score is probably a result of the visible and persistent 50/50 campaigns across the SADC region. These need however to translate into real gains.



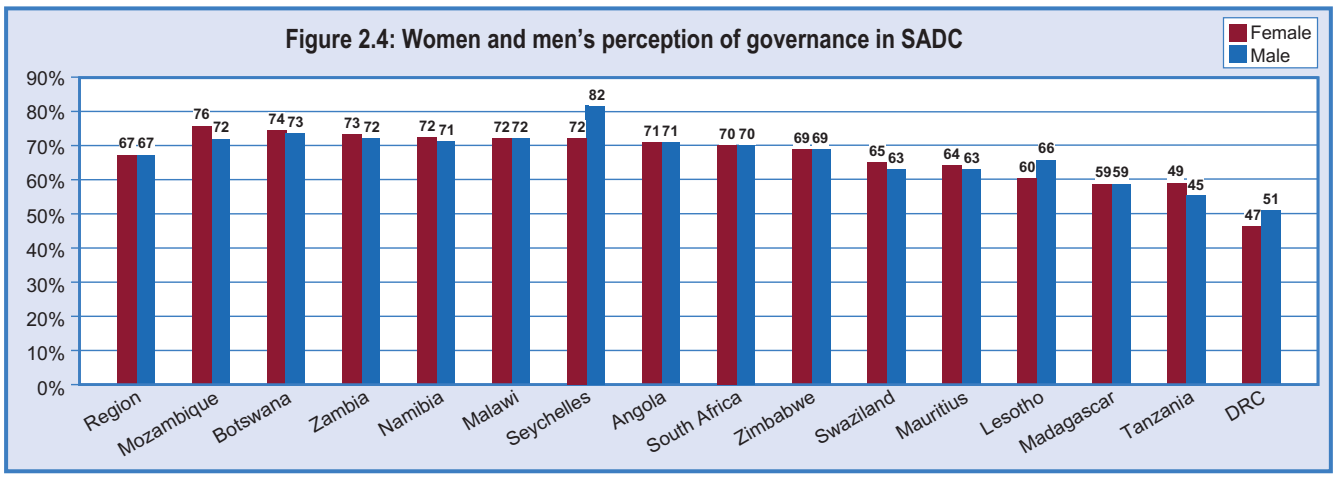
Source: Gender Links 2016.

Figure 2.2 reflects SGDI scores by country since 2011. The overall regional score has increased by only a percentage point from 48% in 2011 to 49% in 2016. However some countries like Seychelles and Namibia have made notable gains of 18 and 15 percentage points since 2011. On the other hand Angola and Malawi have registered substantial losses of 11 and 10 percentage points over the same period.



Source: Gender Links 2016.

Figure 2.3 presents the SGDI and CSC overall and by country. Citizens scored their governments higher overall and in all countries except in Namibia and South Africa. The regional score at 67% is 18 percentage points higher than the SDGI score. This reflects a disconnect between the situ-ation on the ground and citizens perceptions. The latter may be influenced by the region's commendable performance at a global level. Another reason could be the appointment of women into in high ranking offices in countries like Namibia, Tanzania, Zambia, and South Africa and Zimbabwe over the years. This has increased women's visibility in decision-making. However this poses a great risk of complacency as the issue of equal participation can easily fall off the region's gender agenda. An SGDI score of 49% shows that the region needs to redouble its efforts to achieve gender equality in this area.



Source: Gender Links 2016.

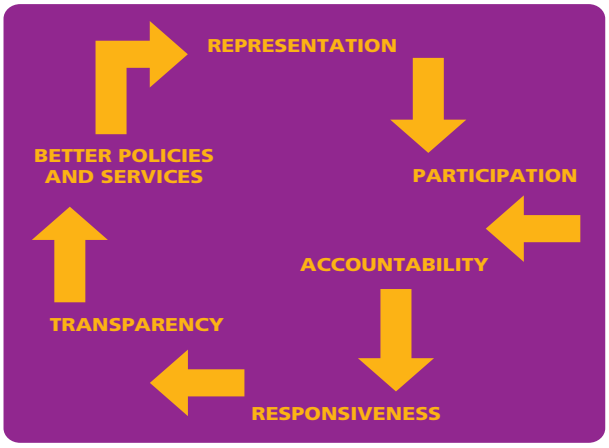
Figure 2.4 compares the CSC for women and men. This shows that overall, women and men score their governments the same (67%). In 2016 the biggest gender gap in perceptions are in Seychelles where women (72%) are less optimistic than men (82%) and Lesotho (women - 60% and men 66%). In seven countries (Mozambique, Botswana, Zambia, Namibia, Mauritius, Swaziland and Tanzania), women scored performance higher than men by one to four percentage points.

Looking to 2030, a major win for the region is the cross referencing of the Protocol with the Sustainable Development Goals (SGDs), Beijing Plus 20 and Agenda 2063. These provide a strong push for equal and effective participation at all levels of decision making in both public and private life. At least three of the 17 SDGs (Goals five, 10 and 16) have specific targets aimed at equal participation of women and men in all areas. The updated SADC Gender Protocol adopted by Gender Ministers in June 2016 broadens the scope from numerical representation to effective leadership and gender responsive governance.

Background

Achieving gender equality requires women's active participation and involvement in decision-making at all levels, starting at home and extending to the highest levels of government.[3] Several studies have gone beyond numbers to show that women bring different approaches and perspectives to decision-making.[4] While women may not all be the same, they have certain shared experiences that have traditionally been left out of public policy and decision-making.

Women's equal access and participation in political decision-making is a pre-requisite for gender responsive governance. Gender equality is central to representation, participation, accountability, responsiveness and transparency. These, in turn, hold the key to better policies and services that will begin to *normalise* women's equal participation in decision-making.



Elections are one opportunity to increase women's representation, raise issues of gender inequality and women's human rights, and to press for greater government accountability on gender sensitivity. Despite the fact that most countries had not come close to reaching the initial 1997 SADC Declaration on Gender and Development target of 30% representation of women in decision-making, governments upped this target to 50% in the more binding 2008 SADC Protocol on Gender and Development (the Protocol).

Table 2.3: The Protocol Governance provisions

ARTICLE	TARGET AREA	PROVISION
5	Full and meaningful participation in all spheres of life	**Affirmative action measures** with particular reference to women with the aim of eliminating all barriers that prevent them from participating.
12	Women in decision-making positions	**At least 50%** of decision-making positions in public and private sectors held by women; affirmative action measures in effect.
	Equal representation and democracy	**Laws and policies** are accompanied by public awareness campaigns to demonstrate link between equal representation and participation of men and women to democracy, good governance and citizen participation.
13	Participation in electoral processes	**Laws and policies** put in place to enable women to have equal opportunities to men when it comes to participation in electoral processes.
	Ensuring and enabling participation	**Policies, strategies and programmes** for: • Building women's capacity to effectively participate – leadership, gender sensitivity and mentoring; • Support structures for women in decision-making; • Establish and strengthen structures to enhance gender mainstreaming; and • Addressing discriminatory attitudes and norms in decision-making structures.
	Men's inclusion	**Gender training** and community mobilisation to include men at all levels.

Source: Gender Links compiled from the SADC Gender and Development Protocol.

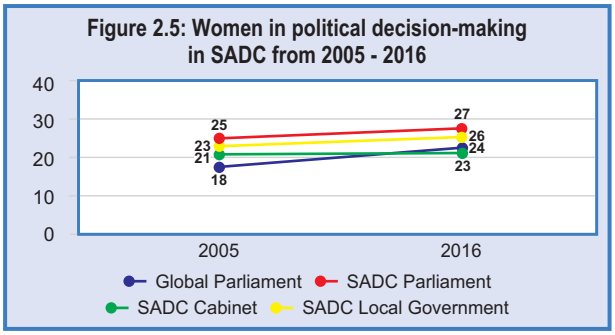
[3] 2011-2012 Progress of the world's women: In Pursuit of Justice, UN Women 2011.
[4] Studies such as the Gender Links report Ringing up the Changes, Gender in Southern African Politics, the first to assess the qualitative difference that women bring to decision-making in the region, have helped to move the debate beyond numbers to why gender equality is integral to good governance.

As seen in table 2.2, the Protocol provides for equal representation of women and men in all areas of decision-making in the public and private sectors. Further, Article 5 calls for a strategy of affirmative action, a strategy key to the rapid increase in women's political participation. Gender activists in many countries are calling for deliberate measures, such as legislated quotas as has been achieved in Namibia and Mauritius, to increase women's representation in decision-making positions. While this is the ideal, it has not occurred fast enough and is often limited to either just the parliament or the local government level; and not both. This chapter tracks in detail progress made toward meeting the Protocol 2015 target of 50/50 representation and other governance-related provisions. New to this chapter is a new section that looks at women representation in the public service and the judiciary.

Representation

The Protocol provides for state parties to ensure that, by 2015, at least 50% of decision-making positions in the public and women hold private sectors, including the use of affirmative action measures as provided for in Article 5.

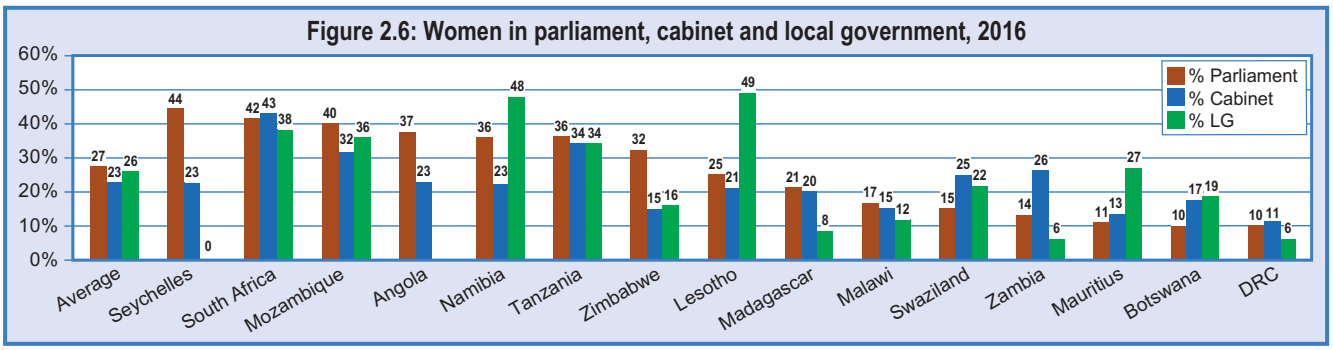
It further provides for member states to ensure that all legislative and other measures are accompanied by public awareness campaigns which demonstrate the vital link between the equal representation and participation of women and men in decision-making positions, democracy, good governance and citizen participation are put in place at all levels.



Source: Gender Links 2016, SADC Gender Protocol Country reports 2016 and IPU last accessed 12 July 2016.

Slight increase in women's representation in global parliaments, SADC parliaments, cabinets and local government: Figure 2.5 shows that the average representation of women in global parliaments increased by six percentage points from 18% in 2005 to 23% in 2016. The comparative increase in women's representation in SADC parliaments (upper and lower houses) is two percentage points from 25% in 2005 to 27% in 2016. Women's representation in cabinet has gone up by two percentage points from 21% to 23%. Women's representation in local government in the region has also increased by two percentage points from 24% in 2015 to 26% in 2016.

Women's political representation in SADC continues to progress at a slightly higher rate than the global rate and far short of reaching the SADC target of fifty percent representation in political decision-making: Since adopting the 50% target in 2008, the representation of women in SADC parliaments, at 27%, is three percentage points higher than the global average of 24%.

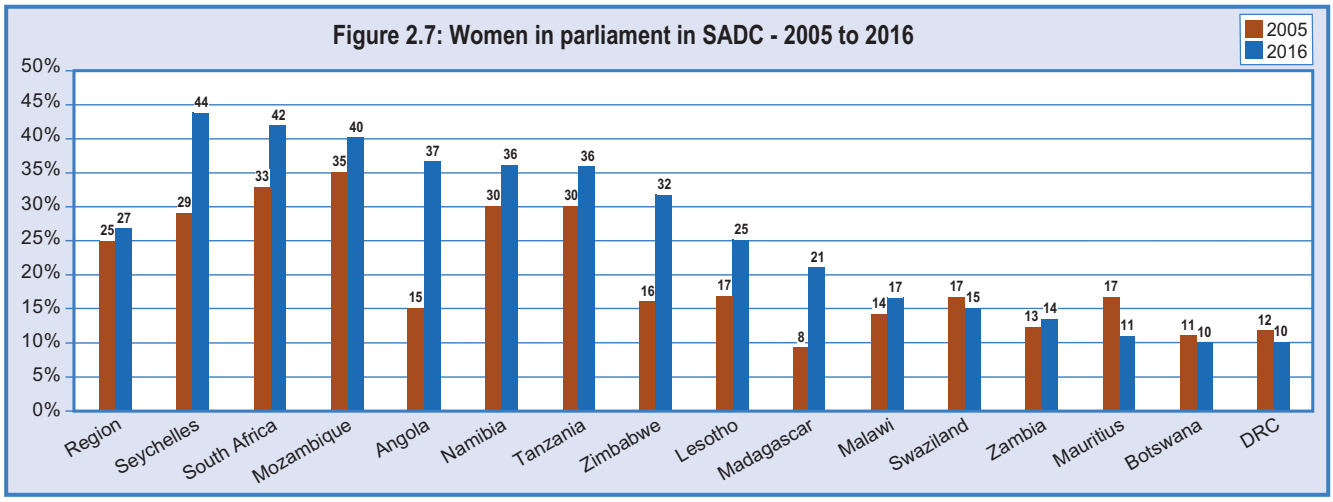


Source: Gender Links 2015, SADC Gender Protocol Country reports and IPU last accessed 12 June 2016.

There continues to be a wide variation in women's representation across the region in parliament, cabinet and at local government levels: Figure 2.6 shows that performance continues to be mixed in different areas of political decision-making.

- South Africa, Mozambique and Tanzania perform moderately well achieving over 30% in all three areas though below the gender parity target. All perform better on women in parliament than cabinet and local government except for South Africa where women comprise 43% of cabinet compared to parliament (42%) and local government (38%).
- Seychelles has the highest proportion of women in parliament (44%), just six percentage points short of the 50% target.
- Generally there are much lower proportions of women in cabinet than in parliament and local government. As heads of state appoint cabinets and can therefore make rapid changes in this area, the relatively low level of women in cabinet reflects weak political will.
- Only eight countries have exceeded the 30% mark in one or more areas including South Africa (parliament, cabinet and local government); Mozambique (parliament, cabinet and local government); Tanzania (parliament, cabinet and local government); Angola (parliament); Namibia (parliament, local government); Zimbabwe (parliament), Lesotho (local government) and Seychelles (parliament).
- Madagascar, Swaziland, Mauritius, Malawi, Zambia, DRC and Botswana still have a long way to go to achieve gender parity across categories.

Parliament



Source: Gender Links 2014, SADC Gender Protocol Country Reports 2014, IPU accessed 18 July 2015 http://www.ipu.org/wmn-e/world.htm

Efforts towards increasing women's representation in Parliament have not yielded the desired result of 50% women's representation: No SADC country has attained the 50% mark. However, three SADC countries have 40% or more women in parliament, compared to none in 2005. Seven countries have passed the 30% mark. But eight countries have less than 30% women's representation in parliament. Of the eight, six have below 20% women's representations with the least being Botswana and DRC both at 10%.

Four countries (Swaziland, Mauritius, Botswana and DRC) have regressed in the past 11 years with the highest loss registered in Mauritius, a drop of six percentage points from 17% to 11%.

Table 2.4: Global comparison of women in parliament by region

Region	20015 (%)	2016 (%)
Global averages	**22**	**23**
Nordic countries	41	41
Americas	27	27
SADC	27	27
Europe excluding Nordic countries	24	24
Sub-Saharan Africa	22	23
Asia	17	19
Arab States	19	18
Pacific	16	14

Source: www.ipu.org, 12 July 2016.

SADC has performed better than other regions in increasing women's representation in political decision-making: With an overall average of 27% women in parliament, SADC is ahead of the global and Sub-Saharan African averages both at 23%. The global and Sub Saharan average both increased by a percentage point from 22% to 23% in the last year. SADC is at par with the Americas, and ranks lower only than the Nordic countries in the global regional rankings.

Table 2.5: Regional and global ranking of Women in Parliament

Country	Women in Parliament % representation			Global rank			SADC rank		
	2015	2016	Variance	2015	2016	Variance	2015	2016	Variance (2015-2016)
Seychelles	44%	44%	0%	4	4	0	1	1	0
South Africa	42%	42%	0%	7	7	0	2	2	0
Mozambique	39%	40%	1%	12	15	-3	3	3	0
Angola	37%	37%	0%	17	23	-6	4	4	0
Namibia	36%	36%	0%	10	11[5]	-1	5	5	0
Tanzania	36%	36%	0%	21	21[6]	0	6	6	0
Zimbabwe	32%	32%	0%	28	38	-10	7	7	0
Lesotho	25%	25%	0%	49	67	-18	8	8	0
Madagascar	21%	21%	0%	65	84	-19	9	9	0
Malawi	17%	17%	0%	82	110	-28	10	10	0
Swaziland	15%	15%	0%	125	171	-46	11	11	0
Zambia	13%	14%	1%	100	139	-39	13	12	-1
Mauritius	12%	11%	-1%	105	105	0	12	13	1
Botswana	10%	10%	0%	114	155	-41	14	14	0
DRC	9%	10%	1%	117	161	-44	15	15	0

Source: www.ipu.org, 12 July 2015 and Gender Links.

SADC countries vary greatly in their global rankings: Table 2.5 illustrates where SADC countries rank globally and relative to each other against 140 countries listed by the Inter-Parliamentary Union (IPU). The table shows that SADC countries range from fourth to 161st in the global ranking. At 44% Seychelles is in the only country in the region in the global top five. No country in the region made a positive move in the past year whilst DRC made the highest negative move from number 117 in 2015 to 161 in 2016. What this shows is that countries elsewhere in the world are moving up the global scales as SADC countries move down. SADC countries need to redouble their efforts to remain globally competitive on this front.

SADC rankings have remained relatively consistent over the last year: Only Tanzania held national elections in the period under review, with no significant change in women's representation. Mauritius and Zambia swapped places as a result of minor changes during by-elections.

Table 2.6 overleaf tracks the performance of all SADC countries with regard to women's representation in national elections and provides projections to 2020. The information is sorted in descending order according to 2020 projections. The explanations for these projections are in the last column. Those shaded green are countries that have or are likely to achieve 40% or more women in parliament. Those shaded amber have or are likely to achieve 30% or more women in parliament. Those shaded red are in the danger zone of not having achieved, or not likely to achieve 30% women in parliament. Projections, based on an assessment of electoral systems, quotas, and past trends (see comments in the predictions table) show that:

- At best the region will achieve an overall average of 35% women in parliament by 2020.
- Six countries (Tanzania; Mozambique; Namibia; South Africa; Seychelles and Angola) will come close to achieving the 50% target, especially if they strengthen their existing voluntary and legislated/constitutional quotas before 2020.
- Three countries - Zimbabwe, Madagascar and Lesotho - will achieve the earlier 30% target if they stay the course and leverage off their quotas as well as fifty-fifty campaigns.
- Six countries - Malawi; Zambia; Mauritius; Botswana; DRC and Swaziland will remain below 30% unless they adopt quotas and or amend their electoral systems.
- Given the wide variations between countries - from 10% women in parliament in DRC and Botswana, to 44% in Seychelles - *countries need to adopt different timeframes for achieving gender parity, with 2030 the outside deadline for doing so.*

[5] Ranking on IPU is not inclusive of upper house figures.
[6] Ibid.

Table 2.6: Women in parliament

Women in parliament in SADC 2016											
	Structure	Date of last election	Total members in lower/ single house	Women in lower/ single house	Lower house	Total members in upper/ senate house	Women in upper/ senate house	Upper house	Upper and lower	Total number of women	% Women in parliament
Regional Average			**2932**	**789**	**27%**	**410**	**102**	**25%**	**3342**	**891**	**27%**
Tanzania	Unicameral	Oct-2010	350	126	36%				350	126	36%
Mozambique	Unicameral	Oct-2014	250	99	40%				250	99	39%
Namibia	Bicameral	Nov-2014	104	43	41%	42	10	24%	146	53	38%
South Africa	Unicameral	May-2014	396	166	42%	54	19		450	185	41%
Seychelles	Unicameral	2011	32	14	44%				32	14	44%
Angola	Unicameral	Aug-2012	220	81	37%				220	81	37%
Zimbabwe	Bicameral	Jul-2013	270	85	31%	80	38	48%	350	123	35%
Madagascar	Bicameral	Jul-2005	151	31	21%	63	12	19%	214	43	21%
Lesotho	Bicameral	May-2012	120	30	25%	33	8	24%	153	38	25%
Malawi	Unicameral	May-2014	192	32	17%				192	32	17%
Zambia	Unicameral	Sep-2011	158	20	13%				158	20	13%
Mauritius	Unicameral	Jul-2014	69	8	12%				69	8	12%
Botswana	Unicameral	Oct-2014	63	6	10%				63	6	10%
DRC	Bicameral	Nov-2011	492	44	9%	108	5	5%	600	49	8%
Swaziland	Bicameral	Aug-2013	65	4	6%	30	10	33%	95	14	15%

Source: Gender Links, Inter-parliamentary Union website.

Parliament

Table 2.7: Women's representation in local government 2009 to 2016

Country	2009 (%)	2016 (%)	Variance	Progress to target 50%
Average	**23**	**26**	**3**	**3**
Lesotho	58	49	-9	-9
Namibia	42	48	6	6
South Africa	40	38	-2	-2
Mozambique	36	36	0	0
Tanzania	34	34	0	0
Mauritius	6	31	25	25
Swaziland	18	22	4	4
Botswana	18	19	1	1
Zimbabwe	18	16	-2	-2
Malawi	0	12	12	12
Madagascar	6	8	2	2
Zambia	7	6	-1	-1
DRC	n/a	6		

Source: Gender Links 2016.

in SADC 2016

Women in parliament by 2020 - prediction table

Date of next election	Total members in lower/ single house	Women in lower/ single house	Lower house	Total members in upper/ senate house	Women in upper/ senate house	Upper house	Upper and lower	Total number of women	% Women in parliament	Assumptions
	2922	**1031**	**35%**	**331**	**109**	**33%**	**3254**	**1140**	**35%**	35% by 2020 and still short of the 50% target.
Oct-2015, 2020	350	175	50%				350	175	50%	Constitutional quota for 50% women adopted.
Oct-2019	250	120	48%				250	120	48%	Has had steady growth over last two elections and 50/50 campaign underway.
Nov-2019	104	50	48%	26	10	38%	130	60	46%	SWAPO has voluntary 50% quota, move towards legislated quota.
2019	400	180	45%	54	20		454	200	44%	Even without quota should reclaim ground lost in the last election.
2016	32	14	44%				32	14	44%	Traditionally high proportion of women due to matriarchal system in culture.
2017	220	87	40%				220	87	40%	Has been making steady progress.
2018	270	90	33%	80	40	50%	350	130	37%	Next election in 2018.
2019	147	50	34%				147	50	34%	Made significant progress in last election; should build on this.
2020	120	36	30%	33	10	30%	153	46	30%	Instability is a concern but progress in local government puts pressure for quota.
May-2019	192	50	26%				192	50	26%	Opposed to quotas but pressure political pressure is mounting.
Sep-2016	158	40	25%				158	40	25%	Next election in September 2016.New new constitution has no qoutas.PF has a 40 % qouta.
Dec-2019	69	17	25%				69	17	25%	Enough time for local quota to be escalated to national.
Oct-2019	63	13	21%				63	13	21%	Opposed to quotas but pressure political pressure is mounting.
2016	482	100	21%	108	19	18%	590	119	20%	Opposed to quotas but pressure political pressure is mounting.
Oct-2018	65	9	14%	30	10	33%	95	19	20%	Incremental progress can be expected.

Table 2.7 shows that:

- The regional average of women in local government has gone up by three percentage points from 23% in 2015 to 26% in 2016:
- All 13 SADC countries with elected local government failed to reach the 50% target. Only two countries (Namibia 48% and Lesotho 49%) are a single digit away from the target with Lesotho missing the mark by just one percentage point.
- Women's representation in local government in Namibia increased by six percentage points from 42% to 48% in the November 2015 elections.
- Women's representation in Madagascar increased by a mere two percentage points from 6% in 2015 to 8% after the July 2015 elections.
- After the phenomenal increase in women's representation in local government in December 2012 from 6% to 26%, Mauritius experienced a further five percentage point increase in the 2015 local elections, that again showed the importance of the quota for women in local government still in operation in the country.



Table 2.8: Women in local government in SADC in 2016 and projections

	Women in LG 2016				Women in local gvt projected 2020				Assumptions
	Date of election	Total LG councillors	Women in LG	% Women in LG	Next election	Total LG councillors	Women in LG	% Women in LG	
Regional Average				**26%**				**30%**	
Lesotho	2011	1276	627	49%	Mar-17	1276	635	50%	Elections postponed to March 2017 due to political upheavals ahead of elections; mixed system.
Namibia	Nov-15	230	110	48%	Nov-20	323	160	50%	SWAPO has a voluntary 50% quota; legislated 30% quota.
Tanzania	2015	3477	1190	34%	Oct-20	3477	1750	50%	Assuming constitutional quota is adopted by the 2020 election.
South Africa	2011	9090	3494	38%	Aug-16	9090	3600	40%	Election in 2016; only ruling party has quota but subtle pressure on other parties.
Mozambique	2014	1196	431	36%	2018	1196	450	38%	Mozambique has made steady progress in increasing women's representation, national figure is 39%.
Mauritius	Dec-15	1290	346	27%	Dec-20	1614	500	31%	Have a legislated quota of 30%.
Zimbabwe	2013	1962	318	16%	Planned for 2018	1962	580	30%	Considering adopting a quota for local government after the success of the parliamentary constittutional quota.
Botswana	Oct-14	605	117	19%	Oct-19	605	150	25%	Opposed to quotas, but lots of work on the ground.
Swaziland	2013	462	54	12%	Nov-18	462	54	12%	Efforts underway to gain ground after losses in urban elections.
Malawi	May-14	467	54	12%	May-19	462	70	15%	Next election is in 2019; likely to resist quota but some time for lobbying.
Madagascar	Jul-15	12677	1019	8%	Jul-20	9608	1500	16%	Constitution encourages but does not prescribe women's increased representation; too late for quota.
Zambia	2011	1382	85	6%	Sep-16	1382	120	9%	Elections in 2016; no quota in the constitution.
Angola									Data unavailable about the number of councillors.
DRC					Aug-15				Data unavailable about the number of councillors.
Seychelles					N/A				No elected local government.
Total		**34114**	**7845**			**31457**	**9569**		

Source: Gender Links, Inter Parliamentary Union website, EISA website, 16 July 2016.



Marina Matundu and Pandi Heuva interview a registered voter during a gender media and elections field trip in Namibia.
Photo by Gender Links

Table 2.8 tracks the performance of all SADC countries with regard to women's representation in local elections and provides projections to 2020. The information is sorted in descending order according to 2020 projections from the highest to lowest. The explanations for these projections are in the last column. Those shaded green are countries that are likely to achieve 40% or more women in local government. Those shaded amber have or are likely to achieve 30% or more women in local government. Those shaded red are in the danger zone of not having achieved, or not likely to achieve 30% women in local government. Projections, based on an assessment of electoral systems, quotas, and past trends (see comments in the predictions table) show that:

- At best the region will achieve an overall average of 30% women in local government by 2020.
- Four countries (Lesotho, Tanzania, Namibia, and South Africa) will reach or come close to achieving the 50% target, especially if they strengthen their existing voluntary and legislated/constitutional quotas.

- Three countries - Mozambique, Zimbabwe, and Mauritius - have or will achieve the 30% target if they stay the course and leverage off their quotas as well as fifty-fifty campaigns.
- Five countries - Botswana, Madagascar, Malawi, Swaziland and Zambia - will remain below 30% unless they adopt quotas and or amend their electoral systems.
- GL could not obtain data of local government in Angola and DRC. Seychelles does not have elected local government.

Electoral systems and quotas

As noted at the Gender Ministers meeting in Gaborone in June, the slow progress in women's representation in political decision-making is largely a reflection of the electoral systems in the member states and lack of special effective measures aimed at empowering women to participate in politics at the same level with men.[7] As elaborated in the concluding sections of this chapter, it is unfortunate that the Post 2015 SADC Gender Protocol, that contained a specific reference to the need to reform electoral systems after the technical meeting in October 2015, fails to tackle this issue head on. Although the provision for "special measures" may be assumed to include electoral systems and quotas, failing to name these is unfortunate, as there is now an overwhelming body of evidence in the region pointing to the significance of these factors in either barring or promoting women's political participation.

By way of background there are two main types of electoral systems:

- In the **Proportional Representation** (PR), or "list system," citizens vote for parties that are allocated seats in parliament according to the percentage of vote they receive. Individual candidates get in according to where they sit on the list. In an open list system, voters determine where candidates sit on the list. In a closed list system, the party determines where candidates sit on the list, although this is usually based on democratic nomination processes within the party.
- In the constituency, or "**First Past the Post**" (FPTP) system, citizens vote not just for the party, but also for the candidate who represents the party in a geographically defined constituency. Thus, a party can garner a significant percentage of the votes, but still have no representative in parliament, because in this system "the winner takes all."

There is overwhelming evidence internationally to suggest that women stand a better chance of being elected under the PR (and especially the closed list PR system) as opposed to the constituency electoral system.[8] In a PR system voters choose based on the party and its policies, rather than on a particular individual. This works in favour of women - at least as far as getting their foot in the door - because of socialised prejudices against women in politics.[9] The chance of women being elected is even higher when the PR system works in concert with a quota.

Table 2.9: Political parties and quotas

Country	Ruling party	Quota and Nature/No.
Angola	Movement for the Liberation of Angola (MPLA)	30% quota of women
Botswana	Botswana Democratic Party (BDP)	None
DRC	The People's Party for Reconstruction and Democracy (PPRD) (Parti du Peuple pour la Reconstruction et la Démocratie (PPRD)	30% quota of women
Lesotho	Lesotho Congress for Democracy (LCD)	30% quota for women
Madagascar	New Forces for Madagascar (Hery Vaovao ho an'i Madagasikara) (HVM)	None
Malawi	Democratic Progressive Party (DPP)	None
Mauritius	Mauritius Labour Party (MLP)	None
Mozambique	Frente de Libertação de Moçambique; Mozambique Liberation Front (FRELIMO)	40% quota of women
Namibia	Southwest Africa People's Organisation (SWAPO)	50% quota for women
Seychelles	Seychelles People's Progressive Front (SPPF)	None
South Africa	African National Congress (ANC)	50% quota for women
Swaziland		Political parties do not contest seats in Parliament
Tanzania	Chama Cha Mapinduzi (CCM)	None
Zambia	The Patriotic Front (PF)	40% quota of women
Zimbabwe	Zimbabwe African National Union - Patriotic Front (ZANU-PF)	30% for women

Source: Gender Links, 2016.

[7] Record - Meeting of SADC Ministers responsible for Gender/ Women's Affair.
[8] For more information on the comparative global data on quotas for women in politics see www.idea.int/quota.
[9] Lowe Morna, 1996.

Table 2.9 shows that ruling parties in eight countries (more than half of SADC countries) have adopted quotas of one kind or another. In two instances (South Africa's African National Council (ANC) and SWAPO of Namibia) these quotas are in line with the Protocol parity targets. The ruling Frelimo party in Mozambique and Patriotic Front in Zambia have a 40% quota. However, while these quotas exist on paper they have failed to translate into women's representation in party structures and within government itself. There is therefore need for continuous lobbying at party level for the fulfilment of these quotas and transformation within party structures.

Table 2.10: Electoral systems, quotas and women's political participation in SADC

Country	Electoral system - national	Quota - National	Electoral system - local	Quota - local	% women national	% women local
South Africa	PR	Voluntary party	Mixed	Voluntary party	42%	38%
Mozambique	PR	Voluntary party	PR	Voluntary party	40%	36%
Namibia	PR	Voluntary party	PR	Law - 30%	36%	48%
Angola	PR	Voluntary party	PR	Voluntary party	37%	NA
Tanzania	Mixed	Constitutional 30%	Mixed	Constitutional 30%	36%	34%
Zimbabwe	Mixed	Constitutional 30%	FPTP	No	32%	16%
Lesotho	Mixed	Law - 30% PR seats	Mixed	Law - 30%	25%	49%
Seychelles	FPTP	No	FPTP	No	44%	
Madagascar	FPTP	No	FPTP	No	20%	8%
Malawi	FPTP	No	FPTP	No	17%	11%
Swaziland	FPTP	No	FPTP	No	15%	12%
Zambia	FPTP	Voluntary party	FPTP	Voluntary party	14%	6%
Mauritius	FPTP	No	FPTP	Law - 30%	11%	31%
Botswana	FPTP	No	FPTP	No	10%	20%
DRC	FPTP	No	FPTP	No	10%	NA

Source: Gender Links, 2016.

Table 2.10 plots electoral systems and quotas at local and national level against women's political representation in each country. The countries are shaded according to the electoral system at national level: PR, mixed and FPTP (South Africa has a mixed system at local and PR system at national). Within each colour band, countries are sorted according to the levels of political representation at the national level. Overall, the chart demonstrates the strong correlation between electoral systems, quotas and women's political representation. Specific observations include:

- ***Eight out of the 15 SADC countries have either a Constitutional or legislated quota***, or voluntary party quota, in place. All of these except one (Mauritius local government) have a PR system.
- ***All countries except one that have over 36% women in local government and parliament have a PR (or in the case of local government in South Africa, mixed) electoral system.*** In all four countries (South Africa, Mozambique, Namibia and Angola) ruling parties have adopted voluntary party quotas. In Namibia, the electoral law also prescribes a 30% quota for women in local government.
- ***Seychelles, with a FPTP system and no quota, yet 44% women in parliament (the highest proportion of women in parliament in the region) is the only exception to the rule.*** The island of just 90,000 people has a strong matriarchal tradition with many men leaving the island in search of greener pastures. It also has a very small parliament, such that a few changes in MPs can make a big difference to the gender balance.
- ***Countries with a mixed system coupled with Constitutional or legislated quotas come after those with a PR system in terms of performance.*** Lesotho has always had a mixed system at the national level. The country adopted a mixed system at the local level so that 30% of seats can be reserved for women and distributed on a PR basis. Lesotho now has a quota for PR seats at the national level, but these are not reserved solely for women. The Lesotho formula at local level drew on the experience of Tanzania that has now also been emulated at the national level in Zimbabwe. In all these examples, countries have adopted a mixed system to get around the rigidities of the FPTP system when it comes to increasing women's political representation. The difference between women's representation at the local level in Zimbabwe (16%) where there is a FPTP system and no quota, and national (32%) where there is a mixed system and quota is a stark reminder of the key role played by electoral systems and quotas in determining women's political representation.
- ***With the exception of Seychelles, the lowest representation of women is in the eight countries with a FPTP system.*** Within this category,

Madagascar comes after Seychelles, following the increase in women's political representation from 6% to 21% in the recent elections. These elections showed that it is possible to increase women's representation in FPTP countries through strategic Fifty/Fifty campaigns, but still a challenge to succeed beyond around 20% without a quota.

- ***The Mauritius local government quota is the only example of such a quota in the FPTP system in any Southern African country.*** Generally, quotas do not work well in FPTP systems as there is no guarantee that even a fixed number of women candidates will win, unless seats are reserved for them, which may be construed as unconstitutional. Mauritius managed to get the quota to work at the local level through combining the requirement that a minimum of 30% of candidates be either sex by combining this with a spirited campaign to train and position prospective women councilors for election. Senior representatives from the Zimbabwe government went on a study visit to Mauritius in April 2015 to learn from the local government quota that GL lobbied for there. This has resulted in a submission for electoral systems reform for quotas at local government ahead of the 2018 general elections.

Table 2.11: Electoral systems and quota results table 2016

	Overall - % women		With quota - % women		Without quota - % women	
Electoral system	Parliament	Local government	Parliament	Local government	Parliament	Local government
FPTP	17%	9%		32%	14%	9%
PR	40%	38%	40%	38%		
MIXED	36%	40%	36%	40%	25%	
ALL	27%	26%	39%	37%	19%	9%

Source: Gender Links 2015.

Table 2.11 summarises the overall import of electoral systems and quotas on women's political participation in the SADC region. The table shows that:

- In both local government (37%) and parliament (39%) countries with quotas have a far higher representation of women than those without quotas (19% for parliament and 9% for local government).
- Consistent with global trends, countries with the PR system (40% for parliament and 38% for local government) have a much higher representation of women than the FPTP (17% for parliament and 9% for local government).
- Women's representation in the mixed system (36% for parliament and 40% for local government) is also much higher than the FPTP system.
- Using quotas in combination with various electoral systems is key to increasing women's representation. All the PR countries have quotas in operation (voluntary and legislated). Countries with a PR system and quota have 40% women in parliament and 38% in local government.
- Women comprise 36% of parliamentarians in countries with a mixed system and quota, compared to 25% in countries with a mixed system and no quota.
- Quotas used in combination with the PR system (40% for parliament and 38% for local government) and mixed system (36% for parliament and 40% for local government) have the highest representation of women.

The examples that follow show how the absence of quotas and strong Fifty/Fifty campaigns accounts for the big gap in performance between countries that continues to be experienced.

FPTP and no quota - Madagascar, Namibia regional and Zambia elections

As noted earlier the FPTP system is generally unfavourable to new entrants, especially women. In the period under review, Madagascar held local elections under the FPTP system with not quota.



Rabearisoa Lancelot Annick, Mayor of Bongatsara, is one of the few women to have been re-elected in the October 2015 Madagascar local elections. *Photo by Colleen Lowe Morna*

Madagascar: Little change in women's representation at the local level



Women's representation in the July 2015 local elections increased from 6% to a mere 8%. Women constituted only 443 of the 7,321 (6%) of the candidates who vied for municipal elections. Madagascar missed the opportunity to introduce quotas in the 2015 elections, despite a study visit to Mauritius to find out how the quota there has worked to quadruple women's representation in local government.

Political parties have been asked to include gender equity in their plans for national development. Some women's associations, like Vondrona Miralenta ho an ny Fampandrosoana (Gender Group for Development) or the Conseil National Des Femmes Malgaches (National Council of Malagasy Women), have offered training and coaching for potential female political candidates, teaching skills like public speaking and project drafting.

The percentage of women in state institutions has grown, with 31 (20.53 percent) female deputies in the National Assembly, and 12 female Senate members (19.05 percent of the total). Women comprised 15% of those elected in the 60 Centres of Excellence (COE) for gender in local government compared to 8% overall. Bongatsara, one of the few councils with a woman mayor, is an example of a COE (see also Chapter 11 on implementation). These councils are taking deliberate policy measures to increase women's representation and effective participation.

However, the local elections once again provide evidence that the FPTP is hostile to women's political participation. Rapid change is only possible if special measures are taken.

Neighbouring Mauritius stands as an example of how this can be achieved, even in a FPTP system. In December 2012, Mauritius adopted a gender neutral quote for local government, requiring that at least 30% of all candidates be either male or female. Mauritius coupled this with vigorous campaign to field women in constituencies where they stood a chance of winning. NGOs helped to provide training. This led to women's representation in local government increasing from 6% to 26% in December 2012. The snap local elections in 2015, in which women's representation increased to 31%, shows that the quota is now well embedded in Mauritius local elections. It is unfortunate that despite a study visit and exposure to these changes, Madagascar failed to grasp the nettle in its 2015 local elections.

Gaby Razafindrakoto, Secretary for the Federation of Women and Children, the Alliance Focal Network in Madagascar



Although **Namibia**'s national and local elections are held on PR basis, with a 30% quota at local level, and 50% SWAPO quota in both, its **regional** elections are held on a FPTP basis. Since independence in 1990, this has resulted in a sharp divergence between women's representation at local and national level, and in the regional council. This divergence is a poignant reminder of the impact of electoral systems and quotas on women's political participation. After the commen-dable increase in women's representation in parliament (from 26% to 36% in both houses in 2014) and in local government (from 42% to 48%) Namibia continues to lag behind at the regional level, with still no evidence of remedial action being taken (see box on right).



In **Zambia**, there is a yawning gap between the provisions of the new Constitution and the realities unfolding for the August 2016 elections. The amended Constitution of Zambia (5 January, 2016) provides for:

- Gender equity in the National Assembly or council.
- Two Deputy Speakers of the National Assembly who are not members of the same political party and of the same gender.
- Adequate and equal opportunities for appointments, training and advancement of members of both gender.
- Establishment of a Gender Equity and Equality Commission (GEEC).
- 50% of each gender to be nominated or appointed from the total available positions, unless it is not practicable to do so.

Clearly, however, these provisions have not been translated into electoral laws. The Electoral Commission of Zambia (ECZ) has just released names of adopted candidates for the August 11, 2016 General Elections.



Gender Links' Zambia country manager, Isaac Zulu takes participants through the Protocol provisions at a village workshop in Chipata.
Photo by Stephen Malulu

Namibia: Regional FPTP elections a set- back for 50/50 campaign



The 121 regional councillors elected in the regional election include only 19 women (16%) - a huge step backward from the stated goal of achieving a 50/50 gender representation.

The under-representation of women in Namibia's 14 regional councils was evident before the election already, with only 43 women among the 287 candidates who were nominated in 121 regional constituencies country-wide. Out of the 19 women elected, 18 ran as Swapo candidates while one won in a Hardap region constituency as a candidate of the United People's Movement (UPM).

Institute for Public Policy Research associate researcher Nangula Shejavali described the 2015 regional council election as a major backslide for gender equity in Namibia, both in terms of women's participation as candidates in the election, and in terms of the final outcome.

"Only 16% of the 121 regional councillors for the next five years are women. This is a far cry from the 50% target in Namibia's National Gender Policy, the National Gender Plan of Action, the SADC Gender Protocol, and several other national policies or regional/international instruments which Namibia has ratified," she said.

The IPPR observed that two regional councils - Omaheke and Zambezi - will have no women councillors after the election. Eight regional councils will only have one woman each in their ranks. These are Hardap, Karas, Kavango East, Kavango West, Kunene, Oshana, Ohangwena and Omusati.The Erongo and Oshikoto regional councils will each have two women as members.

Khomas and Otjozondjupa are the most representative for women, with women occupying four of the 10 constituency seats in Khomas region and three of the seven seats in Otjozondjupa.



Woman power in Namibia does not extend to the regional level.
Photo courtesy of Namibian Sun

"Namibia made major strides in gender participation in the parliamentary election last year, with women making up 42% of MPs in the National Assembly. This was thanks mainly to Swapo's implementation of a 50/50 zebra party list," Shejavali said. She said at the local authority level, women's representation also scored well, due to quotas in place since the 1997 Local Authorities Amendment Act.

UPM national chairperson and Member of Parliament Jan van Wyk said that although his party was not bound by a 50/50 gender representation policy, the candidate selection process depended on the availability of people to run for office. The party said it had five women and two men as candidates in the elections. "If they (women) are equipped and available, then why not? Mothers understand the problems of the nation better than men," he said.

Winner of the Khomasdal North constituency, Swapo's Margaret Mensah-Williams suggested that in future, some constituencies should be declared for female candidates only through a draw."For example, out of ten constituencies in a certain region, five should be for women and the other five for men," she said.

Source: Election Watch Namibia, 30 November 2015

Table 2.12: Zambia Presidential Elections candidates and running mates

No.	Political Party	Presidential Candidate		Running Mate	
		Name	Sex	Name	Sex
1	Democratic Assembly (DA)	Maxwell Mwamba	Male	Rosemary Kabungo	Female
2	Forum for Democracy and Development (FDD)	Edith Zewelani Nawakwi	Female	Clement Mwanza	Male
3	Greens	Peter Chazya Sinkamba	Male	Clement Francis Tafni	Male
4	People's Alliance for Change (PAC)	Andyford Mayele Banda	Male	Enoch Roosevelt Tonga	Male
5	Patriotic Front (PF)	Edgar Chagwa Lungu	Male	Inonge Mutukwa Wina	Female
6	RAINBOW	Wynter Kabimba	Male	Cosmas Musheke Musumali	Male
7	United National Independent Party (UNIP)	Tilyenji Chanda Kaunda	Male	Njekwa Ement Anamela	Male
8	United Party for National Development (UNDP)	Hakainde Hichilema	Male	Geoffrey Bwalya Mwamba	Male
9	United Progress People (UPP)	Saviour Chishimba	Male	Sinanzeni Chuma	Female

Table 2.12 shows that one out of the nine candidates vying for presidential elections in Zambia only the FDD is fielding a female candidate, Edith Nawakwi. Of the nine presidential running mates, only the PF has selected a woman, the incumbent Vice President, Inonge Wina.

An analysis of the names of adopted candidates provided by EPZ shows that only:

- **9%** women have been adopted to contest in the Local Government Elections as Ward Councilors.
- **12%** women have been adopted to stand as Council Chairpersons/Mayors in the Local Government Elections.
- **16%** women have been adopted to stand as Members of Parliament (MPs) in the National Assembly Elections.

Table 2.13: Analysis lists for three major political parties in Zambia

PF	Female		Male		Totals
	No.	%	No.	%	No.
Local Government - Ward Councilors	145	9%	1416	91%	1561
Local Government - Council Chairpersons/Mayors	15	15%	88	85%	103
National Assembly - Members of Parliament	27	18%	127	82%	154
Totals	**187**	**10%**	**1631**	**90%**	**1818**
FDD	**Female**		**Male**		**Totals**
	No.	**%**	**No.**	**%**	**No.**
Local Government - Ward Councilors	92	14%	567	86%	659
Local Government - Council Chairpersons/Mayors	7	15%	40	85%	47
National Assembly - Members of Parliament	21	19%	88	81%	109
Totals	**120**	**15%**	**695**	**85%**	**815**
UPND	**Female**		**Male**		**Totals**
	No.	**%**	**No.**	**%**	**No.**
Local Government - Ward Councilors	98	6%	1458	94%	1556
Local Government - Council Chairpersons/Mayors	11	11%	88	89%	99
National Assembly - Members of Parliament	28	18%	127	82%	155
Totals	**137**	**8%**	**1673**	**92%**	**1810**

Prior to the adoption process the ruling party, Patriotic Front (PF), made a pledge to reserve 40% seats for women (Zambia *Daily Mail*, February 18, 2016). Yet as reflected in Table 2.13, the party is only fielding 10% women candidates; 9% in local government and 18% in parliament. The FDD (15% women) and UPND (8% women) do not fare much better. Zambia is in danger of regressing even further from its current levels of 10% women in parliament and 6% in local government.

Voluntary quotas and the mixed system: South Africa

Minister in the Presidency responsible for Women Affairs Susan Shabangu highlighted in June 2015 that the Women Empowerment and Gender Equality Bill had been shelved. The legislation would have made it obligatory for gender parity to be achieved in all areas of decision-making. South African Women in Dialogue, the Alliance focal network in South Africa, has been a long-time advocate of legislated quotas, arguing that women's political participation cannot be left to the whims of political parties. Local elections coming up in August 2016 are a case in point. There is a grave danger of further back sliding as the ruling African National Congress (the only party with a quota) seems set to lose ground in the elections.



South Africa's Minister of Women, Susan Shabangu, at a Take Back the Night march. *Photo by Gender Links*

South Africa: Plea for legislated quotas



Women comprise 38% of elected councillors and 40% of MPs in South Africa - impressive by global standards, but both figures have fallen in recent elections. As the ANC is the only party to have embraced a voluntary quota of 50% women in local and national elections, there is a direct correlation between the ANC's waning political fortunes, and the extent to which women are represented in parliament.

Women's equal participation may be guaranteed by the Constitution, but political parties have done little to make sure that it is guaranteed in reality. Every indication is that there will be a further drop in women's representation in local government in August, at the very moment that South Africa has pledged in regional and global forums to make women equal partners in decision-making.

Nowhere is this more important than at the local level - the coalface of delivery. We see institutionalised challenges to women's access to land, business finance, technology, extension services and markets. Women-headed households have less access than men to public and private assets, such as property ownership, water-born sewage, electricity for cooking, and water. (Stats SA, 2012; *Status of Women in the South African Economy, 2015*).

In the health sector, women face economic, domestic, cultural and legal barriers to health care and sexual and reproductive health rights and services. HIV/AIDS prevalence among the youth aged between 15 and 24 indicates this is higher for females (8.1%) than for males (4.0%).

The levels of gender-based violence (GBV) against women and girl children, in particular, is a critical issue hindering women's advancement and development. While we have seen gains in terms of girls' access to education, with South Africa reaching parity in enrolment figures and attendance for girls and boys in primary education, there is concern at the drop-out rate of girls over the age of 15, influenced by teenage pregnancy and GBV at schools.

An analysis by Gender Links of the extent to which gender is reflected in party manifestos in relation to political and economic participation, infrastructure, services and social concerns put the African National Congress (ANC) and the United Democratic Movement (UDM) in lead positions with a score of just 40%. The Congress of the People (COPE), at 36%, the Democratic Alliance (DA) and Economic freedom Front (EFF) at 28% did not do much better. The Inkatha Freedom Party (IFP) at 24% and Freedom Front (FF+), at 20% tailed the list.



Women's voter power in upcoming municipal elections.
Photo courtesy of Buzz South Africa

Only the ANC expresses a commitment to work with all sectors to end violence against women and children. The IFP makes a timid reference to women and children "feeling safe in our streets." Neither offers any analysis of why women's rights continue to be so flagrantly violated in this way.

Only the UDM commits to ensuring women's representation on municipal structures and in decision-making. The ANC commits to ensuring women constitute 60% of extended public works programme beneficiaries. COPE commits to creating a dedicated women's fund' and encouraging women to engage in small, medium and micro businesses. The UDM envisages supporting youth, women and people with disabilities to be entrepreneurs. None of the parties provide a gendered analysis of access to resources such as land, housing, and credit.

The ANC notes that an increase in provision of electricity and water to households reduces the burden on rural women in gathering these resources. Parties such as COPE, DA, EFF and UDM envisage measures to ensure access to these commodities for indigent households, but none identify challenges experienced by women-headed households.

By comparison, most of the parties have revealed an understanding of particular challenges experienced by the youth including economic participation, access to training and entrepreneurial opportunities. But the analysis fails to distinguish between the challenges experienced by young women and young men.

It stands to reason that any party tapping into the issues impacting directly on a majority voting bloc such as women, should enjoy statistical advantage over its competition. Contentions within the ruling party, shifts in the balance of power between the ANC and its official opposition, the DA, as well as rising contender, the EFF, all indicate that in many municipalities, the vote is up for grabs.

Excerpt from an opinion piece by Janine Hicks, former Commissioner on Gender Equality, and Colleen Lowe Morna, CEO, Gender Links

Table 2.14: Summary of 50/50 Campaign Strategy

COUNTRY	CABINET	PARLIAMENT			LOCAL GOVERNMENT			STRATEGY
	% Women	% Women	Next election	Electoral System & Quota	% Women	Next election	Electoral System & Quota	
Angola	23%	37%	**2017**	PR/ Voluntary 30%		**2017**		Work with Ministry of Gender and Alliance Focal Point/Women's umbrella organisation during the period 2014-2016.
Botswana	17%	10%	**October 2019**	FPTP/ Voluntary party quota	19%	**October 2019**	FPTP No Quota	Advocate for legislated quota at local and national level through amendments to the Constitution and Electoral Act.
DRC	11%	9%	**October 2016**	FPTP/ 30%	6%	**October 2017**	FPTP	Advocate for legislated quotas at national and local level.
Lesotho	21%	25%	**2020**	Mixed No Quota	**49%**	**March 2017**	Mixed 30% Quota	Escalate the quota at local level to national level. Monitor progress on 50/50 campaign. Review parties' manifestos and encourage quotas. Sensitise communities about 50/50 campaign.
Madagascar	20%	21%	**July 2018**	FPTP/ No Quota	8%	**July 2020**	FPTP No Quota	Use the Mauritius example to advocate for quotas at local level in the forthcoming elections.
Malawi	15%	17%	**2019**	FPTP/ No Quota	12%	**2019**	FPTP No Quota	Advocate for legislated quotas at national, local level using the Gender Equality Bill; Zimbabwe and Mauritius models in the 2019 elections. Train women on how to effectively engage with the media.
Mauritius	13%	12%	**2019**	Mixed/ No quota	27%	**2020**	FPTP Legislated quota	Use the White Paper on Electoral reform to advocate for the quota at local level to be extended to national level; build on momentum at local level.
Mozambique	23%	40%	**October 2019**	PR/ Voluntary party quota	36%	**October 2019**	PR Voluntary party quota	Advocate for all parties to adopt quotas and/or legislated quota. Increase efforts to mobilise women's participation in local government.
Namibia	23%	46%	**November 2020**	PR/ Voluntary party	48%	**November 2019**	PR Legislated quota	Work with the Ministry of Gender to table motion in Parliament for adoption; to put motion on the agendas of the local authorities. GL and Civil society organisations to popularise and domesticate at local level and increase efforts and women in politics trainings.
Seychelles	23%	44%	**2016 (National Assembly); 2020 (Presidential)**	Mixed No Quota	**N/A**	**N/A**	**N/A**	Document how Seychelles has succeeded without a quota.
South Africa	43%	42%	**May 2019**	PR/ Voluntary party	38%	**August 2016**	Mixed With Quota	Advocate for legislated quotas at local and national levels using the Equality Act and for all parties to follow the ANC's 50/50 lead. Name and shame political parties with no voluntary quotas.
Swaziland	25%	15%	**2018 (National Assembly)**	FPTP/ Legislated 30%	22%	**2017**	FPTP No Quota	Lobby for legislated quotas at local and national level, and for four seats to be reserved for women in parliament in the 2018 elections.
Tanzania	34%	36%	**October 2020**	FPTP Constitutional 30%	34%	**October 2015**	FPTP With Constitutional 30%	Advocate for the adoption of the 50% Constitutional quota.
Zambia	26%	14%	**September 2016**	FPTP No Quota	6%	**September 2016**	FPTP No Quota	Have space in the media to name and shame Boards and committees who do not have 50/50 representation on their Boards.
Zimbabwe	15%	31%	**2018**	FPTP Legislated 30% at National level	16%	**2018**	FPTP No Quota	Take stock of losses and gains in 2013, lobby for quota to be extended to local government. Start mobilising now for the 2018 Elections through capacity building and ongoing training potential women candidates. Lobby for quota at local levels.

Source: Gender Links, Inter Parliamentary Union Website and EISA - http://www.content.eisa.org.za/node/279 , accessed and collated 12 July 2016.

Women leaders in local government

Women leadership in local government has the potential to enhance effective participation in decision-making. Presently data on women mayors in the SADC region in scanty and needs to be added to the data collection tasks of Agenda 2030. Anecdotal evidence shows the contribution of women mayors to gender responsive governance:



Madagascar - As Mayor and the Head Administrator of Bongatsara, ***Annick Rabearisoa*** is in charge of finance and social development in addition to being a counsellor, a friend, a mother, an administrator, a trainer and all other official and unofficial work combined.

"Contrary to developed countries, social and economic development issues in the locality are put in the same basket. The state does not take charge of the health of the population although it gives the minimum. The Council has to fill the gap and take charge of all those in need," she said. "In Madagascar we talk a lot about SADC and how SADC can help Madagascar to get us out the political crisis, but we never mention the Protocol. And yet the contents of the Protocol are our life-buoy. We are an integral part of SADC; we have signed the Protocol on Gender and Development and yet had it not been to Gender Links, our eyes would not have been opened on the Protocol. We would not have known this instrument. We have now integrated the Protocol in all our projects."



Botswana - As mayor of Lobatse, ***Caroline Garesego Lesang*** says: "I am the overseer of all activities of the council. I chair the full council and I attend sub-committee meetings. When it comes to planning, we take a bottom-up approach and have annual reviews of your 7-year plan. In 1995 I was one of the delegates to Beijing. I was working as a fashion designer for clothing; I had a fashion design factory. I then went into financial services consultancy for government.

"All those years we used to talked about gender, but we never thought about planning. We were just talking don't do that, don't do this, but we never trained organisations to plan. Maybe that is why it has taken government a long time to address gender issues. Now, when I look into a budget, I can see its gender sensitivity. There are budgets for specific projects and crosscutting projects in all departments."



Mozambique - "The way Mandlakazi leadership, staff the community approach gender issues has changed," says ***Maria Helena Langa***, mayor of Mandlakazi. "As the Mayor I improved my planning and increased my understanding on the intersection between gender and local government.The change in my life has influenced transformation in people surrounding me, those whom I work with and attitudinal changes within my community. Though, I still face some challenges in moving the gender agenda forward. We need to join efforts to fight the barriers that are embedded within the cultural system. I will continue working with my community and through my party to push the agenda forward especially the adoption of quotas at party level."



Lesotho - ***Manoosi Khetsi*** is a well-respected chairperson of Likila Community Council. She also works as a trained village health worker. Her career is challenging, serving a remote village of Lesotho, particularly on issues of HIV and AIDS. She is involved in care work and has encouraged many women and men to join care work groups to support victims of HIV and other related diseases within the village.

"All these have been gained through working with GL during the many COE workshops held where the candidate was a participant. People are beginning to understand issues of gender differently, as opposed to before. There is some change in attitudes," said Khetsi. As a politician, Khetsi believes that she has to bring change to peoples' lives, since they elected her as council chairperson position, with the hope that she will be able to influence change.

"As a woman also, I believe that it is time for women to show the world that women are as capable as men to bring change in peoples' lives. Men should not feel intimidated by the presence of women but rather they should take advantage of that and join efforts and promote the economy," she said.

Cabinet

Cabinet is one area in which governments should make rapid progress as members are appointed rather than elected. The regional average of only 23% women in cabinet positions raises serious concerns regarding the political will of SADC heads of state to increase women's representation in decision-making.

Table 2.15: Women's representation in cabinet 2009 and 2016

Country	2009	2016	Variance	Progress
South Africa	41%	43%	2%	7%
Tanzania	22%	34%	12%	16%
Zambia	n/a	26%	n/a	24%
Swaziland	27%	25%	-2%	25%
Mozambique	28%	23%	-5%	27%
Seychelles	20%	23%	3%	27%
Namibia	19%	23%	4%	27%
Angola	28%	23%	-5%	27%
Lesotho	32%	21%	-11%	29%
Madagascar	n/a	20%	n/a	30%
Botswana	20%	17%	-3%	33%
Zimbabwe	n/a	15%	n/a	35%
Malawi	24%	15%	-9%	35%
Mauritius	10%	13%	3%	37%
DRC	n/a	11%	n/a	39%
Regional average	**21%**	**23%**	**2%**	**27%**

Source: Record of Meeting of SADC Ministers Responsible for Gender/Women's Affairs; Botswana, 23 June 2016.

Table 2.15 shows that:

- The regional average of women's representation in cabinet has increased by only two percentage points from 21% in 2009 to 23% 2016: The region missed the Protocol target of 50% women in cabinet by 27 percentage points.
- The highest proportion of women in cabinet is in South Africa (43%), a two percentage point increase from 2009.
- Zambia is due to hold general elections in September 2016.
- There are only two countries with more than 30% women as ministers: Tanzania (34%) and South Africa (43%). The proportion of women in cabinet in Zambia increased by 11 percentage points: from 15% to 26% in 2015.
- Tanzania became the eighth SADC country to have a woman in a top political post with the appointment of a woman deputy president. Other countries reported on last year who have had women in positions of president, deputy president, prime minister and deputy prime minister include Mauritius, Mozambique, Namibia, South Africa, Zambia and Zimbabwe.

Tanzania's first female Vice President



Tanzania's ruling Chama Cha Mapinduzi (CCM) party elected Samia Suluhu Hassan, 54, as deputy to John Pombe Magufuli ahead of the country's elections. The two were sworn in on November 5, 2015.

Suluhu is among the country's most powerful women alongside former First Lady Salma Kikwete, Elsie Kwanza (Head of Africa World Economic Forum) and Margareth Mattaba Chacha (MD Tanzania Women's Bank Ltd). Hassan beat two other women CCM candidates Amina Ali and Asha-Rose Migiro who came second and third respectively during the July 2015 party elections.

Hassan graduated from Mzumbe University in 1986 with an Advanced Diploma in Public Administration. She continued on to the University of Manchester where she received a postgraduate diploma in Economics in 1994. Amid the rising election fever, she received a Master's in Science in Community Economic Development through a joint-program between the Open University of Tanzania and the Southern New Hampshire University. In her native Zanzibar, Suluhu was the only high ranking woman in President Amani Abeid Karume's cabinet.



Samia Suluhu Hassan.
Photo by Rising Africa.org

The Vice President is a relative newcomer to politics. In 2010 she vied for a parliamentary seat in Makunduchi constituency winning 80% of the votes. Upon her win, former President Jakaya Kikwete appointed her Minister of State in the Vice-President's Office (Union Affairs).Her rise since then has been steady.

Adapted from Article by Tom Gitaa posted on November 13, 2015, Mshale - http://mshale.com on URL: http://mshale.com/2015/11/13/meet-samia-suluhu-hassan-tanzanias-female-vice-president/

Table 2.16: Women as deputy ministers			
	Total No.	Total women	% women
Angola	52	11	21%
Botswana	8	1	13%
DRC	8	3	38%
Lesotho	6	2	33%
Malawi	2	0	0%
Mozambique	20	8	40%
Namibia	32	15	47%
South Africa	37	17	46%
Tanzania	25	5	20%
Zambia	38	6	16%
Zimbabwe	28	5	18%
Total	**256**	**73**	**29%**

Source: Record of Meeting of SADC Ministers Responsible for Gender/Women's Affairs; Botswana, 23 June 2016.

Table 2.16 provides comparative details of women's representation as deputy ministers in 11 countries for which governments provided data to the SADC Gender Unit. The table shows that:

- Overall, women constitute 29% of deputy ministers. This is higher than the level for ministers, but still falls far short of the 50% mark.
- Two member states are close to the 50% mark: Namibia (47%), South Africa (46%)
- Four countries (Malawi, Botswana, Zambia and Zimbabwe) are performing at less than 20%. Malawi has no women deputy ministers.

Table 2.17: Women in ambassadorial positions			
	Total No.	No.of women	% women
Angola	17	13	76%
Botswana	21	5	24%
DRC	31	7	23%
Lesotho	16	8	50%
Madagascar	15	7	47%
Malawi	20	5	25%
Mauritius	16	1	6%
Mozambique	29	7	24%
Seychelles	12	4	33%
South Africa	125	35	28%
Swaziland	13	3	23%
Zimbabwe	41	10	24%
Total	**356**	**105**	**29%**

Source: Draft Annotated Agenda for SADC Ministers meeting in reviewing the SADC Protocol on Gender and Development, Botswana, 23 June 2016.

Table 2.17 shows that:

- The regional average for women in the foreign service in the twelve countries that provided data is 29%. Although this is still far short of the 50% target, this represents a substantial change and achievement over time, as this is one of the most male dominated and hostile areas for women in decision-making.
- There are considerable variations between countries: from 6% in Mauritius to 76% in Angola. Four countries have above 30% women in the foreign service - Madagascar, Lesotho, Seychelles and Angola.

Table 2.18: Women in Judiciary in SADC 2016												
Member states	Registrars			President of Courts			Judges			Magistrates		
	Total	No. of women	% of women	Total	No. of women	% of women	Total	No. of women	% of women	Total	No. of women	% of women
Angola									31%			17%
Botswana	17	12	71%	2	0	0%	34	8	24%	89	55	62%
DRC				157	16	10%	678	163	24%	502	34	7%
Lesotho				1	0	0%			65%			42%
Madagascar				52	16	31%	50	6	12%	901	446	50%
Malawi	1	0	0%	1	0	0%	31	8	26%	198	63	32%
Mauritius				1	0	0%			48%			50%
Mozambique	152	56	37%	1	0	0%	464	140	30%	7	2	29%
Namibia	1	1	100%	1	0	0%	19	5	26%	99	50	51%
Seychelles	1	1	100%	1	0	0%	18	2	11%	6	3	50%
South Africa				15	2	13%	238	81	34%	1568	645	41%
Swaziland	2	1	50%	1	0	0%	10	2	20%	24	8	33%
Tanzania				5	3	60%			43%			29%
Zambia	10	2	20%				55	27	49%	207	62	30%
Zimbabwe	4	2	50%				54	26	48%			
Total	**188**	**75**	**40%**	**238**	**37**	**16%**	**1651**	**468**	**28%**	**3601**	**1368**	**38%**

Source: Draft Annotated Agenda for SADC Ministers meeting in reviewing the SADC Protocol on Gender and Development, Botswana, 23 June 2016; referenced Member States and IPU.

Table 2.18 illustrates that in the judiciary, the SADC region has failed to meet the 50% target on several fronts, but there is considerable variation.

- Overall, where data is available, women's representation is highest as registrars (40%) but this varies from 0% to 100% in Namibia and Seychelles.
- Women are least represented as court Presidents (16%). Madagascar (31%) has the highest representation of women as court presidents. Eight of the 12 countries with data have no women as court Presidents.
- With 65% women judges, Lesotho is the only SADC countries to have more women than men judges. Four countries; Zimbabwe (48%), Zambia (49%), and Mauritius (49%), Tanzania (43%) are just a single digit shy of reaching the 50% mark in the women judges' audit. Eight countries have over 30% women judges. Unfortunately many countries only provided percentages rather than the actual number of judges needed to calculate the regional average, which stands at 28% based on available data. It is important to obtain more actual figures in 2017 to calculate this more accurately.
- Women comprise 38% of magistrates based on available data (that again is patchy). Botswana has the highest representation at 62% followed by four countries: Namibia at 51%, Seychelles, Madagascar and Mauritius all at 50% representation. Five countries have more than 30% to 40% women's representation: Lesotho (42%), Malawi (32%), and South Africa (41%) Swaziland (41%) and Zambia (30%).

Table 2.19: Women in top management in the Public Service

Member States	Permanent/Principal Secretaries/DG's		
	Total	Women	% of women
Botswana	16	5	31%
DRC	238	23	10%
Madagascar	30	4	13%
Malawi	62	15	24%
Mozambique	21	7	33%
Namibia	35	8	23%
Seychelles	26	11	42%
South Africa	68	16	24%
Zambia	53	15	28%
Zimbabwe	30	9	30%
Total	**579**	**113**	**20%**

Source: Draft Annotated Agenda for SADC Ministers meeting in reviewing the SADC Protocol on Gender and Development, Botswana, 23 June 2016.

Table 2.19 shows that for the ten countries in SADC that submitted information on women on the administrative heads of government ministries (permanent secretaries, DGs etc), the overall proportion of women in top management in the civil service is 20%. Seychelles leads at 42%, followed by Mozambique at 33% .Other countries at 30% and above are Botswana (31%) and Zimbabwe (30%).

Gender and governance Post 2015



Ministers Responsible for Gender and Women's Affairs Endorse the Revised SADC Protocol on Gender and Development.
Photo by SADC Gender Unit

In June 2015, when SADC Ministers met in Gaborone, Botswana to adopt a Post 2015 regional gender equality framework special measures to increase the proportion of women in decision-making loomed large. Relevant SDGs targets include:

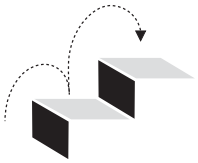
- Target 5.5 Ensure women's *full and effective participation and equal opportunities for leadership at all levels* of decision-making in political, economic and public life.
- Target 5.c Adopt and strengthen sound policies and enforceable legislation for the *promotion of gender equality and the empowerment of all women and girls at all levels.*
- Target 10.2 by 2030, *empower and promote the social, economic and political inclusion of all*, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.
- Target 16.7 *Ensure responsive, inclusive, participatory and representative decision-making at all levels.*

New additions, missed opportunities in the Post 2015 SADC Gender Protocol

The revised SADC Gender Protocol represents a paradigm shift in that, it moves away from simple numerical representation to effective leadership. The words underlined are new additions to the Protocol: "State Parties shall, ensure **equal and effective** representation of women in decision-making positions in the political, public and private sectors including through the use of special measures as provided for in Article 5."

However, in addition to the removal of specific time frames, that has played a crucial role in moving the gender and governance agenda forward, Gender Ministers removed the following specific provision, recommended by the technical meeting in October 2015: "State Parties shall review, through an independent system, the differential impact of electoral systems on the political representation of women in elected bodies where appropriate and adjust these by 2030."

The reason given is that this is covered under the "special measures" now provided for in Article 5. However, as evidenced in this chapter, electoral systems (coupled with quotas) play a crucial role in determining the extent of women's political participation. It is unfortunate the SADC Gender Ministers failed to use the opportunity of the review of the Protocol to grasp the nettle on this issue.



Next steps

While in the past the SADC Gender and Development Index (SGDI) has only measured women's representation at national, local and cabinet level, this chapter demonstrates that this can now be broadened to incorporate deputy ministers; the public service and judiciary. Ideally, decision-making should also include the private sector, but unfortunately it is unlikely that sufficient accurate data will be available for this purpose. Broadening decision-making to include the bureaucracy and judiciary will, however, provide a more representative sample of this area of decision-making. Agreed empirical tools for measuring women's *effective* participation in decision-making may take some time to develop. Citizen perceptions, as captured through the Citizen Score Card, will continue to play an important role in providing more nuanced perspectives on the difference that having women in decision-making makes. The table below shows that at least four more indicators can be readily added to the existing three SGDI indicators, to provide a more balanced perspective of progress towards achieving gender parity in decision-making.

PROPOSED INDICATORS FOR IMPLEMENTATION FRAMEWORK	SGDI	New SGDI
Percentage of women in parliament	✓	
Percentage of women in local government	✓	
Percentage of women in cabinet	✓	
Percentage women in the foreign service		✓
Percentage of women in top management in the public service		✓
Percentage women magistrates and judges		✓
Percentage women in the judiciary.		✓
TRACKING		
Existence of support structures for women in decision-making positions.		
Number of policies, strategies and programmes put in place to ensure equal representation of women and men in decision-making for building the capacity of women to participate effectively through leadership and gender sensitivity training and mentoring.		



"Sarah" *Anushka Virahsawmy*

CHAPTER 3

Education and training

Article 14



Students from Saint Mary's English Medium Primary School in Botswana displaying the successes of the SADC region on gender equality at the 2015 SADC Gender Protocol Summit in Gaborone, Botswana. *Photo by Mboy Maswabi*

KEY POINTS

- Education is one area in which SADC countries have made tremendous strides especially with regard to enrolment.
- However, the large gap between the regional average Southern Africa Gender and Development Index (SGDI) of 94% and the regional Citizen Score Card (CSC) score of 69% reflects the gap between quantitative and qualitative achievements in the education sector.
- While considerable progress has been made in ensuring universal enrolment in primary and secondary education, gender gaps are still pronounced at tertiary and vocational level. Women are underrepresented in the Science, Technology, Engineering and Mathematics (STEM) subjects.
- Drop-out rates are higher among girls than boys, owing to high rates of teenage pregnancy and ambivalent policies on this front.
- The learning environment and quality of education leaves much to be desired in many public schools.
- With the adoption of the Sustainable Development Goals (SDGS) in 2015, the education agenda has shifted from a basic needs approach to a transformative framework. This aims both to improve the number of girls enrolled at all levels of education, as well as enhance retention, performance and challenge gender stereotypes in education.
- The Post-2015 SADC Gender Protocol adopted by gender ministers in June 2016 has been strengthened to include provisions that reflect inclusivity, equality and quality lifelong learning.

Table 3.1: Education and training trends table					
Target for 2015		Baseline (2009)	Progress (2015)	Progress (2016)	Variance (Progress minus target)
Equal number of girls and boys enrolled in primary school in all 15 countries		**5 countries** (Lesotho, Namibia, Seychelles, Malawi and Tanzania)	**6 countries** (Botswana, Madagascar, Seychelles, South Africa, Tanzania and Zimbabwe)	**6 countries** (Botswana, Madagascar, Seychelles, South Africa, Tanzania and Zimbabwe)	**9 countries** (Lesotho, Malawi, Mauritius, Namibia, Zambia , Swaziland, Mozambique, Angola, DRC)
Equal number of girls and boys enrolled in secondary school in all 15 countries		**7 countries** (Lesotho, South Africa, Namibia, Botswana, Mauritius , Seychelles and Swaziland)	**9 countries** (Lesotho, South Africa, Malawi, Namibia, Mauritius, Madagascar, Seychelles, Swaziland, Zimbabwe)	**9 countries** (Lesotho, South Africa, Malawi, Namibia, Mauritius, Madagascar, Seychelles, Swaziland, Zimbabwe)	**6 countries** (Botswana, Tanzania, Zambia, Angola, Mozambique, DRC)
Equal number of women and men enrolled in tertiary school in all 15 countries		**7 countries** (Seychelles, Namibia, Mauritius, South Africa, Botswana, Zambia and Swaziland)	**8 countries** (Lesotho, Madagascar, Mauritius, Namibia, Seychelles, South Africa, Swaziland and Zambia)	**8 countries** (Lesotho, Madagascar, Mauritius, Namibia, Seychelles, South Africa, Swaziland and Zambia)	**6 countries** (Angola, Botswana, DRC, Malawi, Mozambique andTanzania)
Scores					
CSC	100	65	68	69	31
SGDI	100	n/a	94	94	6

2015 will go down in history as a turning point for the Southern Africa Development Community (SADC) and the rest of the world for the bold moves taken to accelerate gender equality in education. With the adoption of the Sustainable Development Goals (SDGs) in 2015, the education agenda shifted from basic needs to a more transformative approach. This is clearly illustrated in SDG Goal Four that calls for ensuring inclusive and quality education for all and promotion of lifelong learning. This goes beyond Millennium Development Goal (MDG) Two which focused mainly on attaining universal primary enrolment.

Towards the end of 2015, the SADC gender sector started the review of the SADC Gender Protocol with a strong emphasis on cross-referencing with the SDGs, Africa Union Agenda 2063 and Beijing plus 20. The Post-2015 SADC Gender Protocol which is to be signed in Swaziland in August 2016 at the 36th SADC Heads of States Summit has been strengthened to include provisions on inclusivity, equality and quality lifelong learning, as well as equal participation by girls in Science Technology and Mathematics (STEM).

This chapter will trace the crossover from the Education for All 2015 agenda into Agenda 2030 with special attention on the successes achieved since the first 2009 baseline SADC Gender Protocol Barometer and lessons from the past and opportunities for closing the existing gaps.

The SADC Gender and Development Index (SGDI) is a composite measure of the empirical data on primary, secondary and tertiary education. It does not, however, cover aspects such as gender biases in curriculum; the gendered dimension of subject and career choices; school dropout rates; or gender violence in schools. The Citizen Score Card (CSC) analyses how citizens perceive progress on gender in education. It is not a quantitative measure, but it does take into account those areas not covered by the SGDI.

The SGDI and CSC for 2016 are based on the original SADC Gender Protocol, as the updated Protocol had not yet been signed at the time of the Barometer. The new parameters will be incorporated in the tracking tools for the 2017 Barometer.



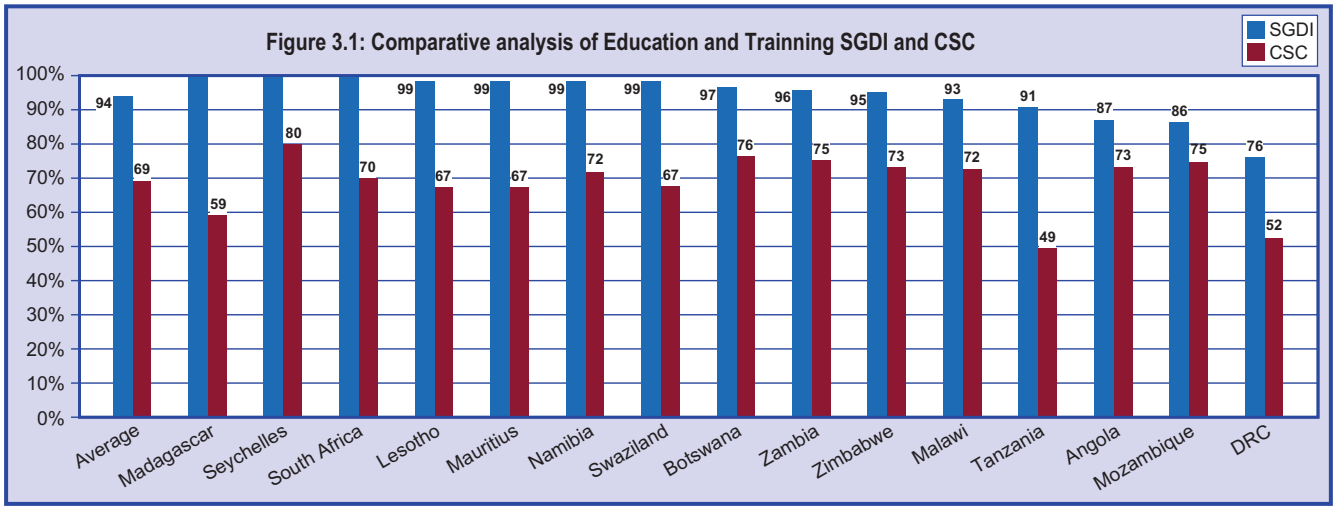
Limkokwing Botswana unleashes more graduates to the world.
Photo courtesy of the Broadcasters Organisation

Despite the skewed progress recorded during the last seven years from 2009 to 2015 tracking gender equality in SADC and the MDGs, education is the one area in which SADC countries claimed to have made tremendous strides with regard to enrolment.

By the 2015 SADC Gender Protocol deadline and the close of the MDG era only six out of 15 SADC countries had achieved 50% or more girls in primary education (Botswana, Madagascar, Seychelles, South Africa, Tanzania and Zimbabwe). Tanzania (52%) is the only country with a slight majority of girls in primary school. Most of the nine countries that fall short of gender parity only miss the mark by a percentage point or two. DRC, with 46% girls in primary education, has consistently fallen in last place.

Ten countries (Botswana, Lesotho, South Africa, Malawi, Namibia, Mauritius, Madagascar, Seychelles, Swaziland, Zimbabwe) have 50% or more young women in secondary school (up from seven in 2009). Lesotho, with 57% young women in secondary school, has consistently been the highest, and DRC, with just 36% young women in secondary school, is consistently lowest.

Nine countries (Botswana, Lesotho, Madagascar, Mauritius, Namibia, Seychelles, South Africa, Swaziland and Zambia) closed 2015 with more young women than young men in tertiary education (up from seven in 2009). Mauritius (62% women at tertiary level) has the highest proportion of women at this level. The DRC, with 32% women at tertiary level, has the lowest proportion of women in tertiary education.



Source: Gender Links 2016.

Figure 3.1 compares the SGDI and CSC scores. The **SGDI** figure for education is a composite score that includes girls and women's enrolment at primary, secondary and tertiary level, as a score out of one hundred. As the target is women's and girls' equal participation (i.e. 50% of the total) where this is achieved a country scores 100% and less depending on the extent of the gender gap.

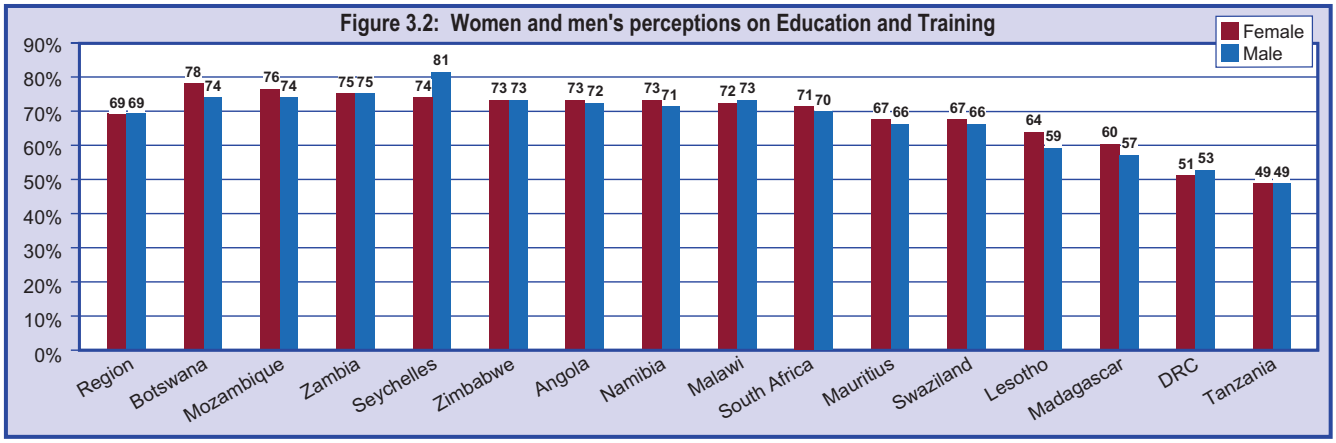
The regional average on the SGDI score at 94 % since 2015 is the highest score achieved in any of the six sectors measured by the SGDI. This demonstrates the success of efforts by SADC member states to reach the 2015 target of equal enrolment of boys and girls at all levels. These scores show that education is one of the region's success stories in terms of gender parity. One year past the original Protocol deadline of 2015, ten member states - Madagascar, Seychelles, South Africa, Lesotho, Mauritius, Namibia, Swaziland, Botswana, Zambia and Zimbabwe - attained an SGDI score of 95% and above. Madagascar, Seychelles and South Africa achieved full marks. Four countries: Lesotho, Madagascar Swaziland and Namibia missed the full score by only one percentage point at 99%. Even the lower ranked countries are not too far away from top scores with only three countries achieving less than 90%. At 76% DRC is the lowest in the ranking.

The **Citizen Score Card** is based on citizen ratings of governments' performance against the 28 targets of the SADC Gender Protocol on a scale of one to ten, averaged out into percentages for the different sectors, as well as overall. While the SGDI for education has not moved since 2015, the CSC has, in the past year gained a percentage point from 68% in 2015 to 69% in 2016.

At 69%, the CSC "perception" score is much lower than the SGDI. The difference between the SGDI average score and CSC in education (94% minus 69% or 25 percentage points) is the biggest gap between these two scores in any of the six sectors for which the scores can be compared (see Introduction). Citizens in all the

15 SADC countries gave lower scores compared to the SGDI. Tanzania recorded the highest gap between the SGDI (91%) and the CSC (49%) closely followed by Madagascar with SGDI and CSC scores of 100% and 59% respectively. Seychelles achieved the highest citizen score (80%). This reflects the glaring gender gaps that still exist between *enrolment and the quality of education* that need be addressed Post-2015.

The focus on access and completion overlooks what students actually learn. Among children who reach fourth grade, 250 million could be unable to read or write and the full scale of the crisis most likely underestimated.[1] The measurement of learning outcomes among children and youth is limited and, relative to measurement of access, more difficult to assess at the global level. In many countries children leave school without having developed literacy and numeracy or other relevant skills.[2]



Source: Gender Links 2016.

Figure 3.2 compares the perceptions of women and men on education across the region through sex disaggregation of the CSC. Overall, at 69%, both women and men scored the region much lower than the SGDI. Women in eight countries (Angola, Botswana, Madagascar, Mauritius, Mozambique, Namibia, South Africa and Swaziland) scored higher than men while in four countries (Seychelles, Malawi, Lesotho and DRC) men gave a higher score than women. In Tanzania, Zambia and Zimbabwe women and men gave the same score.



Millions of schoolgirls worldwide have been moulded by multiple layers of disadvantage. *Photo courtesy of Camfed*

Background

Not only is education a basic human right: it is vital for development. Education enables individuals, especially women, to live and aspire to healthy, meaningful, creative and resilient lives. It strengthens their voices in community, national and global affairs. It opens up new work opportunities and sources of social mobility. In short, the effects of education are significant across many development sectors. Education deserves to be a prominent cornerstone in the Post-2015 development framework.[3]

The lives of millions of girls worldwide have been moulded by multiple layers of disadvantage - formed by poverty, social-economic status, cultural attitudes and expectations, social norms, ethnicity and geographical location. Inequalities in access to secondary education can be especially prominent for girls from low-income and impoverished families as well as those living in isolated geographical areas and those who face pressure to drop out because of family obligations, early marriage, domestic work, discrimination, violence or disability.[4]

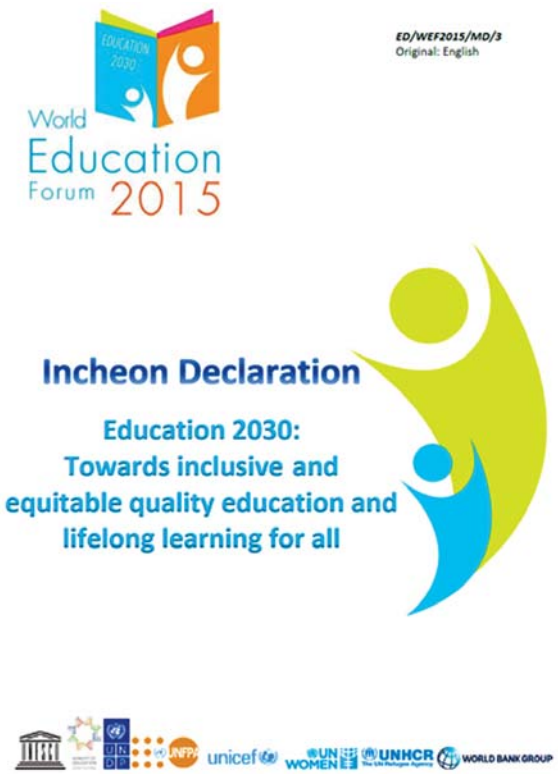
1 UNESCO (2012a).
2 UNESCO (2012a).
3 UNESCO.2015 Sustainable development begins with education.
4 UNESCO.2012.Advocacy brief: Removing Gender Barriers to Literacy for Women and Girls in Asia and the Pacific. Bangkok: UNESCO.

Table 3.2: Access and enrolment in education

	Angola		Botswana		DRC		Lesotho		Madagascar		Malawi		Mauritius		Mozambique		Namibia		Seychelles		South Africa		Swaziland		Tanzania		Zambia		Zimbabwe	
%	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Literacy	61	82	89	88	57	77	88	70	63	67	59	73	88	93	45	73	84	79	92	91	93	96	87	87	65	76	56	71	85	89
Enrolment																														
Primary school	46	54	51	49	46	54	49	51	50	50	49	51	49	51	47	53	49	51	50	50	50	50	48	52	52	48	49	51	50	50
Secondary school	44	56	52	48	36	64	57	43	50	50	54	46	52	48	44	56	53	47	50	50	55	45	50	50	46	54	45	55	50	50
Tertiary level	40	60	53	47	32	68	59	41	50	50	40	60	61	39	38	62	53	47	n/a	n/a	58	42	51	49	40	60	52	48	42	58
Vocational and technical			39	61	61	39	52	48	38	62	35	65	24	76	31	69	69	31					54	46	45	55			36	64

Source: Angola: http://www.unicef.org/infobycountry/angola_statistics.html 22/07/09 (access and enrolment only); Botswana: CSO 2003 / 2006 (access and enrolment), CSO 2006 (university faculties); DRC: Annual statistics of primary, secondary, professional and informal education for the school years 2006-2007 and 2007 to 2008; Lesotho: Ministry of Education Statistics Bulletin 2006. National University of Lesotho Student Records for 2008/2009 academic year. The Human Development Report 2007/2008 gives adult literacy of 90.3% for females, and 73.7% for males (access and enrolment), Ministry of Education, 2009 (university faculties); Madagascar: Ministry of National Education, Annuaires statistiques 2006-2007, 2007-2008 (access and enrolment), MEN Statistical Yearbook 2007-2008 (school administration); Malawi: Government of Malawi (2008) Education Management System, Department of Education Planning, Education Management Information System; Mauritius: CSO 2008; Mozambique: NA; Namibia: Ministry of Basic Education, Sports and Culture 2002 /Ministry Education 2008 (access and enrolment), Education stats 2008 (school administration); South Africa: Education Statistics in SA 2007 (access and enrollment), NA (school administration); Seychelles: Ministry of Education, 2009; 2010 & NSB, 2010. Swaziland: CSO/EMIS 2007 (access and enrolment), Teaching Service Commission 2009 (school administration); Tanzania: Wizara Ya Fedha na Uchumi, Hali ya Uchumi waTaifa katika mwaka 2008, (219-222) Year June 2009 and Ministry of Education and Vocational Training, Basic Education Statistics in Tanzania (BEST)2004-2008, National Data, June 2008; Zambia: Year Education Statistical Bulletin - 2008, ZDHS 2007. Zimbabwe: EMIS Report Year 2006 and Census report 2002 (Statistics only available in terms of percentages) (access and enrollment), EMIS Year 2006 (school administration) and OSSREA(2000): The Global Gender Gap report 2013 http://www.ossrea.net/index.php?option=com_content&view=article&id=350. All figures cross checked with UN.

The education provision in the SADC Gender Protocol played a pivotal role in the attainment of the other 2008 provisions, acting as a catalyst in increasing the numbers of women participating in politics and the economy, claiming their rights and making informed decisions on their sexual and reproductive rights and on climate change and environmental management.



In April 2015 the Africa Union unveiled Agenda 2063, a blueprint for the continent's development agenda for the next five decades, which among other things recognises the importance of education for the benefit of society. The document guarantees the development, rewarding and protection of the talent of the African child and youth as well as full access to education, training, skills and technology.

In May 2015, SADC member countries joined over 1,600 participants from 160 countries, including over 120 Ministers, heads and members of delegations, heads of agencies and officials of multilateral and bilateral organisations, and representatives of civil society, the teaching profession, youth and the private sector that converged in Incheon in Korea to map a new Education Framework Post-2015. The meeting culminated in the adoption of the Incheon Declaration for Education 2030, which sets out a new vision for education for the next fifteen years.

The vision of the Declaration is to transform lives through education, while recognising the important role of education as a main driver of development and in achieving the other SDGs. Delegates at the meeting committed with a sense of urgency to a single, renewed education agenda that is holistic, ambitious and aspirational, leaving no one behind. This new vision is fully captured by SDG 4: "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" and its corresponding targets. It is transformative and universal, addresses the "unfinished businesses of the Education for All (EFA) agenda and the education-related MDGs, and addresses global and national education challenges. It is inspired

by a humanistic vision of education and development based on human rights and dignity; social justice; inclusion; protection; cultural, linguistic and ethnic diversity; and shared responsibility and accountability."[5]



School uniforms are a luxury that most rural students in Madagascar cannot afford. *Photo by Zotonantenaina Razanadratefa*

Analysis of the SGDI scores over the last five years shows that most of the countries in the region have made progress on access to education. The MDG era has taught us that *access alone is not enough: attention needs to turn to quality of education and retention at all levels of girl students*. Critics feel that implementation of the current education framework has limited the focus to access, thus directing attention away from quality learning outcomes.

Quality of education is vital for economic growth. Spending more time in school, while important, is not enough. Children need to be learning. Some analysts have suggested that a proof of the economic effect of education would require measures of quality and learning outcomes. Countries need to monitor their students' learning over a sufficiently long period in order to assess the effects of education and quality on economic growth.[6] As stated by the Africa Progress Panel, "Many of the children in schools are receiving an education of such abysmal quality that they are learning very little."[7]

A child's first social and cultural influences come from their parents, teachers, peers and others. This is the beginning of the process of learning the languages, norms, gestures, beliefs and culture of the world in which one is born, as well as the roles one is expected to play in life. Challenging gender stereotypes along this path, in accordance with the Protocol, can translate into a greater range of options for girls and boys.

Across the region, gender violence is rampant in learning institutions. Simply put, schools have historically not been safe spaces for women and girls. Much of the violence involves rape or abuse of girls by male teachers or peers. Intimidation, hitting, coercion into sex acts, emotional and verbal abuse are prevalent. Many SADC countries have policies in place to address this issue, but these lack enforcement. There is a growing awareness among educators, government ministries, non-governmental organisations and civil society organisations about the need to make all learning environments safe.

The new global and regional education agenda 2030 is set to pick and improve from where the MDGs left off by improving the number of girls enrolled at all levels of education.

Education policy

The official change in education policies in SADC to take gender diversity into account is quite recent, as reflected in the examples that follow:



Tanzania: The government through the Ministry of Education has put in place Education Sector Development Program (ESDP) to guide the sector. The ESDP is a sector-wide approach with a vision to have an upgraded and coherently planned and well managed and monitored educational sector. However, implementation of the program has not been as planned. There has been resource gap for the implementation of the program. The budget for the programme decreased from 19.8% of the total Government budget in 2009 financial year to 19.1% in 2012 financial year. The program aims to reduce the number of out-of-school children; dropouts and those who did not register at childhood. Implementation of Big Result Now (BRN) is an initiative to fast-tracking the national development plan in 2013/2014 financial year, which identified education as one among six priority sectors. The government has also targeted indigenous/nomadic communities to ensure that all school age children are enrolled in schools.



Botswana: The main policy that guides the sector is the Revised National Gender Policy on Education (1994). It acknowledges gender gaps and challenges in the education system. It further recognises special education needs and the unique circumstances and concerns of out-of-school youth. However, the policy does not highlight the different vulnerabilities of out-of-school boy and girl children. The Ministry of Education also has an Equal Opportunities Policy, which aims at ensuring the promotion of equality of opportunity for

5 Incheon Declaration.
6 Sustainable development. UNESCO 2015.
7 10 Africa Progress Panel, 'A Twin Education Crisis is Holding Back Africa', Policy Paper, September 2012, p. 4; available from http://africaprogresspanel.org/en/publications/policy-papers/a-twin-education-crisis-is-holding-back-africa1. The panel is chaired by Kofi Annan and consists of 10 individuals from the private and public sectors who advocate for shared responsibility between African leaders and their international partners to promote equitable and sustainable development.

all learners and students. It states that no individual shall be discriminated against based on race, religion, social status, sex, marital status and location.



Lesotho: Article 3 of the Ministry's policy aims to develop an integrated system of education that provides equal opportunities to all irrespective of sex, religion, geographical location, special needs, political or other factors. There is more gender sensitivity in the goals on vocational education and training in Article 10. The government commits to the development of a functional gender sensitive, affordable and efficient VET system of sufficient capacity according to the needs of the economy, the society and the individual.



Malawi: All discriminatory policies related to choice of subjects that once existed have been removed and replaced with programmes to increase the number of girls taking science-related subjects.



Mauritius: The New National Curriculum Framework at the primary level aims to challenge gender stereotypes. It ensures that boys and girls study the same subjects. The ministry has removed all gender stereotypes from instructional materials to create a more enabling environment for self-esteem and personal development of both sexes. In the field of sports, activities traditionally reserved for boys have been opened to girls through infrastructural facilities. More and more girls have been training in traditionally "male" disciplines.



Mozambique: The country's education policy recognises significant differences in the participation of girls and boys in primary school. To promote equality, it advocates a gender sensitive environment through:

- Identification and definition of organisational modalities of the educational process and changes in the training of teachers;
- Developing a district school map to identify the optimum location for educational institutions;
- Sensitising society to reduce the domestic work load of girls;
- Promoting alternative systems of girls' education; and
- Agreements with NGOs, churches and other partners for their involvement in, and execution of, educational programmes for girls.

Education funding

Table 3.3: Government expenditure on education

	% GDP to education	% government spending	% primary education	% secondary education	% higher education
Angola	3.5	8.5	n/a	n/a	n/a
Botswana	7.8	16.2	17.8	32.7	41.5
DRC	2.5	8.9	33.3	33.7	n/a
Lesotho	13	**23.7**	36	20.5	36.4
Madagascar	2.8	**20.1**	47.1	22.3	13.5
Malawi	5.4	14.7	34.6	30.4	26.6
Mauritius	3.7	13.7	27.0	52.6	9.4
Namibia	8.4	n/a	40. 0	23.5	23.1
South Africa	6	19.2	42.5	31.4	11.9
Swaziland	7.8	21.0	48.7	36.7	12.8
Tanzania	6.2	18.3	n/a	11.3	28.3
Zambia	1.3	n/a	n/a	n/a	n/a
Zimbabwe	2.5	8.3	51.6	25.6	22.8

Source: World Bank Education statistics accessed on 2 June 2016.

The SDG on education maps out an ambitious framework on achieving universal pre-primary, primary and secondary education of good quality by 2030. For this to be achieved SADC governments need to increase public spending on education.

Realising the high cost of giving each child in the world quality education, the EFA recommended that 20% of government budgets go to education. However by the end of 2015 it was quite evident that the SADC region failed to meet this target. Research carried out during the tracking of the MDGs and the Education for All (EFA) Dakar Framework goals show that SADC countries generally failed to meet the targets on 20% of budget being committed to education. Table 3.3 shows that in Southern Africa:

- Only Lesotho (23.7%) and Swaziland (21 %) and Madagascar (20.1) have met the target with South Africa (19.2%) coming close to reaching the target.
- Most countries devote the bulk of their budget to primary education, with Zimbabwe (51.6%) having the highest proportion of budget devoted to primary education. This is consistent with human rights principles and with international targets such as the MDGs and EFA goals.[8]
- Figures on the proportion spent on secondary and tertiary education are scant.

To bridge the gap in education funding most countries in the region have in the past depended on donor aid. However aid to basic education to sub-Saharan Africa, which is home to over half the world's out-of-school children, fell below US $1.5 billion in 2014, returning to 2002/03 levels. Sub-Saharan Africa's share of total aid to basic education plummeted from 49% to 28% during this period. Part of the decline may be accounted for by the sharp increase in the share of aid that is not allocated by region or country (from 2% to 13%); this includes disbursements by the Global Partnership for Education. Even so, there is an unmistakeable decline in aid to sub- Saharan Africa.[9]

Education is suffering a double disadvantage: it is not only receiving the smallest proportion of humanitarian appeals, but is also consistently receiving a lower than average share of what it requests. In 2015 the sector received 31% of what it had requested in terms of humanitarian aid. This compares with an average of 55% across all sectors.[10]

Enrolment and retention



The Protocol calls upon state parties to enact laws that promote equal access to, and retention in, primary, secondary, tertiary, vocational and non-formal education.

The Protocol highlights factors that promote enrolment and retention of girls and boys in school. It also recognises that formal education is not the only type of training that can benefit girls and women; vocational and non-formal approaches have their place in preparing women and girls for economic opportunities.

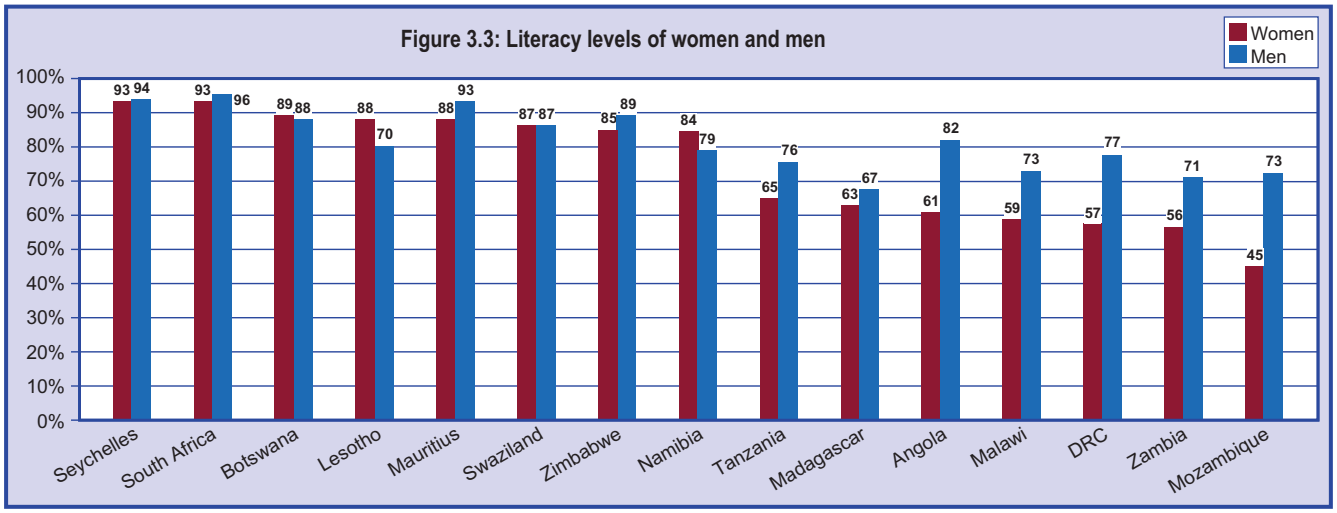
Factors related to school presence can be categorised into internal and external factors. The internal factors include cost of school requirements, poor teaching, poor learning environment, overcrowded classes, gender-insensitive schools and curriculum, insecurity at and out of school, insensitivity to children with special needs, harassment/corporal punishment, and lack of appropriate sanitation facilities.

External factors include early marriages and pregnancy, initiation rites requiring girls to be out of school for extended periods, child labour, security concerns, stigma (special needs and ultra-poor children), cultural practices and beliefs that attach low value to education, and poverty. At different levels of schooling, and in various countries, all of these factors affect enrolment and retention in various ways.

Literacy

The MDG goal of halving global illiteracy rates by 2015 has largely been missed. Some positive trends reflect more schooled populations entering adulthood[11] rather than the success of adult literacy campaigns.

[8] Global Initiative on Out of School Children East and Southern Africa report.
[9] Unesco Policy Paper 25: Aid to education stagnates, jeopardising global targets.
[10] Ibid.
[11] Education for All 2000-2015 Achievements and challenges.



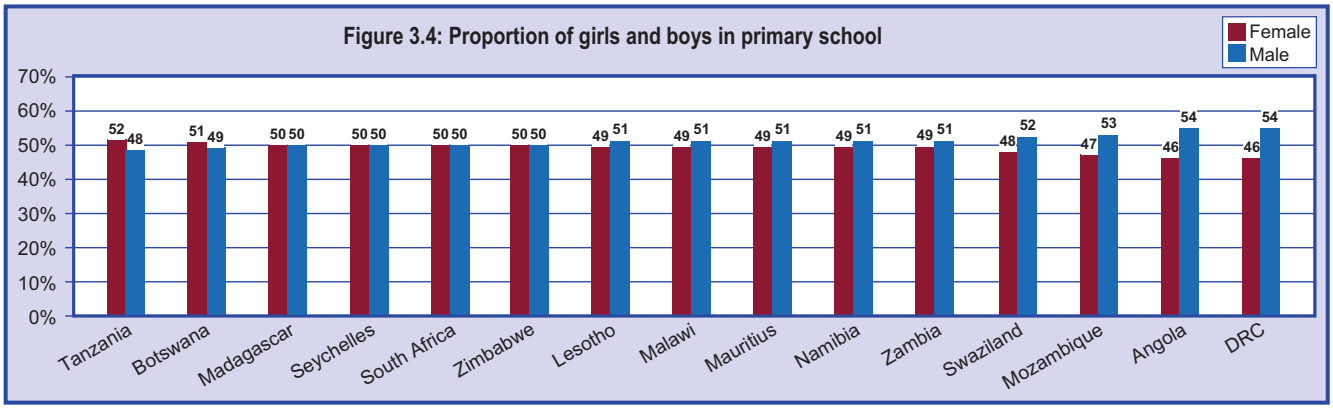
Source: Gender Gap report 2015 and country sources listed in Table 3.1.



Basic literacy and numeracy skills allow women to run their small businesses effectively. *Photo by Gender Links*

SADC countries have made progress in closing the literacy gap between men and women. Figure 3.3 shows that Botswana, Lesotho, Namibia and Seychelles have higher literacy levels among women compared to men. The highest gap is in Lesotho, where the literacy rate for women is 88%; 18 percentage points higher than that of men at 70%. Five countries (Madagascar, Mauritius, Namibia South Africa and Zimbabwe) have a percentage point difference of five or less between the literacy levels of women and men. Seychelles and South Africa have the highest literacy levels overall. Five countries still register large gender gaps in favour of men. These are Angola, DRC, Lesotho, Mozambique and Zambia where the difference between male and female literacy levels varies from 15 percentage points in Zambia to 28 percentage points in Mozambique.

Primary school



Source: GL and country sources listed in Table 3.1 and 3.2.

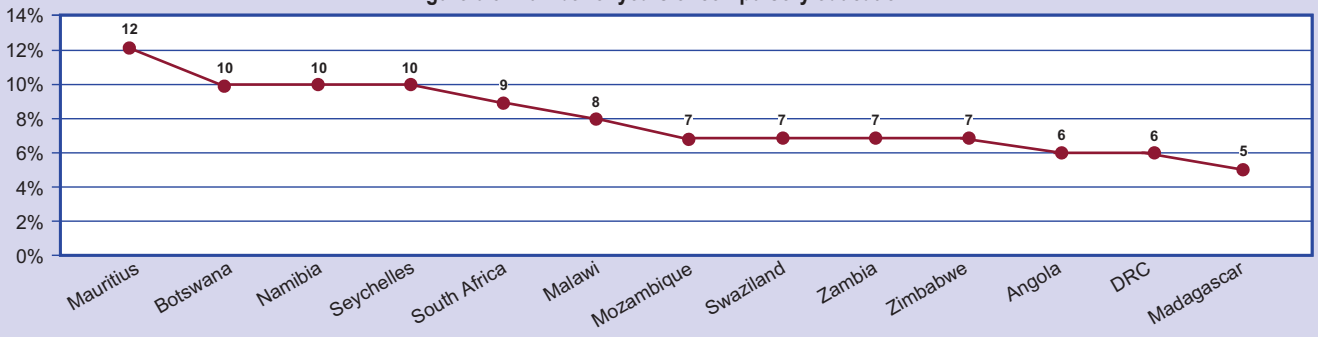
Universal primary education provides the foundation for societal progress and has been linked to better health and well-being outcomes.[12] The ratio of girls to boys enrolled in primary school continues to improve in many African countries. Of the 49 African countries with this data, 18 have achieved gender parity at the primary level of education. Parity figures, however, deteriorate at the secondary and tertiary levels. Thus, the transition of girls and boys between different levels of education requires urgent attention.[13]

Gender parity has been achieved in primary schools in most, but not all, SADC countries: Primary education enrolment is the SADC region (and Africa's) greatest success story. Tanzania is the only country in the region that has more girls than boys enrolled in primary school. Most SADC countries now have roughly equal numbers of boys and girls at primary school. Botswana, Madagascar, Seychelles, South Africa and Zimbabwe have all reached parity and met the MDG 2 target of achieving universal primary education by 2015. DRC, Angola and Mozambique still register the widest gaps, with girls still comprising less than 50% of primary school-goers in these countries. In all three countries there is a close correlation between these gaps and post-conflict conditions. The conflict in DRC continues to affect girl's participation in education.

Years of compulsory education in SADC

The Incheon Declaration commits UN Member States to ensuring the *provision of 12 years of free, publicly funded, equitable quality primary and secondary education*, of which at least nine years are compulsory, leading to relevant learning outcomes. The Declaration also encourages the provision of at least one year of free and compulsory quality pre-primary education and access to quality early childhood development, care and education.

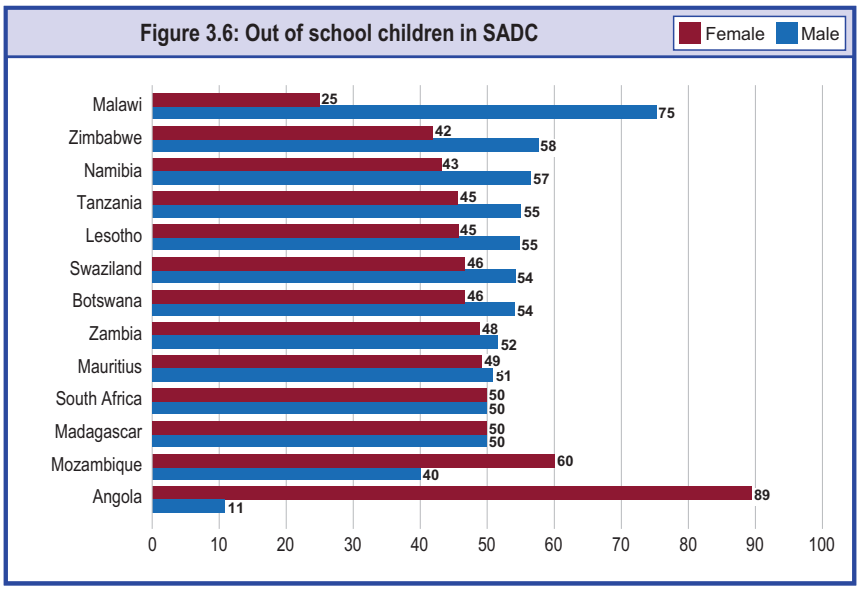
Figure 3.5: Number of years of compulsory education



Source: World Bank Education statistics accessed on 2 June 2016.[14]

Figure 3.5 summarises the number of years of compulsory education in SADC countries in descending order. The data shows that five SADC countries have achieved the target of nine years compulsory education with Mauritius (12 years) the highest. Of the 13 countries where data could be obtained, eight countries are still short of the target. With only five years of compulsory education, Madagascar offers the least number of years in the region.

Figure 3.6: Out of school children in SADC



Source: Gender Gap report 2015.

[12] Progress of Children 2015.
[13] Africa 2014 MDG report.
[14] Data could not be found for Lesotho and Tanzania.

Recent research by the United Nations Educational, Scientific and Cultural Organisation (UNESCO) provides insights into the three categories of out-of-school children: those who will eventually go to school, those who will never go, and those who were enrolled but dropped out. Estimates indicate that about 25 million, or 43% of out-of-school children, will never go to school. This estimate rises to 50% in sub-Saharan Africa.[15]

As illustrated in Figure 3.6 Angola has the highest share of girls out of school (89%). Mozambique follows at 60%. Madagascar and South Africa have an equal share of boys and girls out of school. Malawi has a much higher percentage of boys than girls out of school (75% boys, compared to 25% girls).

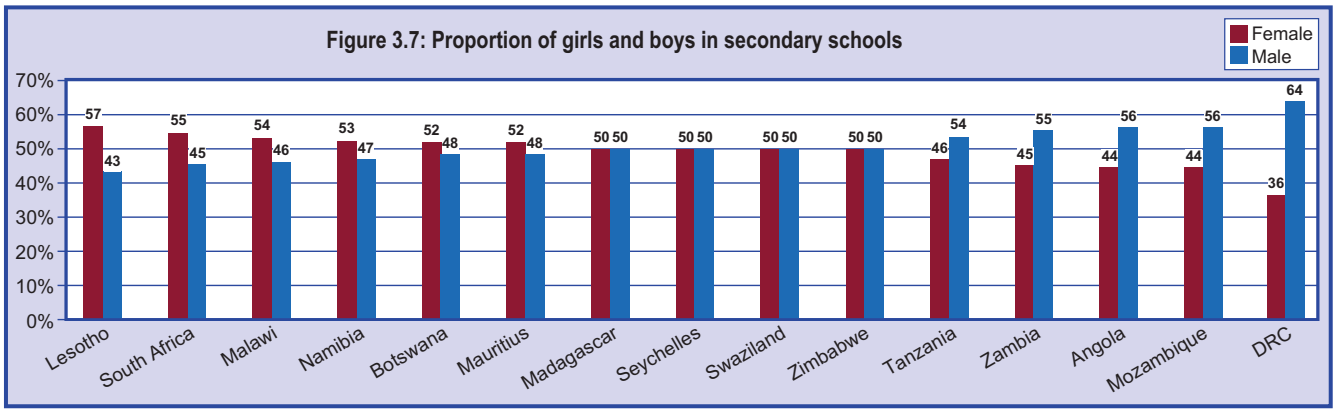
Structural barriers and entrenched discriminatory social norms reduce demand for girls' education, restrict access and undermine the benefits of girls' and young women's improved access to education. These norms are reflected in practices such as early marriage, gender-based violence, traditional seclusion practices that restrict travel to schools, the favouring of boys in families' education investment and the gendered division of household labour.[16]

In Zimbabwe, two young girls successfully led a legal campaign to recognise 18 as the minimum age of marriage. In Malawi, youth petitioned the Government to remove a legal provision which grants parents the right to marry off their daughters at the age of 15. In the Democratic Republic of Congo, civil society urged the Ministry of Gender to launch the African Union campaign to end child marriage.[17]

These are only a few examples of community-driven initiatives that deserve wider support and recognition in a region where 26% of girls are married before their 18th birthday. Child marriage rates can be as high as 50% in Malawi and as low as 6% in Swaziland. Just as disparate are the laws around marriage, with some countries setting 18 as the minimum age while others allow children as young as 14 to marry. Many countries provide exceptions to the minimum age of marriage, upon parental consent or authorisation of the court, while other exceptions allow customary or religious laws to set lower ages of marriage.[18]

If domesticated by SADC members, the Model Law on Child Marriages and Protecting Children Already in Marriages will help participating SADC states to meet their international commitments expressed in ratified international and regional law standards such as the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). This calls on states parties to take legislative and policy measures to advance the human rights of children and protect them from abuse. Adhering states will find it easy to incorporate into their own domestic legislation and policy provisions on the protection of children against child marriages and standards to prevent this practice as many of these standards are already constructed in great detail in the model law. The end result will be the promotion of a system that enables children to grow freely and capable of attaining their full development in a context friendly to their rights.[19]

Secondary school



Source: Gender Links and country sources listed in Table 3.1 and 3.2.

[15] Education for All Global monitoring report 2015 Gender Summary.
[16] SADC Model Law: one step closer to ending child marriage in Southern Africa http://www.girlsnotbrides.org/sadc-model-law-one-step-closer-to-ending-child-marriage-in-southern-africa/
[17] SADC Model Law: one step closer to ending child marriage in Southern Africa http://www.girlsnotbrides.org/sadc-model-law-one-step-closer-to-ending-child-marriage-in-southern-africa/
[18] Ibid.
[19] Introducing the draft model Law on eradicating child marriages and protecting children already in Marriage, Dr Aquinaldo Mandlate ,PhD Public International Law.

Most SADC countries now have more girls than boys or have reached gender parity in enrolment at secondary school level: SADC countries differ from their counterparts in the rest of Africa in that the gender gap at secondary school level is rapidly narrowing. Indeed, six countries have more boys than girls at this level; four have reached parity and only five have less girls than boys at secondary school level. Lesotho has a considerably higher proportion of girls than boys in secondary school (57% girls) because so many boys in that country leave school to herd cattle. Malawi, Mauritius, Namibia and South Africa have slightly more girls than boys, which is consistent with demographics. Madagascar, Seychelles, Swaziland and Zimbabwe have an equal number of girls and boys in secondary school.



Wezi Nyirongo, a journalist from Capital Radio in Malawi interviews a school girl on the challenges adolescent female students face at school.
Photo by Kondwani Chamwali

But in some countries, there is still a worrying gender gap in favour of boys: Girls constitute only 36% of secondary school learners in the DRC; 46% in Tanzania and 44% in both Mozambique and Angola; and 45% in Malawi and Zambia. It is concerning that these figures have failed to improve year after year.

Free education at secondary level is rare: A contributing factor is that free and compulsory education is rarer at secondary level than at primary level. Secondary level education is free in DRC and Seychelles, but it is not free in Lesotho, Malawi, Mozambique, Swaziland, or Zimbabwe. It is not compulsory in any SADC country. In many countries, there remain insufficient secondary school places for both boys and girls. Both sexes drop out at alarming rates.

A gender perspective provides insight as to why secondary school dropout rates remain high: Boys in the SADC region face greater pressure to earn an income; for girls, family responsibilities and social stereotypes that undervalue girls' education contribute to high dropout rates. Family members encourage, or force, many young women to marry early, or if not, care for their parents and siblings. This is especially so in the era of HIV and AIDS.

High rates of teenage pregnancy persist in the SADC region: This is also a key driver of high dropout rates for girls. Roughly, one-third of all young women become pregnant by the age of 16 and the burden of care usually falls to the girl. SADC lawmakers have introduced a variety of policies to tackle the problem of dropout rates among female learners.



Botswana: The country's Pregnancy Policy aims to reintegrate young girls who become pregnant back into the education system. Organisations such as the Young Women's Christian Association provide services to teen mothers. A significant number of young women do not fulfil their educational potential due to teenage pregnancies. Some 1054 cases of pregnancy accounted for 31.7% of all learners who dropped out of secondary school. In primary school, a further 115 reported cases of pregnancy resulted in 2.9% of girls dropping out. In addition, in remote, poor rural areas livelihood and cultural factors may lead children to drop out, such as seasonal harvesting and planting, migratory patterns and language barriers (Botswana MDG 2010 report).



Statistics from **Malawi** show fewer girls than boys in secondary school. Early marriage is a serious problem; most girls marry before reaching the end of secondary school. Earlier this year the government passed a law that revised the legal marriage to 18 years. On average, if recent trends continue, lower secondary school completion for all will be achieved in 2069 in sub-Saharan Africa, several decades after the target dates currently under discussion. Girls from the richest fifth of the population will reach the target by 2051, but the projection for girls from the poorest fifth of families is currently 2111.[20]



Namibia: Girls mostly drop out of school due to pregnancy. In October 2009, cabinet approved a policy on prevention and management of learner pregnancy. It allows the learner to stay in school until four weeks before birth, provided she is healthy. She can return to school upon giving birth provided there is a care plan for mother and baby.

[20] Making equality a priority in Post -2015 Agenda.



Swaziland: Although Swaziland has virtually reached gender parity at all levels of education, more girls drop out of secondary school than boys. Studies have indicated that most girls drop out of school due to pregnancy, which can occur even at lower primary school. According to the Annual Education Census Statistics Report of 2011, pupils leave primary education for a variety of reasons, including family reasons (1496), absconding (1452) and pregnancy (122). High dropout rates at primary school level due to pregnancy is especially worrying because it means that girl children engage in unprotected sex as early as primary school, or that they have been sexually abused and exposed to early pregnancy and HIV infection.

Education rule Section 10 (5) reads: "In the event of a pupil falling pregnant with a child, the head may forthwith suspend such pupil from attending the school and forthwith report such suspension to the Director, who may take steps in regards thereto as he thinks fit."

The policy does not provide for reintegration of a girl pupil who falls pregnant. The gender bias of the language assumes male decision-makers. The rule places the immediate discipline of a pregnant child on the head teacher by permitting the head teacher to suspend the girl from attending school. According to the Ministry of Education, most teenage girls do not deliver their babies in hospitals. These girls face stigmatisation, ridicule and expulsion. Sometimes officials or family members force them to drop out. Such marginalisation has also led to child abandonment. Sexual abuse of female students by male teachers is also prevalent.

A perceived need for cell phones, cash and fancy cars also fuels a "sugar daddy" syndrome. As a result, increasing numbers of girls have become involved in commercial sex work. Girls between ages 10 and 15 are also in demand as domestic workers, thus making it easier for them to be withdrawn from school. The Minister of Education recently announced that pregnant girls will be allowed to continue with their education, and informed head teachers not to expel them. But most Swazi people, including gender activists, do not support girls staying in school when they fall pregnant.



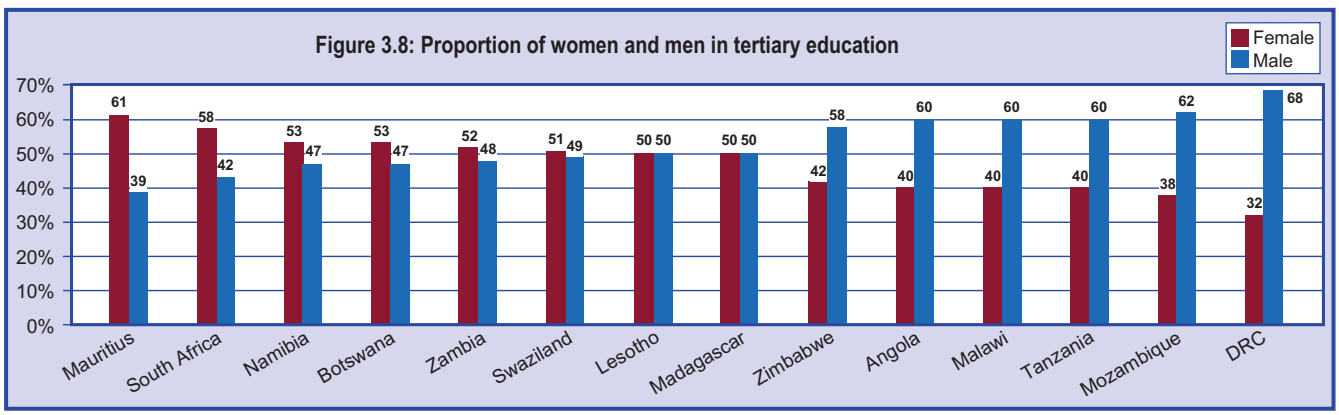
Zambia: A re-entry policy allows pupils who fall pregnant to return to school. However, the number re-admitted after dropping out due to pregnancy is shrinking. A review by the Ministry of Education in 2010 found that some educational providers have not been made aware of the re-entry policy. In some instances girls who returned after giving birth faced hostility from school administrators and fellow pupils. The review said that some argue the policy is counterproductive in that pupils get pregnant knowing they will be re-admitted (Ministry of Education, 2010).



Zimbabwe: Lawmakers introduced a policy in 1997 that grants leave to girls who fall pregnant; provides for their re-enrolment after delivery; and grants the same leave for the duration of the pregnancy to school boys responsible for the pregnancy.[21] Authorities provide counselling for the affected school children and their parents. However, the government admits that the policy has not prevented girls from deciding not to return to school.[22] Any pregnant student is allowed to attend school, including after delivery.

Tertiary level

Significant inequalities in tertiary education exist in the region in general, as well as in relation to areas of study, with women being overrepresented in the humanities and social sciences and significantly underrepresented in engineering, science and technology.[23]



Source: GL and country sources listed in Table 3.

[21] Combined Report of the Republic of Zimbabwe in terms of the Convention on the Elimination of All Forms of Discrimination against Women 2009.
[22] Girls may transfer to other schools because of stigma or they fail to go back to school due to the demands of motherhood. Combined Report of the Republic of Zimbabwe in terms of the Convention on the Elimination of All Forms of Discrimination against Women 2009.
[23] Making education a priority in the Post -2015 Development Agenda.

Six countries have a higher proportion of women and men enrolled in tertiary education: Tertiary institutions in Mauritius, South Africa, Namibia, Botswana, Zambia and Swaziland have more women than men enrolled. With 61% women at the tertiary level, Mauritius has the highest proportion of women at tertiary level.

But there remain large gender gaps in other countries when it comes to women's enrolment in tertiary education: Substantial gender gaps exist in DRC - where women constitute 32% of the total - and in Mozambique (38%). Tanzania has gained four percentage points and joins Malawi and Angola at

#Fees must fall fever grips SA

In South Africa, failure by the government to provide affordable tertiary education since the advent of democracy in 1994 has resulted in the #Feesmustfall campaign that gained great momentum through twitter and new media.

#Feesmustfall is a student led protest movement that began in mid-October 2015 in response to an increase in fees at South African universities. Protests started at the University of Witwatersrand (Wits) and quickly spread to other institutions of higher learning including the University of Cape Town and Rhodes University. Young women leaders have been visible in the campaign.



Photo courtesy of Jesús Hidalgo - The Chronicle

Wits SRC Secretary General Fasiah Hassan said the key demands relate to fighting student exclusion, clearing debt, which prevents students from graduating and registering, and ensuring no one who qualifies academically to study at Wits is turned away. The university is allowing students to sign up for a payment plan, which allows them to pay their regis-tration by the end of March, but the SRC wants an assurance that even students who cannot pay by then are not excluded from their studies. The SRC also wants the university to create a road map towards achieving free education, and for agreements last year relating to workers and students to be honoured.

In early January 2016 the Wits Students Representative council released a statement where they bemoaned the predicament of most poor students trying to access tertiary education. "Thousands of young people do not have access to institutions of higher learning despite their academic capabilities in the most challenging circumstances! One academic and financial exclusion is one too many, and we know that academic exclusions are often linked to financial issues because there is a campus for the rich and a campus for the poor. Thus this system is designed to systematically exclude the black child. We have seen many students who have had horrific experiences and will ensure that these students are given the adequate support that they deserve to succeed"

In a display of solidarity with disadvantaged students, the Wits SRC raised over R4 millions to assist with registration and tuitions fees.

Sarah Mokwebo, speaking for the Fees Must Fall collective, said the key demand is the scrapping of historical debt that prevents students from registering. The group's memorandum includes demands such as free education (now, it emphasises), the scrapping of the registration fee and fresh SRC by-elections.

However because of the violent nature of the protests, infrastructure worth millions of rands has been destroyed. The Higher Education Department says new calculations estimate the cost of damage to university property during protests over fees to be around R460 million. Last year, protests spread to different universities as students complained about the high fees. The North West University (NWU) has been hit the hardest, with damages at the institution estimated at more than R150 million, followed by the University of Johannesburg (UJ)'s R100 million bill.[24]

Drawing on lessons from the MDGs era it is evident that gains made in education need to be safeguarded. The South African experience shows that the public sector alone cannot shoulder the responsibility for providing tertiary education. Working with the private sector is one possible solution.

[24] Eye Witness News , 8 June 2016.

40%. This is a serious concern considering university education is the likely path to leadership positions, whether in business, governance, media or any other sector.

Although progress on the 50/50 front at tertiary level is still patchy, tertiary female enrolment has grown almost twice as fast as men's over the last four decades in Africa, made possible by factors such as greater social mobility of girls and women; enhanced income potential and international pressure to narrow the gender gap. High national per capita income has a correlation with low gender disparity in secondary school. Women are more likely to pursue tertiary education in countries with relatively high incomes, and less likely to do so in low-income countries. However, women and men continue to be discouraged from enrolling in tertiary education in countries with few economic and job opportunities.[25]

A lack of resources keeps many potential students out of tertiary education: Recognising this, the education SGD has a target specifically calling for the substantial expansion of the number of scholarships available to developing countries, in particular least developed countries , small island developing States and African countries, for enrolment in higher education including vocational training and information and communication technology, technical, engineering and scientific programmes, in developed countries By 2020. These would be equally accessible to both male and female students.

Like quotas in politics, affirmative action in financial assistance for higher education is divisive: Some argue that students should receive support based on merit, not sex. Others note that setting targets and quotas will ensure that women enter into the tertiary system, which will in turn mean a greater pool of likely candidates when it comes to leadership positions in the world of work. This argument also proposes that sometimes the multiple roles of girls, especially at secondary level, combined with biased education systems, means that girls may underperform, a situation that can be corrected with the proper support.

Most countries do not offer special conditions for girls, even though they remain disadvantaged: Angola, DRC, Lesotho, Mozambique, Namibia, Seychelles, Swaziland, Tanzania and Zimbabwe offer equal opportunities for the economically disadvantaged based on performance. Meanwhile, Zambia has a bursary scheme for orphans and vulnerable children at secondary level. The grant for girls is 60% compared to 40% for boys. At university level the government covers 75% of the cost for both men and women.

Challenging stereotypes

The Protocol requires that by 2015 state parties adopt and implement gender sensitive educational policies and programmes addressing gender stereotypes in education and gender-based violence.

Entrenched discriminatory social norms and attitudes to gender equality negatively affect girls' education and restrict the benefits of their improved access to education. These norms are reflected in practices such as early marriage, traditional seclusion practices, the favouring of boys in families' education investment and the gendered division of household labour (OECD, 2012d). In many countries women and girls take on the bulk of domestic work (Lyon et al.,2013), including collecting fuel wood, hauling water and caring for younger siblings - all of which can limit children's ability to attend school (Dreibelbis et al., 2013; Keilland, 2015; Nankhuni and Findeis, 2004). Girls' domestic work is often invisible, unlikely to be reached by child labour laws, and receives little attention from policy-makers (UNESCO, 2008b). Gender stereotypes in education reflect in a variety of ways: the teaching profession, choice of subjects, and gender violence in schools, among others.



South East Girls united football team in Swaziland challenges gender stereotypes. *Photo by Gender Links*

[25] Africa Millennium Development Goals Report 2012.

Gender & curriculum

To achieve the Protocol goal of removing gender stereotypes in education, there must be an understanding of where the stereotypes exist. Just as important as the gender make-up of the teaching staff is the gender content and approaches to curriculum. Lawmakers in SADC countries exhibit varying degrees of progress when it comes to assessing their curriculum, which is at the heart of ensuring a gender-friendly education system.

In the classroom, gender-responsive teaching is guided not only by pedagogic approaches but also by curriculum content, textbooks and other learning materials, which serve as vehicles for socialisation (Brugeilles and Cromer, 2009). Schools can be a powerful entry point for promoting equitable gender relations and diverse possibilities for men and women. Curricula can encourage children to question gender stereotypes and promote equitable behaviour. Conversely, discriminatory gender norms conveyed in textbooks can damage children's self-esteem, lower their engagement and limit their expectations (Esplen, 2009). The Dakar Framework of Action highlights the need for learning content and materials to encourage and support equality and respect between genders. In 2010, UNGEI reiterated the importance of eliminating gender bias in school teaching and learning materials and called for greater attention to this policy issue (UNGEI, 2010).



Gender responsive teaching is important for achieving gender equality in education. *Photo by Gender Links*

It is recommended that the next step is to train Ministry of Education textbook and curriculum department staff - from the head to the rank-and-file professional staff - in gender and education issues that are relevant to their work, in order to build support for going beyond the study of gender bias in textbooks to adopt concrete reforms.[26]



Tanzania: Gender reviews of curricula have helped raise awareness and supported change towards more gender-responsive content and resources. In the Tanzania, the national secondary school syllabuses, revised in 2010, contain gender-related topics. In civics, nearly 25% of form 2 lessons are devoted to gender; form 4 includes gender in the study of culture; and the 2010 civics exam included questions on gender inequality (Miske, 2013).



Zimbabwe: According to the government's CEDAW Combined Report, the primary education curricula has been reviewed to ensure that it is gender sensitive and projects a favourable outlook for girls; and, the government will ensure the production of textbooks that project gender equality. Other initiatives cited by government to challenge gender stereotypes in the sector include:[27]

- Gender awareness programmes for teachers during and after their training at Teachers Education Colleges.
- Introduction of a course on Human Rights, Population and Civic Education in colleges.
- Career guidance and counselling in schools provided by the ministries of labour and education with a focus on breaking gender stereotypes in terms of career choices and choices of professions.
- Boys at secondary school level are provided with domestic science and household management education.



Malawi: The Ministry of Education has introduced new gender-sensitive textbooks. Many of the old textbooks only depicted girls in domestic roles performing household chores. The new textbooks show boys and girls in a variety of roles, thus breaking down gender stereotypes. In addition, the government introduced life skills as a subject in schools, which has helped to build girls' assertiveness as well as their awareness of gender issues. For example, educators teach girls that science is for both girls and boys. Girls also learn how to deal with sexual harassment and other forms of GBV perpetuated by teachers and male pupils.



Seychelles has conducted several studies on gender in the education sector used to inform policymaking. Directors and heads of units in education took a course in gender planning and management organised by the Ministry of Administration and Manpower in December 1996. It resulted in the integration of gender into planning processes.

Lesotho, Malawi, Madagascar, Namibia and **South Africa** have made progress on mainstreaming gender in the curriculum and addressing gender stereotypes. In **Mauritius** the implementation of programme-based budgeting is geared towards developing gender sensitive

[26] EFA Global Monitoring Report 2015.
[27] Combined Report of the Republic of Zimbabwe in terms of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 2009.

indicators to monitor gender gaps in learning achievement and developing appropriate strategies for gender differentiated pedagogy. Pending the finalisation of the National Curriculum Framework for secondary schools and the development of instructional materials, ensuring gender sensitivity in the production pupils' textbooks and teachers' resource books for upper primary will be a key priority. In **Swaziland**, a panel of experts assists with the audit of the new book when educators develop new textbooks. Gender sensitivity is one of the indicators that the panel must check for, as well as topical issues of abuse, disability and life skills. In **South Africa**, school girls are being encouraged to participate in decisions that affect their lives.

Gender gaps in the teaching profession

Table 3.4: Representation of women in the teaching profession

	Primary (%)	Secondary (%)	Tertiary (%)
Angola	37	n/a	38
Botswana	74	53	n/a
DRC	28	12	8
Lesotho	76	95	50
Madagascar	56	44	32
Malawi	41	20	26
Mauritius	75	59	n/a
Mozambique	42	21	26
Namibia	68	50	41
Seychelles	88	62	39
South Africa	79	56	n/a
Swaziland	70	49	38
Tanzania	52	28	30
Zambia	53	n/a	n/a
Zimbabwe	55	45	32

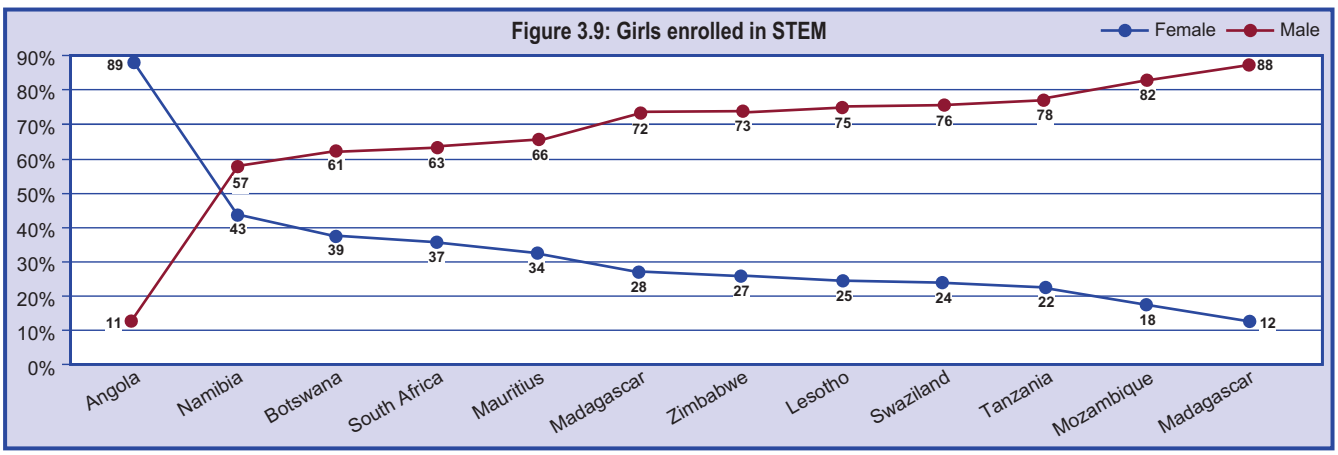
Source: World Bank for all, Namibia Gender Gap report 2013 accessed 21 June 2016.



Having women teachers in schools is an important way of challenging gender stereotypes. *Photo by Tapiwa Zvaraya*

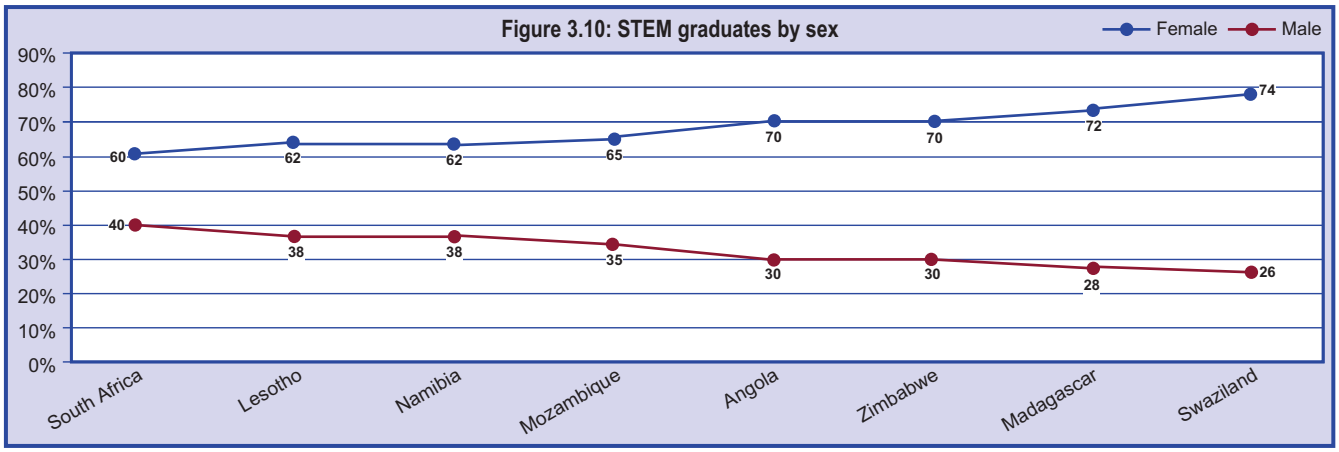
Table 3.4 provides data on women teachers in SADC countries where this is available. The table highlights in red instances in which women constitute less than 50% of the total, and in blue where women constitute 50% or more. The analysis shows that:

- Women constitute the majority of teachers at primary school, excect in Angola, DRC, Malawi and Mozambique.
- The proportion of women teachers at secondary school tapers off, and is below 50% in seven of the 13 countries for which data could be obtained (DRC, Madagascar, Malawi Mozambique, Swaziland, Tanzania and Zimbabwe). The highest proportion women at secondary level is Lesotho (95%) and the lowest is DRC (12%).
- Lesotho us the only country out of the 11 SADC countries for which data is available in which women are above the 50 percent mark of female teachers at tertiary level. The highest is Lesotho (50%) and lowest is DRC (8%).



Source: Gender Gap 2015 report.

Women are underrepresented in the sciences, except in Angola: Figure 3.9 reflects the strong domination of men in the sciences, except in Angola, where women constitute 89% of those enrolled in the sciences. Namibia is the second highest at 43%. Mozambique and Zambia have the least representation at 18% and 12% respectively.



Source: Gender Gap report 2015.

Figure 3.10 shows that out of the seven countries where data could be obtained none of the countries have over 50 percent women STEM graduates. South Africa at 40% has the highest proportion of female STEM graduates in the region. Swaziland has the lowest proportion of STEM graduates at 26%. With the Post 2015 Protocol now having strong provisions on STEM education for girls, member states will be required to step up efforts to increase the proportion of girls enrolling in this field.

Quality of education

Quality of education is a major new thrust of the SDGs on education. The Incheon Declaration calls for quality education and improving learning outcomes, which requires strengthening inputs, processes and evaluation of outcomes and mechanisms to measure progress.[28] The signatories to the Declaration made a commitment to ensure that teachers and educators are empowered, adequately recruited, well-trained, professionally qualified, motivated and supported within well-resourced, efficient and effectively governed systems.[29]

This is motivated by the realisation that quality education fosters creativity and knowledge, and ensures the acquisition of the foundational skills of literacy and numeracy as well as analytical, problem-solving and other high-level cognitive, interpersonal and social skills. It also develops the skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges through education for sustainable development (ESD) and global citizenship education (GCED).

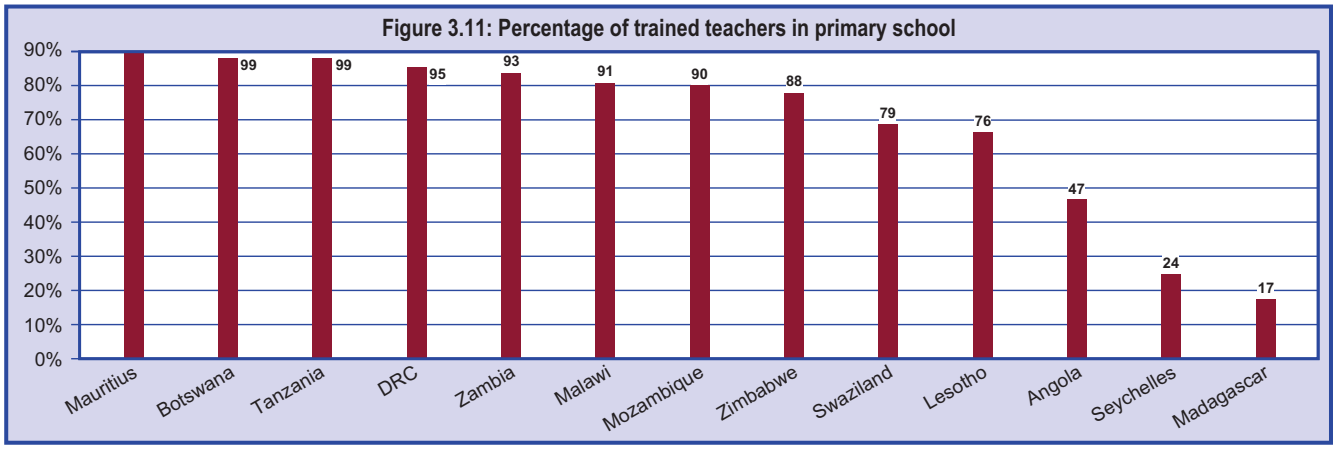
Trained teachers

Teacher's qualifications remain an important factor in ensuring quality in education. Many developing countries have high proportions of untrained or poorly trained teachers, often at secondary level. They may lack some of the basic competencies required, particularly in mathematics and sciences (UNESCO 2010).

New projections, released on World Teachers' Day by the UNESCO Institute for Statistics (UIS), show that massive teacher shortages deny millions of children the right to primary education. In the rush to get more teachers in classrooms, many countries are making difficult trade-offs in terms of the hiring of new recruits that can jeopardise the quality of education and the learning outcomes of generations to come.[30]

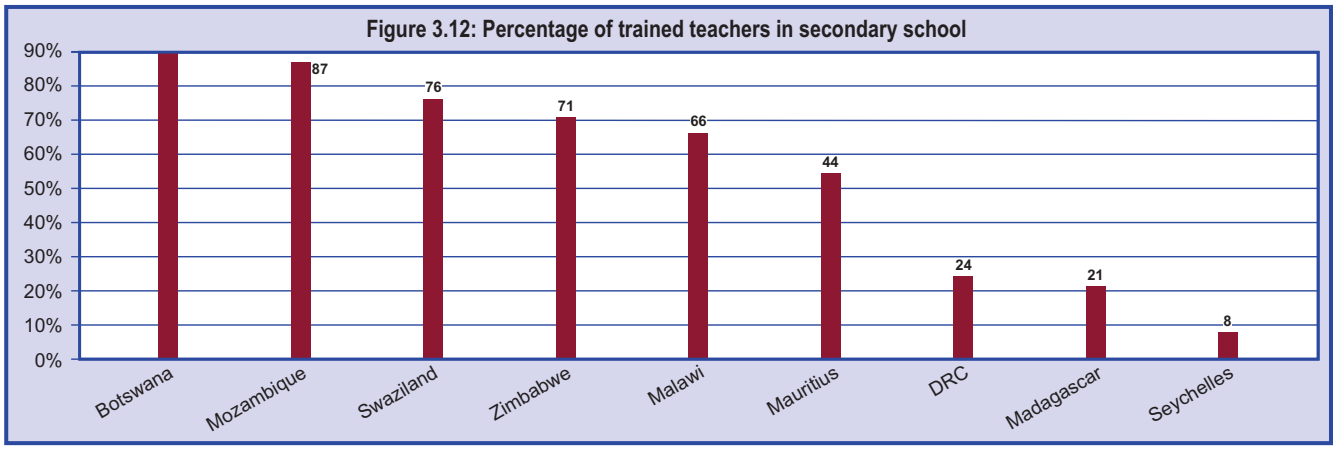
To achieve universal primary education by 2020, for example, countries will need to recruit a total of 10.9 million primary teachers. This includes the creation of about 2.2 million new teaching positions and the replacement of 8.7 million teachers expected to leave the profession. By 2030, the total demand for teachers would rise to 25.8 million, with about 3.2 million new posts needed for universal primary education (UPE) and the remaining 22.6 million to compensate for attrition.[31]

[28] Incheon Declaration.
[29] Ibid.
[30] Sustainable Development Goal for Education cannot advance without more teachers.
[31] Sustainable Development Goal for Education cannot advance without more teachers.



Source: World Bank Statistics accessed 14 June 2016.

Figure 3.11 shows that Mauritius at 100% has the highest proportion of trained primary school teachers and is closely followed by Botswana and Tanzania, both at 99 percent. The low figures in Seychelles (24%) and Madagascar (17%) are worrying. Such low figures have a direct effect on the learning outcomes.



Source: World Bank Statistics accessed 14 June 2016.

Figure 3.12 shows that the figures for trained teachers in SADC are much lower at secondary school. Botswana (100%) has the highest proportion of trained teachers while Seychelles (8%) has the lowest. Except for Botswana all the other countries will need to ensure that more teachers get proper training in order to maintain the gains made at the Primary level for each country.

Water, Sanitation and Hygiene (WASH) in schools

A quality learning environment is essential to support all learners, teachers and other education personnel. Every learning environment should be accessible to all and have adequate resources and infrastructure to ensure reasonable class sizes as well as Water, Sanitation and Hygiene (WASH) services. Although this important



Improving health in schools, Zambia. *Photo courtesy of Tear Australia*

issue is gaining attention, realising universal access to WASH in Schools (WinS) remains a challenge.[32]

SGD 4 aims to build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all. This target addresses the need for adequate physical infrastructure and safe, inclusive environments that nurture learning for all, regardless of background or disability status.

Although the average percentage of primary schools with adequate sanitation coverage rose from 59% in 2008 to 68% in 2012 in 126 developing countries, only one in two schools met this standard in 52 of least developed and other low income countries.[33]

Water and Sanitation coverage for rural schools is much lower than in urban schools.Even for high income countries in the region like South Africa, provision for separate sanitation facilities is still a challenge as a recent audit of the country's department of Education revealed that most schools do not have proper sanitation facilities. The audit cited schools in the Eastern Cape classified as mud - schools (consisting of mud and shacks with unreliable water supply) as the hardest hit.

A lack of clean, safe and segregated toilets is bound to discourage children, especially girls, from attending school regularly. Studies show that a safe, adequate water and sanitation facility in schools, coupled with hygiene education, reduces the incidence of diarrhoea and other waterborne diseases (UNICEF, 2009).

Performance

Table 3.5: Pass rates in primary and secondary schools in selected SADC countries

	Primary		Secondary	
	% Boys/men	% Girls/women	% Boys/men	% Girls/women
Botswana[34]	63	76	69	80
Madagascar	59	62	80	79
Malawi	74	71	Not available	Not available
Mauritius	63	74	73	82
Mozambique	94	94	87	86
Seychelles	82	95	84	95
Swaziland	88	87	32	34

Source: GL with information from country reports 2012.

Table 3.5 gives the percentage pass rates at primary and secondary school in Southern African countries from the seven countries with this data. The figures in red highlight instances in which girls outperform boys. The table shows that in Botswana, Mauritius and Seychelles (all middle income countries) girls outperform boys. This is in keeping with trends in developed countries. In poorer countries, girls multiple roles continue to be a major factor in lower performance levels. Girls slightly outperform boys at secondary school levels in Swaziland, but the very low performance of both (32% and 34% pass rate for boys and girls respectively) is a cause for concern.



Botswana: Girls performed better in the Primary School Leaving Examination (PSLE) and Junior Certificate (JC) examinations, especially in terms of grade A, B and C. The statistics indicate insignificant difference between the results in 2011 and 2012. Gender analysis of the pass rates by subject indicates that the girls perform better across all subjects. The pattern is consistent with both the 2011 and 2012 results (BEC 2012).



South Africa: In 2012, the National School Council (NSC) found the overall national examination pass rate to be 73.9%. More females than males wrote the NSC examination in all provinces. However, in relative terms, the NSC found the national pass rate of male candidates (75.7%) to be higher than the national pass rate of female candidates (72.4%). A similar trend persists in all nine provinces. In all the provinces, more female than male candidates passed.

[32] Advancing Wash In Schools Monitoring.
[33] Incheon Declaration.
[34] Grade A to C.



Tanzania: Variations in pass rates reflects differences in socio-economic realities. For example, in the 2008 examinations (PSLE), the highest pass rate was just below 74% in Dar es Salaam region, (the big city), while the lowest pass rate stood at 34% in Shinyanga (a poor, isolated region in western Tanzania). In addition, the pass rates varied between boys and girls with 82% versus 66% respectively in Dar-es-Salaam and 46% against 22% in Shinyanga (RAWG et al., 2009). Socio-economic status is closely linked to GBV, early pregnancy and early marriage. These in turn have a negative effect on enrolment, retention and performance in education.

Disability and education

To help stop the discrimination of children with disabilities, one of the targets of the SDGs on education is equal access to quality early childhood development, care and pre-primary education. According to the Incheon Declaration, early childhood care and education (ECCE) enables early identification of disabilities and children at risk of disability. This allows parents, health care providers and educators to plan for, develop and implement timely interventions to address the needs of children with disabilities, minimising developmental delays, improving learning outcomes and inclusion, and preventing marginalisation.[35]



Students from Jairo's Jiri, a school for children with special needs.
Photo courtesy of The Herald Zimbabwe

The earlier disability is diagnosed, the better for children and their families. Early childhood services provided by multiple sectors can be crucial for reaching children early and comprehensively. Children with disabilities are often kept at home, without access to opportunities other children might have. Home visiting programmes can reach these children when other types of services might not. They also have the important role of educating and supporting parents in positive interaction and supporting children's development in their first learning and care environment, the household.



Angola: The Constitution grants persons with disabilities full rights without restriction and calls on the government to adopt national policies to prevent, treat, rehabilitate, and integrate persons with disabilities to support their families; remove obstacles to their mobility; educate society about disability; and encourage special learning and training opportunities for the disabled.



Botswana: Children with disabilities attended school; there was no information available regarding patterns of abuse in educational and mental health facilities.



DRC: While persons with disabilities may attend public primary and secondary schools and have access to higher education, no special provisions are required of educational facilities to accommodate their special needs. Some schools for persons with disabilities, including persons with visual disabilities, received private and limited public funds to provide education and vocational training. Persons with disabilities have the right to vote, although lack of physical accessibility constituted a barrier for some persons with disabilities in exercising that right.



Lesotho: Children with physical disabilities attended school; however, facilities to accommodate them in primary, secondary, and higher education are limited. Two schools accommodated children with vision disabilities, two schools accommodated children with hearing and speech disabilities, and one school accommodated children with intellectual disabilities. Although the government did not effectively implement laws that provide for persons with disabilities to have access to information and communications, in December 2013 Lesotho Television introduced sign language interpretation during its daily news broadcast.



Madagascar: Access to education and health care for persons with disabilities is limited, due to lack of adequate infrastructure, specialised institutions, and personnel. But there are more than 60 integrated classrooms across the country that include children with mental disabilities. Local officials also accommodate students with disabilities during official high school exams.

[35] Incheon Declaration.



Malawi: There are public and private schools and training centres that assist persons with disabilities. A prominent disability advocacy group noted that unlawful discrimination against women and children with disabilities was more prevalent in rural areas and that it received several reports of children with disabilities dropping out of school because of inadequate accommodation.



Namibia: Children with disabilities attended mainstream schools.



Seychelles: Most children with disabilities are segregated into specialised schools. The National Council for the Disabled, a government agency under the Ministry of Community Development, Social Affairs and Sports, developed work placement programs for persons with disabilities, although few employment opportunities exist.



South Africa: In 2012, the most recent year for which data was available, there were more than 111,000 students with disabilities in mainstream schools. The country had 444 specialised schools for students with disabilities. A report published during the year by the SAHRC and Human Rights Watch estimated, however, that more than 500,000 children with disabilities were not in school. The report found numerous barriers to education for students with disabilities, primarily a policy of channelling students into specialised schools at the expense of inclusive education. Specialised schools frequently charged additional fees, making them financially inaccessible, were located long distances from students' homes, and lacked the capacity to accommodate demand. Children were often housed in dormitories overseen by an insufficient number of adults, many of whom had little or no training in caring for children with disabilities. When parents attempted to force mainstream schools to accept their children with disabilities, an option under the law, schools sometimes rejected students with disabilities outright because of disability or stated there was no space in the school.



Children and teachers of Tshilidzini Special School in Thohoyandou, Limpopo province.
Photo courtesy of Arrive Alive website



Tanzania: An estimated 40% of children with disabilities attended school, compared with approximately 80% of all children.



Zambia: The Ministry of General Education and the Ministry of Community Development, Mother and Child Health have responsibility for ensuring the welfare of persons with disabilities. By law the government must provide reasonable accommodation for all persons with disabilities seeking education and provide that "any physical facility at any public educational institution is accessible." Public buildings, schools, and hospitals rarely had facilities to accommodate such persons, however. Five schools were designated for children with disabilities. Some children with physical disabilities attended mainstream schools.



Zimbabwe: There are very few government-sponsored education facilities dedicated to persons with disabilities. Essential services, including sign language interpreters, Braille materials, and ramps, prevent children with disabilities from attending normal schools. Many schools refuse to accept children with certain disabilities. Schools that accepted students with disabilities offer very little in the way of non-academic facilities for those accepted as compared with their counterparts without disabilities. Many urban children with disabilities obtain informal education through private institutions, but these options are generally unavailable for persons with disabilities in rural areas. Government programmes, such as the basic education assistance module, intended to benefit children with disabilities, fail to adequately address the root causes of their systematic exclusion. The National Association of Societies for the Care of the Handicapped reported that 75 percent of children with disabilities had no access to education.

Source: United States of America: Country Reports on Human Rights Practices for 2015

Gender violence in schools



School-related gender-based violence is defined as acts or threats of sexual, physical or psychological violence occurring in and around schools and educational settings as a result of gender norms and stereotypes and unequal power dynamics (Greene et al., 2013). It includes, but is not limited to, threats or acts of physical violence and bullying, non-consensual touching, sexual harassment, assault and rape (Leach et al., 2014). It also refers to differences between girls' and boys' experiences of violence in school settings, such as corporal punishment (Humphreys, 2008). Homophobic bullying and harassment and cyberbullying are increasingly being recognized as areas of concern (Fancy and Fraser, 2014; UNESCO, 2012a).

The Protocol specifically mentions addressing gender violence as part of implementing gender sensitive policies in education. Gender violence remains a serious and widespread issue within the SADC region for many reasons. The extent to which it is recognised and addressed by government agencies varies from country to country. Psychological abuse is another serious problem, which, unlike physical or sexual violence, receives little attention. The violence touches everyone, including female teachers, workers, girl children and boy children.

Most SADC countries (Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, South Africa, Swaziland and Zambia) have conducted studies on gender violence in schools that could help the education sector understand and address the issue. Lawmakers in Botswana and Seychelles acknowledge violence in schools, but they have not yet conducted studies to understand the full extent of the problem. The following are some specific research findings in this area.

Many schools in Southern African are a fertile breeding grounds for potentially damaging gender practices that remain with pupils into adult life: Girls learn to accept battery and assault, while boys, by contrast, receive tacit permission to continue violent behaviour because this behaviour is not condemned or interrupted in school settings. Across the region, institutions of learning remain far from safe for girl students.

Children are at risk while at school, after school with teachers, in school dormitories or on their way to and from school: Within the confines of school grounds, classmates or teachers may abuse girl students. In some settings where fences or walls have not been erected, girl students face risks from outside trespassers. Children have also often been raped or assaulted on their way in or out of school.

Problems of enforcement exist in all the SADC countries: All SADC counties have some form of protections for learners, but enforcement remains a challenge.



Lesotho: The Ministry of Education and Training Strategic Plan aims to create a learning environment that is healthy, safe, responsive and free of GBV. Research conducted by De Wet (2006) concluded that sexual violence, which is a manifestation of gender inequalities, is a serious problem in Lesotho schools. Of the students interviewed, about 11% said pupils in their school had raped someone, while 41% of pupils and 8% of teachers said they carry a weapon at least once a month.



Madagascar: The development of the tourism industry has emerged as a major challenge. Some girls have been lured into prostitution, thereby leaving school, while others pursue low income informal economic activities, particularly in the Export Processing Zones.



In **South Africa**, strategies to address gender based violence are supported by a strong legal and policy framework, and by guidelines for schools on preventing sexual harassment and abuse (Parkes, 2015).



In **Tanzania** GBV is not clearly identified in the education policy. Activists and the Ministry of Community Development, Gender and Children propose that there be a specific law against GBV. Studies have revealed increased levels of GBV in schools; male teachers are increasingly being blamed, but statistics are hard to obtain. Many of the cases are covered up. For example, there have been several cases in which the male teachers marry the girls they have abused. Such cases are not reflected in statistics. The GBV cases in the selected districts that reach the courts are often unsuccessful because the cases are difficult to prove and witnesses are reluctant to give evidence. Most magistrates at the local level are men. Teachers might be removed from that school and sent to another school if the abuse is suspected but is not proved. Civil Society Organisations, particularly Tanzania Media Women's Association have documented cases of rape and pregnancies in schools. For example, they reported that in Namtumbo district, Rukwa region, out of 691 students, 26 got pregnant in 2011 and terminated their studies. In Shinyanga region, 51 school girls got pregnant and 41 school girls in neighbouring Tabora regions got pregnant in the same year.



Zimbabwe: The 2011 *National Baseline Survey on Life Experiences of Adolescence* reveals that 32.5% of females between the ages of 18-24, compared to 8.9% males, experienced sexual violence prior to the age of 18.[36] For school age girls, their first experience of physical or sexual violence is often at school. In the Zimbabwe 2010-2011 Demographic Health Survey, 16% of unmarried women who have experienced physical violence since their teen years reported the perpetrator as a teacher, while 1.5% of those who experienced sexual violence while younger than 15 years said a teacher had been the perpetrator. Section 8 of the Labour Act (chapter 28:01) and the First Schedule of the Public Services Regulations, Statutory Instruments No 1 of 2000, is meant to protect girls from sexual harassment in schools.

[36] National Baseline Survey on Life Experiences of Adolescents, Preliminary Report 2011, ZIMSAT.

Zimbabwe: Safety in schools, a walk down memory lane



I am a rural child and in my experience girls face the threats of GBV in the home, on the way to and from school as well as within the school system itself. Such violence is fueled by rampant impunity. Male teachers, the police and soldiers continue to target children under the age of 18 years for sexual violence and sometimes marriage.

Police stations, the first port of call for victims of abuse are male dominated and hostile to women, let alone children! The 2012 baseline survey to assess perceptions of ordinary women and girls on the efficacy of the police in enhancing their security revealed that generally women feared police and were dissatisfied with services. Only 4% of women in the survey were very satisfied with police services, 31% were satisfied and a whopping 65% were not satisfied.

The Sixteen Days theme reminds me of the physical abuse I suffered and the sexual abuse I witnessed in 1983 when I was a Grade Seven student at a primary school in Bindura district, Zimbabwe. Early in the second term we noticed our married teacher was sexually abusing a girl in our class. When the headmaster heard rumours about the affair, he beat the hell out of the six most academically gifted students who were talking about this and cautioned us to keep quiet about it. Our backs were so sore that we could not sit straight for two weeks. My mother nursed me to health by putting salt on the sore backside, cursing the teacher and the headmaster as clueless idiots all the time!

I noted that the parents of the girl got front row seats during the prize giving day, right next to the headmaster and seemed genuinely delighted about this recognition. The group of six students were horrified and we realised this was beyond us. At the end of the year the teacher married our colleague as a second wife. Two years later a form two teacher made my other age mate pregnant; he who proceeded to marry her amid pomp and ceremony. Yet another age mate was impregnated by a young man in the village the same year. Only me and one age mate from our village completed form 4 in 1987. We survived!

Levels of GBV have remained very high in Zimbabwe. According to the VAW Baseline study, "Peace Begins at Home," carried out by the Ministry of Women Affairs, Gender and Community Development and Gender Links in 2013, 68% of women suffered some form of GBV in their lifetime.

In 2014, the then minister, Oppah Muchinguri, revealed that 5000 children were sexually abused every year in Zimbabwe. Nyaradzo Mashayamombe, the Director of Tag a Life, concurs that GBV is still rampant in schools perpetrated by boys, teachers, school workers, older men in the community surrounding the school.

The "Take Action" research by UNICEF Swaziland and Zimbabwe revealed that GBV is rampant in schools and is surrounded by the conspiracy of silence. Girls who experience it describe the school environment as chilly and are scared to go to school. The effects of GBV are grave as a Girl Child Network (GCN) report of 2011 reveals that an estimated 2000 girls died as a result of complications and infections resulting from sexual violence between 1998 and 2004 in Zimbabwe.

Zimbabwe has a new Constitution which guarantees the rights to education, bodily integrity and freedom from all forms of violence. Virginia Muwanigwa, the chairperson of the Women's Coalition of Zimbabwe (WCoZ), noted that we should take stock of the progress made by the government to make schools safe and secure for girls and demand more.

She reports that students in tertiary institutions have reported high cases of alleged sexual harassment by lecturers in exchange for high marks. Virginia acknowledged that the socio-economic crisis in Zimbabwe has shifted focus from GBV in school to issues of survival, ie socio-economic rights. There is need for continued advocacy to address this challenges and improve safety and security in the education sector.

Enhancement of the safety and security of girls and young women has been painfully slow and there is need for the government, the duty bearer to step up and implement policies and legislation to mitigate and prevent GBV in schools.

Source: Netsai Mushonga is a Development Consultant - Women's Rights, Gender and Peace building, based in Harare, Zimbabwe. This article is part of a special series for the Sixteen Days of Activism being produced by the Gender Links New Service).

Education Agenda 2030

The education agenda 2030 is rooted in the belief that education is a public good, a fundamental human right and a basis for guaranteeing the realisation of other



rights. It is essential for peace, tolerance, human fulfilment and sustainable development. Education is key to achieving full employment and poverty eradication.[37]

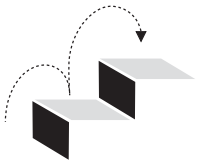
[37] Incheon Declaration.

At the core of the global Post 2015 Development Agenda is the desire that by 2030 societies should be in a position to provide their citizens with efficient, effective and inclusive public services. The MDG era shows that investment in education as a public service plays a pivotal role in pushing the development agenda forward. The importance of education in achieving the other 16 SGDs cannot be over-emphasised considering the interconnectedness of education and other areas of life like participation in politics and the economy, enjoyment of civil liberties and management of the environment.

At their meeting in Gaborone, Botswana in June 2016 Gender Ministers reviewed Article 14 of the Protocol on Gender Equality in Education. This covers equal access to all levels of education, challenging gender stereotypes in education and ensuring that institutions of learning remain free from gender violence.

New additions following the review include:

- Strengthening of existing provisions by emphasising completion at all levels.
- Early childhood education.
- Adult literacy.
- Adoption and implementation of gender sensitive curriculum.
- Taking measures to increase the number of girls taking up Science, Technology , Engineering and Mathematics (STEM) subjects and Information and Technology at all levels.



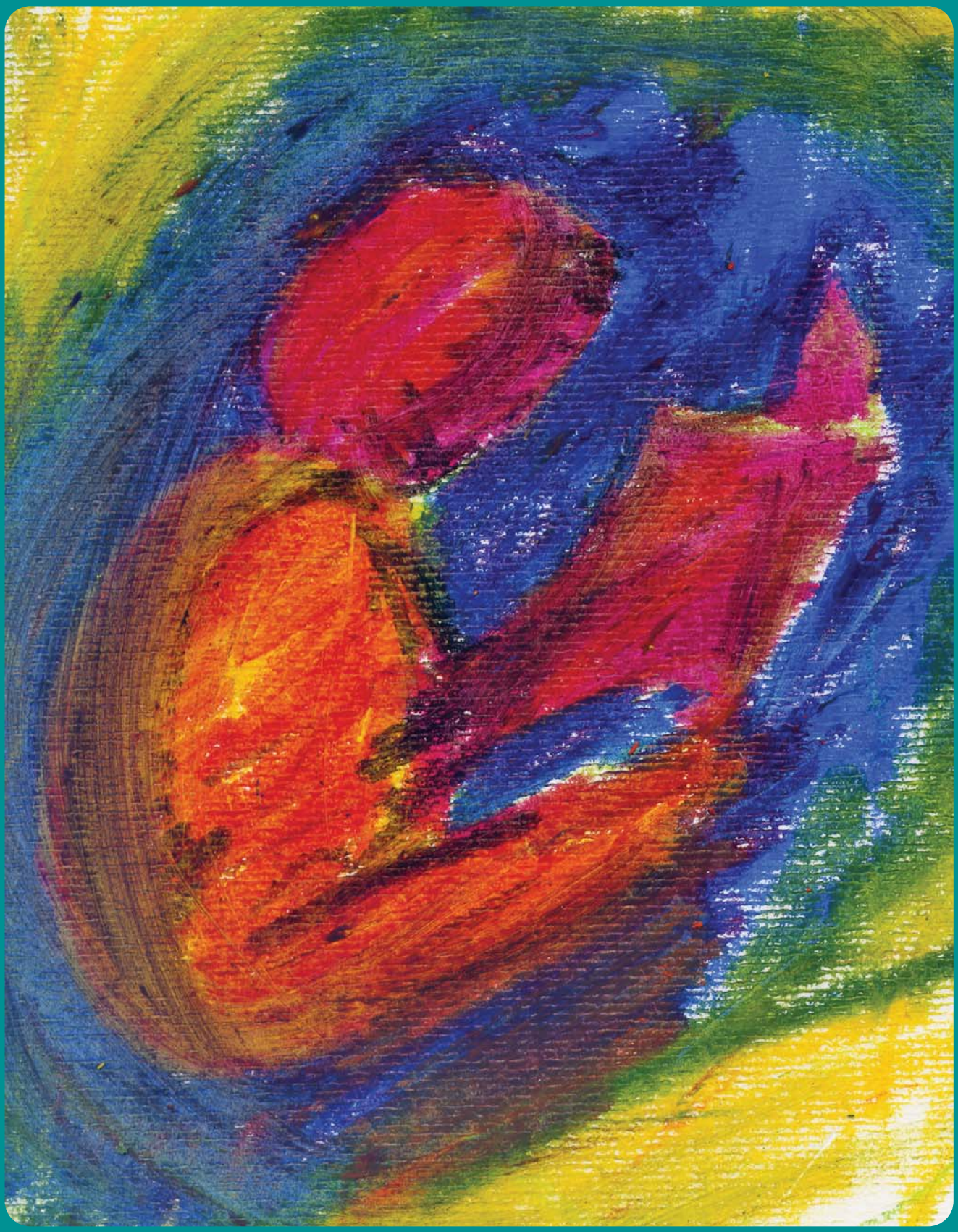
Next steps

While SADC has made remarkable progress in ensuring that both girls and boys get enrolled in primary, secondary and tertiary education, this chapter shows that numbers alone do not tell the full story on the status of education in the region. Since 2011 the SGDI for education has been the highest but that has not translated into actual transformations within the sector. The region currently is grappling with high numbers of out of school children, gender disparities in enrolment in STEM subjects; shortages of funding; WASH services at schools, trained teachers and books. Only when these gaps have been addressed can we fully achieve gender equality in education in SADC.

These gaps have served as an impetus for a strengthened Post 2015 education agenda reflected in the recently adopted Post 2015 Gender Protocol. While not all Alliance proposals were adopted, the alignment of Article 14 of the Protocol with the SDGs provides an opportunity to expand and enrich the current measurement of progress towards gender equality in education.

PROPOSED INDICATORS FOR IMPLEMENTATION FRAMEWORK	SGDI	New SGDI
Enrolment		
Literacy rate of 15-24 year-olds, women and men		✓
Primary enrolment rates for girls and boys	✓	
Secondary enrolment rates for boys and girls	✓	
Tertiary enrolment rates for women and men	✓	
Retention		
Primary completion rates for girls and boys		✓
Secondary completion rates for girls and boys		✓
% girls and boys out of school		✓
Challenging gender stereotypes		
Percentage of girls in tertiary education enrolled in STEM subjects		✓
Percentage of women graduating from science fields		✓
Percentage women teachers in primary schools		✓
Percentage women teachers in secondary schools.		✓
TRACKING		
Countries that have adopted policies and programmes addressing gender stereotypes in education and gender-based violence, amongst others.		
Number of countries with a policy on gender based violence in learning institutions.		

The analysis in this Chapter shows how the SGDI that currently consists of three indicators measuring enrolment can be expanded by another eight empirical indicators based on readily available data (giving a total of eleven indicators in all). The additional indicators will go beyond enrolment to measure retention and the extent to which gender stereotypes are being challenged in the education system. The number of countries with policies on gender stereotypes and addressing gender violence in schools can be added to the tracking tools. These new indicators will help to ensure that as we move towards 2030 we move beyond numbers towards ensuring better quality and outcomes for boys, girls, women and men.



"Ntkozo" *Anushka Virahsawmy*

CHAPTER 4

Productive resources and employment, economic empowerment

Articles 15-19

KEY POINTS

- The Southern Africa Gender and Development Index (SGDI) score for economic justice increased by one percentage point to 76%; eight percentage points above the Citizen Score Card (CSC) score of 68%.
- The proportion of women in economic decision-making has decreased by seven percentage points from 27% in 2015 to 20% in 2016. Angola has the highest proportion of women in economic decision- making at 43%.



The multiple roles of women: Entrepreneur in Analakely,Madagascar.
Photo by Zotonantenaina Razanandrateta

- There is only one female finance minister in the region (in Lesotho). There are only three women trade and industry ministers (Angola, DRC, South Africa) and only three female central bank governors (in Botswana, Lesotho and Seychelles).
- Only four SADC countries recorded at least 50% of firms in the country with female participation in business ownership (Angola, Botswana, Zambia and Zimbabwe).
- Assessing women in management in the private sector remains a challenge due to the dearth of sex disaggregated data. With 28% women in top management, Madagascar has the highest proportion of women in management.
- Women's equal rights to economic resources are still largely hampered by customary law that denies women property inheritance.
- Women's entrepreneurship and start-ups face challenges of capital and skills support. Women's banks in Swaziland, South Africa and a proposed bank in Zimbabwe are set to mitigate this challenge.
- SADC adopted gender budgeting guidelines in June 2014.
- Tanzania has the most equitable earnings for women at 93% while Mauritius has the least at 42%.
- Economic policies remain largely gender blind. However, some countries have enacted policies to boost small to medium businesses owned by women.
- SADC is finalising the regional Multi-Dimensional Women's Empowerment Programme which will include a Resource Mobilisation Strategy for implementation of the programme.
- The Sustainable Development Goals (SDGs) prioritise the empowerment of women and girls through decent work and removing legal and economic barriers to empowerment.
- The revised SADC Gender Protocol recognises unpaid care and domestic work through public services, infrastructure and social protection. The new Protocol recognises the need to create decent work for women.

Table 4.1: Tracking Table - Productive resources and employment, economic empowerment[1]

Target for 2015		Baseline (2009 or 2011)	Progress (2015)	Progress (2016)	Variance (Progress minus target)
Human development in Southern Africa					
High (above 0.7)	15 countries with score of 1 or above. 0 = No human development 1 = Optimal human development Based on: • Life expectancy at birth • Mean years of schooling • Expected years of schooling • Gross national income per capita	**2 countries** (Mauritius, Seychelles)	**2 countries** (Mauritius, Seychelles)	**2 countries** (Mauritius, Seychelles)	**-13 countries** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)
Medium (between (0.55 and 0.7)		**8 countries** (Botswana, Namibia, South Africa, Swaziland, Madagascar, Tanzania, Lesotho, Angola)	**4 countries** (Botswana, Namibia, South Africa)	**4 countries** (Botswana, Namibia, South Africa)	
Low (below 0.55)		**4 countries** (Malawi, Zambia, Mozambique, DRC)*	**9 countries** (Angola, DRC, Lesotho, Madagascar, Malawi, Mozambique, Swaziland, Tanzania, Zimbabwe)	**9 countries** (Angola, DRC, Lesotho, Madagascar, Malawi, Mozambique, Swaziland, Tanzania, Zimbabwe)	
Women in economic decision making					
Proportion of women in decision-making	15 countries have 50% women in positions of economic decision making	18%	26%	20%	**-15 countries** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)
Highest proportion		44% (Botswana)	44% (Tanzania)	43% (Angola)	
Lowest proportion		13% (Madagascar)	11% (Madagascar)	0% (Malawi)	
Labour force participation					
Highest proportion of women	100% of women between the ages 15 and 64 are active in the labour force in 15 SADC countries	89% (Tanzania)	90% (Tanzania)	90% (Tanzania)	**-15 countries** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)
Lowest proportion of women		45% (Mauritius)	45% (Swaziland)	45% (Swaziland)	
Earnings					
Lowest difference between women's and men's average earnings	Women earn on average the same as men in all 15 SADC countries	26% less than men (Malawi)	7% less than men (Tanzania)	7% less than men (Tanzania)	**-15 countries** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)
Largest difference between women's and men's average earnings		58% less than men (Mauritius)	57% less than men (Mauritius)	58% less than men (Mauritius)	
Unemployment					
Lowest proportion of unemployed women	15 SADC countries have 0% unemployed women	3.5% (Madagascar)	1.3% (Mozambique)	4.8% (Madagascar)	**-15 countries** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)
Highest proportion of unemployed women		26% (South Africa)	28% (Lesotho)	44% (DRC)	
Barometer measures					
CSC	100%	56%	65%	68%	-34%
SGDI	100%	71%	75%	76%	-24%

Source: Gender Links, 2016.

**Zimbabwe not classified in 2009.*

[1] Statistics sourced from The Global Gender Gap Report 2015, World Economic Forum, Gender Links SADC Gender Protocol Barometers 2009 to 2014, UNDP (2009 - 2014), African Economic Outlook 2016, International Labour Organisation (ILO), World Bank.



Women turn the wheels of trade in SADC: Mandlakzazi, Mozambique. *Photo: Gender Links*

SADC has prioritised women's economic empowerment through the SADC Gender Protocol, the Protocol on Employment and Labour and the SADC Industrialisation strategy. The SADC Gender Protocol includes articles on economic policies and women in decision-making, multiple roles of women, economic empowerment, access to property and resources, equal access to employment and benefits. This chapter highlights progress made on gender equality in the productive resources and economy.

This report is an assessment of gender responsive economic performance across the 15 SADC countries from 2015 to 2016 based on the 2008 Protocol. The key reference documents for economic performance in the SADC region include the SADC Industrialisation Strategy 2015, The SADC Gender Protocol, the SADC Employment and Labour Protocol and the Sustainable Development Goals (SDGs) which now form the revised Gender Protocol.

The Protocol's 28 time bound targets expired in 2015, prompting a review by SADC Gender Ministers in line with the Sustainable Development Goals (SDGs) in June 2016. These changes will be adopted at the SADC Heads of State Summit in Mbabane, Swaziland, in August. At the end of the chapter we assess the implications of the proposed new additions.

The trends table shows progress on the key economic indicators. Human development remains low for nine of the 15 SADC countries. Only Mauritius and Seychelles have a Human Development Index (HDI) above 0,7. A score of one is considered optimal human development based on: life expectancy at birth; mean years of schooling and expected years of schooling as well as gross national income per capita. This implies that poverty persists in most SADC countries, with women bearing the brunt of poverty.

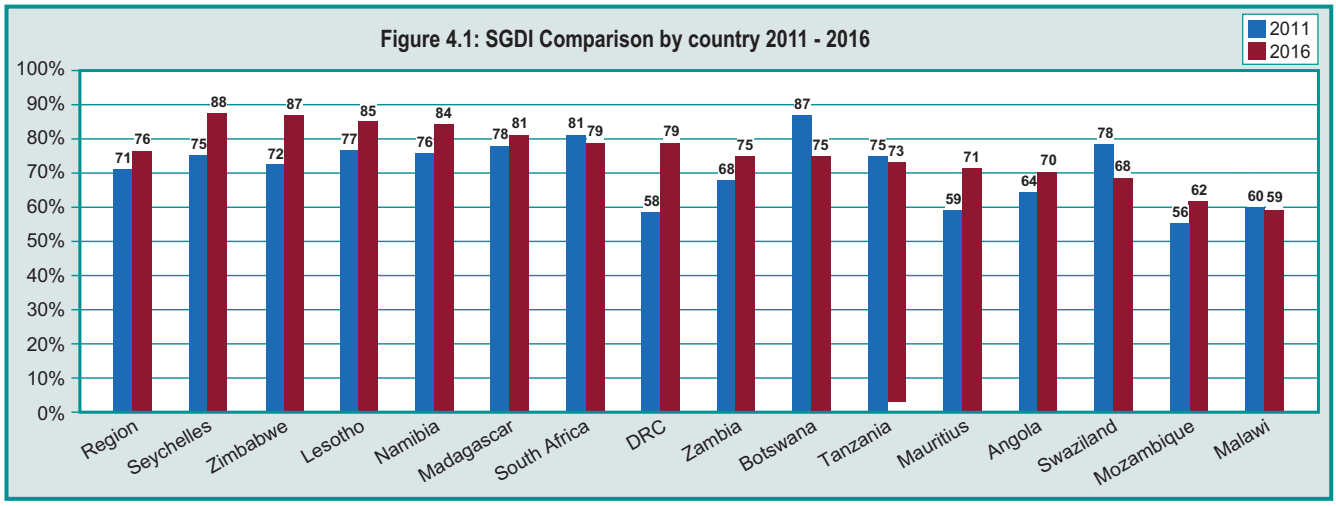
Women's participation in economic decision-making has decreased from 27% to 20% in the period under review. Angola has the highest proportion of women in economic decision- making at 43% while Malawi has no women in economic decision-making. The SADC region needs special measures to ensure women's representation in economic decision-making.

The SDGs focus on inclusive and sustainable economic growth. Goal 8 and Goal 9 specifically address economic justice issues. The SDG declarations and means of implementation address the topic. Economic justice is reflected in eight targets of the SDGs (Goals 1, 5, 8 and 10). Gender-sensitive data mining on productive resources is essential in the Post-2015 era. The SDGs highlight the importance of recognition of decent work and care work through provision of social protection systems.

The 2015 Addis Agenda for Financing for Development urged countries "to track and report resource allocations for gender equality and women's empowerment." Civil society groups recommended that Member States up their action by committing to "promote equity, including gender equality as an objective in all tax and revenue policies." SADC countries will need to combine economic justice through addressing corruption, effective and fair tax collection, allocating resources for gender equality across all sectors and building capacity of policy makers and citizens on gender responsive development.

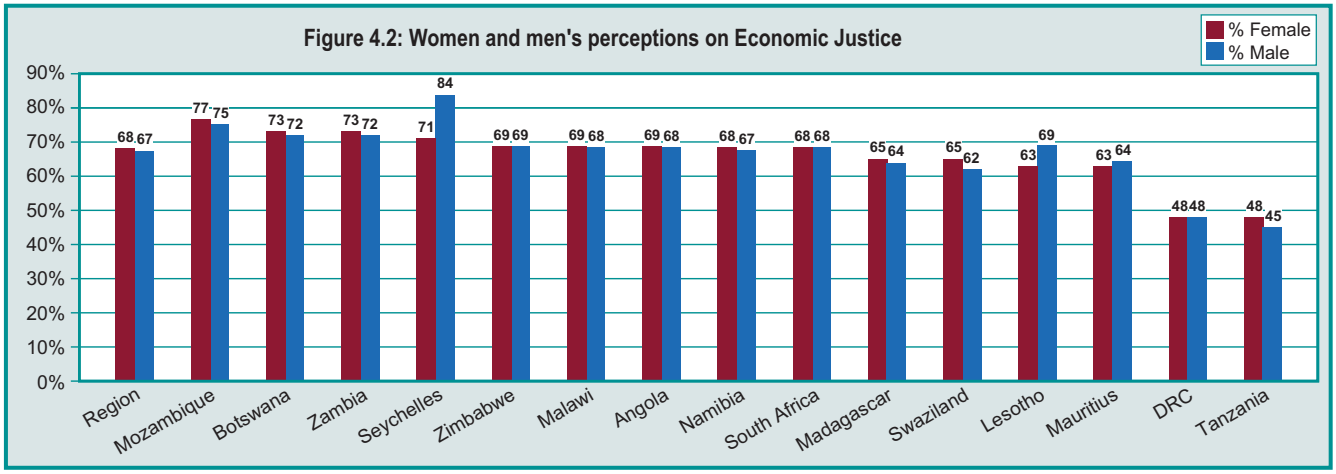
Tanzania registers the highest participation of women in the labour force (90%) and Swaziland the lowest (45%). Tanzania (7%) also has the lowest gender wage gap (the difference between the average earnings of women and men). Mauritius (57%) has the highest gender wage gap. Lesotho (28%) has the highest proportion of unemployed women.

The SADC Gender and Development Index (SGDI) measures economic decision-making; female to male unemployment rate; female share of non-agricultural paid labour; and the length of maternity leave. Due to lack of data, the SGDI does not measure women's access to land, to finance and to productive resources which are all critical for this sector.



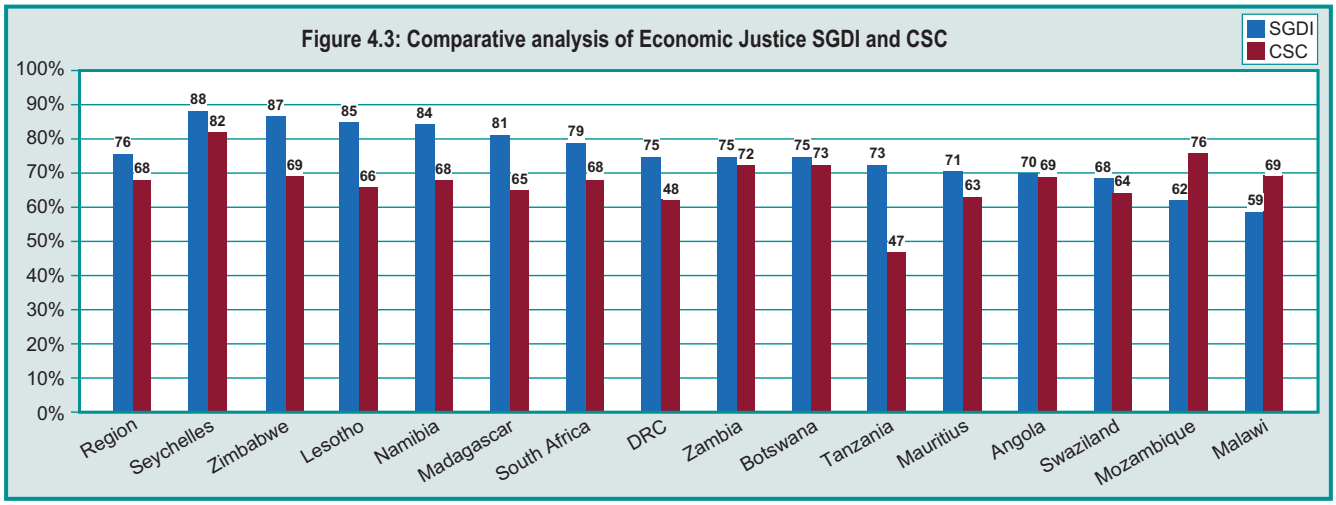
Source: Gender Links SGDI 2011, 2016.

Figure 4.1 provides comparative scores of the SGDI from the baseline year (2011) to the reporting year (2016) for all the countries in the region. The overall SGDI score for region is 76% up from 71% in 2011. The SGDI scores for 11 SADC countries have increased between 2011 and 2016. At 88%, Seychelles has the highest SGDI score while at 59%, Malawi has the lowest SGDI score. Zimbabwe's score increased from 78% in 2015 to 87% in 2016. DRC's score increased from 67% in 2015 to 79% in 2016. Zimbabwe, with a 15 percentage point increase, achieved the most notable improvement. The SGDI scores for Botswana and Tanzania (12 percentage points) and Swaziland (10 percentage points) decreased in the six year period. Malawi has not experienced much change with a score of 60% in 2011 and 59% in 2016.



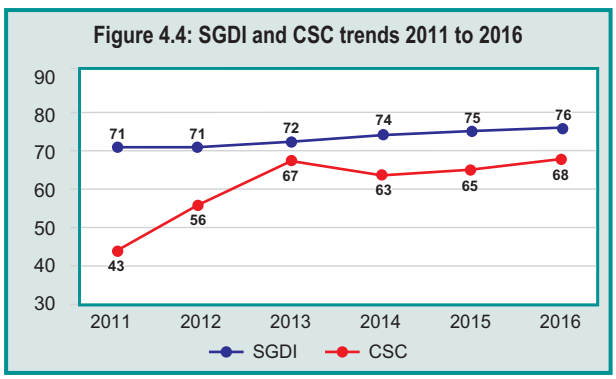
Source: Gender Links, 2016.

The Citizen Score Card (CSC) reflects citizen perceptions of progress. Figure 4.2 reflects women and men and women's perceptions on economic justice across the SADC region. Women gave their governments a score of 68%; one percentage point higher than men at 67%. Mozambique had the highest score (77% for women and 75% for men). Women and men in DRC and Tanzania scored their governments below 50%.



Source: Gender Links, 2016.

Figure 4.3 compares the SGDI and CSC for 2016. The chart shows that the gap between the regional average SGDI (76%) and the CSC (68%) is 8 percentage points, two points less than the 2015 survey. The SGDI scores are higher than the CSC in 13 countries. DRC (31 percentage points) and Tanzania (26 percentage points) have the greatest differences between the actual performance and the citizen perceptions. Mozambique and Malawi remain the two SADC countries whose citizens rate their governments higher than their performance. This suggests that for most citizens and especially women in the SADC region policies on paper are not yet translating into reality in their lives.



Source: Gender Links, 2016.

Figure 4.4 shows the SGDI and citizen perception score trends since 2011. The CSC score rose sharply from 43% in 2011 to 67% in 2013, reflecting a perception that gender is now on the economic agenda. The CSC score has, however, evened off since 2013 reflecting small increases or decreases between one and four percentage points. The SGDI, based on empirical data that does not change radically from year to year, has inched up more slowly from 71% in 2011 to 76% in 2016. While the gap between the CSC and SGDI is narrowing, it is still one of the biggest sectoral gaps between these scores. This shows that policy changes are yet to translate into real changes in the lives of women.

Background

Globally, significant economic inequalities between women and men persists in many societies, including in levels of formal participation in the labour market, income, entrepreneurship, access to credit, and inheritance rights and land ownership. The gender pay gap is real and persistent; globally, on average, women earn 24% less than men. An estimated 48% of women are in work which is informal or precarious, and which limits their access to social protection. Laws and policies often deny or limit women's rights to inherit and own land. In cases when such rights are enshrined in law, legal loopholes, poor enforcement, and discriminatory practices can undercut the formal legal guarantees.

The SDGs aim to close the gender gap in the economy. Gender equality is acknowledged in the agenda as a fundamental right, and as a driver of progress across all development goals. Reducing inequalities including gender equality is the main focus of one of the new SDGs; Goal 5, and is also integrated into the other goals. The SDGs address women's economic empowerment, including that of rural women. SDG 2 on Ending Hunger, for instance, includes a target to "double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment" by 2030.

Continentally, women make up an average of 43% of the agricultural workforce.[2] Women on average have less access to resources, including to quality seeds, fertilizers and tools, agricultural extension services, and to financial services. This makes women less productive; even though they work as hard. Women's economic empowerment has significant multiplier effects. This includes increasing the share of household income controlled by women changes spending in the household in ways which benefit children. Strengthening women's economic opportunities is an essential contribution to eradicating poverty, as recognised by the African Development Bank:

African Development Bank launches a Women's Empowerment Fund

The African Development Bank's Special Envoy on Gender, Geraldine Fraser-Moleketi launched a $300-million (R26-trillion) empowerment fund titled the Affirmative Finance Action for Women in Africa (AFAWA) on 26 May 2016 in Lusaka, Zambia. The AFAWA Program plans to address the financing gap that exists with respect to women's access to finance and would also assist with addressing the skills gap in female entrepreneurs.


Geraldine Fraser-Moleketi.

Part of AFAWA's majority work will be based on providing finance and technical skills, such as helping women-owned SMMEs conduct feasibility studies and get their paperwork in order. The fund will also assist women with non-financial services. The program comprises of four components, with the AfDB expected to provide part of the financing, which would in turn catalyse additional funding from other investors and donors.

The Bank is demonstrating commitment to advancing the Gender Equality Agenda, in particular addressing the challenges women face in accessing finance. This is in line with the African Union's Agenda 2063. The creation of the AFAWA Program was a direct response to international pledges, in particular to the resolution on the need to establish a financing facility for women's economic empowerment, which was taken at the January 2015 African Union Heads of State Summit and tasked to the AfDB for implementation.

Research indicates that 97% of female-owned enterprises paid their loan commitments on time and that businesses owned by women were not only profitable, but also good for communities in general.

Source: African News Agency, May 2016

Table 4.2: Economic growth and gender indicators

Country	GDP 2014	GDP per capita	2015 GDP growth	Estimated GDP growth 2016	Female population	Women in economic decision-making	Female labour force participation	Female unemployment
Angola	$61.08 billion	$7 546	3.8%	3.3%	50.45%	29%	65%	8%
Botswana	$15.75 billion	$16,725	2.5%	3.2%	49.46%	29%	75%	21.4%
DRC	$18.56 billion	$400	7.7%	7%	51.5%	21%	72%	44%
Lesotho	$2.03 billion	$2 390	3.4%	2.6%	50.66%	29%	59%	28%
Madagascar	$6.39 billion	$1 371	3.2%	4%	50.14%	11%	88%	4.8%
Malawi	$4.58 billion	$778	2.9%	4%	49.91%	20%	85%	10%
Mauritius	$8.97 billion	$17 731	3.7%	3.8%	50.65%	33%	49%	11.7%
Mozambique	$11.95 billion	$1,115	6.3%	6.5%	51.23%	25%	86%	24.6%
Namibia	$10.98 billion	$9 506	4.4%	4.2%	50.37%	25%	56%	33.1%
Seychelles	$1.271 billion	$25 900	4.6%	3.1%	48.88%	33%	68%	5%
South Africa	$328.68 billion	$12 446	1.3%	0.7%	50.42%	23%	51.8%	27.3%
Swaziland	$3.20 billion	$6 058	1.7%	0.8%	50.74%	20%	45%	31.2%
Tanzania	$24.01 billion	$1 656	7%	7.2%	50.02%	44%	90%	12.3%
Zambia	$16.24 billion	$3898	3.7%	3.6%	49.86%	23%	73%	7.7%
Zimbabwe	$6.94 billion	$1 773	1.5%	1.6%	50.61%	23%	89%	9.9%

Source: The Global Gender Gap Report, 2014; African Economic Outlook 2015.

[2] Africa Review 2015, Africa Progress Panel 2016.

Table 4.2 demonstrates the disparities in economic growth in Southern African countries for the year 2015/2016, ranging from 1.3% in South Africa, to 7.7% in DRC. While countries such as Tanzania and DRC recorded notable growth rates in the last year, South Africa's sluggish economic growth affected the average growth of the sub-region; moreover, women in the region remain in extreme poverty.

Female unemployment rates remain high in the SADC region with DRC having the highest levels at 44%. Madagascar has the lowest female unemployment rate at 4.8%. Tanzania has the highest female labour force participation at 90% which correlates with the high estimated GDP growth rate for 2016 of 7.2%. Swaziland has the lowest female labour force participation at 45%. South Africa has the lowest estimated GDP growth for 2016 of 0.7%.[3]

Despite positive economic growth outlook for 2016 in six SADC countries, women remain poor and still face challenges in accessing economic resources. Policies and programmes to foster female led entrepreneurship have yielded few success stories. A combination of skills, enabling environment and mentorship is necessary to ensure that women are included in business ownership. There are however, a few success stories of women in business in South Africa.

Table 4.3: Human Development in Southern Africa

	2009	2015	2016
High human development (above 0.7)	**2** (Mauritius, Seychelles)	**2** (Mauritius, Seychelles)	**2** (Mauritius, Seychelles)
Medium human development (between 0.55 and 0.7)	**8** (Botswana, Namibia, South Africa, Swaziland, Madagascar, Tanzania, Lesotho, Angola)	**4** (Botswana, Namibia, South Africa, Zambia)	**4** (Botswana, Namibia, South Africa, Zambia)
Low human development (below 0.55)	**4** (Malawi, Zambia, Mozambique, DRC)	**9** (Angola, DRC, Lesotho, Madagascar, Malawi, Mozambique, Swaziland, Tanzania, Zimbabwe)	**9** (Angola, DRC, Lesotho, Madagascar, Malawi, Mozambique, Swaziland, Tanzania, Zimbabwe)

Source: UNDP (2014), African Economic Outlook (2016).

Table 4.3 shows that only two countries, Mauritius and Seychelles, have achieved high levels of human development. Zambia improved its human development score and has moved from the low to medium category. Of concern are the number countries in the medium category dropped from eight to four from 2009 to 2016. Equally problematic is the increase in the number of countries in the low human development category from four to nine countries from 2009 and 2016. There has been no change in the human development index for SADC countries from 2015 to 2016.

The **SADC Industrialisation Strategy** holds promise for women and youth.[4] The long-term strategy includes empowerment dimensions to widen the scope and quality of women and youth's participation in the industrialisation process, notably by improved access to finance, skills development and Small to Medium Enterprises (SME) support programmes, and livelihood skills of women and youth, particularly in high value-adding industries in such areas as services, manufacturing, horticulture, transport, energy, agricultural and trade industries. SADC has developed a Women's Economic Empowerment Framework consistent with the SADC Gender Programme, as stipulated by the Regional Indicative Strategic Development Plan (RISDP).[5]

The **SADC Gender Protocol** contains a number of important articles relevant to economic justice and empowerment. It provides that state parties shall, by 2015:

- Ensure equal participation by women and men in policy formulation and implementation of economic policies.
- Ensure gender-responsive budgeting at the micro and macro levels including tracking, monitoring and evaluation.
- Conduct time-use studies and adopt policy measures to ease the burden of the multiple roles played by women.
- Adopt policies and enact laws which ensure equal access, benefits and opportunities for women and men in trade and entrepreneurship, taking into account the contribution of women in the formal and informal sectors.
- Review national trade and entrepreneurship policies to make them gender-responsive.

3 Africa economic outlook 2015/2016.
4 SADC Industrialisation Strategy 2015.
5 www.sadc.int

- Introduce affirmative-action measures to ensure that women benefit equally from economic opportunities, including those created through public procurement processes.
- Review all policies and laws that determine access to, control of, and benefit from, productive resources by women.
- Review, amend and enact laws and policies that ensure women and men have equal access to wage employment in all sectors of the economy.
- The Protocol also provides for equal pay for equal work; eradication of occupational segregation; and for maternity and paternity benefits.

Women and men in economic decision-making

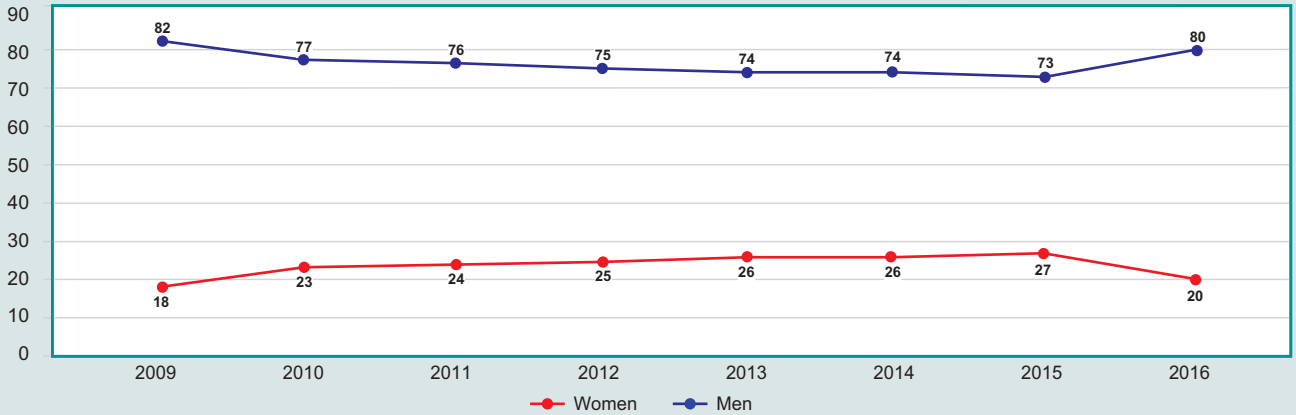
The protocol provides that state parties shall, by 2015, ensure equal participation by women and men in policy formulation and implementation of economic policies.



Including young women in entrepreneurship is key for sustainable economies. An entrepreneur in Madagascar shows off her chicken business.
Photo by Zotonantenaina Razanandrateta

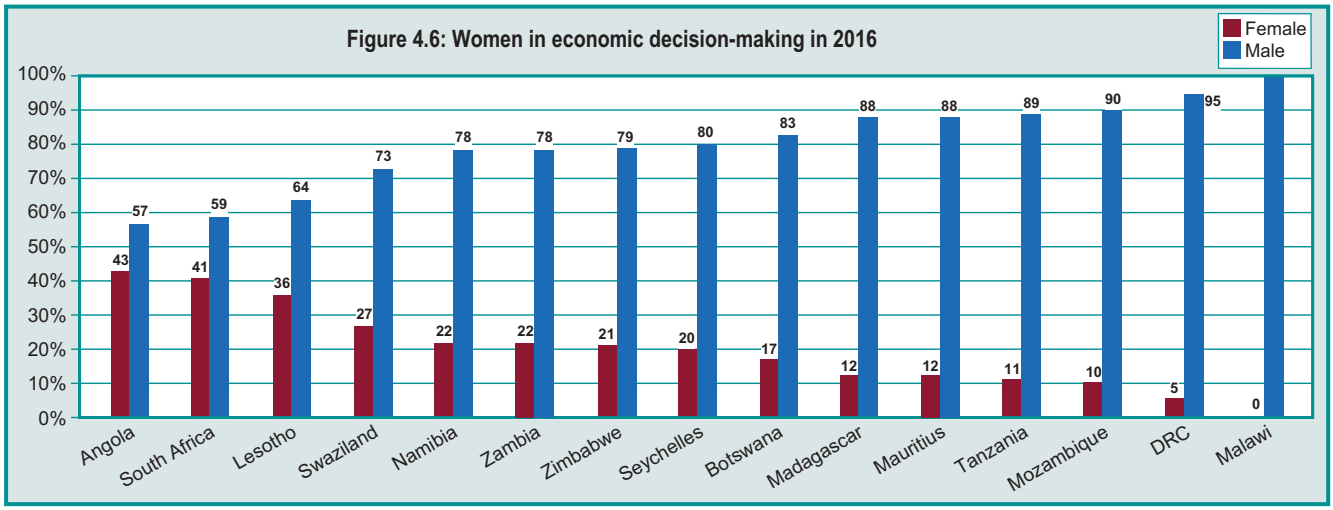
Over the years, the Barometer has tracked the proportion of women in economic decision-making, defined as minister, deputy ministers and permanent secretaries of the ministries of finance, economic planning, trade and industry, governors and deputy governors of the reserve bank. The 2016 Barometer also includes women and men in ministries such as energy, fisheries, mining, international relations and cooperation, as well as women heads of state and government.

Figure 4.5: Trends of women in decision-making 2009 - 2016



Source: Gender Links, 2016.

Sharp overall decline in women's participation in economic decision-making: Figure 4.6 shows that since the Protocol began tracking this indicator in 2009, the proportion of women in economic decision-making rose by nine percentage points (from 18% to 27%) between 2009 and 2015. There has, however, been a downward from 27% in 2015 to 20% in 2016. Such repression at the very moment that the region should be moving towards gender parity is of grave concern.



Source: Gender Links, 2016.

The country comparison in Figure 4.6 shows that:



- **Angola** (43%) and South Africa (41%) surpassed their 2015 positions to come in at first and second place respectively. In addition to having women ministers of Economic Planning and Trade, Angola has women at the helm in the important sectors of Fisheries and State Secretary of Industry and Urban Housing. South Africa recorded an 18 percentage point increase, up from 23% in 2015. South Africa has women leading in ministries of Small Business Development, Energy, Transport, Environmental Affairs, International Relations and Cooperation, Labour and Public Enterprises.



Trade Minister Rosa Escorcio Pacaviria de Matos.

Angola's Minister of Trade Rosa Escorcio Pacaviria de Matos's says joining this sector was a great challenge for her although she enjoys the challenge. Her Ministry has supported programmes for women in Angola. For some rural municipalities where there is not a lot of food diversity, the ministry created a card subsidised by the State for the purchase of staple products (including medicines in drugstores) for female-headed households. The ministry created community kitchens managed by women for low-income earners. Another programme aimed at women is the construction of agricultural greenhouses where women buy the plants as seedlings, instead of seed.[6]



- **Madagascar** has consistently had the lowest proportion of women in economic decision- making since the baseline year (13%). However, over the last year Madagascar has realised a one percentage point decrease to 12%.
- As with the 2014/15 reporting, only three countries have above 30% of women in decision making: Angola, South Africa and Lesotho. Malawi and the DRC's showings are dismally low at 0% and 5% respectively.



Despite **Malawi**'s Gender Equality Act (2013), no women are involved in economic decision-making. Women's economic power is undermined by discrimination against their right to own, access, control and inherit land and property. Gender differences in access to and control of property mean female-headed households have 14% less consumption per capita than male-headed households. Actions to achieve gender responsive budgeting are being pursued under the Gender Equality and Women Empowerment Programme (2012- 2016).[7]

A modest number of women in the region hold top economic decision-making posts in government: In Mauritius, Namibia and Tanzania, these posts are largely related to women in the office of President, Vice President, Prime Minister or Deputy Prime Minister. In 2015, following the election of a new President, Namibia's former Minister of Finance, Saara Kuugongelwa-Amadhila became the Prime Minister, while Lesotho boasts the only female finance minister in SADC. Seychelles, Lesotho and Botswana have the only women central bank governors while Angola and Botswana have the only women ministers of trade. Angola has a woman minister of Economic Planning.[8]

6 The World Folio.
7 UN Women Malawi Country report 2013.
8 Source: https://www.cia.gov/library/publications/world-leaders, accessed July 2016. http://www.centralbanknews.info/p/central-bank-gov



Governor Abel, left, receives an award from Africa Leadership Magazine, August 2015. *Photo courtesy of CBS*

Seychelles' first female central bank governor, Caroline Abel is holder of a first degree in economics obtained from the University of Leeds and a Master's degree in monetary economics from the University of Glasgow. She has held several posts at the financial institution until her appointment as Seychelles' first female Central Bank of Seychelles Governor.[9] The African Leadership Magazine presented Abel with the African Female Public Servant of the Year Award. The African Female Public Servant of the Year Award by the African Leadership Magazine is reserved for deserving public servants, public institutions, groups and associations. The award recognises immense contributions made towards the growth and development of Africa's public service.

Women in business leadership

Table 4.4: Selected SADC Country data on women in business leadership

Country	Firms with women top managers	Share of women on boards of listed companies	Firms with woman participation in ownership
Angola	14%	n/a	57%
Botswana	16%	n/a	55%
Madagascar	28%	n/a	42%
Malawi	16%	n/a	24%
Mauritius	n/a	n/a	17%
Mozambique	n/a	n/a	24%
Namibia	27%	n/a	41%
South Africa	n/a	13%	23%
Swaziland	n/a	n/a	29%
Zambia	24%	n/a	50%
Zimbabwe	17%	n/a	56%

Source: The Global Gender Gap Report, 2016; Gender Links 2016.

Table 4.4, based on the 2016 Global Gender Gap Report (GGGR) shows that:

- Of the 11 SADC countries in the GGGR, the most complete data is for two main categories: the percentage of firms with female participation in ownership; and the percentage of firms with female top managers.
- South Africa is the only country with available data on the share of women on boards of listed companies (13%).
- Madagascar (28%) has the highest proportion of firms with women top managers, and Angola (14%) the lowest.
- Four SADC countries recorded female ownership in half or more of their private companies. 57% of firms in Angola, 56% in Zimbabwe, 55% in Botswana and 50% in Zambia have female participation in ownership. Madagascar and Namibia follow not too far behind (42% and 41% respectively). South Africa (23%) is among the lowest proportion of women's participation in ownership. But as illustrated in the case study alongside, there are notable achievements, as women venture into non-traditional areas of work.

[9] Seychelles News Agency.

South Africa: Women believe they can fly, bank on change

Siza Mzimela, saw a niche market and decided to capitalise on it when she started South Africa's newest airline, Fly Blue Crane. "We aim to make our mark serving the increasingly commercially significant provincial and regional capitals. Our aim in the coming years is to make air travel an altogether better and more rewarding experience in Southern Africa," she said.



Siza Mzimela, the founder of Fly Blue Crane, stands between two flight attendants.
Photo courtesy of Streamafrica

Mzimela had the vision of giving customers what they truly want in airline travel, which she realised was more than just low fares, but reliability and consistency. Theunis Potgieter, the company COO, noted that customers want consistency, frequency, professionalism, and reliability, as well as softer touch-points which include complimentary quality meals."

One of the ideas Mzimela had to accomplish this was to stick to one type of aircraft, a 50-seat Embraer Regional Jet 145 (ERJ). By using just one aircraft type with the same configuration, the crews will be able to use interchangeable parts, and the same tools. Jerome Simelane, the airline's Commercial General Manager said, "By using what we have learned over the years about international airline best practice, we have also created a cost structure which allows us to offer competitive fares without cutting any corners on quality, safety and reliability."

During the initial phase of the airline, the flights originated from OR Tambo International Airport in Johannesburg and flew to other cities in South Africa; Bloemfontein, Kimberley, and Nelspruit. Mzimela is former CEO of South African Airways, and the first woman named on the board of the International Air Transport Association in its 71-year history. Fly Blue Crane has been operating domestically in South Africa since September 2015 and announced its international routes in May 2016.[10]

Nthabeleng Likotsi, founder and executive chairperson of Young Women in Business Network Holdings, started her own bank after growing it from a humble savings club. She's already raised R2-million. Most people are thinking about groceries when they use a stokvel but this Ekurhuleni business-woman has other ideas.

The bank, Young Women in Business Network (YWBN) is in the process of starting the first women's Co-operative Bank in South Africa that will focus on professionals, entrepreneurs and business people. With over 250 shareholders it has collectively invested over R2.5 million towards the formation of the YWBN Co-operative which qualifies us to be a Co-operative Financial Institution. Although men are welcome in this investment, the intention is to have at least 60% black women ownership as majority shareholders.

There are more than 800,000 stokvel members in South Africa, saving money for groceries, the festive season or to get through January. When Likotsi started her stokvel, the Young Women in Business Network, she wanted to create something with long term returns. "We started saving money, using the stokvel. We called it an investment company using the stokvel, saving money and at the end of the year buying shares," said Likotsi. After a visit to Switzerland and her first introduction to stokvel-style banking, Likotsi was inspired to start a co-operative bank using her existing savings club.

She led the Young Women in Business Network cooperative financial institution which pays R1,000 a month and has access to business loans of up to R100,000 for members of the institution. To join the cooperative each member has to pay a deposit of R10 000 as a share capital fee, and an annual R550 rand membership fee.

"We are a proper bank, meaning we loan out money, we charge interest on them, which means that is the return. We charge 5% interest on short term loans that is 6 months and 2.5% on a 12 months loan," said Likotsi. The savings group received its cooperative financial institution licence in December with 271 members and aims to have over a thousand members by 2017. Likotsi says YWBN aims to have a R1-million in savings to be recognised by the South African Reserve Bank.[11]



Nthabeleng Likotsi, founder and executive chairperson of Young Women in Business Network Holdings.
Photo courtesy of Google Images

[10] Source: Adapted from Runway Girl Network, https://www.runwaygirlnetwork.com/2016/01/02/fly-blue-crane-ceo-on-breaking-the-aviation-glass-ceiling/ Accessed 23 July 2016.
[11] Source: SAWID Post 2015 consultation meeting Johannesburg, June 2016 and adaptation from ENCA news.

Progress in policies

Despite the fact that women are the majority in the informal economy, they are often excluded from policy processes and this exclusion manifests in different forms. This exclusion results in the formulation of top-down policies that do not address the specific concerns of women. SADC encourages Member States to have appropriate policies, legislation, programmes, projects and activities aimed at ensuring gender equality and women's empowerment.[12]



Mozambique women who have lived with their partners for more than one year are entitled to inherit their partner's property. However, practice on the ground indicates that few women are aware of this legislature.



Article 23 of the **Namibian** Constitution provides for affirmative action in order to remedy the injustices of the past. Article 23(2) states that it is for the advancement of persons in Namibia that have been disadvantaged by past discriminatory laws or practices. While women are mentioned in article 23(2), there is no enforcement to ensure that women a consciously included in economic policy making and implementation.



Swaziland's National Development Plan articulates the country's development vision and aspiration for 25 years i.e. 1997 -2022. It focuses on improved standard of living in the country particularly poverty eradication, employment creation, gender equality and environmental protection.



Although affirmative action in the economy has been practised in **South Africa** for quite some time, it still fails to bring about substantive or structural change. Affirmative action may change the racial and gender composition of the workplace. The implementation of affirmative action in especially the private sector often lacks provision for the development of human capacities. Legislature enforces affirmative action in employee recruitment and in some cases state procurement.



Zambia's National Development Plan (2013 to 2016) recognises that delivering equitable development requires concerted efforts and commitment of all stakeholders. The plan does not, however spell out equality in participation for both women and men. The plan further highlights the proportion of women in the agricultural sector but falls short of consciously including women in agricultural economic decision-making.

Multiple roles of women



The protocol provides that by 2015, state parties shall conduct time-use studies and adopt policy measures to ease the burden of the multiple roles played by women.



UNDP Administrator Helen Clark. *Photo courtesy of UNDP website*

"In all countries, women are "time poor", as they carry a disproportionate burden of unpaid care work. Women in developing countries work 73 more minutes per day than men; in developed countries women work 33 minutes more. Unpaid work is a particular burden for women in poor, rural areas, where they bear the main responsibility for gathering firewood and water, and from where men often migrate to cities or abroad, leaving women as single heads of households with many more responsibilities".

Helen Clark, UNDP Administrator and nominee for UN Secretary General

[12] SADC Gender Programme.

Only five SADC countries have conducted time use studies: Time use surveys, sometimes called "time budget surveys", aim to provide information on the activities people perform over a given time period; generally a day or a week as well as how much time they spend on each of the different specified activities. While the scope and purpose of such surveys differ enormously, the most common aim of these surveys in developing countries is to provide better information on work performed by different categories of people (male and female, in particular). The results of time-use studies could provide good entry points for beginning to quantify and assign monetary value to work conducted by women. Not all countries have conducted time-use studies. Countries that have conducted time use studies include Malawi, Namibia, South Africa and Tanzania. Seychelles is conducting a study.



Namibia: In rural areas, women and girls do 75% of the work. The 2006 demographic survey provides the latest data on distance to water sources. In households where water is fetched, females collect it in 28.7% of households, and males in 11.6%.



Malawi: The 2011 National Gender and Development Index (GDI) released in June 2012 showed that men spend about one and half times more hours than women in economic activities. However, the time spent in non-market economic activities or as unpaid family workers in economic activities is the same. Women spend about six times as much time in domestic, care and volunteer activities as men. The 2005 NSO report also showed that, among citizens aged 15 or older, 90% of women undertook domestic tasks compared with 24% of men. Women spent 7.7 hours each day on household chores excluding childcare, compared to 1.2 hours for men.



In **South Africa**, the last time use study was conducted in 2010. The next Time Use Survey will be conducted in 2016, after which it will be done every four years. South African women, according to the survey results, spend more time than men on household maintenance and caring for children and other household members. The results indicate that there was a large gender gap in terms of household maintenance activities where women spent three hours 15 minutes per day on such activities. This is 2.2 times what their male counterparts spent (one hour 28 minutes) on the same activities.



In 2005/06, **Tanzania** became the fourth country in sub-Saharan Africa to conduct a comprehensive Time Use survey. As a result of the study, policies have been put in place to ease the burden of women's multiple roles. For example, the water policy stipulates that water should not be further than 400 meters from users, and the poor should receive at least eight to ten litres of water free of charge. Actual implementation has been a challenge.

Making care work count

Care provision is an essential, but under-recognised and under-valued sector of the economy in the SADC region. Women and girls across the world do most of the unpaid care work - this takes up a significant amount of their time and effort, and leaves them with less time for engagement in social, political and economic life, or for rest and leisure. In low income households, economic necessity forces women to engage in the market economy, thereby putting additional strain on their time and energy. Women are unable to balance paid work with their unpaid care work responsibilities without negative consequences to their bodies, their emotional well-being, to their families (reduced amounts and quality of care) and therefore to their communities.[13]

Decent work for both women and men needs to take into account their unpaid care work responsibilities. It is especially critical to take into account different lifecycle and family structure responsibilities when creating employment opportunities for women. Opportunities for flexible working hours, decent and fair wages, maternity benefits, improved working conditions and safe working opportunities at a range of suitable locations is essential for ensuring women are not forced into low-paid, often unsafe work. It is equally important to recognise that the informal sector employs the large majority of poor, working women - and that while policies that regulate working conditions of the formal sector are important, those that seek to ensure decent work in the informal sector, are critical.

The revised Protocol adopted by Gender Ministers in June 2016 recognises the multiple roles of women through social protection and public service for care and domestic workers. The Protocol provides for equal access to decent work including social protection and equal pay.

[12] SADC Gender Programme.
[13] Oxfam Position Paper on Care Work, 2016.

Support for women in business

The Protocol requires that Member States:

- *Adopt policies and enact laws which ensure equal access, benefits and opportunities for women and men in trade and entrepreneurship, taking into account the contribution of women in the formal and informal sectors.*
- *Review national trade and entrepreneurship policies to make them gender-responsive.*
- *Introduce affirmative-action measures to ensure that women benefit equally from economic opportunities, including those created through public procurement processes.*

Table 4.5: Ease of doing business in SADC

Country	Time taken to set up a business (days)	Number of procedures to start up a business
Zimbabwe	90	9
Namibia	66	10
Botswana	48	9
South Africa	46	6
Malawi	38	8
Angola	36	8
Seychelles	32	9
Swaziland	30	12
Lesotho	29	7
Tanzania	26	9
Mozambique	19	10
Madagascar	13	9
DRC	11	6
Zambia	7.5	6
Mauritius	6	5
Region Average	**26.8**	**8**

Source: World Bank Group, 2016.

Table 4.5 shows the time taken to start a business in SADC countries. The regional average time taken to start a business is 26.8 days, and the regional average number of procedures is eight procedures. Zimbabwe has the longest period taken to start a business at 90 days while Mauritius has the least at six days. Swaziland has the most number of procedures (12) while Mauritius has the least (5).

Barriers for **women in business** in SADC include:

- The general low level of education and business literacy among women; often relegating them to the informal economy.
- Inequalities in access to finance compared to their male counterparts prevent women from 'big business' start-ups. Most women use their own sources of income, which are frequently meagre to raise capital for their business. This results in women owning the informal sector businesses compared to the formal sector business.
- Turn-around time to register formal businesses.
- Lack of affirmative action by firms to consciously employ women.
- Women's needs for social protection such as maternity benefits, childcare and the prevention of abuse.
- Lack of gender capacity building in the private sector.
- Non-enforcement of legislature and policies to include women in the private sector.

Support for women in business largely occurs through financing vehicles and affirmative action legislation. The region has seen establishment of a number of

women's banks with the aim of supporting emerging women entrepreneurs.



More women in DRC earn a living as mobile money sales agents.
Photo courtesy of Syntich Tshibanda



In the **DRC**, phone companies are seeking more mobile money saleswomen; these agents are changing the market. Becoming a mobile money subscription saleswoman is an opportunity for women in one of the world's poorest countries to earn money they can control themselves; often for the first time. For many women it is an opportunity to own a small business with the backing of a large mobile phone company firm. Multinational presence is low in DRC presenting an opportunity to catalyse private sector change at the highest levels for the benefit of poor women. The government has made changes in how a formal business is registered. According to the *Doing Business report of 2015*, outdated procedures are continually being eliminated.



The **Mauritius** National Women Entrepreneur Council (NWEC), a parastatal body operating under the aegis of the Ministry of Gender Equality, Child Development and Family Welfare was set up in 1999. It is the main organization that provides support and assistance to both potential and existing women entrepreneurs in Mauritius. NWEC has over 5310 women entrepreneurs are registered. NWEC offers the a number of services including Information Dissemination and sensitisation programmes, counselling, International Linkage, Development (Trade Fairs, Workshop), training, marketing and local fairs.



Namibian women are receiving support for their business ventures from various quarters, which will have a positive impact on growth of the economy. Namibia Chamber of Commerce and Industry (NCCI) Women's Desk has prioritised empowerment of women entrepreneurs to foster equality and women's independence. Through strengthening the development of women, national economic development is also enhanced. Other priorities of the Women's Desk include women's access to finance, business support and entrepreneurial education. The NCCI's Women's Desk project is a collaboration between the chamber and the Tampere Women's Association in Finland, funded by the Finnish foreign ministry.



South Africa's Women Development Businesses (WDB) celebrated its 25th anniversary in July 2016 with a dialogue titled Making Poverty History. WDB Investment Holdings, which was started in 1997 with seed capital of R2 million, and with the sole purpose of funding the WDB Trust's programmes, today has a net asset value of R3.8 billion and has invested more than R200million in the Trust.

WDB has since 1991 been working to eradicate poverty in rural communities. The brainchild of former first lady Zanele Mbeki, it provides microfinance to impoverished rural women and runs social support programmes through the WDB Trust. The WDB Trust's Siyakhula Microfinance Institution, based on the Grameen Bank of Bangladesh's approach to microcredit, enables impoverished female entrepreneurs to start and grow their businesses through access to step-up loans. With this assistance women can uplift their families and communities.[14]


Mamphela Ramphele, centre, and Zanele Mbeki attending the Women Development Businesses (WDB) dialogue in July 2016 to celebrate WDB's 25th anniversary. *Photo courtesy of Google Images*



The **Zambia** Government launched the first ever Women's Bank of Zambia in December 2015. Finance Minister, Alexander Chikwanda says the establishment of the bank will provide an institutional mechanism for women development and economic emancipation. The government will inject over 55 million kwacha as subscription towards the Bank of Zambia where there is a 20 million US dollar minimum capital requirement. The financial institution will offer tailor made loan facilities especially to rural women.

[14] Women's Development Businesses 25th Anniversary.



The **Zimbabwe** government has set aside $5 million to establish a women's bank. The bank compliments the existing Women's Development Fund. The bank will focus on financing women's business due to the disadvantages they have faced in accessing credit historically. The bank is currently collecting data on women's business associations and collective enterprises in partnership with the International Trade Centre. The Minister of Women's Affairs Gender Affairs and Community Development, Minister Nyasha Chikwinya announced in July 2016 that the bank will be operated after the database of women's small and medium enterprises database is established. Women managed businesses make a key contribution to the country's economy in Zimbabwe.



Minister Nyasha Chikwinya.
Photo courtesy of Herald Zimbabwe

Property and resources

The SADC Protocol provides that by 2015, state parties shall review all policies and laws that determine access to, control of, and benefit from, productive resources by women.

Stringent credit facilities and customary practices hinder women's ownership of property: Women in SADC often lack ownership of property and resources. Immovable property such as housing usually requires heavy investment of which women are disempowered to have. Customary laws and practices, especially laws around inheritance hinder widows and divorced women to own property. In some countries, property ownership has to be at the consent of the husband. The Protocol provides for protection of widows and for equal access to resources.

Communal land is largely governed by the traditional systems: Rural women are often left at the mercy of their deceased spouses' families when it comes to communal land ownership. Customary practices may strip the widow of the family land upon death of her husband under auspices of preserving the family name. Ownership of assets such as cattle is largely skewed towards men due to inheritance practices. Where there are no sons to inherit the cattle, the male members of the husband's family may inherit the cattle. The harmful practice of widow inheritance disempowers women's economic decision making at household level. National laws need to take into consideration the elimination of harmful customary practices in order to foster women's economic empowerment.



Angola: The 1992 Land Act provides women and men equal land rights. However, it does not have a stand-alone, comprehensive land policy, and its 2004 Land Law (updating the 1992 law) does not include any statements on women's equal **access to land**.[15] Although women do have equal rights to property under the Civil Code and Family Code, it is unclear whether these rights extend to non-land assets, and how such rights, if legislated, are implemented in practice. Regarding access to financial services, there are no laws in place that prevent women from opening a bank account in the same way as men, from signing business contracts or from accessing property other than land.



The law in **Madagascar** upholds women's rights to ownership and there are no legal restrictions on women's access to land. Ordinance No. 60-146 of 1960 relating to land ownership gives men and women equal rights to become landowners. However, in practice, land acquisition is strongly dependent on customs which can, in some cases infringe upon women's rights, particularly in the south of the country. Such rights denial occurs in the cases of inheritance and sharing among spouses, and is all the more frequent given that most couples are married under the customary practices rather than common law. Article 34 of the Constitution and Law no. 2007-002 guarantees women's access to non-land assets.



South African women are entitled to the same legal ownership rights as men and the law guarantees them equality in the purchase, sale and management of property. According to the Recognition of Customary Marriages Act of 1998, men and women have equal legal status in regard to ownership of property (including land), with joint common ownership assumed in

[15] OECD Gender Index, 2014.

monogamous customary marriages unless a contract has been drawn up specifying an alternative arrangement. Laws like the Traditional Leadership and Governance Framework Act (2003) and Traditional Courts Bill (which has been proposed but not passed) marginalise women's voices, shifting the balance of power more towards male household heads and traditional leaders.



Access to Title Deed Land is also a challenge for **Swaziland** women. While there is no specifically articulated discrimination against women and the sole requirement is money to purchase the land, most Swazi women do not have sufficient funds and securing bank credit is difficult. In 2012, the government issued a legal instrument amending the Deeds Registry Act, allowing women married in community of property to register and administer property (including land) in their own names.



Legislation allows women in **Zimbabwe** to have access to bank loans. The Immovable Property Prevention and Discrimination Act prohibits financial institutions from perpetuating discrimination on the grounds of sex, among others grounds, by refusing to grant loans or other financial assistance for the acquisition, hire, construction, maintenance or repair of any immovable property, to people of a particular sex.

Land ownership

Women play a key role in subsistence agriculture: More than 50% of SADC's population stay in the rural areas relying on an agricultural based economy. They constitute of more than 61% of farmers in communal areas and at least 70% of agricultural produce. They are the main providers of labour for farming and are the primary managers of homes in communal areas, since many men are migrant workers in the cities or in other areas away from their homes.[16] Yet rural women are largely treated as dependents of men, not as landholders or farmers in their own right.



Nomsa Mmema from Hlathikhulu, Swaziland waters her garden, September 2015. *Photo by Thandokuhle Dlamini*

Sex disaggregated data is scanty: Most recent land-related statistics disaggregated by gender, including distribution of landholders by sex and the incidence of landowners by sex, among others is not entirely available in SADC countries, The Post 2015 agenda calls for ensuring data availability by sex across all sectors.

Table 4.6: Women land ownership in some SADC countries

Country	% female land ownership
Botswana	35%
Malawi	32%
Lesotho	31%
Mozambique	23%
Tanzania	20%
Zambia	19%
Madagascar	15%
DRC	9%

Source: Food and Agriculture Organisation, 2015.

Table 4.6 shows that in the few SADC countries with sex disaggregated data for land ownership, Botswana ranked highest with women owning 25% of the land. DRC (9%) had the lowest proportion of women land ownership. Land ownership data is not available for some SADC countries; this needs to be redressed.



In **DRC**, women (especially those who are married) have limited access to land. By law, the right to land concessions can be given to men and women, but attitudes and customs that discriminate against women remain strong. Despite the nationalisation of all land and the introduction of formal legislation governing land use rights, a significant percentage of the land in the DRC (some estimate as much as 97%) remains subject to customary law.[17] This presents a major challenge to women's ability to enjoy their land rights in practice.



Tanzania's 1995 National Land Policy gives women the right to acquire and own land. However, this right is contradicted in the Policy itself, which states that family land will continue to be governed by "custom and tradition" with regard to inheritance. As noted above (Family Law section), customary laws that restrict a woman's property rights are still widespread. Other legislation has been passed to address women's land rights, including the 1999 Land Act, which gives Tanzanian women the right to own, use and sell land, and mandates joint titling of land. Again, however, as with the laws above, this law is contradicted by preferences given to customary law, in this case Rule 20 of the Customary Law Declaration

16 FAO.
17 OECD Gender Index, 2014.

Order No. 4, which states that, "women in patrilineal communities do not inherit absolute rights over immovable property but only use rights and therefore… cannot sell properties".

Section 211 of the **Swaziland** Constitution provides for equal access to land for men and women. However, this right has not been enshrined in legislation. There are two types of land, Swazi Nation Land (SNL) and Title Deed Land. Although Swazi Nation Land can be accessed free of charge through the traditional *kukhonta* system from the chief of the area, women must do so through a male relative.



Zimbabwe: Promoting and protecting women's right to land



Women advocate for equal land ownership during COP17.
Photo courtesy of Herald Zimbabwe

The new Constitution of Zimbabwe, adopted on 22 May 2013, has been hailed as a major breakthrough in the promotion and protection of women's rights especially access to land.

The new Constitution specifically provides for women's rights to land in line with Article 18 (a) of the SADC Gender Protocol. Section 17 (1) (c) of the new Constitution provides that "the State and all institutions and agencies of government at every level must take practical measures to ensure that women have access to resources, including land, on the basis of equality with men". The Zimbabwe Gender Commission, provided for in the Constitution, is tasked with the elimination of gender discrimination in the holding and occupation of agricultural land.

The *Agricultural Land Settlement (Permit Terms and Conditions) Regulations* Statutory Instrument (SI) 53/2014 seeks to operationalise the provisions of the Constitution by ensuring agricultural land tenure security for both male and female beneficiaries of the country's land reform programme.

The SI 53/2014 provides for the holding of an equal joint and undivided share for spouses in land acquired under the country's land reform programme (fast track land). The equal and undivided share is held by the spouses even where the land is registered in the name of one spouse. It also protects the land rights of women in polygamous marriages.

This is a positive development given that women only acquired 12% of available large-scale commercial farming land and 18% of small-scale farming as part of post-independence land reform. The new SI, at least at law, has made it more difficult for husbands to summarily evict their wives from fast track land upon divorce. Before, women were summarily evicted from fast track land upon divorce because of the designation of such land as state land (therefore not part of the matrimonial property regime to be shared by the courts as part of the divorce settlement). With the new SI a spouse can only be evicted from such land upon receiving adequate compensation. The provisions mainly protect women, who have borne the brunt of evictions from fast track land by their husbands upon divorce.

However, the SI does not give spouses who are not registered permit holders the right to stay on the farm once they have been compensated for their equal joint and undivided share. The result is that men have managed to compensate and evict their wives upon divorce because of their superior financial muscle. Women who are registered permit holders are on the other hand often unable to compensate their husbands upon divorce due to limited means and are therefore technically forced to stay with their former spouses on the farm as long as they are unable to compensate them.

Legal instruments seeking to address gender inequality and promote and protect the rights of women must not look only at formal equality but also ensure substantive equality. They must address the structural challenges that women face in their quest to enjoy and enforce the provisions of the law. In the current case, even though the law seeks to protect women and their rights to access to land, women's poorer economic status when compared to men makes it difficult for them to fully enjoy the protection of the law. Conversely men use their superior financial muscle to stifle women and their rights to agricultural land.

Laws that seek to promote and protect women's rights to land must be promulgated in other countries. They are particularly important when they seek to operationalise an entrenched constitutional provision on gender equality in access to land. The enabling legislation must however be thoroughly thought through so as to eliminate loopholes that can be used to indirectly deny women the rights that they should otherwise enjoy as provided for in national constitutions.

Makanatsa Makonese, SADC Lawyers Associaton (SADCLA) June 2016



The government reports that in communal areas, where the majority of women reside in **Zimbabwe**, women have secondary use rights through their husbands. In small-scale commercial areas very few women own land in their own right. The farms tend to be taken over by sons when the male head of the household dies. This is despite the fact that government had set aside a 20% quota for women under the Fast Track Land Reform Programme. The new 2013 Constitution provides (under Section 4.28) that all customs, traditions, and cultural practices that infringe on the rights of women are "void to the extent of infringement". These provisions are beginning to bear results, as illustrated in the case study above.

Mining

Despite rich mineral resource endowments in SADC, these countries still have a high prevalence of poverty and inequality, even in South Africa, Botswana and Namibia, which the United Nations classifies as being in the Medium Human Development (MHD) category.[18]

The majority of women in the region are largely excluded or marginalised from participating in or benefiting from the vast mineral wealth of the region. They have limited access to mineral wealth in terms of ownership or equity participation and they are marginalised in terms of governance and management of the industry, as reflected in the tiny minority of women who are on the boards of directors of mining companies and in senior management and supervisory positions. Women constitute a very small proportion of employees in the sector. Women's benefits from the corporate social responsibility expenditure of mining companies is limited.[19]

Women work under the most severe of the working conditions in the artisanal mining sub-sector. Increasing awareness will help to tackle the legal and institutional obstacles that reinforce discrimination against women. Strict regulations and high capital costs prevent women from owning mines and leading in the mining sector. Women face structural discrimination, violence against women and poor remuneration in mining.



In **Botswana** women have been urged to consider venturing into the mining business, to be able to grow their economic standing and contribute to the economies of their country. In 2015, Botswana women participated in the *Women in Mining Conference* held under the theme, "Celebrating Women's Contribution to Botswana's Mining Industry." However, despite increasing economic growth in Botswana, the mining industry needs to consider impact on indigenous women. The forced removal of the San from the Central Kalahari Game Reserve in Botswana is being blamed on De Beers in partnership with the Botswana government.[20]



In **DRC**, women face challenges of multiple roles during artisanal mining activities. Young girls as young as 12 years of age spend time pounding quartz to extract gold. A woman may gain up to 2,000 Congolese Francs per day for this work, which is about US $2.[21] Through World Bank sponsorship, some Congolese women in mining developed a National Action Plan for the establishment of a "Women in Mining" network in the DRC. The Action Plan focuses on grassroots organization and mobilization to establish a vibrant and broad-based network of women and organizations concerned with the impacts encountered by women in the mining sector. Small-scale savings and revolving loans schemes, and education on women´s rights and responsibilities in the sector, will most likely become pillars of the network's activities going forward. The network aims to help more women reap sustainable benefits from mining in the future.



Brave new world: Women in Mining in South Africa.
Photo by Gender Links



In **South Africa**, Women in Mining SA (WIMSA) aims to provide a forum for support and guidance for personal growth, leadership and career development for women by building relationships within the mining industry. WIMSA creates an empowering network to inspire, support and develop the progression of women working in the mining industry through providing access to education, skills development, mentorship and representation. The effectiveness of special measures for gender equality in South Africa have been challenged as described in the case study below:

18 OSISA: Women and the Extractive Industry in Southern Africa.
19 Ibid.
20 Southern Africa Resource Watch.
21 World Bank.

South Africa: Gender equality takes root in mining



The participation of women has increased underground, on boards and in the executive levels of management, but overall mining in South Africa remains male dominated, leaving women working with statistics rather than addressing gender challenges in the industry.

The long history of mining in South Africa has been one of male exclusivity in all core mining activities, since the earliest days of mining. Women were legally prohibited from working underground and confined primarily to light duties and office work before 1990. The main source of underground labour was black male migrant workers recruited from South Africa and neighbouring countries such as Lesotho and Mozambique.

Before 1990, women were legally prevented from being employed in underground mining activities; a reflection of the broader social inequality in South Africa.[22] In 2004, the South African Mining Charter set a target of 10% for women to access core mining jobs. The overall representation of women was reached at 10.5% in 2014.[23] In addition, employment equity requirements and broad based black economic empowerment have contributed to women's access to the job market.

While the Mining Charter and Employment Equity legislation prohibit discrimination, the long- established gender divide in the industry has made it harder for women to break in. "The migrant labour system produced a particular set of power relations. The fact that women now become underground mineworkers challenges these relations".[24]

Ironically, at 21.05% South Africa has the highest proportion of female board members of any other mining country of the 100 listed mining companies in the country. Women are however facing difficulties in terms of reaching executive positions.[25]

Barriers faced by women in mining include:

- Patriarchal attitudes to women underground.
- Sexual harassment.
- Ablution facilities are inadequate for the needs of women and sometimes they share with men which puts women at risk and does not provide privacy for women especially when they menstruate.
- The machinery and tools are not designed for use by women and their inability to manage these is used to undermine them underground.
- Lack of flexible working hours and the expectations of family responsibilities faced by women.
- The personal protective clothing needed to work underground is also designed for men and is bulky and heavy.
- Men often do not accept the authority of women they work with.
- There are health risks associated with the mining industry which may affect pregnant women and requires pregnant women not to work underground when pregnant.
- The accepted Threshold Limit Value of chemicals used in mining are based on their absorption and impact on male mineworkers.
- The potential for exposure requires women to be away from these jobs for long periods of time which can work against them in the recruitment process.

The culture in the mining industry needs to change to embrace women as contributors to the positive benefits that will be realised through the integration of women in the industry at all levels. The mining environment needs to change to accommodate women's needs. The men in the industry need to accept the role of women in this deeply entrenched patriarchal system.

"The challenge is not to increase the number of women in mining due to historical target setting but because it makes good business sense and the mining industry becomes a great place for women to work," said Claire McMaster, chairperson of Women in Mining South Africa (WIMSA).

By Anne Hilton, June 2016

Employment



The Protocol provides that by 2015, state parties shall review, amend and enact laws and policies that ensure women and men have equal access to wage employment in all sectors of the economy. It also provides for equal pay for equal work, eradication of occupational segregation, maternity and paternity benefits.

22 file:///C:/Users/ic/Downloads/tig-fs-women-in-mining.pdf
23 file:///C:/Users/ic/Downloads/tig-fs-women-in-mining%20(3).pdf
24 Women in Mining: A Challenge to Occupational Culture in Mines Asanda P. Benya MA rsearch report. Wits 2010.
25 It has howver been identifies that it is http://www.pwc.co.za/en/press-room/women-skills-mine.html



Entrepreneurs visit a female toilet paper manufacturer in Lobatse, Botswana. *Photo by Mboy Maswabi*

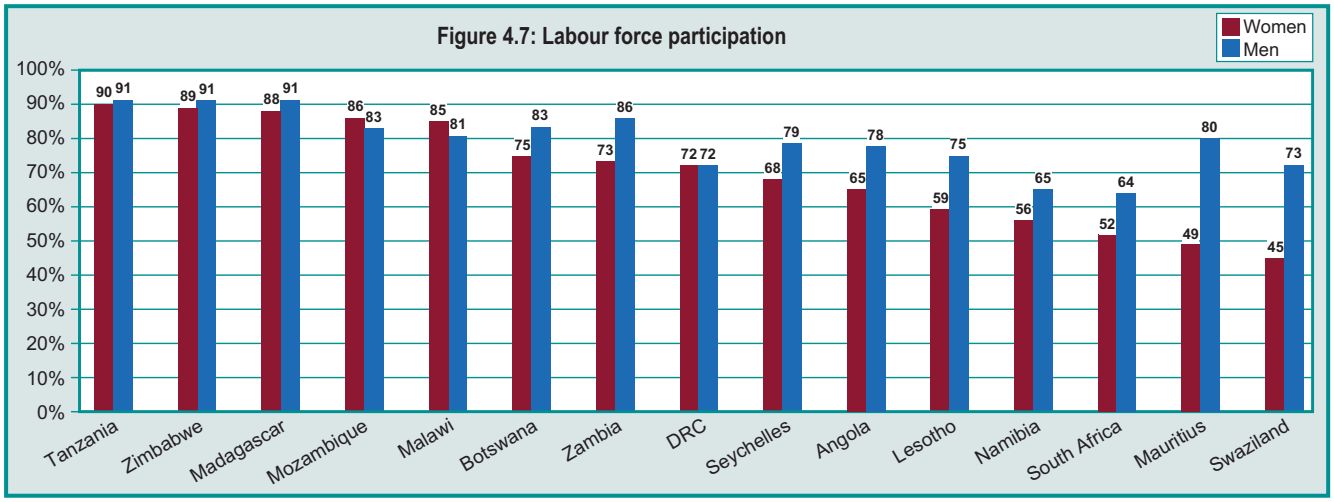
The SADC Protocol on Employment and Labour is amongst the gender aware Protocols in SADC.[26] This Protocol reinforces the provisions in the SADC Gender Protocol. It provides for laws and policies to ensure that every person is equal and accorded equal treatment and equal protection before the law. Governments also have to undertake to promote equality of opportunity in employment and labour market policies and legislation and social security and to eliminate all forms of direct or indirect discrimination on grounds such as sex, gender pregnancy, marital status, disability, age, HIV and AIDS.

Legislative, administrative and other appropriate measures must be adopted to ensure: equal pay for work of equal value, and equal remuneration for jobs of equal value for women and men; the eradication of occupational segregation and all forms of employment discrimination; adoption of reasonable measures to enable men and women to reconcile their occupational and family obligations; and specific mechanisms for reporting and resolving cases of discrimination and intimidation of workers particularly on the basis of gender.

The Employment Protocol includes provisions on preferential employment opportunities for the youth, women and persons with disability; support structures to assist entrepreneurs in the establishment and development of small- and medium-sized enterprises; maternity and paternity rights and gender sensitive training and skills development programmes. Taken together, these provisions provide a strong framework for promoting gender equality in employment in the SADC region.

Labour force participation

Labour force participation measures the proportion of a specific population (such as women and older workers) considered to be either working or actively searching for a job. People of working-age are considered to be between the ages of 16 and 64. Students, homemakers and retired people under the age of 64 are not counted as part of the labour force. Labour force participation in this report also includes those employed in the employment sector.

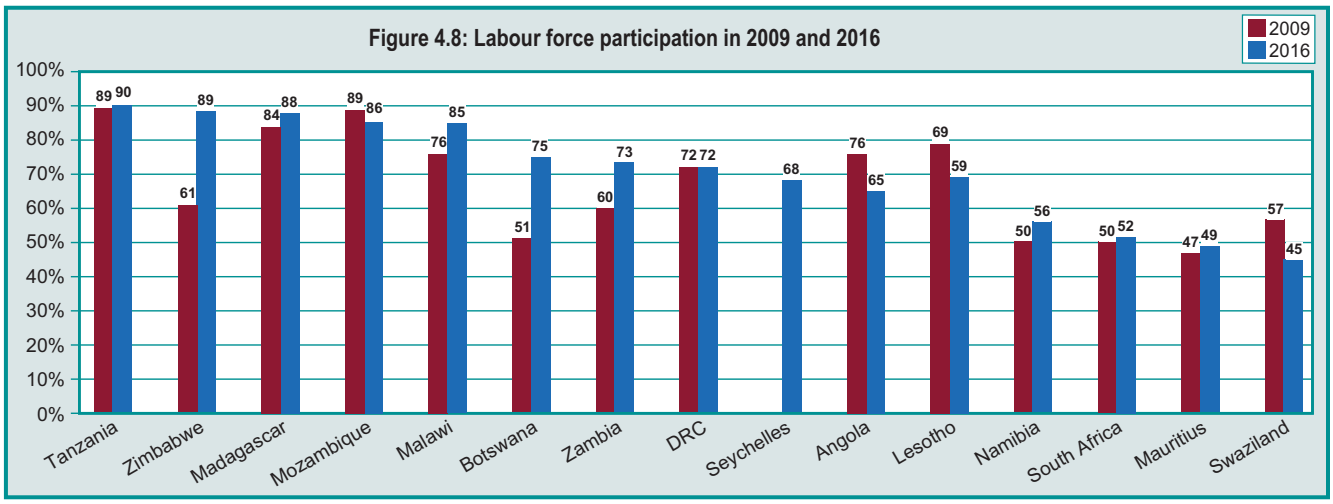


Source: Gender Links, 2016.

Figure 4.7 demonstrates that Tanzania maintained the highest proportion of women's participation in the labour force (90%) while Swaziland recorded the lowest at 45%. Zimbabwe moved to second place (89%) from 85% in 2014, a shift many economic analysts attribute to increasing economic decline in that country that has forced many people into alternative employment.[27] Mozambique, the DRC, Angola and South Africa have all recorded small increases in comparison

[26] SADC Protocol on Employment and Labour.
[27] African Economic Outlook (AEO), 2016, available at http://www.africaneconomicoutlook.org

to 2015. At 52%, South Africa's performance remains of concern. Despite affirmative action policies in South Africa in previous years, women's labour participation remains low. Lesotho had a one percentage point decrease. In 2015 only 12 of the 15 SADC countries recorded female labour participation above 50%. The widest gaps are Mauritius and Swaziland, where women's participation levels are at 49% and 45% respectively.



Source: Gender Gap Report, 2015.

Figure 4.8 shows that over the period 2009 to 2015 women' participation in the labour force has increased in nine countries. Women's participation in the labour force decreased in Angola, Lesotho, and Swaziland. It is also of concern that only five countries have reached 85% or higher for women's participation in the labour force.

Gender division of labour and wage gap

The gender division of labour is strong in all SADC countries, with women predominating in lower paid areas traditionally associated with women such as domestic work, teaching (at primary level), nursing, secretarial and clerical posts. Men predominate in higher paid professions such as engineering, construction, security professions, and in decision-making roles. The different value that society attaches to these kinds of work reflects in the average earnings of women and men.

Table 4.7 shows the average earnings of women as a proportion of men. The table shows that:

- Tanzania has the most equitable earnings between women and men, with women earning 93% what men earn, followed by Botswana (85%) and Mozambique (80%).
- Mauritius has the lowest proportion of female to male earnings (42%), a one percentage point decline from the 2015 reporting period, followed by Swaziland (53%);
- South Africa (59%) reflects a 7 percentage point increase from the previous reporting period.
- The proportion of women to men's earnings in seven SADC countries (Malawi, Madagascar, Zimbabwe, Zambia, Angola, Namibia and Lesotho) ranges from 61% to 78%. While Namibia has not surpassed the 80% threshold, the country has experienced a 13 percentage point increase in women's earnings as a proportion of men's.
- Malawi women earn the least in the region with an average wage of $715 while Botswana women earn the most with an average wage of $16,142.

Table 4.7: Women's and men's earnings in the SADC region

	Amount (F) - USD	Amount (M) - USD	Women's earnings as a proportion of men's earnings
Tanzania	1,618	1,748	93%
Botswana	16,142	18,901	85%
Mozambique	1,041	1,302	80%
Malawi	715	914	78%
Namibia	8,531	11,480	74%
Madagascar	1,202	1,673	72%
Zimbabwe	1,544	2,181	71%
Zambia	3,206	4,971	64%
Angola	6,155	9,693	63%
Lesotho	1827	3009	61%
South Africa	9,803	16,481	59%
Swaziland	4,428	8,318	53%
Mauritius	11,099	26,280	42%

Source: The Global Gender Gap report 2016.

Table 4.8: Conditions of employment				
Country	**Maternity leave**	**Paternity leave**	**Retirement age and benefits for women and men**	**Sexual harassment provisions**
Angola	**Yes.** Three months paid.[28]	**No.**	**No.** Women at 55, men at 60. In public service, women can retire after 30 years and men after 35 years of service.	**No.** While not illegal, some cases can be prosecuted under assault or defamation statutes.
Botswana	**Yes.** 12 weeks, six before, six after. Entitled to additional two weeks due to illness. Allowance of not less than 25% of the basic pay or 50Thebe per day, whichever is greater.	**No.**	**Yes.** Same for women and men.	**Some.** It is recognised in the Public Service Act covering the public sector, but very few ministries are making mention of this in their policies. Some institutions have incorporated sexual harassment policies.
DRC	**Yes.** Labour code. During maternity leave, a maternity allowance of 67% of the employee's basic pay.	**Yes.** Labour code.	**Yes.** Social Security Law.	**Yes.** Labour code and the Sexual Violence Law.
Lesotho[29]	**Yes.** Two weeks after one year employment in the clothing, textile and leather industries. Six weeks private sector. 90 days paid maternity leave to permanently employed female public servants. It remains at the discretion of the employer whether to pay full salary or part.	**No.** There is a proposal for a Paternity Leave Bill to grant fathers a month's leave.	**Yes.** Most employment sectors including the public sector are gender neutral on the issue.	**Yes.** The 1992 Labour Code Order Sec. 200 prohibits sexual harassment in the workplace. "Any person who offers employment or who threatens dismissal [on the basis of] sexual favours or harasses workers sexually shall commit an unfair labour practice" (page 1350).
Madagascar	**Yes.** Six weeks before, six weeks after for the private sector. Two months in the public sector.	**Yes.** The Labour Act grants three days of paternity leave for the private sector, 15 days for the public sector.	**Yes, public service. No, private sector.** 60 years for both sexes in public service. 55 for women and 60 for men in private sector.	**Yes.** In general, the Labour Act guarantees respect for human dignity in all labour relations. Article 23 forbids sexual harassment.
Malawi	**Yes.** Employment Act Sec 47.	**No.** There is public debate on the issue.	**Yes.**	**Yes.** Penal code criminalises sexual harassment The Gender Equity Act (2013) clearly addresses the same with clear provisions.
Mauritius[30]	**Yes.**[31] After one year of employment, 12 weeks, The Employment Rights Act (ERA) 2008.	**Yes.** A male worker shall be entitled to five continuous working days.	**No.** *First Schedule of the Employment Rights Act* up to the age of 65 years. A female officer recognising five years' service may retire on grounds of marriage irrespective of age.	**Yes.** Sexual Harassment is provided in Part IV of the Discrimination Act, 2002.
Mozambique[32]	**Yes.** 60 days, after which she can take up to an hour a day for breastfeedin, for a year unless otherwise prescribed by a clinician.	**Yes.** This consists of two days consecutive or alternate leave during the thirty days from the date of birth of the child, every two years.	**No.** 65 for men and 60 for women.	**N/A**
Namibia[33]	**Yes.** 100% pay for the maternity leave period.	**No.**	**Yes.**	**Yes.** A clause in the Labour Act, while difficult to define, condones sexual harassment.

[28] However, there is no data on how many women benefit or know about this provision.
[29] Source: Labour Code 1992, Public Service Regulations 1969, Labour Code Wages (Amendment) Order 2007and Interviews 2009.
[30] 2008.
[31] For a miscarriage, two weeks leave on full pay. After a still-born child, a woman shall be entitled to a maximum of 12 weeks leave. A worker who is nursing is entitled every day at a time convenient to her at least two breaks of half an hour or one break of one hour for a period of six months.
[32] 2009.
[33] Labour Act/Reviewed 2007/8 (2007).

Country	Maternity leave	Paternity leave	Retirement age and benefits for women and men	Sexual harassment provisions
Seychelles[34]	**Yes.** 14 weeks paid leave, at least 10 weeks to be taken after birth. Also provides for four weeks unpaid leave. A female worker is not allowed to return to work before her paid leave is over.	**No.** The Constitution and Employment Acts make no reference to paternity leave or the roles of a working father. Order 102 of the Public Service Order (2011) makes provisions for sick leave for employees with a sick child, without being gender-specific.	**Yes.** Compulsory at age 63. Retirement pay is equal for both, pension income depends on individual contributions, and social security benefits are equal..	**Yes.** Employment Act protects all employees from any form of harassment in general and Public Officers' "Ethics Act" (2008) which is applicable to government makes explicit reference to sexual harassment. Neither provides a clear definition. The Act is under review and efforts are being made to strengthen the law and bring it into compliance with ILO standards.
South Africa	**Yes.** Four months. four weeks before, six after. The law also entitles a woman undergoing miscarriage in the third trimester of pregnancy, or bearing a stillborn child to maternity leave.	**Yes.** Three days.	**No.** 65 for men and 60 for women.[35]	**Yes.** The South African law prohibits sexual and other forms of harassment under the Employment Equity Act 1998 and the Equity Act. A code of Good Practice on Sexual Harassment amended in 2005 has been issued.
Swaziland	**Yes.** At least 12 weeks with two weeks fully paid after delivery. One hour nursing break with pay per day for 3 months after maternity leave. Applicable if employee has been in continuous employment with the same employer for 12 months, and only once after the lapse of 24 months from the previous maternity leave.	**No.** There is no debate yet about providing it. Certain customs dictate that men should not be in close contact with new born babies.	**Yes.** Retirement age for females is 60 years, and for males 55.	**No.** The Employment Act is silent on the issue. The Sexual Offence and Domestic Violence Bill has a provision on sexual harassment.
Tanzania	**Yes.** 84 days paid maternity leave.	**Yes.** At least three days.	**Yes.** The Employment and Labour Relations Act of 2004 states: Every employer shall ensure that he promotes an equal opportunity in employment and strives to eliminate discrimination.	**Yes.** The Employment and Labour Relations Act of 2004 states: Harassment of an employee shall be a form of discrimination and shall be prohibited.
Zambia	**Yes.** Employment and Industrial Relation Act*:* After two years of employment, a woman is entitled to 90 days. However, there is a campaign to increase the number of days to about 180 days to encourage exclusive breastfeeding.	**No legal provision**, however, some organisations allow a man to be on leave for a few days after the birth of a child. This is usually provided for in a collective agreement.	**Yes.** Both men and women retire at the age of 55.	**No.** Some organisations have in-house policies on sexual harassment. However, if reported, such cases would be dealt with under the Penal code.
Zimbabwe	**Yes.** An amendment of the Labour Relations Act has increased maternity leave from 90 to 98 days in line with the International Labour Organisation (ILO) Convention No. 183 on Maternity Protection.	**No.** The Parliamentary Portfolio Committee on Women Affairs, Gender and Community Development called on the Ministry of Public Service, Labour and Social Welfare to develop legislation to be in place by the second quarter of 2015.	**No.** The age of retirement in the private sector is provided for in the collective bargaining agreements for each sector in the private sector. In the public sector the retirement age is 6O in terms of S17 of the Public Service Regulations.	**Yes.** S8 of the Labour Act provides for the prohibition of sexual harassment as an unfair labour practice.

[34] Source: Employment Act, 1991 revised 1995.
[35] A case was brought by one gentleman who argued that the differentiation in terms of retirement age was discriminatory towards men.

Table 4.8 shows the conditions of employment across the SADC countries including retirement age, maternity benefits and provisions for policies against sexual harassment. It shows that:

- All SADC countries provide for maternity leave.
- The most common is for a period of 12 weeks, four weeks before and six weeks after birth. Zambia has provisions to encourage breastfeeding.
- The DRC, Madagascar and Tanzania have accommodated all of the provisions in the table, with varying forms of maternity and paternity leave, equal retirement age, and a sexual harassment clause.
- Only six of the 15 countries provide for paternity leave, this will have to be reviewed in light of the 2014 SADC Protocol on Employment and Labour.
- Ten of the 15 countries have equal retirement age benefits, with the others usually different by an average of five years between women and men, mostly with women at 60 and men 65 years of age.
- Nine of the 15 countries have measures in place to address sexual harassment in the workplace.

Informal economy

The informal economy, usually composed of either cross-border trade or vending, has been the livelihood of countless poor women in developing nations, especially in Africa, including Southern Africa. The informal economy acts as a safety net for unemployed people in the region, as outlined in an Advocacy Strategy by the Southern African Development Community.[36]

Many governments in Southern Africa do not recognise the importance of the informal sector despite its enormous contribution to the region's economy estimated that the value of trade conducted by women in the SADC region is approximately US$7 billion annually.

Credit solutions in SADC in the form of microfinance have not really helped women to formalise their businesses. In most countries, like South Africa, Zimbabwe and Malawi, microcredit firms are seen as loan sharks, popularly known as omashonisa/ chimbadzo/ katapila in local language. These institutions have often left women poorer than before the received the loan. Microfinance owners disempower the lenders through harassment and confiscation of assets including houses and household goods. The Post 2015 agenda calls for credit facilities that would effective empower women to move from the survival sector to the productive sector.

Most SADC countries do not have policies aimed at creating a favourable trade environment for the informal sector as demonstrated by the recent protests in Zimbabwe:



Cross border traders and vendors in **Zimbabwe** mounted protests in June/July 2016 against unfavourable import restrictions of commercial goods statutory instruments. A wave of protests against the import of goods into the country surfaced with women cross border traders highlighting the devastating effects of the import restrictions. The Zimbabwe Revenue Authority (ZIMRA) has been mandated with the enforcement of these import and export restrictions and prohibitions. The Statutory Instrument 64 of 2016 enforced restrictions on importing coffee creamer, some body creams, many building materials and food stuffs to promote the "Buy Zimbabwe Campaign". However, this import ban will see most women live in abject poverty as they have been relying on these imports to run informal stores or spaza shops.

Cross border traders demand a better deal

In 2014, the Southern Africa Cross Borders Trade Association (SACBTA) boasted 52,574 registered members of whom almost three quarters (72%) were women. Since its inception in 2009, the SACBTA has been instrumental in advocating for the improvement of conditions and policies for women informal cross border traders. The association regularly engages with various sub-regional institutions such as the Common Market for Eastern and Southern Africa (COMESA) towards the formal recognition of traders in the sector as well as the development and implementation of protective measures for this group.

SACBTA has worked closely with support from the Southern Africa Trust (SAT) and the SADC-Council of NGOs to ensure the inclusion of informal cross border traders in forums and dialogues with governments at national levels to advocate for change. A 2014 SAT newsletter highlights that members in Malawi, Namibia, Swaziland and Botswana have been especially active in this regard.

One such initiative has been participation in a dialogue forum with COMESA on the Simplified Trade Regime (COMESA STR) for Malawi, Zambia and Zimbabwe. Through this initiative trade mechanisms have been put in place to enable women as well as other cross-border traders to enjoy duty-free status for goods originating within the three SADC member states. The STR enables cross border traders to export goods valued at USD 1000 or less. Malawi, Zambia and Zimbabwe are the only SADC countries implementing such policies that aim to benefit informal traders.

[36] OSISA: Women working in the informal economy: Challenges and Policy Considerations, 2015.

Key issues to be addressed Post 2015 in the informal sector include access to safe shelter, roads, toilets, water, sewerage, and garbage collection and quality check at borders to prevent double taxation of traders.

Social protection



South Africa's SASSA grants are distributed through collection points and loaded onto debit cards such as this one.
Photo courtesy of Google Images

Social protection consists of policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, sickness, disability and old age. The SDGs and the June 2016 updated Protocol place a growing emphasis on social protection as a means of alleviating poverty and achieving gender equality. Existing social protection systems in the SADC countries rarely address issues of care and decent work, except in the field of HIV and AIDS.

Women require social protection due to weakly defined property rights to major productive assets such as land and cattle, while girls provide labour to various tasks thus foregoing education.[37] Challenges faced by SADC governments in effectively implementing social protection include making social protection more gender sensitive, administrative inefficiencies, inadequate funding, weak coordination of social protection initiatives, and inadequate coverage of vulnerable groups.



In **Lesotho**, a number of social protection policies and programmes address specific aspects of poverty. Three strands that provide social protection are the Food Security Policy, social welfare programmes, and disaster management interventions. The Ministry of Agriculture and Food Security adopted the Food Security Policy which includes many social protection principles and programmes including public transfers and social safety nets, promotion of food production, mainstreaming HIV/AIDS, managing food aid and food stocks, and employment promotion. The Department of Social Welfare (DSW) provides social assistance to targeted vulnerable groups.



In **Malawi**, recipients of social protection cash transfers paid to girls between the aged to 13 to 22 were found to spend more time in school and to have a 60% lower HIV/AIDS prevalence rate than those in control groups. Social protection in Malawi largely focusses on education and health.



Mozambique adopted the Social Protection Law (4/2007) in 2007. In 2009, the Regulation for Basic Social Security was adopted, and the National Strategy for Basic Social Security was approved in 2010. Therefore, Mozambique has made significant progress in establishing a legal and policy framework for the implementation of social protection programmes. This framework is a step in the right direction towards establishing a social protection floor. The Social Protection Law organises the social protection system at three levels, namely, basic social security, obligatory social security and complementary social security. The systems assures universal access to primary health care and education by the most vulnerable. There are no gender specific provisions in the law.



Namibia's social protection system is divided into a system of social grants funded through taxes, a State run contributory component, and a privately managed pension system for the formally employed in the private sector. Child maintenance, old age, disability and illness. Social transfers in Namibia play a role in reducing inequality, although this impact is less significant than in reducing poverty.

Economic justice and the Post 2015 agenda

The SDG's adopted globally in September 2015 and aligned to the Protocol adopted by Ministers of gender in June 2016 declare that women and girls must enjoy equal access to quality education, economic resources and political participation as well as equal opportunities with men and boys for employment, leadership and decision-making at all levels.

The SDGs acknowledge the importance of the regional and sub-regional dimensions, regional economic inte-

[37] UNDP: Social Protection in Africa, A Review of Potential Contribution and Impact on Poverty Reduction, March 2014.

gration and interconnectivity in sustainable development. Regional and sub-regional frameworks can facilitate the effective translation of sustainable development policies into concrete action at the national level.

The SADC regional instruments of the Gender Protocol and related Industrialisation Strategy and Protocol on Employment and Labour are key for economic justice in the Post 2015 era.

The SDGs further promote dynamic, sustainable, innovative and people-centred economies, promoting youth employment and women's economic empowerment, in particular, and decent work for all. The SDGs call upon all businesses to apply their creativity and innovation to solving sustainable development challenges to promote inclusive economic growth and job creation.

Specific goals that relate to economic justice include Goal 8 which seeks to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; Goal 9 which focuses on building resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation.



The SDGs include eight targets that promote economic justice. These are:

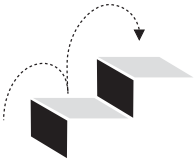
- *Target 1.4:* By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance.
- *Target 5.4:* Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.
- *Target 5.5:* Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.
- *Target 5.a:* Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws.
- *Target 5.b:* Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women.
- *Target 8.5:* By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.
- *Target 8.8:* Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment.
- *Target 10.2:* By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.

The 14th session of the United Nations Conference on Trade and Development took place in Nairobi, Kenya in July 2016. Under the theme ***From Decisions to Actions*** on the SDGs, the conference featured ministerial debates, high-level round tables, thematic events, a World Investment Forum, a Global Commodities Forum, a Youth Forum and a Civil Society Forum, among other events. The conference's ministerial declaration stressed the importance of gender mainstreaming in economic programmes to promote inclusive and sustainable economic growth. Empowering women has a significant positive and pervasive impact on development. The conference noted that there has been progress in achieving gender parity in primary education and increase in the political representation of women in several low development countries, but more efforts need to be made in countries to enable women to have equal access to economic, social and political opportunities.

In June 2016, the SADC Gender Ministers adopted a revised Protocol aligned to the SDGs, the AU Agenda 2063, Beijing Plus Twenty Review and cross referenced with other SA Protocols. The Protocol is cross referenced with the Protocol on Employment and Labour. The SADC Industrialisation Strategy, though not mentioned, recognises gender equality as central to the region's industrialisation efforts. As elaborated in the preface, the dropping of all references to time bound targets is a considerable blow for the Post-2015 SADC Gender Protocol. However, the revised instrument borrows heavily from the progressive provisions of the SDGs on women's economic empowerment (see below). It is indeed one of the sectors of the Protocol with the largest number of updates.

New additions in the Post 2015 SADC Gender Protocol include:

- Promotion of shared responsibility between men and women within the household and family.
- Recognition of the value of unpaid care and domestic work through provision of public services, infrastructure and social protection.
- Women's equal rights and opportunities to economic resources, ownership and control of productive resources, including land, property, inheritance and natural resources.
- Through special measures, develop strategies to ensure that women equally benefit from economic opportunities.
- Achievement of full and productive employment, decent work including social protection, equal pay for work of equal value for all women and men.

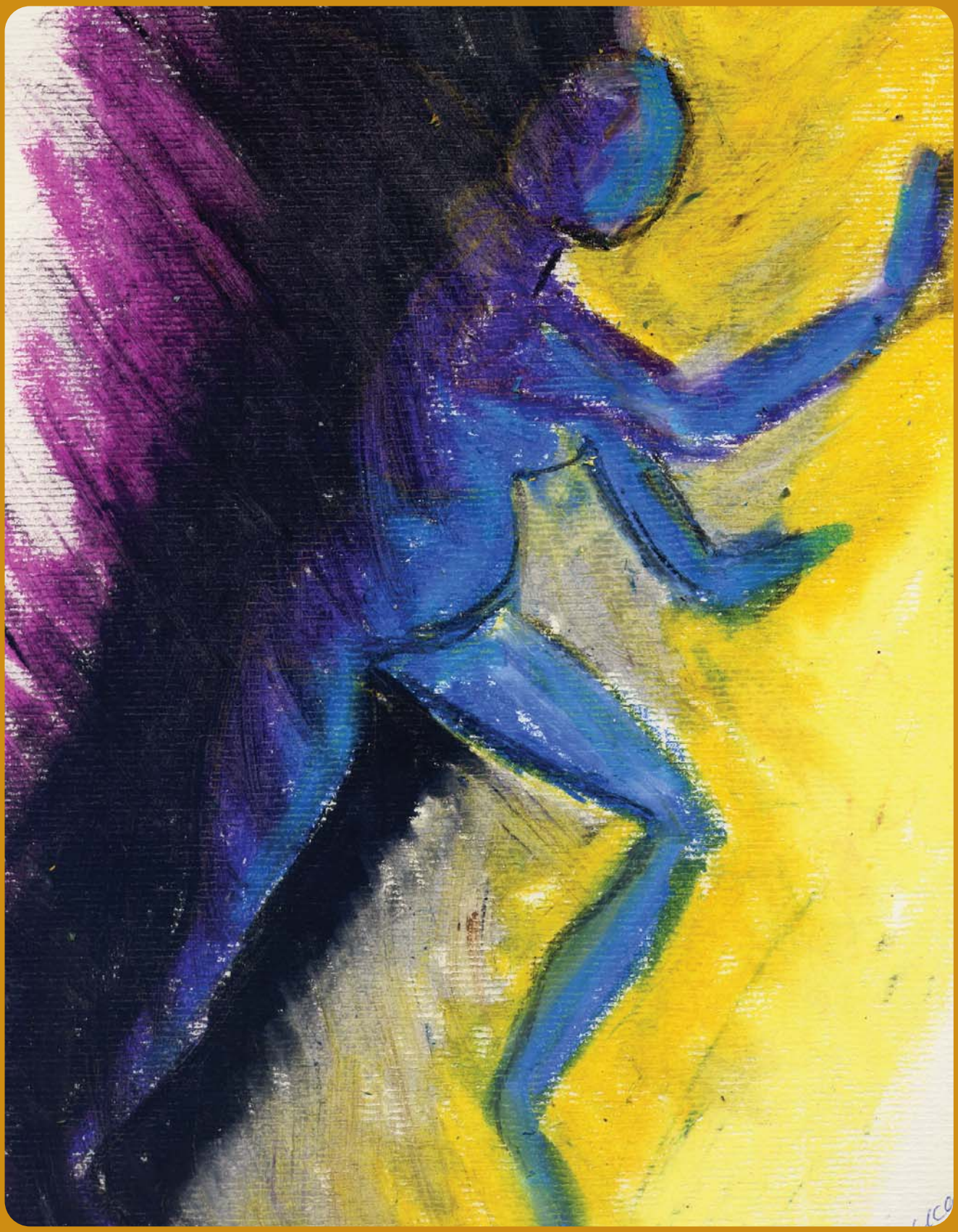


Next steps

- SADC secretariat to finalise the regional Multi-Dimensional Women's Empowerment Programme in line with the June 2016 Ministerial record.
- Increase women's overall participation in the labour force though job creation and support of women in business
- Removal of the structural barriers to women's economic empowerment through ensuring that women have the right to own and inherit land and property and to access credit.
- Ensuring that all policies and plans are based on an assessment of how they impact both women and men.
- Investing in the care economy through social protection systems. Infrastructure improvements also play a critical role in reducing women's care burden; including through investments in access to water supply, sanitation, electricity, roads, safe transportation, and health care, as well as in high quality family care services, maternity and paternity leave policies, and flexible work arrangements.
- Including rural and indigenous women in economic participation.

The SADC Gender Ministers approved the development of a Monitoring, Evaluation and Reporting Framework to implement the Protocol Post 2015. Presently there are seven economic indicators tracked by the SGDI. These are heavily skewed towards economic decision-making and employment. The table shows that there are potentially another 15 indicators that can be tracked (22 in total) to provide a more accurate picture of the level and extent of women's economic empowerment in SADC.

PROPOSED INDICATORS FOR IMPLEMENTATION FRAMEWORK	SGDI	New SGDI
Economic decision-making		
Proportion of women in economic decision-making	✓	
Firms with women top managers		✓
Multiple roles of women		
Average number of hours spent on unpaid domestic work by sex		✓
Access to property and resources		
Proportion of individuals using the Internet, by sex		✓
Proportion of women/men who own land		✓
Proportion of women who have bank accounts		✓
Proportion of women who own houses in urban areas		✓
Equal access to employment and benefits		
Length of maternity leave (weeks)	✓	
Maternity leave benefits (% of wages paid)	✓	
Labour force participation rate for persons aged 15-24, by sex	✓	
Labour force participation rate for persons aged 15+, by sex	✓	
Proportion of employed who are own-account workers, by sex		✓
Proportion of employed who are contributing family workers, by sex		✓
Proportion of employed who are employers, by sex		✓
Unemployment rate, by sex		
Percentage distribution of employed population in agricultural sector, by sex		✓
Percentage distribution of employed population in industrial sector, by sex		✓
Percentage distribution of employed population in service sector, by sex		✓
Informal employment as a percentage of total non-agricultural employment, by sex	✓	
Youth unemployment rate for persons aged 15-24, by sex		✓
Proportion of employed working part-time, by sex		✓
Average hourly earnings of female and male employees, by occupation, age and persons with disabilities		✓
TRACKING		
Annual growth rate of real GDP per capita.		
Human Development Index for SADC countries.		
Annual growth rate of real GDP per employed person - ILO.		
Labour share of GDP, comprising wages and social protection transfers.		
Presence of sexual harassment policies.		
Gender awareness of economic policies.		
Presence of dedicated funds for women empowerment.		
Presence of social protection policies.		
Special measures to increase women's participation in economic decision making and participation.		



"Zarina" *Anushka Virahsawmy*

CHAPTER 5

Gender Based Violence

Articles 20-25



Sixteen Days March in Orange Farm, South Africa. *Photo by Colleen Lowe Morna*

KEY POINTS

- The CSC for GBV has overall increased from 68% to 70%. This score mainly reflects actions taken by governments rather than their impact.
- Eleven out of the fifteen countries have put in place domestic violence and sexual assault legislation; four countries (Tanzania, Swaziland, DRC and Lesotho) fall short of the target.
- 14 countries have legislation on sexual harassment.
- SADC has recently upped the ante of human trafficking. All the 15 countries have laws on human trafficking. Angola and Malawi recently introduced legislation on human trafficking.
- Seven countries have undertaken the GBV baseline research. These show that between one in four and four in five women in SADC countries have experienced some form of violence over their lifetime.
- Botswana and Mauritius have expanded the survey to include men's experiences of violence.
- Studies show GBV is embedded in culture and perpetuated by inequitable gender norms.
- GBV prevention efforts should focus on increasing gender equality and transformation of gender norms.
- The new goal to eliminate GBV by 2030 requires redoubled efforts from governments, civil society and the private sector.
- There is urgent need to identify meaningful indicators on GBV linked to representative household surveys.
- As countries work towards undertaking GBV indicators surveys with up to 42 indicators, they can also be encouraged to include the Domestic Violence Module in Demographic Health Surveys as these include 14 relevant indicators.

Table 5.1: Tracking table GBV in the SADC region 2009-2016				
Target	**Baseline**	**2015**	**2016**	**Variance**
LEGISLATION				
Laws on domestic violence in 15 countries	**9** (Botswana, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Zimbabwe)	**11** (Angola, Botswana, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Zambia, Zimbabwe)	**11** (Angola, Botswana, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Zambia, Zimbabwe)	**-4** (DRC, Lesotho, Tanzania, Swaziland)
Laws on sexual assault in 15 countries	**7** (DRC, Lesotho, Madagascar, Mozambique, Namibia, South Africa, Swaziland)	**13** (DRC, Lesotho, Madagascar, Mozambique, Namibia, South Africa, Swaziland, Mauritius, Zambia, Tanzania, Zimbabwe Botswana, Malawi)	**13** (DRC, Lesotho, Madagascar, Mozambique, Namibia, South Africa, Swaziland, Mauritius, Zambia, Tanzania, Zimbabwe Botswana, Malawi)	**-2** (Angola, Seychelles)
Human trafficking laws in 15 countries	**3** (Madagascar, Mozambique, Zambia)	**12** (DRC, Lesotho, Madagascar, Mauritius, Mozambique, South Africa, Swaziland, Tanzania, Botswana, Zambia, Zimbabwe, Seychelles)	**15** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, South Africa, Swaziland, Tanzania, Botswana, Zambia, Zimbabwe, Seychelles)	**0**
Sexual harassment laws in 15 countries	**2** (DRC, Madagascar)	**14** (DRC, Lesotho, Madagascar, Malawi, Mauritius, South Africa, Zambia, Zimbabwe, Namibia, Seychelles, Botswana, Mozambique, Swaziland, Tanzania)	**14** (DRC, Lesotho, Madagascar, Malawi, Mauritius, South Africa, Zambia, Zimbabwe, Namibia, Seychelles, Botswana, Mozambique, Swaziland, Tanzania)	**-1** (Angola)
GBV SERVICES				
Accessible, affordable and specialised services, including legal aid, to survivors of GBV in 15 countries	**9** (Angola, Lesotho, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Zambia, Zimbabwe)	**12** (Angola, DRC, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia, Zimbabwe)	**15** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe)	**0**
Specialised facilities including places of shelter and safety in 15 countries	**2** (Mauritius, South Africa)	**12** (Angola, DRC, Lesotho, Malawi, Mauritius, South Africa, Zimbabwe, Namibia, Zambia, Botswana, Swaziland, Mozambique)	**12** (Angola, DRC, Lesotho, Malawi, Mauritius, South Africa, Zimbabwe, Namibia, Zambia, Botswana, Swaziland, Mozambique)	**-3** (Madagascar, Seychelles Tanzania)
Comprehensive treatment, including post exposure prophylaxis (PEP) in 15 countries	**2** (South Africa - Sexual Offences Act, Mozambique - HIV AIDS Act)	**15** (DRC, Lesotho, Madagascar, Malawi, South Africa, Zimbabwe, Tanzania, Seychelles, Botswana Namibia, Mauritius, Swaziland, Zambia, Angola, Mozambique)	**15** (DRC, Lesotho, Madagascar, Malawi, South Africa, Zimbabwe, Tanzania, Seychelles, Botswana Namibia, Mauritius, Swaziland, Zambia, Angola, Mozambique)	**0**
COORDINATION, MONITORING AND EVALUATION				
Integrated Approaches: National Action Plans in 15 countries	**7** (DRC, Mauritius, Namibia, Seychelles, South Africa, Swaziland, Tanzania)	**14** (Angola, DRC, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe, Botswana)	**14** (Angola, DRC, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe, Botswana)	**-1** (Madagascar)
By 2015 construct a composite index for measuring GBV in 15 countries	None	**7** (Botswana, DRC, Mauritius, South Africa, Zambia, Zimbabwe, Angola)	**9** (Botswana, DRC, Lesotho, Mauritius, South Africa, Zambia, Zimbabwe, Angola, Seychelles)	**-6** (Malawi, Namibia, Mozambique, Madagascar, Swaziland)
By 2015 provide baseline data on GBV in 15 countries	None	**6** (Botswana, Mauritius, four provinces of South Africa, four provinces of Zambia, Lesotho Zimbabwe, Tanzania)	**7** (Botswana, Mauritius, four provinces of South Africa, Zambia, Lesotho, Zimbabwe, Seychelles)	**-8** (Angola, Malawi, Namibia, Mozambique, Madagascar, Swaziland, Seychelles)
SCORES				
CSC 100%	47%	68%	70%	-30%

Gender-based violence in Southern Africa, as elsewhere in the world, remains the most telling indicator of the inequalities between women and men. Centuries of acceptance have entrenched and normalised GBV, thus undesrscoring the need for radical transformative counter-measures by governments, civil society and communities at large.

Evidence has shown that GBV is perpetuated by the culture of silence as in some instances victims who break with traditions of silence run the risk of being shamed more than the perpetrators.

The last decade has seen GBV mainstreamed into human rights discourse. But for survivors of violence, little has really changed. New forms of GBV keep emerging such as cyber GBV and violence against the LGBTI communities. This underscores the need for innovative and concerted efforts to deal with the scourge. Combating violence against women in the public and private sphere often confronts established patriarchal structures as well as cultural, societal and religious norms.[1] This has met with resistance and impeded progress in adressing GBV.

Despite the efforts and commitments made by governments to eliminate GBV, the prevalence remains unacceptably high with many cases going unreported. Since 2009, the Southern African Gender Protocol Alliance (the Alliance) has been tracking progress on three priority areas that are essential for the reduction and elimination of GBV in the region: legislation and policy formulation, implementation and service provision, monitoring and evaluation (M&E). Now more than ever, both governments and civil society need to upscale their efforts to address GBV in order to achieve the new SADC Protocol goal of eliminating GBV by 2030 (the deadline for the SDGs) rather than reducing GBV by half by 2015.

To date, addressing GBV has taken multiple forms, including legislative and criminal justice responses, measuring incidence and costing of GBV, awareness raising, women's empowerment programmes, community-based social norm programmes, and health-based interventions. There has been an increase in initiatives to work with men and boys to change their perceptions around gender equality.[2]

Legislation: In 2009, nine countries had laws on domestic violence. Over the years, two more enacted laws on domestic violence. Thus to date eleven out of the fifteen countries have put in place domestic violence



Young people marching against Gender-Based Violence in Nata, Botswana. *Photo by Vincent Onthusitse*

and sexual assault legislation; four countries (Tanzania, Swaziland, DRC and Lesotho) are still to enact specific laws. There has been significant progress in passing human trafficking and sexual harassment legislation in the region. In 2009, two countries had laws on sexual harassment and three on human trafficking. To date, 14 countries have legislation on sexual harassment and all countries have laws on human trafficking. While these efforts are commendable, evidence has shown that review, amendment and enactment of laws and policies do not translate to enforcement and implementation. Resistance in recognising various forms of GBV as crime is still strong within the region. It is noteworthy that the effectiveness of domestic violence legislation depends on the political commitment, capacity of civil society to hold government accountable, appropriate training for all service providers, cross-agency coordination, public support, and adequate budgets at all levels of government.[3]

GBV Services: In 2009, nine countries offered accessible, affordable and specialised services, including legal aid, to survivors of GBV. To date it appears all the countries offer some form of services to survivors of GBV. The main challenge remains that the service providers (who are mainly NGOs) are under-resourced with limited capacity to deliver on their mandates. In most countries, the services are concentrated in urban areas while rural areas remain under serviced or not serviced at all. In the DRC, for example, there are not enough courts in North Kivu, South Kivu, Maniema and the Ituri region, meaning that women must travel distances of up to 400 kilometres to access them.[4] This distance can discourage women from accessing the court services

[1] http://www.saiia.org.za/opinion-analysis/combating-gender-based-violence-in-africa-was-the-aprm-a-responsive-framework
[2] http://www.gsdrc.org/topic-guides/gender/gender-based-violence/
[3] Sardenberg, C. (2011). 'What Makes Domestic Violence Legislation More Effective?' Pathways Policy Paper, Pathways of Women's Empowerment RPC, Brighton.
[4] Canada: Immigration and Refugee Board of Canada, Democratic Republic of the Congo: Domestic and sexual violence, including legislation, state protection, and services available to victims (2006-March 2012) cited in Barometer 2015.



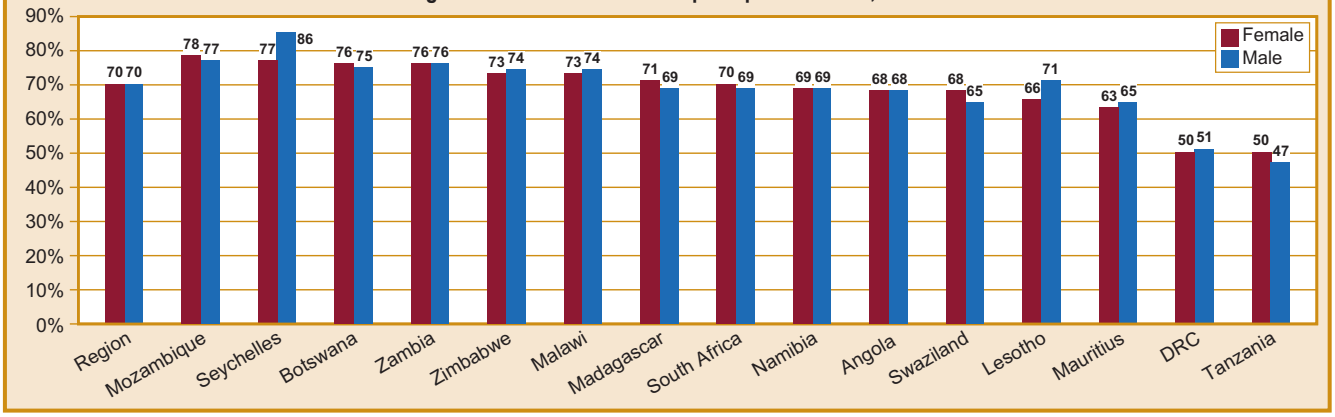
thus promoting the culture of impunity further perpetuating violence. While there has been a notable increase in the number of countries that offer places of safety from only two countries in 2009 to 12 in 2016, the number and quality of services and resources available to survivors of GBV remains sub-standard. Small NGOs run most of the services, particularly shelters. For instance, in Lesotho there is still only one government-run shelter for survivors of violence and this is in Maseru. Generally, there is a dearth of health and counselling facilities.

Provision of Post Exposure Prophylaxis (PEP) has seen a great improvement over the years. In 2009, only South Africa and Mozambique[5] provided this service to survivors of sexual violence under statutory obligation. Today all 15 countries offer comprehensive treatment including PEP to survivors of violence. However, PEP is not a legal obligation in many countries and is often aid-dependent. Governments should work towards making PEP a statutory obligation. Overall, it is evident that many countries have risen to the part in providing services to survivors of GBV. However, upon closer inspection it is apparent that the services are of low quality and limited. Thus, from this time, forth states should not only focus on quantity indicators but the quality rendered as well.

Co-ordination of GBV programmes: To date six countries have undertaken the GBV Baseline Studies (Mauritius, Botswana, South Africa, Zambia, Zimbabwe and Lesotho) from a baseline of zero in 2009. Seychelles is currently conducting a baseline study, making it the seventh country. What is unique about the Seychelles study (see case study later in the chapter) is that it has introduced men's experiences of violence as well as their perpetration of violence. This makes it a GBV as opposed to VAW study. Botswana will be repeating the study in 2016, using an expanded sample, and the expanded parameters. Thus Botswana and Seychelles will have GBV indicators - women's experience and perpetration; as well as men's experience and perpetration of violence.

The findings from these studies guide GBV strategies and budgeting processes. At their meeting in Maputo in February 2013, SADC Gender Ministers urged all SADC Member states to undertake VAW Baseline studies to inform their action planning. With VAW now an SDG target and indicator, the hope is that all countries in the region will agree on a methodology for measuring GBV, and establish these baselines. Pending such comprehensive studies, we discuss later in this chapter how information from the GBV modules of Demographic Health Surveys (DHS) might be used to provide a more accurate assessment of GBV prevalence than police statistics. Police statistics are highly contested because of underreporting of GBV and inadequate data collection tools.

Figure 5.1: Women and men's perception on GBV, 2016



Source: Gender Links 2016.

In the absence of standardised empirical measures of GBV in the region, this sector is not included in the SADC Gender and Development Index (SGDI). The only measure in this sector is citizen perceptions, as measured through the Citizen Score Card (CSC). Figure 5.1 shows that women and men in SADC gave their governments the same overall score of 70%. Mozambique and Seychelles had the highest scores (over 77%), while DRC and Tanzania had the lowest scores.

[5] Gender Links, 2009, Regional Barometer.

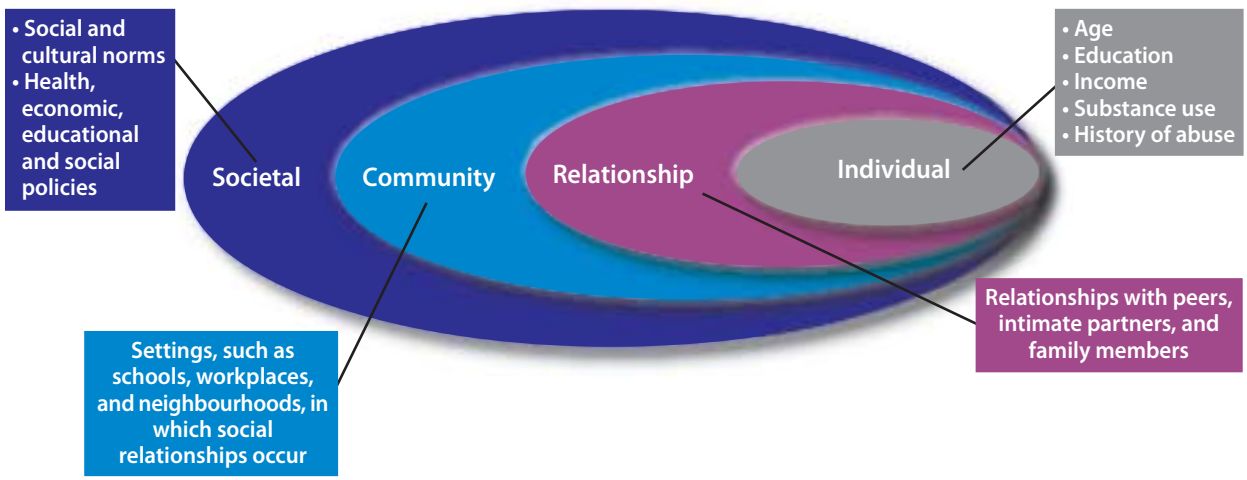
Women's CSC scores range from 78% in Mozambique to 50% in Tanzania and DRC - the lowest scores for women in the region. Tanzania's score for women decreased from 55% in 2015 to 50% in 2016. Similarly, women's score in DRC decreased from 59% in 2015 to 50% in 2016. Men scored their government between 47% (Tanzania) and 86% (Seychelles) - the highest score for both men and women in the region.

The CSC score has increased from 47% in 2009 to 68% in 2015 and 70% in 2016. The target is to have 100% CSC score by 2030, meaning there is a gap of 30% to be achieved over the next fifteen years. It is important to note that this score mainly measures *what governments have done, rather than the extent to which GBV has actually receded*, i.e. how effective these actions have been. This is why going forward it is important to re-examine the indicators and tools being used to measure progress in the region.

Background

GBV is rooted in multiple factors. These include culture, women's dependency on men, poverty, unemployment, alcohol abuse and general substance abuse. Other factors include the breakdown of family values, drug and substance abuse, and transactional sexual relationships. The model proposed by Heise (1998) suggests that IPV results from a complicated interplay of personal, situational and sociocultural factors.

Figure 5.2: Ecological model of the drivers of GBV



Source: Heise, 1998.

The model shows that an individual acts within the concentric spheres of relationships, community, institutions and society and violence occurs in these spheres (Heise 1998).The individual level in the model relates to personal history and biological factors which influence how individuals are likely to behave and increase their likelihood of becoming a victim or perpe-trator of violence.[6] The relationship level explains the interaction with family members; intimate partners and friends are factors that influence the risk of gender violence. Informal and formal structures such as the neighbourhood, workplace and school represent the community level. The outer circle represents societal level factors such as social, economic, institutional and cultural factors, which further reinforce the risk of gender violence. The four levels in the framework also offer a guide on appropriate interventions to be set up to reduce the incidence of IPV effectively.

Attitudes that fuel gender violence

One of the major drivers and obstacles to ending VAW is the persistence of discriminatory attitudes and social norms that normalise and permit violence. Cultural norms, practices, and traditions play an important role in defining a country or society. Unfortunately, some cultural norms are at times used or distorted to justify practices or crimes, including various forms of GBV. Several studies have identified culture as the major contributing factor to GBV. However, some scholars have pointed out that some perpetrators 'abuse' or hide behind culture to justify their horrendous acts.[7]

[6] http://www.who.int/violenceprevention/approach/ecology/en/
[7] Marashe, J., 2014, 'The African traditional religious landscape: An examination of the role of traditional leaders in the fight against HIV and AIDS in Chipinge, Zimbabwe', Verbum et Ecclesia 35(1), Art.#871, 8 pages. http://dx.doi.org/10.4102/ve.v35i1.871



Men for change in Molemole, Blouberg, Limpopo South Africa.
Photo by Nomthandazo Mankazana

The attitude survey conducted as part of the Barometer, presented earlier in this report, provides important insight into the factors that drive GBV. Thus while over three quarters of women and men agreed or strongly agreed that women and men are equal, 36% women and 45% men said that "if a wife does something wrong, her husband has the right to punish her." 25% women and 32% men (almost one third) said that "if a man beats a women this shows that he loves her." Over a third women and 42% men said that "if a woman wears a short skirt, this shows that she is asking to be raped." Although men had more regressive views than women, the fact that a high percentage of women subscribe to these patriarchal views and norms underscores the extent to which GBV has been normalised in our communities.

Increasing evidence suggests that the collective and individual attitudes of men towards gender norms and cultural practices fuel their behaviours, including GBV (Pulerwitz and Barker, 2008). Scholars around the world have shown that support for inequitable gender norms directly influences men to use violence against women. This points to the need to target behaviour change.

Prevalence

Moving from campaigns to action plans has prompted questions about how progress is to be measured - hence the VAW Baseline Studies. The research uses a prevalence and attitude household survey; analysis of administrative data gathered from the criminal justice system (police, courts), health services, and shelters; qualitative research of first-hand accounts of women's and men's experiences of intimate partner violence, or 'I" Stories; media monitoring and political content analysis. The flagship tool is the household prevalence and attitude survey, justified on the basis that statistics obtained from administrative data fall short as survivors do not report most incidents to police or service providers. Statistics from service providers also often cover physical and sexual assault but do not disaggregate GBV into other forms such as marital rape, emotional and economic violence. The "I" stories give a human face to all aspects of the research.

Participants in the GBV Indicator	Females	Males	Total
Botswana	639	590	1229
Lesotho	1787	1770	3557
Mauritius	679	678	1357
Zambia pilot study	578	719	1297
Dimensions of Violence against Women in selected parts of Zambia	3963	3639	7602
Four provinces of South Africa	2800	2821	5621
Zimbabwe	4507	3847	8354
Total	**14943**	**13884**	**28827**
	52%	**48%**	**100%**

Overall, 28 827 participants have been interviewed in the six countries: 1229 in Botswana; 3557 in Lesotho, 1357 in Mauritius; 1297 in the Zambia pilot study; 7602 in the Zambia national study, 5621 in the South African provinces of Gauteng, Western Cape, Kwa Zulu-Natal and Limpopo, 8899 in Zambia and 8354 in Zimbabwe. The sample breaks down into 52% women and 48% men. Based on the overwhelming evidence that most cases of GBV are in fact VAW, the women's questionnaire asks about women's experience of violence, while that for men concerns their perpetration of violence. Corroboration of the two questionnaires provides strong evidence of the extent, causes, effects, response, support and prevention mechanisms in place in the countries where the research has been undertaken.

South Africa: Getting away with murder Pistorius-style



Johannesburg: Twitter erupted in outrage on 6 July 2016 when Judge Thokozile Masipa handed Oscar Pistorius a six- year sentence for murder following the state appeal of an earlier lenient sentence, calling it a "disgrace," an "embarrassment" and "disgusting." The public noted that lesser crimes, such as drug trafficking, fraud and theft, often get longer terms. A few suggested that a white, global celebrity like Pistorius would always do better in court in South Africa than a black defendant.

Pistorius received a five-year jail term after the courts found him guilty of manslaughter of his girlfriend Reeva Steenkamp in late 2014. He got released on parole before even completing a year of that sentence. The appeal judgement upgraded this sentence to murder, for which the minimum sentence is 15 years. Pistorius has been sentenced to serve six, three of these suspended. This means Pistorius could be out of prison by 2019.

Johannesburg-based columnist Pearl Boshomane said the light sentence was a reflection of women's low standing in the country. "Women's lives are worth absolutely nothing. Our rapists don't go to jail. Our murderers barely get punished," she tweeted.

In anticipating the backlash as she handed down the sentence, Judge Masipa noted that "Our courts are courts of law, and not of public opinion," before she went on to describe the mitigating circumstances, including the fact that Pistorius had already spent a year in prison, and that he was a strong candidate for rehabilitation. The Judge said there were "substantial and compelling circumstances" that meant he should not serve the 15-year minimum sentence for murder. Masipa said the continuing misperception that Pistorius had intentionally killed Steenkamp was something the court had a duty to correct: "to prevent unjustified outrage from the public."

Twenty-nine-year old Pistorius, born without fibula bones, had both of his legs amputated at the knee at 11 months. He went on to be a global icon, competing against able-bodied athletes in the 2012 Olympics while wearing high-tech prosthetic limbs, earning the nickname "blade runner" for their scythe-like shape. That celebrity turned to notoriety on Feb. 14, 2013, the day Pistorius killed Steenkamp in his home.

Claiming he mistook her for an intruder he thought was hiding in the bathroom, Pistorius says he leapt out



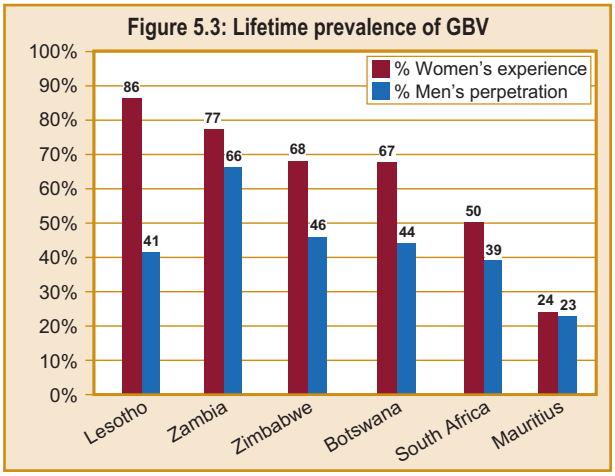
of bed and shot four bullets through the door before even putting on his prosthetic limbs. Acknowledging that it was "difficult to find the appropriate sentence," and that "nothing will diminish the pain caused to Reeva Steenkamp's family," Judge Masipa declined prosecutors' request for a minimum of 15 years. Recalling a striking moment in the trial, in which Pistorius walked across the courtroom on his stumps to demonstrate how powerless he was without his prosthetic limbs, Masipa pointed out that on the night of the murder Pistorius was not the powerful Olympian of global fame, but a terrified and vulnerable man stumbling in the dark.

In an hour-long judgment, Masipa listed various mitigating factors: that he was vulnerable on his stumps, believed there was an intruder, tried to save Steenkamp's life and was, in the judge's view, genuinely remorseful. She said these "outweighed" the aggravating factors, which she listed as using a lethal weapon, with high-grade ammunition, firing four times with no warning shot, and "knowing full well" there was someone inside the toilet cubicle. The murder of Steenkamp was not, she said, a case of gender violence: "There is no indication at all that the deceased was in an abusive relationship."

The judge said "the life of the accused will never be the same... He is a fallen hero, who has lost his career, and been ruined financially. He cannot be at peace." But she rejected the defence argument that Pistorius ought to be hospitalised or serve a non-custodial punishment, saying the sentence ought to be unpleasant, uncomfortable and painful.

Pistorius sat emotionless during sentencing. His lawyers say they will not appeal. The state has since lodged an appeal to the sentence.

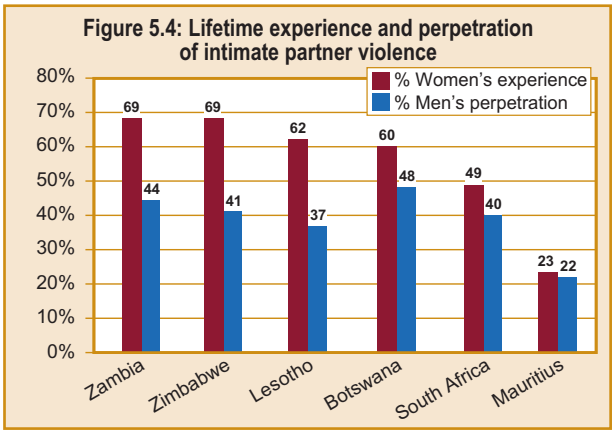
Source: Live reports by Times Live and the Guardian



Source: VAW Baseline Studies Six Countries, Gender Links.

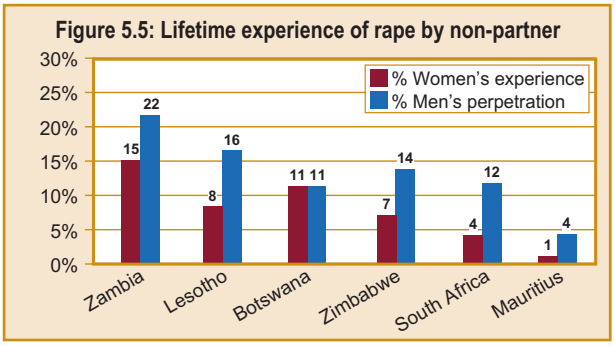
Figure 5.3 shows that 86% of women in Lesotho, 77% of women in Zambia, 68% of women in Zimbabwe, 67% of women in Botswana, 50% of women in South Africa's Gauteng, Western Cape, Kwa Zulu-Natal and Limpopo provinces and 24% of women in Mauritius have experienced GBV over their lifetime. A higher proportion of women reported experiencing violence than men admitted to perpetrating violence in all six countries. However the extent to which men admit to such behaviour is high in all the countries, and is almost equal in Mauritius.

The most predominant form of GBV experienced by women and perpetrated by men in the six countries occurs within intimate partnerships. This ranges from 69% in Zambia and Zimbabwe to 23% in Mauritius. In all six countries, the most common form of IPV is emotional violence - a form of violence usually not addressed in police statistics.



Source: VAW Baseline Studies Six Countries, Gender Links.

Figure 5.4 shows that 69% of women in Zambia and Zimbabwe, 62% in Lesotho, 60% in Botswana and 49% in the four provinces of South Africa and 23% of women in Mauritius have experienced IPV in their lifetime. In all six countries, a lower proportion of men admitted to perpetrating IPV. As illustrated in the high profile case of South African sporting hero Oscar Pistorius sentenced to just six years in jail for murdering his girlfriend, there is a strong public perception that the courts and legal system remain heavily skewed against women - even when it is a black woman judge passing down the sentence.



Source: VAW Baseline Studies Six Countries, Gender Links.

Zambia at 15% (women's experience) and 22% (men's perpetration) had the highest of both experience and perpetration rates of non-partner rape when compared with the other countries where GL conducted the VAW Baseline research. In terms of women's reported experience Botswana (11%) came second followed by Lesotho (8%), Zimbabwe (7%), South Africa (4%) and Mauritius at 0.7%. With regard to men's reported perpetration Lesotho (16%) came second followed by Zimbabwe (14%), South Africa (12%), Botswana (11%) and Mauritius at 4%. In all countries except Botswana a higher proportion of men than women acknowledged perpetrating rape. This is powerful evidence of the high level of sexual assault in the region.

Hate crimes are on the rise: Hate crimes include violence related to race, ethnicity, religion, gender or sexual orientation. Violence against Lesbian, Gay, Bisexual, Transgender and Intersex persons (LGBTI) is seen as a way of controlling and punishing those who are not seen as "real/proper" men or women, therefore threatening traditional norms of masculinity and femininity. Women and girls who are either lesbian, perceived to be lesbian, or both, are often subjected to so-called "corrective rape", including gang rapes and forced marriages. The UN Special Rapporteur drew attention to persons killed because of their sexual orientation and/or gender identity. Most cases of violence against LGBTI people go unreported due to fear of secondary victimisation, which results in most survivors avoiding or delaying accessing healthcare, criminal justice services and psychosocial support.[8]

[8] Sida,Preventing and Responding to Gender-Based Violence: Expressions and Strategies.

Under reporting



In all the study settings the majority of women who experienced violence did not seek help or support, a finding corroborated in other studies world-wide thus qualifying GBV as the "silent epidemic". For example a study of 42,000 women undertaken across 28 member States of the European Union found that only one third of victims of intimate partner violence and one quarter of victims of non-partner violence contacted either the police or support services following the most serious incident of violence. Victims reported the most serious incident of partner violence to the police in only 14 per cent of cases.[9] Another global study by Palermo and others (2013) found that, on average, just seven percent of women who experienced violence ever reported to a formal source such as a doctor, the justice system, or a social service provider. They analysed Demographic and Health Survey data from 284,281 women in 24 countries collected between 2004 and 2011. In 20 of the 24 countries they analysed, most women told no one at all. These results suggest that GBV prevalence estimates based on health systems data or on police reports may underestimate the total prevalence of GBV, ranging from 11- to 128-fold, depending on the region and type of reporting.[10]

Establishing reasons of why victims do not report violence or seek support is of paramount importance in fighting this scourge. One of the many reasons why survivors of violence do not respond is the fear of being victimised. In many settings, the police system and even the health sector are deeply entrenched into the same notions of patriarchy and gender inequitable perspectives and thus women do not feel comfortable that they will be heard or their report will be taken seriously.

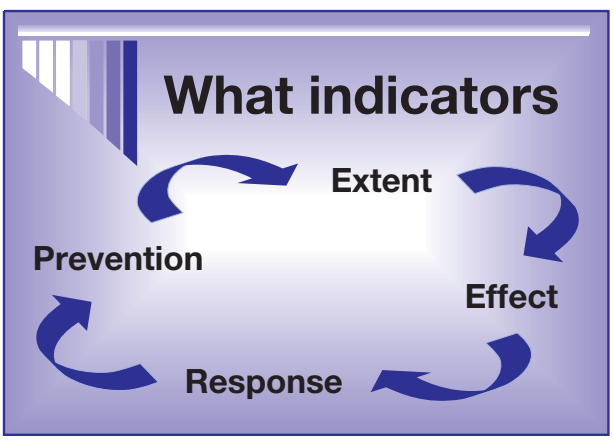
A qualitative and quantitative study conducted by Kim and Motsei among 38 primary health care (PHC) nurses in rural South Africa established that both women and men nurses uphold negative attitudes that trigger and perpetuate GBV. The men who participated in the survey frequently referred to physical abuse using terms such as "discipline" or "punishment". In discussing when they felt it was "justified" to beat a woman, there was a general consensus among men that: "when they don't listen" or "when they stand for their rights, they get beaten".[11]

Effects of GBV

GBV impacts on the rights of women and girls across economic, social and political lines, undermining develop-ment, peace, and the realisation of human rights for all. The individual women who are victims of such violence often experience life-long emotional distress, mental health problems and poor reproductive health, as well as being at higher risk of acquiring HIV and intensive long-term users of health services. In addition, the cost to women, their children, families and communities is a significant obstacle to reducing poverty, achieving gender equality and ensuring a peaceful transition for post-conflict societies. This, in conjunction with the mental and physical health implications of gender-based violence, impacts on a state or region's ability to develop and construct a stable, productive society, or reconstruct a country in the wake of conflict.[12]

Findings from the six countries show that education, age and employment status had varying influences on women's vulnerability to violence. Victims, predomi-nantly women, came from poor to affluent communities across geographic, race, ethnic and economic divides. Research conducted in DRC on sexual violence found that women and girls of all ages are targets of sexual violence (Steiner et al. 2009; Bartels et al. May 2010). This shows that GBV cuts across all socio-economic and demographic classes. Every woman is at risk and any man can be a perpetrator. Thus, GBV awareness messages should target everyone.

Strengthening the methodology



[9] European Union Agency for Fundamental Rights, Violence Against Women: An EU-Wide Survey (Luxembourg, 2014).
[10] Palermo,T Bleck, J and Peterman,A. 2014 Tip of the Iceberg: Reporting and Gender-Based Violence in Developing Countries. American Journal of Epidemiology.
[11] Kim, J amd Motsei M. "Women enjoy punishment": Attitudes and experiences of gender-based violence among PHC nurses in rural South Africa.
[12] United Nations Economic Commission for Africa African Centre for Gender and Social Development (ACGSD) (2010), Violence against women in Africa: Situational Analysis.

As part of the Sixteen Days of Activism in 2014, Gender Links and UNICEF convened a one and half day *Critical Thinking Forum* on measuring GBV. The forum brought together a broad range of experts to review methodologies for measuring GBV in the SADC region, and the underlying drivers, including childhood experiences of violence. The meeting revisited the methodologies used in conducting VAW Baseline studies in six SADC countries. Botswana's desire to cascade the research to district level and make it a GBV study, as well as interest from Seychelles in participating in the study have led to the questionnaires being reviewed to expand the pilot studies from VAW to GBV Baseline Studies. This approach will help to establish conclusively the extent to which men experience, as well as perpetrate violence. It will also help to address some of the criticisms that have emerged regarding gender bias in the surveys, although the focus on women remains valid based on the evidence. After strengthening the research methodology and introducing the Violence Against Men (VAM) Module, Seychelles has become the first country to pilot this expanded study.

Protocol @ work

Seychelles: Piloting GBV study



Seychelles has joined six other SADC countries, South Africa, Botswana, Mauritius, Lesotho, Zimbabwe and Zambia to undertake the National GBV Baseline Study. This is a necessary and important initiative as the findings from the study will guide GBV strategies and budgeting processes.



The Seychelles GBV indicators research will include media monitoring.
Photo by Colleen Lowe Morna

Seychelles has not enacted a specific law to address GBV. But in 2008, Seychelles launched its first National Strategy on Domestic Violence 2008-2012 developed through wide consultation with stakeholders. In addition, Seychelles has other laws to regulate GBV, such as the Family Violence (Protection of Victims) Act, which offers protection to victims of family violence, through protection orders. The 1996 Amendment to the Penal Code 130-153 outlaws sexual abuses and allows for prosecution for rape within marriage or relationships. In 2007, the Ministry of Health and Social Development launched the National Strategy for Domestic Violence 2008-2012. A key strategic challenge faced by Seychelles and all SADC countries is that there is no accurate measure of the true extent of GBV. Due to social pressure and stigma, victims report only a small percentage of GBV cases to the police, and they often withdraw these cases from the courts. Only a fraction of GBV cases result in successful prosecution.

The Ministry of Community Development, Social Affairs and Sports' in partnership with National Bureau of Statistics and Gender Links are undertaking a national study on GBV. This study serves as a pilot study focusing on both violence against women and violence against men with both sexes as victims and perpetrators.

Data collection commenced in February 2016 after one week training of 25 fieldworkers in January 2016. The study targets 1500 women and men. Researchers are administering two questionnaires: one for women as both survivors and perpetrators and the other for men as both survivors and perpetrators.

The study ran into challenges (not unique to this study) in recruiting male interviewers as well as convincing male participants to participate in the study. In all the countries that Gender Links conducted the study, the male interviewers interviewed male participants while women interviewers interviewed the female participants as informed by the ethical guidelines. However, this did not work in Seychelles. The reference group resolved the issue by assigning women interviewers to interview men, a practise found acceptable within the Seychelles context. One of the major lessons learnt from this project is to be flexible and customise research guidelines according to the prevailing culture in the study setting.

The SADC Gender Protocol and GBV

The SADC Gender Protocol required that by 2015 member states:

- Enact and enforce legislation prohibiting all forms of gender-based violence;
- Ensure that laws on gender-based violence provide for the comprehensive testing, treatment and care of survivors of sexual assault;
- Review and reform their criminal laws and procedures applicable to cases of sexual offences and gender-based violence;
- Enact and adopt specific legislative provisions to prevent human trafficking and provide holistic services to the victims with the aim of reintegrating them into society,
- Enact legislative provisions and adopt and implement policies, strategies and programmes which define and prohibit sexual harassment in all spheres;
- Provide deterrent sanctions for perpetrators of sexual harassment.

Table 5.2 overleaf provides a comparative analysis of how SADC members have been performing against these targets between 2009 and 2015.

Legal

The Protocol requires that state parties shall, by 2015, enact and enforce legislation prohibiting all forms of gender-based violence. Linked to this is the obligation that all laws on gender-based violence provide for the comprehensive testing, treatment and care of survivors of sexual offences which shall include: emergency contraception, ready access to post-exposure prophylaxis at all health facilities to reduce the risk of contracting HIV and preventing the onset of sexually transmitted infections.

Eleven countries have laws on domestic violence. Thirteen countries have laws on sexual assault including rape. However, enforcement is still lagging behind. Evidence shows that some of the barriers to the enforcement of legislation include lack of political and monetary commitments toward implementation of laws as well as lack of M&E systems to monitor progress in law enforcement. Given that majority of the countries now have legislation on combating various forms of GBV, emphasis should now be given on the enforcement and implementation. Equally important is sensitising the masses on the existing laws. A study by GL in six countries shows that majority of the people particularly women - the intended beneficiaries are not aware of existing laws on GBV. This ignorance impedes justice and consequently elimination of GBV. Thus, governments need work together with civil society to invest in awareness raising campaigns.



Know your rights: Children from Orange Farm, South Africa, marching against GBV.
Photo by Colleen Lowe Morna

TABLE 5.2: Key baseline indicators on GBV against							
Targets	Angola	Botswana	DRC	Lesotho	Madagascar	Malawi	Mauritius
LEGISLATION							
Laws on domestic violence	Domestic violence Act- July 2011	Domestic Violence Act 2008	No	No Domestic Violence Bill in progress Covered by Legal Capacity of Married Persons Act 9 of 2006	No Covered by Penal Code	Prevention of Domestic Violence Act 2006	Protection from Domestic Violence Act 2004
Laws on sexual assault	No	Sexual Offences Bill 2010, currently covered in the Penal code addresses defile-ment, incest, rape	Law Sexual Violence 2006	Sexual Offences Act 2003	Sexual Offences Act, 2000	Penal code, Gender Equality Act 2013 covers sexual harass-ment, no specific stand-alone act/ law	Sex Discrimi-nation Act, Sexual Offences Bill
Comprehensive treatment, including PEP	Yes	Only policy	Yes	Yes	Yes	Yes	Only in policy
Specific legislative provisions to prevent human trafficking	1886 Penal Code was amended February 2014 to prohibit all forms of trafficking	Anti-Human Trafficking Act, 2014 (Act No. 32 of 2014)	Law on Human Trafficking especially women and girls 2008	Human Trafficking Act of 2011	Law on the fight Against Human Trafficking and Sex Tourism, 2007	Trafficking in Persons Act 2015	Combating of Trafficking in Persons Act of 2009
Sexual harassment	Not yet	Legislation recommended as part of Employment Act, Public Service Act 2000	Sexual Offences Act	Sexual Offences Act	Penal Code amended by Acts	The Malawi Constitution (sect. 24 (2) (a). Gender Equality Act	Labour act; Sex Discrimination Act

Mozambique	Namibia	Seychelles	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Law on Domestic Violence Against Women 2009	Combating of Domestic Violence Act (No. 4, 2003)	Yes (Family Violence Act)	Domestic Violence Act 2006	Domestic Violence Bill in progress	No Partly covered by Law Marriage Act 1976	The Anti-Gender-Based Violence Act 2011	Domestic Violence Act 2006, Criminal codification and Reform Act, chapter nine
Penal code	Combating Rape Act 1999	No	Sexual Offences Act of 2009	The Crimes Act 1889, the Girls and Women's Protection Act 1920, the Criminal Procedure and Evidence Act No 67/1938 and common law crimes covering rape, incest, indecent assault	Included Penal code. Miscel-laneous Act 2002 section 130 of penal code	The Anti-Gender-Based Violence Act 2011	Included in Criminal codification and Reform Act. moved from Sexual Offences Act
No	Only in policy	The Ministry of Health has deve-loped procedures on standardised response to GBV including sexual assault	Yes	There is provision within the national guidelines for antiretroviral treatment and Post Exposure Prophylaxis (PEP)	Gender Based Violence Policy and Manage-ment Guidelines, Ministry of Health	Health policy. The National guidelines for the multi-disciplinary Management of survivors of Gender Based Violence in	In Zimbabwe National HIV and AIDS Strategic Plan 2011-2015
Law Against Human Trafficking particularly Women and Children, 2008	Trafficking in persons in Namibia is criminalized under the Prevention of Organized Crime Act (POCA). The act was made opera-tive in 2009	Prohibition of Trafficking in Persons Act 2014	Prevention and Combating of Trafficking in Persons Act 2013	People Trafficking and People Smuggling (Prohibition) Act, 2009 Human Trafficking Task Force and Human Trafficking Unit	Anti-Trafficking in Persons Act of 2008	Zambia - 2011 Anti-Human Trafficking Act of 2008	Trafficking in Persons act 2014 previously Criminal Codi-fication and Reform Act, Section 83
Brief mention in labour law; Article 66 (2)	Labour Act 11 of 2007, partly addressed in the Combating of Domestic Vio-lence Act 4 of 2003 and Com-bating of Rape Act 8 of 2000	Public Officers' Ethics Act of 2008 Section 16 Ministry of Education policy; Ombudsperson	Protection from Harassment Act, 2011	Crimes Act of 1889- "inappropriate sexual behaviour"; outdated! New progressive proposed provision in the sexual offences and domestic violence bill	Penal Code; The Sexual Offences Special Provisions Act 1998; Employment and Labour Relations Act, 2004	The Anti-Gender- Based-Violence Act, 2011, Amend-ment in Penal Section 137 (a)	Labour Relations Amendment Act, under "unfair labour practice"

Targets	Angola	Botswana	DRC	Lesotho	Madagascar	Malawi	Mauritius
SERVICES							
Accessible, affordable and specialised legal services, including legal aid, to survivors of GBV	Yes	None; NGOs provide this. Legal Aid Pilot Project under the Attorney General's Chambers	Yes, done with support of UN agencies	Ministry of Justice legal aid service stretched; NGOs step in	No	Through Legal Aid Dept. with limited funds and human resource. Few NGOs also try to provide this	Yes, 6 Family support bureaux's are in operation at the Ministry of Gender. Psycho-logical coun-selling and legal advice are pro-vided to survivors of GBV
Specialised facilities including places of shelter and safety	Yes	Minimal state support; mostly NGOs	Yes, but very limited because of funds	Yes, there are police specia-lised units, but only one state shelter in Maseru	No	Minimal state support; Victim Support Units under Malawi Police Service provide this few NGOs	The National Children's Coun-cil operating under the aegis of the Ministry runs one shelter. Two shelters run by an NGO and a Trust aid partly funded by the Ministry
COORDINATION , MONITORING AND EVALUATION							
Integrated approaches: National Action Plans	National Action Plan Against Domestic Violence	Draft National Action Plan to End GBV	Yes, NAP is available	Yes	Draft National Action Plan to end GBV	Yes	National Action Plan to combat Domestic Violence adopted by cabinet in 2007
By 2015 construct a composite index for measuring gender based violence	Yes Integrated Gender Indicators system	Yes	Yes, involved at African level to provide indicator	Yes	No	No	Yes
By 2015 provide baseline data on gender based violence	No	Yes, GBV indicators study concluded	Yes, studies conducted with the support of UN agencies are available	Yes, GBV study conducted and being finalised	No	No	Yes, GBV Indicators study concluded

Source: Gender Links, 2016.

Mozambique	Namibia	Seychelles	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Limited government support but services from Association of Women Lawyers	Yes and Legal Resources Centre	Yes	Yes, through the Legal Aid Board, plus NGO support, and Thuthuzelas- but not affordable to run	There is no specialised or affordable legal aid service to survivors of GBV. The limited services offered by NGOs are compromised by a lack of funds	Ministry of Home Affairs is in the process of establishing Gender and Children's desks- guidelines are being developed	The National guidelines for the Multi-disciplinary Management of Survivors of gender Based Violence in Zambia - 2011	Ministry of Justice Legal Aid, Musasa Project and WLSA
NGOs main provider of services but face resource constraint	Mainly NGOs	None	Yes, but mainly NGOs that depend on foreign funding	The amendment of the Criminal Procedure and Evidence Act (section 223) facilitated the formation of a children's court Swaziland launched a first of its kind, a one-stop centre in Mbabane	No places of safety- only police stations	The National guidelines for the Multi-disciplinary Management of Survivors of gender Based Violence in Zambia - 2011	Minimal state support; NGOs main provider of services but face resource constraints
Yes	Yes, National Action Plan to End Gender Violence	Yes, but strategy only focuses on Domestic Violence	365 Day National Action Plan to End Gender Violence	365 Day National Action Plan to End Gender Violence in place launched, draft	National Plan of Action to End Gender Violence in Place since 2001	National Action Plan to End Gender Violence in place	National Gender Based Violence Strategy and Action Plan in place
No	No	Yes	Yes	No	No	Yes	National GBV Information System now in place
No	No	No	Baselines established in four provinces and one in process	No	No	Yes	Yes, GBV Indicators study concluded

Public awareness of Zambia's Anti-Gender-Based Violence Act



Zambia enacted the Anti-Gender-Based Violence Act in 2011. However, few Zambians know about the law - or how they might use it to fight GBV.

By 2014 the courts were yet to give guidance on the manner and form of commencing an action under the Act. It remained unclear whether the Ministry of Community Development, Mother and Child Health (MCDMCH) or the Ministry of Gender and Child Development (MGCD) - legally oversees its implementation.



Daisy Ngambi, MGCD permanent secretary, George Nyendwa, Lusaka mayor, and GL Board Member Sara Longwe take part in the Gender Protocol Summit in Lusaka in 2015. *Photo by Mike Mwenda*

At an event held in May 2014, MGCD Permanent Secretary Daisy Ng'ambi said that despite the challenges, the ministry and its partners have been creating awareness through programmes for survivors. Language experts translated the Act into local languages. Ng'ambi emphasised the need to ensure stakeholders distribute copies of the Act to churches, district commissioners, provincial offices, police, schools and cooperating partners.

Victim Support Unity (VSU) national coordinator Tresphord Kasale called the GBV Act an excellent document, noting he wants Zambians to use and have access to it. Kasale said that the VSU takes pride now that Zambia is making efforts to break the culture of silence around GBV. He said this is evident in increases in the number of cases reported to police. He called for better awareness raising about the GBV Act among the citizenry instead of leaving it to the law enforcers alone.

However, several people in Lusaka expressed ignorance about the existence of the GBV Act. Patience Mwanza, a youth, said; "I have never heard of the Anti GBV Act, how come I have never heard not even one advert about it." She was surprised that the document has not received much publicity, especially when compared to other political issues.

Allan Munthali, who also had not heard of the Act, however, called for massive awareness of the document in order to achieve its desire results. Chiposa Chibwe, another Lusaka resident, had heard of the legislation but had questions about it. He attributes high GBV rates to a breaking down of family values, as well as failure to recognise people's rights, especially women and children. "I have heard of the Anti GBV Act, that it exits but I don't know how to access a copy, these documents are created for the people so government must make sure that they reach the people because if it doesn't people will never know about it," Chibwe said.

Excerpt from an article by Sally Chiwama in "Dimensions of Violence against Women in selected parts of Zambia Study" forthcoming

Human trafficking

The SADC Gender Protocol requires Member States to enact and adopt specific legislative provisions to prevent human trafficking and provide holistic services to survivors, with the aim of re-integrating them into society. They should also put in place mechanisms by which all relevant law enforcement authorities and institutions may eradicate national, regional and international human trafficking networks. The Protocol requires harmonised data collection mechanisms to improve data collection and reporting on the types and modes of trafficking to ensure effective programming and monitoring. Member States should establish bilateral and multilateral agreements to run joint actions against human trafficking among countries of origin, transit and destination countries. Finally, they are required to ensure that capacity building, awareness-raising and sensitisation campaigns on human trafficking are put in place for law enforcement officials by all parties



Human trafficking has become a political priority. All SADC member states have enacted laws against human trafficking. Angola and Malawi enacted laws on trafficking in 2014 and 2015 respectively.



Angola amended the 1886 penal code in February 2014 to prohibit all forms of trafficking in persons and prescribes penalties of eight to 12 years' imprisonment, which are both sufficiently stringent and commensurate with those prescribed for other serious crimes. Trafficking is criminalised in Chapter III, Articles 19, 20, and 23. Article 19 criminalises the act of delivering, enticing, accepting, transporting, housing, or keeping of persons for the purposes of sexual exploitation, forced labour, or trafficking of organs, including by force, fraud, or coercion.

Malawi passed anti-trafficking legislation in February 2015, establishing a comprehensive legal framework to address trafficking in persons. Malawi's anti-trafficking law prohibits all forms of trafficking and prescribes punishments of 14 years' to life imprisonment, with no option of fines.



The major challenge remains the tracking and monitoring of victims of trafficking. Addressing human trafficking requires a multi-sectoral approach with key players being departments of Justice, Home Affairs, Social Affairs and civil society. Since there is scanty research on human trafficking, there is need for governments to embark on extensive research projects in order to understand this phenomenon. Equally important is the need to train all the relevant stakeholders in screening and identifying victims of trafficking.

The trafficking Victims Protection Act 2000- Minimum Standards for the Elimination of Trafficking in Persons stipulates that governments should make serious efforts to prohibit and eliminate various forms of trafficking in persons and punish acts of such trafficking. The United States Department of State prepared a Global Report using information from U.S. embassies, government officials, nongovernmental and international organizations, published reports, news articles, academic studies, research trips to every region of the world. In the report, the Department places each country onto one of four tiers, as mandated by the TVPA. The analyses are based on the extent of governments' efforts to reach compliance with the TVPA's minimum standards for the elimination of human trafficking consistent with the Palermo Protocol.[13] The report classified SADC countries as follows:

Table 5.3: Compliance of SADC States with Minimum Standards for Eliminating Trafficking in Persons in the US Department of State Trafficking in Persons 2016 Report

Tier	Characteristics	SADC countries
1	Countries whose governments fully comply with the Trafficking Victims Protection Act's (TVPA) minimum standards.	None
2	Countries whose governments do not fully comply with the TVPA's minimum standards, but are making significant efforts to bring themselves into compliance with those standards.	Angola, Malawi, Mozambique, Seychelles, South Africa and Zambia
2 - Watch list	Countries whose governments do not fully comply with the TVPA's minimum standards, but are making significant efforts to bring themselves into compliance with those standards and: • The absolute number of victims of severe forms of trafficking is very significant or is significantly increasing; • There is a failure to provide evidence of increasing efforts to combat severe forms of trafficking in persons from the previous year; or • The determination that a country is making significant effort to bring itself into compliance with minimum standards was based on commitments by the country to take additional future steps over the next year.	Botswana, DRC, Lesotho, Mauritius and Namibia
3	Countries whose governments do not fully comply with the minimum standards and are not making significant efforts to do so.	Zimbabwe[14]

[13] Department of State, USA.Trafficking in persons 2015 report. 2015.
[14] Department of State, USA. Trafficking in persons 2015 report.

SADC Gender Ministers have made human trafficking a priority: At their meeting in Gaborone in June 2016, the ministers:

- Considered the mid-term review of the ten year SADC Strategic Plan of Action on Combating Trafficking in Persons, especially Women and Children (2009-2019), especially Lessons Learned.
- Were briefed on a regional data base on trafficking in persons being established by the Secretariat with UNDOC.
- Directed the Secretariat to train law enforcement officers on trafficking in persons especially women and children.

Sexual harassment



The Protocol calls upon State Parties to ensure that by 2015 they enact legislative provisions to adopt and implement policies, strategies and programmes which define and prohibit sexual harassment in all spheres, and provide a deterrent to this practise.

Fourteen countries have sexual harassment legislation. Of these, only a few countries have stand-alone sexual harassment laws; in most countries this is covered in the labour laws and penal codes. Only Angola still does not have sexual harassment legislation or provisions in other laws, such cases may be prosecuted under assault and battery and defamation statutes. In almost all the countries, sexual harassment continues to rise in the region and yet still goes unreported and tends to be trivialised. Even in the media, sexual harassment receives minimal airtime compared to other sexual offences. Sexual harassment undermines women's agency and productivity.[15]

Support services



The Protocol calls on Member States to ensure justice and fairness are accorded to survivors of gender-based violence in a manner that ensures dignity, protection and respect. It further calls upon states to put in place mechanisms for the social and psychological rehabilitation of perpetrators of gender based violence and establish special counselling services, legal and police units to provide dedicated and sensitive services to survivors of gender-based violence. The Protocol says governments shall provide accessible information on services available to survivors of gender based violence. It also provides for accessible, effective and responsive police, prosecutorial, health, social welfare and other services. Governments are required to provide accessible, affordable and specialised legal services, including legal aid, to survivors of gender based violence. Other provisions include specialised facilities; effective rehabilitation and re-integration programmes for perpetrators of gender based violence.

Fourteen SADC countries now have accessible, affordable and specialised services, including legal aid, for survivors of GBV. While several countries now offer these services most of them do not have any legislative mandate to do so thus the provision has been ad hoc. Despite that studies across settings have shown that emotional/psychological violence is the predominant form of GBV, it is evident in many contexts that psychosocial support is the least prioritised. In most cases, NGOs provide these services, with

[15] Gender Links, 2014, Regional Barometer.

From shelters to empowerment - sustainable solutions to GBV

GL's pioneering *Empower women, End violence* programme focusses on an integrated approach of life skills and entrepreneurship training including confidence building; decision-making, business management, use of IT, networking and addressing the underlying structural inequalities between men and men.



Key partners in the project included 1350 survivors of GBV in 101 councils in each of ten Southern African countries (Botswana, Lesotho, Madagascar, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) that form part of the Centres of Excellence for Gender in Local Government. The councils helped to identify participants, improve access to markets, infrastructure, finance, mentorship and support. Councils provided almost R6 million in in-kind support to the project. 91% of the women completed a business plan and 79% followed through on the plan. 59% added new products and 54% found new markets; 48% indicated starting a new business and 29% increased the size of their business and 41% opened a bank account.

One of the key aims was achieved - increases in **income** for the women. The average increase in income per month for the region is R526; the overall increase in income in 2015 as a result of the project is R10.8 million; a 66% increase.

"In the past I couldn't make decisions in the house because my husband was always dominating me. He did not respect me because I was not earning any income. I was not happy because my husband forced me to accept decisions that he made. He thought I was not mature enough to make the right decision. After I got the training for starting a business everything went back to normal in the house. This workshop helped me because I am getting income from my business. I make clothes for children and women and the business is really progressing well, even although I was facing challenges at the beginning."

Donatilla Amwaalwa from Oshikuku in Namibia

In some cases survivors have been able to **provide jobs** for others in their community. In order to improve the productivity of her business, she opted to hire one person who is assisting her to do much of the work especially selling finished products and washing bakery dishes. She managed to register this person with social security commission and is paying her a reasonable salary.



Allensia Garab from Outja, Namibia

Many of the women have expressed having **more self-confidence** because they have learned more about GBV and running a business which has given them more status in their homes and the community. 85% of participants said they now experience less or much less GBV. Overall, the relationship control index increased by four percentage points to 66%.

"Attending the training has empowered me on GBV issues and where we can get help when we meet those problems. I never knew that I had the right to refused if my husband force me to sleep with him. Meeting other GBV survivors and sharing ideas made me to understand that I was not suffering alone. It turned my life around and I regret ever thinking about taking my life. I managed to grasp the necessary skills to grow and manage my business."

Bongiswa Matsenjwa from Lavumisa Swaziland

One of the main aims of the project was to increase **survivor's personal agency** and many have indicated positive changes in their relationships.

"I now know where I am today. I have learned to be strong and stand up for myself as a woman. I have experienced violence from my husband. We fought a lot about money. These days we can talk about our problems as adults and mostly I am the one who has to initiate the talking".

Thembakazi Ngemntu from Bitou, South Africa

The programme brought about a sea change in **IT skills**. As illustrated in the graph, 68% women now use a computer compared to 18% at the start of the project. 48% have access to E Mail (compared to 13% at the start). 32% surf the internet (compared to 13% at the start). 7% now have a website or space on a website, compared to 3% at the start.

Gender Links measures **progress in gender attitudes in communities**. Gender attitudes as measured by the Gender Progress Score (GPS) in the communities increased by two percentage points to 63%. At 70% the participants had a seven percentage point higher GPS than their communities.

inadequate funding. Although the state is responsible for the safety of survivors, it is important that not only the state but also women's organisations are provided with resources to give support. Women's organisations often have a deep knowledge and long experience of support and service to survivors of GBV.[16] The number of survivors seeking help outstrips the structures available to provide help. In all the countries there is a shortage of shelters for abused women, leaving them with nowhere to go, except to endure the abusive relationships.

Women's dependence on men for their livelihood is one of the major contributing factors to GBV: The Commission on Gender Equality (CGE) in South Africa found that women are more vulnerable to GBV because they rely on men for household provisions.[17] The study further highlighted that women's dependence on men impacts on their potential to exercise their rights when in an abusive relationship. Women are unable to exercise their freedom of expression and choice when in abusive relationships if exercising this freedom negatively influences their means of livelihood. The CGE concluded that there is need to invest in programmes that seek to increase women's independence and autonomy. One such programme is the Entrepreneurship Programme for Survivors of GBV spearheaded by Gender Links.

Prioritising prevention

The Protocol calls on Member States to take measures including legislation, where appropriate, to discourage traditional norms, including social, economic, cultural and political practices which legitimise and exacerbate the persistence and tolerance of gender violence. This is with a view to eliminate them and in all sectors of society. The Protocol also calls on Member States to introduce and support gender sensitisation and public awareness programmes aimed at changing behaviour and eradicating gender based violence.



UKaid Infographic by Ricci Coughlan/DFID promoting programmes for tackling violence against women

In her article *(How) Can We Reduce Violence Against Women by 50% over the Next 30 Years?*, Jewkes (2014) highlights the importance of focusing on prevention through prioritising evidence based approaches, reducing fragmentation of research efforts and mobilising for funding towards violence prevention efforts. "A strong prevention knowledge platform requires large donors to come to the table in violence prevention and provide sustainable funding for the architecture of the field, so that physical or virtual centres of excellence can be established, research can be coordinated, and the skills, knowledge, and experience required can be nurtured and sustained."[18]

[16] SIDA, Preventing and Responding to Gender-Based Violence: Expressions and Strategies.
[17] Commission for Gender Equality, Research Report on the Victims' Charter February 2009.
[18] Jewkes R (2014) (How) Can We Reduce Violence Against Women by 50% over the Next 30 Years? PLoS Med 11(11): e1001761.

The **What Works to Prevent Violence Against Women and Girls Programme** is a flagship programme from the UK Department for International Development (DFID), which is investing an unprecedented £25 million, over five years, to the prevention of violence against women and girls. It supports primary prevention efforts across Africa, Asia and the Middle East, that seek to understand and address the underlying causes of violence, to stop it from occurring.

The initiative has three components:
- The Global programme.
- Violence against Women and Girls in Conflict and Humanitarian Crises.
- Economic and Social Costs of Violence against Women and Girls.

The Global Programme conducts cutting-edge research around the world that will substantially advance the evidence on what drives violence, what works to prevent violence, what makes interventions successful and how they can be replicated, adapted and scaled up. This includes conducting large-scale impact evaluations of successful and promising prevention interventions, costing studies, and in-depth secondary analysis of existing data. It supports ground-breaking work through an innovation grant scheme, to support non-profits working in DFID priority countries to develop and test pioneering approaches to preventing violence against women and girls. The programme also provides a platform for cross-country and cross-disciplinary learning. The programme also provides training and capacity development in primary prevention approaches to research, programme design and implementation. It also has strong networks to policymakers, practitioners and activists worldwide, and is committed to communicating research in ways that are applicable to the needs of different stakeholders, to ensure knowledge translates into action. The wealth of information that is being generated by the What Works programme will provide insights that will take GBV prevention efforts to the next level.

WhatWorks
TO PREVENT VIOLENCE
A Global Programme To Prevent Violence Against Women and Girls

Community mobilisation and campaigns



Community mobilisation against GBV in Bongatsara, Madagascar.
Photo by Colleen Lowe Morna

To date all SADC countries have implemented prevention strategies to raise awareness and advocate for GBV prevention. The strategies include involving men, public awareness and coordinated campaigns by various stakeholders. The Sixteen Days of Activism against Gender Violence is one of the most important awareness raising campaigns. The campaign runs from November 25 through to December 10 each year and involves tens of thousands of civil society organisations, women's organisations and activists in actions to raise awareness of violence against women in most countries around the world. One of the questions asked of men and women in the six-country VAW Baseline Studies is the extent to which this campaign is known and having an impact in the region. According to the studies, the majority of women and men in all the six countries remain relatively unaware of the annual Sixteen Days of Activism campaign. In all countries and most significantly in Lesotho men appear to be more aware about the campaign than women. This finding could be because while men and women participate in activities and events during the Sixteen Days, they may be oblivious to the fact these activities link to a particular campaign. These findings underscore the need to build awareness-raising and regular monitoring and evaluation of GBV campaigns into future GBV prevention strategies. Activists should also spend some time re-strategising about better ways to target and communicate these campaigns.[19]

Role of the media

The media plays a critical role in not only raising awareness of GBV but also in counteracting myths and negative attitudes that may perpetuate violence. Drawing attention to positive stories of empowerment and resilience, for example, can assist in illustrating

[19] Gender Links, 2014, Regional Barometer.

how survivors often act as advocates and agents of change. Media monitoring as part of the VAW Baseline studies shows that while GBV is one of the better-covered gender topics in the media, the coverage is often gender biased. Men constitute the majority of sources. Most stories emanate from court reporting, in which the cards are heavily stacked against women. The first-hand accounts of women seldom feature. Their experiences are trivialised and sensationalised. Such coverage has often resulted in secondary victimisation, rather than supporting survivors and pointing them in the direction of help.

Speaking out can set you free

To date, GL and partners in the VAW Baseline Studies have collected over 2000 personal accounts of GBV or "I" stories. The "Healing through Writing" methodology



is gaining momentum. Instead of just using these stories for anecdotal evidence, GL continues to analyse the stories in relation to the findings of the GBV Baseline studies. An in-depth analysis of qualitative research over the years supports one of the key findings in the research: that the highest proportion of GBV is the kind that does not exist at all in police statistics - emotional, verbal and economic - and yet has devastating effects on the agency of women. Support for people experiencing emotional violence is almost non-existent. The research shows that women in emotionally abusive relationships think about suicide at least once a month and are more likely to be abusing a substance such as alcohol. Adopting strategies to tackle emotional, verbal and economic violence must become integral to all GBV strategies.

The GL End violence, Empower women pilot project showed that economic independence contributes to positive change. Randrinantenaina Narindrasoa from Bongatsara in Madagascar says that after two years of separation, she and her husband reconciled. She attributes most of their marital challenges to financial depen-dence: "Women should help their husband in covering household expenses, but not remain a burden. In this way, harmony and respectful relationships can be negotiated". After six months of a new common life, they decided to get married legally. Now, they are building their own house. In the community she is more valued and people come to her for advice. In addition, she can help her surroundings and her family. Currently, she has become a supplier at the quarry where she used to work. She employs five people, three men and two women.



Young men working in the quarry with Randrinantenaina Narindrasoa.
Photo by Zotonantenaina Razanadratefa

"Since I started attending the workshops my business is doing well. I am not suffering abuse anymore because I am earning my own money from my business. I can buy my own food and pay school fees for the kids. I am no more abused by my husband as we made peace with my husband. This happened because now I am making money and can buy food for the house and help our children wherever I can. Our children are progressing well at school since they are no more facing poverty unlike in the past. Now I feel like I am empowered with information from Gender Links to make right decisions."

Faustina Petrus from Ongwediva in Namibia.

"My husband now respects me and he always avoids upsetting me... GL helped me become a woman of substance. I now have a voice to speak and make decisions. I am able to take care of myself. I no longer ask for money from husband which has made him keen to support me in my business because he has seen the fruits of my hard work." **Memory from Gweru in Zimbabwe*

"I started to realise that I did not need to have the approval of my husband all the time, I have started to become more confident in myself. I also realised that my environment at home has changed and my children are proud of the person that I have become. This year I won the Best Existing Business Award at the South Africa national summit. I ended up attending the regional summit in Botswana."

Elizabeth Olyn, Matzikama Municipality,South Africa

Engaging men and boys in the fight against GBV

In South Africa and other countries, programmes that work with men to challenge patriarchy such as the Sonke Gender Justice Network's *One Man Can* Campaign play an important role in changing their behaviour.[20] There is also an emerging recognition of the need to involve traditional and religious leaders. For many women around the world, community-based, customary justice mechanisms are the only available method of redress. While traditional practices often are used to justify violence, culture is dynamic and can change through training, public education, and access to new information.[21] Promotion of progressive gender attitudes among men and boys is an important approach towards the eradication of GBV. Across the globe, programmes that work with men in the effort of challenging the patriarchal mind-sets have proved useful in promoting gender equitable attitudes. The case study that follows shows how one man decided to take action against the scourge.

Botswana: From Army Commander to GBV activist



Founded in 2012 by the former Botswana Chief of Defense Forces, Lieutenant General Masire, and named in honor of the founder's initials Tebogo Horatious Carter (Masire) the THC foundation was officially launched in 2013. The vision of the THC Foundation is a Botswana in which women and children live in violent free homes. The Foundation's mission is to provide support and promote the advocacy, training and education to women and children who are survivors of domestic violence through encouragement and advancement of initiatives that promote and protect women and children rights.

According to the GBV Indicators study by Gender Links and the Ministry of Home Affairs, 67% of women in Botswana have experienced some form of violence in their lifetime.



Lt. Gen THC Masire, Founder of the THC Foundation.
Photo by Mboy Maswabi

While serving in the army Lt. Gen Masire looked after 10 000+ army officers. The daily reports of domestic violence and child neglect inspired him to help address some of the issues. The organisation also targets the Botswana Student Network by helping the students to speak out through dialogue with their peers.

The various programs of the organisation target women and children who have suffered abuse and students who are highly likely to experience abuse. Masire believes that targeting children while they are still young will help in building good perception on gender equality rather than wait until children are older and already influenced by socialization. They also target relevant ministries in the reduction of GBV in Botswana through advocacy for implementation of the legislation on GBV.

The project aims to reduce GBV in Botswana through GBV awareness raising programs in tertiary schools and communities. Through its collaboration with the Students Network, THC aims to increase reporting and facilitate prosecution of perpetrators. THC is working on piloting a one stop shop for GBV survivors.

Trained students work with the student community to disseminate information on GBV with the help of volunteers from the foundation. The organisation has run various GBV training in schools from primary to secondary and tertiary schools around the country. The main outcome has been more open discussion of GBV issues and also coming out to share their experiences on abuse. Male students have also been actively participating in the project targeting the schools.

Source: Gender Links Botswana country office manager, Gomolemo Rasesigo

Protocol @ work

[20] Gender Links, 2013, Limpopo GBV Baseline Study.
[21] Role of traditional leaders and customary justice: http://www.endvawnow.org/en/articles/1684-role-of-traditional-leaders-and-customary-justice-mechanisms.html

Integrated approaches, monitoring and evaluation

The Protocol obliges Member States to adopt integrated approaches, including institutional cross sector structures, with the aim of reducing current levels of gender-based violence, by half by 2015.

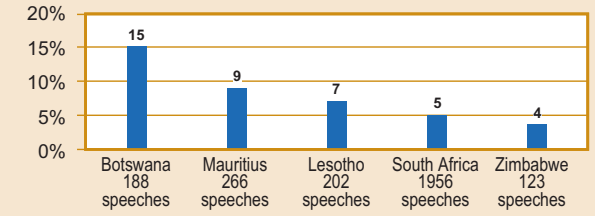
Multi-sectoral approaches involving coordinating resources and initiatives across various sectors including security, justice, health and psychosocial services are required, as is the engagement of both government institutions and civil society. Implementation of current laws addressing GBV has been inadequate. This can be attributed to i) lack of resources; ii) lack of long term government commitment; iii) gains that are often short lived and fragile; and iv) weak organisational capacity, both in governments and civil society. Given that addressing GBV is about addressing structural gender inequalities and harmful social norms, it will require significant resources and long-term commitment by all stakeholders.[22]

Holistic national frameworks that address the issue of VAW within the context of gender equality and empowerment are vital, together with effective preventative and multidimensional remedial efforts from law enforcers, legislators and judicial officers among others. Critical conversations geared towards dismantling harmful cultures and socio-cultural constructions that trigger or increase women's vulnerability to violence.[23] As reflected in the tracking table at the beginning of this chapter, all SADC countries except for Madagascar have adopted integrated 365-day National Action Plans (NAPS) to end GBV. In some instances, the draft NAPS have not yet been formally adopted, although some of the actions have been implemented. Implementing agencies site resource constraints as a key limitation. This has led to the drive for NAPS to be costed. Mauritius, Lesotho, Zimbabwe, Swaziland and Seychelles have developed fully costed NAPS. Another challenge in the implementation of NAPS has been in the co-ordination of implementation and data management. Some countries have developed multi-sector structures with a mandate to track and evaluate implementation. Examples are the Mauritian Platform against GBV, Zambia Anti-GBV National Committee, the Zimbabwean Anti-domestic Violence Council and the now defunct SA GBV Council. While this is a stride in that secretariats are in place these structures have also made limited impact because of lack of funding for operations.

Political commitment

The importance of political buy in and commitment in the fight against GBV cannot be over emphasised. One of the parameters measured in the VAW Baseline studies concerned the extent to which leaders prioritise GBV in their public statements.

Figure 5.6: Proportion of political speeches mentioning GBV



Source: GL VAW Baseline studies.

Figure 5.6 shows that the extent to which GBV featured in high level speeches ranged from 15% in Botswana, to 4% in Zimbabwe. In Botswana, only six percent of the speeches had GBV as the main topic. In South Africa, only 1% specifically focused on GBV, with 91% of these during the Sixteen Days of Activism and on Women's Day.

The changes that Southern Africa is beginning to witness on HIV and AIDS show how important political commitment is to reversing gender violence. Political commitment is two-fold: establishment of an enabling legal structure to uphold the rights of women and children and seeing to it that this is implemented optimally. To date many settings have been characterised by excellent paper work that does not translate into action on the ground.[24] The fact that GBV still remains at the level of paper promises is reflected in the results of the VAW Baseline Studies that included monitoring of political speeches showing that GBV barely features in public pronouncements.

[22] http://www.gsdrc.org/topic-guides/gender/gender-based-violence/
[23] http://www.saiia.org.za/opinion-analysis/combating-gender-based-violence-in-africa-was-the-aprm-a-responsive-framework
[24] Lesotho VAW Baseline Study, 2014.

Eliminating GBV Post 2015

The SDGs for the first time include specific targets and indicators on measuring violence against women. The Post 2015 SADC adopted by Gender Ministers in Gaborone, Botswana in June 2016 takes a huge step forward in localising the Sustainable Development Goals by:

- Moving from "halving" to "eliminating" gender based violence.
- Adding "Develop strategies to prevent and eliminate all harmful practices, such as child, early and forced marriage, early pregnancies, and female genital mutilation."
- Adding "ensure 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.

As highlighted in the introduction, the revised Protocol does not have specific timeframes, although the alignment to the SDGs in the preamble establishes the outside deadline to be 2030 in line with this international framework.

Another shortfall in the Protocol targets highlighted in the 2014 Regional Barometer is the lack of indicators to measure progress. The Monitoring Evaluation and Results (MER) framework that should have been adopted in 2016 has been deferred to the 2017 meeting of ministers. This does however create room for a robust discussion on GBV indicators.

As noted at the beginning of the chapter, to date it has not been possible to include GBV in the SGDI due to the lack of agreed and reliable indicators. Seven countries have undertaken VAW prevalence studies; Botswana and Seychelles are broadening this into a GBV indicators study. In the post 2015 era, reliable baseline data is crucial and should be the starting point for all countries. GL continues to lobby governments to prioritise improving data and evidence on GBV through dedicated surveys and research on the causes of GBV prevalence, attitudes and consequences in the post 2015 era.

Other than conducting stand-alone GBV household surveys, national statistical systems play a crucial role in providing and improving data to measure the scope, prevalence and incidence of violence against women through population based national surveys. One such is the Demographic and Health Surveys (DHS), supported by MACRO International, conducted in many countries. The DHS are carried out primarily in low- and middle income countries using standardised questionnaires and methodologies. They cover a wide range of topics, including reproductive health, maternal and child health, sexual behaviour and nutrition. DHS are nationally representative statistical surveys of between 5,000 and 30,000 households. All women aged 15 to 49 in sample households are eligible to be interviewed. In 2000, a standardised (Domestic Violence) module of questions and methodology was developed for the collection of data on intimate partner violence. This module has now been added to DHS in 40 countries nine of which are from the SADC region, while four countries are still to adopt the module. Mauritius and Seychelles on the other hand have never conducted a DHS survey.[25]

Table 5.4: Status of DHS Surveys in SADC countries

Domestic violence module (Most recent survey)	No Domestic violence Module	No DHS
Angola (2015), DRC (2013-14), Malawi (2015-16), Mozambique (2011), Namibia (2013), South Africa (2016), Tanzania (2015-16), Zambia (2013-14) and Zimbabwe (2015)	Botswana (1988), Lesotho (2014), Madagascar (2008-09), Swaziland (2006-07) Female genital mutilation and child labour.	Mauritius, Seychelles

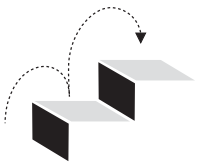
Source: DHS Programme Website.[26]

As illustrated in the table, nine SADC countries have undertaken DHS surveys with domestic violence modules fairly recently. Four SADC countries have undertaken DHS without domestic violence modules. Mauritius and Seychelles have not undertaken DHS.

The DHS Domestic Violence Module has around 30 questions focusing on:

- Physical, emotional and sexual abuse in intimate relationships.
- Physical abuse by stranger.
- Physical abuse in pregnancy.
- Physical violence perpetration and alcohol.
- Rape by non-partner.
- Help seeking behaviour.
- Witnessing domestic violence of parents.

[25] http://dhsprogram.com/topics/gender-Corner/index.cfm
[26] http://dhsprogram.com/Where-We-Work/Country-Main.cfm?ctry_id=39&c=Tanzania&r=1



Next steps

The table alongside shows that while the GBV indicator studies yield at least 42 potential indicators, the Domestic Violence modules in the DHS provide data on 14 indicators.

Dedicated surveys such as the GBV Indicators study provide the most reliable and comprehensive statistics on violence against women for several reasons including:

- Dedicated surveys can employ and train interviewers specifically to deal with the highly sensitive topic material; such measures should minimize under-reporting.
- Furthermore, specialized surveys can accommodate a large number of detailed questions on the different types of violence experienced by respondents for example the study had more questions on IPV acts and included economic violence which is not part of the DHS.
- Dedicated surveys allow multiple opportunities for respondents to disclose their experiences of violence and are designed to enable interviewers to establish a rapport with respondents. As a result, dedicated surveys generally yield higher prevalence rates than a module of questions incorporated into large-scale surveys on broader topics.[27]

While the Alliance continues to lobby governments to undertake the GBV Indicators Studies, we suggest the adoption of the Domestic Violence Module by all countries as they conduct their periodic DHS so as to:

- Use available data;
- Provide consistency in the use of the time period covered, and include both a longer period and a more recent period; and
- Ensure consistent identification of the same population sub-set.

Use the SMART approach to strengthen the SGP targets on GBV. Bearing in mind that elimination unlike reduction of GBV is a bigger and thus much challenging goal to achieve. It needs to be broken down into short term, mid-term and long term time frames. Thus underscoring the need to expedite the process of adopting the M&E framework.

Prioritising integrated approaches in responding to GBV. It is imperative that the SADC States employ their human and financial resources in the most effective, efficient, and coordinated way. This entails employing a multi-sector approach that includes the justice and legal, security, health (including sexual and reproductive health), education, economic, social services, humanitarian, and development sectors, and that works at the individual, family, community, local, national, and global levels.

End the impunity for GBV by strengthening of legal and policy frameworks to address all forms of violence against women at country level. This should be achieved through the adoption and reforms of laws; increased efforts to implement and enforce laws and improve women's access to justice and continued efforts to adopt and improve national action plans.

Budgets: In order to achieve different results law reformation and development of action plans should be accompanied by resource allocation and strong M&E frameworks. History has shown that most laws are not effectively enforced due to lack of resources. That has been the same issue with the action plans to end GBV. Still on NAPs there is need for baseline data to inform the plans as well as to ensure monitoring of the efforts of both governments and CSOs in addressing GBV.

Baseline data: In all the countries there is great need to improve data and evidence on GBV through dedicated surveys and crime surveys and research on the causes of violence against women, prevalence, attitudes and consequences. To date only six countries have undertaken the study, GL will continue lobbying the rest of the countries to undertake VAW Baseline Studies. There is need to develop qualitative indicators to measure quality of implementation.

Political leadership and purpose: Now is the time for increased visibility, committed leadership, and coordination so as to avoid duplication of work amongst stakeholders. Now is the time to work together and increase the provision and integration of multi-sectorial support services by strengthening referral mechanisms, improving specialised services and a greater focus on training and capacity building of service providers.

[27] UN, 2007.Indicators to measure violence against women: Expert Group Meeting.

PROPOSED INDICATORS FOR IMPLEMENTATION FRAMEWORK	New SGDI (available data from DHS)	New SDGI (GBV Indicators study)
Percentages of women experiencing emotional/sexual and physical IPV in lifetime/past 12 months	✓	✓
Percentages of men perpetrating physical/ sexual/emotional IPV in lifetime/past 12 months	✓	✓
Percentages of women experiencing and men perpetrating economical IPV in lifetime/past 12 months		✓
Percentages of women experiencing and men perpetrating all forms of IPV in lifetime/past 12 months		✓
Percentages of women experiencing non-partner rape in lifetime/past 12 months	✓	✓
Percentages of men perpetrating rape in lifetime/past 12 months		✓
Percentage of women experiencing abuse in pregnancy	✓	✓
Percentage of women experiencing physical abuse by a non-partner in lifetime/past 12 months	✓	
Percentages of women and men in same sex relationships experiencing abuse from non-partner		✓
Percentage of women/men who agree that same sex relationships should be legalised		✓
Percentage of women experiencing sexual harassment at work, school, public transport , traditional healer		✓
Percentage of men who say that if a woman is wearing a short skirt she is asking to be raped		✓
Percentage of women and men witnessing IPV in childhood	✓	✓
Percentage of women and men experiencing child any form of abuse emotional, physical, sexual abuse	✓	✓
Percentages of women and men who drank alcohol or used drugs in the past 12 months - frequency	✓	✓
Percentage of physically abused women who sustained injuries	✓	✓
Percentage of physically injured women who missed work as a result of injuries		✓
Percentage of women who were sexually abused by intimate partners and non-partner diagnosed with SIT	✓	✓
Percentage of women who were sexually abused by intimate partners or non-partner and tested HIV positive	✓	✓
Percentage of women having miscarriage/premature labour due to abuse		✓
Percentage of women who were abused and attempted suicide		✓
Percentage of women paying for any services after abuse and amount of money paid		✓
Percentage of women who reported any abuse to the police and response from police	✓	✓
Reason for not reporting to the police		✓
Percentages of women and men aware of the Domestic Violence Act and protection orders		✓
Percentages of women and men who know about the GBV tollfree lines		✓
Percentage of women who sought and received legal aid		✓
Percentage of women who sought medical attention after abuse	✓	✓
Percentage of women who disclosed the cause of their injuries to the medical practitioner		✓
Percentage of women who received PEP, medication for STI, treatment for preventing pregnancy after rape		✓
Percentage of women who went to a shelter		✓
Percentage of women who told any family member of their abuse	✓	✓
Percentage of women who have heard or seen anything on the 16 Days campaigns in the past 12 months		✓
Percentage of women agreeing/disagree that Campaigns to end violence against women make people more aware that this is a violation of women's right		✓
Percentage of women agreeing/disagree that Campaigns to end violence against women have made women more aware of where to go for help.		✓
Percentages of women agreeing/disagree that Campaigns to end violence against women have made politicians take action to end gender violence.		✓
Percentage of women agreeing/disagree that Campaigns to end violence against women have helped to change the attitudes of men		✓
Percentage of women agreeing/disagree that Campaigns to end violence against women only happen once a year therefore they are of little value		✓
Percentage of women and men who say women are equal to men		✓
Percentage women and men who say that a woman must obey her husband		✓
Percentage of women and men who say that if a man pays *lobola* for his wife he may have sex with her at any time.		✓



A different kind of family

Anushka Virahsawmy

CHAPTER 6
Sexual and Reproductive Health and Rights

Article 26



The provision of better healthcare services is at the core of the SADC Post 2015 agenda.
Photo by Zotonantenaina Razanadratefa

KEY POINTS

- The revised SADC Gender Protocol has been strengthened to recognise women's sexual and reproductive health rights (SRHR) as a human right.
- SADC countries need to increase the focus of their SRHR programmes on adolescents.
- Use of contraceptives ranges from 12% in Mozambique to 76% in Mauritius.
- There is considerable divergence in access to health between different countries with Mauritius and Seychelles consistently offering the highest quality of health services in the region.
- The average SGDI score of 68% and CSC score of 69% are indicative of the need for much greater emphasis on health. The SGDI range is 47% (Mozambique) to 91% (Mauritius).
- HIV has contributed to high maternal mortality across the region.
- The maternal mortality ratio still varies from 53 per 100,000 (Mauritius) to 693 per 100,000 (DRC). Many countries need to urgently expand access to four antenatal visits and delivery that is attended by a skilled health worker, and to address disparity in access in rural areas, by poor women, for other marginalised women such as women with disability, sex workers and refugees and women in prison.
- Progress in improving access to sanitation has been very slow, compared to access to water.

Table 6.1: Trends in Health 2009, 2015 and 2016					
Parameter	**Target 2015**	**Baseline 2009**	**Progress 2015**	**Progress 2015**	**Variance (Progress - target)**
Contraceptive use among sexually active women					
Highest proportion of women	100%	Mauritius (76%)	Mauritius (76%)	Mauritius (76%)	-24%
Lowest proportion of women	100%	Angola (6%)	Mozambique (12%)	Mozambique (12%)	-88%
Current maternal mortality rate (Maternal deaths per 100 000 births)					
Highest	0	Angola (1400)	DRC (730)	DRC (693)	-693
Lowest	0	Mauritius (13)	Mauritius (73)	Mauritius (53)	-53
Births attended by skilled personnel					
Highest	100%	Mauritius (100 %)	Mauritius (100%)	Mauritius (100%)	0
Lowest	100%	Angola/ Tanzania (46%)	Mozambique (19%)	Madagascar (44%)	-56%
Total coverage of sanitation					
Highest coverage	100%	Mauritius/ Seychelles (100 %)	Seychelles (97%)	Seychelles (98%) Madagascar (12%)	-3% -90%
Lowest coverage	100%	Madagascar (14%)	Malawi (10%)		
Scores					
CSC	100%	58%	68%	69%	-32%
SGDI	100%	N/A	67%	68%	-33%

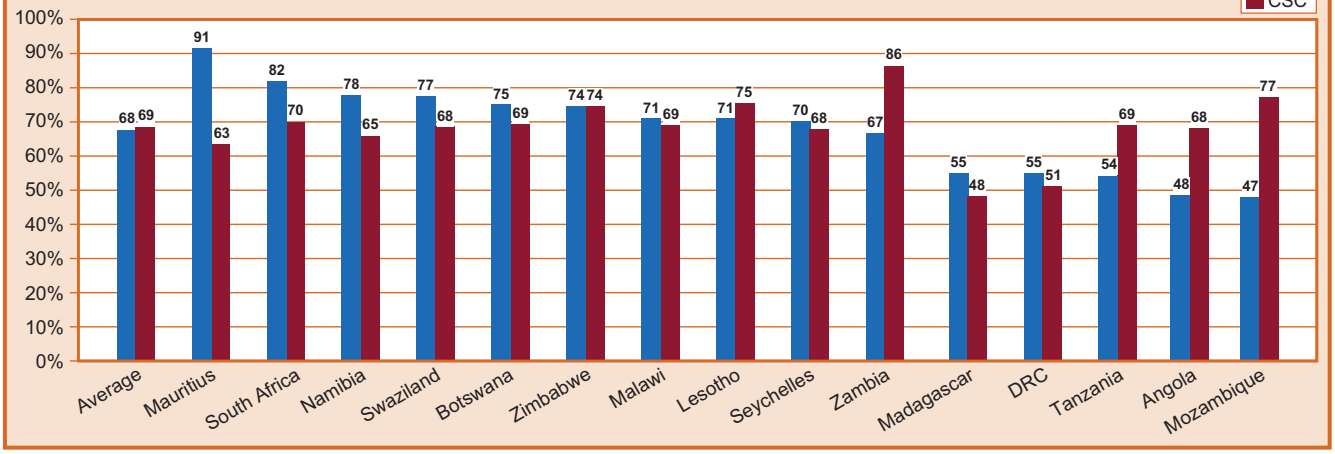
Source: Gender Links 2016.

As a healthy population and a productive workforce is essential for sustainable socioeconomic development in the SADC region, women's health and specifically their sexual and reproductive health is critically important. The revised SADC Gender Protocol (The Protocol) has been strengthened to recognise women's' sexual and reproductive health as a right. This is a significant move in ensuring acceleration of progress in line with the SDGs to eliminate maternal mortality by 2030; address the mental, sexual and reproductive health needs of women and men; and ensure the provision of hygienic and sanitary facilities and nutritional needs of all women, including women in prison. The Protocol also calls on Member States to develop, adopt and implement legislative frameworks, policies, programmes and services to enhance gender sensitive, appropriate and affordable quality healthcare.

The trends table indicates that while there has been some progress, SADC has not achieved the 2015 targets. Progress from one year to the next is extremely slow. One reason for this is that the fight against HIV and AIDS has been achieved at the expense of other aspects of improved health. The indicator with the highest progress to date is the Maternal Mortality Ratio.

The SADC Gender and Development Index (SGDI) is a composite empirical measure of progress. In the case of Sexual and reproductive health and rights (SRHR) and health, this is based on the indicators captured in the trends table. Since the introduction of the SGDI in 2011, the overall average score has increased from 62% to 68%. This ranges from 47% in Mozambique to 91% in Mauritius. The Citizens Score Card (CSC) is a measure of how citizens (women and men) rate their governments' efforts to provide accessible and quality services.

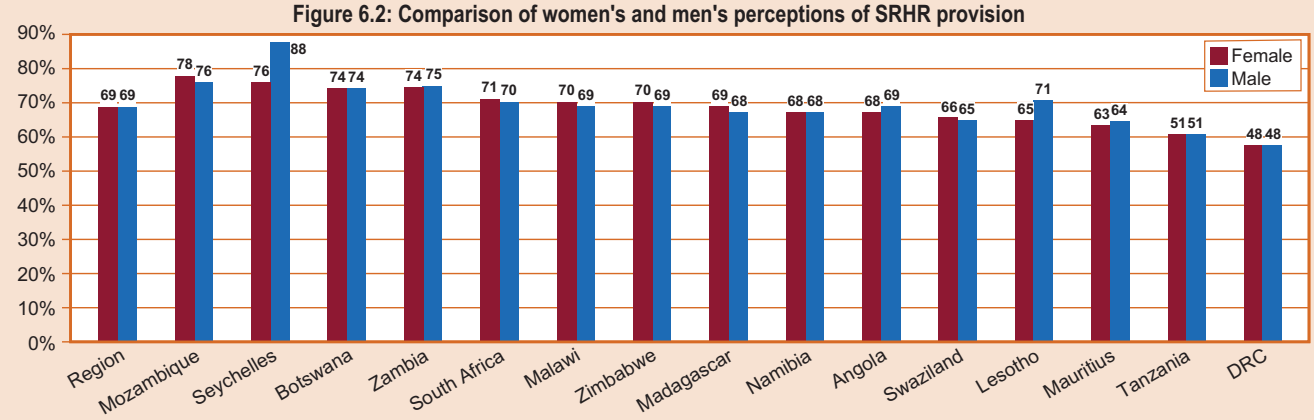
Figure 6.1: Comparative analysis of SRHR and Health SGDI and CSC



Source: Gender Links 2016.

Figure 6.1 compares the SGDI with the Citizen Score Card (CSC). In six years the CSC score increased by 11 percentage points from 58% to 69%. The difference in SGDI scores (from 47% in Mozambique to 91% in Mauritius) is greater than the difference in CSC (from 51% in DRC 86% in Seychelles), though the average scores of 68% for SGDI and 69% for CSC are almost exactly the same. Citizens of countries which have the highest SGDI scores, indicative of strong health systems, tend to have lower CSC, indicating a more critical understanding by citizens of their rights and higher expectations of their governments. Citizens of countries with lower SGDI scores tend to have CSC scores that are similar to or higher than the SGDI scores, indicative of appreciation for efforts made to improve health. As reporting on health data is often delayed, or only captured once in five years, the CSC in these cases may be a more accurate reflection of improvements that have not yet been reflected in official reports. Ideally, all countries would have high SGDI and CSC scores. This would indicate that all countries have made progress in the provision of quality health, which is appreciated by their citizens.

Figure 6.2: Comparison of women's and men's perceptions of SRHR provision



Source: Gender Links 2016.

Figure 6.2 provides sex disaggregated data on the CSC for the sector for 2016. On average, women and men had exactly the same score (69%). This represents a slight increase in the score for men from 67% in 2015. Across the region women and men's scores are very similar, with notably higher scores for men in Seychelles (88% and 76%) and Lesotho (71% and 65%). The fact that both women and men express similar degrees of satisfaction is a positive sign that services are being delivered in gender responsive ways.

This chapter tracks progress that is being made in a number of indicators of women's health, especially their Sexual and Reproductive Health (SRHR).

Background

In 2001, African governments committed to fight HIV and AIDS, TB and Malaria, not just in words, but by ensuring that 15% of their national budgets go to public health. The global commitment to ensuring universal access to affordable, good quality healthcare remains strong with new targets being set through the Sustainable Development Goals (SGDs). These address Sexual and Reproductive Health and Rights (SRHR) as a standalone target within Goal 3: *Ensure healthy lives and promote wellbeing for all at all ages.* The SDGs cover a wider range of health issues than the preceding the Millennium Development Goals (MDGs).

In the latter part of the 20th century, Southern Africa made impressive gains in maternal health, access to primary health care and child health. HIV, combined with economic and political instability threatens this progress across the SADC region. Five SADC countries (Botswana, Lesotho, South Africa, Swaziland and Zimbabwe) had a life expectancy in 2011 lower than in 1990.[1] Seychelles is a notable exception.



Local health workers are increasingly becoming an essential service for rural hospitals and clinics as a means to address gaps in skilled health personnel. *Photo: Tapiwa Zvaraya*

[1] UNICEF 2013. State of the World's Children 2013, Statistical Tables.

WHO report on Seychelles gives thumbs-up on free health care



Seychelles, an island nation of 90,000 people, is an exception in the provision of health care. The Indian Ocean Island is ranked 1st in Africa in the **United Nations Human Development Index** 2013, and 46th in the world, due to its high **life expectancy**, education, and GNI per capita.



Seychelles healthcare is ranked the best in Africa (Seychelles Ministry of Health). *Photo courtesy of Seychelles News Agency*

Substantial governmental investment has seen Seychelles making significant gains in health which has seen most communicable and infectious diseases being eradicated. Zimbabwean health expert, Dr William Muhwava who led a World Health Organization (WHO) study into Seychelles health system told Seychelles News Agency that his study team found that the Indian Ocean Island's health system could serve as a continental model scheme.

The report, *Social Determinants of Non-Communicable Diseases and Other Public Health Issues in the Seychelles: Evidence and Implications* found that Seychelles is on target to achieve the Millennium Development Goals (MDGs). Seychelles has already achieved the "MDG on maternal health" and is on course to meet goal five of halving under-5 mortality rate by 2015. Other MDGs that Seychelles has achieved and were part of the health study included those on gender parity on primary schooling.

"Seychelles has made enormous gains in health. Communicable diseases have been brought under control." The report reads in part, "These have been supported by substantial government investment in the health system and the health delivery network. The investments have narrowed social disparities, particularly in access to health care services by eliminating user fees. This has ensured a high degree of protection of households against the financial risks associated with payments for medical treatment." Life expectancy for both males (68) and females (78) is high.

The study notes that the burden of Seychelles health care system has shifted to non-communicable diseases such as cancer, heart attacks, diabetes, asthma and depression have become the leading causes of mortality.

"The coverage of service providers per capita is high in Seychelles, there is approximately one doctor per 780 people and one nurse serves 400 people. Second, there is a multi-sectoral approach to health promotion." "Other government ministries have health promotion components which complement the efforts of the Ministry of Health. Ministry of Education provides health education in schools and the Ministry of Community Development, Youth, Sports and Culture provide health education among the young people and other specific population groups." Seychelles also has "efficient data collection and management systems". Poor data management in many other African countries stifles better policy interventions.

While the **WHO** report gives a positive assessment of the island's health services with comparison to other African countries, the Seychelles' media regularly report on patient complaints, as well as dissatisfaction with the health services, particularly related to infant mortality, long waiting times at clinics, unavailability of specialised surgery and treatments for serious diseases and conditions. The Seychelles Ministry of Health has attributed much of the complaints to poor interaction and relationship between health care professionals and patients.

Adapted from May 6, 2014, Tuesday @ 13:46
in National » HEALTH | By: Wanjohi Kabukuru
http://www.seychellesnewsagency.com/articles/399/WHO+report+on+Seychelles+gives+thumbs-up+on+free+health+care
accessed 3 July, 2016

While life expectancy is higher for women than men in 11 of the 15 SADC countries, a number of health and social factors combine to create a lower quality of life for women. Discrimination on the basis of sex leads to many health hazards for women including physical and sexual violence; sexually-transmitted infections; HIV and AIDS; female genital mutilation; malaria and vulnerability to other communicable diseases and unsafe pregnancy and lack of control over their physical integrity.

Table 6.2: Health Indicators															
Indicator	**Angola**	**Botswana**	**DRC**	**Lesotho**	**Madagascar**	**Malawi**	**Mauritius**	**Mozambique**	**Namibia**	**Seychelles**	**South Africa**	**Swaziland**	**Tanzania**	**Zambia**	**Zimbabwe**
% Contraceptive use among sexually active women	18	53	18	60	40	59	76	12	56	41	60	65	34	49	67
Country policy on termination of pregnancy	Illegal	Permitted in first 16 wks in case of rape, defilement, incest	Illegal	Illegal	Illegal	Illegal except when necessary to preserve a woman's life	Illegal	Illegal	Illegal	Illegal	Legal and women can choose to terminate pregnancy	Illegal	Illegal except when necessary to preserve a woman's life	Legal in limited circumstances, but lack of awareness and stigma inhibit access	Legal, but lengthy procedures and requirements before a woman can access an abortion
Maternal mortality ratio (out of 100, 000 live births)	477	129	693	487	353	634	53	489	265	(no input)	138	389	398	224	443
% Births attended by skilled personnel	47	95	80	78	44	87	100	54	88	99	94	88	49	64	80
% Total coverage of sanitation facilities	52	63	29	30	12	41	93	21	34	98	66	57	16	44	37
% Urban coverage	89	79	37	37	18	47	94	42	54	97	70	63	31	56	49
% Rural coverage	22	43	29	28	9	40	93	10	17	97	61	56	8	36	31

Source: Gender Links 2016.

Maternal mortality ratio (MMR)

The Protocol calls on member states to reduce the maternal mortality ratio by 75% by 2015, in line with Millennium Development Goal Five (MDG 5).

The Maternal Mortality Ratio (MMR) is the number of women of child bearing age who die during pregnancy or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy; from any cause related to or aggravated by the pregnancy or its management (but not from accidental or incidental causes) per 100 000 live births.[2] The MMR represents the risk associated with each pregnancy and birth and reflects the ability of a country's healthcare system to provide safe care during pregnancy and childbirth. A live birth refers to any baby that is born that shows signs of life outside of the womb.

Globally the commitment to addressing MMR continues in the SDGs. Target 3.1 is: "by 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births".

CARMMA

[2] MMR definition.

The Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa (CARMMA seeks to intensify implementation of the Maputo Plan of Action for the reduction of maternal mortality in Africa. Fourteen SADC countries have launched the CARMMA, with only Mauritius, where maternal mortality is relatively low, yet to do so. The campaign's slogan is, "Africa cares: No woman should die while giving life". The campaign includes mobilising political will to make the lives of women count, coordinating, harmonising interventions around country-led plans/roadmaps and supporting ongoing efforts and initiatives to improve maternal, new-born, and child health. The CARMMA website (http://carmma.org) provides resources on issues to improve women's health.

It is difficult to ascertain the true status of MMR as many births and deaths are unregistered. In many countries, the majority of the population live in the rural areas with limited access to health services due to too few clinics, poor transport infrastructure, conflict situations and frequent delays in getting women the health services they are entitled to. The Maternal Mortality Estimation InterAgency Group (MMEIG), which is comprised of the World Health Organisations (WHO), UNFPA, World Bank and UNPD (United Nations Population Division), with expert advice from several universities, has generated internationally comparable MMR estimates that take national data into account.

At the end of 2015 the group compiled a report on the extent to which MDG 5 had been achieved. This report found that the estimated MMR had declined across all MDG regions with marked differences between regions in the extent of the decline. The two regions with the highest Maternal Mortality ratios were Sub Saharan Africa and Oceania. Nigeria and India had the highest number of maternal deaths. Eighteen other African countries were found to have very high MMRs of over 500 per 100 000 live births. These include the DRC (693 UI 509 to 1010) and Malawi (634; UI 422 to 1080) which are in SADC.[3]

AIDS related maternal mortality has increased the MMR across SADC. In Sub Saharan Africa 2% of all maternal deaths, or 11 deaths per 100 000 live births are estimated to be AIDS related. Despite the massive roll out of ART (Anti-Retroviral Treatment) across the region, in 2015 32 % of maternal deaths in South Africa; 19% in Swaziland; 18% in Botswana; 13% in Lesotho and 11% in Mozambique were estimated to be a result of HIV.

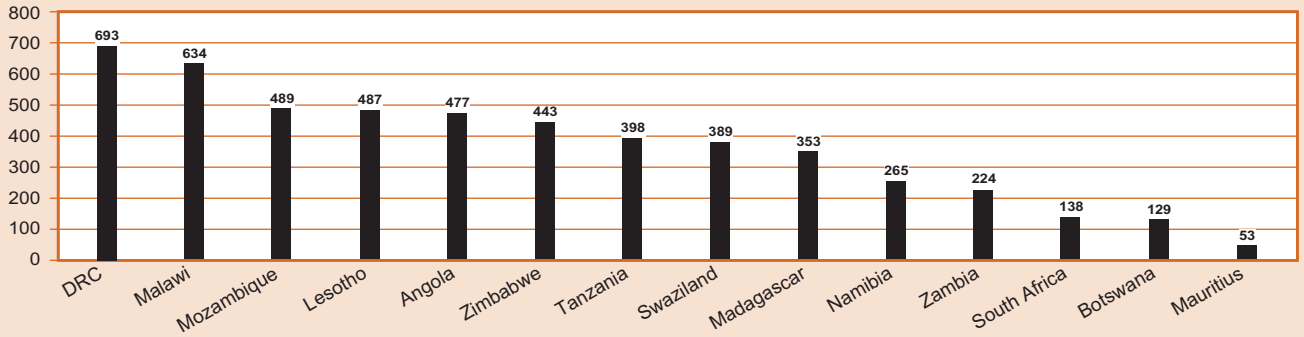
The 95 countries which had a baseline MMR above 100 were classified as follows:

Table 6.3: Changes in MMR 2009 - 2016

Category	Number of countries	SADC Countries
Achieved MDG 5 - estimated MMR reduction of 75% or more	9 countries	None
Making Progress - estimated MMR reduction of 50% or more and the true reduction is at least 25%	39 countries	Angola, Madagascar, Mozambique, Tanzania and Zambia
Insufficient Progress - estimated MMR reduction of at least 25% and the true reduction is at least more than 0	21 countries	Botswana
No Progress - estimated MMR reduction of less than 25% and may not have been any reduction	26 countries	DRC, Lesotho, Malawi, Namibia, South Africa, Swaziland and Zimbabwe

Source: Gender Links 2016.

Figure 6.3: Maternal Mortality Ratio (maternal deaths per 100000 live births)



Source: Africa Union Gender Statistics accessed 30 June 2016.

[3] WHO. 2015. Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva.

Maternal mortality varies greatly: Figure 6.3 shows that MMR varies greatly in the SADC region, from 53 per 100,000 births in Mauritius to 693 per 100,000 births in the DRC. Figures for Seychelles could not be obtained in 2015, but in past years, Seychelles has performed best with an MMR of zero in one recent year, and baseline of 64 in 2009.

Table 6.4: Maternal Mortality Ratio (MMR; maternal deaths per 100,000 live births) 1990-2015

Country	1990	1995	2000	2005	2010	2015	% decrease 1990 - 2015	Variance with MDG target 75% decrease
Angola	1160	1150	924	705	561	477	58,88	16,12
Botswana	243	238	311	276	169	129	46,91	28,09
DRC	879	914	874	787	794	693	21,16	53,84
Lesotho	629	525	649	746	587	487	22,58	52,42
Madagascar	778	644	536	508	436	353	54,63	20,37
Malawi	957	953	890	648	629	634	33,75	41,25
Mauritius	81	60	40	39	59	53	34,57	40,43
Mozambique	1390	1150	915	762	619	489	64,82	10,18
Namibia	338	320	352	390	319	265	21,60	53,40
South Africa	108	62	85	112	154	138	-27,78	102,78
Swaziland	635	537	586	595	436	389	38,74	36,26
Tanzania	997	961	842	687	514	398	60,08	14,92
Zambia	577	596	541	372	262	224	61,18	13,82
Zimbabwe	440	449	590	629	446	443	-0,68	75,68

Source: WHO, UNICEF, UNFPA, World Bank Group and UNPD (MMEIG) - November 2015.
http://www.data.unicef.org/maternal-health/maternal-mortality.html last accessed 1 July, 2016.

Table 6.4 illustrates the changes in MMR across all countries in SADC. A number of countries had increases in MMR, mainly a result of HIV, though in some cases, such as DRC, disruption of health services as a result of war is the main contributory factor.

Table 6.5: Trends in estimates of maternal deaths, 1990-2015

Country	1990	1995	2000	2005	2010	2015
Angola	6 800	7 800	7 200	6 300	5 700	5 400
Botswana	120	110	150	130	89	72
DRC	15 000	18 000	20 000	20 000	23 000	22 000
Lesotho	360	310	380	410	340	300
Madagascar	4 100	3 800	3 500	3 500	3 300	2 900
Malawi	4 300	4 400	4 400	3 600	3 800	4 200
Mauritius	18	13	8	7	9	7
Mozambique	8 700	8 300	7 500	6 900	6 200	5 300
Namibia	180	190	210	240	210	190
South Africa	1 200	670	930	1 300	1 700	1 500
Swaziland	230	190	200	210	160	150
Tanzania	11 000	12 000	12 000	11 000	9 700	8 200
Zambia	2 200	2 500	2 500	2 000	1 500	1 400
Zimbabwe	1 700	1 800	2 400	2 800	2 300	2 400

Source: WHO, UNICEF, UNFPA, World Bank Group and UNPD (MMEIG) - November 2015.
http://www.data.unicef.org/maternal-health/maternal-mortality.html last accessed 1 July, 2016.

Table 6.5 shows the total number of maternal deaths in every country. These numbers have also increased in some countries, before they began to fall. Families, communities and entire nations feel the consequences of maternal mortality and morbidity (proportion of disease and illness). A child's risk of having a disability increases if the mother dies during child birth or soon after delivery. These children are also more likely to experience health and social problems later on in life such as malnutrition, lower life expectancy, abuse and exploitation. The death of women during their most productive years also has a negative impact on a nation as it spells a loss of resources for the entire society as well as reduced labour force and economic productivity.

There is clearly need for increased focus on reduction of maternal mortality. The WHO has developed a framework for ending preventable maternal mortality with five objectives and examples of strategies that have made significant changes.[4]

- Address inequities in access to and quality of sexual, reproductive, maternal and new born health care e.g. improved sexual and reproductive health services specifically for adolescents and gender mainstreaming into health services.
- Ensure universal health coverage for comprehensive sexual, reproductive, maternal and new born health care e.g. expanded access to health insurance.
- Address all causes of maternal mortality, reproductive and maternal morbidities and related disabilities e.g. expanded access to family planning; improved obstetric care.
- Strengthening health systems to respond to the needs and priorities of women and girls e.g. improved community level midwives training; improved transport to health centres.
- Ensuring accountability to improve the quality of care and equity e.g. improved reporting of maternal deaths and review of the causes.



Although **Angola** has registered significant progress, only 24% of the rural population has access to health within at least a two kilometre distance from where they stay compared to 63% in urban areas. Thirty three percent of people in rural areas say there is no medicine in public hospitals and 69% of pregnant women will have only one prenatal visit out of the recommended four. Only 47% of women are able to go to all four-visits and 73% of births in urban areas take place in hospitals compared to 24% in rural areas. Women have limited access to health facilities especially related to reproductive health. According to The Directorate of Public Health, the maternal mortality rate stands at 460/100 000. The percentage of women attended by doctors during birth is 49% and only 18% of women of childbearing age use contraceptives. This is due to lack of knowledge on the different types of contraceptives and heavy patriarchal systems.



In **Swaziland**, although the maternal mortality rate has significantly decreased, the figures still remain high. The majority of the deaths can be attributed to preventable or treatable conditions such as haemorrhage, hypertension, unsafe abortion, sepsis and other direct causes. According to the Ministry of Health, most maternal deaths are attributed to three factors: delay in decision making, delay in transport to the nearest health facility and delay in service delivery at health facility level.



In **Lesotho**, maternal mortality remains high despite government efforts such as the 2006 Roadmap for accelerating the reduction of maternal deaths, due mainly to poverty, especially among women, which limits access to the essential maternal and new-born health services. The 2009 Demographic Health Survey (DHS) indicated that many people do not attend antenatal care services due to lack of money and to cultural beliefs.



The decrease in MMR in **Namibia** can be attributed to the high antenatal coverage (95.6%) and 81% of births being attended by a skilled professional. Namibia now has 44 health centres (an increase of seven), 265 clinics (an increase of 19) and 1.150 mobile clinics (no mobile clinics were previously reported) since the second and third MDG report. The mobile clinics are of particular importance in ensuring that women in rural areas have access to healthcare. However, the average time to a fixed Government health facility is 73.5 minutes. The mean time in urban areas is 24.6 minutes, and the mean time in rural areas is 114.4 minutes. Approximately 95% of women receive ANC from a skilled service provider. The greatest improvements are in the Omaheke (19%), Kavango and Caprivi regions (10%). Education plays a big role in determining whether or not a woman accesses ANC in Namibia.[5]



At 57% progress in improving maternal health in **Tanzania** has been commendable with the maternal mortality rate now at 410 out of 100,000 live births compared to 950 in 2009. As a strategy to accelerate progress to reach the target of 133/100,000 as per NSGRP 2010, which aligned to both the MDG and the Protocol, the Government has developed a Road Map for Accelerating Reduction of Maternal, Newborn and Child Morbidity and Mortality 2008-2015. In Zanzibar, family planning services are an important component of reproductive health services persistently high total fertility rate and MMR which increased from 377 deaths per 100,000 live births in 1998 to 473 in 2006. By 2010, the maternal mortality rate had declined to 279 deaths per 100,000 live births, with a target of 170/100,000 of live birth by 2015.[6]

[4] WHO. 2015. Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva.
[5] Gender Links SADC Barometer for Namibia 2015.
[6] Gender Links SADC Barometer Report for Tanzania 2015.

Lesotho: Strengthening PMTCT and MCH Services



At 91.8%, Lesotho has very high numbers of women attending at least one Antenatal care (ANC) visit. They also have high rates of HIV testing and counselling of pregnant women, with more than 95% of pregnant women attending ANC visits then receiving an HIV test, creating good opportunities for HIV-positive women within the MCH setting. Most women prefer to receive services in the MCH setting rather than in more general departments, so the integration of Prevention of Mother-to-Child Transmission (PMTCT) and HIV services in MCH is well-received by programme beneficiaries.

Shortage of healthcare workers and frequent rotation create systemic challenges. Baseline data collected in 2008 showed that only 60% of women eligible to receive the minimum package of PMTCT received it, and only 18% of treatment-eligible HIV-positive pregnant women were initiated on antiretroviral therapy (ART).

A pilot project in six districts trained 94 nurses, greatly increasing the capacity of these clinics to initiate eligible women on ART. Following the "one door approach", 100% of the women found to be eligible for treatment after a positive HIV test were initiated on treatment. Women who were not eligible for ART for their own health were given the minimum PMTCT package. The percentage of eligible women initiated on ART at MCH doubled between the first quarter of 2009 and the second quarter of 2010. The approach was rapidly scaled up throughout Lesotho with good success.

The Ministry of Health has a national policy of integrating PMTCT into maternal, neonatal, and child health services. This policy seeks to integrate services through roll-out of an integrated training package, mentorship, supportive supervision and quality improvement programmes.



Lesotho has very high numbers of women attending at least one Antenatal care (ANC) visit.
Photo courtesy of The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

This programme is improving maternal and child health by expanding ARV prophylaxis and ART coverage for HIV-positive women. Placing maternal, neonatal, and child health nurse- midwives in each of the 14 general care hospitals greatly enhanced the capacity of these hospitals to provide ARVs through MCH services on a long-term basis. These health workers will remain at the hospitals, serving as mentors and technical assistance providers for other healthcare workers.

This model is easily replicable - placing and training healthcare workers to provide PMTCT services within the MCH context will increase coverage of PMTCT services and improve women's health.

Adapted from: http://carmma.org/update/health-system-strengtheningintegration-hiv-and-srh-services-lesotho. Source African Union, 14 October 2015

Access to quality health services



Belmont and Malawi United Methodist Churches bail out needy children of Makuta village in Balaka district. *Photo by Wandikweza*

Inadequate access to quality health services for ante and post-natal care as well as for assistance during delivery, which results in sub-optimal care before, during and after delivery and costly delays, is a major contributing factor to high maternal mortality ratios. Some of the factors that impact on access are:

- Traditional beliefs and customs;
- Distance to a health facility; poor infrastructure and transport, opening hours;
- Number of skilled staff available and attitudes of health staff;
- Availability and cost of the services at health facilities.
- Subordinate position of women and lack of participation in the decisions about their own health care.

Table 6.6: Antenatal care									
Country	Antenatal care (%)		Place of residence		Household wealth quintile				
	At least one visit	At least one visit	Urban	Rural	1st	2nd	3rd	4th	5th
	2010-2015*								
Angola	80	-							
Botswana	94	73	76	70					
DRC	88	48	61	42	38	41	45	49	64
Lesotho	95	74	80	72	67	69	71	77	89
Madagascar	82	51	75	47					
Malawi	96	45	51	44	40	43	44	47	53
Mauritius	-	-							
Mozambique	91	51	60	47	37	42	50	54	64
Namibia	97	63	64	61	60	54	59	65	78
Seychelles	-	-							
South Africa	97	87							
Swaziland	99	76	80	76	72	72	77	79	85
Tanzania	88	43	55	39	34	30	36	43	56
Zambia	96	56	56	55	48	53	53	51	65
Zimbabwe	94	70	72	69	65	69	74	68	78

Derived from State of the World's Children 2016 Statistical Tables http://www.data.unicef.org/resources/the-state-of-the-world-s-children-2016-statistical-tables.html accessed 1 July, 2016 and http://www.data.unicef.org/maternal-health/delivery-care.html last accessed 30 June, 2016.

Women who have access to health services are much more likely to have at least one of the recommended four ante-natal visits; to deliver with a skilled health assistant and to have follow-up or post-natal care for themselves and their infants. Access to at least four ante-natal care visits has been shown to have a very strong correlation with reduction in maternal mortality ratios. Ante-natal care should include screening for and management of infections, hypertension, iron deficiency, tetanus toxoid vaccination, HIV testing and other risk factors. Table 6.6 shows that in 2016 the proportion of women that have accessed at least one antenatal care visit is over 80% for all countries and over 90% for the majority. Only Angola, DRC, Madagascar and Tanzania are between 80 and 90%. However, the percentage of pregnant women that accesses four visits is much lower with a low of 43% in Tanzania and highest rate of 87% in South Africa.

A woman's educational status has a significant impact on whether delivery is assisted by a health professional and whether the birth is delivered at a health facility. For example, in Malawi 63% of births to mothers with no education were attended to by a health professional, compared to 98% of births to mothers with more than a secondary education. Surprisingly, 87% of births to mothers with a secondary education occurred in a health facility compared with 82% of births to mothers with more than a secondary education. The proportion of women who obtain ante-natal care from health professionals also increases with the level of education from 93% of women with no education to 100% of women with tertiary education. In Swaziland, 15% of women without education fail to access ante-natal care compared with only 4% of women with education.

Women that are empowered are more likely to access healthcare: The Zimbabwe Demographic Health Survey (DHS) found that women who participate in major household decisions with their husbands or partners are more likely to receive ante-natal care (91%), delivery care (68%) or a post-natal check-up within the first two days after birth (30%) than women who participate in fewer or no household decisions.[7]

Other disparities are in place of residence and household wealth quintile as shown in Table 6.5. There are marked disparities in some countries between rural women's access to four antenatal visits and urban women's access. For instance, in Madagascar 75% of urban women have 4 antenatal visits while only 47% of rural women have this access. It is pleasing to note that many countries have succeeded in narrowing this gap. For example, in Swaziland it is 80 - 76 and Zambia 56 - 55. There are also disparities as a result of wealth quintile. For instance, in Mozambique the difference between the lowest and the highest wealth quintile is 37 to 64.

[7] Zimbabwe Demographic and Health Survey 2010-2011.

DRC: Women and men join hands to fight Ebola



''Every plan to curb the Ebola virus must respond to the needs of women and recognise their role as caregivers and leaders in their communities", said Laskhmi Puri, deputy Executive Director at UNWomen in 2014 when the Ebola epidemic raged through West Africa and in the North West of the Democratic Republic of Congo (DRC).



Women were the most affected by the Ebola outbreak in DRC.
Photo courtesy of Voice of America

Classic measures to fight the deadly virus proved effective in a relatively short time. Health officials detected the outbreak in August 2014, and contained it by November 2014. The counter measures from detection of the cases to no risk burial, isolation to search of contacts and expertise and campaigns to stop spread of the infection are now well known to DRC, which first became acquainted with the deadly virus in 1976.

Statistics show that women are the most affected by the virus. During the last Ebola outbreak in DRC in 2014 (the seventh episode) 30 women and two girls died (71% of the total).

The outbreak began in the North West region of DRC at the end of July. On August 26, the Health Minister notified the World Health Organization (WHO) that there had been an eruption of Ebola in this part of the country.

The alert started with a pregnant woman showing all the symptoms of the illness in Djera, which is situated 69 kilometres from the town of Boende. She and the baby she was carrying died a few days after being admitted to the local health centre. She had been in contact with a man who had brought venison home. The woman doctor who spared no effort to cure her and her child also died days after having done a caesarean to remove the baby so that mother and child could be buried separately as is tradition.

As recommended by WHO, the Ministry of Health sent rapid intervention team to the region to conduct surveys to assess the prevalence of Ebola. ''They set up a health centre and a helicopter was dedicated to bring in medicine and the material needed and to take the ill people to the central hospital in Kinshasa, our capital city'', explains Eugène Kabambi, communication officer at the WHO office in DRC. Boende and its suburbs are inaccessible by road and no transport can link this town to those of Mbandaka and Lisala for instance.

Based on past experiences, the Congolese government offered psychosocial support to patients and their families. An important team of psychologists, doctors and anthropologists were asked to join the team that was working to stop the spread of the virus.

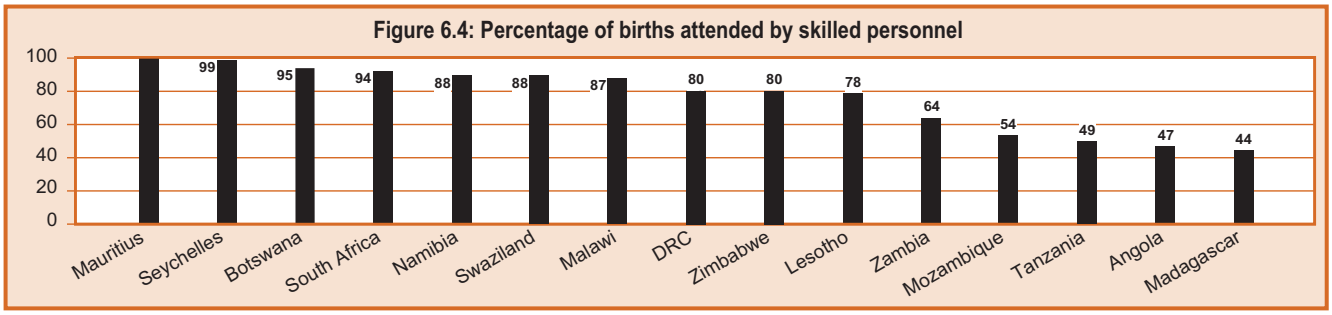
The team carried out a mobilisation campaign in all villages to inform the inhabitants and to distribute disinfectants to every family in the affected villages. The strategy was to involve the whole population: men, women and children. Diehfelo Mile Epoku, Divisional chief of the Mbandaka province responsible for communication is very proud to have participated in the campaign: ''We have done an awareness campaign that has touched 900 people in Boende".

WHO recommends that women, who are more at risk of infection, be informed about the Ebola virus to stop its spread. Women play an important role in relaying messages to their communities to change behaviour. The WHO representative says that ''DRC is very familiar with Ebola. The country now has all the information and experienced staff to stop outbreaks, with technical assistance and the support of its partners, including the WHO".

Source: Anna Mayimona Ngemba, Executive Director UCOFEM, Alliance DRC focal point

Access to skilled health professionals

A key to reducing maternal mortality in countries like Mauritius that have achieved significant progress is to increase the number of births attended by skilled health professionals. Many of the conditions that cause maternal mortality are preventable with medical assistance. Skilled personnel must be able to handle normal deliveries safely and to recognize warning signs for complications and refer mothers to emergency care.



Source: Gender Links 2016.

Presence of skilled health professionals varies significantly: Figure 6.4 shows the percentage of births attended by skilled personnel in the region. This varies from a low of 44% in Madagascar to a high of 100% in Mauritius. Four countries have more than 90% of births attended by a skilled health professional while three have fewer than 50%. Where a skilled health worker is not available, relatives or traditional birth attendants usually assist.

Table 6.7: Variation in attendance at birth by skilled personnel

Country	Year(s) of data collection	Total	Residence		Wealth quintile				
			Urban	Rural	1st	2nd	3rd	4th	5th
Angola	2007	47,3	71,3	25,5					
Botswana	2007	94,6	99,3	90,2					
DRC	2014	80,1	93,7	74,1	66,3	72,3	78,7	91,6	97,5
Lesotho	2014	77,9	89,7	73,1	60,1	67,2	80,8	89,9	94
Madagascar	2013	44,3	77,8	39,3	27	37,1	44	55,3	72,9
Malawi	2014	87,4	94,2	86,5	83,1	85,6	87,6	89	94,7
Mauritius	2014	99,8							
Mozambique	2011	54,3	80,3	44,3	31,5	37,7	52,6	74,2	89,5
Namibia	2013	88,2	94,9	81,7	72,7	88,3	89,7	95,6	98,3
Seychelles									
South Africa	2008	94,3							
Swaziland	2014	88,3							
Tanzania	2010	48,9	82,5	40,3	31,1	33,9	44,2	62,6	89,7
Zambia	2014	64,2	88,5	51,6	45,2	52,2	62,3	83	94,3
Zimbabwe	2014	80	92,9	74,6	69,7	71,1	78,2	85,5	96,2

Derived from http://www.data.unicef.org/maternal-health/delivery-care.html last accessed 1 July, 2016.



Photo courtesy of Google Images

There are persistently high rates of inequality in access to skilled health attendants between urban and rural women and between women in different socio-economic groups as shown in Table 6.7. Overall in East and Southern Africa 79% of urban women deliver with the assistance of a trained health attendant as compared to 41% of rural women. 80% of women in the highest income quintile deliver with assistance from a trained health attendant as compared to only 32% of women in the lowest quintile.[8] Some of the widest disparities between rural and urban access to skilled health attendants are in Angola (26% of live births in rural areas were assisted by a skilled health worker versus 71% of live births in urban areas), Zambia, (52%

[8] UNICEF, 2015. State of the World's Children, Statistical Tables, 2015.

in rural areas to 88% in urban areas) and Madagascar (39% in rural areas to 78% in urban areas).One of the countries with much lower disparities is Botswana (90% in rural areas to 99% in urban areas). Further disparities are in the quality of care. In Swaziland for instance, although the number of women accessing healthcare in rural and urban areas is similar, the type of service accessed differs as 27% of women in urban areas receive ante-natal care from a doctor, compared to only 7% of women in rural areas.

Similar patterns are found in disparities according to household wealth. In Zambia, (27% of women in the lowest income quintile versus 91% in the highest income quintile) have access to quality health care. In Tanzania the figure is 31% in the lowest income quintile versus 90% in the highest income quintile; Mozambique, 32% in the lowest income quintile versus 90% in the highest income quintile and Lesotho (35% in the lowest income quintile versus 90% in the highest income quintile). Countries with a lower disparity include Botswana where 84% of women in the lowest income quintile have access to a skilled attendant for their delivery, compared to 100% of women in the highest income quintile. In Swaziland the comparable figures are 65%:94% and in Malawi 63%:94%.[9] There is a causal effect between economic stratification and quality of health care.

Sexual and Reproductive Health and Rights (SRHR)



The Protocol calls on member states to develop and implement policies and programmes to address the mental, sexual and reproductive health needs of women and men in accordance with the Programme of Action of the ICPD and the Beijing Platform of Action.

Defining SRHR

"A state of physical, emotional, mental, and social well-being related to sexuality. It is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained the sexual rights of all persons must be respected, protected and fulfilled."[10]

In line with the above definition, reproductive healthcare is 'the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems'. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproductive and sexually transmitted disease."

Source: International Conference Population and Development report, para 7.2



According to the ICPD, the reproductive health approach recognises women as subjects rather than objects; upholds their dignity; respects their free and informed choices; and responds in a comprehensive manner to the totality of their health needs. In contrast to the Family Planning approach, a focus on reproductive health promotes men's understanding of their roles and responsibilities regarding reproductive health and aims to address the reproductive health issues of adolescents which were largely neglected. Furthermore, it addresses the issues of HIV and AIDS and sexually transmitted infections as part of its discourse.[11]

In 1995, at the Fourth World Conference on Women (FWCW) in Beijing, the international community agreed that human rights include the right of women to control and choose their sexuality. There is increased use of the terms sexual and reproductive rights in policies and

[9] UNICEF, 2015. State of the World's Children 2015 Statistical Tables.
[10] World Health Organisation (2002). The world health report 2002 Reducing risks, promoting healthy life, World Health Organisation.
[11] ICPD 1999.

programmes throughout the world. Until the late twentieth century, policy focus was very much on fertility control aimed at controlling population numbers. Over the last fifteen years, there has been a move in policy discourse towards broader reproductive health policies based upon human rights and choices,[12] that consider both men and women's reproductive needs.

Sexual and reproductive health rights are the basic rights of any individual, regardless of whether they are young or old; female, male or transgender; heterosexual, homosexual or bisexual, HIV positive or negative. All have the right to make their own choices regarding sexuality and reproduction, provided these respect the rights of others to bodily integrity. It also includes the right to access information and services that are needed, not only to support these choices but also to optimise their health.

Sexual health is defined by the WHO as a state of physical, mental and social well-being in relation to sexuality. Furthermore, it requires not only a positive and respectful approach to sexuality and sexual relationships but also the possibility of having pleasurable and safe sexual experiences, free of coercion as well as discrimination and violence.

In this context, reproductive health addresses the reproductive processes, functions and system at all stages of life. It implies not only the absence of disease or infirmity, it entitles people to have a responsible and safe sex life and to have the capability to reproduce. Furthermore, they should have the freedom to decide if, when and how often they have sex, or reproduce.

Sexual and reproductive health rights include eliminating unsafe abortion, unwanted pregnancy, sexual violence and GBV as well as coerced sterilisation and ensuring adequate access to family planning. These rights are basic rights of all couples and individuals.

The extent to which sexual and reproductive rights for women are discussed, understood and provided for in regional and national policies is limited. Updating the existing family planning policies in the SADC region to the rights-based reproductive health approach could assist countries in meeting the health provisions of the Protocol, being more gender aware and taking into account the wider reproductive issues the SADC region is facing, as demonstrated in new integrated approaches:

The SADC HIV, SRH TB and Malaria Programmes Integration Strategy

Member states adopted the *SADC HIV, SRH TB and Malaria Programmes Integration Strategy* in 2016 to facilitate coordination to improve the delivery of quality health services. The strategy aims to ensure healthy lives through reducing maternal mortality, increasing access to quality SRH services, achieving universal health coverage and gender equality, improving access to affordable medicines and technologies and ending AIDS, TB and Malaria. The aim of integration is to reduce duplication which often results from vertical programmes and thus to improve the quality of care across the continuum of care.



HIV: While SADC has made great progress in expanding access to treatment, prevention efforts still lag behind what they need to be. The adult HIV prevalence in SADC ranges from 0.5% to 26.5% and nine member states have adult prevalence rates that are over 10%. Girls and young women are disproportionally affected with 70% of the 2.7million 15 to 24 year olds that are living with HIV in the region being females. In most of SADC at least 50% of sex workers are living with HIV and members of other key populations are at high risk of contracting HIV. People living with Disability are also at extremely high risk as a result of being highly marginalised.

SRH: SADC still has a high MMR, with HIV and other sexually transmitted infections contributing to this. Member states that have conducted stigma index surveys have found that people living with HIV, adolescents and young people often face problems in accessing SRH services. Completion of primary education has been shown to have a positive impact on fertility rates, birth spacing, health literacy and healthy behaviours. It is anticipated that non communicable diseases such as cancers, cardiovascular disorders, respiratory conditions and diabetes will be the leading cause of death in SADC by 2030.

Tuberculosis: SADC member states are home to 48% of the estimated global TB cases. The rates of TB and HIV coinfection are high, ranging from 23 to 97%. The region has extensive problems with both multidrug resistant TB (MDR TB) in 14 member states as well as extensively drug resistant TB (XDR TB) in six member states. While diagnosis of MDR and XDR TB is improving, prognosis is still poor.

Malaria: While a number of SADC member states are moving towards elimination of malaria, those that are still highly affected have high morbidity and mortality. In these countries malaria accounts for 20% of childhood

[12] Anderson, 2005.

deaths, 30% of outpatient visits and 40 % of hospitalisations. Medical care, lost productivity and loss of potential revenue from tourism is a significant contributing factor to poverty in these states.

The strategy aims to:
- Develop and harmonise policy on integration across the region.
- Support capacity building for standardised service provision and coordination in the delivery of services.
- Spearhead advocacy for integration through pilot programmes and documentation of practices.
- Promote regional coordination and collaboration both within SADC and between SADC and other regions in Africa.
- Support resource mobilisation to realize the integrated approach. SADC member states have made strides in increasing domestic expenditure on health.

At country level, nine SADC countries have Sexual and Reproductive Health policies. These are:
- Lesotho - National Reproductive Health policy, 2008.
- Malawi - National Reproductive Health and Rights Policy, 2009.
- Mauritius - the national Sexual and Reproductive Health Policy, 2007.
- Mozambique - National Sexual and Reproductive Health Policy.
- Namibia - National Policy for Reproductive Health, 2001.
- Seychelles - Reproductive Health Policy for Seychelles, 2012.
- South Africa - Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011-2021.
- Swaziland - National Policy on Sexual and Reproductive Health, 2013.
- Zambia - National Reproductive Health Policy, 2008.

Others have guidelines such as:
- Botswana - Policy guidelines and service standards for sexual and reproductive health.
- Tanzania - SRHR guidelines.

Examples of SRHR Policies in the SADC Region

Lesotho[13] has a National Reproductive Health Policy developed in 2008, which is gender sensitive and addresses sexual health, family planning, safe motherhood (including post abortion care) and HIV & AIDS. It also advocates for equal access to safe, effective, affordable and acceptable methods of family planning for both men and women, and calls for their involvement in promotion of sexual and reproductive health.

South Africa The National Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Framework Strategy[14] focuses on five key priority areas that focus on increased coordination, collaboration, information and knowledge sharing for ASRH&R activities amongst stakeholders, developing innovative approaches to comprehensive SRHR information, education and counselling to adolescents, strengthening ASRH&R service delivery and support on various health concerns, creating effective community supportive networks for adolescents and formulating evidence based revisions of legislation, policies, strategies and guidelines on ASRH&R. Implementation of the ASRH&R Framework Strategy began in 2015.

Zimbabwe's[15] Constitution provides for reproductive rights, but limits these rights to the extent they infringe on the constitutional right to life of the unborn child. Section 52(b) on the Right to Personal Security, states that there is a constitutional right to bodily and psychological integrity, "subject to any other provision of this Constitution, to make decisions concerning reproduction."[16] Section 52 also requires informed consent before anyone may be subject to extraction or use of bodily tissue.[17] Section 48, the Right to Life, requires parliament to pass legislation to "protect the lives of unborn children, and that Act must provide that pregnancy may be terminated only in accordance with that law."[18] The provisions of the 2013 Constitution on reproductive rights will have to be interpreted alongside those ensuring women's equality and non-discrimination to provide reproductive rights for women that are consistent with the equality guarantees under the constitution, as well as comply with international and regional commitments.[19]

[13] Gender Links SADC Barometer Report for Lesotho 2015.
[14] http://www.population.gov.za/index.php/announcements/23-the-national-adolescent-sexual-and-reproductive-health-and-rights-asrh-r-framework-strategy last accessed 2 July, 2016.
[15] Gender Links SADC Barometer Report for Zimbabwe 2015.
[16] Zimbabwe 2013 COPAC Constitution ,48(3); The Politics of Engagement: Women's Influence and Participation in Zimbabwe's Constitution-Making Processes, Claudia Flores and Patricia Made, forthcoming publication, UN Women.
[17] Zimbabwe 2013 COPAC, 52 (c); The Politics of Engagement: Women's Influence and Participation in Zimbabwe's Constitution-Making Processes, Claudia Flores and Patricia Made, forthcoming publication, UN Women.
[18] Zimbabwe 2013 COPAC ,52(b); The Politics of Engagement: Women's Influence and Participation in Zimbabwe's Constitution-Making Processes, Claudia Flores and Patricia Made, forthcoming publication, UN Women.
[19] Zimbabwe 2013 COPAC ,52(b); The Politics of Engagement: Women's Influence and Participation in Zimbabwe's Constitution-Making Processes, Claudia Flores and Patricia Made, forthcoming publication, UN Women.

There are major challenges: Key challenges to attaining sexual and reproductive health are HIV and STIs; unintended pregnancy and unsafe abortion; infertility and cancer resulting from STIs and sexual dysfunction. Gender inequality, gender-based violence (GBV) and lack of choice impact significantly on the attainment of sexual and reproductive rights for women and girls.

Adolescents and older people have sexual health challenges which are not being addressed: The attitudes of health providers often discourage adolescents and older people from accessing sexual and reproductive health services. In both cases, there is the perception that at their ages, they should not require such service. Adolescents in most countries are particularly vulnerable because of their lack of information, while older women and men have very specific, inadequately addressed reproductive and sexual health issues, such as cancers of reproductive organs.

Women globally and in Southern Africa suffer from lack of control over their own sexuality.[20] Many women exchange sex for survival not as prostitution but rather as a basic social and economic arrangement between the sexes. While the majority of men can choose when, with whom and with what protection, if any, to have sex, women often are not able to exercise these same choices.

Adolescent SRHR



Teenage pregnancy is among the causes of school drop outs for girls.
Photo courtesy of Google Images

Africa has a high rate of pregnancy among adolescents aged between 15 and 19 years old. There is a direct correlation between rates of adolescent pregnancy and maternal mortality. All countries need to promote a continuum of SRHR for adolescents that includes:

- Knowledge, experience, income generating capacity and empowerment of adolescents. This should include retention in school for more years.
- Knowledge in families and communities of the risks of adolescent pregnancy; to mitigate these and to encourage adolescents to avoid becoming pregnant.
- The provision of adolescent friendly health services which manage the major risks for adolescents such as STIs, malaria, anaemia and which makes access to sexual education, contraception and safe abortion more accessible.
- An enabling legal and policy environment which criminalises child marriage, encourages adolescents to continue their education, and encourages adolescents to access health services. If nothing is done to reduce the rates of marriage of girls below the age of 18, an estimated 14 million African girls will be married every year.

The consequences of child marriage and adolescents having children include: Increased maternal and child mortality; obstetric fistula, premature births, and sexually transmitted diseases (including cervical cancer and HIV). Countries in SADC that have particularly high rates of child marriage are: DRC; Madagascar; Malawi; Mozambique; Zambia and Zimbabwe.[21]

SADC Parliamentary Forum adopts model law to Eradicate Child Marriage - contributing to the AU continental campaign: The 39th Plenary Assembly of the Southern African Development Community Parliamentary Forum (SADC-PF) adopted the Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage on June 3rd, 2016.[22] The Model Law will provide guidance to parliamentarians, ministries of justice, policymakers, and other stakeholders in SADC countries as they develop national laws. The Model Law eliminates several loop holes that make current laws ineffective and unenforceable including parental and judicial consent, and conflicts between customary and statuary laws. Member states should now harmonise their national laws to prevent child marriages in support of the AU Campaign to End Child Marriage in a Generation.

[20] This section borrows from an article, "Women's health at risk in Africa." Afrol News http://www.afrol.com/Categories/Women/backgr_health_at_risk.htm
[21] UNICEF, 2014. Global Databases, Child Marriage.
[22] http://www.southernafricalitigationcentre.org/2016/06/09/news-release-sadc-parliamentarians-adopt-model-law-on-eradicating-child-marriage-and-protecting-children-already-in-marriage/ last accessed 8 July, 2016.

Governments are beginning to establish youth friendly clinics to prevent STIs, to reduce unsafe abortions and lessen the incidence of maternal mortality: Malawi has put in place Youth Friendly Service Standards, aimed at promoting provision of sexual and reproductive health (SRH) services to young people. Services provided at community level for young men and women include the provision of oral contraceptives and condoms; maternal, post-natal and adolescent care; HIV testing and counselling as well as referrals for other services. In 2010 there were 1609 health facilities providing youth friendly services, which Illustrates government's commitment to SRH. In Botswana, the Department of Youth coordinates the HIV and AIDS youth sector, which specifically deals with HIV among 10-24 year olds. The country recognises the urgent need to develop policies and guidelines to cater for adolescent SRH.

Cultural challenges hamper young people's ability to access sexual and reproductive health services: This is particularly true when young women want to access contraceptives as well as screening and treatment of STIs. The attitude of service providers in most countries in the region is that unmarried women should not be sexually active, and therefore should not need SRH services. There are reports from some countries, such as Zimbabwe, which suggest that sexually active youth and adolescents are restricted from accessing family planning services and contraceptives, although no legislation states such restrictions.

Female adolescents still face challenges in accessing contraception because society expects them to maintain their virginity. They often face unfriendly adults when they seek out family planning services.



A study about attitudes and perceptions among **Swazi youth** revealed that contraceptive information and services offered in Swaziland often excludes young adults. Consequently adolescents' sexual and contraceptive needs remain poorly addressed, possibly contributing to the high prevalence of adolescent pregnancies in Swazi society.

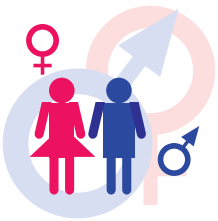
Adolescent males in Swaziland reported being denied access to condoms because family planning providers perceive them to be too young to engage in sexual intercourse. One boy said a family planning provider who happened to know his mother threatened to tell her when he attempted to obtain condoms. Such attitudes from family planning providers perpetuate unprotected sexual intercourse in a society with high HIV prevalence rates and high incidences of adolescent pregnancy. Adolescent girls in Swaziland also reported having to change out of their school uniforms and into ordinary clothes prior to accessing contraceptives, often denied to schoolgirls. Adolescents from a rural area reported that family planning providers ridiculed them when they tried to access contraceptives. Financial constraints also prevent adolescents from purchasing contraceptives at pharmacies. Failing to access contraceptives at the clinics, some adolescents end up getting pregnant despite their knowledge about contraceptives and their willingness to use them.

Age of consent (for medical procedures) laws inhibit young people's access to SRH services where youth friendly services are not available. Many countries require that young people be a specific age before they can consent to a medical procedure such as an HIV test or access to contraceptives without parental notification and/or consent. While these laws are meant to protect young people, they sometimes have the opposite effect by barring young people from accessing vital SRH services. Given this scenario, it is important to rationalise the laws and to increase youth-friendly SRH services. For example, in Botswana the age of consent for a medical procedure is 21 while its median age for sexual debut for young women is 17.5 years.

In **Zambia**, the age of consent is 18 and the median age for sexual debut for girls is 17. Legislation should be complementary and the need for SRH must be emphasised. In **Seychelles**, contradictory laws hamper adolescent girls' access to contraceptives. According to the law, girls aged 15 years and older can consent to sexual intercourse without sharing this information with their parents. Providing contraceptives to a minor, however, is illegal, leaving health care providers in a quandary as to whether to provide contraceptives to sexually active minors.[23] **Namibia** has recognised that the health of adolescents is a national public health concern and therefore the government has begun a process of developing national standards for adolescent friendly health services. In **Mauritius**, a non-governmental organisation is supporting the SRHR of young LGBTI persons.

[23] Government of Seychelles, 2010.

Access to Contraception



Sub-Saharan Africa has the highest total fertility rate in the world, but some countries in the region are undergoing dynamic and unprecedented fertility transitions. Among these transitions is an improved acceptance of family planning, increased uptake of modern contraceptive methods and improved health services to help meet family planning needs. Family planning services have been established in many Southern African countries. Access to a range of contraceptives is available with information and counselling. However, family planning is still often seen as a 'woman's issue' and men are rarely involved.

Unmet need for contraception is defined as "Women who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children". It is usually measured for women between 15 and 49 years old, so misses younger girls, and usually only for those that are married or in union.

Table 6.8: Unmet need for family planning in SADC

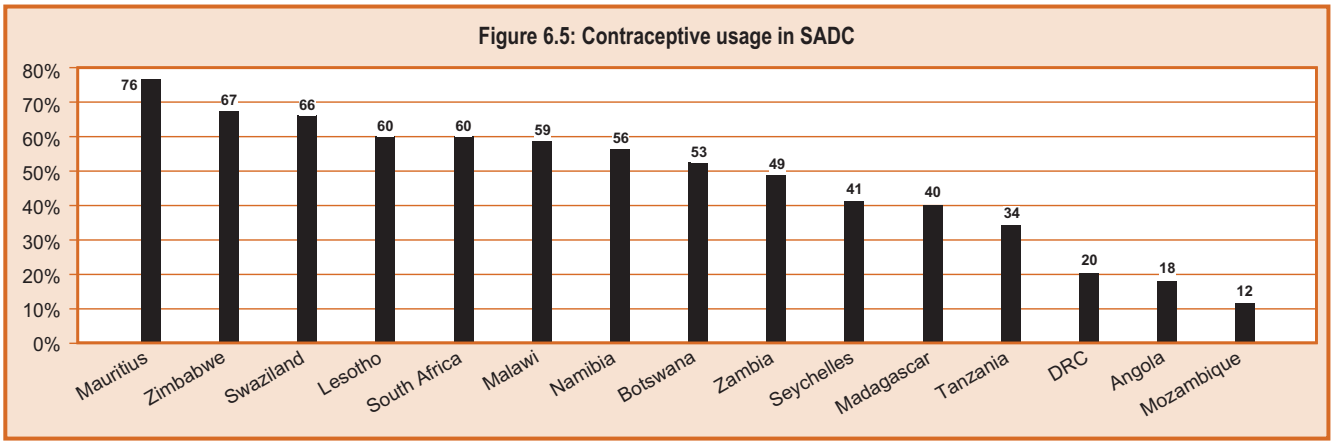
Country	Years	Unmet need			Comment
		Total	Spacing	Limiting	
Botswana	1988	**26,9**	19,4	7,4	
DRC	2013-2014	**27,7**	20,7	6,9	not changing
Lesotho	2014	**18,4**	..	..	declining
Madagascar	2008-2009	**19,0**	10,2	8,8	declining
Malawi	2013-2014	**19,4**	..	..	declining
Mauritius	2002	**3,5**	..	..	
Mozambique	2011	**28,5**	15,6	12,9	not changing
Namibia	2013	**17,5**	9,1	8,4	not changing
South Africa	2003-2004	**13,8**	4,7	9,1	not changing
Swaziland	2010	**13,0**	5,5	7,5	declining
Tanzania	2009-2010	**25,3**	15,9	9,4	not changing
Zambia	2013-2014	**21,1**	13,9	7,2	declining
Zimbabwe	2014	**10,4**	..	..	declining

Source: UNDESA Survey Based Observations Unmet Need for Family Planning
http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2015.shtml last accessed 6 July, 2016.

Table 6.8 presents the most recent available data for SADC. Some of this is dated and points to the need for much more aggressive data collection. Access to contraception is a key element in Prevention of Mother to Child Transmission (PMCTC) of HIV and is critical to reducing maternal mortality. High levels of unmet needs for contraception - over 20% in five countries and between 15% and 20% in a further four - indicate that much of SADC still needs to invest in provision of basic health care for women. What is disturbing is that the rate of unmet need is not changing over time in many of the countries with high levels of unmet need.



Most women in SADC countries access contraceptives from government hospitals and clinics. *Photo by Zotonantenaina Razanadratefa*



Source: Gender Links 2016.

Contraceptive usage is still low but improving: Figure 6.5 reflects some improvement in access to contraception, especially in Lesotho (an increase from 47% in 2015 to 60% in 2016); Malawi (from 46% to 59%) and Zambia (from 41% to 49%). There are still wide variations in coverage across the region. Mauritius remains the highest at 76% while Mozambique still has very low coverage at 12%. This area is still in dire need of political will and investment, according to a UNFPA report, one third of maternal deaths could be avoided if all women were able to access contraceptives.

Throughout the region, the use of female condoms is negligible and there are negative connotations attached to female condoms; that they are difficult to use and look unattractive.



In **South Africa**, there have been campaigns to distribute female condoms but the response has been that the female condom is not as easy to use as the male condom, which suggests that the only way there will be increased uptake of the female condom is if it coupled with education on how to use it.



In **Tanzania**[24] injectables, female sterilisation and implants are the most popular contraception methods amongst married women in mainland Tanzania. Education, wealth and increase in the number of living children significantly influence contraceptive use.



In **Malawi**[25] the home environment, age, district, education and the number of living children a woman has influences family planning. Urban women are more likely to use a contraceptive method (54% compared with 45% for women living in rural areas). Rural women represent the highest proportions of women using traditional methods (13%). Higher education generally tends to be associated with a higher CPR. About 40% of women without education currently use family planning, compared with 57% of women with more than a secondary education. Contraceptive use increases with the number of living children a woman has. Some 6% of women who have no children currently use family planning, compared with 41% of women with one or two children. The CPR is highest for women with five or more children, at 56%. Researchers observe a similar pattern for modern and traditional methods. Male involvement in family planning is a new area that stakeholders have begun to champion in Malawi. The Malawi Human Rights Resource Centre, NGOGCN, UNFPA, the Population Services International and Banja La Mtsogolo comprise the key actors in spearheading male involvement in family planning. They mobilise men to sensitise other men about the importance of letting their wives use family planning methods, and inform men about the option of a vasectomy.



Zimbabwe's[26] 2010-2011 Demographic Health Survey report showed that 59% of married women used a contraceptive method, and the prevalence rate for modern contraceptive methods among married women was 57%. The 2014 Multiple Indicators Cluster Survey shows that contraceptive prevalence has increased to 67% for women aged 15-49 years currently married or in a union. Only 45% of sexually active women between the ages of 20 and 24 use contraceptives according to the same study. The use of modern family planning methods for sexually active unmarried women is 62%.[27] Zimbabwe has achieved nearly universal knowledge of contraception with 98% of women and 99% of men having knowledge of a contraceptive method.

[24] Gender Links SADC Barometer Report for Tanzania 2015.
[25] Gender Links SADC Barometer Report for Malawi 2015.
[26] Gender Links SADC Barometer Report for Zimbabwe 2015.
[27] Zimbabwe Demographic and Health Survey, 2010-2011.

There is higher contraceptive use among women with more than secondary education (67%) and women in rural areas are less likely to use contraceptive methods than women in urban areas (57% compared to 62%).[28] Oral contraceptives (the Pill) are the most widely used form of modern contraception. According to the 2010-2011 Demographic and Health Survey, the use of the pill increased from 23% in 1984 to 41% in 2010-11.



Women in **Lesotho**[29] have displayed high levels of knowledge about contraceptives. Overall, 47% of the adult population use modern methods. The most used contraceptive method is the injectable three-month Depo-Provera (14.7%), and oral contraception, particularly mini pill and combined pill (10%), and male condom (4.8%).[30] Women of childbearing age and married women, especially in cases where partners resist family planning, commonly use the pill. The use of injectables increased from 15% to 19% between the 2004 and 2009 national demographic health surveys. Similarly, the use of the pill has increased from 11% in 2004 to 13% in 2009, and use of the male condom increased from 5% to 9% in the same period.[31] Rural women and men mostly use non-prescriptive methods and condoms because of lack of access to other methods. Female condoms are not popular due to cost.

The right to choose

Any discussion about abortion and a woman's right to choose remains contentious. People who do not support abortion cite many moral, religious and cultural factors as to why it should remain illegal. Many women continue to access unsafe abortions and as a result of this, thousands die each year, while others suffer permanent damage, infertility and chronic illness. Illegal abortion is one of the main reasons behind high MMR. For instance, 19% of the MMR in Namibia is attributable to unsafe abortions. There is therefore an urgent need for a policy environment that promotes access to safe abortions, emergency services for post-abortion care, post-abortion counselling and information around the availability of services.



South Africa is the only country in SADC which freely allows abortion through to the Choice on Termination of Pregnancy Act No. 92 of 1996 which provides abortion on demand to any woman of any age if she was less than 20 weeks pregnant, with no reasons required. Women are encouraged, but not obliged, to seek pre-abortion counselling, while those under 18 years of age or in a committed relationship were, once again, advised to seek parental consent or consult with their partner, but not obliged to do so.The Choice on Termination of Pregnancy Amendment Act No. 1 of 2008, specifies what kind of facility is allowed to terminate, the termination periods where women can terminate and the services available to any woman who wants to terminate.



In **Botswana** abortion was illegal until the Penal Code (Amendment) Act, 1991 allowed for abortion when pregnancy: is a result of rape; if the mother's life is at risk or the pregnancy may cause harm to her mentally and physically; the unborn child will suffer or later develop physical or mental abnormality.



In the **DRC** abortion is illegal according to the penal code except in cases where a woman's life is in danger.



In **Lesotho** the 2009 Penal Code Bill allowed for optional termination of pregnancy in cases of rape and incest; optional termination for women in the first 24 weeks of pregnancy to prevent harm and to save the life of the pregnant female; and to prevent the birth of a child who will be physically or mentally disabled. The bill is currently under discussion among the Law Reform Commission and stakeholders. This follows the debate led by the Extended Multi-Sectoral Reproductive Health Theme Group (LPPA) and Women in Law Southern Africa (WLSA). In an article in the *Lesotho Times* titled "Basotho must tackle debate on abortion," LPPA promotes a pro-choice message and encourages discussion. It challenges every Mosotho "to put both arguments pro-life and pro-choice on a scale, see which side is heavier." Interviews have found that many remain hesitant to debate the issue in a country where rural residents of the Catholic denomination comprise the majority of inhabitants. Nevertheless, local newspaper spots advertise "safe abortion" across the border in South Africa; services which are probably being used by Basotho women. There has also been extensive work by civil society in the country concerning the rights of sex workers, and more particularly their sexual and reproductive health rights.[32]



Abortion in **Namibia** is illegal under the Abortion and Sterilisation Act of South Africa (1975), which Namibia inherited at the time of Independence from South Africa in March 1990. Abortions are allowed only when continuing the pregnancy will "endanger the woman's life or constitute a serious threat to her physical or

[28] Zimbabwe Demographic and Healthy Survey, 2010-2011.
[29] Gender Links SADC Barometer Report for Lesotho 2015.
[30] National Reproductive Health Policy, 2009.
[31] LDHS Preliminary Results, 2009.
[32] Lesotho Times of June 25 July 1 2009, page 11.

mental health or there must be a serious risk that the child to be born will suffer from a physical or mental defect so as to be irreparably seriously handicapped." The act also allows for the termination of a pregnancy in cases of rape or incest. In addition to the woman's doctor, two other doctors are required to certify the existence of grounds for an abortion and a medical practitioner in a state hospital or an approved medical facility must perform the operation.[33]

To address the wider issues associated with unwanted pregnancy, the Child Care and Protection Bill includes a provision which would allow children above the age of 14 to independently access contraceptives, although this proposal is expected to be controversial in Parliament.[34] NGOs continue to lobby for liberal choice of termination of pregnancy legislation. The Ministry of Gender Equality and Child Welfare has indicated that it might be willing to put the matter on the Cabinet agenda again.

The Ministry of Education has also implemented a new policy for the prevention and management of learner pregnancy. The Government hopes that the new policy will help to reduce the number of young people attempting illegal abortions through its provisions on sex education and its flexible options for continuing education for learner mothers.[35] However due to funding constraints, the implementation of the policy has been slow.



Unsafe abortion in **Swaziland** contributes to about 19% of the maternal mortality and yet abortion remains a controversial and divisive issue in the country.



In **Zimbabwe** the Termination of Pregnancy Act, 1977, allows for abortion only under circumstances where the life of the mother is in danger, or posed a serious threat or permanent impairment to her physical health, where the child will suffer from complications after birth or if conception is deemed unlawful (instances of rape, incest or intercourse with a mentally handicapped woman). Permission must be granted by a magistrate. The country still has an estimated 70 000 illegal abortions per year and the risk of death due to such abortion is 200 greater than in South Africa where abortions are legal.[36]

Sexual diversity



Participants at an LGBTI training workshop in Namibia speak out on discrimination , lack of support and homophobia and stereotypes.
Photo by Veronica Hambili

Across the globe, due to widespread criminalisation, and/or persistent marginalisation and discrimination against people of diverse gender identities and sexual orientations, many people's access to healthcare remains grossly limited and inadequate. Although the definition of sexual and reproductive health emphasises the need for all people to have safe and satisfying sex, the majority of SADC countries consider homosexuality illegal.

Diverse gender identities are not specifically provided for in the Protocol, but the Post-2015 framework provides space for debate on a more rights-based approach. The societal marginalisation of Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) people increases their vulnerability to HIV and other STIs as well as chronic illnesses, depression and other mental health disorders. While experiencing the same resource-related barriers as the general population, LGBTI people also face continuous discrimination and a lack of LGBTI-specific health services and information. These are rooted in health care workers' prejudices and moral and religious judgments, as well as their lack of knowledge about LGBT health.[37]



Even in **South Africa**, which is one of the very few countries in the region where same-sex relationships and marriage is legal and the rights of LGBTI people are constitutionally protected, inadequate services, discrimination and health rights violations continue to obstruct access to healthcare.

[33] The Abortion and Sterilization Act 1975, as amended through Act 48 of 1982.
[34] Child Care and Protection Bill. (2010). Revised final draft. June 2010.
[35] For a discussion on how the previous guidelines may have impacted on the incidence of illegal abortion, see LAC. (2008). School Policy on Learner Pregnancy in Namibia: Background to Reform. Windhoek, Namibia: LAC. Available at: <www.lac.org.na/projects/grap/Pdf/learnerpregnancyfull.pdf> Last accessed 14 February 2011.
[36] http://www.pambazuka.org/governance/our-ugly-secret-abortion-zimbabwe-illegal-thriving
[37] "Barriers to health Care for lesbian, gay, bisexual and transgender South Africans". Alexandra Muller; School of Public Health and Family Medicine, University of Cape Town.
[38] Ibid.

Services addressing LGBTI-specific health concerns as well as SRH information and prevention resources are almost completely lacking in public facilities. Consequently, people rely primarily on LGBTI-specific health services and information (usually relating to HIV prevention and management) provided by NGOs. There are also only a few clinics that provide services for gay men, while none exist for the provision of healthcare to lesbian women or gender non-conforming people. There are only three health facilities in South Africa that provide services for gender reassignment for transgender people, and due to limited resources, people can wait up to 20 years for the service.

Many people report having either experienced or witnessed refusal of healthcare services, or homophobic or transphobic harassment from healthcare workers when seeking sexual health services. Thus people either do not reveal their sexuality or gender identity and delay or completely avoid seeking healthcare. This renders them vulnerable to general health problems and highly infectious diseases that are easily prevented and treated. Both patients and practitioners should be educated about the rights of the patients, while patient services must recognise discrimination on the basis of sexual orientation and gender identity to ensure homophobia and transphobia is addressed.[39]

There is an urgent need not only to recognise and protect people's sexual and gender diversity, but also to ensure equal, inclusive and unprejudiced services, facilities and accountability mechanisms for all people seeking healthcare. Standards and guidelines must be developed and mainstreamed in healthcare information, practice and infrastructure.

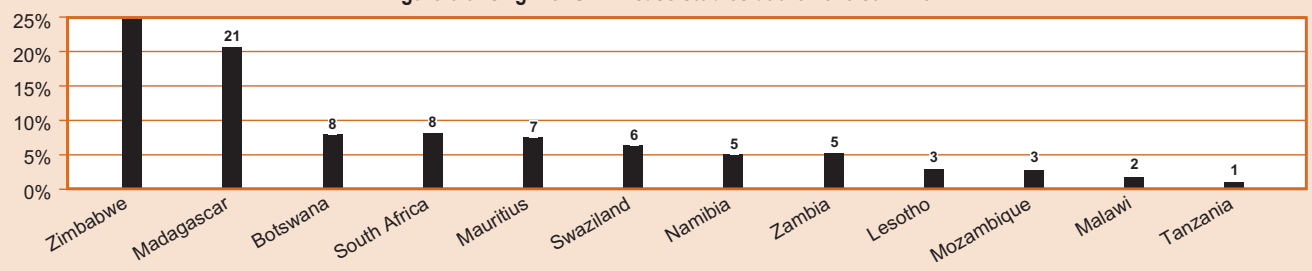
Public education and advocacy through SADC Protocol@Work summits

Over the last five years, partners have shared over 2000 case studies of the SADC Protocol@Work in 26 district, 36 national and eight regional summits.



In 2015, as part of the campaign to update the SADC Gender Protocol in line with the Sustainable Development Goals (SDGs), the Alliance introduced SRHR as a distinct category in the summits. This analysis of the 92 case studies shared in this category in 2015 shows how, working through local government, GL is able to introduce sensitive subjects with a high degree of local ownership, as well as amplify these results through lobbying for stronger regional standard-setting.

Figure 6.6: Origin of SRHR case studies at the 2015 summit

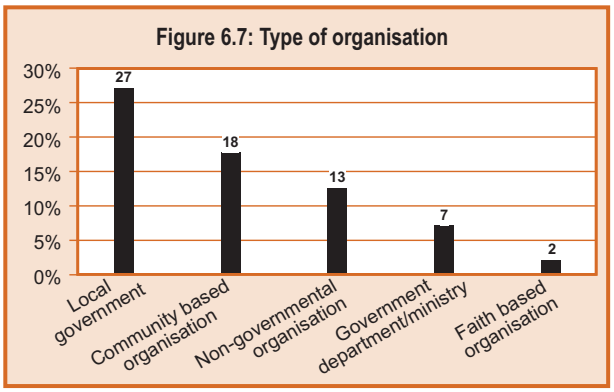


Source: Gender Links 2016.

Expertise and comparative strength on SRHR and HIV/AIDS in SADC: Over the last nine years, GL has worked with 425 councils, covering 26% of the population of SADC, to develop gender action plans with flagship programmes on SRHR, HIV and AIDS, and GBV as part of the ten stage COE programme. The range of countries that presented case studies on the impact of their work on SRHR in 2015 (see graph) demonstrates GL's regional reach, including in Lusophone and Francophone speaking countries.

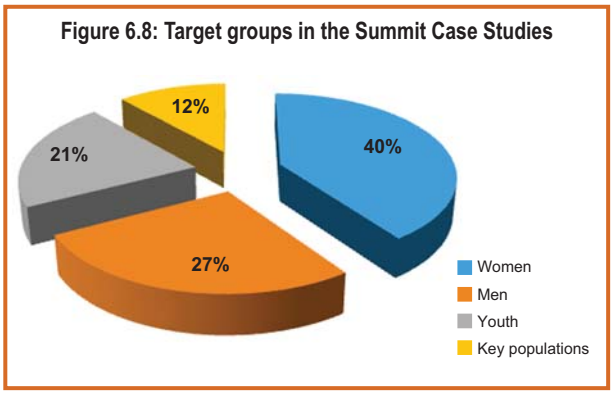
Involving local partners and target groups in preparing, planning and implementing: GL country staff assist the councils with capacity building support in developing action plans. The councils then document progress on their different interventions. One of the questions concerns how they involve beneficiaries. Testimonial evidence is a crucial part of the entries. Progress is presented in a case study format that is shared at district summits. Winners go on to national and regional summits.

[39] Ibid.



Source: Gender Links 2016.

Working with national and international networks: The analysis shows that while local government (27% of the case studies) is the focus of the work, the SADC Protocol@Work summits galvanise several other partners: community and faith-based organisations, NGOs and government departments. Alliance focal networks in each country organise the national summit. The Alliance regional theme clusters serve as independent judges. GL shares its results through SADC, African, Commonwealth and UN networks.



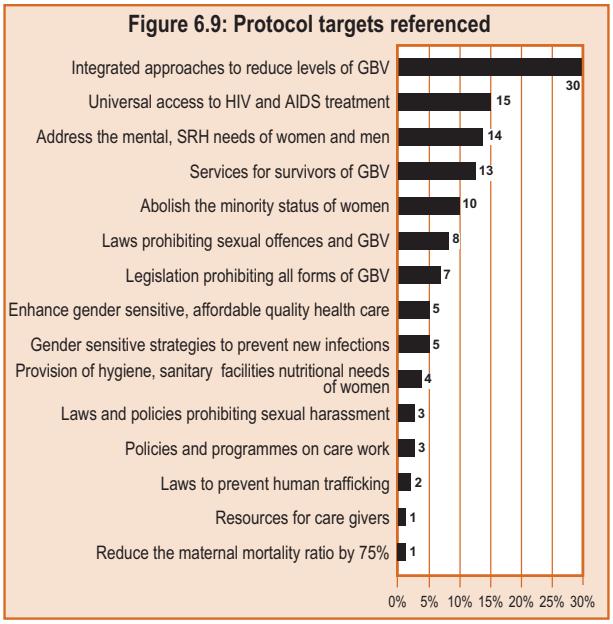
Source: Gender Links 2016.

Covering a variety of target groups: The analysis shows that while the majority of the SADC Protocol@Work case studies concerned women and men in general, they also focused on youth (26%),and key populations (12% of the case studies concerned sex workers, injecting drug users, LGBTI persons, persons with disabilities and prisoners).

In Mauritius, for example, the Young Queer Alliance presented its work with 15 -29 year olds on actions to de-stigmatise LGBTI, create support networks, and lobby for enabling legislation. One case study concerned councils working with truck drivers on HIV and AIDS.

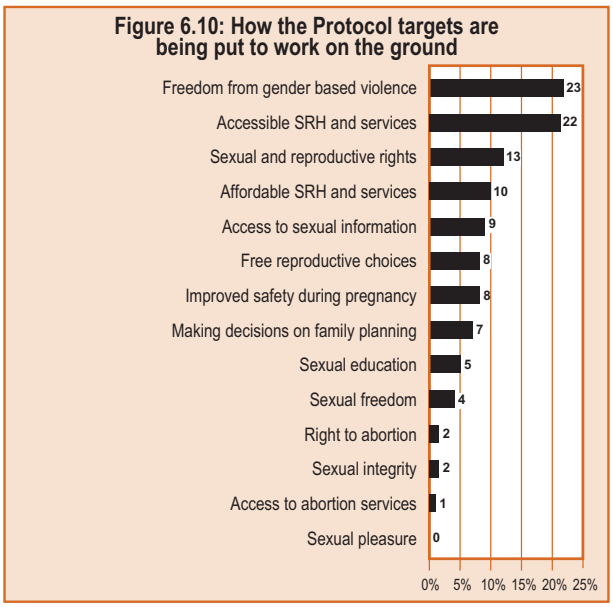
Men as partners: 27% of the case studies focused on men as partners. For example, case studies from Swaziland and South Africa showed how men are coming together to demystify some of the attributes, behaviours and myths around masculinity. Through dialogues and workshops men and boys work as partners with women to end violence and fight against the twin scourges of GBV, HIV and AIDS.

Results and effectiveness



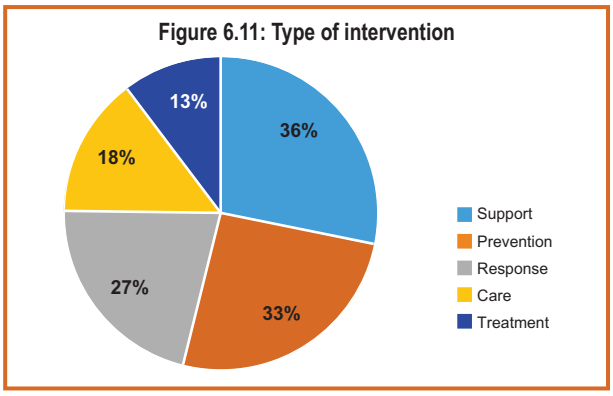
Source: Gender Links 2016.

SADC Protocol targets at work: 15 of the existing 28 targets of the SADC Gender Protocol relate to SRHR. The graph shows how these are being put to work on the ground, with integrated approaches to ending GBV, universal access to HIV and AIDs treatment, SRH needs of women and men being the most referenced.



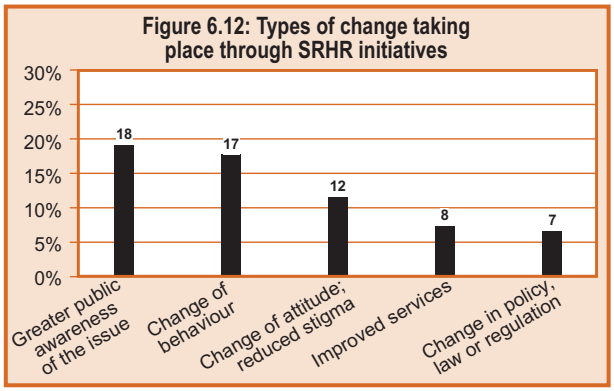
Source: Gender Links 2016.

Promoting rights: The analysis shows that the case studies have a strong rights-based focus (freedom from violence; SRR). Some of the more sensitive areas (sexual pleasure, abortion, and sexual freedom) are not as prominent; however the fact that they are featuring on local agendas is a positive sign.



Source: Gender Links 2016.

In a proactive way: The largest proportion of interventions concerns support (36%) and prevention (33%) of GBV, and HIV and AIDS. It is encouraging to see that these proactive and preventive approaches feature more prominently than the reactive ones (response, care and treatment). This is an important paradigm shift in the region, and one that opens space for more rights-based approaches.



Source: Gender Links 2016.

Changing attitudes and behaviour: The most reported change in case studies analysed concerned greater public awareness (18%), followed by behaviour change (17%); reduced stigma (12%) and improved services (8%). The summary below of a case study from **Madagascar** shows how this is achieved:



RANDRIAMAHEFA Justin, Mayor of Tsiafahy Council receiving an award for runner up in the Local Government - Economic Development category. *Photo by Zotonantenaina Razanadratefa*

In 2012 the gender committee of the rural council of Tsiafahy, a GL COE, created an association called Amis (friend) focusing on education, information and sensitisation of young people on gender, gender violence, sexual and reproductive health. Led by an active young teacher, with the support of local health centres, they visited the 15 hamlets of the council to offer free HIV testing and medical consultation. This led to spirited campaigns during the Sixteen Days of Activism on SRHR; periodic sensitisation campaigns in schools. In 2014, the association teamed up with the Ministry of Health and UN agencies to launch "Allo Fanantenana", free phoning, in which young people can get free counselling and information that it is free, easy to access and confidential, often provided by peers. The youth have created radio dramas conveying messages on gender equality gender violence, SRHR breaking the taboos on these topics in the community. Thanks to the association's activities, the council included strategies for young people in the development action plan of the council, which won the runner up award for Madagascar in the SRHR category in the 2015 SADC Protcol@Work summit in Madagascar, where the mayor received the award.

Laws, policies and regulations: Seven percent of the case studies concerned changes in laws, policies and regulations on SRHR. Six SADC countries now have SRHR laws. The Alliance is campaigning for SRHR policies in the other nine.

Innovation: Changing regional and global SRHR standards from the bottom up: GL used the 2015 case studies to make the case in the 2015 Barometer for stronger language on SRHR in the post 2015 SADC Gender Protocol and through the Women's Major Group, in the SDGs. The revised post 2015 Protocol, to be adopted by Heads of State in August 2016, has a specific section on SRHR, and adopts SDG, Beijing Plus Twenty and IPDC standards for its Post 2015 Monitoring, Evaluation and Results Framework.

Transparency and accountability: Summits allow for all work and challenges to be shared and debated. The case studies are housed on the website and in Barometers. They feedback into campaigns led by the target groups.

Sanitation

The Protocol requires that Member States ensure the provision of hygiene and sanitary facilities and nutritional needs of women, including women in prison.

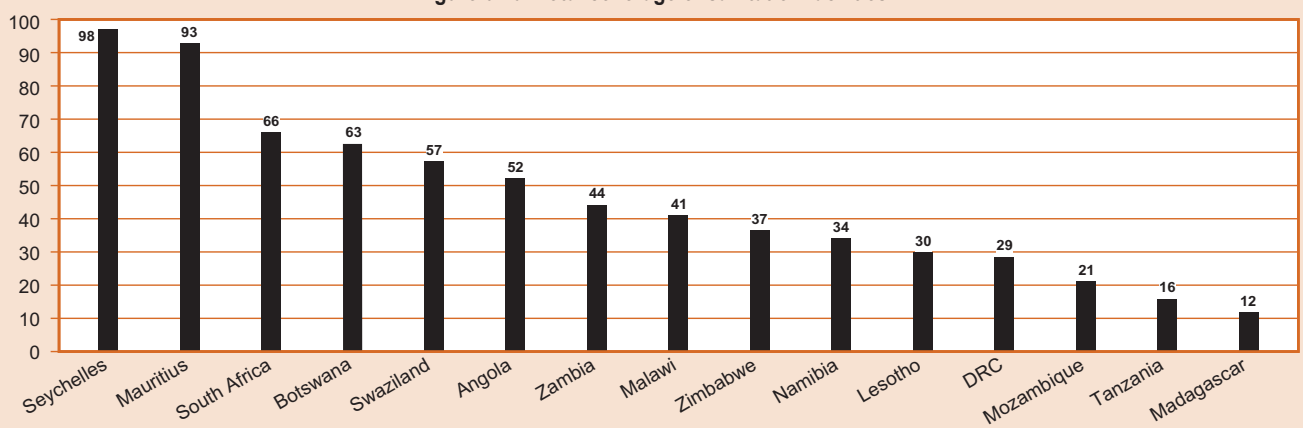


Education Activists in South Africa protest against lack of sanitation services in schools. *Photo courtesy of Heinrich Boll Foundation Southern Africa*

The provision of sanitation and hygiene facilities is integral to improving women's health throughout the region. Poor sanitation results in increased spread of communicable diseases which women are particularly vulnerable to. Furthermore, menstruation, pregnancy, and post-natal care are difficult for women without proper hygiene and sanitary facilities, as are caring for ill family and community members. According to the WHO, providing clean drinking water, better sanitation and improving water resources management to reduce the incidence of water-borne diseases can avoid almost one tenth of all global deaths.

Household sanitation is everyone's responsibility, but the reality is that women, especially those in rural areas, bear a disproportionate burden of household responsibilities. Inadequate sanitation also impacts on women and girls' personal safety. Women's risk of experiencing rape and sexual assault are reduced when toilets and water supplies are located close to their homes. Women thus have a vested interest in ensuring that there are developments and improvement of sanitation in their countries. Although providing hygiene and sanitation facilities are provisions of the Protocol, the developments have been slow.

Figure 6.13: Total coverage of sanitation facilities

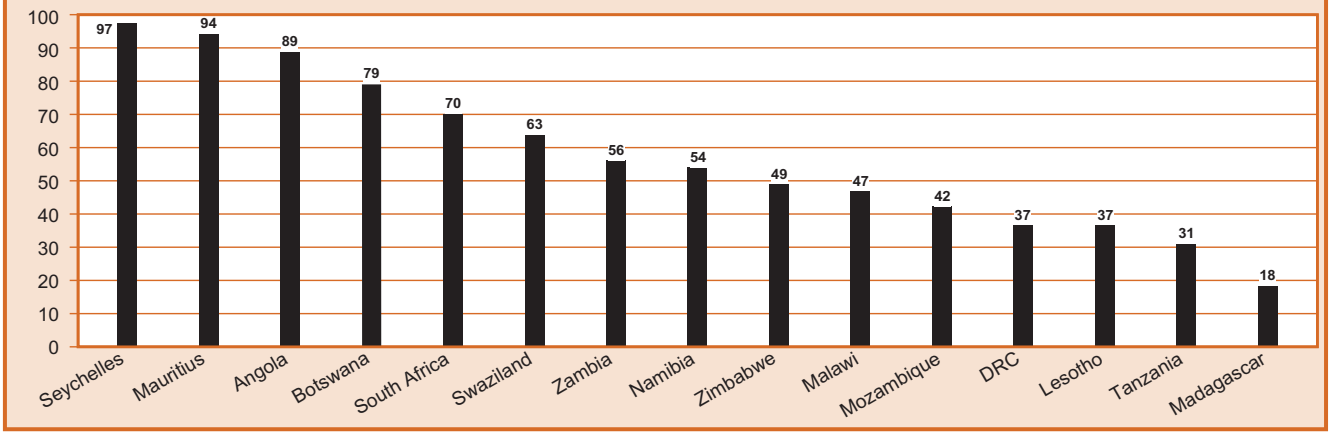


Source: Gender Links 2016.

The region still has a long way to go in achieving universal sanitation coverage: Figure 6.13 indicates that sanitation in most SADC countries, with the exception of Seychelles (98%) and Mauritius (93%), remains low. Though there has been improvement in some countries such as Malawi which has moved from 10% in 2015 to 41% in 2016, there has also been reversals, such as Angola which went from 60% in 2015 to 52% in 2016. The same nine countries have an overall sanitation coverage of less than 50%. Clearly, sanitation

has not received the attention that it requires if SADC is to make strides in improving health. With great disparities between rural and urban areas. Significantly, there has been little change in this coverage rate over the years.

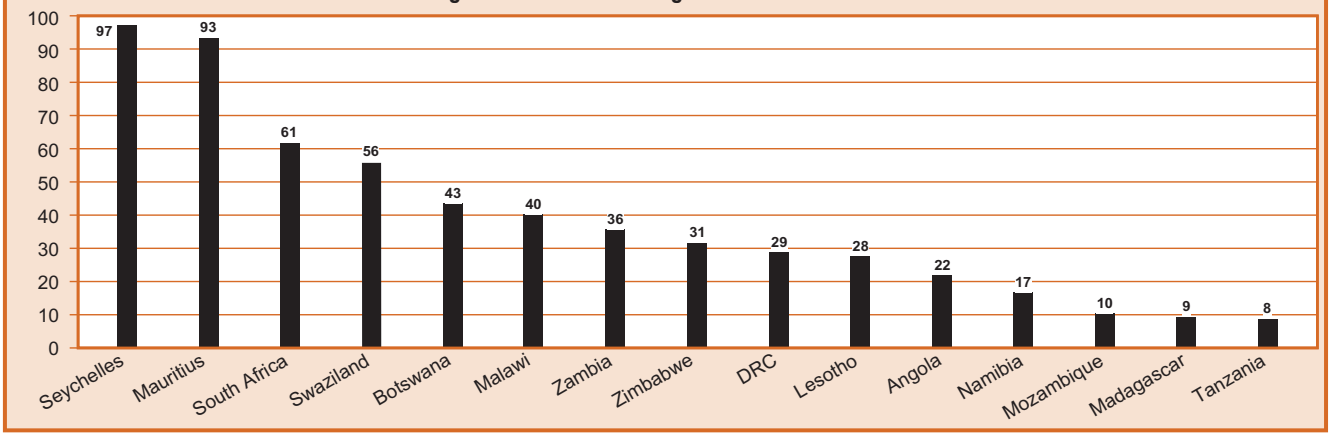
Figure 6.14: Urban coverage of sanitation facilities



Source: Gender Links 2015.

While ***urban coverage of sanitation*** is higher than the average, Figure 6.14 shows that it is still poor except in Seychelles, Mauritius and Angola. A total of nine countries have more than 50% coverage, with the lowest coverage being in Madagascar with only 18%. There have been small gains for some countries such as Angola which went from 87% coverage in 2015 to 89% in 2016 but there have also been some notable reversals such as South Africa where coverage declined from 82% in 2015 to 70% in 2016.

Figure 6.15: Rural coverage of sanitation facilities



Source: Gender Links 2015.

Rural coverage is especially low: Figure 6.15 shows that only Mauritius and Seychelles have good rural sanitation coverage. There are only two other countries (South Africa and Swaziland) with coverage that is over 50% and four countries (Namibia, Mozambique, Madagascar and Tanzania) do not even have 20% coverage. The country with the most pronounced change is Malawi which went from 8% coverage in 2015 to 40% in 2016 (this may be a result of data capturing methodology or definitions which have changed in this period).

MDG 7, in addition to tackling conservation of the environment, challenged the global community to halve by 2015, the proportion of people without sustainable access to safe drinking water and sanitation. In 1990 the global coverage of safe drinking water and sanitation stood at 76% and 54% respectively and the goal was to achieve 88% and 77% by 2015. While there has been progress globally, it is evident that there are huge disparities in the coverage between regions. Countries in the Sub - Saharan region where many are affected by poverty, instability and rapid population growth have made very slow progress.[40]

[40] "25 Years Progress on Sanitation and Water - 2015 Update and MDG Assessment". UNICEF and WHO.

Table 6.9: Progress in improving sanitation in SADC from 1990 to 2015

Country	Year	Use of sanitation facilities (%)											
		Urban				Rural				Total			
			Unimproved				Unimproved				Unimproved		
			Shared	Other unimproved	Open defaecation		Shared	Other unimproved	Open defaecation		Shared	Other unimproved	Open defaecation
Angola	1990	65	-	1	34	0	-	18	74	22	-	14	64
Angola	2015	89	-	10	1	22	-	24	54	52	-	18	30
Botswana	1990	62	5	22	11	23	6	20	51	39	6	21	34
Botswana	2015	79	6	15	0	43	11	12	34	63	8	15	14
DRC	1990	30	27	39	4	14	7	60	19	19	13	54	14
DRC	2015	29	26	42	3	29	13	42	16	29	19	42	10
Lesotho	1990	-	-	-	-	-	-	-	-	-	-	-	-
Lesotho	2015	37	34	25	4	28	4	25	43	30	12	25	33
Madagascar	1990	15	23	38	24	8	11	21	60	9	14	26	51
Madagascar	2015	18	27	37	18	9	13	26	52	12	18	30	40
Malawi	1990	46	36	14	4	27	14	26	33	29	17	25	29
Malawi	2015	47	37	15	1	40	21	34	5	41	24	31	4
Mauritius	1990	93	6	1	0	89	6	5	0	91	6	3	0
Mauritius	2015	94	6	0	0	93	7	0	0	93	6	1	0
Mozambique	1990	34	7	29	30	2	0	23	75	10	2	24	64
Mozambique	2015	42	8	37	13	10	2	36	52	21	4	36	39
Namibia	1990	61	23	5	11	10	2	6	82	24	8	6	62
Namibia	2015	54	21	5	20	17	4	6	73	34	12	6	48
Seychelles	1990	-	-	-	-	-	-	-	-	98	-	1	1
Seychelles	2015	-	-	-	-	-	-	-	-	98	-	1	1
South Africa	1990	64	24	10	2	38	10	25	27	51	17	18	14
South Africa	2015	70	26	3	1	61	16	15	8	66	22	8	4
Swaziland	1990	63	29	6	2	44	15	10	31	49	18	8	25
Swaziland	2015	63	29	7	1	56	18	9	17	57	21	8	14
Tanzania	1990	6	6	86	2	7	3	80	10	7	4	80	9
Tanzania	2015	31	31	36	2	8	4	71	17	16	12	60	12
Zambia	1990	59	27	11	3	29	7	23	41	41	15	18	26
Zambia	2015	56	25	18	1	36	8	34	22	44	15	27	14
Zimbabwe	1990	52	47	0	1	35	19	0	46	40	27	0	33
Zimbabwe	2015	49	45	4	2	31	16	13	40	37	26	9	28

Derived from WHO/UNICEF (2015) Progress on Sanitation and Drinking Water: 2015 Update. http://data.unicef.org/overview/sanitation.html accessed 30 June, 2016.

Table 6.9 shows that almost all SADC countries began from a very low baseline of sanitation coverage in 1990 and that progress has been made, though it was very slow. Thus, even in rural areas the rates of open defaecation have only increased in Tanzania and have declined in all other countries, in spite of increasing population levels. The greatest decline was in Malawi (from 33% in 1990 to 5% in 2015). The greatest improvement in rural sanitation was in South Africa (from 38% coverage in 1990 to 63% in 2015). These slow foundations should provide a good basis for continued improvement in the period of the SDGs.

SDG 6: Ensure availability and sustainable management of water and sanitation for all includes:

- 6.1 by 2030, achieve universal and equitable access to safe and affordable drinking water for all.
- 6.2 by 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defaecation, paying special attention to the needs of women and girls and those in vulnerable situations

Water provision is also a critical issue for women. Tasks such as cooking, cleaning, care giving and caring for children are easier where there is safe, running water. Collecting and carrying water for household use is usually the task of women and children and adds to their daily chores. Inadequate quantity or quality of water is a major contributing factor to ill health.

Table 6.10: Progress in improving access to drinking water in SADC from 1990 to 2015

Country	Year	Use of sanitation facilities (%)														
		Urban					Rural					Total				
		Improved			Unimproved		Improved			Unimproved		Improved			Unimproved	
		Total improved	Piped on premises	Other improved	Other unimproved	Surface water	Total improved	Piped on premises	Other improved	Other unimproved	Surface water	Total improved	Piped on premises	Other improved	Other unimproved	Surface water
Angola	1990	52	19	33	44	4	44	1	43	26	30	46	5	41	30	24
Angola	2015	75	32	43	21	4	28	2	26	21	51	49	15	34	20	31
Botswana	1990	100	40	60	0	0	87	9	78	5	8	92	22	70	3	5
Botswana	2015	99	96	3	1	0	92	45	47	4	4	96	74	22	2	2
DRC	1990	86	48	38	13	1	25	1	24	39	36	44	15	29	31	25
DRC	2015	81	17	64	16	3	31	1	30	52	17	52	8	44	37	11
Lesotho	1990	93	26	67	7	0	75	2	73	23	2	77	6	71	21	2
Lesotho	2015	95	70	25	5	0	77	4	73	22	1	82	22	60	18	0
Madagascar	1990	71	22	49	14	15	17	2	15	30	53	29	6	23	27	44
Madagascar	2015	82	16	66	12	6	35	2	33	34	31	52	7	45	26	22
Malawi	1990	91	37	54	6	3	36	2	34	45	19	42	6	36	41	17
Malawi	2015	96	33	63	4	0	89	3	86	10	1	90	8	82	9	1
Mauritius	1990	100	99	1	0	0	99	98	1	1	0	99	99	0	1	0
Mauritius	2015	100	100	0	0	0	100	100	0	0	0	100	100	0	0	0
Mozambique	1990	72	20	52	25	3	23	1	22	45	32	35	6	29	40	25
Mozambique	2015	81	25	56	15	4	37	1	36	48	15	51	9	42	38	11
Namibia	1990	99	82	17	1	0	58	13	45	31	11	70	32	38	22	8
Namibia	2015	98	69	29	2	0	85	34	51	0	15	91	51	40	1	8
Seychelles	1990	-	-	-	-	-	-	-	-	-	-	96	-	-	1	4
Seychelles	2015	-	-	-	-	-	-	-	-	-	-	96	94	2	1	4
South Africa	1990	98	86	12	2	0	66	24	42	8	26	83	56	27	4	13
South Africa	2015	100	92	8	0	0	81	38	43	12	7	93	73	20	4	3
Swaziland	1990	86	67	19	6	8	25	4	21	18	57	39	18	21	16	45
Swaziland	2015	94	75	19	3	3	69	27	42	17	14	74	37	37	14	12
Tanzania	1990	92	31	61	5	3	45	0	45	30	25	54	6	48	25	21
Tanzania	2015	77	28	49	20	3	46	6	40	34	20	56	13	43	30	14
Zambia	1990	88	47	41	11	1	24	1	23	44	32	49	19	30	31	20
Zambia	2015	86	36	50	12	2	51	2	49	30	19	65	16	49	23	12
Zimbabwe	1990	100	98	2	0	0	71	7	64	17	12	79	33	46	13	8
Zimbabwe	2015	97	74	23	3	0	67	5	62	24	9	77	28	49	17	6

Derived from WHO/UNICEF (2015) Progress on Sanitation and Drinking Water: 2015 Update. http://data.unicef.org/overview/water.html accessed 30 June, 2016.

Table 6.10 shows the improvement that has been achieved in access to drinking water in rural and urban areas of SADC. Most SADC countries had reasonable access in urban areas at baseline and Angola, which had the lowest urban coverage at 52% has been able to increase that to 75% by 2015. However, almost all had very low levels of coverage of improved water sources in rural areas. While some countries have increased their coverage tremendously - notably Swaziland which expanded coverage from 25% to 69 % and Malawi which increased coverage from 36% to 89% - others such as Tanzania have stagnated (45% to 46%) and two have regressed - Angola 44% to 28 % and Zimbabwe 71% to 67%. Overall the coverage of improved water is better than that of improved sanitation, but achieving SDG 6 will require huge investment over the next 15 years.

Nutrition and food security as a health issue

Poverty, food insecurity and malnutrition are critical development issues in SADC. Malnutrition is an underlying factor in many situations of ill and poor health. These problems have a disproportionately negative impact on poor rural women due to their socioeconomic, legal and political status as well as their crucial roles as producers and household managers.

Women in refugee camps and prisons



New SADC regional standards in place for long distance truck drivers, sex workers and communities living along these corridors in the region.
Photo by Fleet Watch

The situation of "People of Concern" to the United Nations High Commission for Refugees (UNHCR) remained almost constant in Southern Africa in 2013: The security situation in the Democratic Republic of the Congo continued to be volatile, with 2.7 million internally displaced people as well as 450 000 refugees fleeing to other countries in the region.[41] South Africa, one of the main hosts, experienced xenophobia and violence against foreigners, resulting in loss of life, property damage and displacement. Girls and women who are in countries which are at risk of, in the midst of, or emerging from armed conflict often experience rape and forced into sex work - high risk situations for contracting HIV or becoming pregnant. The health facilities in refugee camps are generally poor, with few qualified nurses and supplies.[42]

According to the World Health Organisation, refugee camp clinics should provide access to contraceptives, condoms, HIV tests and there should be at least one nurse/midwife per 500 patients. A strategy for improving the sexual and reproductive health (SRH) services available to women and girls in refugee camps is to train refugee women and girls to offer counselling, peer education and home-based care. A particular consideration is to prioritise availability of youth-friendly SRH services for young women and girls who are growing up in refugee camps with little parental supervision and immense responsibilities and pressures.[43]

The provision of SRH services for women in prisons or refugee camps is limited: While very little information is available on existing policies or programmes, qualitative research conducted by the Zimbabwean Women Writers with women in prisons indicates that the SRH needs of women in prison are inadequately addressed. Access to basic reproductive health needs such as sanitary pads is limited. Equally, women who are pregnant or deliver in prison are reported to face stigma and discrimination from the prison guards, and afforded no additional care or services for their children - some of which are raised within the prisons. The reported incidence of sexual violence and rape in prison is also very high.

Health 2030 in the SADC region

Global attention is focused on the Sustainable Development Goals (SDGs) which emphasise the concept of rights. The SDGs are meant for all people and no one must be left behind. From a health perspective this means making a concerted effort to reach those that are often stigmatised or who struggle to access health services including women with disability, ethnic and sexual minorities, refugee and migrant women, women in prisons and sex workers. It also means a much greater focus on services to rural areas and for the poorest citizens.



The new Goal 3 aims to improve health systems, health research and health financing in order to end the epidemics of malaria and neglected tropical diseases; to ensure universal access to sexual and reproductive health-care services; and to dramatically reduce global maternal, neonatal and under-five mortality rates.

Improved health is seldom only a result of improvements in the health sector. Better education, women's political and economic participation and improvements in nutrition, water and sanitation all contribute significantly to a community's health. Women's lack of education, resources and power urgently needs to be addressed

[41] UNHCR, 2015. UNHCR 2014 Global Report, Africa. http://www.unhcr.org/5575a7906.html accessed on 7 July, 2015.
[42] Gatsinzi, 2011
[43] Ibid.

across SADC and women's distinct health needs and responsibilities must be integral in the formulation of legislation, policy and programmes.

This chapter has highlighted both the progress that is being made and also the major gaps that still exist. Many SADC countries have been forced to prioritise investment in the fight against HIV, at the expense of other health priorities. There is an urgent need for much greater integration of effort across different priorities. The SADC HIV, SRH TB and Malaria Programmes Integration Strategy is important in this regard. The updating of the SADC Gender Protocol Post-2015, in progress as this Barometer went to press, is also significant.

New additions following the review of the SADC Gender Protocol include:

- Renaming Article 26 from *Health to Health, Sexual Reproductive Health and Reproductive Rights*.
- Moving reducing to *eliminating* maternal mortality.
- Qualifying the clause "develop and implement policies and programmes to address the mental, sexual and reproductive health needs of women and men" by the addition of *in accordance with the Programme of Action of the ICPD and the Beijing Platform of Action*.
- Recognition by SADC that Sexual and Reproductive Health is a right is a huge step although much still needs to be done to ensure that all people are able to enjoy their sexuality and enjoy full health with access to relevant services. addition of *in accordance with the Programme of Action of the ICPD and the Beijing Platform of Action*.

Next steps

Key recommendations and next steps to ensure governments continue to improve the health of their populations are:

- ***Promotion of sexual and reproductive rights for all adolescents, men and women.*** To do this effectively involves action at different levels including:
  - Age appropriate integration of sexual and reproductive rights into school curricula from primary school level.
  - Provision of adolescent friendly services, including contraception and access to safe abortions.
  - Engagement of traditional leaders as well local government.
  - Promotion of sexual and reproductive rights and services to all people, irrespective of sexual orientation, gender identity, mental status and abilities.
  - Provision of sexual and reproductive health services for women and men in prisons and in refugee camps.
  - Addressing stigma and discrimination regarding minorities such as LGBTI people, people with disabilities and sex workers.



- ***Harmonise laws and ensure that they are rights-based:*** Harmonisation of contradictory laws regarding the ages of sexual consent, and the minimum age where adolescents can access contraceptives and sexual and reproductive health services is vital. These contradictions negatively impact on the ability of health personnel to offer services, and on young people's comfort with going to a health centre for appropriate information and services.

- ***Prioritise SRHR at the local level:*** Local government councils need to invest more political will and tangible resources into the provision of health services and promotion of healthy communities. Strategies must also incorporate mental health care and ensure that populations are served by an adequate health infrastructure, with mobile services where static services are too far apart. Civil society in partnership with the media, can play an important role in holding governments accountable to their healthcare commitments.

- ***Scale up research at the national level:*** More and better research is needed at the national level to inform the development and revision of policies and programmes that address the sexual and reproductive health rights of women in vulnerable situations such as prisons, internal displacement camps, refugee camps, as well as sex workers, elderly women, women with disabilities and women of diverse sexual orientations and gender identities. There is scant information about the number of women in prisons and refugee camps, or the number of women in prisons accessing antiretroviral treatment, water, sanitation and proper nutrition. What information exists mainly mentions the almost universal shortage of sanitary protection for women in prisons.

- ***Accurate, up to date data:*** Governments need accurate data to be able to plan and to monitor progress. Definitions must be standardised to compare the situation at different time periods. This needs to be a priority from local level to regional level. Poor data makes planning and evaluation very difficult. To assure the right to health it is imperative that countries improve their data collection systems.

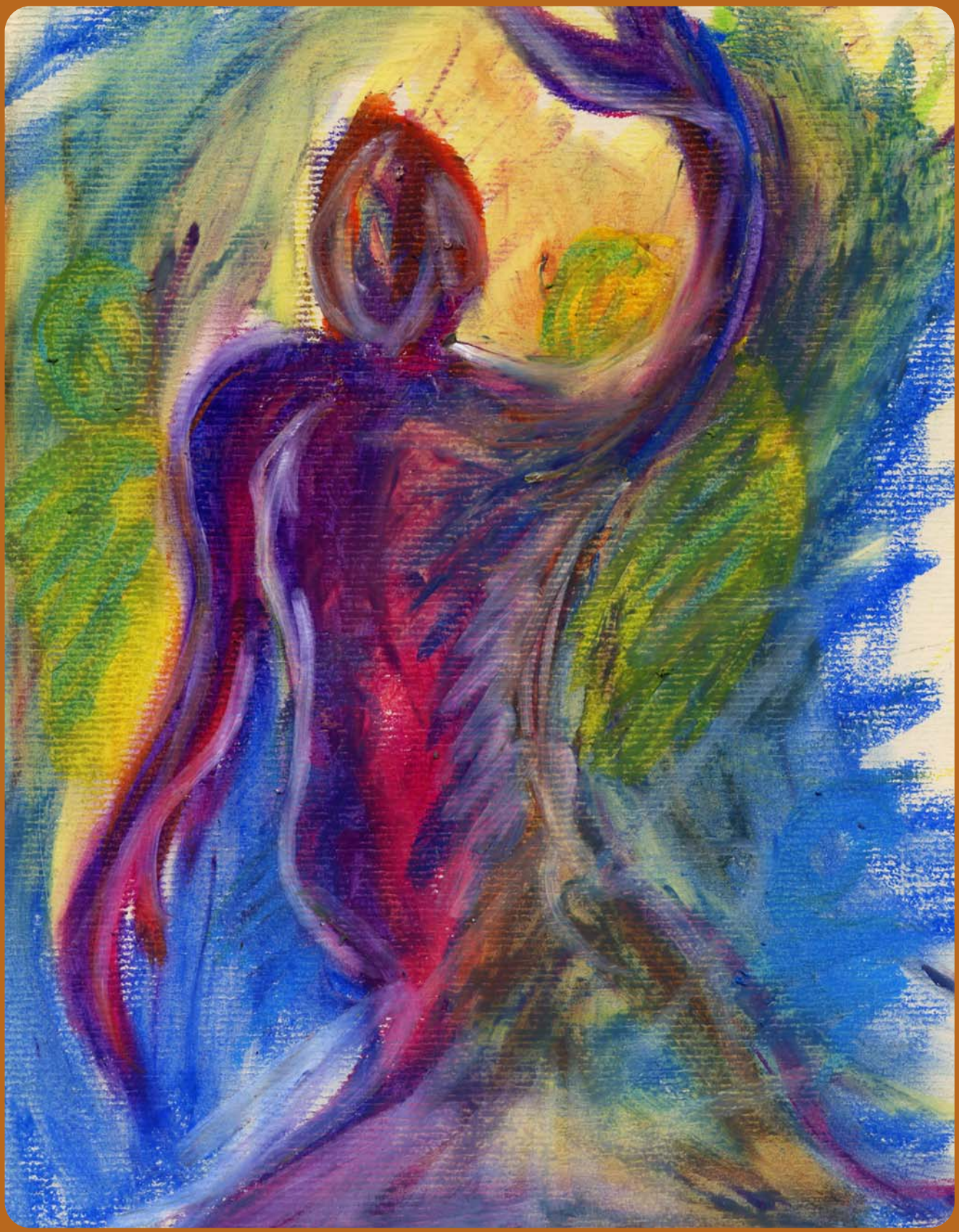
- ***More and better information on the health situation of women, including research and partnerships:*** High quality and relevant information targeting the reproductive and sexual rights and services for different women and girls. This includes providing information in all vernacular languages, braille and sign language. Research on the health needs of women, particularly related to sexual and reproductive health, should be prioritised.

- ***Promote healthy lifestyles to reduce cancers, hypertension and diabetes, and encourage prompt management of all these conditions:*** Non-communicable diseases such as various cancers, hypertension and diabetes are becoming a major cause of morbidity and mortality. Much of the burden of these diseases can be managed through lifestyle changes such as ones diet. In all cases, early detection improves the prognosis. Much needs to be done at the local level to raise awareness of the kind of lifestyle choices that can lead to improved health and to provide services for early detection and management.

- ***Focus more attention on health services and sanitation for rural and lower-income populations:*** The disparities in provision of health services, water and sanitation between urban and rural as well as higher income and lower income populations must be addressed. This includes prioritising provision of water and sanitation for informal settlements, refugee camps and prisons.

- ***Expand the SRHR SGDI:*** Currently, the SGDI measures just four indicators that are readily available across all 15 countries of SADC. Since the start of the Barometer, many more indicators have become available. The fact that these feature in the SDG's also offers hope that these will be regularly tracked. The Alliance therefore proposes to expand the three indicators currently tracked to eight as summarised below. The new indicators cover new areas, such as water and sanitation. They also include more qualitative indicators on maternal mortality, such as the number of antenatal visits.

PROPOSED INDICATORS FOR IMPLEMENTATION FRAMEWORK	SGDI	New SGDI
Maternal Mortality		
Maternal Mortality Ratio	✓	
Skilled attendance at birth	✓	
4 Antenatal visits all pregnant women		✓
4 Antenatal visits pregnant women under 20		✓
Sexual and reproductive health and rights		
Contraceptive coverage	✓	
Unmet need for contraception		✓
Sanitation, water and nutrition		
Coverage with improved sanitation		✓
Coverage with improved source of water		✓
TRACKING		
Countries with a SRHR policy.		
Countries with an Adolescent SRHR policy.		
Countries with legislation that allows for safe Termination of Pregnancy.		



"Anita"

Anushka Virahsawmy

CHAPTER 7
HIV and AIDS

Article 27



Participants at the Durban 2016 AIDS conference make a strong call to world leaders to accelerate progress on eliminating HIV and AIDS by 2030.
Photo courtesy of Mathew Kay /AFP/Getty Images

KEY POINTS

- UNAIDS is leading the world in an ambitious plan for Fast Tracking to End AIDS by 2030 campaign. This will require a focus on specific populations especially adolescent girls and young women; sex workers, men who have sex with men, injecting drug users, prisoners, migrants and women who have sex with women.
- Although Southern Africa remains the epicentre of the AIDS pandemic globally, fewer people are becoming infected and dying as a result of AIDS-related diseases.
- Access to ARVs to prevent transmission of HIV from mothers to their babies (PMTCT) continues to expand rapidly. 7 countries (Botswana, Mauritius, Mozambique, Namibia, Seychelles, South Africa and Swaziland) have achieved coverage of over 90% and a further 4 (Malawi, Tanzania, Zambia and Zimbabwe) have coverage of between 80% and 90%. All countries in SADC are using option B+ which was pioneered by Malawi.
- Provision of antiretroviral therapy (ARVs) is expanding rapidly.
- Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe still have adult prevalence rates of over 10%. Lesotho, Swaziland and Botswana still have adult prevalence rates above 20%. Lower mortality and more people living longer with HIV are contributing to this.
- Gender disparities continue to be a major driver of the pandemic. Women account for 58% of those living with HIV in the sub-Saharan region. Women bear the greatest burden of care.
- Reaching the Fast Track 90 - 90 - 90 targets in SADC will require massive community mobilisation. Community caregivers will be needed in new roles.
- SADC member states are all beginning to put more emphasis on adolescents as well as investigating the situation of key populations.

Table 7.1: HIV - Progress against targets trends table					
Parameter	**Targets**	**Baseline 2009**	**Progress 2015**	**Progress 2016**	**Variance (Progress 2016 minus target)**
SHARE OF HIV INFECTION					
Highest percentage of women	50%	Namibia (68%)	Tanzania (61%)	Tanzania (61%)	11%
Lowest percentage of women	0%	Mauritius (15%)	Mauritius (28%)	Mauritius (28%)	-28%
HIV POSITIVE PREGNANT WOMEN RECEIVING PMTCT					
Country with highest coverage	100%	Mauritius (100%)	Mauritius (100%)	Mauritius (100%)	0
Country with lowest coverage	100%	DRC (4%)	Madagascar (3%)	Madagascar (3%)	-97%
PERCENTAGE OF THOSE ELIGIBLE RECEIVING ARVS					
Country with the highest proportion	100%	Namibia (67%)	Seychelles (96%)	Seychelles (95%)	-5%
Country with the lowest proportion	100%	Madagascar (3%)	Madagascar (3%)	Madagascar (3%)	- 97%
EXTENT OF COMPREHENSIVE KNOWLEDGE OF HIV AND AIDS					
Highest percentage of women	100%	Mauritius (68%)	Mauritius (80%)	Mauritius (80%)	-20%
Lowest percentage of women	100%	Angola (7%)	DRC (15%)	DRC (19%)	-81%
SCORES					
SGDI	100	47%	54%	54%	-46%
CSC	100	63%	70%	71%	-29%



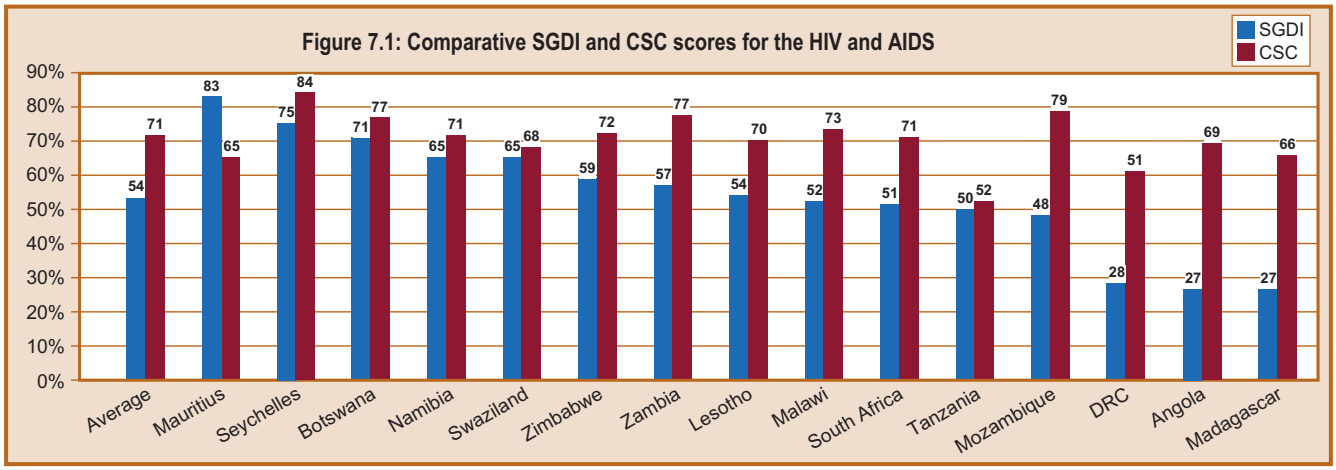
With the expiring of the time bound targets of the 2008 SADC Gender Protocol (Protocol) in 2015, SADC Gender Ministers reviewed the Protocol in line with the Sustainable Development Goals (SDGs), Beijing Plus 20 and Agenda 2063. The new agenda is set to take forward the progress achieved in the last 15 years in the implementation of the MDGs and the Protocol and pave a way to close the existing investment and gender gaps in the region's response to HIV and AIDS. In line with the Post 2015 theme of "leaving no one behind" there is a greater emphasis on interventions rooted in inclusivity and equality.

SADC constitutes just one third of the Sub-Saharan African population but is home to the countries with the highest prevalence of HIV (three countries still have adult prevalence rates which are higher than 20% and five have prevalence rates that are between 10 and 19%).[1] HIV in SADC is still a greater challenge for women than it is for men. The pandemic varies across SADC with widespread, generalised heterosexual epidemics across broad areas of the region, where prevalence rates have been declining, and more concentrated epidemics in Mauritius, Seychelles and Madagascar in key populations which include female sex workers, Men who have Sex with Men (MSM), people who inject drugs, prisoners and seafarers.

As illustrated in the trends table, progress on this sector has been slow and varied depending on the economic status of a country. Countries from the high income quantile in the region like Mauritius, Seychelles and Botswana with better health systems continue to perform much better than low income countries like DRC and Madagascar. The rate of decline in the number of people acquiring HIV is not fast enough. The number of people newly infected continues to be more than the number of people being initiated on HIV treatment.

The Southern African Gender and Development Index (SGDI) is a composite basket of indicators that, for HIV and AIDS, includes sex-disaggregated data on HIV and AIDS prevalence; and HIV positive pregnant women receiving PMTCT treatment. The regional average SGDI for HIV did not change between 2015 and 2016 and remained at 54 %.The Citizen Score Card (CSC) is a measure of citizens' perceptions of the quality of services that they receive from their governments.

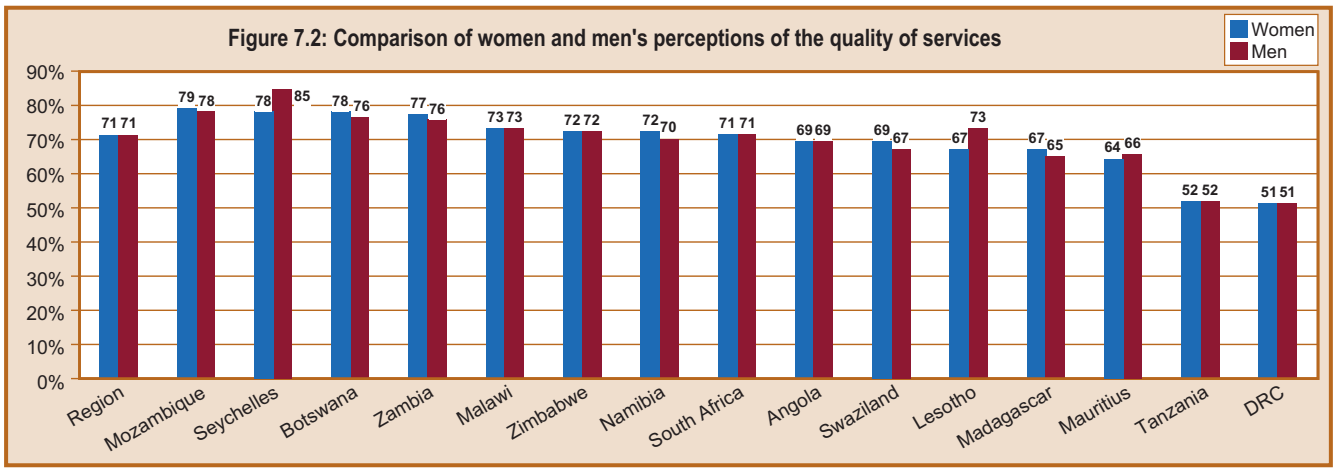
[1] Prevalence of HIV, http://aidsinfo.unaids.org/#, last accessed July 20, 2016.



Source: Gender Links 2016.

Figure 7.1 presents a comparison between the SGDI and the CSC scores. This shows that in general, citizens are more satisfied with the efforts of their governments (CSC) than the empirical indicators suggest (SGDI). This is similar to the trend in previous years and probably reflects appreciation for the rapid improvement in the HIV situation in the region. Mauritius is the only country where the SGDI score is higher than CSC (83% and 65% respectively). Although five countries have differences between CSC and SGDI of less than ten percentage points nine countries have wide variations with the most marked being Mozambique (48% and 79%); Angola (27% and 69%) and Madagascar (27% and 68%).

The average CSC score has fluctuated between 70% and 72% in the last three years. This represents a levelling of this score. There is less variation in CSC scores across the region (with the highest score of 84% in Seychelles and lowest of 51% in the DRC) than in SGDI scores (with the highest score of 83 % in Mauritius and lowest of 27% in both Angola and Madagascar. The latter are the same as in 2015).



Source: Gender Links 2016.

Figure 7.2 shows very similar perceptions from men and women of their governments' efforts to provide HIV services. In both Seychelles and Lesotho men scored their governments efforts more highly than women did. Eight countries have CSC scores for both women and men that are higher than 70%. Only Tanzania and DRC have CSC scores that are between 50% and 60%. This indicates high levels of satisfaction with services that are being provided, probably reflective of the relief following two decades in which HIV wreaked devastation throughout the region.

This chapter will give an outline of the successes and challenges in the fight against HIV and AIDS since the first SADC Gender Protocol Barometer in 2009 as well as an analysis of the post 2015 agenda.

Background

More than 30 years since the advent of HIV, the syndrome remains a leading cause of ill-health and mortality. Investments in the HIV response have achieved unprecedented results. Yet globally, in 2014, there were 36.9 million people living with HIV, 2.0 million new infections and 1.2 million deaths. Seven out of ten people living with HIV are in sub-Saharan Africa, where HIV is a leading cause of death among adults, women of child-bearing age and children.[2] Considerable progress has been achieved globally and in SADC.

Between 2000 and 2014:

- The number of people acquiring HIV dropped from 3.1 million to 2.0 million annually, with similar rates of reduction for women and men.
- The number of children acquiring HIV fell by 58% to 220 000 per year.
- The total number of people receiving HIV treatment surpassed the target of 15 million, an increase of 58%, resulting in steady declines in the number of people dying of AIDS related causes and supporting prevention efforts.

SADC HIV and AIDS fact file

- SADC remains the epicentre of the global HIV and AIDS pandemic:
- 15.3 million people in SADC are living with HIV[3] - more than 40% of the 36.7 million people living with HIV globally.
- Women constitute 59% of people living with HIV in the region.
- 765 800 people were infected with HIV[4] in 2015: 36% of the estimated 2.1 million people acquiring HIV globally.
- Nearly half (45%) of the people living with HIV reside in urban areas.[5]

Important successes include:

- 388 200 people died from AIDS related causes in 2015; down from since 906 400 in 2005.[6]
- Rapid scale-up of treatment has resulted in 8.1 million people receiving antiretroviral therapy or 47.4% of the global total of 17 million (this has increased from 3.1 million which was then 42% of the global total in 2010).[7]

Some of the challenges that still confront the region are:

- High rates of new infections among adolescent girls and young women; 3700 women 15-24 years become infected by HIV each week in 14 countries.
- Significant new HIV infections among key populations: Men who have sex with men, sex workers, people who inject drugs and transgender people contributed to 25% of all new HIV infections in South Africa, 20% in Mozambique and 12% in Swaziland-yet these populations are underserved and underrepresented in the response.
- Rising high-risk behaviour including increased number of sexual partners among men between 2008 and 2014 combined with low condom use, especially among young people, and significant gaps in condom availability.
- Rapid but inadequate progress on Voluntary Medical Male Circumcision: 10 million men and boys were circumcised by 2015, and it is unlikely that the target of 21 million by 2016 will be reached.
- HIV testing remains low, particularly amongst young people, despite rapid scale-up. Only 10% of young men and 15% of young women 15-24 years old were aware of their HIV status in 2013.
- Gender inequalities, compounded by human rights violations including gender-based violence, impede access and adherence to services, and increase vulnerability of women to HIV infection.

Women are more vulnerable to HIV infection than men: Women account for 59% of those living with HIV in the sub-Saharan region and women bear the greatest burden of care. Women -young women in particular - remain disproportionately more vulnerable to HIV infection than their male counterparts. If young women and adolescent girls had the power and means to protect themselves, the picture of the pandemic in the region would look different. This is beginning to happen. The rate of new HIV infections among young women in 26 countries is declining. However, these gains are fragile and must be sustained.[8]

2 WHO: Health in 2015 from Millennium Development Goals to Sustainable Development Goals.
3 Derived from Number of People living with HIV, http://aidsinfo.unaids.org/#, last accessed July 20, 2016.
4 Derived from Number of New Infections, http://aidsinfo.unaids.org/#, last accessed July 20, 2016.
5 UNAIDS Fact Sheet 2016, http://www.unaids.org/en/resources/fact-sheet, last accessed 10 May, 2016.
6 Derived from AIDS related deaths, http://aidsinfo.unaids.org/#, last accessed July 20, 2016.
7 Derived from Number of people receiving ARVs http://aidsinfo.unaids.org/#, last accessed July 20, 2016.
8 http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf accessed 18 July, 2014.

Violence, including gender-based, sexual and intimate partner violence, increases a woman's risk of acquiring HIV. Adolescent girls and young women have high rates of intimate partner violence. Ten of the SADC countries which have reported on levels of intimate partner violence, have reported levels of over 20%, with the highest being 36.7% in DRC.[9] Some studies have found that up to 45% of adolescent girls report that their first sexual experience was forced. Young women who experience intimate partner violence are 50% are more likely to acquire HIV than other women.[10]

Gender norms also increase men's vulnerability to HIV infection: Men are often encouraged to engage in high risk behaviour and are slow to seek health services. Men's health seeking behaviour is a part of the cause for this. It is exacerbated by health services which are not accessible or hospitable to men. As a result, fewer men than women get tested for HIV; men have lower levels of access to treatment than women, which means they have lower CD4 cell count levels by the time they seek treatment and often have poorer adherence to treatment. Thus, men are more likely to die from AIDS than women.[11]

Female sex workers are some the most vulnerable to HIV infection: HIV prevalence among sex workers is much higher than in the general population, even in countries with a high prevalence.

HIV prevalence high among sex workers



60 percent of South Africa's sex workers are HIV positive.
Photo courtesy of Stock Image

In 2014 the prevalence rate among sex workers in Swaziland was 64% compared to 27% in the general adult population; in Lesotho 72% compared to 23% in the general adult population.

Other countries in SADC for which data is available are Angola - 7% in sex workers, 2.4% in general adult population; DRC - 5.7% and 1.1%; Mauritius 15% and 1.1%; Malawi 24.9% and 9.1%, Tanzania 28% and 4.7%, Zambia 56.4% and 12.9% and Zimbabwe 57.1% and 14.7%.[12]

In South Africa, surveillance data published in 2015 estimated HIV prevalence among sex workers at 71.8% in Johannesburg, 39.7% in Cape Town and 53.5% in Durban.[13] Transgender women are up to 49 times more likely to be living with HIV than other adults.

The *Mapping, Size Estimation & Behavioural and Biological Surveillance Survey of HIV/STI among Select High-Risk Sub Populations in Botswana* (BBSS) survey found that the HIV prevalence among female sex workers (FSW) was 61.9%. Only 54.8% of FSW had been tested for HIV. 62.7% of FSW reported engaging in sex work due to unemployment. 67% of Sex workers reported, "Always using a condom". Some sex workers are paid not to use condoms, and 18.6% of FSW reported that they were forced not to use condoms.[14]

Mobility and proximity to transport routes increases risk of contracting HIV: Southern Africa has long exhibited a trend of higher HIV prevalence along transport routes and in border towns, partly due to high incidence of transactional sex. Sexual abuse of women and girls is also common in border towns. Mauritius and Mozambique have two of the most localised epidemics, with HIV prevalence more concentrated in some areas than others. In Mauritius, HIV is more prevalent in the port cities of Port Louis and Black River, which are characterised by constant movement of people from the inland region and tourism. In Mozambique, while prevalence is stabilising in some areas, the southern region has been characterised by increasing prevalence. Prevalence in Mozambique is also higher in border areas and along the three main transport corridors of Beira, Maputo and Nacala.

[9] Prevalence of Intimate Partner Violence, http://aidsinfo.unaids.org/#, last accessed July 20, 2016.
[10] UNAIDS Strategy, 2016 - 2021. On the Fast Track to end AIDS http://www.unaids.org/en/resources/documents/2016/GlobalPlan2016 accessed 10 May, 2016.
[11] UNAIDS Global Report, 2012.
[12] Derived from UNICEF. State of the World's Children 2015, Statistical Tables. Table 4. http://www.data.unicef.org/resources/the-state-of-the-world-s-children-report-2015-statistical-tables last accessed 12 July, 2015 and HIV and AIDS: Complete global database 2015. http://data.unicef.org/hiv-aids/global-trends accessed 11 July, 2015 and Sex Workers prevalence http://aidsinfo.unaids.org/#, last accessed July 20, 2016.
[13] UNAIDS, 2016. Global AIDS Update.
[14] Botswana National AIDS Coordinating Agency, Progress Report, 2015. http://www.unaids.org/sites/default/files/country/documents/BWA_narrative_report_2015.pdf Accessed 7 June, 2016.

HIV prevalence is especially high among MSM: Although homosexuality is criminalised in a number of SADC countries, available data suggests that prevalence is much higher among Men who have Sex with Men (MSM). Globally, HIV prevalence among men who have sex with men is highest in western and central Africa (15%) and eastern and southern Africa (14%).

Table 7.2: HIV Prevalence in MSM compared to general adult prevalence[15]

Country	Prevalence in MSM	Prevalence in general adult population
Botswana	13.1	22.2
DRC	8.2	0.8
Lesotho	32.9	22.7
Madagascar	14.9	0.4
Malawi	17.3	9.1
Mauritius	17.2	0.9
Seychelles	13.2	
South Africa	32.4	19.2
Swaziland	12.6	28.8
Tanzania	17.6	4.7

Source: UNAIDS 2016.

Table 7.2 summarises the available data on prevalence in MSM within SADC, in comparison to prevalence in the general population. The data shows that in all countries except Botswana and Swaziland which have very generalised heterosexual epidemics, the prevalence of HIV in MSM is much higher than that in the general adult population. The differential is particularly high in Mauritius (17.2% in MSM as compared to 0.9% in general population and Madagascar 14.9% and 0.4%).

MSM findings in Botswana

A study conducted in Botswana surveyed 454 men who have sex with men. The survey estimated 13.1% HIV prevalence of MSM. The study also found that 46.7% MSM also reported having female sexual partners in the past six months while 65.9% of MSM reported "always using condoms" during anal sex in the last six months. The 2012 Mapping, Size Estimation & Behavioural and Biological Surveillance Survey of HIV/STI among Select High-Risk Sub Populations in Botswana (BBSS) found that over 60% of MSM are not aware that anal sex is associated with higher risk of HIV transmission and only 49.4% of the MSM surveyed reported receiving HIV related information in the past year. Botswana does not currently have a strategy to address the needs of key populations.[16]

MSM suffer stigma and discrimination: Although not as prevalent in sub-Saharan Africa as elsewhere in the world, same-sex relations are highly stigmatised in the region. This stigma and homophobia, along with frequent violence perpetrated against homosexuals means MSM and transgender people have a higher risk of contracting HIV, because they are less likely to get tested and less able to access treatment. More than 42% of MSM surveyed in Botswana, Malawi and Namibia reported experiencing at least one form of human rights abuse, such as blackmail and denial of housing or health care.[17] Stigma and discrimination result in making it very difficult for MSM to access prevention, treatment or care services. Thus, the rates of testing among MSM are generally very low in countries which collect this data. The lowest rates are 13.6% in Lesotho,16.5% in Madagascar; the highest is 91.2% in Angola, with the second highest being Botswana at 79.6% and South Africa at 67.9%.[18]



There is a shortage of targeted prevention and mitigation interventions for women who have sex with women: Women who have sex with women are also vulnerable to contracting HIV infection, yet this group is rarely targeted with HIV interventions for a variety of reasons. This is mostly due to a lack of understanding of the specific sexual practices of women who have sex with women, as well as lack of knowledge of their sexual and reproductive health needs. According to a 2011 pilot study of the health experiences and needs of lesbian and bisexual women in four Southern African countries, including South Africa, 30% of these women did not believe they risked contracting HIV if they had unprotected sex.[19] Women who have sex with women are also subject to homophobia, violent crime and rape, and discrimination at the hands of health providers. This limits their access to healthcare, preventative measures and treatment.

Botswana court of appeal upholds ruling in favour of registration of LGBTI organisation: On 16 March, 2016, the Botswana Court of Appeal ruled that the refusal by the government to register LEGABIBO, an organisation of lesbian, gay, bisexual, transgender and intersex (LGBTI) people, was unconstitutional. The Court of Appeal thus upheld the November 2014 decision of the Botswana High Court on this matter. In its ruling, the Court of Appeal highlighted the potential role of LGBTI organizations in public health and HIV efforts and ordered the Registrar of Societies to register it. The case is explored[20] in detail in the Constitutional and Legal Rights chapter.

[15] Derived from HIV prevalence in MSM and HIV prevalence 15 to 49 year old, http://aidsinfo.unaids.org/#, last accessed July 20, 2016.
[16] Botswana, 2015 Update Report, http://www.unaids.org/en/regionscountries/countries/botswana/ accessed 10 May, 2016.
[17] Ibid.
[18] MSM HIV testing, http://aidsinfo.unaids.org/#, last accessed July 20, 2016.
[19] OSISA and HSRC, 2011.
[20] http://www.unaids.org/en/resources/presscentre/featurestories/2016/march/20160317_Botswana last accessed 7 June, 2016.



Drug users using injectables remain vulnerable to HIV infection.
Photo by Gender Links

People who inject drugs remain vulnerable to HIV infection: Although the overall proportion of the SADC population that injects drugs is low, some countries with large numbers of drug users have high HIV prevalence in this group. For example, 44.3% of injecting drug users in Mauritius; 11.3% in DRC, 3.8% in Seychelles, 8% in Madagascar and 15.5% in Tanzania are HIV positive.[21] There is also evidence to suggest that women who inject drugs face violence from intimate partners, police and sex trade clients, which increases their vulnerability to HIV infection. Women who inject drugs remain less likely to access services, so if those living with HIV and AIDS become pregnant they are much less likely to access Prevention of Mother to Child Transmission (PMTCT) services.[22]

Reaching key populations in Africa

The World AIDS 2016 Conference held in Durban, South Africa from 18 to 22 July conference called for key populations to be included in various intervention strategies. "National responses should create an enabling environment and increase their access to HIV services across the cascade - including for adolescent key populations", reads the Declaration. The declaration also called for laws, policies and practices which stigmatised and discriminated against people living with HIV and key populations to be challenged.

The Second African Conference on Key Populations in the HIV Epidemic, in Dar es Salaam, Tanzania, in December, 2015 focused on key insights, advances and partnerships, to address HIV in key populations which include sex workers, transgender people, gay men and other men who have sex with men, and people who inject drugs.

Punitive laws, stigma and discrimination are serious barriers throughout the continent for all key populations, with gender inequality contributing to the challenges faced by female sex workers. Migration of key populations within and between countries is another factor linked to their vulnerability to HIV.

The conference concluded with a call to action to ensure services for key populations are aligned to their needs and experiences and that key populations meaningfully participate in all areas that pertain to their health and well-being. Participants called on governments to take down punitive legal barriers, to facilitate access to the justice system and to allocate more resources to serving key populations in the AIDS response. "We will not reach zero new HIV infections, zero AIDS-related deaths and zero discrimination without the key and vulnerable populations," said Melkizedeck T. Leshabari, Professor, School of Public Health and Social Sciences, Muhimbili University of Health and Allied Sciences.

Adapted from http://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania/ - last accessed 6 June, 2016

Other groups who are at high risk: **People living with Disability** are very vulnerable to HIV infection as they are vulnerable to sexual abuse, have poor access to services and information and are often subjected to stigma and discrimination. **Prisoners** also have poor access to services, condoms or information and have high rates of sexual abuse leading to the prevalence rate of HIV being up to 50 times higher in prison populations than in the general population in some countries. **Refugees and asylum seekers** have often passed through situations of significant risk to reach their destinations. They also have no services enroute and are often subjected to mandatory HIV testing without pre or post-test counselling or confidentiality. Making services available for all is a critical component of the sustainable development agenda. **People affected by Humanitarian Emergencies**: Some 1,3 million of the 1,6 million people living with HIV who were affected by humanitarian emergencies in 2013 were in Sub Saharan Africa. Planning for humanitarian emergencies needs to include provision of HIV prevention, testing and treatment services.

The Barometer tracks the indicators in Table 7.3 annually as an indication of progress towards achieving these targets.

[21] Derived from People who inject drugs - HIV prevalence http://aidsinfo.unaids.org/#, last accessed July 20, 2016.
[22] UNAIDS, 2012.

Table 7.3: Key gender, HIV and AIDS indicators

Faculty	Angola		Botswana		DRC		Lesotho		Madagascar		Malawi		Mauritius		Mozambique		Namibia		Seychelles		South Africa		Swaziland		Tanzania		Zambia		Zimbabwe	
%	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
1. Extent of comprehensive knowledge on HIV AND AIDS (15-24)	25	32	40	33	19	25	39	29	23	26	44	51	80	76	30	52	62	51	67	59	25	23	49	51	40	47	42	47	56	52
2. Estimated adult (15 - 49) HIV prevalence %	2.2		22.2		0.8		22.7		0.4		9.1		0.9		10.5		13.3		2.5		19.2		28.8		4.7		12.9		14.7	
3. Share of HIV Infection by sex	59	41	55	45	59	41	59	41	46	54	59	41	28	72	58	42	60	40	42	58	60	40	58	42	61	39	52	48	58	42
4. % On ARV Treatment (total)	6		90		15		51		3		21		93		12		84		95.2		56		35		65		68		56	
5. % HIV Positive Pregnant Women Receiving PMTCT	40		92		67		70		3		80		96		95		95		100		95		95		86		87		84	

Data from Table 4 HIV / AIDS http://www.data.unicef.org/resources/the-state-of-the-world-s-children-2016-statistical-tables.html accessed 1 July, 201Adult HIV prevalence http://aidsinfo.unaids.org/# last accessed July 20, 2016.
ARV coverage http://aidsinfo.unaids.org/#, last accessed July 20, 2016.
PMTCT coverage http://aidsinfo.unaids.org/#, last accessed July 20, 2016.

Policies

1. State parties shall take every step to adopt and implement gender-sensitive policies and programmes, and enact legislation that will address prevention, treatment, care and support in accordance, but not limited to, the Maseru Declaration on HIV and AIDS, SADC Sponsored CSW resolution on Women, Girls and HIV; UN Political Declaration on HIV and AIDS.

2. State parties shall ensure that the policies and programmes referred to in sub-Article 1 take account of the unequal status of women, the particular vulnerability of the girl child as well as harmful practices and biological factors that result in women constituting the majority of those infected and affected by HIV and AIDS.

There is no time-bound target for these provisions but they are at the heart of informing HIV interventions. Policies provide a framework for addressing the pandemic with an emphasis on prevention.

Botswana: The first National Policy on HIV and AIDS was developed in 1993 and revised in 1998 and 2013. The national HIV policy emphasises a multi-sectoral approach to HIV and AIDS response and established structures for all sectors (public, civil society and private) to participate in the National Response.

Lesotho, with a 24% prevalence rate (down from approximately 30% in 2004), has committed to try to bring this down to 15%. The government has also adopted the following national policies (mostly regarding prevention) to curb HIV and AIDS: National Action Plan on Women, Girls and HIV and AIDS (2012-2017); The Prevention of Mother-to-Child Transmission Strategy; the National HIV Prevention Strategy for a Multi-Sectoral Response; and the Operational Guidelines for Comprehensive HIV prevention interventions within the Health Sector; 2015-2020 National Sexual and Reproductive Health Strategic Plan and 2015-2020 National Health Strategy for Adolescents and Young People.

The **Malawi** National HIV and AIDS Strategic Plan (NSP) for 2011 - 2016 is aligned with the Malawi Growth and Development Strategy (MGDS). It is consistent with the Malawi Growth and Development

Strategy (MGDS) II, the Health Sector Strategic Plan (HSSP) 2011-2016; and the National HIV Prevention Strategy 2009-2013 and developments in medical and scientific knowledge. The NSP has nine key thematic areas that comprehensively address the HIV and AIDS pandemic. It has mainstreamed gender into priority areas to be sure that interventions benefit the specific needs of women, girls, men and boys.

The overall goal of the 2012-2016 NSP is to prevent the further spread of HIV infection, promote access to treatment for people living with HIV (PLHIV) and mitigate the health, social-economic and psychosocial impact of HIV and AIDS on individuals, families, communities and the nation. It aims to reduce new infections by 20% and AIDS related deaths by 8%, including a 50% reduction in children's deaths.

The national HIV and AIDS Strategic Plan recognises the importance of mobilising traditional leaders and communities against harmful cultural practices that fuel the spread of HIV and AIDS, such as widow inheritance and child marriages. The plan also addresses stigma and discrimination, adherence and uptake of PMTCT and provision of care for the sick.



Mauritius has an HIV and AIDS Act as well as an HIV and AIDS Policy. Two of the guiding principles of the National HIV and AIDS policy developed and validated in 2011 are:

- People with HIV and AIDS shall have the same rights as all other citizens, and shall not be discriminated against on the basis of their HIV status, gender, socio-economic status, sexual orientation or HIV-risk factors.
- Gender norms and relations are a key factor in determining who acquires HIV in Mauritius, and in determining treatment, care and support outcomes. The national programme acknowledges this and all programmes and services shall devise and implement strategies that address gender norms and relations. Addressing the prevention and care needs of women and girls shall be a particular focus, combined with attention to male behaviour and cultural norms that increase the likelihood of women contracting HIV.

Other gender considerations are:

- Wherever possible, HIV and AIDS information, and prevention and care initiatives shall be integrated into existing programmes and services. In health, this shall mean integration into sexual and reproductive health services, maternal and child health, services for sexually transmitted infections, family health and other mainstream services.
- Treatment, care and support efforts shall focus on connecting all individuals and families (mostly women and children) affected by HIV and AIDS with health care and social support, and on focusing resources on geographical areas most affected by HIV and AIDS.



Mozambique adopted a law in 2014 that seeks to protect the rights and dignity of people living with HIV and created a budget line for HIV treatment in the domestic health budget.



In **Zimbabwe** the Criminal Law (Codification and Reform Act) protects women from sexual abuse and criminalises marital rape and the wilful transmission of HIV and AIDS. The country had in place the Zimbabwe Operational Framework on Women, Girls, Gender Equality and HIV (2011-2015) to complement the Zimbabwe National AIDS Strategic Plan II (2011-2015) and to provide direction in making HIV programming more responsive to the needs of women and girls, especially marginalised women - sex workers, migrant and internally displaced women, women living in informal settlements, cross-border traders, women and girls with disability and adolescent girls.

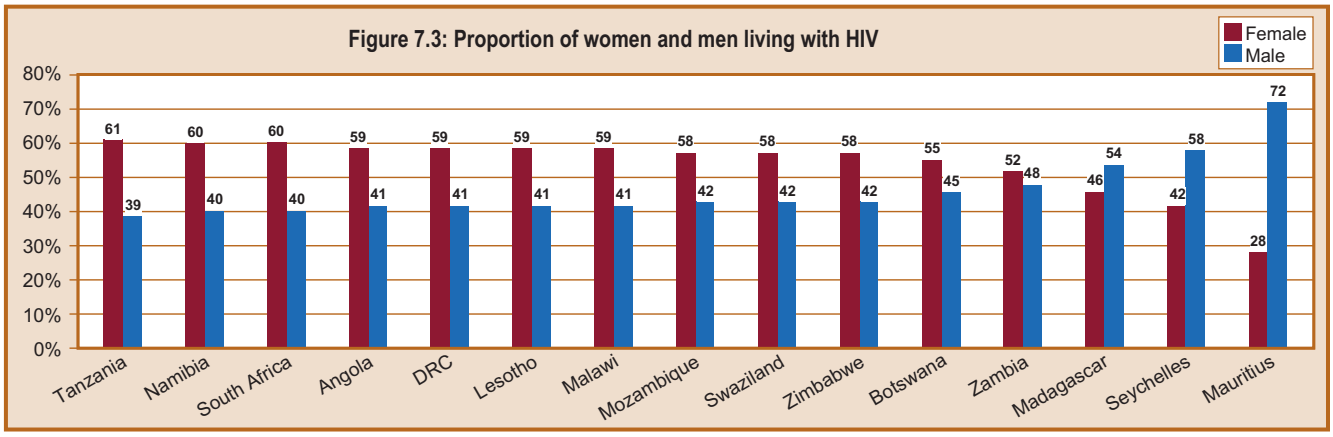
This framework, known as the Zimbabwe Agenda for Accelerated Country Action for Women, Girls, Gender Equality and AIDS (ZAACA), has five outcomes:

- Access to comprehensive HIV prevention, treatment, care and support services for women and girls.
- HIV integrated into sexual and reproductive health and other health and social services.
- Women and girls empowered to drive the transformation of social norms and power dynamics with the engagement of men and boys working for gender equality in the context of HIV.
- Developing a research agenda to gather evidence for better planning, programming and implementation of programmes.
- Resource mobilisation for the implementation of ZAACA.



Manicaland HIV AND AIDS Prevention Project.
Photo courtesy of ©Peter Strauli for the Manicaland HIV Prevention Project

The Protocol requires that state parties shall develop gender sensitive strategies to prevent new infections, taking account of the unequal status of women, and in particular the vulnerability of the girl child as well as harmful practices and biological factors that result in women constituting the majority of those infected and affected by HIV and AIDS.

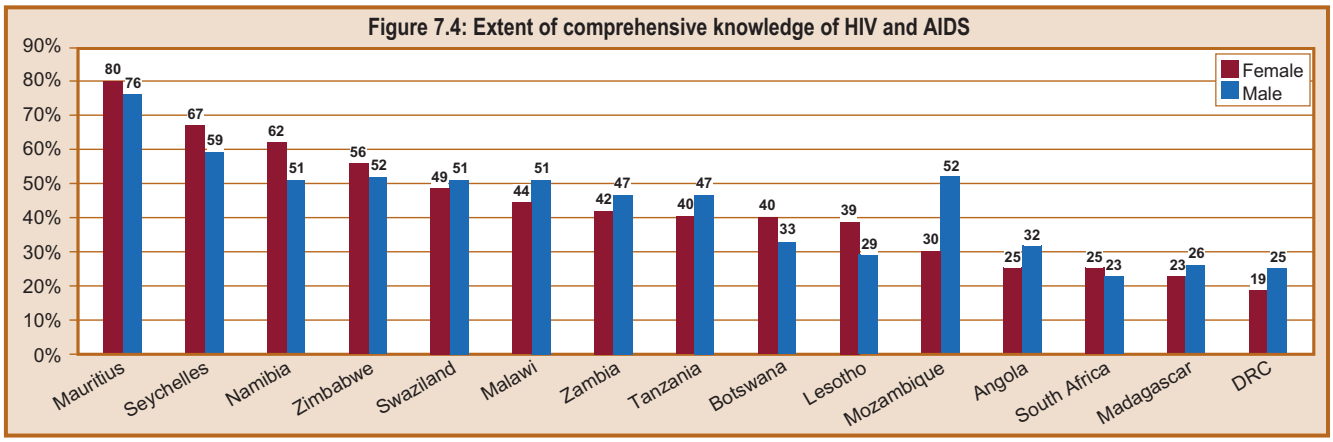


Source: http://kff.org/global-indicator/women-living-with-hivaids/ - accessed 18 June 2015.

Figure 7.3 shows that women remain more affected by HIV than men. In 12 of the 15 countries in SADC there is a higher proportion of women living with HIV than men. Madagascar, Seychelles and Mauritius, which have a higher proportion of men living with HIV than women, have concentrated HIV epidemics in key populations such as people who inject drugs and MSM.

According to UNAIDS women constitute approximately 58% of the estimated 36, 7 million people living with HIV globally. It is further estimated that a total of 37, 000 women die every year from HIV and pregnancy complications in low and medium income countries, compared to almost none in high-income countries.[23] In all countries, as epidemics are maturing, the gap in the percentage of men and women living with HIV is narrowing.

Comprehensive, accurate knowledge of HIV and AIDS is fundamental to ensuring citizens use HIV services and engage in safe sexual behaviours. Yet, knowledge remains low among young women and men (aged 15-24) in SADC, with significant gaps in even basic knowledge about HIV and its transmission. Thus age-appropriate sexuality education must be mainstreamed into education.



Source: Table 4 HIV / AIDS http://www.data.unicef.org/resources/the-state-of-the-world-s-children-2016-statistical-tables.html accessed 1 July, 2016.

[23] UNAIDS 2014.

Figure 7.4 illustrates that there are great variations in knowledge of HIV and AIDS between countries: the most comprehensive knowledge on HIV and AIDS is in Mauritius - 80% for women and 76% for men. There are only four countries - Mauritius, Seychelles, Namibia and Zimbabwe - where more than 50% of both men and women have comprehensive HIV and AIDS knowledge. Five countries do not even have 40% of both men and women with comprehensive knowledge (Lesotho, Angola, South Africa, Madagascar and DRC).

The knowledge gap between women and men is relatively small: Women and men's comprehensive knowledge of HIV remains similar through all the countries with the highest disparity being in Mozambique where women fall 22 percentage points behind men.

Table 7.4: Disparities in comprehensive knowledge of HIV / AIDS

	Comprehensive knowledge on HIV and AIDS % Females 15-24 - 2010 to 2014			Comprehensive knowledge on HIV and AIDS % Males 15-24 - 2010 to 2014		
Country	**Poor**	**Richest**	**Ratio of richest to poorest**	**Poor**	**Richest**	**Ratio of richest to poorest**
Angola						
Botswana						
DRC	8	24	2,8			
Lesotho	26	48	1,8	14	45	3,3
Madagascar	10	40	4,1	13	41	3,2
Malawi	39	50	1,3	48	52	1,1
Mauritius						
Mozambique	41	43	1,1	16	45	2,7
Namibia	61	69	1,1	55	67	1,2
Seychelles						
South Africa						
Swaziland	49	72	1,5	44	64	1,5
Tanzania	39	55	1,4	34	56	1,7
Zambia	24	48	2,0	24	51	2,1
Zimbabwe	47	65	1,4	43	67	1,6

Source: http://www.data.unicef.org/resources/the-state-of-the-world-s-children-2016-statistical-tables.html accessed 1 July, 2016.

Table 7.4 shows that there are disparities in knowledge between different income levels. The ratio of comprehensive knowledge ranges from 4.1 (riches) to 1.1 (poorest). The ratio of comprehensive knowledge of HIV in young women between urban and rural women ranges from 1.2 to 2.5.



Voluntary testing in Oshakati, Namibia. *Photo by Gender Links*

Successful HIV prevention means investing in communities: A number of social and medical factors have contributed to a reduction in new infections in the region. A 2013 study conducted on behalf of the World Bank,[24] *Investing in Communities Achieves Results*, indicates that increasing knowledge of HIV through community activities and sensitisation contributes to increased uptake of counselling and testing, anti-retroviral treatment (ARV) and reduction in prevalence rate. It is recognised that more investment in community mobilisation is critical to achieve the end of AIDS.[25]

Testing for HIV must increase substantially: Late diagnosis of HIV remains the most substantial barrier to scaling up HIV treatment and contributes to continued transmission of HIV. Many people delay testing because they are not aware that seemingly well people can be living with HIV and because they are afraid of stigma and discrimination from those around them. Despite progress in promoting the value of knowledge of HIV status, half of all people living with HIV are unaware of their status. In east and southern Africa, only 10% of young men and 15% of young women are aware of

[24] Rosalía Rodriguez-García, René Bonnel, David Wilson and N'Della N'Jie (2013) Investing in Communities Achieves Results. Geneva: World Bank
[25] UNAIDS, Issue Brief. 2014. HIV Treatment in Africa: A looming crisis.

their HIV status. Action is urgently needed to close the testing gap for member states to reach the first 90 which is 90% of those living with HIV have been tested and know that they are HIV+.



Malawi: The HIV prevalence rate in 2014 was 10% with an estimated 1.1 million people living with HIV. Malawi is making significant strides in scaling up its response, including being the first country in the region to officially endorse the 90-90-90 treatment target in its national strategic AIDS plan.[26] It is estimated 43% of all women and 40% of all men in Malawi have been tested and that 54% of Malawians living with HIV know their status. Of these, 552 808 are on ART.[27]



Mozambique: With international support, Mozambique has managed to sharply increase its coverage of HIV testing and counselling since 2012. New HIV infections among adults have been reduced by 40% between 2004 and 2014.[28]



South Africa has made enough progress in increasing access to testing that it is believed that the country could reach the target of 90% of those living with HIV aware of their status by 2018. This is an increase from 20% of those that are living with HIV aware of their status in the early 2000s. To achieve it will require that testing programmes continue to reach 10 million people per year. Current HIV testing programmes are not reaching enough men, adolescents and the elderly.[29]

Women are more likely to be aware of their HIV status: HIV testing, counselling and prevention services in antenatal settings offer an excellent opportunity not only to prevent new-borns from becoming infected, but also to protect and enhance the health of HIV-infected women. In numerous countries in which testing data has been reported, women are significantly more likely than men to know their HIV serostatus, mainly due to the availability of testing. Opportunities for programmes which encourage joint testing of an HIV positive woman and her husband as part of a PMTCT programme also exist, so that treatment and care services can be afforded to both. Men's participation in PMTCT services is still limited in many countries and men often perceive pregnancy and childbearing as the sole responsibility of women.

Spotlight on youth



In 2016 UNAIDS and PEPFAR launched the Start Free, Stay Free, AIDS Free[30] initiative which has the following three components:

- **Start Free** aims to complete the work that was begun in the Global Plan to reach and sustain 95% of pregnant women living with HIV on lifelong HIV treatment by 2018, and to reduce the number of newly infected children to fewer than 40 000 by 2018 and 20 000 by 2020.
- **Stay Free** aims to ensure that children with an HIV-free start stay HIV-free throughout their childhood. It will intensify the focus on reaching and empowering adolescent girls and young women and engaging men and boys. Stay Free includes the targets of the 2016 Political Declaration on HIV and AIDS to reduce the number of new HIV infections among adolescents and young women to fewer than 100 000 by 2020. It also seeks to provide voluntary medical male circumcision for HIV prevention to 25 million additional men globally by 2020, including 11 million men in the geographic areas of highest HIV burden (with a focus on young men aged 15 to 29 years).
- **AIDS Free** targets the children and adolescents living with HIV who are often left behind by HIV responses. It aims to provide 1.6 million children (aged 0 to 14 years) and 1.2 million adolescents (aged 15 to 19 years) living with HIV with ARVs by 2018.

Adolescent girls and young women in east and southern Africa are at much higher risk and acquire HIV five to seven years earlier than men. Adolescence is the period when young people transition from childhood to adulthood with rapid physical growth and change as well as psychosocial development. Adolescents have a different concept of risk than adults.

Global attention is being focused on adolescents, and particularly adolescent girls, as it emerges that this important group is not benefitting from enhanced prevention and treatment.

Even though adolescent girls and young women aged 15-24 years are only 11% of the adult population globally they accounted for 20% of new HIV infections among adults in 2015. In sub-Saharan Africa, adolescent girls

[26] http://www.unaids.org/en/resources/presscentre/featurestories/2016/january/20160127_Malawi last accessed 7 June, 2016.
[27] UNAIDS, NAC & MSF Belgium. 2016. Engaging the Community to reach 90-90-90. Lilongwe, Malawi.
[28] http://www.unaids.org/en/resources/presscentre/featurestories/2015/december/20151208_Mozambique last accessed 7 June, 2016.
[29] http://www.bdlive.co.za/national/health/2015/07/03/sa-has-uns-hiv-testing-goal-in-sight
[30] UNAIDS, 2016. Prevention Gap Report. Geneva.

and young women accounted for 25% of new HIV infections among adults, and women accounted for 56% of new HIV infections among adults.

Globally, 62% of adolescents acquiring HIV infection are girls; in sub-Saharan Africa, it is 71%. There are a total of 958 700 adolescents living with HIV in SADC, which is 53% of the total number in Sub Saharan Africa and 46% of the global number of adolescents living with HIV.[31]

Completion of secondary school is associated with improved health outcomes for adolescent girls and boys. However, 80% of young women in sub-Saharan Africa have not completed secondary education, and one third cannot read. Harmful gender norms and inequalities, poor access to sexual and reproductive health services and violence, are some of the roots of the increased HIV risk of young women and adolescent girls.[32] Poverty increases the vulnerability of children and adolescents, which may increase transactional, age-disparate and unprotected sex. However, in many countries, laws, policies and practices stifle access to comprehensive sexuality education (CSE), HIV testing and treatment, and other sexual and reproductive health services for adolescents and young people. Mortality rates declined sharply in all other age groups, but continued to increase in adolescents and are only now beginning to stabilise. AIDS is the leading cause of death in adolescents in Africa and the second highest cause globally.[33]



Teens living with HIV shared their stories during live radio broadcasts throughout AIDS 2016 Conference in Durban.
Photo courtesy of Children's Radio Foundation

Table 7.5: Adolescent Prevention and HIV Testing

	HIV prevalence among young people (%) 2015		Comprehensive knowledge of HIV % 2010 - 2014		Condom use in young people with multiple partners (%) 2010 - 2014		Young people who were tested for HIV in the last 12 months & received results % 2010 - 2014	
Country	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Angola	0.5	0.9	26	24	-	-	-	-
Botswana	3.9	9.8	-	-	-	-	-	-
DRC	0.2	0.3	20	17	17	12	1	5
Lesotho	5.1	9.1	28	35	60	37	12	33
Madagascar	0.2	0.2	24	21	5	6	1	2
Malawi	1.8	3.2	50	43	49	38	25	32
Mauritius	0.1	0.2	-	-	-	-	-	-
Mozambique	2.3	4.0	49	27	44	43	8	18
Namibia	2.4	3.9	51	56	75	61	14	29
Seychelles			-	-	-	-	-	-
South Africa	4.0	11.6			-	-	-	-
Swaziland	7.3	16.7	52	56	92		18	23
Tanzania	1.0	1.6	42	37	45	38	13	21
Zambia	3.1	5.0	42	39	38	33	19	33
Zimbabwe	3.8	5.9	49	53.91	62	-	24	35

Derived from UNICEF. 2016. Data on Adolescents. http://data.unicef.org/hiv-aids/adolescents-young-people.html last accessed 30 May, 2016 and HIV prevalence young women and HIV prevalence young men. http://aidsinfo.unaids.org/#, last accessed July 20, 2016.

Table 7.5 reflects the gendered dimensions of HIV prevalence, knowledge, condom use and testing among young people.

[31] HIV and AIDS: Complete global database 2015. http://data.unicef.org/hiv-aids/global-trends accessed 11 July, 2015.
[32] UNAIDS, 2016. Global AIDS Update http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf last accessed 7 June, 2016
[33] All in: #End Adolescent AIDS. 2015. Brochure. http://allintoendadolescentaids.org

The table shows that:

- Swaziland has the highest proportion of young women and men living with HIV and AIDS - 16.7% in young women and 7.3% in young men.
- In all countries except DRC, Mauritius and Madagascar where the proportions of young women and men are the same, there is a considerably higher proportion of young women than men living with HIV.
- The highest variance in prevalence is South Africa where young females (11.6%) are almost 3 times as likely to be infected with HIV as young males (4%).
- In all countries except Namibia (51% young men and 56% young women) and Swaziland (52% and 56%) the rate of knowledge on HIV and AIDS is less than half.
- Swaziland, followed by Namibia, has the highest rate of condom use.
- In all countries for which data could be obtained, young women were much more likely than young men to be aware of their HIV status. Malawi and Zimbabwe have the overall highest rate of awareness of HIV status among young people, and Madagascar and DRC the lowest. Overall, the rates of testing are much below the target of 90%.
- None of the indicators (knowledge, condom use or testing) have improved significantly in the last year.

There is renewed investment in sexuality education programmes. Sexuality education programmes that address gender or power relations are associated with a significant decrease in pregnancy, childbearing and STIs. Very few programmes which do not address gender and power significantly reduced rates of pregnancy or STIs.

***Some cultural practices in the region fuel the spread of HIV*:** Practices such as initiating young girls and boys into adulthood which includes practical sexual initiation are still common in some parts of the region, as reflected in the example that follows from Malawi. The campaign against child marriage is discussed in chapter 6, Sexual and Reproductive Health.

HIV-positive man paid to rape Malawian girls

Lilongwe - An HIV-positive Malawian man regularly has sex with underage teenagers - and their relatives pay him to carry out the deed. Eric Aniva, commonly known as a "hyena", is a married man who receives $4 (R57) each time he has sex with an adolescent girl as part of a sickening cleansing ritual in the country.



Eric Aniva, the HIV positive Malawian man who is paid to have sex with underage teenagers. *Photo courtesy of BBC*

Sexual cleansing, a common practice in southern Malawi, sees young girls being sent to "initiation camps" before puberty. Here, adolescents are taught how to have sex and are forced into sexual intercourse over three days after the start of their first period. Condoms are prohibited and girls risk falling pregnant or contracting a sexually transmitted disease such as HIV. One in 10 people in the southern African nation is HIV-positive.

Explaining the practice in an interview with the British Broadcasting Corporation (BBC), Aniva said he had slept with over 100 women and girls since he became a "hyena". He has five children of which he has knowledge. "Most of those I have slept with are girls, school-going girls. Some girls are just 12 or 13 years old, but I prefer them older. All these girls find pleasure in having me as their hyena. They actually are proud and tell other people that this man is a real man, he knows how to please a woman".

Aniva has admitted that he keeps his HIV status a secret when families ask him for his services. Government officials have expressed opposition to the practice, but with no official legislation in place to protect girls in the region, little can be done to stop the ritual.

**At the time of going to press the President of Malawi, Peter Mutharika had ordered that Aniva be arrested.*

Source: Excerpt from a news24 article published 23 July 2016 http://www.news24.com/Africa/News/watch-hiv-positive-man-paid-to-rape-malawian-girls-20160723?isapp=true

Preventing new HIV infections in children and keeping their mothers alive

Following a 2011 political declaration, UNAIDS developed a Global Plan for the elimination of new HIV infections among children by 2015 and keeping their mothers alive. The plan focused on 22 high prevalence countries; 21 of which are in Africa and 12 in SADC (Angola, Botswana, DRC, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe).

The plan outlined a four pronged approach:

- Preventing new HIV infections among women of childbearing age.
- Preventing unintended pregnancies among women living with HIV.
- Preventing HIV transmission from a woman living with HIV to her baby.

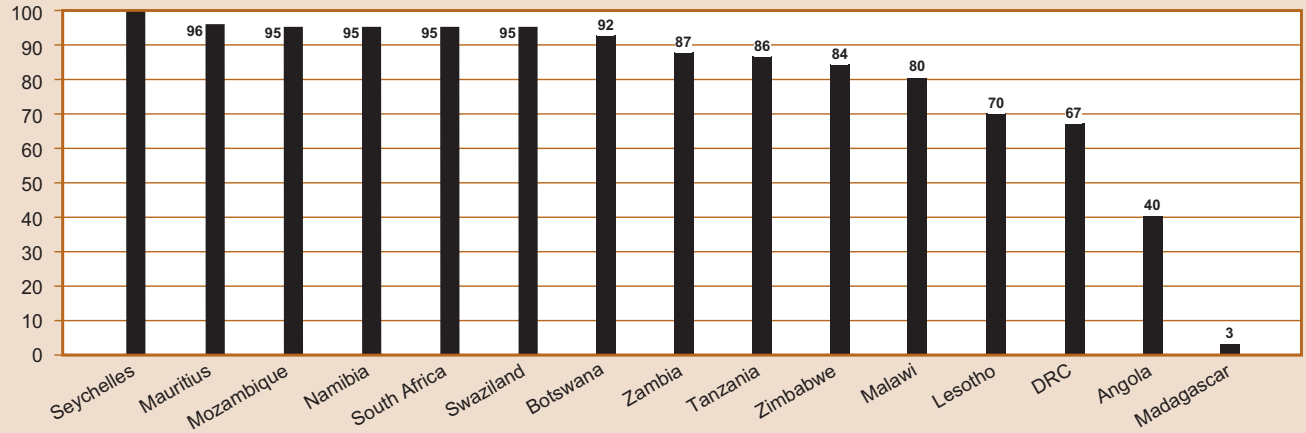
- Providing appropriate treatment, care and support to mothers living with HIV and their children and families.



While there has been rapid scale up in the availability of ARVs for pregnant mothers who are living with HIV, the elimination of HIV in children will require more focus on the other pillars of PMTCT. This includes reduction in new infections in mothers; greater access to contraception to allow mothers living with HIV to plan the births of their children more effectively and improved follow up of mothers and infants through breast feeding. It is estimated that up to 60% of new infections may now be occurring during breastfeeding. The process also includes ensuring that infants are tested and that those that are living with HIV access treatment. It will also entail repeated testing for mothers during their pregnancy and while breast feeding, especially as the risk of infection is much higher in newly infected mothers.

Social and structural factors impede scaling up of all pillars of PMTCT. Programmes for mentoring of mothers, disclosure support, greater involvement of males and families and reduction of stigma might help address this. Further, there is a need for greater efforts to reach marginalised groups such as women prisoners, sex workers, drug users, migrants and people with disabilities. The rate of mother to child transmission in such groups is much higher than in the general population.

Figure 7.5: Percentage of eligible pregnant women on PMTC



Source: PMTCT Coverage, http://aidsinfo.unaids.org/#, last accessed July 20, 2016.

Figure 7.5 shows the percentages of eligible pregnant women that are receiving ARVs to prevent transmission of HIV to their babies. Following Malawi's bold introduction of Option B+ where all pregnant mothers living with HIV were immediately introduced to lifelong ART irrespective of CD4 count, the WHO issued new guidelines on PMTCT, recommending that countries should introduce Option B+ and Option B where this was not possible. All SADC countries in the Global Plan have now adopted option B+ which is rapidly increasing the number of pregnant women on ART. In adopting option B+ the number of women who are eligible for ARVs increases dramatically. Continuing to increase the percentage of pregnant mothers that receive ARVs is thus a huge success.

At the end of 2014 the 21 global plan countries succeeded in providing ART to 77% of pregnant women living with HIV. Botswana, Mozambique, Namibia, South Africa and Swaziland achieved ART coverage of more than 90% of mothers living with HIV. Four other countries have coverage of between 80 and 90%. These countries have already reached the World Health target of 80% coverage and may soon reach 100% coverage. The total reduction in new HIV infections in children in the global plan countries from the baseline in 2009 was

48%. South Africa has made the greatest progress with reduction of new infections in infants of 76%, followed by Tanzania (72%), Uganda and Mozambique (69%), Ethiopia, Namibia (64%) and Swaziland (63%). Angola (25%) and the DRC (27%) are amongst the countries which have not made sufficient progress.[34] 1,1 million infections in children were prevented in the period 2009 to 2014.

In 2015 Cuba became the first country in the world to achieve elimination, signalling that this can be achieved with political will and investment. It is believed that globally 85 more countries are close to elimination.

Table 7.6 shows the estimated number of infections averted in SADC in 2015. The table shows that SADC accounted for 167 600 of averted infections in children: 62% of the global total of averted infections in 2015. PMTCT programmes are also keeping mothers alive. There has been a 45% reduction in mortality of mothers as a result of HIV in the 21 countries of the global plan.

Table 7.6: Number of infections averted in SADC in 2016

Angola	2400 [1500 - 3800]
Botswana	2000 [1700 - 2300]
DRC	3600 [2100 - 5100]
Lesotho	2200 [2000 - 2500]
Madagascar	<100 [<100 - <100]
Malawi	12 000 [8800 - 16 000]
Mauritius	
Mozambique	22 000 [15 000 - 31 000]
Namibia	2000 [1600 - 2500]
South Africa	70 000 [61 000 - 80 000]
Swaziland	2400 [2000 - 2900]
Tanzania	17 000 [15 000 - 21 000]
Zambia	18 000 [16 000 - 21 000]
Zimbabwe	14 000 [11 000 - 16 000]
Total SADC	**167 600**
Global	**270 000 [240 000 - 310 000]**

Source: PMTCT infections averted. http://aidsinfo.unaids.org/#, last accessed July 20, 2016.

Optimising PMCT through community engagement and mobilisation



Madagascar making a push for regular HIV screening to prevent mother to child transmission. *Photo by Zotonantenaina Razanandrateta*

At the 18th International Conference on AIDS and STIs in Africa, which took place in Harare, Zimbabwe, in December, 2015, UNAIDS hosted a discussion on how to maximise the role of communities in preventing mother-to-child transmission of HIV. The panel included prominent specialists and activists from Côte d'Ivoire, Kenya, Nigeria and Zimbabwe, who explored promising and innovative ways to accelerate progress towards the elimination of new HIV infections among children and the improvement of maternal health.

The Global Plan calls for broader thinking and action both within and outside the formal health-care delivery system. An important feature of country programmes since the beginning has been their emphasis on communities. Community-based programmes have increased demand for health services and commodities and strengthened their quality.

In addition, community organisations are building their capacity to advocate for better access to appropriate services in line with international guidelines, and are empowering themselves to ensure continuity of care for mothers and children within a family-based approach.

"Communities remain at the heart of prevention of mother-to-child transmission of HIV programmes-they create the environment in which health-care services can be delivered most effectively, " says Deborah von Zinkernagel, Director, Office of Global Fund and Global Plan Affairs, UNAIDS

"We realise that the health sector cannot do it alone. We are working hard, including through our prevention of mother-to-child transmission of HIV partnership forum and the networks of people living with HIV who are engaged in that forum. For the ministry of health, there is only so much that we can do. At the end of the day, the woman is going back into the community and the community needs to support her," added Angela Mushavi, National Prevention of Mother-to-Child Transmission of HIV and Paediatric HIV Care and Treatment Coordinator, Ministry of Health and Child Welfare, Zimbabwe.

Source: Adapted from an article http://www.unaids.org/en/regionscountries/countries/zimbabwe/ last accessed 6 June, 2016

[34] UNAIDS. 2015 Progress Report on the Global Plan. Geneva. 2015.



Botswana: In 2014, the PMTCT programme was available in all the 634 health facilities that provide Maternal Child Health services. The percentage of pregnant women who tested for HIV and received their results (during pregnancy, during labour and delivery, and during the post-partum period, including those with previously known HIV status) was 94.3% in 2014, lower than the percentage for 2019 (99%). Male involvement was 18% in 2014 a slight increase from 11% in 2011. The number of new infections in pregnant mothers has declined gradually from 14,058 in 2011 to 11, 845 in 2014. In 2014 90.8% (11845) of HIV-positive pregnant women received antiretroviral treatment to reduce the risk of mother-to-child transmission compared to 95.9% in 2013. About half of the HIV positive pregnant women who received antiretroviral in 2014 were on ART before their pregnancy.[35]



Some 89% of maternity hospitals in the **DRC** do not offer services to prevent mother-to-child transmission (PMTCT) of HIV. The government, with support, is working to improve this. The First Lady of DRC, Marie Olive Lembé Kabila, launched the initiative "Rolling back malaria and eliminating mother-to-child transmission of HIV" in October 2011.



Malawi's decision in 2011 to implement option B+ resulted in a sevenfold increase in the number of women initiated on ART and a decrease of mother-to-child transmission of HIV by 66%, according to latest government data.[36]



Mauritius has been implementing option B+ since 2012, enabling coverage of 97%. The government of Mauritius is now aiming at E-MTCT (elimination of MTCT). Services which are available for infants born to mothers living with HIV include: regular follow up; prophylactic treatment (Co-trimoxazole); supply of formula milk in the first year and full-cream milk in the second year; vaccinations, detection of early clinical stages of AIDS and initiation of ARV's and diagnostic test for HIV.[37]



Mozambique: PMTCT programme coverage is improving. Approximately 86% of ante-natal care facilities offer PMTCT services and HIV testing among pregnant women increased from 12% in 2005 to 87% in 2010. Expanded treatment coverage for pregnant women living with HIV has resulted in a 73% decline from 2011 to 2014 in new HIV infections among children.[38] Mozambique has developed a national scale-up plan towards elimination of mother to child transmission of HIV (2010-2015).



South Africa has achieved the target of reducing transmission by more than 50% and transmission rates between mothers and babies have fallen to less than 5%. According to a study conducted by the Institute for Health Metrics and Evaluation at the University of Washington, new HIV infections in South African children under five years old dropped by more than three quarters between 2003 and 2013. The study also found that the number of children who died due to Aids has decreased tenfold over the past 10 years.[39] However, a recent study has found that transmission of HIV to infants is much higher in adolescent mothers than in older women.[40] Adolescents are much less likely to use contraception or dual contraception.



Swaziland has successfully expanded services to prevent mother-to-child transmission of HIV, with new child HIV infections reduced by 63% between 2009 and 2014. The country has achieved the goal of 90% of pregnant women living with HIV receiving antiretroviral. Mother-to-child transmission of HIV rate is now one percent at six weeks of age and eight percent at the end of breastfeeding.[41]



Tanzania is scaling up its PMTCT programme, mainly through integrating PMTCT services into Maternal Newborn and Child Health (MNCH) services. By 2010, the majority (90%) of ante-natal care facilities had integrated PMTCT services. HIV testing among pregnant women increased from 14% in 2005 to 86% in 2010, and 74% of pregnant women living with HIV received ARVs for PMTCT in 2011. There are still high levels of transmission during breastfeeding. Tanzania implemented a costed national PMTCT scale-up plan (2011-2015).



In **Zambia**, it is mandatory for every pregnant woman to undergo HIV testing so that if she is positive, she can quickly start treatment to reduce the chance of

[35] http://www.unaids.org/sites/default/files/country/documents/BWA_narrative_report_2015.pdf last accessed 7 June, 2016.
[36] http://www.unaids.org/en/resources/presscentre/featurestories/2016/january/20160127_Malawi last accessed 7 June, 2016.
[37] Republic of Mauritius, Country Progress Report, 2015.
[38] http://www.unaids.org/en/resources/presscentre/featurestories/2015/december/20151208_Mozambique last accessed 7 June, 2016.
[39] Institute for Health Metrics and Evaluation (IHME), 2014. http://mg.co.za/article/2014-07-21-hiv-infections-in-children-under-five-down-by-over-three-quarters
[40] http://www.aidsmap.com/South-Africa-Lower-coverage-of-maternal-HIV-testing-among-adolescents-leading-to-higher-mother-to-child-transmission/page/2981306/
[41] http://www.unaids.org/en/regionscountries/countries/swaziland/ last accessed 7 June, 2016.

infecting the baby. 68,820 of the approximately 75,411 (or over 90%) women living with HIV who delivered in 2014 received ARVs for PMTCT. These efforts have translated into a drop in the HIV transmission rate from mother to child from 24% in 2009 to less than 9% in 2014.[42]

Medical male circumcision

Randomised control trials have shown that voluntary medical male circumcision reduces the risk of acquiring HIV for men by about 60%. Follow-on studies have shown that this level of protection may increase over time to reach 74%. Though the unit cost is low and it is a once off rather than a recurring expense that provides lifelong partial protection against HIV, substantial initial investment is required in human resource development. However, member states have generally allocated fewer resources toward the service and progress to date has been slow. There is need for more awareness creation around other benefits of circumcision, including reduction of other sexually transmitted infections (STIs), penile cancer, and protection for women and girls from cervical cancer. There is also need for clear messaging to dispel the notion of VMMC as a once off solution or prevention measure. Men still need to use condoms and abstain from risky sexual behaviour. The World Health Organisation (WHO) announced in 2015 that more than 10 million men and adolescent boys in sub-Saharan Africa have undergone voluntary medical male circumcision.

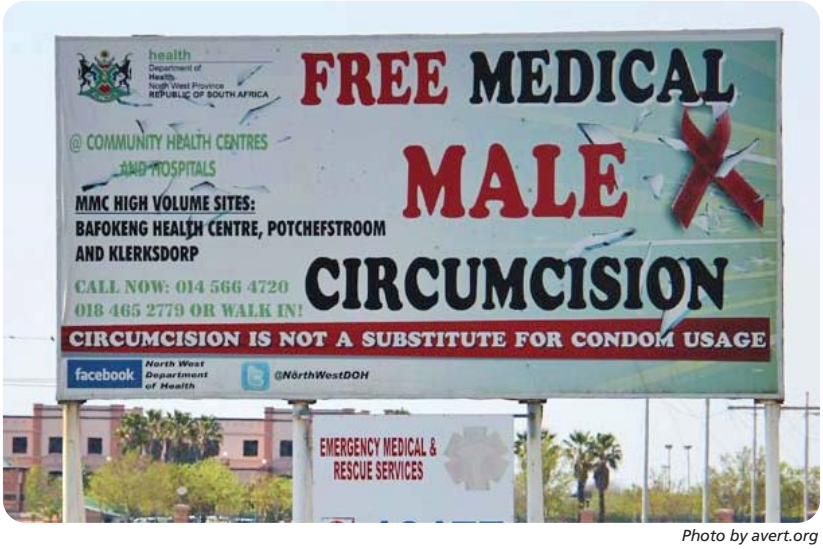


Photo by avert.org

> "In 2012, I chose with 35 other members of parliament to be circumcised. We need to lead from the front. It is one thing to be committed; it is another to take practical action. I call on all men, young and old, to be part of the solution. You are participating in building a nation. Voluntary medical male circumcision is smart. It is safe. It reduces HIV transmission".[43]
> *David Chimhini, Senator Manicaland province, Parliament of Zimbabwe*



Botswana: 30,033 males (21,689 aged 0-14 years and 8,344 aged 15 years and older) were circumcised in 2014. Circumcision in males 10-64 years rose from 11% in 2008 to 24.5% in 2013 (BAIS IV). The national target is 80% amongst HIV negative men aged 0-49 years, or 385 000 men by 2016. Most clients for male circumcision have been adolescents and young adults.[44]



The **Tanzania** National Strategy on Voluntary Medical Male Circumcision had targeted to circumcise 2,800,000 adult males in 12 priority regions by 2015, but the program has managed to circumcise only 415,398 (15 %) up to December 2012. This intervention will now aim at targeting sexually active men in the non-circumcising and high HIV prevalence regions for short term impact and targeting younger males for long term impact. The regions in target include Rukwa, Mbeya, Iringa, Kagera, Mwanza, Tabora, Shinyanga, Njombe, Geita, Simiyu, Katavi and Rorya district in Mara region.

Continued research into new prevention approaches



There is continued research into new and more effective mechanisms to prevent the transmission of HIV. These include the continued search for a vaccine, with a new trial launched in **South Africa** in 2015.[45] Another method being pursued is the search for a microbicide which is a mechanism that would be controlled by women.

[42] Zambia, Country Report, 2015. http://www.unaids.org/en/regionscountries/countries/zambia/ last accessed 7 June, 2016.
[43] http://www.unaids.org/en/regionscountries/countries/zimbabwe/
[44] Botswana, Country Progress Report, 2015.
[45] http://www.niaid.nih.gov/news/newsreleases/2015/Pages/HVTN100.aspx

Southern Africa: Vaginal ring a major breakthrough for women



HIV research empowers women. *Photo by Zotonantenaina Razanandrateta*

A current study, in South Africa, Zimbabwe, Malawi and Uganda, is using a ring infused with an anti-HIV drug that is inserted into a woman's vagina once a month and sits on the cervix. The idea of a long-lasting device is to get round the problem of daily adherence to PrEP (Pre-exposure prophylaxis) pills and microbicide gels: the main reason for poor results in three out of four large studies of these prevention methods conducted in younger women in southern Africa.[46]

Initial results of the study indicate that the monthly Dapivirine vaginal ring is safe to use, and can reduce the risk of HIV-1 infection. Findings of the study represent a major breakthrough for HIV prevention among women who are often become infected in circumstances in which they cannot negotiate safe sex. Many young women are in intergenerational sexual relationships with older men in which they may fail to negotiate for safe sex. The ring also reinforces positive living among women living with HIV as the ring can be used to ward off reinfection.

Tendayi Kateketa-Westerhof, the Zimbabwe Country Coordinator for the Pan African Women's Positive Coalition, calls the ring female controlled HIV prevention technology. This transcends and challenges harmful religious, traditional and cultural practices that may pre-expose women to HIV. It is a practical response to SADC Gender Protocol provisions on combating gender based violence, health and HIV and AIDS, and universal access to information, communication and technology.

The SAfAIDS Head of Marketing, Media and Public Relations, Tariro Chikumbirike-Makanga however noted challenges on adherence among adolescent women, who are in greatest need of protection. Indeed, the ring is better as a complementary intervention used together with existing and future HIV prevention methods. The next stages should therefore focus on further research, public awareness and regulatory review for licensing so that the ring is widely rolled out, and made readily available and affordable to all women. This is a rallying point for the Southern African Gender Protocol Alliance in improving sexual and reproductive health outcomes for women. It also carries a subtle, yet salient and revolutionary narrative that puts women at the centre and as lead agents in the prevention of HIV.

Source: SAFAIDS country training and advocacy coordinator Adolf Mavheneke

Harm Reduction



In **Mauritius**, where the spread of HIV has been largely due to injecting drug use, the focus is on harm reduction. Specific programmes undertaken since the implementation of harm reduction services on prevention and support for HIV and AIDS has made the following progress:

- A Biological and Behavioural Surveillance (BBS) survey was carried out among people who inject drugs (PWIDs). Its findings were disseminated to all stakeholders in August 2010. The number of injecting drug users (IDUs) has been revised to around 10 000 in the BBS survey, compared to 17 000 IDUs in a survey carried out in 2004.
- A fully-fledged Harm Reduction Unit was set up in January 2010 to prevent the spread of HIV Infection among PWIDs. The unit oversees the Methadone Substitution Therapy programme and the Needle Exchange Programme.
- Some 5 834 people who are injecting drug-users are under the Methadone Substitution Therapy (MST) programme. Approximately 2500 to 3000 access the needle exchange programme per semester.
- In 2000, only 2% of the newly detected HIV cases were people who inject drugs (PWID). This percentage increased to 92% in 2005. Following the introduction of the Needle Exchange Programme and the Methadone Substitution Therapy in 2006, the percentage of PWID among detected cases decreased to 68.1% in 2011, 47.2% in 2012, 38.1% in 2013 and 31.1% in 2014.



Needle exchange programme in Mauritius. *Photo by Gender Links*

[46] http://www.aidsmap.com/Vaginal-microbicide-ring-study-releases-first-data-on-participants/page/2977742/

Treatment

The Protocol requires state parties to ensure universal access to HIV and AIDS treatment for infected women, men, boys and girls.

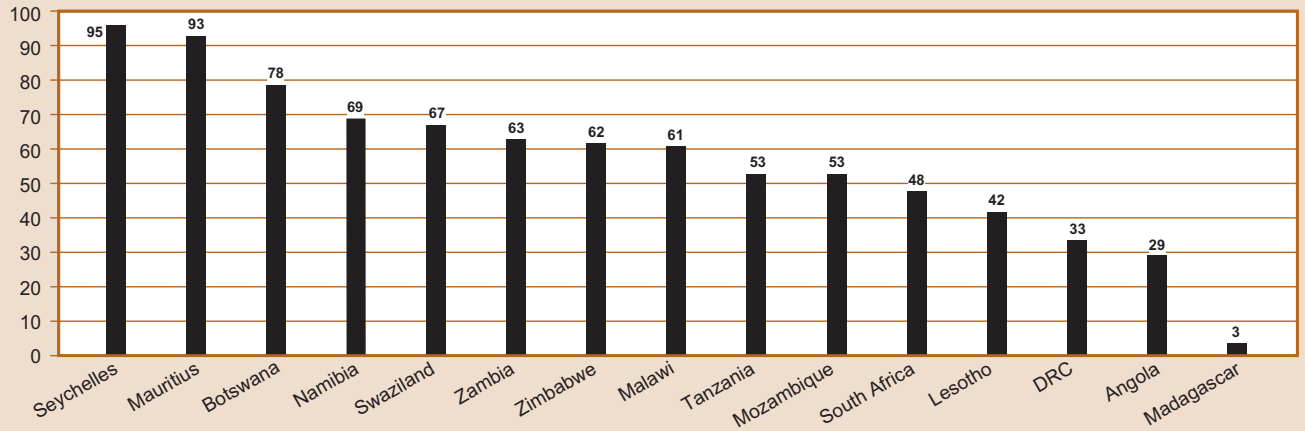
Access to ARVs



Most SADC countries have expanded the number of people that are on lifelong ARV treatment. *Photo by Ruben Covane*

Major gains have been made: Most countries in SADC are rapidly expanding the number of people that are on lifelong ARV treatment. The total number of people living with HIV is continuing to increase and guidelines for treatment have raised the CD4 level at which treatment should be initiated. This has increased the number of people that are eligible for treatment. Increased percentages reflect large increases in absolute numbers. Declines in percentages may not indicate declines in absolute numbers of people that are being reached with ARVs. There has been much improvement in the collection and reporting of new data.

Figure 7.6: Percentage of eligible people living with HIV receiving ARVs



Source: Treatment coverage http://aidsinfo.unaids.org/#, last accessed July 20, 2016.

Figure 7.6 shows the percentage of those eligible for treatment receiving it in SADC. There have been declines in percentage of eligible people receiving ARVs in Botswana, Namibia, Zambia, Tanzania, South Africa, Lesotho - a reflection of the increase in the total numbers that are now eligible under the new guidelines and a delay in the health systems' ability to reach the newly eligible. However, even with these new criteria there have been increases in percentages reached in Swaziland, Malawi, Mozambique, Angola, Zimbabwe and the DRC. Even at 48% coverage, South Africa has the largest treatment programme in the world with 3.4 million people living with HIV receiving ARVs, which is 20% of the global total of 17 million people on treatment.

There are still major differences between countries: Figure 7.6 illustrates that while there have been vast improvements in access to ARVs, there is still a long way to go. This is especially true in Angola and Madagascar, which respectively only provide ARVs to 29% and 3% of HIV positive citizens. There are local gaps and challenges within countries. Women are more likely than men to access treatment.



The Ministry of Social Integration in **Angola** is helping orphans and street kids access medication. Research in 2003 showed that 15% of all orphans in the country had lost their parents to HIV and AIDS. In partnership with UNICEF and other NGOs the government is raising awareness of orphans living with HIV and AIDS. In 2004 a law to protect people living with AIDS gives them the right to work, access to free medication and confidential assistance whenever they need it. The government is responsible for providing treatment but it still needs to implement monitoring and evaluation measures for the abuse of these rights especially when it comes to housing. In rural areas most of the women are illiterate, don't have access to transport and have to attend to other matters such as house hold chores and looking after children therefore they don't have time to go to hospitals for their medicine. More efforts must be made by the government to improve the situation and make it easier for women to have access to medication as they are more socially and psychologically vulnerable than men.



Botswana: By the end of December 2014, there were 247,947 children and adults or 63.2% of all people living with HIV, on ART. This is lower than 69.9% recorded in 2013. A total of 8 578 of these were children. There are concerns as loss to follow up rates have steadily increased among adults. The first line adult failure rate increased from less than 6% in 2012 to over 10% in 2013 due to poor adherence.[47]



In **Mauritius** all HIV-positive people can receive ART for free. In addition, all HIV-positive pregnant women can receive PMTCT to prevent HIV transmission to their unborn children.



The ART programme in **Malawi** has become one of the most important priorities of the national response with an increasing number of people receiving ARVs. In December 2013, the total number of patients alive on ART stood at 472 865, with 102 586 initiated in the year 2013 alone. Using the CD4 cell count of ≤350 as a threshold for determining eligibility to ART, researchers estimate that, by the end of December 2013, ART coverage in Malawi stood at 83%, up from 65% in 2012. Statistics indicate that more women access ARVs than men, 61% and 39% respectively. There has been evidence of some improvements in mortality and morbidity rates of HIV infected people. The survival outcomes are around 80%, which is still below the 85% WHO target.



Namibia has made significant progress in the provision of ART services. In 2003 about 2% of the people in need of treatment received it. By 2011 69%, and by the end of March 2012, 82% of the population in need received ART services.



South Africa has rapidly scaled up its ART programme, which is the largest in the world. By the end of 2015 3.4 million South Africans were on ART, compared to one million in 2009.



Swaziland's antiretroviral drugs are 100% domestically funded, which means that the treatment programme is less reliant on international donors and more sustainable. Despite notable improvements in making treatment more accessible, these gains have been felt more by adults living with HIV. Access to treatment for children continues to be inadequate, with only 54% of children eligible for treatment receiving it in 2012.



Zambia expanded access to ART has resulted in decline in the annual AIDS related mortality from approximately 58,000 in 2000 to 19,000 in 2014.[48]

Saving lives

A lower rate of deaths from AIDS-related illnesses is transforming societies: More people have regained their health and returned to work or are taking care of their families. The region now sees fewer funerals; less time is spent caring for the ill and more time is spent on productive activities.



ARV awareness and treatment produces results. *Photo by Gender Links*

[47] Botswana Country Report 2015.
[48] Zambia, Country Report, 2015. http://www.unaids.org/en/regionscountries/countries/zambia/ last accessed 7 June, 2016.

Table 7.7: Number of AIDS related deaths in SADC 2005 and 2015			
Country	**Number of AIDS related deaths 2005**	**Number of AIDS related deaths 2015**	**% decline**
Angola	11 000 [7200 - 16 000]	12 000 [6900 - 19 000]	**-9%**
Botswana	10 000 [9100 - 12 000]	3200 [2800 - 3600]	**68%**
DRC	37 000 [30 000 - 46 000]	22 000 [16 000 - 28 000]	41%
Lesotho	14 000 [12 000 - 17 000]	9900 [8700 - 11 000]	29%
Madagascar	3100 [2200 - 4200]	3200 [2800 - 3800]	**-3%**
Malawi	76 000 [68 000 - 83 000]	27 000 [22 000 - 31 000]	**64%**
Mauritius	**<1000 [<500 - <1000]**	<500 [<500 - <500]	**50%**
Mozambique	54 000 [40 000 - 72 000]	39 000 [26 000 - 56 000]	28%
Namibia	11 000 [9300 - 13 000]	3100 [2500 - 3900]	**72%**
South Africa	400 000 [340 000 - 470 000]	180 000 [150 000 - 220 000]	**55%**
Swaziland	8300 [7300 - 9300]	3800 [3300 - 4200]	**54%**
Tanzania	110 000 [96 000 - 120 000]	36 000 [30 000 - 44 000]	**67%**
Zambia	62 000 [55 000 - 70 000]	20 000 [16 000 - 24 000]	**68%**
Zimbabwe	110 000 [100 000 - 120 000]	29 000 [25 000 - 34 000]	**74%**
Total	906 400	388 200	**57%**
Global	2 000 000 [1 700 000- 2 300 000]	1 100 000 [940 000- 1 300 000]	45%

Source: AIDS related deaths http://aidsinfo.unaids.org/#, last accessed July 20, 2016.

Table 7.7 shows the estimated number of AIDS related deaths in all SADC countries in 2005 (when mortality was extremely high across the region) and 2015.

- In 2005, an estimated 906 400 died of AIDS related illness, (45% of the global total). This number has been reduced drastically to 388 200 or 35% of the global burden of AIDS related mortality.
- Overall, the SADC region registered a 57% decrease in AIDS-related deaths between 2005 and 2015, compared to 45% globally.
- Ten SADC countries registered decreases of over 50% (figures in green). Only two countries, Angola and Madagascar, registered an increase in the number of deaths (figures in red).
- The highest rates of decline are in Zimbabwe - 74% and Namibia - 72%, with the total reduction in number being greatest in South Africa - from 400 000 to 180 000.
- However, seven SADC countries with mortality of 20,000 per annum or more (DRC, Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe) still account for 32% of the global mortality as a result of AIDS.

New evidence from the international randomised Strategic Timing of Antiretroviral Therapy (START) programme suggests that treatment outcomes are improved by early initiation of ART, the "test and treat model", where those that test positive for HIV are immediately initiated into treatment, rather than waiting until their CD4 count falls below 350.[49] There is therefore impetus to increase the numbers that are on treatment even further. This will require much more engagement at community level in much expanded testing, support for adherence to treatment and resupply of antiretroviral medication.



HIV and AIDS activists march for universal treatment at the Durban AIDS conference, July 2016. *Photo courtesy of Associated Press*

Challenges to expanding treatment

Overstretched and understaffed health systems in the region face many challenges as they struggle to further expand treatment programmes. Some of these include:

- Retaining patients in treatment.
- HIV stigma and discrimination still prevent those that need care and treatment from accessing it and adhering to it. This is particularly true for marginalised groups that are the subject to other forms of stigma such as people with disabilities, sex workers, LGBTI, prisoners and refugees.
- Side effects of the ARVs, including fat deposits, which contribute to stigma.

[49] UNAIDS. 2015. Implications of the Start Study Data.

- Poor data availability and management, both crucial to keep growing numbers of patients in the system.
- Reliance on external funding for treatment programmes. Very few countries in the region can fund their own programmes. However, there is growing commitment to mobilise domestic funds and much greater emphasis on prudent management of available funds.
- Infrastructural capacity, especially laboratories, and few ART sites, meaning that clients must travel long distances to access their medication
- Skills shortages of health personnel. A response in the region has been task shifting so that nurses and other personnel take on more responsibility. South Africa, for instance, trained over 10 000 professional nurses specifically for ART roll out in the Nurse Initiated Management of ART (NIMART).
- The cost of ARVs, especially second and third line regimens, which will become needed as treatment programmes mature.
- Reaching more men earlier and keeping them in care and treatment.
- Improving treatment for children. Botswana and Namibia have met their goal of 80% of eligible children on treatment and South Africa and Swaziland have been able to get more than 50% of eligible children on treatment. However, few countries provide treatment to more than three out of 10 children who need it.
- The numbers of new HIV infections are increasing at a rate that outpaces treatment. For every two people enrolled in HIV treatment, five become newly infected.

These challenges require investment in community mobilisation: Winning the battle against HIV requires a whole package of wellness, stigma reduction, opportunistic infections management, ART, and nutrition in addition to medication.

Post Exposure Prophylaxis (PEP) is provided for in policies but not easily accessible: UNAIDS and UNIFEM reports recognise gender-based violence (GBV) as one of the leading factors in HIV infection, usually due to lacerations and other trauma. Treatment can help to reduce the likelihood of infection after sexual violence and is an important factor in caring for women and girls who have been sexually abused. Twelve SADC countries (excluding Angola, Lesotho and Zimbabwe) have policies requiring that health facilities administer PEP after a sexual assault and 13 countries have policies aimed at preventing sexually transmitted infection after sexual assault.

The risk of tuberculosis and HIV co-infection remains high: Sub-Saharan Africa accounts for 80% of the global number of people living with both TB and HIV. The region has made major strides in reducing TB deaths, including: intensified TB case-finding: (everyone that is enrolled in HIV care should be screened routinely for TB); isoniazid preventive therapy for those without active TB; infection control for TB in all HIV care facilities to prevent the spread of TB and initiating ART early, regardless of CD4 count, for those with active TB.

Table 7.8: TB related deaths in People Living with HIV 2005 and 2014

Country	TB related deaths in PLWH 2005	TB related deaths in PLWH 2014	% decline
Angola	2300 [1400 - 3400]	3500 [1500 - 6200]	**-52%**
Botswana	2500 [2000 - 2900]	1000 [800 - 1300]	**60%**
DRC	7100 [5500 - 8900]	6300 [5000 - 7700]	11%
Lesotho	8100 [6300 - 10 000]	4900 [3400 - 6600]	40%
Madagascar	720 [600 - 850]	480 [390 - 580]	33%
Malawi	15 000 [9300 - 21 000]	7000 [4100 - 11 000]	**53%**
Mauritius	8 [5.7 - 11]	10 [6.9 - 14]	-25%
Mozambique	33 000 [27 000 - 40 000]	37 000 [29 000 - 45 000]	**-12%**
Namibia	4900 [4000 - 5800]	1500 [1200 - 1900]	**69%**
Seychelles	0	0	0
South Africa	95 000 [74 000 - 120 000]	72 000 [58 000 - 89 000]	24%
Swaziland	4000 [2900 - 5300]	1700 [1200 - 2400]	**58%**
Tanzania	51 000 [34 000 - 73 000]	28 000 [15 000 - 43 000]	45%
Zambia	14 000 [9000 - 19 000]	11 000 [7400 - 16 000]	21%
Zimbabwe	19 000 [14 000 - 25 000]	5200 [3200 - 7800]	**73%**
Total	256 620	179 590	30%

Source: TB deaths in people living with HIV http://aidsinfo.unaids.org/#, last accessed July 20, 2016.

In 2005, TB constituted 28% of all AIDS related deaths and rose to 46% in 2014. Clearly, tracking TB and HIV co-infection is critical to win the battle against illness and death as a result of HIV and AIDS. Table 7.8 shows that:

- Overall there has been a 30% decrease in TB-related deaths in the region.
- Four countries have registered declines of over 50% (numbers in green). Zimbabwe (73%) and Namibia (69%) registered the highest decreases.
- TB related deaths increased in Angola and Mozambique.

HIV and cervical cancer co-infection is common: Co-infection of HIV with the human papilloma virus (HPV), which causes cervical cancer, is common. The two viruses have similar risk factors and both can be sexually transmitted. Women living with HIV are at least four times more likely to develop cervical cancer than other women. A number of initiatives, such as the Forum of African First Ladies against Breast and Cervical Cancer have spearheaded efforts to expand access to cervical cancer screening through integrating cervical cancer screening and responses into HIV services and plans. There are promising moves to introduce and rapidly roll out a vaccine against HPV to school going age girls. The incidence of cervical and breast cancer is increasing and is becoming more common in younger women. It is anticipated that cervical and breast cancer will be the leading causes of death in women in the region by 2025.

Co-morbidities with chronic conditions, such as hyper-tension and diabetes, are of concern for the estimated 5.5 million people aged 50 years and older living with HIV, and the 120 000 people in this age group who acquire HIV every year.

Care work

The Protocol requires member states to develop and implement policies and programmes to ensure the appropriate recognition of the work carried out by caregivers; the majority of whom are women, to allocate resources and psychological support for care givers as well as promote the involvement of men in the care and support of People Living with AIDS.



Care workers at World AIDS Day, Orange Farm, Johannesburg.
Photo by Gender Links

In the very difficult times before wide scale availability of ART, the health care system could not cope with the large numbers of very ill patients and relied on community based caregivers for home based palliative care and support to families as they struggled to provide care with depleted resources. With the expanding availability of ART and much reduced morbidity and mortality the health care system was able to come to the fore. What is increasingly accepted however, is that further expansion of treatment to reach all that need it and maintaining the necessary adherence, cannot be accomplished by the health service alone. It is accepted that community based HIV service delivery will need to expand from the current 5% to at least 30% of all service delivery. This includes:

- Community motivation and awareness for continued prevention;
- community motivation for testing which is currently the largest gap in the 90 - 90 - 90 cascade (only 54% of those living with HIV globally are aware of their status);
- support for treatment resupply within the community; and
- adherence support.

Studies of home based carers conducted by GEMSA, VSO and others found that the majority of caregivers were women who needed:

- training and technical support;
- remuneration;
- psychosocial support; and
- materials to deliver their services.

While the exact members of the newer home and community based workforce are changing and, for instance, include many more "expert patients" or people living with HIV who can share their own experience to

support others, as well as community health workers it is still largely a female workforce that relies on good will and voluntarism from those that can least afford it. WHO has stated that "there exists virtually no evidence that volunteerism can be sustained for long periods: as a rule, community health workers are poor and expect and require an income".[50]

Care work policy and legislation



Care workers in Ramotswa, Botswana at a cyber dialogue on home based care. *Photo by Roos van Dorp*

In 2010, inspired by Article 27(c) of the SADC Protocol on Gender and Development (The Protocol) and Gender and Media Southern Africa (GEMSA), VSO-RAISA developed the *Making Care Work Count Policy Handbook*.

The objectives of the handbook include influencing the development, adoption, implementation and enforcement of policy frameworks that promote the recognition and support of care providers in the context of HIV and AIDS, and to promote public engagement on care work related issues. The handbook proposes six principles that need to inform care work policies:

- ***Remuneration:*** People doing the work of government have a right to be financially rewarded.
- ***Logistic and material support:*** It is imperative that care providers have access to care kits as well as other support, such as uniforms for identification, bicycles, food packs, monthly monetary allowances, soap, free medical treatment, and financial support for income generating projects, raincoats, umbrellas, agricultural inputs, stationery and transport allowances, among others, to provide quality care.
- ***Training and professional recognition:*** Protocols of training and accreditation should be developed through a governing body within the region to regulate and standardise the training.
- ***Psychosocial support:*** Care for care providers should be prioritised with psychosocial support programmes developed and provided.
- ***Gender equality:*** The gender dimensions of HIV and care work should be recognised and catered for.
- ***Public private partnerships:*** There is a need to advocate for stronger public private partnerships in the delivery of PHC services through C&HBC programmes.

A number of SADC countries have developed Care Work policies or at least guidelines on care work, notably Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe

There has been some progress, but more work is needed on policies: Work in advocating for policies on Care Work needs to take account of the massive shift that has occurred in the HIV field and encourage retraining and recognition of the vital role that these women and men have played and continue to play in their communities.

There needs to be a cohesive government response to training and retraining care workers: Policies should be clear about criteria for trainees, standardised content and a decentralisation strategy so that people away from urban centres have access to training opportunities. Care workers require retraining to equip them for new roles in an era of ART.

Men need to be encouraged to get involved as care givers: The previously held assumption that men cannot be involved in care work is gradually changing, but more effort is needed on this front and more men must assume this responsibility.

Awareness raising, mobilisation and reduction of stigma and discrimination

The figures in table 7.2 illustrate that levels of correct knowledge about HIV and application of knowledge in practice such as consistent condom use are both very low in adolescents. New information about HIV is becoming available. There is thus need for continued awareness raising about HIV, modes of transmission and ways of preventing transmission, STI prevention and treatment, family planning and co morbidities. Prevention must reach those that have been left behind in other campaigns such as adolescents, older people, people living with disabilities, sex workers, men who have sex with men, prisoners and people who inject drugs. Much awareness raising can be provided at community level through peer supporters, health awareness talks by expert clients and others as well as

[50] Lehmann U and Sanders D, "Community health workers: What do we know about them? The state of the evidence on programmes, activities, costs and impact on health outcomes of using community health workers". A report by School of Public Health University of the Western Cape. Evidence and Information for Policy, Department of Human Resources for Health. Geneva, 2007.

community health days where information about HIV is provided with information on other conditions.

Prevention will only be successful in environments of reduced stigma and discrimination especially with regard to people with disability, sex workers, people who inject drugs, prisoners and LGBTI and community mobilization is a key issue in this regard. Such mobilisation needs to include community, traditional, political and religious leaders if it is to succeed. Community channels are critical for encouraging uptake of services such as voluntary male circumcision and use of condoms, including condom distribution.

Prevention of mother to child transmission

Mentor mothers, or a woman living with HIV who has used PMTCT, are used widely in both facilities and the community to support mothers that are being introduced to PMTCT. Their roles vary but typically include: pre and post- test counselling and support; support to disclose within the family (this is often very difficult and may result in gender based violence); psychosocial and adherence support. A randomised control trial of projects with mentor mothers and those without in South Africa found improved adherence to ART at 12 months (91% vs 64%), higher rates of disclosure (82% vs 69%) and higher rates of return of the infant for HIV testing (60% vs 31%).[51]

Though it has been shown that male involvement in antenatal care (ANC) leads to improved PMTCT outcomes, barriers such as:

- societal perception of ANC and PMTCT as belonging to women and not being a place for men;
- long waiting times at ANC clinics which make it difficult for working men to participate; and
- unwillingness of mothers to involve their partners as they feared violence, divorce and stigmatisation result in very low involvement of men in ANC.

A range of strategies to engage men has been employed in Malawi. These include - letters to invite male partners to attend ANC, home visits by mentor mothers or others, encouraging men to attend by male volunteers, by local chiefs or through the media.[52]

Expanding testing, care and treatment

As discussed, low levels of testing result in only 54% of those living with HIV knowing their status. This is well below the target of 90%. Some of the barriers to expanded testing are lack of information, continued stigma and fear of knowing one's status. Some of the strategies to overcome these barriers are community mobilisation with treatment education and literacy to rapidly expand knowledge about the availability and impact of treatment, or the benefits of testing. This must be complimented by community efforts to reduce stigma and discrimination. Expanded testing should take the views of adolescents into account with services that are designed to address their specific health-care, sexual and reproductive health and rights, educational, developmental and psychosocial needs. Efforts to make testing more accessible include home testing and testing during community health days.

Expanded testing which supports achievement of the first 90 must be accompanied by efforts to ensure that those that are tested positive are linked to HIV care so that they access treatment to achieve the second 90. A systematic review of the few studies that are available has shown a high loss to follow up with only 25% initiating ART. A study in Swaziland found that only 34% of those that tested positive during home based or mobile testing enrolled in HIV care where their CD4 was tested. Of those that were eligible for ART, only 52% initiated treatment. Factors that were associated with not seeking care were lower age (15 - 24), not believing the test result, not having time to access health services, belief that ARVs cause side effects and alcohol consumption.[53]

Much of the community support for expanded treatment involves support from community based health workers, expert patients and others within clinical facilities. Task shifting from doctors to nurses and nurses to lay workers relieves the impact of shortages of health professionals and enables the health system to respond more efficiently.

The other major shift has been a move to provide treatment resupply within the community or community ART groups (CAGs). In this model people on treatment form groups which select one of their group to attend the clinic and collect treatment for the whole group. This has addressed challenges such as distance to health facilities and has led to decongestion of the clinics. It also builds in support for one another with high levels of retention. In Mozambique retention in CAGs was found to be 97.7% at 1 year, 96% at 2 years, 93.4% at 3 years and 91.8% at 4 years. The model has been adopted as a national approach in Mozambique and is being used in Lesotho and Zimbabwe.[54]

Adherence Support

A range of community-based processes such as support groups, resupply groups described above, treatment

[51] Schmitz et al. Retaining mother baby pairs in care and treatment: the mothers-2-mothers Mentor Mother model. TUAD0201 IAS Vancouver 2015.
[52] UNAIDS, NAC & MSF Belgium. 2016. Engaging the Community to reach 90-90-90. Lilongwe, Malawi.
[53] UNAIDS, NAC & MSF Belgium. 2016. Engaging the Community to reach 90-90-90. Lilongwe, Malawi.
[54] UNAIDS, NAC & MSF Belgium. 2016. Engaging the Community to reach 90-90-90. Lilongwe, Malawi.

buddies, advocacy and stigma reduction are being implemented across the region. These are having positive impact on long term adherence to treatment. As more people begin treatment and the total number that is on treatment for life expands, there will be even more need for such initiatives which focus on loss of patients to follow up and management of opportunistic infections, especially TB.



In **Malawi**, support groups have been adopted as a national programme to provide psychosocial support, encourage HIV prevention, positive living and adherence to treatment. Some of the benefits of support groups that have been reported[55] are:

- enhanced linkage of people living with HIV to HIV services and increased initiation on ART;
- addressing stigma and discrimination;
- increased participation of men;
- engaging in income generating activities and use of some produce to support each other and support vulnerable children; and
- encouraging other people living with HIV to form support groups.

Care giving for children[56]

In many Sub-Saharan countries, extended families have assumed responsibility, with little public support,[57] for more than 90% of all double orphans and single orphans not living with the surviving parent.[58] The largest increase in AIDS deaths, orphan hood and vulnerability over the coming years will occur in those countries where extended families' resources are already stretched. As the numbers of orphaned and vulnerable children rise, it becomes increasingly difficult for families to meet the growing need for childcare.[59]

VSO-RAISA argues that scaling up HIV and AIDS services in C&HBC programmes requires fundamental changes on many levels. Recognising the rights of care providers, and providing a supportive environment for them to provide quality care, is a fundamental entry point to addressing this challenge.

The responsibility for making these fundamental policy changes rests with those who hold power and have a duty to respect, protect, promote and fulfil the rights of care providers - national governments, donors, civil society and other key players involved in the fight against HIV and AIDS. It is now time to recognise the contributions of community volunteers in the fight against HIV and AIDS, and to support and empower them to understand and claim their rights.[60]



Orphans in Malawi - extended families are proving a challenge in providing quality care. *Photo courtesy of Creative Commons*

Post-2015

The World AIDS 2016 Conference held in Durban, South Africa from 18 to 22 July closed with renewed calls aimed at making the goal to end HIV and AIDS by 2030 a reality. At the regional level, in June 2016 SADC Gender Ministers updated the SADC Gender Protocol to align this to the Post-2015 agenda. The review process presented an opportunity to push for strengthened commitment by SADC member states to take every step necessary to adopt and implement gender sensitive policies and programmes, and enact legislation that will address ending AIDS.

[55] UNAIDS, NAC & MSF Belgium. 2016. Engaging the Community to reach 90-90-90. Lilongwe, Malawi.
[56] http://www.unicef.org/publications/files/Africas_Orphaned_and_Vulnerable_Generations_Children_Affected_by_AIDS.pdf
[57] United States Agency for International Development, et. al., Coverage of selected services for HIV AND AIDS prevention, care and support in low and middle income countries in 2003, Policy Project, USAID, Washington, D.C., June 2004.
[58] Monasch, Roeland, and J. Ties Boerma,'Orphanhood and childcare patterns in sub-Saharan Africa: An analysis of national surveys from 40 countries', AIDS, vol. 18, suppl. 2, 2004, pp. S55-S65.
[59] Foster, Geoff, 'The capacity of the extended family safety net for orphans in Africa', Psychology, Health & Medicine, vol. 5, no. 1, 2000, pp. 55-62
[60] http://www.vosesa.org.za/sadcconference/papers/7.pdf

New additions to the Protocol

The only addition to the Protocol is the cross referencing with the SADC Sponsored Commission of the Status of Women (CSW) resolution on Women, Girls and HIV and the UN Political Declaration on HIV and AIDS. This however is highly significant, since it brings women to the centre of the region's response to HIV and AIDS.

The SADC sponsored CSW resolution on Women, Girls and HIV calls for:

- Attention to HIV in adolescent girls and young women.
- Efforts to attain gender equality and the empowerment of women and girls.
- Enactment of laws, policies and strategies to eliminate gender based violence.
- Involvement of men and boys in achieving gender equality.
- Measures to ensure that girls complete their education and have access to social protection.
- Measures to address HIV-related stigma and discrimination.
- Financial and technical support to national efforts to end AIDS, achieve gender equity and mainstream gender and human rights into policies, planning, programmes, monitoring and evaluation.
- Age and sex disaggregated data collection and action-oriented research.



Photo courtesy of UNAIDS

The 2016 high level meeting on HIV adopted the **Political Declaration on HIV and AIDS** which endorses the UNAIDS strategy for 2016 to 2021 *On the Fast Track to End AIDS*.[61] Though the SDGs do not have specific targets for HIV as the MDGs did, this strategy has specific targets that are linked to achievement of a number of SDGs. The vision of the strategy is zero new HIV infections, zero discrimination and zero AIDS-related deaths. The strategy has three overall strategic directions:

- HIV prevention.
- Treatment, care and support.
- Human rights and gender equality for the HIV response.

The 2016-2021 Strategic Agenda is organised around five SDGs most relevant to the AIDS response: good health (SDG 3), reduce inequalities (SDG 10), achieve gender equality (SDG 5), promote just and inclusive societies (SDG 16) and revitalize global partnerships (SDG 17), while recognizing that other SDGs such as end poverty (1) and ensure quality education (4) are also important. It emphasises that all regions must analyse their own situations to ensure that no one is being left behind. In East and Southern Africa this requires much greater emphasis on adolescent girls and young women with focus also on sex workers, older people, men who have sex with men, prisoners, migrants, injecting drug users and intimate partners.

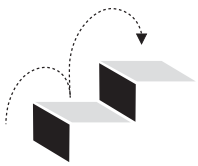
The ten targets of the five-year plan are:

1. 90% of people (children, adolescents and adults) living with HIV know their status, 90% of people living with HIV who know their status are receiving treatment and 90% of people on treatment have suppressed viral loads;
2. Zero new HIV infections among children, and mothers are alive and well;
3. 90% of young people are empowered with the skills, knowledge and capability to protect themselves from HIV;
4. 90% of women and men, especially young people and those in high-prevalence settings, have access to HIV combination prevention and sexual and reproductive health services;
5. 27 million additional men in high-prevalence settings are voluntarily medically circumcised, as part of integrated sexual and reproductive health services for men;
6. 90% of key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants, have access to HIV combination prevention services;
7. 90% of women and girls live free from gender inequality and gender-based violence to mitigate the risk and impact of HIV;
8. 90% of people living with, at risk of and affected by HIV report no discrimination, especially in health, education and workplace settings;
9. Overall financial investments for the AIDS response in low- and middle-income countries reach at least US$ 30 billion, with continued increase from the current levels of domestic public sources;
10. 75% of people living with, at risk of and affected by HIV, who are in need, benefit from HIV-sensitive social protection.

[61] UNAIDS Strategy, 2016 - 2021. On the Fast Track to end AIDS http://www.unaids.org/en/resources/documents/2016/GlobalPlan2016 accessed 10 May, 2016.

UNAIDS estimates that the plan would avert 28 million new HIV infections and 21 million AIDS-related deaths; we well as save US$ 24 billion annually. There are 35 priority countries targeted to receive support, of which twelve are in SADC (Angola, Botswana, Democratic Republic of Congo, Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa, Tanzania, Zambia and Zimbabwe).

Each country will need to set its own targets to ensure that it is reaching those that have previously been left behind. It is anticipated that additional effort will be needed at the community, district, national, regional and global levels to achieve: significant increase of time and financial resources; focus on the locations, populations and interventions that deliver the greatest impact; catalysing innovation for people who need it most; leveraging regional leadership and political institutions for more targeted, sustainable and accountable responses; inter-sector partnerships to leverage contributions of people living with HIV, the private sector, faith-based communities, academia and science alongside government and civil society organizations; and commitment to the principle and people-centred accountability in an era of Sustainable Development.



Next steps

- ***Focus more on prevention:*** Although treatment has played an enormous role in reducing the impact of HIV and AIDS, experts agree that it is not possible to treat the epidemic away. Long term there must be much more emphasis on prevention, including prevention of gender based violence and access to services for the most marginalised including men who have sex with men, sex workers, those who inject drugs and prisoners.
- ***Focus on adolescents and young people*** for prevention, treatment, care and support. One of the best vaccines for young people is to make sure that they are in schools which are safe, supportive and where they are learning skills that they can use in life. The epidemic in young girls and women must be tackled with specific approaches tailored to this age group.
- ***Renew the focus on co-infections***, especially TB and cervical cancer.
- ***Recognise the role of a range of community based caregivers*** who need the same support as they have throughout the pandemic - training, remuneration, materials and psychosocial support. Their role in motivating community members to test, prevent infection, access treatment and, very importantly, to adhere to treatment and in addressing stigma at community level, will be critical to end AIDS by 2030.
- ***Increase investment*** in systems for health, including linkages between clinical facilities and community based services. This must include increased domestic funding. Since 2011 measurement of progress on HIV and AIDS was based on only three indicators; sex-disaggregated data on HIV and AIDS prevalence, HIV positive pregnant women receiving PMTCT treatment and comprehensive knowledge on HIV.However lessons from the ground in the past six years has shown that using only these three indicators has not been enough to provide a realistic regional outlook on progress or lack of thereof. The indicators table at the end of this chapter shows new areas like the share of HIV prevalence in adolescences as well as taking treatment measurement beyond PMCT and to include total coverage for all infected people and adherence to treatment provide a realistic picture.
- ***Expand indicators for measuring change:*** The table shows that the current four indicators used to measure HIV and AIDS can be expanded by at least another five, to give a more comprehensive and nuanced assessment of progress towards an AIDS-free generation. Tracking indicators also need to need to be updated post-2015.

PROPOSED INDICATORS FOR IMPLEMENTATION FRAMEWORK	SGDI	New SGDI
HIV prevalence		
HIV prevalence in adult women compared to adult men	✓	
HIV prevalence in adolescent girls compared to adolescent boys		✓
No of infections averred		✓
Prevention		
PMTCT coverage	✓	
Comprehensive knowledge of HIV and AIDS	✓	
Treatment		
% of ARV treatment	✓	
% testing		✓
Adherence to treatment		✓
Reduction in AIDS-related deaths		✓
TRACKING		
No of countries that have updated their national aids policies in line with UNAIDS targets.		
No of countries with policies on caregiving.		



"Nicole" Anushka Virahsawmy

CHAPTER 8

Peace building and conflict resolution

Article 28



Playing to a new tune: Police launch the Sixteen Days of Activism in Namibia. *Photo by Gender Links*

KEY POINTS

- The reviewed SADC Gender Protocol now recognises women's equal participation in peace building.
- There has been an improvement in the provision of sex-disaggregated data on security services since the Barometer began tracking this parameter in 2010. We are able to track the sex-disaggregated data for 12 countries on defence and 13 countries on the police. SADC must populate its database on women in the security sector so that there can be a more regularly updated statistics on this sector.
- The Southern African Development Community (SADC) is paying far more attention to issues of gender, peace and security and it is in the process of developing a Regional Strategy to implement United Nations Security Council Resolution (UNSCR) 1325.
- Only one SADC country, the DRC, has adopted a UNSCR 1325 National Action Plan, as per Article 28 of the SADC Protocol on Gender and Development. Namibia, South Africa and Madagascar are engaged in processes of the developing Action Plans on Women's Peace and Security.
- Democratic Republic Council (DRC) citizens continued to score their government the lowest at 46%. Seychellois scored their government the highest at 82%.
- Violent and non-violent conflicts occurred in DRC, Lesotho, Mozambique, Madagascar, South Africa, Angola, Zimbabwe and Tanzania.
- The SADC Commission of Inquiry into Lesotho required that the country undertake security sector reforms (SSR). This provides a good opportunity for the country to mainstream gender into their security sector.
- Nine countries in SADC deployed peacekeepers to UN missions in 2015. Namibia (36%) sent the highest proportion of women on peacekeeping missions. South Africa and Tanzania deploy the largest absolute number of women peacekeepers.
- Overall, citizens gave SADC governments a score of 69% for gender, peace and security, up from 45% in 2010. Women rated peace and security in SADC at 70% compared to 69% for men.

Table 8.1: Tracking Table - Peace Building and Conflict Resolution				
Target for 2015	**Baseline (2009)**	**Progress (2015)**	**Progress (2016)**	**Variance (Progress minus target)**
15 countries with UNSCR National Action Plans	**1 country** (DRC)	**1 country** (DRC)	**1 country** (DRC)	**14 countries** (Angola, Botswana, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia & Zimbabwe)
Defence				
15 countries with sex-disaggregated data on defence	**5 countries** (Botswana, Madagascar, Malawi, South Africa & Zimbabwe)	**12 countries** (DRC, Botswana, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Zambia & Zimbabwe)	**12 countries** (DRC, Botswana, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Zambia & Zimbabwe)	**3 countries** (Angola, Tanzania, Swaziland)
At least 50% highest proportion of women in defence	South Africa 24%	South Africa 30%	South Africa 30%	-20%
Lowest proportion of women in defence 50%	Botswana 0.1%	Botswana & Madagascar 1%	Botswana & Madagascar 1%	-49%
Police				
15 countries with sex disaggregated data on the police force	**6 countries** (Botswana, Mauritius, Mozambique, Namibia, South Africa & Zambia)	**13 countries** (Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia & Zimbabwe)	**13 countries** (Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia & Zimbabwe)	**2 countries** (Angola & Swaziland)
At least 50% highest proportion of women	South Africa 21 %	Seychelles 39%	Seychelles 39%	-11%
50% lowest proportion of women	Mozambique 7%	DRC 6%	DRC 6%	-44%
Correctional services				
15 countries with sex disaggregated data for correctional services	**0**	**6 countries** (Lesotho, Madagascar, Malawi, Mauritius, Seychelles & South Africa)	**6 countries** (Lesotho, Madagascar, Malawi, Mauritius, Seychelles & South Africa)	**9 countries** (Angola, Botswana, DRC, Mozambique, Namibia, , Swaziland, Tanzania, Zambia & Zimbabwe)
At least 50% highest proportion of women	South Africa 27%	Seychelles 53%	Seychelles 53%	+3%
50% lowest proportion of women	Mauritius 8%	Mauritius 9%	Mauritius 9%	-41%
Peacekeeping				
15 countries include women in peacekeeping forces	**7 countries** (DRC, Malawi, Namibia, South Africa, Tanzania, Zimbabwe & Zambia)	**9 countries** (Botswana, DRC, Madagascar Malawi, Namibia, South Africa, Tanzania, Zimbabwe & Zambia)	**9 countries** (Botswana, DRC, Madagascar Malawi, Namibia, South Africa, Tanzania, Zimbabwe & Zambia)	6 countries (Angola, Lesotho, Mauritius, Mozambique, Seychelles, Swaziland)
At least 50% highest proportion of women	Namibia 46%	Zimbabwe & Namibia 29%	Namibia 36%	-14%
50% lowest proportion of women	Tanzania 6%	Mozambique 0%	DRC 2%	-48%
Scores				
100% CSC	40%	68%	69%	31%

In 2016, SADC Member States adopted a revised version of the SADC Gender and Development Protocol (the Protocol) aligned to the Sustainable Development Goals (SDGs).

The updated Protocol includes equal representation of women in peacekeeping. SADC member States and civil society organisations must work much harder, smarter and co-operatively over the coming years to realise the targets on peace and security.

Many SADC countries started with a relatively high number of women in the security sector and should be able to increase their numbers. This will, however, require political will, strategic planning and concerted effort by SADC and its Member States.

South Africa is the only country to have reached the 30% mark for women's representation in defence in the region followed by Namibia at 23%. The high percentage in both countries is a result of strong political will from the respective governments to ensure implementation of UNSCR 1325.

The African Union (AU) has urged Madagascar to undergo Security Sector Reform (SSR) measures in which it should also mainstream gender. The defence forces remains relatively closed to women despite the introduction of a 10% intake for women gendarmes. Madagascar and Botswana have the lowest levels of women in the sector.



K Molatlhegi sharing Police GBV Statistics in Botswana.
Photo by Gender Links

The data for Angola, Tanzania and Swaziland remain inaccessible. The sharing of information and best practices across SADC defence forces is important in the reporting of gender mainstreaming.

Seychelles, at 39% for women's representation in the police, is still the highest in SADC on this front. South Africa increased its representation of women in the police force from 34% to 35%. Namibia has the third highest representation of women in the police in the region at 31%. Four countries, Botswana (26%), Zimbabwe (25%), Malawi (23%) and Lesotho (21%) have reached the 20% mark.

The police services have generally been able to mainstream gender far faster than the other security sectors. All countries need to strengthen their women police networks. The Southern African Regional Police Chiefs Co-operation Organisation (SARPCCO) must ensure that these networks are able to meet and share progress and challenges on a regular basis. Angola and Swaziland remain a challenge as no data is available for these countries.

Sex disaggregated data is least available for correctional services yet this is a sector with a high number of women. At 53%, Seychelles continues to have the highest proportion of women in correctional services in the region. It is the only country in the region to have achieved gender parity in correctional services.

SADC Women in Corrections/Prisons launched a network in Windhoek in 2014. The network came about as a result of "efforts of the SADC Gender Unit, which had been working with the Gender, Peace and Security cluster of the SADC Gender Protocol Alliance to develop a framework to serve as a guide for SADC countries to assist with mainstreaming gender into the security sector".[1]

Nine SADC countries deployed peacekeepers to UN missions in 2015: DRC, Lesotho, Madagascar, Malawi, Namibia South Africa, Tanzania, Zambia and Zimbabwe. Namibia increased the average number of women peacekeepers it deployed from 29% to 36% - the highest ratio in SADC. Madagascar also did well increasing its representation of women from 17% in 2014 to 21% in 2015. Zambia declined substantially from 16% to 5%. Although Zambia does reasonably well in the deployment of Police (women comprised 16% of the police contingent for the year) it does not deploy female troops (women comprised only 1% of the troop contingent).

At least four Southern African countries (South Africa, Namibia, Zimbabwe, and Seychelles) are leading globally in the inclusion of women in the security sector and the deployment of women as peacekeepers as per United Nations Security Council Resolution (UNSCR) 1325 recommendations. These countries have also pioneered ways to increase women's representation in this sector. The next step for these countries is to share their experiences with the whole region.

[1] Namibia Sun 22/8/2014 "SADC prison women make gender equality strides".

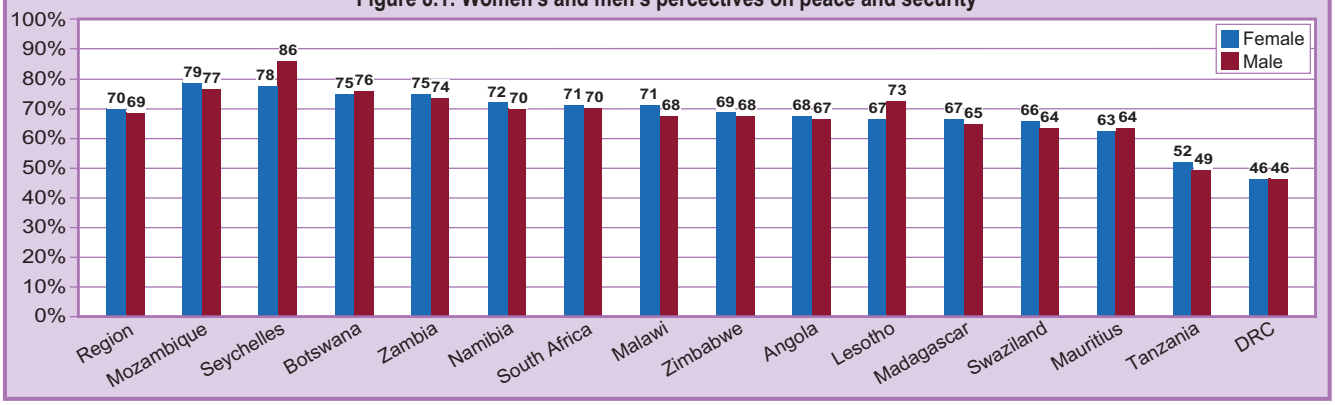
Southern African countries, and SADC as an institution, have not developed UNSCR 1325 National Action Plans (NAPs). Only the DRC has one. Namibia is well on its way to adopting a NAP. These plans are also in progress in South Africa and Madagascar.

The SADC Gender Protocol provides for peace and security requiring member states to:

- Put in place measures to ensure that women have equal representation and participation in key decision-making positions in conflict resolution and peace building processes, in accordance with UN Council Resolution 1325 on Women, Peace and Security.
- During times of armed and other conflict, take steps as are necessary to prevent and eliminate incidences of human rights abuses especially of women and children and ensure that the perpetrators are brought to justice before a court of competent jurisdiction.

Due to the gaps in data, the sector does not have indicators in the SADC Gender and Development Index (SGDI). The Alliance has tracked progress in this sector through citizen perceptions, measured by the Citizen Score Card (CSC).

Figure 8.1: Women's and men's percectives on peace and security



Source: Gender Links 2016.

Figure 8.1 shows that, overall, citizens gave SADC governments a score of 69% for gender, peace and security - up from 67% in 2015. Citizen perceptions of peace and security are more positive year on year, despite increased peace and security concerns in the region.

There is a one percentage point difference between the score of women (70%) and men (69%). In Angola men gave their government a score of 67% and women 68%. Women in Mozambique gave their government the highest score of 79% in the region, followed by the women in the Seychelles with 78%. Men in the Seychelles scored their government exceptionally high with 86%. The citizens of the Seychelles are the most satisfied with the way in which their government is dealing with peace and security issues. Citizens of the DRC rank their country the lowest at 46%.

The DRC, Lesotho Tanzania, Swaziland, Madagascar, Mauritius and Malawi all score lower than in 2015. Although there is renewed conflict in Mozambique between government security forces and Renamo, the citizens of Mozambique scored their government at 78%, up from 70% in 2015. Botswana also had an increase in the positive perceptions of citizens from 65% in 2015 to 75% in 2016. Seychelles and Lesotho have the highest gender gaps: eight % and six % respectively.

Background

In 2015, the United Nations (UN) conducted three important reviews, each of which have a bearing on gender, peace and security, i.e., the review of the peacebuilding architecture, the review of peace operations and the global study on women, peace and security.[2] Some of the key points emerging from these studies were:

[2] United Nations, 2015. "The Challenge of Sustaining Peace: Report of the Advisory Group of Experts for the 2015 Review of the United Nations Peace Building Architecture"; "The Review of the High Level Independent Panel on Peace Operations" and "Preventing Conflict, Transforming Justice, Securing Peace: A Global Study on the Implementation of UNSCR 1325".

From the review of the peacebuilding architecture:

- Peacebuilding is often an afterthought: under prioritised, under resourced and undertaken only after the guns fall silent... yet it should be the principle that flows through all UN engagements. There is a need for a comprehensive approach to "sustaining peace" and the success relies on uniting the peace and security, human rights and development pillars;
- Building national leadership is an integral part of a reconciliation and nation-building agenda. Effort must accelerate to attain and then surpass the Secretary's 15% gender marker for financing to peacebuilding approaches that promote gender equality.

From the review of peace operations:

- Lasting peace is achieved through political solutions and not through military and technical engagements alone;
- There is need to prioritise prevention and mediation and to change the way in which the UN plans and conducts its peace operations to make them faster, more responsive and more accountable to countries and people in conflict;
- There is further need to conduct gender-sensitive analysis, planning, implementation, review, evaluation and mission drawdown processes and integrate gender expertise within all mission components;
- Immunity must not mean impunity.

These studies point to the need for fundamental shifts in peace-building and peace operations and for more gender sensitive and gender responsive policies and practices to create "sustainable peace".

SADC must take heed of the new global agenda and targets on peace and security, particularly as they relate to gender. The world is experiencing a rise in conflict due to a rise in violent extremism, increasing inequality, exclusion and the lack of sustainable peace-building efforts. SADC has also experienced an upsurge in conflict, with renewed low intensity violence in the DRC, Lesotho, Mozambique, Zimbabwe and South Africa. In this context it becomes imperative that SADC develops a comprehensive Regional Strategy on Women, Peace and Security and that it encourages Member States to adopt National Action Plans.

SADC architecture on peace and security

SADC has established an **Organ on Politics Defence and Security**, which is divided into the Political Sector, Defence Sector, State Security, Police and Public Security sectors. These sectors in turn have developed a Mediation Unit, a Panel of Elders and Mediation Reference Group; Peace building Unit; Early Warning and a SADC Brigade, amongst other. These organisational mechanisms have been tested over the last few years with continued crises in the DRC, Lesotho, and Mozambique and border disputes between Tanzania and Malawi. South Africa and Zimbabwe have also seen widespread violent unrest erupting.

The SADC Organ remains state-centric both in terms of who participates and the main focus. It still sees itself primarily dealing with "hard security" issues such as election violence, civil wars, terrorism and transnational crime. Human Security concerns, arguably at the root of most of conflict, have largely been left to other Directorates. Within this silo approach to peace and security gender is hived off as a secondary concern to be dealt with somewhere else, or said to be "cross-cutting" so that it becomes no-one's responsibility. This situation will hopefully change with the adoption of a Regional Strategy on Women Peace and Security. It is promising that the SADC Organ directorate is now paying attention to issues such as peace building and disaster management.

Regional Strategy on Women Peace and Security



SADC member states and civil society at the SADC Gender Protocol review meeting, October 2015. *Photo by Thandokuhle Dlamini*

SADC governments, the SADC Gender Unit and Peace and Security Organ, UN Women and civil society partners met in October 2015, in Johannesburg for the Symposium on Women Peace and Security.

The delegates acknowledged the milestones made since the signing of UNSCR1325 fifteen years ago. Additionally, SADC Member States have adopted gender-sensitive legal and policy frameworks, conducted gender training in the security sector and as a result, the representation of women in the security sector has increased. The delegates noted that in a number of countries the implementation of Article 28 of the SADC Protocol on Gender and Development has been limited to participation and protection. They called upon governments to consider an expanded definition of peace and security to one that is human security orientated encompassing socio-economic development, social justice, environ-

mental protection, democratisation and the respect of law. With this expanded definition it will be possible to reaffirm their commitment to a comprehensive response to the achievement of gender equality in advancing peace and security.



Members of the defence force join the Sixteen Days March in Namibia. *Photo by Gender Links*

The symposium explored adoption of a multi-sector approach to peace and security coordination which is inclusive, rights based, transparent and accountable. Delegates agreed that SADC needs to take a lead to ensure gender responsiveness in peace and security through[3]:

- The development and adoption of a regional strategy and framework for implementing Article 28 of the SADC Protocol on Gender and Development. This framework should be accompanied by a regional set of indicators that will provide a basis for assessing progress in the area of gender, peace and security.
- A commitment to strengthen the SADC peace and security architecture by mainstreaming gender. This would include the appointment of women in strategic leadership positions in peace and security institutions.
- Ensuring that all peace and security processes such as mediation are gender responsive, that is, they take into account the different roles, priorities and needs of women and men.
- Ensuring that there are national action plans or strategies in place to implement Article 28 of the SADC Protocol on Gender and Development and that these strategies have the necessary resources and political support.
- Accelerating the mainstreaming of gender across all government departments. Governments will pay particular attention to the mainstreaming of gender in their peace and security sectors such that it is representative, capacitated and has appropriate policies, programmes and resources to effectively fulfil the function of prevention, protection and relief and recovery.
- Reporting on its efforts to advance gender in peace and security, by paying particular attention to Article 28 of the SADC Protocol on Gender and Development.

The symposium called upon civil society actors to contribute towards gender responsive peace and security in the region through:

- Localising and leveraging Article 28 of the SADC Gender Protocol and UNSCR1325 to mobilise women's power to prevent all forms of conflict in our homes, our communities, our countries and our world.
- Collect data on the extent, nature, and drivers of conflict and human security in specific settings, and to disseminate guidance to facilitate the collection and analysis of this information for advocacy and ensuring accountability to the principles expressed in Article 28 of the SADC Protocol on Gender and Development.
- Raising awareness on the drivers of conflict and human insecurity informed by the lived experiences of women, girls, men and boys from diverse backgrounds and mobilising for the development of concrete action by all actors (including religious, traditional leaders and faith-based groups).

Peaceful elections

Elections are often a cause for violent conflict when process and results are disputed. In July 2015 SADC adopted a revised framework for governing elections called the 2015 Revised SADC Principles and Guidelines Governing Elections. These revised guidelines seek to strengthen election observation by calling for longer-term observation, the inclusion of civil society in SADC's Electoral Observer Missions and by clearly defining concepts and providing criteria for measurement.[4]

State of Peace and Security in Southern Africa

SADC countries face predominantly human security challenges. These relate to high levels of crime, xenophobia, gender based violence, poverty, access to land, housing, water and food, human rights abuse, curbing of the space for civil society to mobilise and problems associated with refugees and internal displacements.

The 2016 Global Peace Index (GPI) which measures the relative positions of nations' and regions' peacefulness indicates a trend towards the world becoming less peaceful. Launched in 2007 by the Institute for Economics and Peace (IEP), the GPI ranks 163 countries. The 2016 GPI reports that 79 countries became less peaceful since 2015.[5] Iceland remains the most peaceful whilst Iraq, South Sudan and Syria are the least peaceful. Some SADC countries do not fare well in the Global Peace Index.

[3] Symposium on Women, Peace and Security, October 2015.
[4] K Chirambo and D Motsimai, 2016. "The 2015 SADC Election Guidelines: Can they work? ISS Southern Africa Report Issue 5.
[5] Global Peace Index 2016, Institute for Economics and Peace, pg. 9.

Table 8.2: Global Peace Index 2016 ranking of Sub-Saharan countries					
Country	Rank in Sub-Saharan Africa 2015	Rank in Sub-Saharan Africa 2016	Rank Globally 2015	Rank Globally 2016	Variance
Mauritius	1	1	25	23	2
Botswana	2	2	31	28	3
Namibia	3	8	48	55	-7
Malawi	5	7	51	45	6
Zambia	7	4	55	40	15
Lesotho	9	11	63	63	0
Tanzania	10	9	64	58	6
Madagascar	12	3	67	38	29
Mozambique	16	13	80	68	12
Angola	19	21	88	98	-10
Seychelles	No data				0
Swaziland	21	19	101	90	11
Zimbabwe	30	32	125	127	-2
South Africa	37	31	136	126	10
DRC	41	41	155	152	3

Source: Global Peace Index Report 2016.

Table 8.2 Shows the Peace Index ranking for countries in the region and globally for 2016. The table shows a slight improvement globally for SADC countries in that only three (compared to four countries in 2015) rank above 100. Mauritius scored highest in the region in the 25th position while DRC, at position 155, scored lowest. Three SADC countries dropped in their ranking - Namibia, Angola and Zimbabwe.

Zambia, Madagascar, Mozambique, Swaziland and South Africa improved their scores considerably. These improved scores for some countries in the global ranking, as important as they are, must not negate the very real peace and security challenges faced by SADC countries. Some of the largest countries in the region (South Africa, DRC, Zimbabwe, and Angola) are the least peaceful. The increasing number of protests in countries like South Africa, Lesotho and Zimbabwe are a cause for concern.



The **DRC**, continues to be a fragile country with pockets of armed conflict in the East. Despite the presence of one of the largest UN peacekeeping missions, MONUSCO, and the deployment of a Force Intervention Brigade, the Eastern Congo is still afflicted by rebel groups. It is estimated that there are about 70 armed groups still operative, including the notorious Democratic Forces for the Liberation of Rwanda (FDLR) and Ugandan Allied Democratic Forces (ADF).[6] Although the M23 has been defeated (recalling they took over Goma in the presence of the UN peacekeeping mission), other groups remain operative and new ones emerge, an indication of the continued difficulty in governance of the area. The conflict in the DRC has led to large death toll (around 5 million), internal displacement (estimated at 2.5 million) refugees in neighbouring states (450 000)[7] and widespread human rights abuse and sexual and gender based violence.



Women in the DRC yearn for peace. *Photo courtesy of The Hope Project*

The DRC is due to have legislative and presidential elections in November 2016. However, President Joseph Kabila's call in 2015 for a "National and Inclusive Political Dialogue" to discuss electoral issues met with violent protests as opposition parties saw this as a ruse for him to either delay the elections or to stay in power for a third term. The Congo has never had a peaceful transfer

[6] Council of Foreign Relations Global Conflict Tracker, "Violence in the Democratic Republic of Congo" http://www.cfr.org/global/global-conflict-tracker/p32137#!/conflict/violence-in-the-democratic-republic-of-congo

[7] See the Conflict Tracker Ibid.

of power since independence. There is therefore much riding on the future stability of this country during the next election. At issue currently is the agreed dates for the elections and a budget. The AU appointed the former Togolese minister, Edim Kodjo to act as facilitator to bring the various groups in the DRC together for the dialogue. On July 4, the SADC part of the support group for the AU Led Inter-Congolese Dialogue met in Addis Abba and reaffirmed the need for all Congolese stakeholders to create an environment conducive for dialogue and to hold this dialogue by the end of July 2016. It is important that women make their voices heard in the run up to this dialogue and that they fully participate in the deliberations thereof.



Brigadier Mahao.

Since August 2014, **Lesotho** has seen a series of power struggles in the defence force leading to the death of Brigadier Mahao. A SADC Commission of Inquiry recommended a comprehensive strategy to reform the security sector. These recommendations are to be implemented by August 2016. The Commission of Inquiry consisted of nine men and one woman.

In January 2016 the Double Troika of SADC urged Lesotho to develop a roadmap to implement the reforms recommended by the SADC Facilitator (constitutional, public sector and security sector reforms). By 28 June 2016, SADC was still urging Lesotho to develop the roadmap. A Double Troika Summit held in Gaborone on that day also agreed to technical support to the government of Lesotho to assist with the roadmap, to a workshop on SSR and it approved the Terms of Reference for an Oversight Committee which will serve as an early warning mechanism. There is need for this process to be inclusive of all stakeholders including women. The situation provides an opportunity to mainstream gender into the security sector, in accordance with Article 28.

Mozambique has in the past been regarded as a good case study for peace-building programmes in the region. However, lately it regressed into conflict; a phenomenon common in at least half of all post-conflict countries. This is a cause of concern for the region and poses questions on the existing peace building initiatives in SADC. From 2013 the renewed conflict between the opposition Renamo and ruling Frelimo led to violence. In September 2014 the two old foes signed another peace agreement which enabled the elections to proceed. Renamo failed to make progress through the ballot and threatened to take over six of the North and Central provinces of Mozambique in which it has some support. The clashes between rebels and security forces have given rise to another emerging refugee problem in which many flee to Malawi. Mozambique at one point was considered one of the fastest growing economies in Africa. All efforts should be made to prevent it from returning to civil war. Part of the peace-building lessons learnt here are that incomplete Disarmament ,Demobilisation and Reintegration (DDR) processes will come back to challenge the stability of a country.

Protests in **South Africa** gained global attention in 2015 when students campaigned against an increase in student fees, the continued presence of colonial symbols (#Rhodes must fall), outsourcing and a culture of rape at universities. These groups highlight the continued racism and sexism confronting academia in South Africa; hence the call for decolonisation of the universities.

South Africa registered more than 6000 protests in the year under review - most relating to service delivery. No less than 51 instances of protests occurred over the voter registration weekends in March and April 2016.[8] On June 20, 2016 violence erupted in Tshwane over the nomination of Thoko Didiza as the ANC mayoral candidate for the area. These protests indicate that the upcoming local elections in August 2016 are likely to be marred by violence. Local government needs to take action to include women and men equally in conflict resolution at the local level.

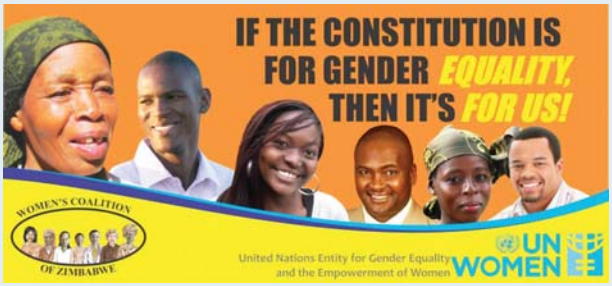
Nationals of other SADC countries expressed outrage at continued xenophobic attacks in South Africa in the period under review.

Policy provisions for women's representation and participation

The examples of threats to peace and security over the last year illustrate that peace in Southern Africa is not a given. Governments need to deal with the human security challenges, which include gender inequality and gender based violence, to create the sustainable positive peace envisaged in the 1990s. The safety and security of women is dependent on the levels of peace and security nationally and regionally. It is therefore imperative that SADC and its member states work towards creating a safer and more peaceful region. In doing so, SADC must include women and a gender perspective in peace and security decision-making solutions and in implementation. Civil society needs to find ways in which to hold governments to account.

[8] ACLED. Conflict Trends No.48 "Real-time analysis of African Political Violence, May 2016.

Women Coalition of Zimbabwe response to Xenophobia attacks in South Africa



The resumption of xenophobia-related attacks in March 2015 triggered memories of the past carnage visited upon foreign nationals by disenchanted citizens of South Africa. The Women's Coalition of Zimbabwe (WCoZ), umbrella body for women's organisations facilitated multi-sector responses to the xenophobia incidents, which experience has shown affect women more.

Social media raised alarm through first-hand accounts including via social media of those under attack in South Africa corroborated by print and electronic media reports. WCoZ consulted its members and adopted an action plan which included: a position paper, petition statement and solidarity messages; non-violent civil actions and a media campaign. The actions all expressed outrage at the attacks and needless loss of life of foreign nationals. The fact that most of those targeted were from the SADC region despite South Africa being part of the sub-regional bloc and signatory to protocols on free movement of nationals.

The WCoZ response targeted the Zimbabwe government and its SADC and AU counterparts, the United Nations, South African embassy and embassies of affected countries, as well as the Zimbabwean public.

Article 28 on Peace building and Conflict Resolution in the SADC Protocol on Gender and Development assures that citizens will be protected against violence while the SADC Treaty seeks to build a community based on regional integration. Part five of the protocol on productive resources and employment also alludes to the guarantee for accessing opportunities in member states. The statements circulated made reference to various instruments that recognise, that fundamental human rights stem from the attributes of human beings, which justifies their national and international protection. Xenophobia flies in the face of such efforts.

Lessons learnt are that there is need to ensure the ongoing analysis of the economic challenges faced in the SADC member states that destabilise the Community. The option of xenophobia can never be justified.

By Virginia Muwanigwa, former Chair of WCoZ

Table 8.3: Analysis of gender provisions in relevant security services legislation

Country	Constitution Provides for non-discrimination	Defence Force Acts/White papers	Police Force Acts/ White papers	Correctional Services/Prisons Act	Signed Protocol to prevent, suppress and punish trafficking in persons, especially women and children	UNSCR 1325 NAP
Angola	Yes	General law of the military No 1/93. Gender not mainstreamed into the Act. Women are allowed to enlist.	The Lusaka Protocol 1994 governs policing. Women are allowed to enter the police services.		No	No
Botswana	Yes	Defence Act chapter 21:05. Gender not mainstreamed into the Act. Women allowed to enter the defence force since 2008.	Police Act 29 of 1978; Chapter 21:01 of laws of Botswana. Gender not mainstreamed into the Act.	Prisons Act Chapter 21:03. Gender not mainstreamed into the Act.	Yes	No
DRC	Yes		In 2010 a new law was passed to reform the police. Unable to access it.	Ordinance 344 of 1965. Gender not mainstreamed into the Act.	Yes	Yes
Lesotho	Yes	Lesotho Defence Force Act no. 4 of 1996 makes no reference to gender equality. The language is not gender sensitive. There is no affirmative action clause and gender is not mainstreamed into the Act. There are women in the defence force.	Police Act no 7 of 1998. Equal opportunity for police recruitment mentioned in Act. Language in Act is not gender sensitive Gender is not mainstreamed into the Act. Police have a special unit for rape survivors.		Yes	No
Madagascar	Yes	Military was limited to the recruitment of men. No specific reference to gender equality in legislation. They have now opened doors to women with a 10% intake quota being applied.	Law 96-026 of 4 October 1996. Article 8 stipulates that it does not discriminate against officers on the basis of gender.		Yes	No
Malawi	Yes	Malawi Defence Force Act of 2004 commits defence to maintaining a healthy well trained, equipped, disciplined and gender sensitive force. Women joined the Defence Force in 2000.	Malawi Police Service Act - (cannot access). Recruitment to the Malawi police does not discriminate on the basis of gender.	Prisons Act of 1966: commits to a responsive and equitable service, also mainstream gender, HIV and environment.	Yes	No

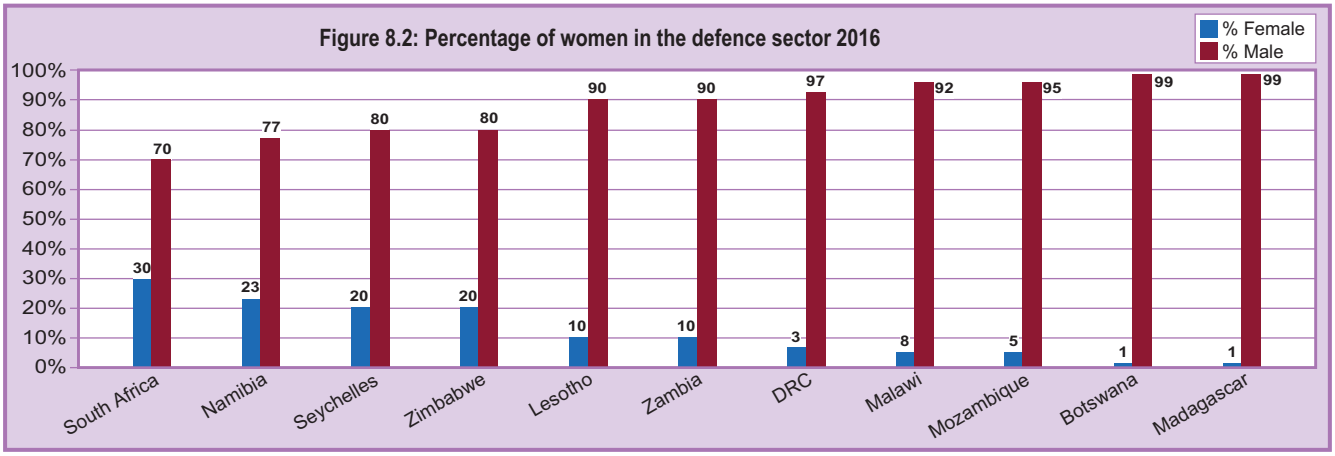
Country	Constitution Provides for non-discrimination	Defence Force Acts/White papers	Police Force Acts/ White papers	Correctional Services/Prisons Act	Signed Protocol to prevent, suppress and punish trafficking in persons, especially women and children	UNSCR 1325 NAP
				Strategic Plan of Correctional Services commits it to mainstreaming cross cutting issues such as HIV, gender and environment.		
Mauritius	Yes	No Defence Force.	Police Act 1974 and Police Amendment Act of 2003. Acts do not mainstream gender. The country has a Sex Discrimination Act 43 of 2002 protecting against unlawful discrimination. Has a special unit for rape survivors. Women are part of the police services.	Reform Institution Act of 1988 is not gender sensitive.	Yes	No
Mozambique	Yes	Defence and Security Act 17 of 1997. Act does not mainstream gender. The National Gender Policy indicates that women should participate at all levels of the society including defence and security.	No Act.	Decree-law number 26.643 dated 28 May 1936, amended in 1954 and 2006 (unable to access).	Yes	No
Namibia	Yes	Namibia Defence Force Act 1 of 2002. Act is gender sensitive. A newly formed gender unit in the NDF is reviewing all defence policies and legislation. NDF has a gender mainstreaming policy.	Police Act 19 of 1990 is gender sensitive. Recruitment policy is gender sensitive.	Namibia Prisons Act 17 of 1998 is gender sensitive.	Yes	No
Seychelles	Yes	Defence Force Act 31 of 1980. Gender neutral. Gender not mainstreamed into the Act. No gender affirmative action clause. Does have women in the Defence Force.	Police Force Act (Cap 172). No reference to gender equality in Act. No Affirmative action clause. Gender not mainstreamed into Act. Does have women in the Police Services. Have no special unit for survivors of rape.	Section 21 of the Prisons Act (1991) specifies that female inmates shall be kept separately from male inmates. Section 19 (2) of the Prisons Act specifically allows for the child of a female prisoner to be detained with her if the child is being breast-fed and is under 18 months old. Searches are to be conducted by same sex officers. No affirmative Action Clause in Act. Gender not mainstreamed.	Yes	No
South Africa	Yes	White Paper on National Defence for the Republic of SA 1996 is gender sensitive. Gender not mainstreamed into the Defence Act of 2002. SANDF has a gender mainstreaming policy. Defence Review of 2014 notes that the Defence Force will be "an equitable, broadly representative and gender-aligned national asset." White Paper on Peace Missions in South Africa 1999. No special clause on gender - Revised White Paper is in gender sensitive but has yet to be adopted. Women part of the Defence force since the 1970s.	SA Police Services Act 1995 - gender not mainstreamed. Have a gender policy. SAPS has an Affirmative Action Policy that calls for 30% representation. Women part of Police since 1971.	Correctional Services Act 111 of 1998 is gender sensitive.	Yes	No
Swaziland	Yes		Police Force and Auxiliary Service Act of 2002.	Prisons Act 40 of 1964 (unable to access)	Yes	No
Tanzania	Yes	National Defence Act of 1966 does not mainstream gender. Recruitment policy does not discriminate against women. Women part of the defence force since its inception.	Police Force and Auxiliary Services Act 2002 (unable to access). Tanzania Police Force Reform Programme includes gender mainstreaming.	Prisons Act of 1967. Gender not mainstreamed into the Act.	No	No
Zambia	Yes	Defence Act 45 of 1964 (amended In 1994) in [Vol. 8 Chapter 106 of Constitution] - gender not mainstreamed. Defence Force does recruit women.	Police Act (amended in 1999) [Vol. 8 Chapter 107] - gender not mainstreamed. Does recruit women.	Prisons Act 56 of 1965 (amended 2000) [Vol. 7 Chapter 97] - gender not mainstreamed.	Yes	No
Zimbabwe	Yes	Zimbabwe Defence Act 1972- Gender not mainstreamed. Zimbabwe National Defence Policy 1997 (unable to access).	Police Act 2 of 1995: Gender not mainstreamed. Does recruit women.	Zimbabwe Prisons Act 4 of 1993 - gender not mainstreamed	No	No

Source: Gender Links 2016.

Table 8.3 reflects the need for SADC countries to conduct a comprehensive review of dated, gender blind-legislation in the security sector. However, in order to attract more women and have them advance in the ranks of the security sector, the laws, policies, programmes and cultures of these institutions will require greater attention. The Commission of Inquiry in Lesotho also noted the need to review the overlapping mandates of the security sector - indicating that within that country, there is a need to review the security sector legal and policy frameworks.

The Protocol calls on State Parties to ensure that, by 2015, women have equal representation and participation in key decision- making positions in conflict resolution and peace building processes by 2015 in accordance with United Nations Security council Resolution 1325 on Women, Peace and Security.

The defence sector[9]



Source: Cheryl Hendricks, collation of data 2010-2016.

Figure 8.2 reflects the proportion of women in the defence forces of 11 SADC countries for which this data could be obtained (Mauritius is excluded because it does not have a defence force). South Africa (30%) ranks highest in the region, followed by Namibia (23%).Seychelles and Zimbabwe have 20% women in their defence forces (though this is dated information and it may have changed by now). Missing from Figure 8.2 is verified data for Angola, Swaziland and Tanzania. Angola and Tanzania are likely to be above the 20% mark. The DRC's Defence Force has 3% women.[10] Women in Malawi's Defence Force increased from 5% to 8%[11] in 2015 and Madagascar has approximately 40 women in its Military (1%) the majority of whom remain in the medical profession.[12] Madagascar adopted a 10% quota for the intake of women into the Gendermarie (Military Police), but the institution remains relatively inaccessible to women. The section that follows provides insight into women in defence in SADC countries for which information could be obtained.



Angola: Angola has been an enigma for the Barometer's tracking of women in the security sector. Although no data is readily available researchers suspect that there is a large percentage of women in the Defence Force. The women's wing of the Popular Movement for the Liberation of Angola (MPLA) played a key role in the liberation struggle, but the re-integration process was not gender sensitive and this would have impacted on the number of women entering the defence force. However, Angola boasts high numbers of women in decision-making, crossing the 30% threshold.



Brigadier General Bolingo, the longest serving and highest ranking woman in the DRC's Defence Force. *Photo by Cheryl Hendricks*

[9] Represents all women in defence forces, civilian, non-combat and combat.
[10] Presentation by Brigadier General Bolingo of the DRC at the ISS Workshop on Gender and the Security Sector, June 2015.
[11] Presentation by Lt Col Francis Kakhuta Banda at ISS workshop, Ibid.
[12] Presentation by Gaby Razinfindrakoto at the ISS workshop, op cit.



DRC: Although women's entry into the army dates back to 1966, and despite security sector reform measures designed to increase women's representation, women comprise a mere 3% of the DRC's Defence Force (approximately 3000 women). The army primarily recruited women for the administrative and health sectors but a few serve in combat. New York Times Magazine (18 February, 2015) reported on the killing of Sergeant Madot Dagbinza in ambush in 2014. She had been in 42nd Commando Battalion (an elite unit) of FARDC for 4 years.



South Africa: Women constitute 30% of the South African Defence Force. The Defence Force hosts an annual gender conference, usually attended by the top brass. Last year they decided that they would include gender issues in the military development courses. Malawi: Women constitute 8% of the Malawi Defence Force (MDF). Its highest ranking female officer, Chanju Mwale, has been promoted to Lieutenant Colonel, up from Major General.



Tanzania: The army numbered around 250 000 in 2005 with a reserve army of around 80 000, but there are no updated statistics and no sex-disaggregated data for the Tanzanian People's Defence Force (TDPF). Globalsecurity.org noted: "The TPDF appears to be ahead of both Tanzanian society and the average military in terms of the integration of women into its work force. As an organisation, the TPDF values education and professional development... the TPDF's insular culture masks a largely competent, professional military."[13]

Tanzania hosts 17 Nations on Gender Mainstreaming seminar

Representatives from 17 nations took part in the 2nd Annual Gender Mainstreaming Seminar in Arusha, Tanzania, May 18-22, 2015 hosted by U.S. Army Africa and the Tanzanian Peoples Defence Force. The seminar signified the growing relationships between the U.S. Army and African partner nations.

According to Colonel. Frances Hardison, U.S. Army Africa director of Human Relations and seminar manager, participants seemed passionate about the proposed discussion topics. The week-long event brought together U.S. Army leaders with counterparts and decision-makers from militaries throughout Africa to promote and discuss gender-mainstreaming topics.

"They all seemed excited to share their story," said Hardison. She described an eagerness among the participants to talk about the integration of females and the female perspective within their militaries, which is a main topic of the seminar. The other two topics included sexual gender-based violence, and integration resources for militaries facing gender-mainstreaming challenges. Each topic is divided into panels where subject matter experts will direct a flow of open dialogue among participants.

The purpose of the multinational seminar is to discuss and exchange best practices, successes, challenges, and lessons learned with partner nations' decision makers, enhance gender-mainstreaming awareness, and build partner capacity by leveraging perspectives, talents and understanding.

Extract from: United States Africa Command. 5/21/2015http://www.africom.mil/NewsByCategory/Article/25428/tanzania-hosts-17-nations-during-gender-mainstreaming-seminar



Namibia: Women constitute 23% of the Namibia Defence Force (NDF). Namibia still ranks second in SADC for the highest proportion of women in the defence force. The highest ranking female officer is a General (1 of 22 Generals). Namibia Defence Force has 16 women Colonels (out of 78) and three women Battalion Commanders. Namibia's impressive results are attributed to the concrete gender mainstreaming efforts and to discernible political will by the leadership. The aim of the NDF is to reach 30% representation for women.



Namibian Defence Force (NDF) female members march during a parade marking the 2016 International Women's Day at the Luiperds Valley Sports Grounds in Windhoek, capital of Namibia, March 8, 2016. *Photo courtesy of NAMPA*

[13] Globalsecurity.org "Tanzania People's Defense Force ".

"Army wants more women involved"

The Namibian Defence Force (NDF) wants to consist of at least 30% women and so maintain Namibia's pioneering status in the creation of the United Nations Security Council's Resolution 1325 on Women, Peace and Security.

According to Defence Minister Penda ya Ndakolo, 5% of the NDF's management portfolios are women, while the entire force's women representation is 23%. "We are aiming for 30% soon and eventually will have half of the force consist of women," he told *The Namibian* at the official opening of the gender mainstreaming seminar on gender, governance, peace and security at Swakopmund yesterday.Ya Ndakolo said the aim of the seminar was to create an understanding of the nature, context and processes of the "gender mainstreaming" programme in order to address specific inequalities and gaps that still exist.The UN Security Council adopted Resolution 1325 on Women, Peace and Security on 31 October 2000.

The resolution reaffirms the important role of women in the prevention and resolution of conflict, peace negotiations, peace building, peacekeeping, humanitarian response and in post-conflict reconstruction, and stresses the importance of their equal participation and full involvement in all efforts for the maintenance and promotion of peace and security. The resolution provides a number of important operational mandates, with implications for member states (of which Namibia is one) and the entities of the UN system.

Deputy prime minister and minister of international relations and cooperation Netumbo Nandi-Ndaitwah said Resolution 1325 came from Namibia and therefore "we must be proud and ensure it is implemented".

Source: Adam Hartman "Army wants more women involved" Namibian 19/6/2015. http://www.namibian.com.na/index.php?id=138304&page=archive-read



Swaziland: The country has about 3000 soldiers, but there is no gender disaggregated data available.

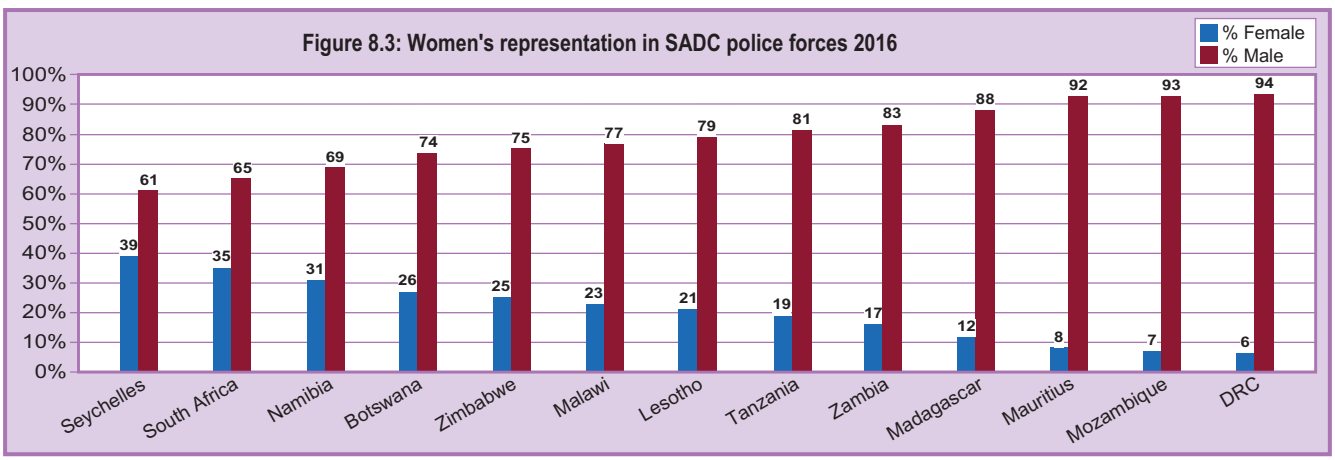


Zambia: Women constitute approximately 10% of Zambia's Defence Force. Women first entered the force in 1974. In 2009, Fridah Kazembe became the first woman Brigadier General. Although the Zambia Defence Force has a quota of 30% it has made little progress in the recruitment of women and has been unable to meet this target.



Zimbabwe: Women constitute 20% of the defence forces (though this figure is dated). The highest ranking woman officer is Brigadier General Shailet Moyo, appointed in 2013. In January 2016 President Robert Mugabe promoted Ellen Chiweshe to the rank of Air Commodore in the Air Force of Zimbabwe - the first woman to hold this rank. UN Women Zimbabwe has a programme to mainstream gender into the security sector through "improving knowledge of peace and security laws and policies among key stakeholders... and strengthening the capacity of women leaders on conflict resolution, management and peace building."[14]

Police services



Source: Cheryl Hendricks 2015, compilation of data over a 5 year period inclusive of country Barometer reports.

Figure 8.3 shows that Seychelles, at 39%, records the highest percentage of women in the police services, followed by South Africa at 35% (up from 34% in 2015) and Namibia at 31%. Botswana is at 26% and Malawi has 23%. Tanzania

[14] UN Women Africa. www.africa.unwomen.org

Police Force has 19% women's representation. Seven countries have 20% or more representation of women in their police services. Three countries - DRC, Mauritius and Mozambique - have less than 10% women in their police forces.



Malawi has 23% women in its Police Services. Recently there have been complaints about discrimination in the police as the MPS does not allow women police officers married to civilians to live in police owned houses.



Madagascar has 12% women in its police force. Women recruited at police level, are present at all levels of decision-making in the implementation and deployment of the 93 police stations of the 112 Districts.[15]



Namibia has a relatively large percentage of women in its police force, 31%. However, most of its top management structures are still male dominated. In 2013, all 13 regional commanders were male and the Inspector general and his two deputies. The Ministry of Gender and Equality and Child Welfare's Gender and Responsive Budgeting Guidelines developed in 2015 draft budget calls for an increased percentage of women officers trained and developed, a more gender balanced police force, improved handling of GBV cases and family friendly accommodation.[16]

Table 8.4: SAPS Organisational Profile at 31 March 2015

Rank Level Description	Male	Female	Total	% women
Commissioned officers	16 232	7 836	24 068	33%
Non-Commissioned Officers	94 994	31 175	126 169	24%
Public Service Act Employees	14 235	28 505	42740	67%
Top Management	15	9	24	38%
Senior Management	449	240	689	35%
TOTAL	**125 925**	**67 765**	**193 692**	**35%**

Source: Compiled from SAPS Annual Report 2014/2015.



South Africa: The South African Police Service (SAPS) continues to improve in the representation of women, from 34% to 35% in 2016. The table below gives a breakdown of these statistics. Table 8.4 shows that women still predominate as non-commissioned officers and public sector employees. The Commissioner of Police Riah Phiyega, a woman, was recently suspended for her role in the massacre of striking miners in Marikana.

Correctional and prison services

Protocol @ Work

Namibia: SADC Women in Correctional Services Network established

Namibia Prisons Deputy Commissioner General for Corporate Management Anna-Rosa Katjivena has called for equal representation of women and men at management level in correctional services and said that women have a lot to offer at decision-making and strategic levels.



Anna-Rosa Katjivena.
Photo by Google Images

Katjivena was speaking at the closing ceremony of a Southern African Development Community (SADC) meeting of prisons officials held in Windhoek in June 2014 to formulate policies on the recruitment, retention and advancement of women in correctional services. The meeting established the SADC Women in Corrections/Prisons Network.

The network is expected to improve working conditions and create equal opportunities for women who choose a career in correctional services. The meeting saw the birth of a database to store and update gender information.

Katjivena attributed the meeting to the SADC Gender Unit, which has been working with the Gender, Peace and Security cluster of the Southern Africa Gender Protocol Alliance to develop a framework to serve as a guide for SADC countries to assist with mainstreaming gender into the security sector.

This guide served as a springboard which encouraged efforts to work towards a more effective, efficient and gender-responsive security sector where the needs and interests of both men and women are at the forefront, she said. "I am confident that with the determination of SADC to drive gender mainstreaming forward, many of the challenges faced by women in corrections would be addressed if forums such as this one are held regularly," she said.

Katjivena said the gender database will help inform policy formulation, high-level decision-making and assist in the development of effective strategies to advance female correctional and prisons officers and improve their working conditions.

Source: Adapted from Namibia Sun and SADC meeting record of prisons officials, June 2014 - http://www.namibiansun.com/education/sadc-prison-women-make-gender-equality-strides.67266

[15] Gaby Razafindrokoto, Presentation at the ISS Conference on Gender and Security, June 2015.
[16] https://info.undp.org/docs/pdc/Documents/NAM/TOT%20Report%2030092015.pdf

Table 8.5: Women's representation in correctional services			
Country	% Male wardens	% Female wardens	% prisoners who are women
Angola			3
Botswana			4
DRC			4
Lesotho	74	26	2
Madagascar	84	16	4
Malawi	85	15	1
Mauritius	91	9	6
Mozambique			2
Namibia			3
Seychelles	47	53	7
South Africa	72	28	2
Tanzania			3
Zambia			3
Zimbabwe			3

Source: International Centre for Prison Studies http://www.prisonstudies.org/info/worldbrief/wpb_country.php?country=2 and Country reports.

As reflected in Table 8.5, only six countries in the region have sex-disaggregated data on prison staff. Seychelles has the highest proportion of female staff: 53%. This is the only country to exceed gender parity targets. The Seychelles has 608 prisoners, mostly men incarcerated for sexual offences, fraud, arson, murder, piracy and drugs.[17] Mauritius (9%) has the lowest proportion of female warders. Seychelles (7%) has the highest proportion of women prisoners. Malawi (1%) has the lowest proportion of women prisoners.

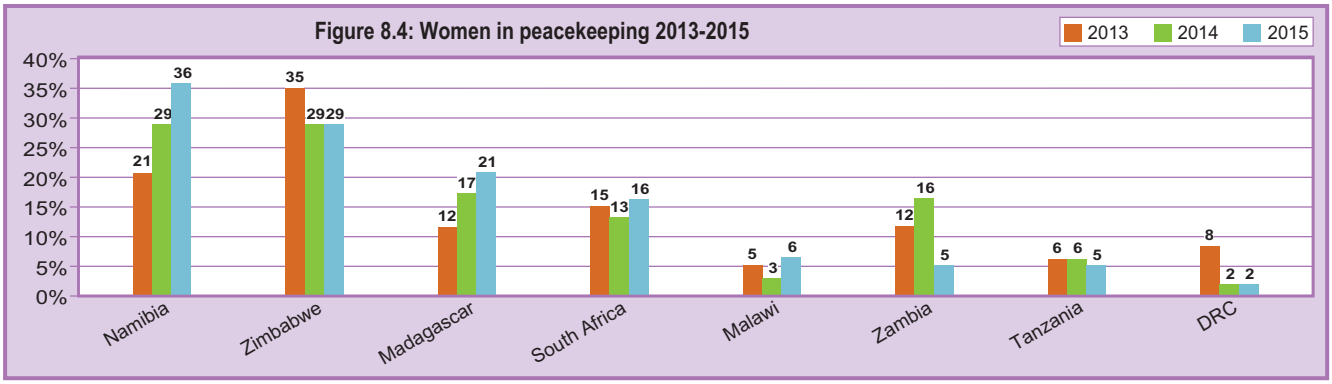
Peace negotiations

May 2015 witnessed the first meeting of the Mediation Reference Group (MRG), consisting of 10 members, one of whom is a woman, Olivia Liwewe of Malawi. Dr Leonardo Simão was appointed the Chairperson of the MRG, whilst Olivia Mchaju Liwewe was appointed the Deputy Chairperson. In addition to the appointment of office-bearers, the meeting also considered and approved the MRG's Strategic Plan and Work Plan covering the period 2015 to 2017.

Dr Luiso Diogo, former prime minister (and first woman prime minister) of Mozambique, is the SADC representative on the Panel of the Wise at the African Union (AU). She chaired the AU panel until May 2016. All the Panels of the Wise from the different regional organisations have also formed an overarching organisation called PanWise.

SADC must invest more human and financial resources into its mediation and peace building capacity. It must also draw on the expertise in civil society to strengthen these instruments and it must ensure gender representation and gender sensitivity in its engagements.

Peace building



Source: Calculations from 2013, 2014 and 2015 UNDPKO Country Monthly Statistics for Peace missions by Cheryl Hendricks.

Figure 8.4 shows that the proportion of women in peacekeeping missions across the region is uneven. Namibia deployed the largest proportion (men to women) deployed by the country of women peacekeepers, 36% up from the 29% in 2015. Of the peacekeepers deployed by Zimbabwe, women comprised 29%; followed by Madagascar at 21%. Women comprised 16% are women of the peacekeepers deployed by South Africa in 2015. Malawi increased its deployment of women to 6%, whilst Zambia witnessed a decline from 16% to 5%.

[17] http://www.seychellesnewsagency.com/articles/817/Restorative+Justice+in+Seychelles+Convicts+come+face+to+face+with+the+victims+of+their+crimes

South Africa still accounts for the largest actual number of women deployed, because it deploys many more peacekeepers overall, averaging 350 for the year. Tanzania averaged about 115 women peacekeepers for the year, Zimbabwe around 39, Namibia 32 and Madagascar, six. South Africa deployed an average of 300 female peacekeepers for 2014. The increasing tendency towards peace enforcement could result in fewer females being deployed. Those who deploy more police as peacekeepers tend to send more women.

A global challenge: The deployment of female peacekeepers is a key component of UNSCR 1325. However, its implementation continues to be a global challenge. The United Nations Department of Peacekeeping Operations (UNDPKO) target for women in country troop contributions is 10%, while police targets are at 20%, but very few countries have reached these targets. Some countries in Southern Africa continue to perform above the global average for the proportion of female peacekeepers they deploy, namely Namibia, South Africa and Zimbabwe.

Policewomen in peacekeeping forces: For many countries the majority of the women peacekeepers deployed are drawn from the ranks of the police, rather than the defence forces. For 2015, Namibia deployed an average of 29% women in its police contingents, Tanzania (22%), Madagascar (21%), Malawi (41%), Namibia (41%), South Africa (52%) and Zimbabwe (30%).

Sexual violence during conflict



State parties shall, during times of armed and other conflict take steps as are necessary to prevent and eliminate incidences of human rights abuses especially of women and children and ensure that the perpetrators are brought to justice before a court of competent jurisdiction

Sexual violence during conflict has left women maimed, traumatised and dispossessed without support services. Moving forward it is important to address drivers of gender based violence (GBV) during conflict and to allocate the necessary resources for protecting survivors, whilst creating an enabling environment for their reintegration.



In 2000 the UN Security Council (UNSC) adopted the landmark Resolution 1325 on Women, Peace and Security. This resolution called for increased women's participation in peace and security, the protection of women during conflict and the prevention of sexual and gender based violence.

There were subsequently eight other resolutions (1820, 1888, 1889, 1960, 2106, 2122, 2242 and 2272) seeking to strengthen the implementation of UNSCR 1325. Resolution 2272 (2016) addresses sexual exploitation in peace missions. It specifically calls on Member States to hold their peacekeepers to account.

The Global Study on the implementation of UNSCR 1325 noted that although the frameworks were in place, there were still too few prosecutions for sexual violence. Women comprised only 9% of peace negotiators and 3% of the military in UN peace missions. These women are mostly in support roles. The report found that rise in violent extremism is a real threat to women. It noted that peace processes must be inclusive and that emphasis must be on prevention not militarisation.[18] Although there is progress in terms of normative agenda setting on women, peace and security there is still a long way to go to ensure women's participation in peace processes and to provide protection for them in both conflict and non-conflict situations.

Eleven Tanzanian[19] peacekeepers were allegedly involved in sexual offences in the DRC. South Africa has also been listed as one of the troop contributing countries to UN peace missions with some of the highest number of sexual offences. As more and more of these incidences surface, SADC and its respective Member States must take a proactive approach to the pre-deployment training of peacekeepers on sexual and gender based violence and on ensuring access to justice for the victims.

Peace and security Post 2015

The chapter shows that to date the emphasis has been on inclusion of women into the security sector, and very little on the sector's transformation and responsiveness to the security needs of women and men. Going forward, the region must develop indicators that measure the general safety and security of men and women as well as their participation in the security sector.

[18] See UN Women Global Study op cit.
[19] See "Peacekeepers accused of sex crimes" 8 April 2016. mg.co.za

Goal five of the SDGs concerns Gender Equality.



Goal 16 of the SDGs promotes peace, justice and strong institutions. This pillar seeks to foster peaceful, just and inclusive societies which are free from fear and violence. Leaving no one behind in the Post 2015 era will include a gendered approach towards maintaining peace and security in the SADC region. Goal 16 targets include:

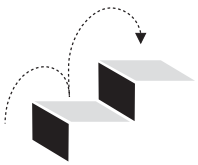
- Significantly reduce all forms of violence and related deaths everywhere;
- End abuse, exploitation, trafficking and all forms of violence against and torture of children;
- Ensure equal access to and justice for all.

The SADC Gender Ministers adopted the reviewed Gender Protocol at their meeting in June 2016.

New additions for peace and security include:

- Equal representation and participation in key decision making positions for ***peacekeeping*** was added to Article 28 and adopted by the SADC Gender Ministers in June 2016.
- Recognition of other peace instruments apart from UNSCR 1325 is another key provision in the Post 2015 Protocol.

Missed opportunities in the reviewed Protocol include research on the role of culture in peace building, investment in inclusive data collection and capacity building for women in peacekeeping. Strengthening the peace and security targets Post 2015 implies commitment from Member States and investment for a gendered approach to peace and security.



Next steps

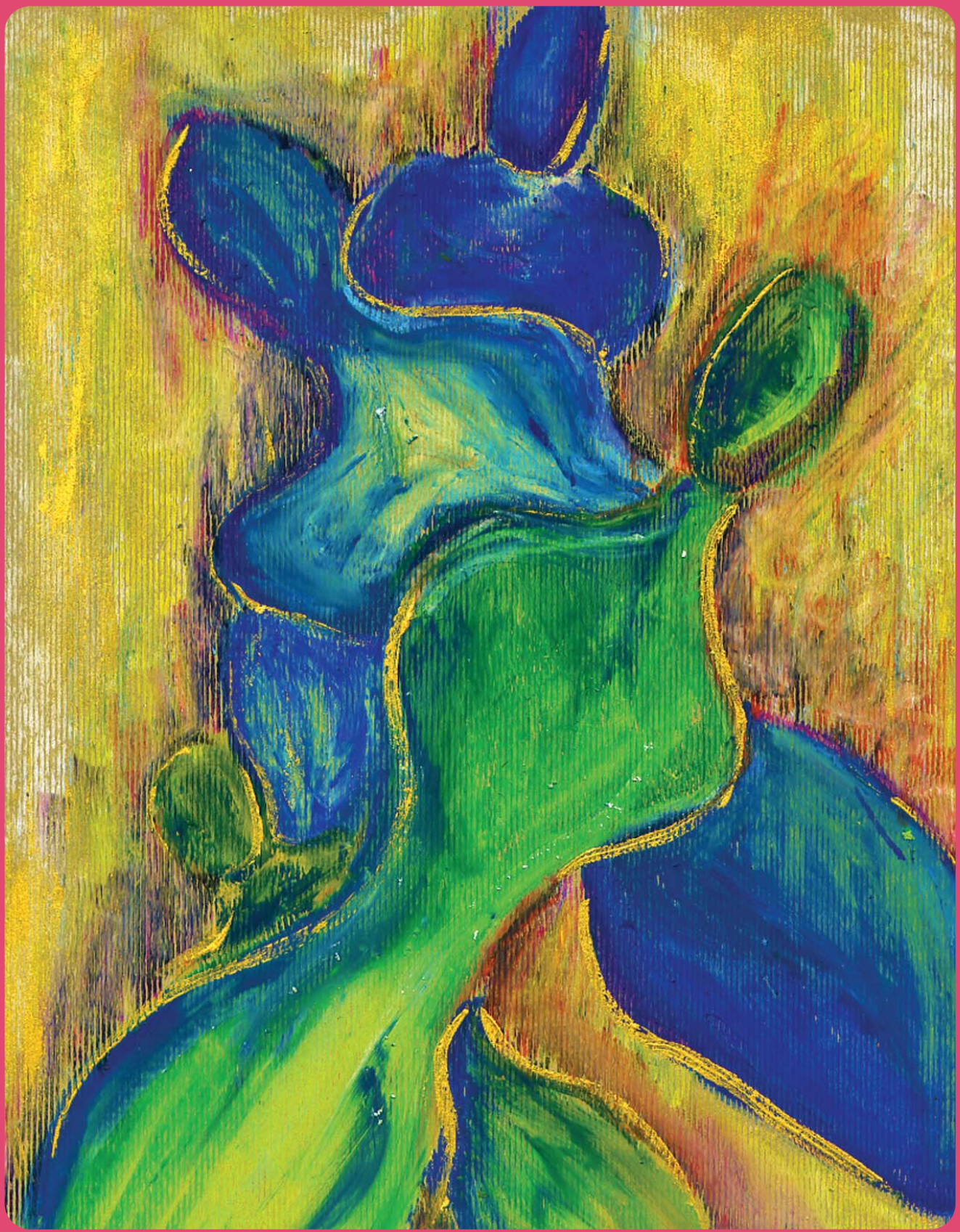
Despite the general peace in the SADC region, conflict in one location or country has negative ripple effects in another. The ongoing conflict in DRC has left women more vulnerable while the service delivery protests in South Africa affect day to day functions of the communities. Immigration and its effects are usually a direct result of conflict with women and children most affected. To effectively implement the Post 2015 Protocol:

- SADC must mainstream gender into its peace and security architecture;
- The SADC Secretariat needs to ensure regular reporting on women in the security sector in the region. It is expected that the SADC Gender Unit will produce an improved Gender Monitor in 2016 with up to date Peace and Security statistics following the comments from the Gender Ministers in June 2016.
- SADC must collate sex-disaggregated data for the security sector and publish this on its website, similar to that of North Atlantic Treaty Organisation (NATO).
- Member states must develop costed National Action Plans for the implementation of UNSCR 1325 and promote gender responsive planning and budgeting;
- Member States must consider broadening the concept of peace and security to include more actors, developing conflict management mechanisms as well as the transformation of the conditions that cause conflict, addressing social justice issues and creating sustainable peace;
- Member States must tackle and treat impunity and lack of justice for women seriously;
- Mediators must have specific Terms of References (TOR's) to advance women's engagement in national peace processes; and
- The participation of youth, especially young women, in the implementation of UNSCR 1325 is a determinant of the successful implementation of the resolution.[20]
- Member states must share good practices in gender responsive peacekeeping through exchange programmes and resource pooling.
- SADC must institute led capacity building programmes on gender, peace and security.

One of the most exciting new developments as a result of the advocacy over the years is that there is now sufficient data to include women's involvement in peace and security in the SGDI's. The table identifies at least four new indicators for the SGDIs, as well as several tracking indicators.

PROPOSED INDICATORS FOR IMPLEMENTATION FRAMEWORK	SGDI	New SGDI
Number of women deployed in peacekeeping missions		✓
Number of women in the Defence forces		✓
Number of women in the police		✓
Number of women in the Correctional services		✓
TRACKING		
Number of countries with no violent conflicts.		
Number of countries who keep sex disaggregated data on peace and security.		
Representation of women among mediators, negotiators and technical experts form all peace negotiations.		
Number of countries with gender responsive recruitment policies for peace and security.		
Number of service delivery protests per country.		

[20] Ibid.



"Growing up" *Anushka Virahsawmy*

CHAPTER 9

Media, information and communication

Articles 29-31



Women make the news! *Photo by Zotonantenaina Razanadratefa*

KEY POINTS

- While the Sustainable development Goals make no reference to gender and the media, there are important provisions for this in the SADC Protocol on Gender and Development. These have been strengthened in the Post 2015 SADC Gender Protocol.
- The Gender and Media Progress Study (GMPS) and the Global Media Monitoring Project (GMMP) provide vital up-to-date data on progress in gender mainstreaming in the media in SADC and globally.
- Women constitute about 40% of all media workers and 34% of media managers (up from 28% in 2010).
- Women comprise 64% of media students and 40% of media educators.
- There is an insignificant one-percentage point increase in women sources in the media from 19% in the 2010 GMPS to 20% in the 2015 GMPS.
- Women are more likely to be seen than heard: they comprise 28% of all images in the media, and 50% of adverts. Women comprise 25% of TV news sources, compared to 20% print and 18% radio sources.
- There has been a sharp decline in the coverage of HIV and AIDS and GBV. Sexual Orientation and Gender Identity (SOGI) measured for the first time in 2015, is hardly covered.
- Citizens scored the media 67%, up from 66% last year. The Southern Africa Gender and Development Index (SGDI) has also gone up from 67% last year to 71% this year. Presently this indicator is heavily biased towards gender within the media and in media education rather than media content. Going forward a more diverse range of indicators will help to provide a more realistic way of measuring progress in this important area.

Table 9.1: Tracking table - Media progress against targets					
	Target (2015)	Baseline (2009 or 2011)	Progress (2015)	Progress (2016)	Variance (Progress 2016 - target)
WOMEN SOURCES					
% women sources	50%	19%	21%	20%	-30%
Country with highest percentage of women sources	50%	Lesotho (32%)	Madagascar and Mozambique (46%)	Seychelles and Botswana (28%)	-22%
Country with lowest percentage of women sources	50%	Mozambique and Zambia (14%)	Malawi (15%)	DRC (6%)	-44%
WOMEN IN MANAGEMENT					
% women in management	50%	27%		34%	-16%
Country with the highest percentage of women in management	50%	52%		53%	+3%
Country with the lowest percentage of women in management	50%	10%		17%	-23%
WOMEN IN MEDIA EDUCATION					
% women media educators	50%				
Country with the highest percentage of women media educators	50%	79% (Mauritius)		71% (Mauritius)	+21%
Country with the lowest percentage of women media educators	50%	18% (DRC)		19% (DRC)	-31%
% women media students	50%	61%		64%	
Country with the highest percentage of women media students	50%	82% (Mauritius)		78% (Mauritius)	+28%
Country with the lowest percentage of women media students	50%	26% (Mozambique)		29% (Mozambique)	-21%
BAROMETER MEASURES					
SGDI	100%	67%	66%	71%	-29%
CSC	100%	40%	66%	67%	-33%



Women make the news. *Photo by Dorca Durque*

In May 2015, the World Press Freedom Day (WPFD) commemorations ran under the theme *Let Journalism Thrive! Towards better reporting, gender equality and media safety in the digital age*. The theme made gender equality a key component of the commemorations worldwide. "Gender imbalance continues in the media 20 years after the Beijing Declaration and Platform for Action. All too few women journalists are able to reach decision-making positions in the media,"[1] a UNESCO press release declared. Launching the preliminary results of the Gender and Media Progress Study (GMPS) on 3 May, Gender Links added that through denying women a voice in the media, the media is guilty of a pervasive gender censorship that undermines the Sustainable Development Goals (SGDs) that have as their strapline: *leave no one behind*.

[1] http://www.unesco.org/new/en/media-services/single-view/news/world_press_freedom_day_2015_let_journalism_thrive_towards_better_reporting_gender_equality_and_media_safety_in_the_digital_age/#.VzmfnuQbjMs

The initial SADC Gender Protocol aligned to the Millennium Development Goals (MDGs) set 2015 as the deadline for gender equality in and through the media. The year 2015 provided the opportunity to reflect and count the gains and losses made by the sector and to devise ways to look into the future of the media to 2030.

The trends table shows the relatively sluggish pace of change. GL undertook region-wide monitoring of the media in the 2003 Gender and Media Baseline Study (GMBS), Gender and Media Progress Study (GMPS) 2010 and recently in 2015. In between, GL has worked with 108 media houses that have elected to become Centres of Excellence (COE) for gender in the media. The COE project supports media houses in mainstreaming gender in institutional practice and editorial content.

The GMPS 2015 shows that women comprise 20% of news sources in the region, a mere one percent higher than in 2010, and three-percentage points higher than 2003.

Furthermore, the lowest proportion of women sources has dropped from 14% (Mozambique and Zambia in 2010) to 6% (DRC) in 2015. The highest proportion of women has decreased from 32% (Lesotho in 2010) to 28% (Seychelles and Botswana). There are, however differences in performance at the level of individual media houses showing that with concerted work, media house by media house, change is possible.

The GMPS incorporated the previous Glass Ceilings in Southern African Newsrooms research and the Gender in Media Education (GIME) audit. The 2015 GMPS found that while women constitute 61% of journalism and media studies students in institutions of higher learning, they only comprise 40% of the workforce in the media, and 34% in management positions. The latter constitutes an increase compared with 27% in management in the 2009 Glass Ceiling study, yet the former indicator has fallen one percentage point from 41% of women in the industry overall in 2009.

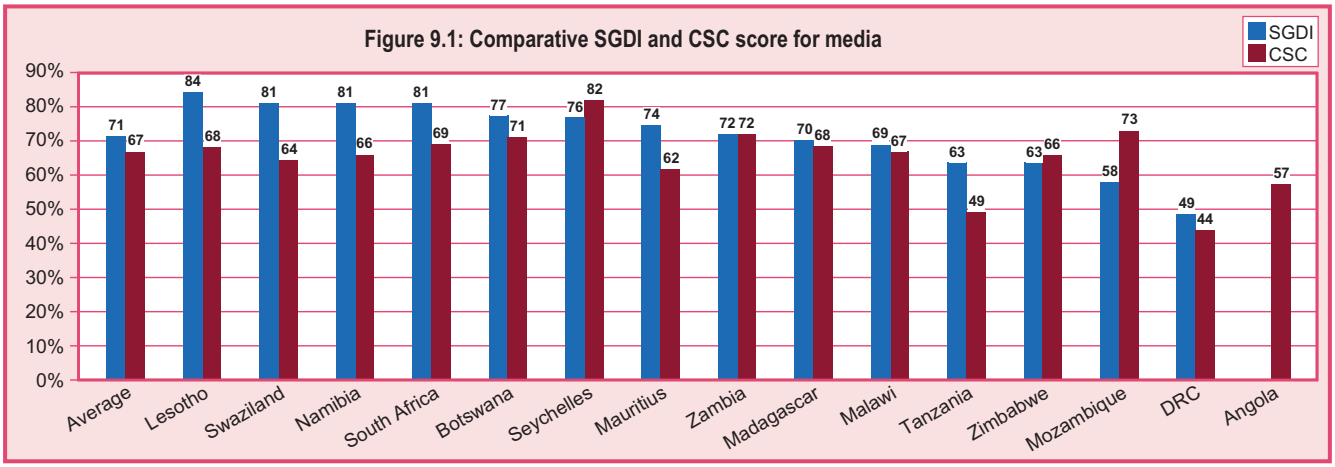


Women are taking up non-traditional roles in media.
Photo by Zontonantenaina Razanandratefa

The SADC Gender and Development Index (SGDI) is a composite measure that integrates the proportion of women within the media as employees in categories such as boards of directors and in management. It also comprises the proportion of women lecturers and students in journalism and media training institutions as well as the proportion of women news sources in media content.

The citizens' score is based on citizens' perception of media performance. The limitation of the SGDI score is that it does not go beyond numbers. The basket of scores for this indicator also tends to dilute the most important indicator, women sources, and a key measure of "voice." The Citizen Score Card (CSC) captures qualitative nuances such as gender stereotypes in the media. Citizen perceptions also include other forms of media, including advertising, tabloids and Information Communication Technologies (ICTs), which are not necessarily captured in the SGDI.[2]

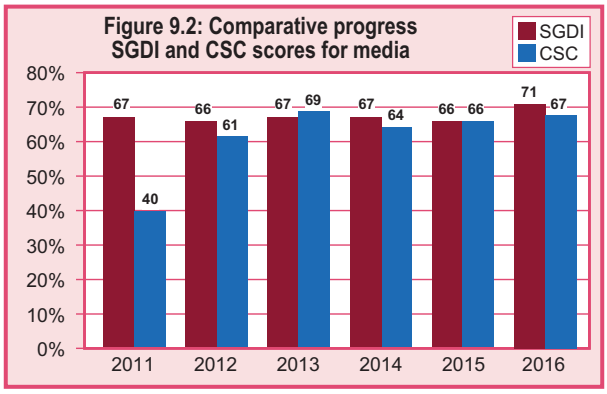
Figure 9.1: Comparative SGDI and CSC score for media



Source: Gender Links 2015.

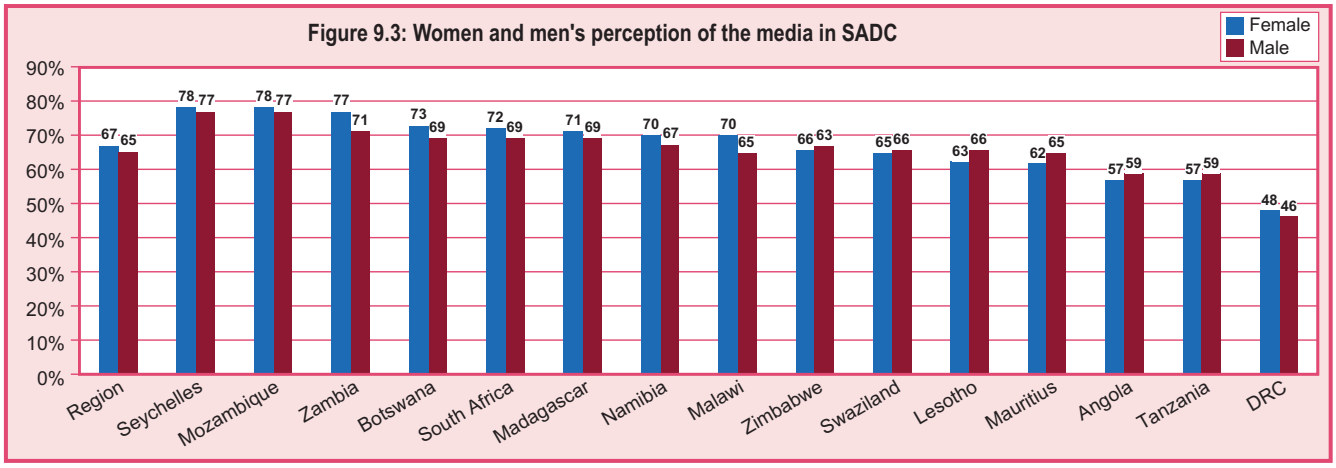
[2] SADC Gender Protocol Barometer 2015.

Figure 9.1 illustrates the media SGDI and CSC scores The media SGDI has risen by five-percentage point since 2015 reflecting the increases in women sources; women in media management; women media students and educators. Lesotho has the highest SGDI score (84%) with Swaziland, South Africa and Namibia all at 81%. Zimbabwe (63%) Mozambique (58%) and DRC (49%) are the bottom of the list. The media SGDI closely links to media performance concerning mainstreaming gender in institutional and editorial practice. Botswana and Seychelles recorded the highest proportion of women sources in the 2015. Swaziland and Seychelles on the other hand recorded the highest percentage of employees in the media in the region. The fact that five of the six SGDI measures relate to women's representation within the media and media education, and only one to media content, results in high SGDI scores. This is an important area for review in the Post 2015 SGDI.



Source: Gender Links 2015.

Figure 9.2 shows that the Citizen Score Card (CSC) that measures citizen perceptions on the media has been consistently lower than the SGDI. Probably as a reflection of the ongoing gender and media activism, the CSC has increased from 40% in 2011 to 67% in 2016. However, this is considerably lower than the 100% target.



Source: Gender Links 2015.

Figure 9.3 illustrates a comparison in the perceptions of women and men on gender in the media across the SADC region based on the CSC. At 67%, women score the media slightly higher than men (66%). The pattern is the same in most individual countries except for Seychelles, Malawi and Lesotho were men scored higher than women. In Mauritius, Zimbabwe and DRC, men and women gave the same score.

This chapter reflects on the gender and media developments in SADC in 2015 that underlie these scores. The Post- 2015 SADC Gender Protocol to be signed in August 2016, that goes much further than the SDGs in its provisions on the media, presents an opportunity to galvanise a campaign for the strengthening of media, Information, Communication and Technology (ICT).

Background

The right to communicate and access to media are a basic human right, espoused in Article 19 of the Universal Declaration of Human Rights (UDHR) on freedom of expression and access to information. Media access and freedom expression are therefore tools for development. Gender equality is inextricably linked to this freedom. The media - the twelfth critical area of concern in the Beijing Platform for Action - is one of the most important yet difficult areas of work for advancing gender equality. The media can be part of the problem of part of the solution in changing attitudes and behaviours and set the world on the right track to achieving gender equality.

As "formal" or legislated discrimination against women falls away, the key challenge confronting gender equality is how to change mind-sets hardened by centuries of socialisation and reinforced by deeply entrenched custom, culture and religious beliefs.

Beijing Declaration and Platform for Action

Several international and regional instruments contain provisions on gender equality within the media. Section J on the Media in the 1995 Beijing Platform for Action (BPFA) calls on the media to promote women's full and equal participation in media management and for the media to aim at gender balance in the appointment of women and men to all management bodies.

Section J strategic objectives include:
- Strategic objective J.1 - Increase the participation and access of women to expression and decision-making in and through the media and new technologies of communication.
- Strategic objective J.2 - Promote a balanced and non-stereotypical portrayal of women in the media.

Critical areas of Section J include:
- Content and representation.
- Access.
- Women's participation in decision-making at all levels of media and ICT processes and structures.
- Policy development.
- Media and information literacy.
- Freedom of expression.
- Women media workers' working conditions and safety of women in media and online.

The Global Media Monitoring Project (GMMP)



University of Limpopo students mornitoring the media in 2015.
Photo by Albert Ngosa

The GMMP is a one day voluntary global monitoring project that has taken place every five years since the Fourth World Conference on Women in Beijing in 1995. Working with journalism and media training institutions in the region, GL coordinated the global study in 12 countries. The global coordinator, World Association for Christian Communication (WACC) launched the GMMP in 2015. WACC also shared the results with media partners at the GAMAG General assembly in Geneva in 2015. The fourth GMMP showed that women constitute a mere 24% of news sources globally and 22% in Africa.

Report on the Status of Women in News Media

The International Women's Media Foundation (IWMF) Global Report on the Status of Women in the News Media (2011) remains the most recent global research on women and men working in the media. It reveals that globally, men occupy 73% of the top management jobs compared to 27% occupied by women. Among the ranks of reporters, men hold nearly two-thirds of the jobs, compared to 36% held by women. The IWMF report showed that despite commitments made in Beijing, the glass ceiling for women is still very much alive in 20 of the 59 nations studied.

Global efforts for gender equality in and through media

The year 2015 marked the twentieth anniversary of the Beijing Declaration and Platform for Action. The Global Alliance on Media and Gender (GAMAG), facilitated by UNESCO, and chaired by Gender Links, mounted an unsuccessful campaign for the inclusion of targets and indicators on gender and the media in the Sustainable Development Goals.

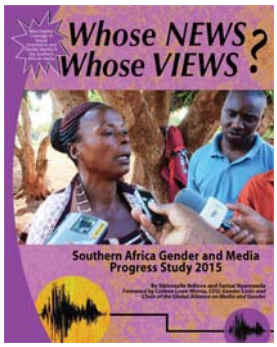
However, in 2015, UN Women fostered a partnership with leading media houses, the *Step it Up for Gender Equality Media Compact*, to develop concrete actions in the implementation of the Sustainable Development Agenda and focus on gender equality and women's rights issues on two fronts:
- In their reporting, disrupting stereotypes and biases; and
- In increasing the number of women in the media, including in leadership and decision-making functions.[3]

This alliance of media institutions is committed to playing an active role in advancing gender issues within the Post-2015 framework. The outlets implement the Step it Up Media Compact by scaling up the focus on women's rights and gender equality issues through high-quality coverage, complemented by gender-sensitive corporate practices.[4] GL, GAMAG and UNWomen will hold a working meeting in September 2016 on gender standards for the media.

[3] http://www.unwomen.org/en/get-involved/step-it-up/media-compact#sthash.INLxFHhx.dpuf
[4] http://www.unwomen.org/en/get-involved/step-it-up/media-compact/partners#sthash.rTBhOQXB.dpuf

Table 9.2: Gender and media in Southern Africa		
Year	**Study**	**What it covered**
2009	Glass Ceilings in Southern African Media Houses	Survey of women and men in a representative sample of media houses - newsrooms, marketing, management, administration
2010	Gender and Media Progress Study (GMPS)	Monitoring of news items from a representative sample of media outlets over a period of one month. This study followed on from the original 2003 Gender and Media Baseline study.
2010	Gender in Media Education (GIME) study	Staff and student composition, content and practise of media education and training.

Source Gender and Media Progress Study 2015.



Covering 27,045 news items, the 2015 *Gender and Media Progress Study* (GMPS) study monitored news content in 14 SADC countries over one month (slightly fewer than the 33 400 covered in the 2010 GMPS. This three-part study sought to explore progress made since the 2009 *Glass Ceilings in Southern African Media Houses* study, the 2010 GMPS and the 2010 Gender in Media Education (GIME) audit. The table gives details of what each of these studies covered. Together the studies covered women and men in media studies; in media practise, and media content. The 2015 GMPS represents a culmination of many years of research, advocacy, policy and training. The key results of the study are summarised in Table 9.3 below.

Table 9.3: Summary of key GMPS findings								
AREA	**2003**	**2010**	**2015 OVERALL**	**HIGHEST COUNTRY**	**LOWEST COUNTRY**	**2015 COE**	**2015 NON-COE**	**GLOBAL**
Who speaks in news?	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**
Overall	17%	19%	20%	28%	6%	22%	19%	24%
Private media	N/A	19%	18%	N/A	N/A	N/A	N/A	N/A
Public media	N/A	20%	24%	N/A	N/A	N/A	N/A	N/A
Community	N/A	22%	21%	N/A	N/A	N/A	N/A	N/A
Who is seen?	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**
Images in newspapers	N/A	27%	28%	74%	10%	N/A	N/A	30%
Women in adverts	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**
% women in adverts	41%	N/A	50%	50%	49%	50%	50%	N/A
Who decides?	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**
Women in the media	N/A	41%	40%	55%	26%	40%	37%	N/A
Women in senior management	N/A	28%	34%	67%	0%	34%	39%	N/A
Women in top management	N/A	23%	34%	47%	0%	35%	34%	N/A
Who reports?	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**
All reporters	N/A	27%	34%	69%	0%	34%	34%	37%
TV reporters	38%	N/A	42%	N/A	N/A	50%	49%	38%
TV presenters	45%	46%	61%	68%	30%	47%	55%	57%
Radio reporters	34%	N/A	50%	97%	35%	30%	29%	41%
Print reporters	22%	N/A	39%	100%	31%	33%	31%	35%

AREA	2003	2010	2015 OVERALL	HIGHEST COUNTRY	LOWEST COUNTRY	2015 COE	2015 NON-COE	GLOBAL
Sources and sex of reporter	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**
Female sources/ women reporters	N/A	31%	25%	100%	2%	N/A	N/A	16%
Female sources/male reporters	N/A	15%	17%	4%	5%	N/A	N/A	22%
What is reported on?	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Economics	N/A	12%	17%	N/A	N/A	18%	11%	17%
Politics	N/A	19%	21%	N/A	N/A	17%	66%	16%
Sports	N/A	18%	17%	N/A	N/A	18%	19%	N/A
Who speaks on what?	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**
Economics	10%	12%	18%	N/A	N/A	N/A	N/A	21%
Political stories	9%	13%	14%	N/A	N/A	N/A	N/A	18%
Sports	8%	12%	13%	N/A	N/A	N/A	N/A	N/A
Origin of stories	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
International	N/A	22%	16%	N/A	N/A	N/A	N/A	26%
SADC	N/A	8%	8%	N/A	N/A	N/A	N/A	N/A
National	N/A	42%	44%	N/A	N/A	N/A	N/A	N/A
Local/community	N/A	18%	28%	N/A	N/A	N/A	N/A	N/A
Gender based violence	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
GBV stories compared to total	N/A	4%	1%	1%	0	0.4%	0.4%	N/A
Who speaks on GBV	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**
% women sources	N/A	27%	58%	100%	18%	N/A	N/A	N/A
HIV and AIDS	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
HIV and AIDS compared to total	3%	2%	0.2%	1%	0.1%	N/A	N/A	N/A
Who speaks on HIV and AIDS?	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**
% women sources	39%	20%	30%	100%	23%	N/A	N/A	N/A
Sexual orientation and gender identity	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
SOGI stories compared to total	N/A	N/A	0.1%	68%	0	N/A	N/A	N/A
Who speaks on SOGI?	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**
% women sources	N/A	N/A	46%	68%	0	N/A	N/A	N/A
Future of gender and media (GIME)	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**	**% W**
% female lecturers	N/A	36%	40%	71%	19%	42%	43%	N/A
% female students	N/A	61%	64%	78%	29%	65%	62%	N/A

SADC Protocol on Gender and Development

The SADC Gender Protocol provided a key impetus to the gender and media work in the region, with its one time bound target: the achievement of gender equality in the media including in decision-making 2015. The wording of the provisions was careful not to be prescriptive (especially the private media). However, the provisions are significant in that they:

- Covered both media content and the institutional make-up of the media.
- Touched on both policy and training.
- Touched on both the sins of omission (the absence of women's voices and need to give women equal voice) as well as the sins of commission (the

perpetuation of gender stereotypes in the way in which women are covered; especially the coverage of gender violence).
- Were consistent with the tenets of freedom of expression. Indeed, they underscore the argument that gender and media activists have been making: that the subliminal silencing of women in the media is - the world over- one of the worst violations of freedom of expression.

Mainstreaming gender in policies, laws and training

The Protocol calls on Member States to ensure that gender is mainstreamed in all information, communication and media policies, programmes, laws and training in accordance with the Protocol on Culture, Information and Sport.

Regulatory framework



Female journalist protesting against gagging of the media during a strike in Madagascar. *Photo by Zotonantenaina Razanandratefa*

2016 marks the 25th anniversary of the Windhoek Declaration which states that: "The worldwide trend towards democracy and freedom of information and expression is a fundamental contribution to the fulfilment of human aspirations."

The right to freedom of expression is guaranteed in all SADC countries. All countries in SADC have media laws and policies that govern the operations and behaviours of the media. Some countries have, however, embraced stringent media laws that purport to uphold the status quo and which in many instances poses a threat to media freedom and democracy in the region. According to *Freedom House Media Freedom of the Press* statistics, five out of fifteen SADC countries are considered as "not free". These are Angola, DRC, Swaziland, Zambia and Zimbabwe. South Africa, which is regarded as having one of the best constitutions and most liberal media laws in the region, is also seen as partly free. Another world press freedom index reveals that one country in SADC (Namibia) is amongst the world's top 20. Namibia, is ranked at number 17, and has the most improved press freedom environment in the world. Among African nations, Namibia ranks higher than South Africa (39), the country with the best constitutional protections for media freedom, and arguably the most extensive media infrastructure on the continent.[5] The state of media freedom in SADC countries is summarised in Table 9.4 below.

Table 9.4: State of media freedom in SADC

Country	Media provisions
1) Angola	The constitution protects freedom of speech and of the press, however Angola continues to have a restrictive media environment. Press status for the country is Not free. The only outlets with a truly national reach and most widely accessed *Jornal de Angola*, television channel, Televisão Publica de Angola (TPA), and Radio National de Angola (RNA) remain under government's firm grip. Private media is operational however, it is very limited.[6]
2) Botswana	Freedom of expression is enshrined in Chapter 12 of the Botswana Constitution. On the surface, the country seems to have a relatively free and diverse media environment. However, there are a number of laws, like the National Security Act, that restrict free access to information. The government has been reluctant to pass the Freedom of Information Act, although it is provided for in a number of government policies - including the national strategic vision - Vision 2016.[7]
3) DRC	DRC laws and the constitution provide for freedom of speech, information, and the press but in practice, these rights are limited. The government and non-state actors (such as armed groups) often use other regulations and methods to restrict freedom of speech and suppress criticism.[8] The political allegiance of most media outlets in DRC normally reflects that of their owner.

[5] http://themediaonline.co.za/2016/04/media-freedom-has-come-a-long-way-in-africa-but-its-still-precarious/

Country	Media provisions
4) Lesotho	While the Lesotho Constitution does not directly mention press freedom, it guarantees freedom of expression and information exchange. However, multiple laws, including the Sedition Proclamation No. 44 of 1938 and the Internal Security (General) Act of 1984 prohibit criticism of the government, provide penalties for seditious libel, and endanger reporters' ability to protect the confidentiality of their sources.[9]
5) Madagascar	Madagascar enjoys a diverse and pluralized media landscape, which in recent times has been dominated by radio. Madagascar has a liberal policy towards the media, which has fostered the development of media pluralism and diversity.[10]
6) Malawi	Section 36 of the Malawi Constitution states that the press shall have the right to report and publish freely, within Malawi and abroad, and to be accorded the fullest possible facilities for access to public information. Additionally, Section 35 states that everyone shall have the right to freedom of expression. Radio continues to be the most popular medium of accessing information as it has the widest reach and is available in vernacular languages.[11]
7) Mauritius	Freedom of expression has always been guaranteed under Section 12 of the Constitution of Mauritius. Within the same section, limitations are possible in the "interests of defence, public safety, public order, public morality or public health." Although Mauritius has not signed the SADC Gender Protocol, the constitution guarantees gender equality across all sectors.
8) Mozambique	Mozambique's revised 2004 constitution guarantees freedom of the press, explicitly protecting journalists and granting them the right not to reveal their sources. The environment for media freedom worsened in 2013, primarily due to an increase in attacks and detentions of journalists by both security forces and non-state actors, as well as the firing of editors whose coverage was deemed overly critical of the government.[12]
9) Namibia	The Constitutional guarantee contained in Article 21.1 (a) of the Namibian Constitution gives all Namibians the right to freedom of expression, including freedom of the press and other media.
10) Seychelles	Seychelles is a low media density country with very few media outlets. The main outlet is the Seychelles Broadcasting Corporation. The creation of the Seychelles Media Commission sought to provide a platform for adjudication on media issues while ensuring more freedom, and the reduction of television and radio licence fees.
11) South Africa	In the last couple of years, South Africa has seen the development and establishment of crucial industry bodies in response to the democratic imperative for accountability, including the newly revitalised Press council and the Broadcast Complaints Commission (BCCSA). However, there are threats to media freedom from various quarters - some by government, political parties; others from the profit-seeking corporate sector.[13] Conditions for media freedom improved marginally in 2015, with the courts reaffirming journalists' right to access information and further limiting arbitrary restrictions on publishing information in the public interest.[14]
12) Swaziland	Freedom of expression is guaranteed in the 2005 Constitution of the Kingdom of Swaziland. However, subsequent clawback clauses restrict this right, and King Mswati III can suspend the right to freedom of expression at his discretion. There are no laws or parts of laws restricting freedom of expression such as excessive official secret, libel acts, legal requirements that restrict the entry into the journalistic profession or laws that unreasonably interfere with the functions of media.
13) Tanzania	Tanzania has a very vibrant media industry with strong regulatory systems. The new draft constitution makes provisions for media freedom and free media access to all its citizens. There is a high number of private media houses as well as a strong community media sector.
14) Zambia	Freedom of expression is protected for in Article 20 of the Zambian Constitution. With regard to media protection in the constitution, article 20 (2) states that "subject to the provisions of this constitution no law shall make any provision that derogates from freedom of the press." Political issues continue to dominate the mainstream media, and diversity of content in the print media remains limited. Great strides have been made in the area of self-regulation, which has narrowed the divide between state and privately owned media as they united in the establishment of the self-regulatory body, the Zambia Media Council (ZAMEC). On the one hand, citizens are not able to express themselves freely, particularly due to the perceived high levels of political intolerance.[15]
15) Zimbabwe	Zimbabwe has repressive media laws which hinder free media practice. There are laws around access to information based on the principles of 'official secrecy'. Media industry is also highly polarised with private media aligning itself to civil society and human rights defenders whilst the public media has been reduced to a government conduit. Persecution of journalists is common.

Source Gender and Media Progress Study 2015.

6 https://freedomhouse.org/report/freedom-press/2015/angola
7 http://downloads.bbc.co.uk/worldservice/trust/pdf/AMDI/botswana/amdi_botswana3_media_health.pdf
8 http://uncoveringthedrc.blogspot.co.za/2012/01/media-landscape-in-drc.html
9 http://www.mediamonitoringafrica.org/images/uploads/Lesotho_Interim_Report_PrintVersion_2.pdf
10 http://www.unesco-ci.org/ipdcprojects/countries/madagascar
11 http://library.fes.de/pdf-files/bueros/africa-media/09541.pdf
12 https://freedomhouse.org/report/freedom-press/2014/mozambique
13 http://www.gcis.gov.za/sites/www.gcis.gov.za/files/docs/resourcecentre/medialandscape2014_ch5.pdf
14 https://freedomhouse.org/report/freedom-press/2016/south-africa
15 http://library.fes.de/pdf-files/bueros/africa-media/10575.pdf

New media regulation

New media is becoming a new area that countries are grappling to regulate. It is fast becoming a powerful vehicle to advance news and communication. It is providing new opportunities and threats for the media landscape. It has opened access to content far reaching by all even in the most remote of areas where traditional media would otherwise reach. It is promoting the power in the citizens hands to be both producers and consumers of content. Governments the world over are faced with challenges on how to make users stay within the confines of the law and desist from causing indignity to others through the distribution of hate speech or offensive materials, while balancing freedom of expression.[16]

Gender policies in media houses

The GL initiated Centres of Excellence (COE) for Gender in the Media, constitute one of the most far reaching efforts we are aware of to transform gender equality in and through the media by working media house by media house. The COE process involves conducting a situation analysis, developing and implementing a gender policy, monitoring and evaluating progress, and sharing good practices at Gender and Media Summits. Over the past five years, the original gender policy process has been expanded by another ten stages involving on-the-job training on key thematic areas espoused in the SADC Gender Protocol. The 2015 GMPS showed a slightly higher proportion of women sources (22% compared to 20%) in the COE's than in the non-COE's. The examples that follow reflect some of the examples of what media houses have been doing:

Media COEs committing to equality



Across the region, media houses have shared testimonial evidence of the difference that gender awareness is making in their daily work. Media houses in **Botswana** broke new ground by coming together to devise their own gender policy. Spencer Mogapi of the Sunday Standard/ Telegraph newspapers said at one of the COE workshops, "I never thought of gender in the workplace or in content but now I make sure that we have female staff and that gender issues are covered. It is important to give women a platform in the issues pertaining to the development of the country. We cannot afford to leave them behind."





Since the **Malawi** Institute of Journalism (MIJ) FM drafted its Gender Policy in 2011, the radio station has introduced Gender specific radio programmes including *Gender ku Malawi*. In the run up to the 2014 Elections, the station gave women airtime time to profile themselves. The Policy led to the hiring of many women and their empowerment to work in decision-making positions. Currently, women hold three of four of MIJ FM's most influential positions including Executive Director and Broadcasting Services Manager.

Main strengths have been the ability to motivate, develop, and groom women into better reporters, presenters and decision-makers. Examples include Gloria Masanza, who is now Presidential Press Officer, groomed by the MIJ gender focal person when she was Sub-editor for MIJ before taking her current challenging position. MIJ now provides women employees a three-month-long Maternity Leave every two years. In 2016, MIJ introduced Paternity Leave for its male employees. MIJ has won several awards as the Malawi's Best Media COE.

Radio Maria in Malawi has put in place deliberate measures to employ more women by earmarking internal vacancies for women. As a result of this the number of women has tripled from two to six. Women at the radio station multi task, for example there are women working as sound engineers, producers and also website editors (jobs presumed to be predominantly male oriented). There are now more women in the media house and this contributes significantly to the increase of women sources. The Gender Policy provides three months paid maternity leave. Nursing women are given opportunities to work family-friendly hours which should not compromise the care of new-born children.



Media COEs in **Mozambique** have also now come together to develop and launch a joint gender policy. The participating media houses include Television Mozambique, Savanna, Zambeze, Radio Muthiyana, Magazine Independent, Noticias, Escorpio, Expresso, Publico, Televisao Independent de Mocambique, Verdade, Radio Terra Verde.



The **Swaziland** Broadcasting and Information Services (SBIS) plays a vital role in disseminating information to the nation, with radio being the main source of news for 95% of the population. Smangele Dlamini, the gender focal person, feels strongly that all

[16] http://www.dailymaverick.co.za/opinionista/2016-01-31-regulating-offensive-comments-online-defeating-the-scourge-of-racism/#.V5D-SaIbjMs

programme producers and broadcasters in the station need exposure and must be pushed to embrace gender mainstreaming."What is presently needed at the station is a paradigm shift, where mentoring and coaching on gender becomes basic to enhancing production skills. The onus is now on the management to ensure that the station is not left behind as other media houses are miles ahead," she said. Dlamini is determined to work with gender mainstreaming partners and ensuring that SBIS becomes a leader in gender mainstreaming in the SADC region.



In **Zambia**, male workers and volunteers dominated Radio Yatsani by when it started its operations in 1999, despite having a female head. After joining the COE process, Yatsani Radio developed a gender policy which has since been approved by the Board. There has been a marked improvement in the gender balance of sources. For example a governance programme called the Podium ensures participation by both men and women. The radio station also has a Code of Conduct that covers sexual harassment in the work place.



In **Zimbabwe**, Radio Dialogue, a community radio station in Bulawayo, has contributed to the media COE mandate through change in its programming which now includes radio shows that profile gender and women's rights. Their administrative structures have also undergone changes to promote equality of access and opportunity within the media house. According to Emmanuel Nkomo from Radio Dialogue, in the last year the station has increased the number of women in management. "We have a female Director, a female Finance Manager, a female Human Resources Manager and also a female Programs Coordinator. We are trying to give women an equal chance in the field. We are not putting women there for the sake of it but because they are professionals who have been trained by Radio Dialogue since some of them were in lower positions but now have been promoted into more influential decision making roles," Nkomo said. The number of female Board members has increased to four out of seven. Radio Dialogue scored 94% in the 2015 verification exercise.



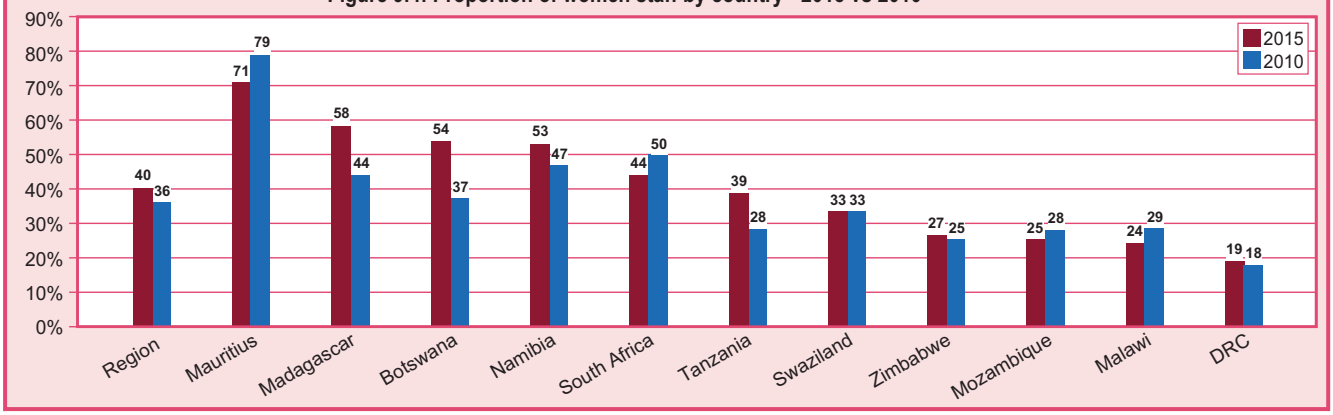
Emmanuel Nkomo of Radio Dialogue makes a presentation at the Zimbabwe SADC Gender Summit. *Photo by Loveridge Nhamoyebonde*

Training

The SADC Gender Protocol urges media to mainstream gender in all media laws, policies and training. The Gender in Media Education (GIME) findings of the GMPS covered the media studies departments of 15 tertiary institutions in 11 countries. This is 10 institutions less than in the 2010 study. These more up to date findings do, however, provide important new information on gender in media education and training.

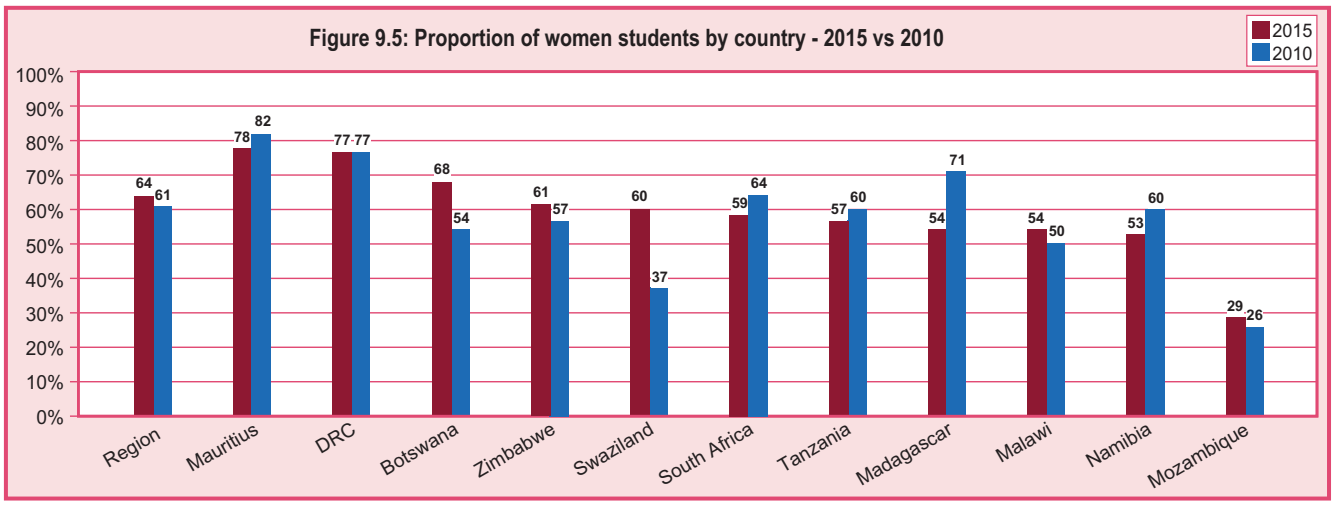
There has been an increase in the proportion of women trainers, from 36% in the 2010 GIME to 40% in the 2015 GMPS. Although change is slow, there is evidence that institutions have started addressing the gender gaps in staff composition.

Figure 9.4: Proportion of women staff by country - 2015 vs 2010



Source: Gender Links 2015.

However, this varies considerably by country: Figure 9.4 shows country variations over time. The University of Mauritius continues to lead (71%) although this figure has declined from the 79% recorded in 2010. The lowest proportion of female staff is in DRC (19%). The findings show a steady increase in the proportion of women staff from 44% to 58% in the Madagascar; 37% to 58% in Botswana; and 47% to 53% in Namibia - all have recorded gains since 2010.



Source: Gender Links 2015.

There are more women than men in journalism and media studies: The findings show a steady increase in women students in the region from 61% to 64% in 2015. While men are the majority of the academic staff, Figure 9.5 shows that the majority of the students in the departments of media education and journalism training in the 15 tertiary institutions audited are female (64% compared to 36% male students). There is a striking difference in the proportion of women staff and women students.



Mozambique media students. *Photo by Gender Links*

The high proportion of women students is also higher than the proportion of women working in the media. This disjuncture between newsrooms and media training institutions reflects the challenges that women face working in the media: the dual roles of juggling domestic and professional responsibilities amongst others. This leads to many women journalists and media graduates opting for jobs in advertising, public relations, marketing and non-profit communi-cation industries.

In many countries this is by a wide majority, but in a few women are still in the minority: Although Mauritius still has the highest proportion of women students, there has been slight decline from 82% to 78%. IFASIC of DRC has maintained second position at 77%, the same as in 2010. Swaziland experienced a dramatic increase in women students from 37% to 60%. In Madagascar and Namibia the proportion of women declined. Mozambique is the only country in which women students comprise less than half the total (29%, up from 26% in 2010).

Academic Research on Gender

The period under review has seen a marked increase in research on a range of media issues, including gender and the media. The quantity of this research however varies among the institutions and is greatly dependent upon several factors:

- The capacity of staff members to do research;
- Incentives for research; and
- Staff knowledge and expertise.

Gender and Media research in SADC media training institutions

Media trainers who participated in the Gender in Media Education research held a Research Symposium in May. They noted that the academic institutions require lecturers to publish their research and to contribute articles to refereed journals as part of their performance appraisal.



Ernesto Nhatsumbo, Head of Department in the Journalism department at the University of Eduardo Mondlane speaking during a media education meeting. *Photo by Tarisai Nyamweda*

They said that by and large staff in the departments of media, journalism and communications have not focused on gender and the media as a specialised field of inquiry and also are not connected to the wide body of knowledge on gender and the media, and feminist media scholarship that exists in academic institutions and universities across the globe.

Gender and media studies is in its infancy within academic institutions in Southern Africa, and has been the primary focus of the research and training collaboration between GL and the departments of media, journalism and communications in academic institutions across the Southern African region.

Gender and media studies focus on the ways in which the media contribute to gendered attitudes and behaviours acquired by individuals in society; and focuses on how the media perpetuate sex-role stereotypes through voice and representation, and how the media contribute to gendered identities.

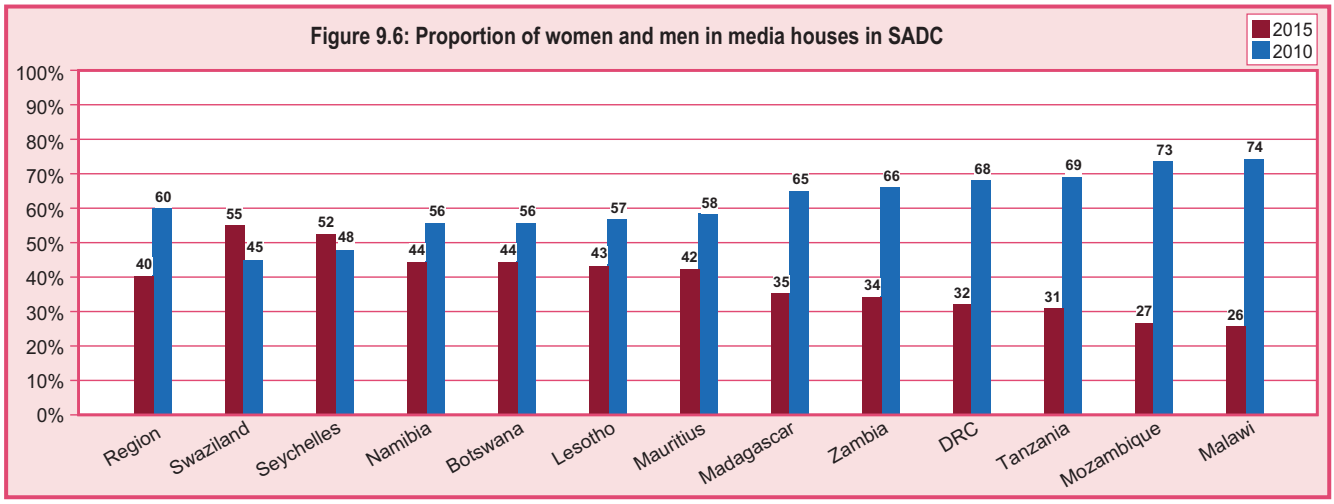
The academics attending the May research symposium gave the following as reasons for strengthening the development of gender and media research within the departments of media, journalism and communications within Southern Africa:

- ***Knowledge Generation:*** This research will contribute to teaching and learning at the national, regional and international levels by generating a body of gender and media knowledge from Southern Africa.
- ***Curriculum review:*** The gender and media knowledge that emanates from research can be used to inform media, journalism and communication departments' curriculum reviews.
- ***Media trends:*** Research will help to identify emerging trends in the media and thereby generate future research themes.
- ***Generating evidence for the media industry:*** Research findings provide evidence for engaging the media industry on practices that contribute to sexism and discrimination, prohibit the development of quality journalism and the growth of new audiences; and, the findings can feed into the development of continuous education trainings for media practitioners, and provide practical recommendations for the continuous improvement of media institutions.
- ***National Policy Development:*** Research findings can be used to feed into and influence the development of gender-responsive information and communications policies at the national level and inform sections on media, information and communications in countries' national gender policies.
- ***Gender and Media Literacy:*** Findings from gender and media research can be used to strengthen Media Literacy education for citizens to increase their understanding of how to engage the media as informed consumers of media who can be pro-active in advocating for change.

Women and men in the media: People behind the news

The SADC Gender Protocol calls on Member States to take measures to promote the equal representation of women in decision-making structures of the media, in accordance with Article 12.1 that provides for equal representation of women in decision-making positions by 2015.

In the latest GMPS report, GL incorporated an analysis of where women and men are in the SADC media. This study builds on the findings of the Glass Ceiling research conducted by GL and partners in 2009. It took a critical look at whether women journalists access more women sources, and whether having more women in management and as reporters makes a difference for amplifying women's voices in the media. It also draws comparisons between practices in Media Centres of Excellence (COE) and Non-Centres of Excellence (Non-COEs).



Source: GMPS 2015.

Men predominate as employees in Southern African media houses: Figure 9.6 shows that the media is a largely a male-dominated industry with men constituting 60% of the employees compared to 40% women. This is one-percentage point lower than in 2009.

There is considerable variation between countries: Swaziland (55%) has the highest proportion of women in the media, and Malawi is lowest at 26%. Of the twelve countries for which country level data could be obtained, ten had less than 50% women employees in the media.[17] As only one media house in Zimbabwe responded to the survey, this is one of the countries in which GL does not have country level results. However, related research in Zimbabwe reflects the extent to which the media remains a hostile environment for the media.

Gender discrimination in Zimbabwean newsrooms



In 2014, Media Monitoring Africa (MMA); Gender and Media Connect (GMC) and Zimbabwe Union of Journalists (ZUJ) investigated the nature of gender discrimination in Zimbabwean newsrooms. The research study *Power, Patriarchy and Gender Discrimination in Zimbabwean Newsrooms* explored how gender discrimination manifests itself in the media. It looked at the lived experiences of the country's media workers.

The study into the prevalence of gender discrimination in Zimbabwe was based on an online survey and in-depth questionnaires from media workers in different media houses. The study defined gender discrimination to be encompassing more than sexual harassment but including financial inequality where women earn less than men; glass ceiling where women are prevented from occupying higher positions, gender stereotypes of what women and men can do in the newsrooms.

The research uncovered interesting and concerning issues about gender discrimination in Zimbabwean media houses. It acknowledged the existence of gender discrimination in all professional settings including the media. Gender discrimination is highlighted as a "problem so deeply entrenched that it is almost epidemic in proportion. Secondly, it revealed that gender discrimination is institutionalised such that it has become part of the daily lives. Thirdly, that gender discrimination is about power as those in positions of authority are usually the perpetrators against those in the lower echelons who are the victims".[18]

Another telling finding in the study is that media workers see mechanisms of dealing with gender discrimination in the country's newsrooms as unsuccessful. The research shows that the entrenchment of patriarchy and its persistence in society keeps such practices abundant.

Three remedies are given to assist the media in eradicating gender based discrimination in the media. These include creation of legislation and policies, sustained awareness raising and creating a conducive environment where both women and men thrive.

[17] Insufficient media houses responded in South Africa and Zimbabwe to make country-level conclusions.
[18] Media Monitoring Africa 2014, Patriarchy and Gender Discrimination in Zimbabwean Newsrooms

Tanzania: Women make their mark as managing editors



Banks did not want to do business with her and fellow journalists looked sceptically at her, but **Jamillah Abdallah** persevered.



Jamillah Abdallah, managing editor of *Changamoto* newspaper in Tanzania.
Photo by Gender Links

Abdallah owns the media company Lady Band Limited, which publishes *Changamoto* and is the first managing editor of this Tanzanian newspaper. She has established herself as a well-respected editor, journalist, gender specialist and successful media owner. She is one of the few female media owners in Southern Africa.

Abdallah began her career in the media industry as a junior reporter at *Mtanzania Jumapili*. She climbed the ladder and become the features editor of the publication. While there she became interested in writing about social issues, frequently covering stories on maternal and children's health. She recently led her institution in drafting and adopting a gender policy.

"As a leader, leading men coming from different socialisations, one of the challenges was to make them understand that 50/50 should start from us, changing our perspectives," she says. "It also includes understanding that gender equality is the only solution to bringing development equally to all women and men. We have become an institution where people come and learn because women have been left out. For example there was an interview for a graphic designer and he was directed to me but he replied with shock that I was a boss but I asked God to give me strength to change his mindset."

In 2006, her newsroom had one woman and 15 men. Today she employs six women and 16 men. "Apart from being the managing editor, I empowered a woman to become a chief accountant. In addition, we empowered women journalists because our newspaper was male dominated and they are now covering hard news because men were thought to be the only ones capable to cover those stories," she says.

"I am proud that we changed the mindsets of men in our company. Out of 15 men, only one man was gender sensitive. We changed attitudes up to editorial level. Some were against gender issues and thought that gender issues had nothing to with media and that gender stories of empowering women do not sell. "Whenever someone sees that we have a female managing editor it shows mileage to attaining gender equality. I am proud to be a gender activist and a media entrepreneur and being a role model to other women that I managed to empower," she added.



Nengida Johanes, managing editor at *Upendo Media* in Dar es Salam.
Photo by Arthur Okwemba

Nengida Johanes is the managing editor of *Upendo*, a media house that comprises a newspaper and a radio station, in Dar es Salaam, Tanzania. She first joined the station in 2004 as a reporter. "Being a managing editor in a news media as a professional woman and a mother is not an easy feat," says Johanes. "You have to work extra hard to juggle responsibilities while at the same time ensuring that your work does not suffer. It is something few male managing editors have to confront on a daily basis."

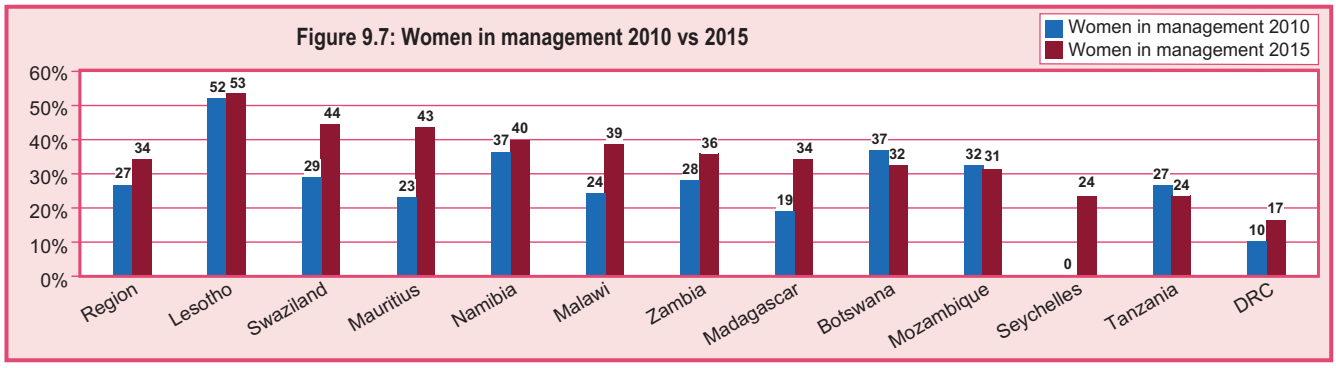
Johanes's resilience and hard work saw her first promoted to editor, then to an information officer position in the church's communication department, before assuming the managing editor role, the position she now holds. Johanes developed a passion for gender issues after joining the company, but she says developing a gender policy facilitated by Gender Links helped her understand new strategies of ensuring gender mainstreaming in the content and structures of her media house. "I think the gender policy reawakened something in me. I saw that voices that were speaking a lot in our stories were men and a voice told me that I needed to do something," she says.

Johanes is keen to keep track of who has been interviewed in each story she airs, and if there is fair gender representation. This, she says, has made her reporters ensure that their stories seek the views of both men and women. She also wants to ensure women's voices at all levels in the structures of the institution. "I felt really uncomfortable to see that the majority of the staff were male. I decided to enforce a gender balance rule, and since I have been given powers to employ, I ensure there is gender parity among those employed."

As a manager, she ensures that journalists give prominence to gender issues on the prime pages of the paper. She has set aside a full page in the Sunday edition that focuses on gender issues, particularly promoting female music entrepreneurs. She is currently mentoring female reporters on how to become managers. "I also report on politics to send a message to both male and female reporters that this is an area that women too can report on and do so very well".[19]

[19] Okwemba, A 2014. Tanzania: Inspiring younger women journalists.

Women constitute a little over a quarter of the directors on media house boards: The governance structures of media houses in Southern Africa are firmly in the hands of men (70%), with women constituting only 30% of those on boards of directors. The proportion of women has gone up by a mere two percentage point over the past 5 years since the last Glass Ceiling Study.



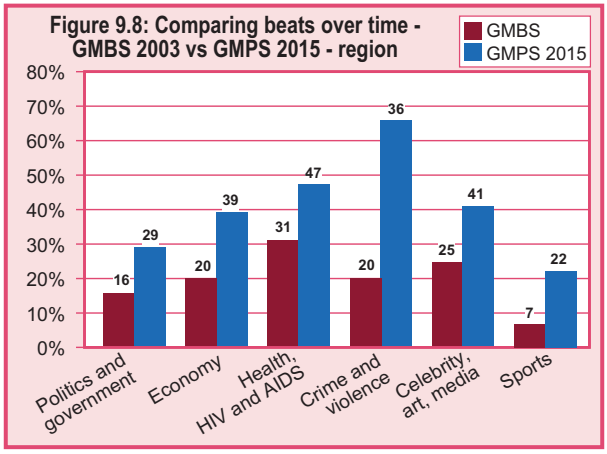
Source: Gender Links 2015.

There has been an increase in the proportion of women managers: Women now comprise 34% in senior management in the media up from 28% in 2010. The proportions of women in media management in the region range from 17% in DRC (up from 10% in 2010) to 53% in Lesotho (up from 52% in 2010).



This shift is evident in countries such as **Namibia**. Dr Maria Mboono Nghidinwa notes: "22 years ago, Namibia barely had 20 women practicing journalism... Women journalists did not occupy high-ranking positions in the news industry then and were limited to covering news beats that were considered 'soft news' as opposed to 'hard news'. The bigger, the more 'dangerous' news stories were covered by their male counterparts. Today, in independent Namibia, female journalists have made significant inroads, not just in numbers, but also in increased access to every level of the news profession".[20] The 2015 Afro Media Barometer for Namibia notes that Namibia has a diverse media landscape which is relative to the population. It however lacks in the diversity of ownership of its media.'' Media houses are owned primarily by male elites and private radio stations... remain in white male hands."

Efforts are being made in to organise women leaders in the media: In 2015 for example Lesotho women leaders in media houses organised themselves into the Basotho Media Women's Association. The association is made up of women in leadership positions from various media houses in the country "because they would be in a better position to influence.[21] The proportion on women managers in Tanzania has increased from 24% to 27% over the five years from 2010 to 2015. Tanzanian women are now far more visible in the media, as previously illustrated in the two profiles.



Source: Gender Links 2015.

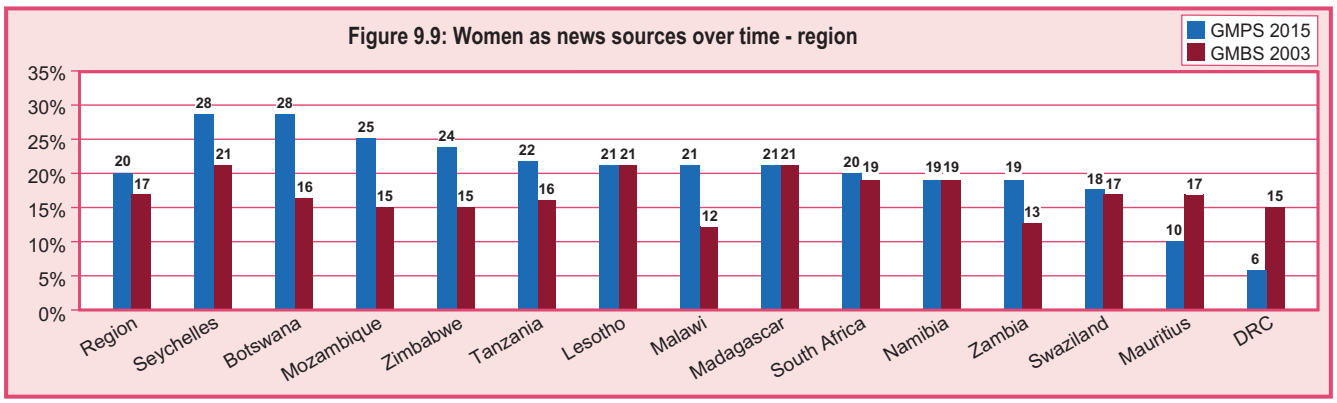
Women reporters are venturing into male-dominated beats: Figure 9.8 shows that women reporters are challenging stereotypes and making great strides in covering all news beats. The region has seen a marked improvement in the news beats that women cover. The biggest gains appear in the coverage of the economy, where the proportion of women reporters rose from 20% in the GMBS to 39% in the 2015 GMPS. Women now comprise 22% of sports reporters (traditionally a male preserve) up from 7% in 2010.

[20] Namibia: Women Make Strides in Post-independence Newsrooms. Byerly, C.M (ed).2013. International Handbook of Women and Journalism. Palgrave Macmillian. UK.
[21] FesMedia (2015) African Media Barometer-Lesotho Frederich Ebert Stiftung and Media Institute of Southern Africa, Windhoek Namibia available at http://www.fesmedia-africa.org/home/what-we-do/africa-media-barometer-amb/amb-country-reports/

Women and men in media content

The Protocol encourages the media to give equal voice to women and men in all areas of coverage, including increasing the number of programmes for, by and about women on gender-specific topics that challenge gender stereotypes.

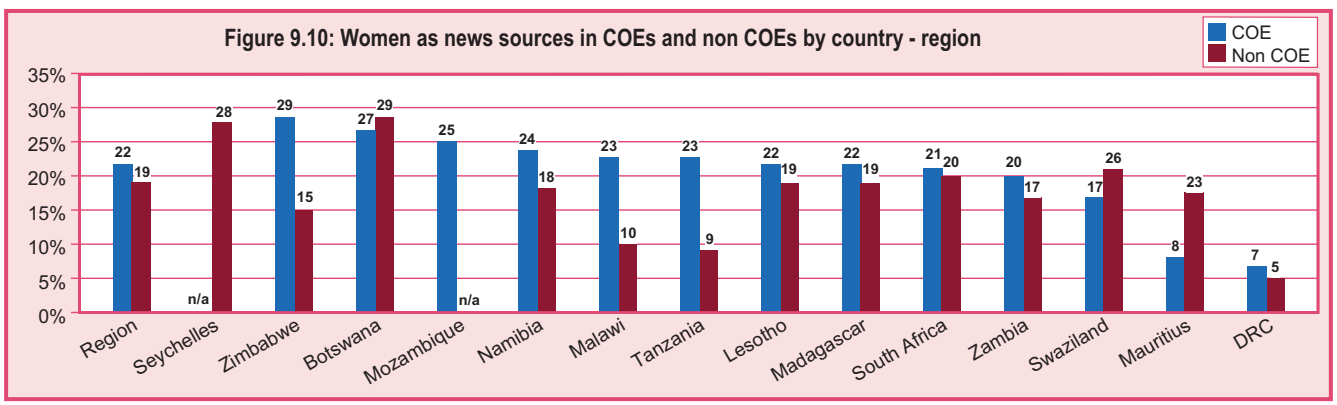
The 2015 GMPS gauges the extent of progress in achieving gender equality in and through media content. The 2015 GMPS also followed up on specific genres and mediums covered in earlier studies such as Who talks on Radio Talk shows?, Gender in Advertising in Southern Africa, Gender in Tabloids, This latest study introduced a new area of work, coverage of Sexual Orientation and Gender Identity (SOGI) issues. The section that follows presents some of the key findings from this research.



Source: Gender Links 2015.

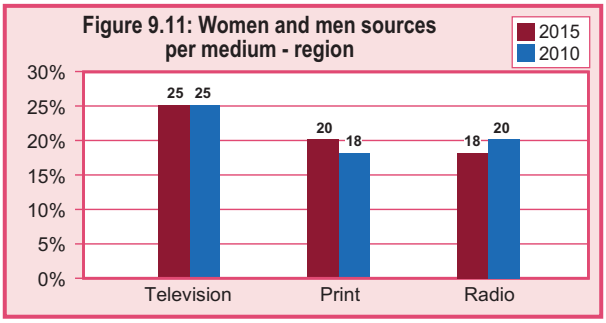
There has been an insignificant increase in the proportion of women sources from 17% in the 2003 GMBS to 20% in the GMPS: News is still told overwhelmingly from a male perspective. Figure 9.9 shows that women are under-represented as news sources in the media constituting only 20% of sources, in the region, four percentage points lower than the global GMMP average, and two percentage points lower than the GMMP African average.

More forward than backward movement at country level: Only two countries (Mauritius and DRC) have slipped backwards with regard to the proportion on women sources. Madagascar, Lesotho and Namibia have remained the same over 12 years. Seychelles has maintained its position at the top (28%), 21% higher than 2003. At 28%, Botswana ties with Seychelles, and made the most significant jump compared to 16% in 2003.



Source: Gender Links 2015.

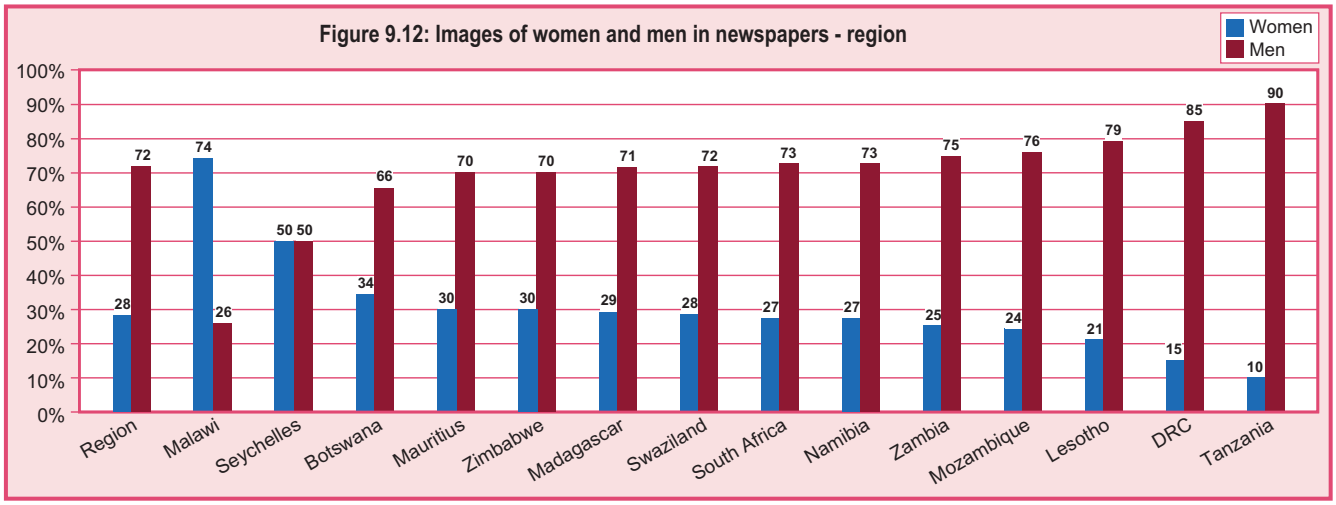
COEs perform slightly better than non-COEs. Figure 9.10 shows that overall women comprised 22% of all sources in COEs compared to 19% in non-COE media houses. This pattern is true for eight of the 12 countries that monitored both COEs and Non-COEs. Zimbabwe registered the highest gap: 29% for COEs compared to 15% for non-COEs. In Namibia COE's registered 24% women sources compared to 18% in non-COEs.[22] GL has not rolled out the media COE project in Seychelles. Non COE scored higher than COE in Botswana, Swaziland and Mauritius. GL will be conducting country and newsroom launches to determine why this is so.



Source: Gender Links 2015.

There is no marked difference in the way that print, radio and television media access women sources compared to 2010 GMPS. At 25%, television remains the medium with the highest proportion of women sources. Print media gained two percentage points from 18% to 20%. Radio has the lowest proportion of women sources (20% compared to 18% in 2010).

Public media leads the way: The GMPS shows that women comprise 24% of sources in the public media compared to 18% sources in the private media and 21% sources in community media. While it is encouraging that public media perform slightly better than private and community media as might be expected, overall performance by all three is disappointing.



Source: Gender Links 2015.

Women are more likely to be seen than heard: Figure 9.12 shows that women constitute 28% of all images in newspapers (a one-percentage point increase from 27% in 2010). However, this ranges from 50% in Seychelles to 10% in Tanzania.

While there are 50% women in adverts, these often perpetuate blatant gender stereotypes: As part of the 2015 GMPS GL conducted a follow up to the 2007 Gender and Advertising in Southern Africa study by exploring the representation and portrayal of women and men in advertising. Overall, women constituted 50% of all subjects (those featuring in the adverts as voices and or images) in the advertising monitoring compared to the regional average of 41% in the 2010 GMMP. Advertising is the only genre where women and men are equally represented as subjects at 50% apiece. However, the qualitative coverage reflected a high level of blatant gender stereotypes in advertising.



Blatant stereotype.

Coverage of HIV and AIDS is still low: GL research shows that despite being the global epicentre of HIV and AIDS, the proportion of overall coverage in the region dropped from 2% in 2010 to 0.1% in the 2015 GMPS. The study revealed a drop in HIV and AIDS

[22] The Namibia Broadcasting Corporation (Radio and Television) is the only COE in Namibia, whilst 9 non COEs participated.

coverage in all countries, except Mauritius, Seychelles and Tanzania.

There is very limited coverage of SOGI in the region. Introducing monitoring of Sexual Orientation and Gender Identities (SOGI) for the first time, the GMPS found that only 0.1% of stories are on SOGI. Most of the SOGI stories in the region are published in South African media. In Tanzania, homosexuality is criminalised under the Sexual Offences Act of 1998. Talking about LGBTI is taboo and homophobia is common; as a result homosexual issues are ignored by the media.[23] In Zimbabwe, researchers note a level of self-censorship in the practice of journalism especially on reporting SOGI.[24]

Coverage of gender based violence



The Protocol calls on the media to take appropriate measures to encourage the media to play a constructive role in the eradication of gender-based violence by adopting guidelines, which ensure gender- sensitive coverage.

The media is more often than not part of the problem rather than of the solution when it comes to coverage of gender violence: The recent GMMP 2015 study conducted by WACC revealed that "Overall, women remain more than twice as likely as men to be portrayed as victims than they were a decade ago, at 16 and 8%, respectively.[25]

GBV is not newsworthy: The 2015 GMPS found that GBV stories compromise a mere one percent of the total stories covered in the media, compared to 4% in the 2010 GMPS despite studies showing that GBV is the most flagrant violation of human rights in the SADC region post-apartheid and the related conflicts.

The majority of sources on GBV are women: On a positive note, women now constitute the majority (58%) of news sources on GBV. In all SADC countries with only a few exceptions in Botswana, DRC and Malawi women constitute the largest proportion of sources.

Media Agenda 2030

While the SDGs make no specific reference to gender and the media, the SADC region has been able to push beyond the boundaries of international development frameworks by retaining the original strong provisions that it had on gender and the media.

Unfortunately, these targets no longer have specific timeframes as they did before. However, as the Protocol is overall aligned to the SDGs, the Alliance is campaigning for 2030 or earlier to be adopted as the timeframe in the Monitoring, Evaluation and Results (MER) framework. As the analysis in this chapter shows, in some instances countries have reached or are close to reaching the 50% mark for gender equality in and through the media. In such cases the deadline should be earlier than 2030.

New additions in the Post 2015 SADC Gender Protocol

While the Post 2015 media provisions remain largely the same as in the original Protocol, the following are two important new additions:

- "States Parties shall enact legislation and develop national policies and strategies including professional guidelines and codes of conduct to prevent and address gender stereotypes and discrimination in the media."
- "State parties shall take measures to promote the equal representation of men and women in the **ownership** of and decision-making structures of the media."

The first provision strengthens existing provisions on mainstreaming gender in media policies and legislation. The second makes the important addition of ownership to media decision-making. So far tracking has focused on women on the boards of directors and as managers in the media, rather than an ownership: a key area of focus in the future, especially as the media in the region is increasingly privately owned.

[23] FesMedia (2015) African Media Barometer-Tanzania Frederich Ebert Stiftung and Media Institute of Southern Africa, Windhoek Namibia available at http://www.fesmedia-africa.org/home/what-we-do/africa-media-barometer-amb/amb-country-reports/
[24] http://www.academia.edu/13608624/Reporting_Homophobia_in_the_Zimbabwean_and_Nigerian_media
[25] http://www.unwomen.org/en/news/stories/2015/11/press-release-gmmp#sthash.E8TuFzbf.dpuf

Next steps

The need to consolidate gains made in the last decade must inform all future gender and media work in SADC. The ground-breaking research, advocacy, training and collaboration through the Gender and Media Diversity Centre (GMDC) must be carried forward in the period ahead. GAMAG remains vital to amplifying gender and media work in SADC and in fostering new and stronger global partnerships. GL's gender and media work will seek to achieve depth rather than breadth following the GMPS study. The COE process has shown that working systematically with a select target group leads to greater - and lasting - impact. The following are some of the next steps envisaged:

- ***Post-2015 workshops:*** A key conclusion from numerous research studies is that, unless the media industry systematically mainstreams gender into the work of media houses, increased representation of women in media decision-making and content may remain elusive. GL has to utilise its experience disseminating results of research studies, as well as identify strategic platforms for engagement on the results.

  As part of advocacy and repositioning around regional and global gender and media work, GL will take forward the Post-2015 discussion to media houses and stakeholders through the GMDC and globally through GAMAG. This strategy contributes to strengthening links between the "North-" and "South"-based gender and media organisations. It also remains key that activists critically discuss the relevance of the BPFA's Section J in this new era of Information and Communication Technology (ICTs) advancement.

  Country launches will happen through working in close collaboration with GIME training institutions as well as Media COE facilitators. The advocacy workshops will culminate in country-specific activities. The results will be disseminated to individual media houses, through profiles of each of these.

- ***Gender and Media Standards:*** The GMPS results serve as a useful baseline for target setting and action planning. Southern Africa has taken the first steps towards including media in the Post-2015 instruments through drafting gender and media targets and indicators that will strengthen the extended SADC Gender Protocol and highlight critical areas missing from Section J of the BPFA.

  UNWomen has started the *Step It Up for Gender Equality Media Compact*, a "coalition of the willing" leading news organisations who "increasingly understand the persistent gender imbalance not only as a democratic deficit but also as bad for business." Recognising the influential role media plays in driving women's empowerment and gender equality, the Compact, facilitated by UN Women functions as an alliance of media organisations committed to playing an active role in advancing gender issues within the framework of the Sustainable Development Goals (SDGs). The outlets implement the Step it Up Media Compact by scaling up the focus on women's rights and gender equality issues through high-quality coverage, complemented by gender-sensitive corporate practices.

  In September 2016, GL and GAMAG will collaborate in a two-day meeting to bring these strands together to explore what it would take to develop a gender certification for media. What criteria would have to be met? What mechanism would need to be in place to ensure monitoring and compliance? What are the incentives and potential objections to such an initiative? Which media outlets can become its founding champions? This provides an avenue for elevating the COE work to a global level, challenging media houses in the region to become part of, and sign up to standards, for a much broader gender and media movement.

- ***Capacity-building and training:*** Capacity-building and skills transfer is an effective approach to ensuring sustainability of gender and media projects. GL and partners have a collection of training manuals and materials on gender and media. These can be greatly enriched through the case studies gathered during this research, as well as the entries for the Gender and Media Summit in 2016.

  A key project of the GMDC going forward is to develop dynamic, web-based training tools Institutions of higher learning, gender and media networks and women's media associations, all comprise key partners in GL's media training portfolio. Media training institutions have outreach programmes that provide avenues for capacity-building and collaboration at the local level. A good example is the University of Limpopo in South Africa that GL has worked with over many years, which reaches out to several community radio stations in this largely rural province of South Africa.

- ***Reviving the gender and media movement:*** Future gender and media work must seek to strengthen the gender and media movement amid dwindling resources for gender work, especially in the media. The GMDC presents a potential platform for networking, sharing and collaboration. The revived GMDC has a Steering Committee made up of GIME insti-

tutions. These institutions have the requisite skills and knowledge to set the gender and media agenda going forward. Bringing back the GEM summits should form introduce renewed energy into gender and media work in the region. This initiative will breathe new life into advocacy efforts and action planning.

- To leverage these efforts, the GMDC plans to create a virtual ***Community of Practice on Gender and the Media***. Knowledge collection, sharing and dissemination has been a major component of the media programme, often bringing different stakeholders through advocacy to share research findings, best practices and ideas to strengthen the gender and media movement.

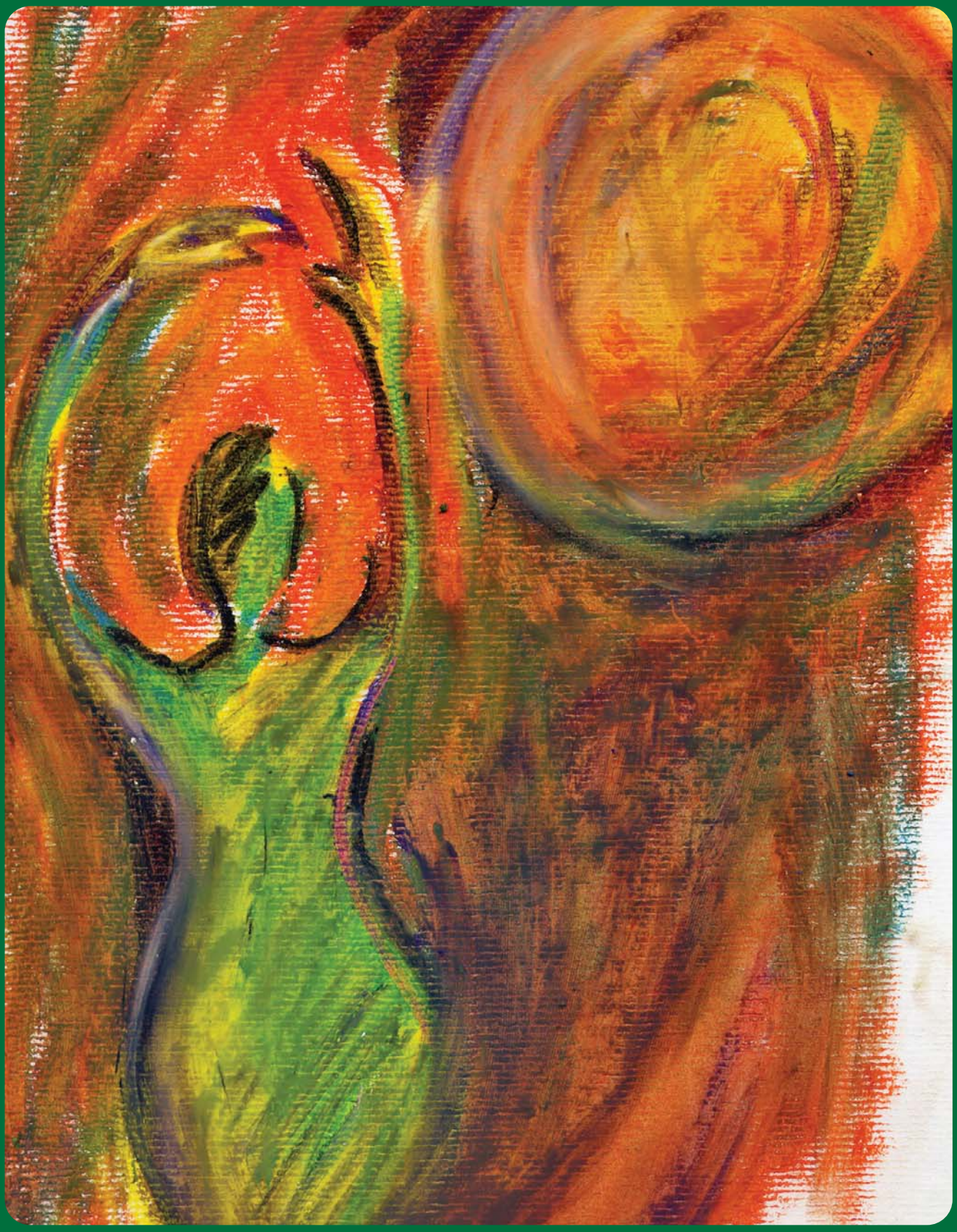
- ***Global advocacy:*** GL and its partners in the region's institutions of higher learning will take forward the Post-2015 discussion to media houses and stakeholders through the GMDC and globally through GAMAG. This strategy contributes to strengthening links between the "North-" and "South"- based gender and media organisations. It also remains key that activists critically discuss the relevance of the BPFA's Section J in this new era of Information and Communication Technology (ICTs) advancement.

- ***Strengthening monitoring:*** The SGDI is unique among global gender indicators in that it has five media-related indicators. However, four of these five indicators relate to women and men in media education and within newsrooms, rather than in media content. This has resulted in deceptively high SGDI scores. The GMPS has provided a wealth of data and indicators to provide a more realistic and varied basket of indicators, that includes the gendered nature of news beats; sources overall as well as in different types of media; and on different topics. Below, we propose at least another 12 indicators that can be added to the SGDI (17 in total) to give a good composite measure of how countries are performing in this crucial arena.



Looking into the future of the media.
Photo by Zotonantenaina Razanadratefa

PROPOSED INDICATORS FOR IMPLEMENTATION FRAMEWORK	SGDI	New SGDI
Women in media education		
Percentage of women lecturers in journalism and media studies institutions	✓	
Percentage of women students in journalism and media studies institutions	✓	
Women in media		
Percentage of women working in the media	✓	
Percentage of women in media management positions	✓	
Percentage women in media boards of directors		✓
Percentage of women reporters covering the economy		✓
Percentage women covering sports		✓
Women in media content		
Percentage women sources	✓	
Percentage women sources in print media		✓
Percentage women sources in TV		✓
Percentage women sources in radio		✓
Percentage women sources in private media		✓
Percentage women sources in public media		✓
Percentage women sources in community media		✓
Percentage women sources on the economy		✓
Percentage women sources on sports		✓
TRACKING		
Number of countries that have enacted legislation and national policies and strategies that address gender stereotypes and discrimination in the media.		
Number of media houses that have developed and are implementing gender policies.		
Number of media training institutions that have gender policies and are mainstreaming gender into their curriculum.		



Anushka Virahsawmy

CHAPTER 10

Gender, climate change and sustainable development



The indigenous knowledge of women is playing a key role in helping communities to adapt to the effects of climate change in Madagascar. *Photo by Zotonantenaina Razanandrateta*

KEY POINTS

- The SADC region, and women in particular, are likely to pay a high price for climate change. During the period under review, the region experienced the severe effects of the El Niño phenomenon that had a devastating effect on food security in the region.
- At 24%, the proportion of SADC women in climate change decision-making positions remains well below target. Only Lesotho, at 50%, has achieved gender parity for women in decision-making.
- Mauritius and Seychelles have reached 100% electricity coverage while Malawi has only reached 9%. Mauritius has achieved 100% supply of clean water for its population. Angola is lowest at 49% supply
- After many years of advocacy, the Alliance scored a goal for gender equality with the inclusion of stand-alone provisions on gender and climate change (Part Ten, Article 31) in the Post-2015 SADC Protocol on Gender and Development, cross referenced with the Protocol on Environment and Sustainable Development. However, the revised Protocol excludes specific mention of gender and food security, disaster management, energy, water, indigenous people and financing.
- The Sustainable Development Goals (SDGs), to which the revised SADC Gender Protocol is aligned, include seven Goals on different aspects of climate change. The United Nations Framework Convention on Climate Change (UNFCC) Paris Agreement compels governments, including SADC governments to consider gender equality when taking action on climate change. Twelve SADC countries have ratified the UNFCC treaty.
- Together, these provisions provide a strong framework for strengthening gender and sustainable development in the region Post-2015. The SADC Gender Protocol climate change cluster will press home the need to include food security, energy, water and sanitation in the Protocol Monitoring, Evaluation and Reporting Framework.
- A key area for immediate improvement is the collection of gender disaggregated data on climate change and environmental sustainability.

Table 10.1: Climate Change and Sustainable Development Trends Table		
Target for 2030 (Environment Protocol, SDGs and reviewed Gender Protocol)	**Progress 2016**	**Variance (Progress minus target)**
All 15 countries ratify the global climate change Treaty (Paris Agreement).	**12 countries** (Angola, Botswana, DRC, Lesotho, Madagascar, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Zimbabwe	**3 countries** (Malawi, Zambia, Tanzania)
15 countries shall undertake gender analysis and gender mainstreaming of all environmental management, climate change and sustainable development policies, programs, projects and budgets-from research programs to mitigation measures and adaptation plans.	**0** - sporadic , no comprehensive analysis	**-15 countries**
15 countries develop and implement gender responsive policies, strategies, projects and programmes for environmental management, disaster reduction especially on climate change for sustainable development.	**10 countries** (mainly referenced in gender policies)	**-5** (data not clear for Angola, DRC, Malawi, Swaziland and Seychelles)
15 countries design gender responsive capacity building, education, and training on environmental management, and climate change for sustainable development initiatives.	**0** - capacity building is mostly gender blind	**-15 countries**
15 countries have inclusive and participatory consultations of all stakeholders including women and men in all environmental management, and climate change for sustainable development programmes and initiatives.	**1 country** (Lesotho at 50% women in decision making)	**-14 countries** (Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe
50% representation of women in climate change decision making positions the SADC region.	24%	-26%
15 countries utilise women's skills, knowledge and capacities in mitigation and adaptation strategies.	**4 countries** (Namibia, Botswana, DRC, Swaziland)	**-11 countries**
15 countries conduct research which does exist on gender and environmental management, risk assessment and management and emergency management and response for sustainable development.	**3 countries** (South Africa, Namibia, Zimbabwe)	**-12 countries**
15 countries develop gender sensitive indicators for environmental management for sustainable development.	**0**	**-15 countries**; the MER framework for the SADC Gender Protocol should include this
15 countries collect and publish gender disaggregated data on environmental management, Climate Change and Sustainable development, impacts, mitigation and adaptation at every level to guide appropriate planning and programming.	**0**	**-15** Gender disaggregated data is mainly available only on land ownership
15 countries ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality.	**0**	**-15 countries** (some countries such as Botswana, South Africa, Zimbabwe have improved on sustainable food production. Zambia has experienced high growth rates in agricultural production)
100% of women in 15 SADC countries have access to electricity.	**2 countries** (Mauritius and Seychelles)	**-13 countries**
100% of women in SADC have access to clean water.	Data not sex disaggregated **-1 country** (Mauritius has achieved 100% access for its population)	N/A



In Southern Africa, women are the most affected by climate change.
Photo by Gender Links

The SADC Protocol on Gender and Development adopted in 2008 did not have targets and provisions for gender and climate change. The cross-cutting effects of climate change on economic justice, gender based violence, sexual reproductive health and rights, peace and security led to the Alliance pressing for inclusion of specific targets on gender and climate change in the main text of the Protocol.

At first, the Alliance campaigned for an Addendum on gender and climate change with 1067 signatures collected around SADC. The Alliance drafted such an Addendum, based on international instruments, and used this to start measuring progress from 2011.

When it became apparent that the Protocol would be updated and aligned to the Post-2015 agenda, the Alliance switched strategy and began a campaign for the inclusion of a stand-alone section on gender and climate change in the Protocol adopted by the SADC Gender Ministers in June 2016.

Although brief, the Post-2015 SADC Gender Protocol now has such a section; it calls for research on gender and climate change and cross references with the SADC Protocol on Environment that has a section (Article 19) on gender and women's empowerment. The following aspects of climate change are covered under this Protocol:

- Gender analysis of climate change policy frameworks, research and finance strategies.
- Gender sensitive education on climate change and sustainable development.
- Equal participation by men and women in climate change programmes, management and consultations.
- Tapping into women's skills in climate change and mitigation activities.
- Research on gender dimensions of climate change impact.
- Development of gender sensitive indicators for gender and climate change.
- Collection and publishing of sex disaggregated data for climate change.

Given the absence of gender and climate change from the original SADC Gender Protocol, the Barometer has not in the past had a trends table or the SADC Gender and Development Index or Citizen Score Card (CSC) scores for this sector. As mentioned in the introduction to the 2016 Barometer, this year's Barometer is transitional. Gender Ministers approved the Post-2015 framework just as this Barometer went to press. However, now that the Post-2015 provisions on gender and climate change are clear, we have included a trends table for 2016, around what will no doubt be some key parameters. In the concluding section, we propose new indictors for inclusion in the Post-2015 SGDI based on a realistic assessment of the data we have been able to gather in this sector through our pioneering efforts, as well as data that should become available through the SDGs. From 2017 onwards, the tracking in this chapter will be considerably strengthened.

For now, the trends table highlights a number of areas that need strengthening. Malawi, Zambia and Tanzania are yet to ratify the Paris Treaty. Gender analysis and gender disaggregated data need strengthening. Although almost all SADC countries have climate change policies or programmes and enforcing institutions, these remain gender blind widening the gender gap on climate change effects.

Women constitute 24% of those in decision-making positions on environment and decision-making, a one percentage point increase from last year's proportion. Access to clean energy sources has mainly focused on electrification. However, increasingly, more SADC households are acquiring solar energy as sources of energy. The high prices for solar equipment prevents women from accessing this energy source. Most SADC countries have not achieved full electricity and clean water supply. This adds to the burden that women face in their multiple roles.

Background

Southern Africa, apart from South Africa, contributes little to the causes of climate change but the region suffers disproportionately from its effects.

The SADC region is characterised by high levels of mining (formal and artisanal), tourism (including hunting) and deforestation (due to lack of cooking energy sources and land for housing).

The large-scale use of fossil fuels, which lead to greenhouse gases emissions, principally in the developed world is the main driver of climate change globally. In order to prevent this crisis from deepening, emissions must be reduced first and foremost in rich industrialised countries. The main emitters of CO2 in Southern Africa are fossil fuel burning (especially coal in South Africa's thermal power stations), deforestation and land degradation.

Climate change modelling indicates that Southern Africa is likely to experience temperature rises of between 1.5 to 3.0 degrees Celsius over the coming years. The region will become drier and hotter. The impact will be greater food and water insecurity, deepening poverty and further social inequality. The specific impacts of climate change on different sectors include:

- Food insecurity will be further aggravated by climate variability and climate change. Erratic rainfall is already increasing food shortages with droughts and/or floods leading to loss of lives and livelihoods. Humanitarian crisis are becoming more frequent in the region.
- Climate change will cause additional pressure on already unreliable water sources and health conditions will be particularly affected as a result.
- Mass migration, displacement and possible conflict: millions of people may be forced to move because of advancing desertification, flooding and agricultural disruption.
- Climate change constitutes a threat for a large range of rights, including the right to safe and adequate water and food, the right to health and adequate housing. Gender inequalities and women's rights will also be further aggravated.
- Decent work is endangered by the social and economic threats posed by climate change where workers from urban and rural areas will suffer from its impacts and governments' ability to deliver public services will be weakened.



Trees remain the main source of energy in rural areas: Women in Swaziland cutting firewood. *Photo by Thando Dlamini*

Table 10.2: Changes in climate patterns in Southern Africa

Country	Climate and environmental change
Botswana	Constrained agricultural production, increasing food insecurity and increasing water stress, which are projected to worsen with time.
DRC	Food security will be affected due to erosion, an increase in livestock/crop diseases, crop failure due to floods and heavy rains, and negative impacts on fisheries.
Lesotho	Under climate change conditions, Lesotho is expected to have a warmer climate with low precipitation. On the whole the climate will be unfriendly. According to the current climate change scenarios, the frequency and intensity of droughts and floods will increase.
Madagascar	Sea-level rise and increased storms threaten coastal communities and important coastal mangrove and wetland areas with flooding and erosion. The unique coral reef ecosystems are vulnerable to ocean warming and the effects of ocean acidification.
Malawi	Intense rainfall, changing rainfall patterns, floods, droughts and prolonged dry spells.
Mauritius	The frequency of extreme weather events, heavy rains and storms of tropical cyclone strength or higher, has increased significantly over the last two decades.
Mozambique	Climate-related hazards such as droughts, floods and cyclones are occurring with increasing frequency, which is having a cumulative and devastating impact on a population that is insufficiently prepared.
Namibia	Reoccurring droughts, heavy rainfall events, episodes of higher temperature and unpredictable and variable rainfall.
Seychelles	Sea level rise, increase in sea surface temperatures and changes in rainfall patterns with short periods of heavy rainfall during the rainy season and severe droughts during the dry season.
South Africa	Mean annual temperatures have increased by at least 1.5 times the observed global average of 0.65 C over the past five decades and extreme rainfall events have increased in frequency.
Swaziland	Droughts that result in food insecurity, floods and increasing socio-economic vulnerabilities.
Zambia	Droughts, floods and rainfall deficits at critical stages of crop growth have that lead to serious shortfall in crop production.
Zimbabwe	Droughts, decreased freshwater and destroyed biodiversity.

Source: Gender CC SA, 2015.

Table 10.1 shows some of the acute climate change effects on availability of, access to, and utilisation of food, especially for Africa's poor, many of whom increasingly do not have enough money to meet their basic nutritional needs.



Botswana is highly vulnerable to the adverse impacts posed by climate change across many of its ecological zones and economic sectors. Climate change effects include deforestation, loss of biodiversity, water resource and ozone depletion, pollution, etc. Such impact manifests through constrained agricultural production, increasing food insecurity and increasing water stress, which are projected to worsen with time. Apparently, the submission follows a national communication which the country submitted to the UNFCCC. Botswana's Intended Nationally Determined Contributions (INDCs)[1] states that the government of Botswana had initiated strategies to adapt to drought episodes which are cyclical in nature to reduce vulnerability. Consequently, as climatic extreme events are cross-cutting and affecting all economic sectors, the government has adopted a strategy that encompasses all economic sectors; with emphasis on the water, health and agriculture (crop and livestock) sectors. Women are the most affected by climate change because of their responsibility for proving food, shelter and firewood.



DRC: The country is very vulnerable to climate change. Physical vulnerability is relatively low, temperature will increase and rainfall patterns will change, but total rainfall will not change significantly and no large scale water stress is foreseen. Socioeconomic vulnerability is however high, due to widespread poverty, high population density, and the country's conflict situation (the latter two especially in the east). Food security will be affected due to erosion, an increase in livestock/crop diseases,[2] crop failure due to floods and heavy rains, and negative impacts on fisheries.



Lesotho is expected to have a warmer climate with lower precipitation as a result of climate change. On the whole the climate will be unfriendly. According to the current climate change scenarios,[3] the frequency and intensity of droughts and floods will increase.



Madagascar: The impacts of climate change in Madagascar directly threaten the survival of the island nation's unique terrestrial and marine biodiversity and the welfare of its people. Changing rainfall patterns will strongly impact the unique rainforests of Madagascar and have already been shown to impact the survival rates of certain species of lemurs. Sea-level rise and increased storms threaten coastal communities and important coastal mangrove and wetland areas with flooding and erosion. Madagascar's unique coral reef ecosystems are vulnerable to ocean warming and the effects of ocean acidification: in 2005 warm ocean temperatures resulted in bleaching of up to 80% of the coral on the north-east coast of Madagascar.[4] Shifting ocean currents will have potentially drastic impacts on fish populations and the migration routes of numerous wide-ranging species such as whales and turtles in the region.



Climate change threatens Madagascar's unique bio-diversity.
Photo by Zotonantenaina Razanandrateta



Malawi: The impacts of climate change in Malawi are being manifested in various ways such as intense rainfall, changing rainfall patterns, floods, droughts and prolonged dry spells. Small-scale producers who provide more than half the world`s food supply and 70% of the food[5] which feeds people in poor countries are already being impacted by climate change.



Mauritius: The country may be one of the best-prepared countries in the world when it comes to cyclones, but recent heavy rains and flooding due to climate change have brought the country's readiness for coping with increased rainfall into question. The frequency of extreme weather events, heavy rains and storms of tropical cyclone strength or higher, has increased significantly over the last two decades. The direct climate change impacts likely to adversely affect Mauritius include an increase in the frequency of intense rainfall episodes, sea level rise of 18 - 59 centimetres by 2100 and an increase in intensity of tropical cyclones.[6]

1 http://www.sundaystandard.info/botswana-already-feeling-impact-climate-change
2 http://api.commissiemer.nl/docs/os/i71/i7152/climate_change_profile_drc.pdf
3 http://www.unep.org/eou/Portals/52/Reports/CC_Lesotho_ExecSummary.html
4 http://marineclimatechange.com/marineclimatechange/Madagascar.html
5 http://www.actionaid.org/malawi/stories/climate-change-malawi
6 http://www.ipsnews.net/2013/04/mauritians-unprepared-for-effects-of-climate-change/



Mozambique: Climate-related hazards such as droughts, floods and cyclones are occurring with increasing frequency, which is having a cumulative and devastating impact on a population that is insufficiently prepared. Central Mozambique is projected to experience recurrent agricultural losses as a result of droughts, floods, and uncontrolled bush fires.[7] The densely populated coastal lowlands will be increasingly affected by severe erosion, saltwater intrusion, loss of vital infrastructure and the spread of diseases such as malaria, cholera, and influenza. Changing rainfall patterns will lead to a decrease of soil water recharge, impacting ground water resources and the water table in wells. Reduction of Mozambique's trans-boundary river flows will decrease the availability of surface water.



Seychelles: The country's climate change effects and challenges include sea level rise, increase in sea surface temperatures and changes in rainfall patterns with short periods of heavy rainfall during the rainy season and severe droughts during the dry season being a common occurrence. These effects have adverse impacts on the health and functioning of ecosystems and consequently on the wellbeing of humans as they affect the social and economic systems that are central to human existence.[8]



South Africa: Climate change poses a significant threat to South Africa's water resources, food security, health, infrastructure, as well as its ecosystem services and biodiversity. Considering South Africa's high levels of poverty and inequality, these impacts pose critical challenges for national development. Mean[9] annual temperatures have increased by at least 1.5 times the observed global average of 0.65°C over the past five decades and extreme rainfall events have increased in frequency.



Swaziland: Rainfall reached a 35-year low during Swaziland's October-to-December 2015 rainy season. The lack of rainfall, likely exacerbated by the El Niño climatic event-compounded existing drought conditions. As of March 2016, the UN had reported that 300,000 people were experiencing acute food insecurity and limited access to safe drinking water, particularly in Swaziland's Lubombo and Shiselweni regions. The Swaziland Vulnerability Assessment Committee results show that 201,000 people of the country's population of 1.2 million face food and livelihoods insecurity between May 2015 and April 2016.[10]

Gender and climate change

Although climate change effects are universal they are not gender neutral. Climate change will have an impact on hunger and food Security. Volatile food and energy prices, food insecurity and climate change have intensified inequalities and vulnerability, with specific impacts on women and girls.[11]

Climate change has impacted negatively on agricultural production and prices, compounding essential for redressing women's socio-economic disadvantage in agrarian settings. It has also had a negative impact on those women and families who depend on the market for food as food prices are set to rise exponentially in the face of the El Niño effect.

Climate change will continue to affect women disproportionately should gender dimensions not become part of plans and policies. However, these policies must not be looked at in isolation. Instead an integrated approach is required to ensure that women who are on the frontlines of climate change are not disproportionately affected.

Roehr (2007) states that women and men are differently affected by climate protection and adaptation measures. According to the Humanitarian Information Facilitation Centre (HIFC), a gender approach to climate change goes beyond women to men who are also vulnerable but in different ways. Focus is on the relative ability of different social groups to adopt "sustainable ways to safeguard and regain livelihood in a changing or changed local context" based on their position and condition in a society undergoing climate change.

Women make up 70% of the world's poor and this places them on the frontline of coping with disproportionate climate impacts on their livelihoods. During field work in Limpopo, a province in South Africa, women highlighted challenges associated with changing weather patterns e.g. erratic rainfall and seed quality, which has resulted in decreased subsistence produce.

The success of increased agricultural production rests largely in the hands of women farmers across Southern African. Women farmers play a major role in food production on the continent and are key contributors to household food availability. Unfortunately, women farmers face severe constraints as compared to their male counterparts when it comes to accessing productive resources such as land, credit, technologies and information.

[7] http://api.commissiemer.nl/docs/os/i71/i7152/climate_change_profile_mozambique.pdf
[8] http://www.ccdare.org/Outputs/Seychelles/tabid/7195/
[9] The Authors. WIREs Climate Change published by John Wiley & Sons, Ltd. Volume 5, September/October 2014.
[10] http://news.trust.org/slideshow/?id=95fadd0b-d80c-4c63-a3f6-8cab4438f91b
[11] Progress of the World's Women, UN Women 2015.

In summary, women:

- Suffer more from the impacts of climate change because of their limited access to service and goods.
- Are more likely to be the unseen victims of resource wars and violence because of climate change.
- Take care, in most cases, of the household while men work outside the home to earn an income for their households.
- Have limited access to resources and decision-making processes, which increases their vulnerability to climate change. The majority of women in rural areas spend their time in collecting natural resources for food and to maintain their family's livelihood. This often leads to low women's participation in decision-making and actions that influence their livelihoods and lifestyles. Women tend to be underrepresented in decision-making processes at all levels, including when it comes to decisions about major issues such as on sustainable development, including on climate change. This impedes their ability to contribute their unique, valuable and vital perspectives and expertise on issues related to climate change.[12]
- Remain heavily affected by climate change through increasing workloads, especially in areas prone to frequent flooding (e.g. northern central regions and north east regions of Namibia).They have many responsibilities in households, including collecting firewood, fetching water, and ensuring food security.
- Experience compromise to their health: they suffer due to special physical vulnerabilities, due to their caring role in families, and due to additional work which is required in providing for families, owing to the depletion of environmental conditions.



Women at Nwamitwa village, Limpopo, South Africa, are part of the Sustainable Livelihood project to help them adapt to the impact of climate change. *Photo by GenderCC*

Table 10.3: Gender dimensions of climate change

Area of concern	Gender implications
Food security	Rising temperatures and challenges in rainfall patterns have direct effect on crop yields. Lower crop yields reduces women's potential income, and the availability of food for household consumption resulting in under-nutrition.
Water	The strengthening El Niño phenomenon is ravaging the region. Provision of water is usually the woman's job, and with less water available for domestic and farm work, it translates to more work for women who have to travel for long distances.
Division of labour	The disadvantaged position of women means greater difficulty in coping with disasters, environmental change and climate variability. Gendered divisions of labour often result in more women represented in agricultural and informal sectors, which are more vulnerable to environmental variability and climate change.
School dropout	Climate change have forced young girls to drop out of school and get involved in child labour, as they seek to make ends meet for their vulnerable families.
Land	Women may suffer disproportionately as policy and programmatic responses to climate change exacerbate their tenure insecurity.
Transport	Women and men contribute differently to climate change. Men are more likely to drive cars, whereas women to a greater degree use public transport public transport.
Health	Women and men suffer different negative health consequences following extreme events like floods, drought and heatwaves. While disasters create hardships for everyone, natural disasters on average kill more women than men, or kill women at a younger age than men. These differences persist in proportion to the severity of disasters, and also depend on the relative socioeconomic status of women in the affected country. This effect is strongest, for example, in countries where women have very low social, economic and political status.
Stress	Stress levels and related diseases may increase for both women and men. Because society expects men to provide for the family, they experience and express stress in different, often more devastating ways than women.

[12] 52nd session of the Commission on the Status of Women. Interactive expert panel: Emerging issues, trends and new approaches to issues affecting the situation of women or equality between women and men: "Gender perspectives on climate change".

Area of concern	Gender implications
Migration	Resource shortages may increase male migration and increase the burden of work and family care on women.
Gender violence	Adolescent girls report high levels of sexual harassment and abuse in the aftermath of disasters as a result of families living together in open spaces with lack of privacy for dressing and bathing, etc. Scarce resources worsen conflict and there is often a gender dimension to this.
Mortality	The ratio of women (to the total population) affected or killed by climate-related disasters is already higher in some developing countries than in developed countries.
Decision-making	Most key decision-making institutions relating to climate change have a male-dominated hierarchy.

Source: Gender CCSA.

A growing body of literature on the gendered impact of climate change highlights:

- *Food insecurity* - the stresses placed on women to provide sufficient food for their families;
- *Water* - the added effort required to secure sufficient water for family and access to clean water to prevent water borne[13] diseases;
- *Health* - interruptions to health services delivery for example anti-retroviral or TB treatment, and impact on those caring for the terminally ill (unpaid care work);
- *School dropout* - girl children who drop out of school because of responsibilities on the home front; and
- *Mortality* - The ratio of women (to the total population) affected or killed by climate-related disasters is already higher in some developing countries than in developed countries.[14]

International frameworks on climate change

The United Nations Framework Convention on Climate Change (UNFCCC)



In 1992, countries signed the United Nations (UN) Framework Convention on Climate Change (UNFCCC), to cooperatively consider what they could do to limit average global temperature increases and the resulting climate change, and to cope with whatever impacts were by then inevitable. Since the entering into force of the UNFCCC, annual conferences of the parties (COP) have been held to negotiate binding targets and rules for mitigating climate change and adapting to its impacts. A binding commitment was agreed upon in 1997 at COP3 in Kyoto.

It took more than seven years before the Kyoto-Protocol came into force in February 2005, as 55 countries representing half of the world's carbon emissions had to sign. Since then, the annual session of the Conference of the Parties to the UNFCCC (COP) takes place in conjunction with the Meeting of the Parties to the Kyoto Protocol (CMP). There is also a regular annual meeting of the subsidiary bodies (SB) each year in early summer and various workshops on special issues. This process has been marked by tensions between the global south and global north on a number of issues, including emissions reduction targets and finance.

Gender dimensions of the UNFCCC

The last decade has seen an increase in the presence and engagement of women's and gender organisations in the UNFCCC process. Although small in number, they are representing a wide array of women's organisations worldwide, and having a growing impact in the debates. At COP13 the women's caucus started to discuss applying for its own constituency. In November 2011, just in time for COP17 in Durban, the UNFCCC Secretariat officially recognised the Women and Gender Constituency.

The charter of the Women and Gender Constituency states: "The goal of the Women's and Gender Constituency is to formalise the voice of the women's and gender civil society organisations present and regularly active in UNFCCC processes, and to debate, streamline and strengthen the positions which these organisations put forth. The Constituency which has two Focal Point Persons (i.e. Northern Focal Point and a Southern Focal Point) draws upon global commitments to gender equality and women's rights, especially as they relate to climate change, and toward the achievement of the Millennium Development Goals and related commit-

[13] Wilbanks, T.J., P. Romero Lankao, M. Bao, F. Berkhout, S. Cairncross, J.-P. Ceron, M. Kapshe, R. Muir-Wood and R. Zapata-Marti (2007). Industry, Settlement and Society. In: Climate Change 2007: Impacts, Adaptation and Vulnerability .
[14] Contribution of Working Group II to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change Parry, M.L., O.F. Canziani, J.P. Palutikof, P.J. van der Linden and C.E. Hanson (eds.). Cambridge University Press, Cambridge, United Kingdom.

ments and Conventions. The Constituency works to ensure human rights and a gender perspective is incorporated into UNFCCC negotiations, plans and actions."

The Women and Gender Constituency lobbied for an ambitious global partnership among countries, committing to the highest level of emission reductions needed to match what scientific research says is needed to prevent catastrophic climate change. Many women's groups called for a just and gender-responsive climate agreement which can take different forms, but fundamentally it had to:

- Respect and promote human rights and gender equality: ensure sustainable development and environmental integrity;
- Require fair, equitable, ambitious and binding mitigation commitments in line with the principles of Common but Differentiated Responsibilities;
- Call for urgent and prioritized adaptation action and resources that respond to the most vulnerable countries, communities and populations;
- Demand a sustainable energy paradigm that prioritizes safe, decentralised renewable energy systems that benefit people and communities;
- Ensure adequate, new, additional and predictable climate finance for developing countries; provide resources to reconcile loss and damage already incurred from climate inaction; and, ensure full, inclusive and gender-equitable public participation in decision-making, with increased mandatory ex-ante and periodic human rights and gender equality impact assessments.
- Ensure that gender equality, equal access to decision making, and benefit sharing are integrated into all its provisions, including through gender-responsive means of im-plementation.

The 18th Conference of the Parties (COP18) held in Doha, Qatar, in 2012 took a decision on "Promoting gender balance and improving the participation of women in UNFCCC negotiations and in the representation of Parties in bodies established pursuant to the Convention or the Kyoto Protocol". This decision marks an important step forward in advancing gender-sensitive climate policy by ensuring that women's voices are represented in the global discussion on climate change. It does this, for example, by setting a goal of gender balance in the bodies of the Convention and the Protocol and by inviting Parties to strive for gender balance in their delegations.

In 2015, women made up, on average, 38% of UNFCCC national delegations which is an 8% increase since negotiations in 2011.[15] Women also accounted for 24% of Heads of Delegations to the UNFCCC, on average. In comparison, in 2008, women comprised, on average, just 17% of Delegation Heads.

Table 10.4: Climate Change, Sexual and Reproductive Health and Rights[16]

Session	Total number of heads of delegation	Number of female heads of delegation	Percentage of female heads of delegation	Change in percentage of women
ADP 2.6 (Oct 2014)	186	52	28	NA
COP 20 / CMP 10 (Dec 2014)	366	96	26	NA
ADP 2.8 (Feb 2015)	193	64	33	NA
SBI 42 / SBSTA 42 (Jun 2015)	236	71	30	NA

Source: Gender CC, 2016.

Improving the participation of women in climate change decision-making is an ongoing challenge, both at national and international level. Saint Vincent and the Grenadines, Peru, Hungary, Lesotho, Kiribati, Bulgaria, Italy, Croatia, and The Gambia[17] had the most gender-balanced delegations in 2015. Table 10.4 shows that women comprised 26% to 28% of heads of delegation in various governing bodies of the Kyoto Protocol from 2014 to 2016.



UN Climate Chief Christiana Figueres.
Photo courtesy of United Nations

Currently, the six most influential positions within the United Nations process are all held by women, a significant increase on last year's total of two,[18] i.e. the outgoing UN climate chief Christiana Figueres who held her post for six years, and Segolene Royal, French Environment minister and President of UNFCCC COP 21. She is being assisted by Moroccan minister Hakima El Haite and Paris Agreement

[15] http://wedo.org/wp-content/uploads/2016/05/wdf-report-copy.pdf
[16] http://unfccc.int/resource/docs/2015/cop21/eng/06.pdf
[17] http://wedo.org/wp-content/uploads/2016/05/wdf-report-copy.pdf
[18] https://www.theguardian.com/environment/2016/may/18/with-women-at-top-un-climate-body-has-chance-real-change

architect Laurence Tubiana. Sarah Baashan, Saudi Arabian Diplomat and New Zealand's former climate ambassador Jo Tyndall complete the team, taking charge as co-chairs of the UNFCCC talks. This offers a great advance to the gender justice movement. However, we are yet to see women from the developing world taking over these key positions within the UNFCCC talks.

COP 20 witnessed the launch of the "Lima Work Programme on Gender", which aims to advance implementation of gender-responsive climate policies and mandates across all areas of the negotiations. This critical initiative faced challenges as well, with governments trading language on "gender equality" for "gender balance."

The Women & Gender Constituency insisted that the goal for COP 21 in Paris, France, in 2015 had to be a fundamental framework of a strong "rights-based" agreement that is focused on climate justice.

Gender features in the preamble to the **UNFCCC COP21 Paris Agreement**[19] that promises to keep the global warming under 2°C. The 31 page agreement which is signed by 196 countries, includes five aspects of climate action, i.e.

1. Climate Change Mitigation (Article 2 and 4).[20] This part of the agreement includes a series of goals to keep global warming below 1.5°C to accompany the current hard limit of 2 degrees. The countries will pursue the mitigation plans laid out in their domestic climate commitments, which will go into effect in 2020.
2. Long-Term Goal (Article 4) whose overall aims is to peak global greenhouse gas emissions as soon as possible and undertake rapid reductions to achieve a balance between emissions by anthropogenic sources and removals by sinks of greenhouse gases in the second half of the century. This implies that when coupled with the goal of limiting warming to 2°C countries would be *de facto* required to completely decarbonise the global electric sector by 2050, according to the IPCC.
3. Adaptation (Article 7) where developed countries will provide financial and technological support to help developing countries adapt to impacts of climate change, building resilience and preventing further damage (also in COP Decision Section III, Paragraphs 42-47).
4. Loss and Damage (Article 8) which includes a section directing countries to create a special process to address the losses and damage that stems from unavoidable climate impacts which overwhelm the limits of adaptation (e.g. sea level rise), as well as follow the procedures laid out in the Warsaw Mechanism. The COP Decision explicitly excludes liability or compensation for losses and damages.
5. Finance (Article 9) which reiterates a global finance pledge with a floor of 100 billion dollars per year in climate financing from developed countries by 2020 (Section III, Paragraph 54), and expands the donor pool Post-2020 to encourage other countries to voluntarily provide additional financial support (Article 9.2). Countries have agreed to set a new global, collective climate finance goal for 2025 that increases upon the 100 billion dollar target for 2020 (COP Decision Section III, Paragraph 54).

The Paris Agreement contains five references on gender. However, there are still concerns that if the industrialised countries are not held liable for global warming and will not pay any compensation to those who are the victims of climate change that this will drive women, especially those from the climate vulnerable regions of Africa into deeper poverty. For this to happen, there needs to be provision of liability and compensation to enable women to mitigate some of the climate change affects.

There is still more work leading up to UNFCCC COP 22 in Morocco on priority issues for women in developing countries. There is also the issue of access to finance and the monitoring of all the funding instruments of the UNFCCC to make sure that gender is integrated in funding criteria and allocations within the countries.

The Sustainable Development Goals



[19] http://www.climatechangenews.com/2016/05/18/with-women-at-the-top-un-climate-body-has-chance-for-real-change/
[20] http://www.climatenexus.org/about-us/analysis/historic-climate-agreement-finalized-paris

The Sustainable Development Goals adopted in September 2015 represents the most far reaching global consensus on our common future. Goal 12 compels States to ensure sustainable consumption and production patterns. Goal 13 of the SDGs urges governments to take urgent action to combat climate change and its impacts. Goal 14 focusses on conservation and sustainable use of the oceans, seas and marine resources for sustainable development. Goal 15 focuses on protecting, restoring and promoting sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.

SGD target 1.5 states that by 2030, governments should have built the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters. Target 2.4 compels States to ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality. Target 11b is set at 2020 and encourages substantially increasing the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels.

Beijing Platform for Action

In March 2015, world thought leaders met during the Beijing plus Twenty review to debate climate change as a critical component of women's empowerment and promoting gender equality. Beijing Plus Twenty highlight that:

- Persistent conflicts, the global financial and economic crises, volatile food, and energy prices, and climate change have intensified inequalities and vulnerability, and have had specific and almost universally negative impacts on women and girls. Fragile gains towards gender equality continue to be threatened by climate change.
- Countries need to integrate gender-responsive investments in environmental protection and climate change mitigation processes into their national planning not only to accelerate implementation but also to avoid retrogression in the realisation of women's right to an adequate standard of living.
- Women's dependence on and unequal access to land, water and other resources and productive assets, compounded by limited mobility and decision-making power in many contexts, also mean that they are disproportionately affected by climate change. Natural disasters, including those related to climate change, have greater impacts on poor women.

African Union commitments



2015 marked the adoption of historic agendas for Africa at the continental level. At the continental level, African countries have adopted Agenda 2063, the 50 year Transformative Agenda for Africa, and its First Ten Year Implementation Plan. The frameworks seek to achieve inclusive growth, sustainable development and peace and security for the continent.

The African Union Agenda 2063 Aspiration One commits to 'A prosperous Africa based on inclusive growth and sustainable development'.[21] The continent relies heavily on agricultural production and extractive industries to boost its Gross Domestic Product (GDP). Climate change poses a risk to gender and development of the continent unless the governments take stringent gender sensitive measures to reduce its effects.

The AU is targeting the following by 2063:

- Modern agriculture for increased production, productivity and value addition contributes to farmer and national prosperity and Africa's collective food security.
- Africa's unique natural endowments, its environment and ecosystems, including its wild-life and wild lands are healthy, valued and protected, with climate resilient economies and communities.
- Africa's Blue/ocean economy, which is three times the size of its landmass, shall be a major contributor to continental transformation and growth, through knowledge on marine and aquatic biotechnology, the growth of an Africa-wide shipping industry, the development of sea, river and lake transport and fishing and exploitation and beneficiation of deep sea mineral and other resources.

[21] African Union Agenda 2063, April 2015.

- Africa shall address the global challenge of climate change by prioritising adaptation in all our actions, drawing upon skills of diverse disciplines with adequate support (affordable technology development and transfer, capacity building, financial and technical resources) to ensure implementation of actions for the survival of the most vulnerable populations, including islands states, and for sustainable development and shared prosperity.
- Africa will participate in global efforts for climate change mitigation that support and broaden the policy space for sustainable development on the continent. Africa shall continue to speak with one voice and unity of purpose in advancing its position and interests on climate change.
- Africa shall have equitable and sustainable use and management of water resources for socio-economic development, regional cooperation and the environment.

Gender dimensions of AU commitments include:

- Africa shall have equitable and sustainable use and management of water resources for socio-economic development, regional cooperation and the environment.
- By 2063, Africa will develop and implement affirmative policies and advocacy to ensure women's increased access to land and inputs, and ensure that at least 30% of agricultural financing are accessed by women.
- By 2063, Africa will act with a sense of urgency to put in place programmes on climate change targeting women and youth.
- By 2063, Africa will completely eliminate hunger and food insecurity

Comprehensive Africa Agriculture Development Programme (CAADP)

CAADP focuses on improving and promoting agriculture across Africa. Only Malawi has exceeded the target of increasing agricultural investment in SADC (10% of their national budget to agriculture). CAADP also has an agricultural growth target of 6%.[22] To date only two SADC countries have exceeded this target (Angola and Tanzania). The CAADP programme has been criticised as a gender-blind framework that needs engendering, especially Post-2015. CAADP must make visible women's investment in agriculture and address the challenges of the future by reorienting agricultural investment towards women and towards sustainable agriculture.[23]

Calls to reorient spending priorities to focus on women farmers, step up investments in sustainable agriculture that reduces input-dependency, and ensure secure land tenure for women smallholder farmers have been amplified by civil society organisations in the recent years. CAADP is collaborating with the NEPAD Gender Unit, to see how CAADP can respond to gender issues, and is to launch a 'gender fund', but this was criticised as relegating women to a 'special interest' category, rather than redirecting agricultural budgets more generally. The biggest private investors in African agriculture are women smallholders; both public and private investment should take this into account Post-2015.

The Malabo Declaration that was adopted in 2014 acknowledges the importance of climate change and has committed to reduce vulnerabilities of the livelihoods of our population through building resilience of systems; and to mainstream resilience and risk management in our policies, strategies and investment plans. These commitments should be taken into account as women are more affected by climate change and this will impact on household food security.

The Malabo Declaration does not mention women as a specific group but uses the term vulnerable groups that could be taken to include women and gender. This requires attention because while the declaration is meant to be action oriented and spear head the implementation of the CAADP policy framework, it falls short of addressing the needs of female small-holder farmer. Although Africa is the least urbanised region of the world, with an urban population of only 38%, it has the fastest urban growth rate of 4.5%. The United Nations' projections indicate that Africa will become 50% urban by 2035, and that this figure may rise further to nearly 60% by 2050, if "moderate" growth-rate projections materialise. Between 2010 and 2050, the number of Africa's urban dwellers will increase from about 400 million to 1.26 billion.

This changing landscape of the region's increasingly urban future has enormous implications for human development, for the structural transformation of African economies and sustained economic growth, among others. Cities now account on average for around 55 per cent of the GDP of African economies. It is imperative that the problems posed by rapid urbanisation are tackled, and the opportunities they present are harnessed during this time of increased economic growth for a number of African countries. Africa must reposition its cities as drivers of development. For this to happen, it needs to put in place new policy approaches and prioritise urbanisation as a transformative force for sustainable development at all levels.

[22] www.nepad.org
[23] Institute for Poverty, Land and Agrarian studies; http://www.plaas.org.za/blog/engendering-caadp-what-must-be-done-next-10-years

SADC frameworks for climate change



SADC states are committed to addressing climate change. Botswana, Namibia, Madagascar, Malawi, Mauritius, Mozambique, Seychelles and South Africa have adaptation and mitigation programmes. Malawi, Mozambique, Madagascar, Namibia, and Seychelles have national action programme(s) for adaptation in line with the UNFCCC.

SADC Ministers responsible for environment and natural resources management approved the "SADC Support Programme on Reducing Emission from Deforestation and Forest Degradation (REDD+)" at a meeting held in Windhoek, on 26 May 2011. This groundbreaking initiative to support member states in their efforts to combat climate change and achieve their development goals through reduced emissions in the forestry sector is the first of its kind by a regional organisation in Africa.

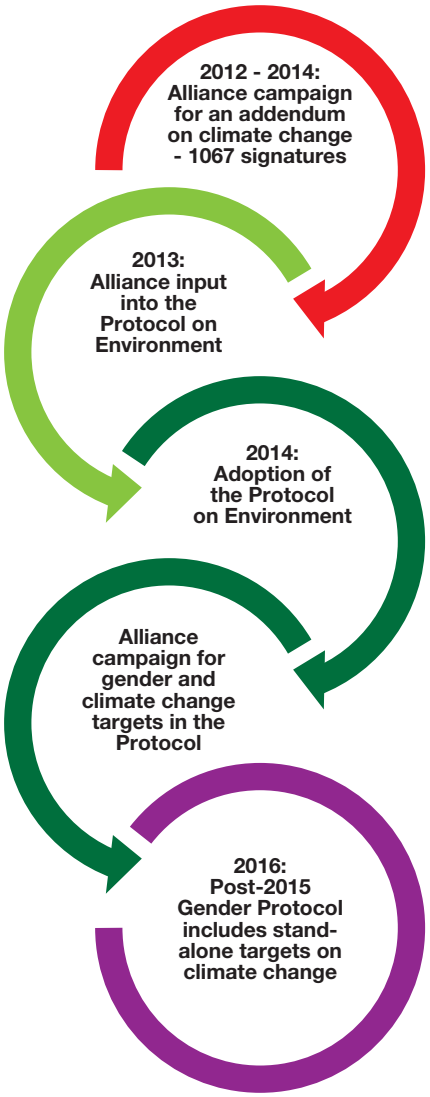
SADC has many mitigation options, especially sustainable forest management, agriculture, energy and infrastructure, given the fact that a large part of Africa's emissions result from high levels of biomass and are related to land-use. The SADC support programme on REDD+ is designed to provide a comprehensive framework for the region to actively participate in and benefit from the carbon market, and will contribute to the social and economic development in the member states.

For REDD+ to be successful, the SADC region will have to create the right conditions and acquire both financial and technological resources to prepare adequately. SADC is committed to support REDD+ preparations and to promote co-operation on shared forest ecosystems through the implementation of ecosystem approaches, as well as to address regional issues arising from the implementation of REDD+ such as leakage and monitoring, reporting and verification, throughout the four-year process.

DRC, Madagascar, Mozambique, Tanzania and Zambia have submitted proposals, while Tanzania has earmarked several activities to be piloted. The REDD+ proposals and strategy documents of Mozambique and Madagascar clearly outline the need for gender considerations in implementing REDD+.

Climate change and the SADC Gender Protocol

At the time of adoption of the SADC Gender Protocol in 2008, the Protocol did not have any provisions on gender and climate change, an oversight realised two years later. A series of consultations within members of the Alliance led to the launch of a campaign on the adoption of an **Addendum on Climate Change** that garnered 1067 signatures from 2012 to 2014. The Alliance has since 2012 tracked progress on gender and climate change against the proposed Addendum provisions that covered representation of women in decision-making, gender-disaggregated data collection, sustainable technology, public education and awareness and institutional, legal and policy frameworks.



The Addendum campaign merged into the Post-2015 advocacy campaign, with the Alliance advocating for standalone targets and indicators to be cross referenced with the 2014 adopted Environment Protocol. Gender Ministers supported the campaign on climate change ahead of the 2012 SADC Heads of State Summit.

In August 2014 the 34th SADC Heads of Summit held in Zimbabwe adopted the **Protocol on Environment Management for Sustainable Development**. The campaign for an Addendum contributed to this Protocol having a gender equality article which mentions that state parties will undertake gender analysis and gender mainstreaming of all environmental management, climate change and sustainable development policies, programmes, projects and budgets.

The article also covers the development and implementation of gender-responsive policies, strategies, projects and programmes for environmental management and disaster-reduction especially on climate change for sustainable development. It also mentions the design of gender-responsive capacity building, education and training on environmental management and climate change for sustainable development initiatives, as well as the utilisation of local knowledge, particularly women's skills, in mitigation and adaptation strategies.

The campaign opened a platform for highlighting the need to completely review the SADC Gender Protocol to include standalone provisions and targets on gender and climate change. The cluster lead for climate change Gender CCSA works with women across SADC on land rights, food security issues, clean energy sources and empowerment.

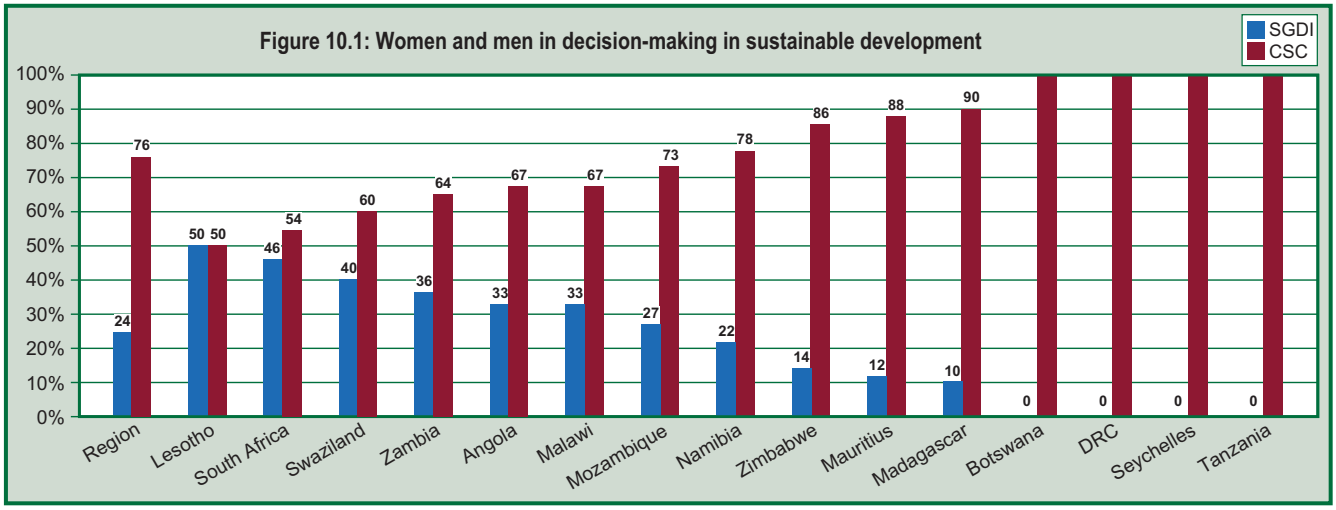
A stand-alone climate change section with provisions on policies and research is now featured in the Gender Protocol adopted in June 2016 by SADC Gender Ministers. The Protocol is cross referenced with the Environment Protocol. Going forward there will be several more targets and indicators that can be measured. In the 2016 Barometer, we work primarily with the targets and indicators in the draft Addendum that were used in anticipation of climate change being formally incorporated into the Protocol.

Women and men in decision-making in environment portfolios

The addendum proposed that additions on Gender and Climate Change makes reference to ensuring women and men equal participation in all decisions related to climate change at all levels by 2015, as specified in Article 12-13 of 2008 SADC Gender Protocol. This remains relevant Post-2015.

Environment is a cross-cutting concern. Only South Africa has a separate Ministry of Environmental Affairs. In other Southern African countries, environmental affairs ministries often fall under tourism, water affairs, fisheries and wildlife. In other instances environmental affairs cover issues related to energy, mining, natural resources and geological affairs, which can take away focus from addressing core environmental issues.

Table 10.5 alongside reflects the distribution of men and women across key decision-making areas for environment and sustainable development in SADC countries. The decision-making data also includes ministries for rural development and land related affairs that control and influence policies and programmes that impact on climate change.



Source: Gender Links 2016.

Figure 10.1 shows that based on available data, women account for only 24% of leaders in key environmental affairs and sustainable development ministries. This is a one percentage point increase since 2015. The same low representation

Table 10.5: Representation of women and men in key decision-making positions related to the environment

	Angola		Botswana		DRC		Lesotho		Madagascar		Malawi		Mauritius		Mozambique		Namibia		Seychelles		South Africa		Swaziland		Tanzania		Zambia		Zimbabwe		Total Female	Total Male	% Female	% Male
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M				
Year	2016		2016		2016		2016		2016		2016		2016		2016		2016		2016		2016		2016		2016		2016		2016					
Permanent Secretary/DG													1		1							1									2	1	67%	33%
Deputy Minister of Environmental Affairs										1					1		1	1			1						1	1			4	3	57%	43%
Permanent Secretary/DG				1			1		1	1	1			1		1					1		1								5	4	56%	44%
Deputy Minister of Tourism								1				1									1					1	1	1			2	4	33%	67%
Minister of Environmental Affairs (Wildlife)	1			1		1		1		1		1		1	1			1		1	1			1			1				4	9	31%	69%
Minister of Tourism		1					1							1		1						1				1	1				2	5	29%	71%
Deputy Minister of Fisheries	1															1		1								1					1	3	25%	75%
Minister of Water Affairs		1		1			1			1											1					1		1	1		2	6	25%	75%
Deputy Minister of Agriculture				1		1	1			1						1	1				1					1		1		1	2	8	20%	80%
Permanent Secretary/DG				1		1		1		1	1	1		1		1		1			1			1						1	2	10	17%	83%
Other key persons		1				3		1										1		2	1		1			1				1	2	10	17%	83%
Minister of Agriculture		1		1		1	1			1		1		1		1		1		1		1		1		1		1		1	1	14	7%	93%
Minister of Fisheries														1		1		1								1					0	4	0%	100%
Permanent Secretary/DG														1		1															0	2	0%	100%
Deputy Minister of Water Affairs								1		1												1				1		2		1	0	7	0%	100%
Permanent Secretary/DG										1												1								1	0	3	0%	100%
Total	**2**	**4**	**0**	**6**	**0**	**7**	**5**	**5**	**1**	**9**	**2**	**4**	**1**	**7**	**3**	**8**	**2**	**7**	**0**	**4**	**6**	**7**	**2**	**3**	**0**	**9**	**4**	**7**	**1**	**6**	**29**	**93**	**24%**	**76%**
Percentage	**33**	**67**	**0**	**100**	**0**	**100**	**50**	**50**	**10**	**90**	**33**	**67**	**13**	**88**	**27**	**73**	**22**	**78**	**0**	**100**	**46**	**54**	**40**	**60**	**0**	**100**	**36**	**64**	**14**	**86**				

Source: Gender Links, 2016.

is reflected in the inadequate representation of women in the United Nations Framework Convention on Climate Change (UN-FCCC).

Lesotho is the only country in the region to have reached parity in terms of women's representation in climate change and sustainable development related decision-making bodies. Lesotho is the only SADC country with a woman Minister of Agriculture: Mapalesa Mothokho.

South Africa and Swaziland follow (46% and 40% representation respectively).

Zambia, Angola and Malawi perform fairly well at 36%, 33% and 33% respectively. Mozambique and Namibia fall in the middle. Botswana, DRC, Seychelles and Tanzania have no female representation in climate change decision-making positions. Four SADC countries have no women represented in the environmental and sustainable development sector.

Institutional, legal and policy framework



The draft Addendum suggested that State Parties should develop and implement gender responsive policies, strategies, projects and programmes for environmental management, disaster reduction especially on climate change for sustainable development.



Angola signed the UNFCCC in 2000, and the Kyoto Protocol in 2007 and it has been making an effort to establish policies and regulation to protect the environment and address climate change. About 36% of Angolans live below the poverty line and the country's carbon emissions are increasing rapidly due to increase in crude oil output, land-use change, especially deforestation and forest degradation.

Angola has setup a National Committee on Climate Change and Biodiversity which was created in 2012 under the Minister of Environment and includes representatives from the Ministries of Oil; Transport; Education, Science and Technology; Health; Agriculture, Rural Development and Fisheries; as well as Telecommunications and Information Technology. Its main responsibilities include streamlining the programmes and policies for the implementation of the National Climate Change and Biodiversity Strategies; creating the necessary conditions for the implementation of the National Climate Change Plan; creating a national plan for investments integrating issues related to climate change, biodiversity and desertification; and creating centres of excellence to carry out research on natural disasters and systematic observation and investigation of climate.

Angola approved the National Implementation Strategy for the UNFCCC and the Kyoto Protocol in 2008 which was talking about the preparation of GHG inventories and reports, the adoption of mitigation programmes, promotion of awareness, knowledge and experience sharing through international cooperation, promotion of clean technologies and the establishment of a structure to promote the flexible mechanisms under the Kyoto Protocol. It set up a Designated National Authority in 2009 and managed to submit its first National Communication to the UNFCCC in 2012.

UNDP assisted the country to produce its 2nd National GHG Inventory and its 2nd National Communication under the UNFCCC. Angola developed a 2013-2017 National Development Plan which focuses on poverty reduction, eradication of hunger, accelerated infrastructure development, assistance to young entrepreneurs, and better access to education and training. The government is also trying to improve its knowledge of Angola's GHG emissions and vulnerabilities to climate change.

Angola submitted its new climate action plan,[24] i.e. Intended Nationally Determined Contribution (INDC) to the UN Framework Convention on Climate Change (UNFCCC) in November 2015 ahead of the UN climate conference in Paris, in December 2015.



Botswana has been developing a National Climate Change Policy and Strategy and Action Plan (NCCPSAP) as well as an Institutional Framework which will be supported by a Strategy and Action Plan to operationalise the Policy through the Ministry of Environment, Wildlife and Tourism in partnership with the UNDP which aims to develop and implement appropriate adaptation strategies and actions that will lower the vulnerability of Botswana and various sectors of the economy to the impacts of climate change; develop action and strategies for climate change mitigation;

[24] http://www.lse.ac.uk/GranthamInstitute/legislation/countries/angola/

integrate climate change effectively into policies, institutional and development frameworks in recognition of the cross-cutting nature of climate change, and ensure that Botswana is ready for the Post-2015 climate regime when a new protocol applicable to all Parties will be finalised. The Policy will be approved by Parliament in 2016.

In addition to the national policy, Botswana will develop a long term low carbon strategy, a national adaptation plan, nationally appropriate mitigation actions, identification of technologies, plan for knowledge management capacity development, education and public awareness and a financial mechanism. This will enable the country to achieve an overall emissions reduction of 15% by 2030, taking 2010 as the base year. Base year emission estimation is 8307Gg of CO^2 equivalent.[25] The targeted emissions reduction will be achieved domestically through strategies and measures which are relevant for the implementation of the target.



DRC adopted its first National Environmental Action Plan in 1997, addressing the country's major issues related to poverty, population growth and environmental protection. The country has set a conditional emissions reduction target of 17% by 2030 compared to a business-as-usual scenario. DRC has inventoried its greenhouse gas emissions three times, completed a 2006 climate change risks and vulnerabilities impact assessment, adopted a Forestry Code, developed plans to design a national climate change policy and to expand the nation's electricity sector. The DRC will harness its sustainable energy potential and natural capital to improve development and growth in throughout the African continent.[26]



Lesotho developed a National Strategic Development Plan (NSDP):2012-2017 which embraced the key poverty targets of the PRS while seeking to, hence forth, consolidate all development goals with an associated Public Sector Investment Programme for the plan period. The country has a National Climate Change Committee to manage climate the climate change activities. However, this structure needs to build its institutional capacity.[27]



Malawi: The Government of Malawi has undertaken various measures to fulfil the required obligations of UNFCCC, such as implementing both the Initial National Communication and the Second National Communication as well as signing the National Adaptation Programmes of Action and initialising a National Adaptation Plan. Malawi was also supported various donors to implement National Climate Change Policy which was aimed at contributing to the attainment of sustainable development in line with MGDS II. The policy was aimed at enhancing planning, developing and coordinating climate change programmes, as well as enhancing financing of associated activities. Malawi also developed the National Climate Change Investment Plan for 2013-2018,[28] to increase and coordinate climate change investments. The key priority areas of NCCIP are: adaptation; mitigation; climate change research and systematic observation, technology development and transfer.



Namibia: Its long-term National Policy Framework, Vision 2030, which transcribes into National Development Plans for five year periods, guides Namibia's development. The country developed its National Policy on Climate Change in 2011. It has a National Climate Change Strategy and Action Plan for the period 2013-2020 which paved the way to the strategic options to be adopted for coping with climate change challenges while contributing to the international agenda to meet decisions of the UNFCCC Conference of the Parties. Namibia's Ministry of Environment and Tourism through its climate change unit established the National Climate Change Committee (NCCC) in 1999 to oversee all climate change related activities and monitor climate change projects. Namibia has pledged to reduce gas emissions by 89% by 2030[29] as stipulated in their Intended Nationally Determined Contributions (INDC) document.



Seychelles: The national climate change strategy was adopted in December 2009, and is being implemented with steering and monitoring from the National Climate Change Committee. The national energy policy was adopted in September 2010, and the Seychelles Energy Act enacted in December 2012. The National Sustainable Development Strategy was adopted in December 2011, with climate change as a major chapter.[30]



In **South Africa** various efforts to address the impact and causes of climate change are under way in a number of national and local government departments, as well as at community and individual levels. South Africa's National Development Plan makes a commitment to a lower carbon and climate-resilient future, with the National Climate Change Response White Paper (NCCRP) setting out a pathway to achieve this. The Department of Environmental Affairs conducted an analysis of gaps in policy to understand how sector department policies and laws either support or constrain mitigation or adaptation.

[25] (http://www.lse.ac.uk/GranthamInstitute/legislation/countries/botswana/)
[26] http://climate-l.iisd.org/news/democratic-republic-of-the-congo-submits-indc/
[27] http://www4.unfccc.int/submissions/INDC/Published%20Documents/Lesotho/1/Lesotho's%20INDC%20Report%20%20-%20September%202015.pdf
[28] http://www.norway.mw/norway_malawi/News-from-Malawi/News/Climate-change-in-Malawi---effects-and-responses-/#.V2Pclc5UTe0
[29] http://www4.unfccc.int/submissions/INDC/Published%20Documents/Namibia/1/INDC%20of%20Namibia%20Final%20pdf.pdf
[30] http://www.gcca.eu/national-programmes/africa/gcca-seychelles-climate-change-support-programme



South Africa is taking a lead in addressing the impact of Climate change through the provision of alternative clean energy sources.
Photo courtesy of Gender CC

This has identified a number of climate change response flagships as short- and medium-term priority programmes to facilitate the transition. The country's Long Term Adaptation Scenarios project produced a series of impact assessments for particular sectors, established priority interventions, and identified responses that require co-ordination across different sectors. Work is also underway to develop the National Climate Change Gender Strategy.[31]

Swaziland has established the National Disaster Management Agency (NDMA) and Climate Change Unit (CCU). The country has developed a series of climate actions which include, among others, the establishment of a multi-stakeholder National Climate Change Steering Committee which spearheaded the development of Swaziland's 2014 National Climate Change Strategy and Action Plan and 2015 National Climate Change Policy. The goal of this policy is to support the development of a sustainable, climate resilient and inclusive low-carbon green growth economy in line with Vision 2022 outlined in the national development strategy," said Groenewald. The policy aims also to set a platform for technology development and transfer that is climate friendly, local capacity building and a framework for mobilisation of financial resources. It will also help provide one with a broad understanding of how to track financial resources in a measured and verified manner.[32]

Zambia has set up a permanent multi-stakeholder institution, i.e. National Climate Change Council, to coordinate climate change programmes and projects in the country. The country recognised the serious effects of climate change on the lives of the people and had instituted measures, together with its partners, to mitigate the vice. The country put together a national policy on climate change to ensure that every sector was an active player as well as build confidence in development partners and to affirm the Government's political will to commit resources towards matters of climate change.[33]

Gender-disaggregated data

The Addendum proposed that State Parties should collect and publish gender disaggregated data on environmental management, Climate Change and Sustainable development, impacts, mitigation and adaptation at every level to guide appropriate planning and programming.

No country in SADC has successfully collected or collated gender-disaggregated data on the effects of climate change or natural disasters: Where reporting has been carried out, for example in Namibia, it has been conducted by international NGOs or UN agencies. Where impacts of natural disasters and climate change events are known, these are based on qualitative reports whose initial purpose in collecting the data is not to investigate gendered impact.

Namibia has collected important data that can be useful for developing measurement criteria or indicators that could be developed into a framework by various countries: The Namibia Post-

[31] http://mg.co.za/article/2015-03-20-00-responding-to-climate-change-in-south-africa
[32] http://www.sz.undp.org/content/swaziland/en/home/operations/projects/environment_and_energy/Project_00082076.html
[33] http://www.times.co.zm/?p=70702

Disaster Needs Assessment after the 2009 floods and the UNFPA/ NRCS Field Visit Report on Protection, Flood Relief Recovery (July 2011) gathered this data.

Many of the indicators for gendered effects of climate change are the result of displacement in the aftermath of a natural disaster. These include separation of families, leading to increased risk of sexual exploitation and abuse; increase in transactional sex in exchange for goods and services; compromised and interrupted service delivery of HIV/ AIDS treatment and other health services; increase in GBV[34] and child abuse; increase in the number of orphaned and vulnerable children (OVCs).

Women living in the inner cities of South Africa are faced with serious challenges, especially where there is no evacuation after an extreme climatic event: These include the increase in water-borne diseases and limited mobility. Climate change places additional strain on women caregivers of OVCs and the terminally ill, and heat-related deaths are likely to affect the elderly, children and the sick.

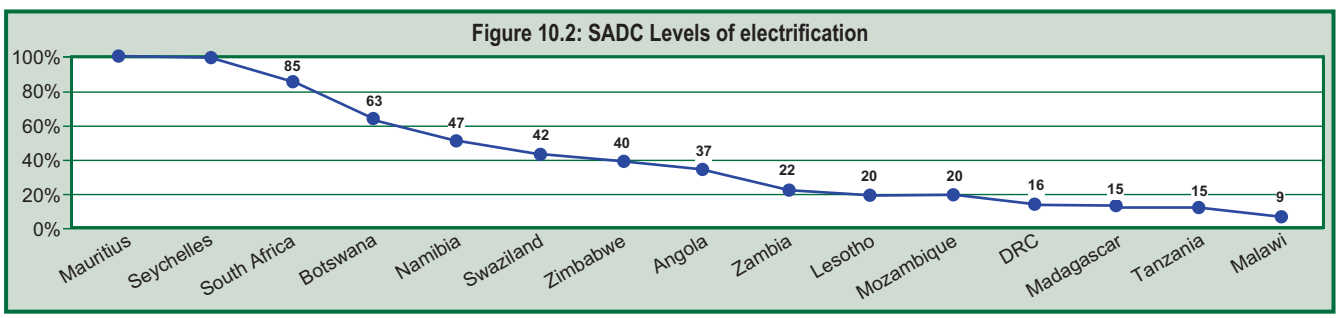
Adaptation methodologies in South Africa can only be mapped out when sex disaggregated data is available. The different ways that men and women respond to and are able to cope with climate change and the differences in how they are able to shift from short-term coping mechanisms to resilience has to be mapped through sex disaggregation.[35] South Africa needs to accelerate efforts to document qualitative and quantitative indicators on climate change disaggregated by sex. Gender CCSA has made strides in ensuring that data is available but the geographic area of the country presents limitations.[36] Land reform in South Africa presents an opportunity to produce sex-disaggregated data on land allocation and usage.

Only Namibia has shown progress toward developing these systems as a result of the 2011 UNFPA field visit included the Drought and Flooding Risk Assessment Tool for Gender Specific Decision-Making Summary Report, and the National Gender Policy (2010 - 2012), which make clear recommendations for increased studies and data collection.

Community projects to raise awareness and involve communities in disaster risk management and to develop early warning systems and adaptation need to prioritise collection of gender-disaggregated data. The Seychelles Sustainable Development Strategy (SSDS) is an example, and provides a key opportunity for gender-disaggregated data to be collected. The strategy identifies a "need to understand the linkages between population, environmental, social development, and health and gender concerns." The example that follows from Zimbabwe shows how use of gender disaggregated data has helped one community to target its climate change interventions more effectively.

Sustainable technology and renewable energy

The Addendum proposed that State Parties design gender responsive capacity building, education, and training on environmental management, and climate change for sustainable development initiatives.



Source: Adapted from World Bank, http://data.worldbank.org/indicator/EG.ELC.ACCS.ZS.

[34] No data is available to verify an increase in GBV because of displacement, and this indicator is derived from anecdotal evidence.
[35] Gender and Climate change adaptation, Dr Wendy Annecke.
[36] Gender and Climate Change Research: Gaps and Questions; Gender CC 2010.

Figure 10.2 shows that only two SADC countries (Mauritius and Seychelles) have achieved 100% electrification levels. Malawi is the least electrified country at 9% level. Four SADC countries are above 50% electrification level. SADC countries need to include solar energy, biogas and wind energy for off-grid electrification.



Powering change: a woman creates a clay stove in Nhlangano, Swaziland, March 2015. *Photo by Ncane Maziya*



Botswana is endowed with ample solar energy potential. Renewable energy objectives and strategies forms the core part of the Botswana's energy policy which provides a policy framework to guide effectiveness and sustainability in energy planning, development and provision. Botswana has abundant solar energy resources, receiving over 3,200 hours of sunshine per year with an average insulation on a horizontal surface of 21MJ/m2, one of the highest rates of insulation in the world. It is essential to take advantage of the abundance of this resource and as a result it is important for the country to develop a detailed renewable energy strategy as part of its overall energy framework. Costs of renewable generation have come down so significantly in recent years that they can be cost competitive with traditional sources of generation.

Botswana is currently partnering with the World Bank to develop a Renewable Energy Strategy and has also established the Renewable Energy Fund and Agency to be able to continue with some of renewable energy work which started in 2014. Botswana also submitted an Expression of Interest to have access to funding from Climate Investment Funds. Out of 492 villages 377 have been electrified, constituting a 76.8% compared to a target of 80% for 2016. Funds have been availed to electrify 10 villages under the normal village electrification programme and 24 villages under the Economic Stimulation Package, which will bring the total villages electrified to 411, by 2017.

There is need for Botswana to optimise its energy mix in line with its climate change mitigation ambitions. Botswana will for some time to come depend on both fossil fuels and renewable energy since these are complementary. The country is committed to the development of a low carbon energy portfolio. The deployment of renewable energy technologies should be guided by a well thought out renewable energy strategy. Energy solutions have to be socially acceptable, economically viable and environmentally friendly.[37]



Malawi: Only 9% of the population of Malawi has access to electricity. To help boost energy access in Malawi, the country partnered with the Scottish Government to start the Malawi Renewable Energy Acceleration Programme (MREAP) from 2012-15. This flagship programme aimed to empower disadvantaged communities to address their own energy needs and develop their own renewable energy projects, providing access to more reliable electricity for rural towns and villages. By providing research technology, collaboration, educational and training support and entrepreneurship, develop citizens renewable energy capabilities and climate change policies, putting Malawi on the path to 'green growth'. The programme has a community energy approach which provides the community with the full responsibility for the choice of technology and application, as well as the management of the projects to the communities, supported by development officers who facilitated this process over a number of months.[38]



Namibia is actively working towards supplying electricity to the majority of its population, yet many communities in the vast countryside still have no access. This NAMA project is designed to distribute electricity to these hard to reach rural areas and establish an associated consumer support structure. The electricity will be delivered through independent power networks called mini grids that are connected to nearby renewable energy sources like solar, wind, and hydro. Namibia is exceptional in that it absorbs more greenhouse gases (GHGs) than it emits.[39]



Mauritius: The Government of Mauritius targets a 35% renewable energy mix by 2025. According to Statistics Mauritius, 2642 GWh of electricity was generated for sale in 2014. Peak power demand capacity increased from 446.2 MW to 468 MW from 2014 to 2016. Renew-

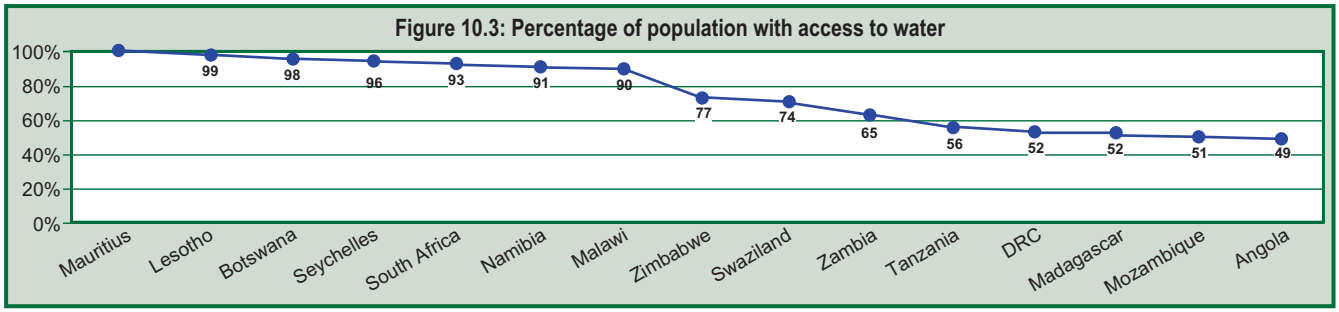
[37] http://www.worldbank.org/en/news/feature/2014/08/11/renewable-energy-the-case-of-botswana
[38] http://www.gov.scot/Topics/International/int-dev/Maps/Malawi/MREAP
[39] http://namanews.org/news/2015/07/21/green-energy-in-rural-namibia-getting-up-and-running/

able energy accounted for 20.3% (596.2 GWh) of total generation in 2014 (including Rodrigues), representing a decrease of 0.3% from 2013. As an indication, electricity consumption in 2000 was in the range of 1400 GWh, thus in the 15-year span, electricity consumption has increased by 52%. During the past few years, several initiatives have been launched with the objective of increasing the share of renewable energy in the energy mix.

According to a statement from the Mauritius Finance Department, the country has several specificities regarding renewable energy, namely:

- The economy is a diversified one with industrial activities whose competitiveness is directly related to cost of electricity.
- Most renewable energy supplies are intermittent and require fossil-fuel backups or battery support which increase project cost, and by default cost per KWH which is sold to the end-consumer
- Mauritius does not have a smart grid which provides for instant reaction in grid fluctuations. The implementation of a smart grid is costly and can be implemented in a phased approach, thus limiting the cap for intermittencies
- Although Mauritius has extensive marine resources for generation of renewable energy, existing technologies are expensive (with most not yet at commercial phase).[40]

Access to clean water



Source: World Bank.

Figure 10.3 shows that only Mauritius has achieved 100% supply of clean water, followed by Lesotho (99%), Botswana (98%) and Seychelles 96 % (Angola ranks last with only 49% of its population accessing clean water.

Public education and awareness raising on gender and climate change

The Addendum proposed that State Parties design gender responsive capacity building, education, and training on environmental management, and climate change for sustainable development initiatives

As Climate change moves from being a media and development buzzword to a reality on the ground, it will increasingly become part of mainstream discourse. It is no longer an issue of trying to convince people of its existence, but rather about educating citizens in Southern African countries about how to cope with Climate Change.

[40] http://www.mauritiusfinance.com/renewable-energy/



Lesotho: Climate change is impacting a large population of Lesotho and the country is working decisively to raise awareness about climate change using the current drought ravaging the country. In its INDC submission to the UNFCCC in 2015, Lesotho has explicitly acknowledged the gender lens when dealing with climate change. It acknowledges that women's unique relationship with the environment will make them more vulnerable to the impacts of climate change especially in relation to Food Security.

Protocol @ work

South Africa: Women lead on-the-job awareness raising



Gender CC uses the "learn and build methodology" of awareness training on gender integration in climate change adaptation, water management, access to sustainable energy, waste management, and sustainable farming methods in selected communities.

The projects are led by women champions, government officials in Gauteng, Limpopo and the Western Cape, NGOs, and village leaders. Mostly women leaders undertook skills training and capacity building in the installation of biogas digesters, PVC solar units and water harvesting tanks.

By using a learn-and-build methodology led by women, the project empowers women living in poverty to adapt to the negative impacts of climate change. Skills include learning to be able to install, maintain and use renewable energy, such as biogas digesters and solar panel photovoltaic power units; water harvesting for irrigation and establishment of food gardens for energy security, and increased access to water and food security.

The project has enhanced women's decision-making powers. They lead and manage the project. Women champions have formed cooperatives to run the project, and save money from selling garden produce. The "learn and build" methodology has enabled women to use and maintain the installed technologies.



Climate change and Gender Specialist, Bertha Chiroro tests a new innovation being piloted by Gender CC South Africa for local communities. *Photo courtesy of Gender CC*

A participatory approach and ongoing capacity building has been important both ensuring that the beneficiaries have "buy in" in all aspects of the project cycle and for conflict resolution. It has given women extra time to do other activities including beading, exchanging information about how best to package and sell their produce, counselling each other, giving each other tips on economic empowerment and strategising on other income generating projects such as packaging their produce and herb processing.

Swaziland's Department of Meteorology and key stakeholders partnered to host climate week from 13-17 June 2016 under the theme "Saying yes to climate action", #Climate-ActionNow. The purpose of the Climate Week is to raise awareness on climate change, impacts and how everyone can contribute to the solution. It emphasises that everyone takes action towards climate change. Promotional information was shared with members of the public where the department together with partners. Already, Swaziland is experiencing the impact of climate change and has witnessed more frequent floods, heatwaves, severe droughts and storms in recent years. The country has seen a shift in the onset of rainfall and the rainfall distribution pattern is slowly changing.[41]

[41] http://www.times.co.sz/community/108376-'say-yes-to-climate-action'.html

Climate change and sustainable development Post-2015

In September 2015, all 193 Member States of the United Nations adopted[42] a plan for achieving a better future for all which is laying out a path over the next 15 years to end extreme poverty, fight inequality and injustice, and protect our planet. At the heart of "Agenda 2030" are the Sustainable Development Goals (SDGs) which clearly define the world we want - applying to all nations and *leaving no one behind*. The new global goals result from a process that has been more inclusive than ever, with Governments involving business, civil society and citizens from the outset. We are all in agreement on where the world needs to go. Successful implementation will require all players to champion this agenda.

The SDG framework has eight goals related to climate change and sustainable development as follows:



Goal 2 - End hunger, achieve food security and improved nutrition, and promote sustainable agriculture.

Goal 6 - Ensure availability and sustainable management of water and sanitation for all.

Goal 7 - Ensure access to affordable, reliable, sustainable, and modern energy for all.

Goal 12 - Ensure sustainable consumption and production patterns.

Goal 13 - Take urgent action to combat climate change and its impacts.

Goal 14 - Conserve and sustainably use the oceans, seas and marine resources for sustainable development.

Goal 15 - Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.

At their meeting in Gaborone, Botswana in June 2016 Gender Ministers made a new addition, Article 31 Gender and Climate Change, cross referenced with the Protocol on Environment has two provisions. The Gender Ministers committed to the following:

Reviewed SADC Gender Protocol, Article 31: Gender and Climate Change (June 2016)

State parties shall:

a. Develop policies, strategies and programmes to address the gender issues in Climate Change in accordance with the SADC Protocol on Environment and Sustainable Development.
b. Conduct research to assess the differential gendered impacts of climate change and put in place effective mitigation and adoption measures.

[42] https://www.unglobalcompact.org/what-is-gc/our-work/sustainable-development/sdgs

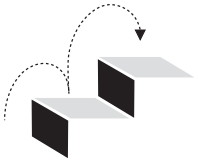
Protocol on Environmental Management and Sustainable Development, Article 19, Gender equality and women's empowerment

1. State Parties shall undertake gender analysis and gender mainstreaming of all environmental management, climate change and sustainable development policies, programs, projects and budgets-from research programs to mitigation measures and adaptation plans.
2. State Parties shall develop and implement gender responsive policies, strategies, projects and programmes for environmental management, disaster reduction especially on climate change for sustainable development.
3. State Parties shall design gender responsive capacity building, education, and training on environmental management, and climate change for sustainable development initiatives.
4. State Parties shall employ people-centred, equitable, inclusive and participatory consultations of all stakeholders including women and men in all environmental management, and climate change for sustainable development programmes and initiatives.
5. State Parties shall utilise women's skills, knowledge and capacities in mitigation and adaptation strategies, given that women are predominantly custodians and caretakers of the environment and national resources.
6. State parties shall conduct research which does exist on gender and environmental management, risk assessment and management and emergency management and response for sustainable development to be compiled in more systematic manner for policy makers and program implementers.
7. State Parties shall develop gender sensitive indicators for environmental management for sustainable development for use in national governments; local and international communications.
8. State Parties shall collect and publish gender disaggregated data on environmental management, Climate Change and Sustainable development, impacts, mitigation and adaptation at every level to guide appropriate planning and programming.

The list agreed on omits commitments to end hunger, achieve food security, improve nutrition and promote sustainable agriculture; to provide access to clean water and renewable energy technologies to all households, particularly to rural women, including by investing in and promoting the development of alternative safe and clean energies (such as hydropower and solar) in order to reduce reliance on non-sustainable energy sources; as well ensuring that women and men participate equally in all decisions related to climate change and develop sex disaggregated data on climate change. However, to the extent that the Post-2015 SADC Gender Protocol lists the SDGs in its preamble as a key international instrument to which it is aligned, the Alliance will draw on these targets and indicators as well for future monitoring.



Climate Change adaption is critical in achieving the SDG on poverty eradication by 2030. *Photo courtesy of Gender CC*



Next steps

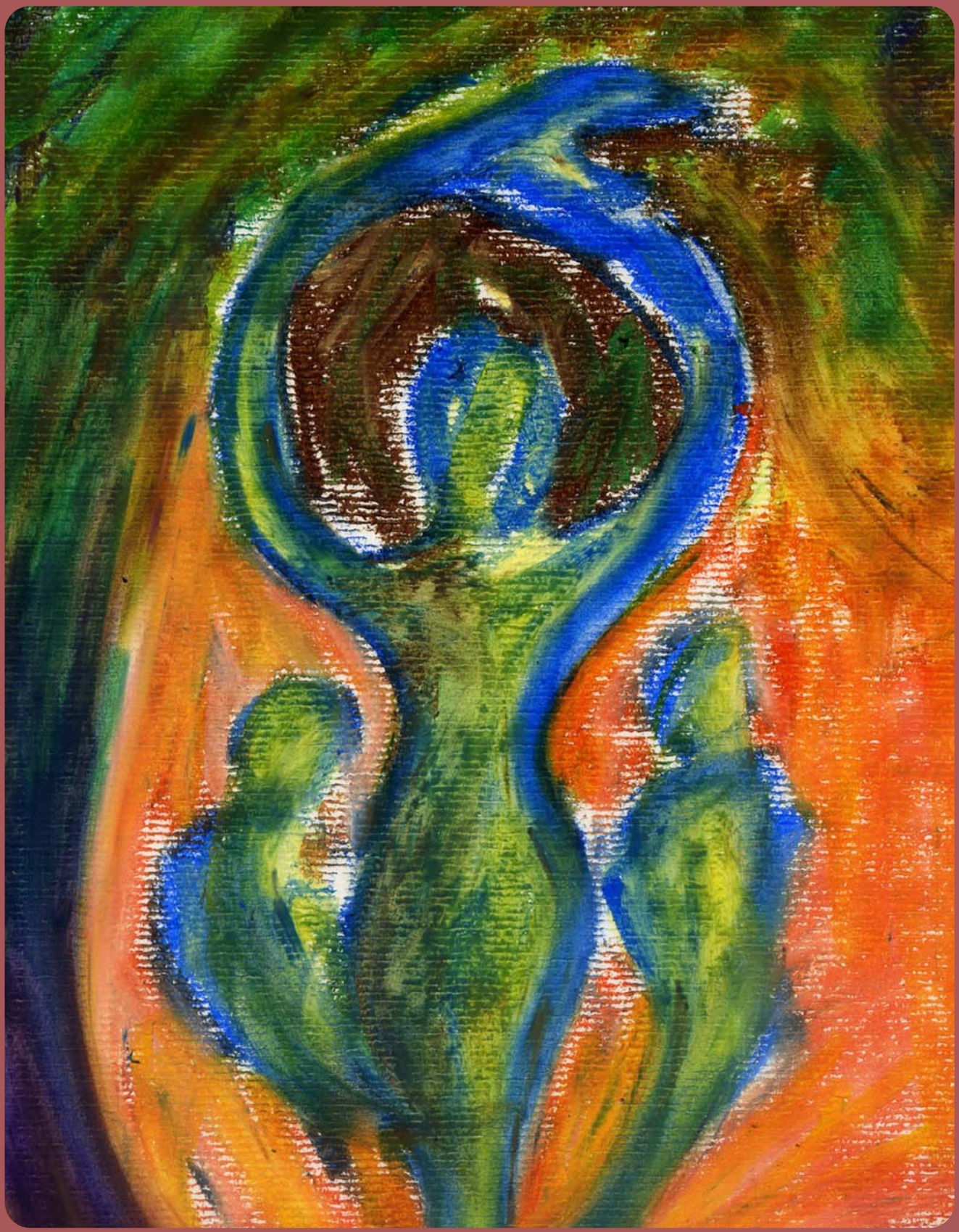
Key next steps include:

- Lobbying for strong indicators in the SADC Gender Proto col Monitoring and Evaluation Framework on gender and climate change.
- Realigning the Alliance advocacy to include gender and climate change research, education, policies, programmes, financing and dialogue platforms.
- Preparation for the UNFCC COP 22 conference.
- Strengthening the Alliance climate change cluster through research and capacity building.
- Monitoring the localisation of the SDGs on climate change by Member States.
- Advocacy targeting Member States to implement gender and climate change programmes that include food security, water and sanitation, energy, indigenous people and disaster management.
- Expanding the SADC Gender and Development Index (SGDI) to include climate change indicators as per the table below:

Proposed indicators for measuring climate change and gender progress

PROPOSED INDICATORS FOR IMPLEMENTATION FRAMEWORK	New SGDI
Access to productive resources	
Percentage of women, men, indigenous peoples, and local communities with secure rights to land, property, and natural resources, measured by (i) percentage with documented or recognized evidence of tenure, and (ii) percentage who perceive their rights are recognised and protected (SDG).	✓
Disaster management	
Proportion of women in local and national level disaster management committees.	✓
Energy	
Percentage households of women headed households with access to electricity (SGD, World Bank, UN Energy and SE4ALL Global Tracking Framework Consortium).	✓
Proportion of population with primary reliance on clean fuels and Technology (SGD, World Bank, UN Energy and SE4ALL Global Tracking Framework Consortium).	✓
Water and sanitation	
Proportion of population using safely managed drinking water services (SGD, UN Water, WHO, UNICEF and World Bank).	✓
Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water (SGD, UN Water, WHO, UNICEF and World Bank).	✓
Deforestation	
Proportion of women that receive a share of the benefits through the REDD+ mechanism.	✓
Food security	
Percentage of women15-49 who consume at least 5 out of 10 defined food groups.	✓
Percentage of women of reproductive age (15-49) with anaemia.	✓
Prevalence of undernourishment by sex (FAO).	
Average income of small-scale food producers, by sex and indigenous status.	
Community mobilisation and capacity building	
Percentage of women and men who participate in consultations of all stakeholders including women and men in all environmental management, and climate change for sustainable development.	✓
Proportion of women accessing climate change financing vehicles.	✓
Gender awareness of Management Systems	
% women in decision-making positions on environment and climate change.	✓
TRACKING INDICATORS	
Number of countries that have developed gender sensitive indicators for environmental management and sustainable development for use in national governments; local and international communications.	
Number of countries with gender and climate change policies.	
Number of countries that have adopted legislative, administrative and policy frameworks to ensure fair and equitable sharing of benefits of natural resources - SDGs.	
Number of countries that have conducted training and public awareness campaigns.	
Number of public broadcasters that have gender sensitive coverage on environmental management and climate change.	
Existence of adaptation and mitigation strategies supporting basic human security and the right to sustainable development.	

Source: UN Statistics Division - Indicators for SDGs.



"Isabella" *Anushka Virahsawmy*

CHAPTER 11

Implementation

Articles 32-36



Mayor of Bongatsara, Madagascar, Rabearisoa Lancelot Annick, explains her plans for putting the SADC Gender Protocol to work in her rural community. *Photo by Colleen Lowe Morna*

KEY POINTS

- The SADC Ministers responsible for gender adopted the reviewed SADC Gender Protocol (the Protocol) aligned to the Sustainable Development Goals, the African Union Agenda 2063 and Beijing Plus Twenty Review in June 2016.
- An accompanying Monitoring, Evaluation and Reporting (MER) Framework for the Protocol will provide a comprehensive mechanism for implementing the Post 2015 Protocol.
- The Alliance successfully advocated for a standalone section on climate change, elimination of gender based violence, ending AIDS, stronger language on the age of marriage and recognition of Sexual and Reproductive Health and Rights in the reviewed Protocol.
- Thirteen out of 15 countries have signed the Protocol. There are positive signs that Botswana, current Chair of SADC, will sign the Protocol Post-2015. But Mauritius indicated during the gender ministers meeting in June that it would not be able to sign due to disagreements on age of marriage.
- Twelve countries out of 13 that have signed have also ratified the Protocol. Madagascar has not yet ratified the Protocol. Of the countries that have ratified, only DRC has not deposited its instruments of ratification.
- The SADC Gender Protocol Alliance has been streamlined into five clusters (Governance, Economic Justice, Sexual and Reproductive Health and Rights, Media and Climate Change). Each cluster lead forms part of the Alliance Executive Committee.
- 429 councils in ten countries have committed to become Centres of Excellence (COE's) for gender in local government. In 2015 these councils contributed or raised R390 million towards advancing gender equality at the local level.
- Although the SADC Gender Protocol is better known than many of the others, knowledge of the Protocol provisions as assessed by the quiz stands at 46%. Efforts to ensure that the Protocol is well known by the citizens of SADC need to intensify Post-2015.

Table 11.1: Tracking table - Implementation					
Focus area	**Target 2015**	**Baseline 2011**	**2015 Progress**	**2016 Progress**	**Variance**
Number of countries that have signed the Protocol.	**15 countries**	**13 countries**	**13 countries** (Angola, DRC, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe).	**13 countries** (Angola, Botswana, Lesotho, Malawi, Madagascar, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Zambia, Zimbabwe).	**-2 countries** (Botswana and Mauritius).
Number of countries that have ratified the Protocol.	**15 countries**	**9 countries**	**12 countries** (Angola, DRC, Lesotho, Malawi, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe).	**12 countries** (Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Zambia, Zimbabwe).	**3 countries** (Madagascar, Botswana and Mauritius).
Number of countries developing policies and action plans aligned to the Protocol.	**15 countries**	**3 countries** (Namibia, Seychelles, Zambia)	**8 countries** (Namibia, Swaziland, Seychelles, Zambia, Lesotho, DRC, Mozambique and Malawi).	**8 countries** (Namibia, Swaziland, Seychelles, Zambia, Lesotho, DRC, Mozambique and Malawi).	**-7 countries** (Angola, Botswana, Madagascar, Mauritius, South Africa, Tanzania and Zimbabwe).
Overall SADC Gender Development Index (SGDI) score.	**100%**	**64%**	**68%**	**69%**	**-31%**
Overall Citizen Score (CSC).	**100%**	**55%**	**67%**	**69%**	**-31%**
Number of Alliance country MOU's.	**15**	**12**	**15**	**15**	**0**
Number of theme MOUs.	**10**	**8**	**10**	**10**	**0**
Knowledge of the Protocol.	**100%**	**54%**	**49%**	**45%**	**-55%**
Number of Protocol@Work case studies.	**3300**	**44**	**2863**	**3143**	**-157**



Alliance during the Protocol review meeting in Johannesburg, October 2016.
Photo by Thandokuhle Dlamini

This report reflects the progress made to date in implementing the SADC Gender Protocol (the Protocol) in the period 2015 to 2016. The report is based on the original Protocol whose 28 time-bound targets expired in 2015. In June 2016 (as this report went to press) SADC Ministers of gender adopted a reviewed Protocol. The updated Gender Protocol will be adopted by SADC Heads of State at their summit in Swaziland in August 2016. The revised Protocol does not have time frames as these will be in the MER framework.

The preamble of the Protocol adds the following new instruments to which the Protocol is to be aligned: the Sustainable Development Goals (SGDs); Beijing Plus Twenty and the African Agenda 2063. Since the outside deadline for the SDGs is 2030, this is now the ultimate target for the attainment of all provisions of the SADC Gender Protocol, except where there are other more specific targets, for example the UNAIDS targets on HIV and AIDS.

A preliminary analysis of losses and gains is contained in the preface to the Barometer. Each chapter suggests new indicators to be added to the SADC Gender and Development Index from 2017. The 2017 Barometer will establish new parameters for measuring the Post-2015 SADC Gender Protocol. This concluding chapter highlights the lessons learned from implementing the Protocol and how this can be strengthened in the Post 2015 era.

As reflected in the tracking table, all except Botswana and Mauritius have signed the Protocol. All except these two countries and Madagascar have ratified the Protocol. Eight countries have made progress in developing costed gender action plans - Seychelles, Namibia, Zambia, Namibia, Swaziland, DRC, Mozambique and Malawi. The Alliance is accelerating campaigns to have all the 15 SADC countries sign the reviewed Protocol at the August 2016 Heads of State Summit.

The SADC Gender and Development Index (SGDI), a measure of progress made by the 15 countries against 23 indicators in six sectors (education, political participation, the economy, health, HIV and AIDS, and the media) increased slightly by one percentage point to 69% regionally with nine countries showing progress and six (Lesotho, South Africa, Angola, Tanzania, Seychelles and Mozambique) recording no progress or regression. The media sector showed the highest increase in progress at 71% compared to the 67% score of 2015. The health and economy sectors showed slight increases of one percentage point while governance, education, HIV and AIDS sectors stagnated.

The Citizen Score Card (CSC) that measures perceptions has increased by two percentage points to 69% compared to the 2015 score of 67%. The CSC score is at par with the SGDI indicating a correlation between empirical evidence on implementation and citizen perceptions. Both women and men scored their governments at 69%.

Despite the increase in SGDI and CSC scores (both at 69%), SADC countries did not achieve gender equality by 2015 as per the Protocol stipulations. Although Namibia and Seychelles scored highest at 80% for the SGDI, it is still worrying that DRC only scored 50%.

One of the most positive features of the Protocol is the extent that civil society and governments have worked together on the Post-2015 agenda. The SADC Gender Protocol Alliance has succeeded in setting up affiliate networks in all 15 SADC countries, as well as across ten themes and cross cutting interest groups. The year under review witnessed important institutional strengthening of the Alliance, as it consolidated into five sectors, and conducted a mapping of its partners and affiliates.

The Alliance played an instrumental role in the Post 2015 review. As a technical partner, the Alliance collaborated with the SADC Gender Unit and UNWOMEN in convening the technical meeting in October 2015 that laid the ground work for the Minister's Meeting.

The Alliance held one regional and 15 country consultations on the Post 2015 draft Protocol. These led to proposed changes that played an important role in strengthening the Post-2015 Protocol (see preface).



Dr Phumzile Mlambi-Ngcuka. *Photo courtesy of The African Mag*

"The SADC Gender Protocol Alliance has succeeded in setting up affiliate networks in all 15 SADC countries, as well as across ten themes and cross cutting interest groups. In great part due to these efforts and relationships driven by the Alliance, that in May SADC Gender Ministers resolved to review the Protocol and align it to the SDGs, the Beijing Plus Twenty Review, and Africa's Agenda 2063. Additional cause for celebration is that the ministers declared that they want the updated Protocol to be accompanied by a Monitoring, Evaluation and Results Framework."

Phumzile Mlambo-Ngcuka, Executive Director, UN WOMEN, SADC Gender Protocol Summit, Botswana, August 2015

Alliance partners have administered knowledge and attitude quizzes to over 46,000 citizens across the SADC region. This activist research is a reflection of the strengthening and maturing of the Alliance networks. The wealth of data made it possible to draw up the first ever Southern African Gender Attitudes Report highlighted at the beginning of the Barometer.

The larger sample made it possible to get a more accurate assessment of the extent to which citizens know about the Protocol, yielding a score of 45%, compared to 49% last year. This points to the need to step up advocacy work on the Post 2015 Protocol.

Articles 32-36 of the SADC Gender and Development Protocol covering "final provisions" include:

- The remedies entitled to citizens should they feel their rights have been violated on the basis of gender;
- Ensuring gender mainstreaming in financial allocations and in the implementation of the Protocol;
- The institutional arrangements to be established by the SADC Secretariat for the implementation of the Protocol that include a Committee of Ministers Responsible for Gender or Women's Affairs; Committee of Senior Officials Responsible for Gender or Women's Affairs and the SADC Secretariat;

- Actions to be taken at the national level, including national action plans, with measurable timeframes, and the gathering of baseline data against which progress will be monitored and reports submitted to the SADC Executive Secretary every two years;
- Mechanisms for the settlement of disputes through the SADC Tribunal;
- The fact that any party may withdraw from the Protocol after submitting 12 months' notice;
- Ways in which amendments can be made to the Protocol;
- Signature of the Protocol;
- Ratification; entry into force within 30 days of two thirds of the member states depositing instruments of ratification;
- The fact that the Protocol remains open for accession by any member state; and
- The depositing of the instrument with the Executive Secretary of SADC who shall register.

Signing

Article 39 provides that the Protocol shall be duly signed by the authorised representatives of member states.

Since August 2008 13 SADC member states have signed the Protocol; Botswana and Mauritius are yet to sign. This is disappointing, given all the efforts made to accommodate the two countries during the Post 2015 review of the Protocol, and the irony that Botswana chaired the entire review process. While there is still a glimmer of hope that Botswana might sign, Mauritius stated at the SADC Gender Protocol Minister's meeting in June that it would not be signing due to disagreements on the age of marriage, as elaborated in box on right.



Botswana Edwin Batshu Minister of Labour and home affairs and Anna Sebopelo former Alliance member launching 2015 Barometer, Gaborone.
Photo by Mboy Maswabi

Botswana has, in the past, argued that it could not sign the Protocol because its time frames are too tight and it is too prescriptive. Other concerns cited by Botswana as obstacles such as provisions on employment for widows, and the exclusion of widowers, have been amended. The country's reservations on the time frames will be accommodated in the reviewed Protocol which does not include time bound targets. The Constitution and legal rights section that concentrated on widows' rights has been amended to include both widows and widowers' rights.

Botswana's Minister of Labour and Home Affairs Edwin Batshu who chaired the meeting left the door open to Botswana signing, but fell short of committing to do so. In his welcome remarks, Minister Batshu highlighted that the purpose of the gender ministers meeting was to strategise for effective implementation as the meeting would be deliberating on "an imperative matter that has a direct bearing on achievement of Sustainable Development Goals' targets".[1]

During the Botswana Alliance country consultations, Deputy permanent secretary in the Ministry of Labour and Home Affairs, Montshiwa Montshiwa said he expected a comprehensive review of the Protocol "reflective of the reality of Botswana... the revised Protocol should therefore be a product that reflects our priorities for Post 2015. The Alliance for this reason has a crucial assignment to prepare a well-researched document that will address the concerns of Botswana." he said.

At a press conference held in Gaborone on 22 June, civil society organisations noted with concern that despite numerous calls for the Botswana government to sign the Protocol, there was still no absolute commitment to sign the Protocol. Bagaisi Mabilo, Executive

[1] Welcome Note At The Gender Ministers Meeting By Honourable Edwin J. Batshu, Minister Of Labour And Home Affairs, Botswana, June 23, 2016.

Secretary of BOCONGO highlighted the long journey that the gender movement has taken to lobby the government to sign the Protocol.

Since 2011, BOCONGO, the Alliance focal network, has engaged the Government of Botswana to sign the Protocol through showcasing the strides that have been achieved by the country in various sectors especially education. The Alliance accelerated lobbying efforts when Botswana took the chairing position of SADC in 2015.

Mauritius must stop swimming against the tide



It is a sad day when a country with one of the strongest traditions on democracy fails to sign the SADC Gender Protocol because of its laws lowering the age of marriage to below the regionally accepted minimum in the name of religion.

Initially, Mauritius did not sign the Protocol because of the words "affirmative action" which the island argued are against the Constitution. At a technical meeting in October 2015, Mauritius showed positive signs as SADC member states proposed the term "special measures" in place of affirmative action. In 2012, Mauritius introduced a gender neutral quota for women in local government that is indeed a "special measure" to address the death of women in decision-making.

But at the Botswana meeting the Permanent Secretary and the Gender Minister signalled that Mauritius will not be able to sign as 18 years old is the minimum age permitted for marriage in the revised Protocol.

SADC Gender Ministers took a firm stand on child marriages at their meeting in June 2016. The revised SADC Gender Protocol highlights that no person under the age of 18 shall marry. This removes the previous qualifying clause that made this subject to national laws.

But the Civil Status Act in Mauritius highlights that "A minor over 16 and under 18 can contract civil marriage with the consent of his/her parents." The Muslim Personal Council forms part of the Civil Status Act as there is a Muslim Personal Law which makes it difficult for the Prime Minister to sign the Protocol unless laws are changed.

The Prime Minister of Mauritius, Sir Aneerood Jugnauth, adopted the Sustainable Development Goals (SDG) in New York in on 27th September 2015. Goal 5 of the SDG is a standalone goal to achieve gender equality in all spheres of life. Among the challenges that women and girls in Mauritius face are: child marriage, violence, rape, incest, maternal mortality, gender wage gap, political gap, early pregnancy and illiteracy.

Gender Ministers meeting in Botswana recalled activities on Combatting Trafficking in Persons especially women and children. The Mauritius 2016 Trafficking in Persons Report highlights Mauritius as "a source, transit, and destination country for men, women, and children subjected to forced labour and sex trafficking. Girls from all areas of the country are induced or sold into sex trafficking, often by their peers, family members, or by businessmen offering other forms of employment. Taxi drivers allegedly introduce child sex traffickers to victims with whom they engage in commercial sex acts."

According to a survey done by Gender Links in June 2016 about 93% of respondents, mostly NGOs and Government officials, said they do not know what trafficking is let alone knowing if there are laws in place to protect victims.

The Combating of Trafficking in Persons Act of 2009 prohibits all forms of trafficking of adults and children, prescribing penalties of up to 15 years' imprisonment for convicted offenders. The Child Protection Act of 2005 prohibits all forms of child trafficking and the Judicial Provisions Act of 2008 prescribes punishment for child trafficking offenses of up to 30 years' imprisonment.

For once let us think about the future of our girls and women and work hand in hand. The future is today. Together we can "End all forms of discrimination against women and girls; eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation" (extract from Goal 5 of the SDG).

We cannot do that as long as girls as young as sixteen are being married off to men they may not even know. No right is absolute. The right to religious freedom must be balanced against the right to equality, which also means the right to informed consent. Mauritius would do well to stand with, and not apart from, the rest of SADC on this point. To dig in even further on signing the SADC Gender Protocol is a clear case of swimming against the tide.

(Opinion piece by Loga Virahsawmy, GL Board Member, and past president of MWO, the Alliance focal network in Mauritius)



At the technical meeting to review the Protocol in October 2015, **Mauritius** seemed to be on board after provisions on affirmative action that the island said run counter to its Constitution got changed to "special measures". In a new curve ball, Mauritius announced at the gender ministers meeting that it would not be able to sign due to the qualification that the age of marriage before 18 be subject to national law being removed in the revised Protocol.

Child marriages are a huge issue in the SADC region and have been the focus of several campaigns, especially in Malawi, Mozambique and Zimbabwe. Mauritius says its national laws allow for marriage from 16 to 18 with parental consent and this is permitted by certain religious groups. During a closed meeting before the formal adoption of the revised Protocol, Ministers from other countries stood firm on 18 as the minimum age for marriage. Mauritius stated in the final plenary session of the Minister's meeting that it would not be able to sign the Protocol because of this amendment.[2] This has caused an outcry from civil society organisations in Mauritius.

Ratification



The Protocol states that it shall be ratified by the signatory states in accordance with their constitutional procedures and shall enter into force 30 days after the deposit of instruments of ratification by two thirds of the member states.

Table 11.2: Signing and ratification progress of the Protocol by country

COUNTRY	SIGNED	RATIFIED	DEPOSITED INSTRUMENTS
Angola	✓	✓	✓
Botswana			
DRC	✓	✓	
Lesotho	✓	✓	✓
Madagascar	✓		
Malawi	✓	✓	✓
Mauritius			
Mozambique	✓	✓	✓
Namibia	✓	✓	✓
Seychelles	✓	✓	✓
South Africa	✓	✓	✓
Swaziland	✓	✓	✓
Tanzania	✓	✓	✓
Zambia	✓	✓	✓
Zimbabwe	✓	✓	✓

Source: Gender Links 2012 and SADC Gender Unit, 2016.

Progress towards signing and ratification has remained the same: Table 11.2 shows the number of countries that have ratified and those that have deposited instruments of ratification with the SADC Secretariat. Twelve SADC member states - Angola, DRC, Lesotho, Malawi, Mozambique, Namibia, Seychelles, Swaziland, South Africa, Tanzania, Zambia, and Zimbabwe - have ratified the Protocol. Malawi became the latest country to deposit its instruments of ratification with the SADC Secretariat following civil society initiatives to make governments more accountable and responsive on gender-related issues.

[2] Record: Meeting of Ministers Responsible for Women's Affairs, June 2016. SADC Secretariat, p 3.

Implementation

The Protocol states that member states shall ensure the implementation of the Protocol at the national level. They shall also ensure that national action plans, with measurable timeframes, are implemented, and that national and regional monitoring and evaluation mechanisms are developed and implemented. They shall collect data against which progress in achieving targets will be monitored. They shall submit reports to the Executive Secretary of SADC once every two years, indicating the progress achieved in the implementation of the measures agreed in the Protocol. The Executive Secretary of SADC shall submit the progress reports to Council and Summit for consideration.

Monitoring implementation is key in the Post-2015 era: The alignment of the Protocol to the SDGs opens doors for in-depth monitoring of gender equality progress in the region. The Gender Ministers agreed to a framework to monitor progress through indicators that can be universally obtained. The June 2016 Gender Ministers meeting agreed to set 2030 as the target for monitoring the implementation framework, in line with the SDG deadline. The Protocol review prompted the Alliance networks to work on indicators and monitoring tools that will now be updated for the 2017 Barometer. It is crucial going forward for the SADC Gender Unit, the Ministries of Gender and civil society to work together to ensure regular monitoring of progress (see preface, and details in each sector chapter).

Global gender data collection for implementation: 

UN member states adopted the global SDG indicator framework in March 2016.[3] These include 56 indicators to monitor progress in achieving gender equality. Since the reviewed Protocol is aligned to the SDGs, they need to be incorporated into the MER framework of the Protocol. Indicators for peace and security, media, and elements of economic justice have not been readily available in all SADC countries. As illustrated in all the preceding chapters, these can be added and will enhance what is available through the SDGs.

Following the recommendations by the United Nations Statistical Commission (decision 42/102), and as reported to its forty-fourth session (E/CN.3/2013/10), the Inter-agency and Expert Group on Gender Statistics through its Advisory Group on Global Gender Statistics and Indicators Database, including experts from national statistical systems and international agencies, identified a minimum set of gender indicators composed of 52 quantitative indicators grouped into three tiers and 11 qualitative indicators covering national norms and laws on gender equality.[4]

The selection of the 52 quantitative gender indicators was guided by the primary criterion that indicators should address key policy concerns as identified in the Beijing Platform for Action and other more recent international commitments. The 52 indicators were agreed by the Commission as a guide for the national production and international compilation of gender statistics through its decision 44/109.

In March 2016, at its forty-seventh session, the Statistical Commission agreed, as a practical starting point, on a global indicator framework proposed by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators, which would be subject to future modifications.[5] That set of over 230 indicators is intended for the review of progress at the global level. Indicators for monitoring at the regional, national and subnational levels will also be developed at the regional and national levels.

The Inter-Agency and Expert Group on Sustainable Development Goal Indicators provisionally categorised the indicators agreed upon by the Statistical Commission into three tiers, as follows:

(a) *Tier I*: indicators with an established methodology and data already widely available;
(b) *Tier II*: indicators with an established methodology but insufficient data coverage;
(c) *Tier III:* indicators for which a methodology is being developed.

[3] http://unstats.un.org/sdgs/indicators/database/
[4] UN Gender Statistics, http://genderstats.un.org/Browse-by-Countries
[5] UN Statistical division.

About 60% of the indicators were provisionally classified as tier I and II, and about 40% as tier III. The UN Statistical Division, UNSD has been working closely with UN Women in finalising the indicators for the SDGs. The UN Global Gender Statistics programme will be instrumental in monitoring the SDGs through is core mandate which includes[6]:

- improving coherence among existing initiatives on gender statistics through international coordination;
- developing and promoting methodological guidelines in existing domains as well as in emerging areas of gender concern;
- strengthening national statistical and technical capacity for the production, dissemination and use of gender relevant data;
- facilitating access to gender relevant data and metadata through a newly developed data portal.

The gender indicators selected for the SDGs are divided into qualitative and quantitative indicators as follows:

Table 11.3: Global sets of gender indicators

Quantitative indicators	Qualitative indicators
Education	Based on the Beijing Platform for Action's 12 concerns
Economic structures, participation in productive activities and access to resources	
Health and related services	
Human rights of women and girl children	
Public life and decision making	

Source: UN Statistical Division, 2016.

Collection of adequate data for the follow-up and review of progress made in implementing the Goals and targets of the 2030 Agenda is important. The UN agreed to intensify efforts to strengthen statistical capacities and to enhance capacity-building support for developing countries, particularly African countries.[7] It was agreed that national statistical offices were to play the leading role in the development of the indicator framework to ensure national ownership.

An overarching principle of data disaggregation to accompany the list of indicators is that they are disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics.[8] From SADC, Botswana and Tanzania are members of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators.

Gender data collection in SADC

The June 2016 Gender Ministers meeting tasked the SADC Gender Unit with finalising the Monitoring, Evaluation and Implementation (MER) Framework. The MER framework, initially scheduled to be finalised with the Protocol is a crucial instrument to monitor progress of the reviewed Protocol and to set standards for reporting.

The SADC Regional Statistical Programme working closely with the Gender Unit on the MER framework adheres to principles of relevant, timely and accurate statistical information for effective planning, policy formulation, protocol monitoring and decision-making in the SADC region. The programme also focusses on bringing together comparable and current data across all sectors. These principles should apply for the finalisation of the MER framework to review the Protocol. The key success factors for the MER framework will include:

- The harmonisation of statistical concepts, definitions and methods among member states.
- Coordination of regional statistics development programmes and projects on themes such as National Accounts, Trade, Population, Prices, Gender, Agriculture, Education and Employment.
- Customisation of international and other regional statistical classifications, definitions and standards in SADC - including the SDG indicator standards.
- Capacity building and training for National Statistical Systems.
- Collection, processing, storage and dissemination of National statistical data and collation into relevant and reliable regional statistics.
- Development of regional statistical databases.

[6] UN Gender Statistics Programme.
[7] UN Statistical Division, 47th Session.
[8] UN General Assembly resolution 68/261.

Although the implementation of the SADC Gender Protocol will be done at a national level, the SADC Statistics unit should build capacity of Member States to effectively harmonise implementation with the SDGs. The MER tool will be a framework to standardise implementation and push Member States to accelerate the implementation of the Protocol to beyond the set standards.

Alignment of the MER framework with the SDGs, the AU Agenda 2063, Beijing Plus Twenty Review is essential since the Protocol is aligned to these instruments. Availability of data should be explored whilst building the capacity of gender machineries and Statistic offices to collect relevant sex disaggregated data. Partnerships with civil society, other line ministries, for effective data collection will enable the region to meet targets of Goal 17 on Partnerships.



The SADC Gender Monitor has been the main report for data collection in the Gender Unit. The Monitor will need to incorporate the indictors of the SDGs in order to be relevant for the Post-2015 gender agenda The SADC Gender Protocol Barometer as a civil society tool will be reviewing its tools to incorporate the Post 2015 SADC Gender Protocol.

Gender machineries



The institutional mechanisms for the implementation of this Protocol shall comprise the:
(a) Committee of Ministers Responsible for Gender/Women's Affairs;
(b) Committee of Senior Officials Responsible for Gender/Women's Affairs; and
(c) SADC Secretariat.

In many countries the structures established in government for mainstreaming gender are marginal and under-resourced; they need to be made far more effective: Table 11.4 shows that 10 SADC countries have gender ministries; these are usually combined with other functions such as family, youth, sports and recreation; child welfare; community services and people with disabilities. In five countries (Angola, Botswana, Madagascar, Swaziland and Seychelles), gender falls under other ministries. Three SADC countries (South Africa, Zimbabwe and Zambia) have Constitutions that provide for the establishment of Gender Commissions.

Table 11.4: Country mapping of national gender policies, process and alignment to Protocol

Country	Gender Ministry	Gender integrated in national development plans?	Gender policy (date)	Gender action plan (date)	Aligned to Protocol? If not, how feasible?	In-country Gender Responsive Budgeting (GRB) Process	Upcoming process/ entry points
Angola	Ministry for Family and the Promotion of Women.	Yes, The PRRP/ ECP have defined objectives targeting women and gender equality. (Post-conflict rehabilitation and National Reconstruction Programme/Estratégia de Combate à Pobreza).	National Strategy to Promote Gender Equality up to year 2005.	Yes, 2005.	No, not specifically but addresses sectors similarly.	Yes, gender budgeting initiative introduced in 2000. A UNIFEM programme in support of the Ministry of Finance in mainstreaming gender in budgeting processes.	Advocacy on development of aligned policy and implementation plan.
Botswana	No, Women's Affairs Department under the Ministry of Labour and Home Affairs.	Yes	Yes, draft form 2011.	Yes, based on WID Policy, 1997.	No, but strongly aligned to the SADC Gender Declaration.	UNECA assisting Botswana with gender budgeting process. BOCONGO leading civil	Advocacy on signing the Protocol, preparations for upcoming elections scheduled for October

Country	Gender Ministry	Gender integrated in national development plans?	Gender policy (date)	Gender action plan (date)	Aligned to Protocol? If not, how feasible?	In-country Gender Responsive Budgeting (GRB) Process	Upcoming process/ entry points
						society leads effort to address GRB.	2014.
DRC	Minister of Gender, Women and Children.	Yes	Yes, adopted 2011.	Yes, adopted 2011.	Yes, costed implementation plan in March 2014.	Implementation of costed plan.	Ongoing backstopping and support from GL and Alliance network.
Lesotho	Ministry of Gender, Youth Sports and Recreation.	Yes	Yes, 2003 requires review.	Yes, need to review action plan.	In the pipeline led by Alliance focal network, Protocol ratified.	Buy in of GRB.	Hold a GRB workshop.
Madagascar	No, changes parent ministry depending on government in place. Currently Gender under the Ministry of Population.						Advocacy on ratification.
Malawi	Yes, Ministry of Gender, Child Welfare and Community Services.	Yes, 1996-1999.	Gender Policy 2005 reviewed in 2013 incorporating comments from the Office of President and Cabinet.	Yes, 2005 -2008.	Yes, Gender Equality Act aligned to the Protocol.	Yes, government-driven initiatives with support of SADC Gender Unit.	Alignment of action plan finalised in October 2014.
Mauritius	Yes, Ministry of Gender Equality Child Development and Family Welfare.	Yes	Yes, 8 March 2008.	No, but proposals to formulate may be brought to the Gender Ministry for consideration.	To some extent.	In the process of establishing civil society initiatives around gender budgeting.	Advocacy around signing the Protocol and pushing for a national gender quota Post -2015.
Mozambique	Yes, Ministry of Women and Social Action.	Yes	Yes, March 2006. Requires review.	Yes, addressing gender-based violence.	Yes, finalised in August 2014.	Yes, a joint civil society and government initiative.	Post -2015 implementation of the gender action plan.
Namibia	Yes, Ministry of Gender Equality and Child Welfare.	Yes	Yes, revised 2010 - 2020 National Gender Policy.	Yes, costed gender action plan developed in 2011.	Yes, thematically incorporates the 28 targets.	Yes, costing of the national gender action plan completed.	Mainstreaming through thematic clusters across government ministries.
Seychelles	Gender Secretariat since 2012 moved to Ministry of Social Affairs, Community Development and Sports.	Yes, but often gender neutral.	Yes, 2012 Draft National Gender Policy.	Yes, still in draft form.	Yes, integrates all 28 targets in the National Gender Policy and costed gender action plan.	Initiatives supported by UNFPA; gender mainstreaming processes supported by the SADC Gender Unit. Follow up workshop scheduled for September 2014.	Finalising the National VAW study, implementation of the gender action plan ongoing.
South Africa	Yes, Ministry of Women, Youth and People with Disabilities.	Yes, but not to a large extent.	Yes, adopted 2000.	Yes, plans addressing gender-based violence.	Feasible through advocacy with Alliance focal network.	Yes, gender budgeting initiatives supported by UN Women.	Advocacy and lobbying with Ministry of Women to review Gender policy and Action plan Post -2015.
Swaziland	No, there is a Gender and Family Unit that has been elevated to the Deputy Prime Minister's office from the Ministry of Home Affairs.	Through the Deputy Prime Minister's office.	Yes, National Gender Policy 2010 to be reviewed and aligned to Protocol.	Yes, plan was developed in 2011 and revised in 2012 to align to Protocol.	Yes	Has developed gender action Plan aligned to the Protocol. Yes, gender budgeting initiative supported by UNFPA.	Implementation of costed Gender Action Plan Aligned to the Protocol.
Tanzania	Yes. Ministry of Community Development, Gender	Yes, Mkukuta II and I.	Yes, Gender Policy 2001 which requires review started a	Yes	Alignment in tandem with constitution review process; Buy-in of	Yes, a strong civil society led process.	Constitutional Review still ongoing. Revision of national gender policy.

Country	Gender Ministry	Gender integrated in national development plans?	Gender policy (date)	Gender action plan (date)	Aligned to Protocol? If not, how feasible?	In-country Gender Responsive Budgeting (GRB) Process	Upcoming process/ entry points
	and Children.		review of the policy in 2011.		costed implementation plan.		Advocacy campaign by civil society for the signing of the reviewed Protocol.
Zambia	Yes	Yes, to some extent.	Yes, adopted in 2000.	National Action Plan on Gender-Based Violence (2008-2013).	Has developed costed gender action plan aligned to the Protocol.	Yes, as of the beginning of 2011, the national GRB launched in conjunction with UNIFEM (UN Women).	Constitutional adopted in January 2016, civil society will likely advocate for a review of the Gender Policy following the provision for a gender commission.
Zimbabwe	Yes, Ministry of Women Affairs gender and Community Development.	Yes	Draft Gender Policy reviewed 2013 and is before cabinet.	Yes, currently developing one parallel to the national policy review process.	Yes, aligning to Gender Protocol in the revised policy.	Policy reviews, capacity building initiatives, budget analysis processes and feedback sectoral budgeting process.	Gender Policy adoption by cabinet. Alignment of laws to new constitution.

Table 11.4 illustrates that:

- Fourteen SADC countries have integrated gender in national development plans, with the exception of Madagascar, which is a fragile post-conflict state and has not yet ratified the Protocol.
- Fourteen SADC countries have some sort of gender policy, again with the exception of Madagascar. At least six countries are completing or undertaking reviews after concerns that most policies are dated.
- Eight countries - Namibia, Swaziland, Zambia, DRC, Lesotho, Mozambique, Malawi and Seychelles are developing costed gender action plans aligned to the Protocol.
- Nine countries have engaged in GRB initiatives of some kind (Angola, Botswana, Malawi, Mozambique, Namibia, South Africa, Tanzania, Zambia and Zimbabwe).



Zambia's newly adopted Constitution provides for the establishment of a Gender Equity and Equality Commission as provided for in Article 231 of the Constitution. The Commission is also expected to monitor, investigate, research, educate, advise and report on issues concerning gender equality; ensure institutions comply with legal requirements and other standards relating to gender equality; take steps to secure appropriate redress to complaints relating to gender inequality, as prescribed; and perform such other functions as prescribed.



South Africa: The composition, powers and functions of the Commission on Gender Equality (CGE) are set out in Act 39 of 1996. These include:

- Monitoring and evaluating the policies and practices of government, the private sector and other organisations to ensure that they promote and protect gender equality;
- Public education and information;
- Reviewing existing and upcoming legislation from a gender perspective;
- Investigating inequality;
- Commissioning research and making recommendations to parliament or other authorities;
- Investigating complaints on any gender related issue; and
- Monitoring/reporting on compliance with international conventions.



CGE Chair, Mfanozelwe Shozi (left) hands awards to summit winner Johanna Maluleka. *Photo by Nomthandazo Mankazana*



Namibia has led by example through forming clusters for gender equality. The clusters form part of the national planning process making it effective to mainstream gender in the country. It is evident that the model has yielded results for the country that recently abolished school fees at primary and secondary level. The country has high levels of female recruitment for peace and security.

Malawi finalised its national costed action plan in 2014 and is in the process of implementing the plan across all departments. The government has made strides in gender equality through training of officials in government in gender mainstreaming, development of gender responsive budgets, recruitment of female soldiers in Malawi and construction of the girls hostels in the Malawi army which has increased recruitment of females soldiers. Malawi has led the campaign to end child marriages through involvement of traditional leaders, government ministries, civil society and funding partners. The Ministry of Gender has been a leader in the region in pushing for the review of the Protocol in line with the SDGs.

Malawi opens doors for engagement with civil society



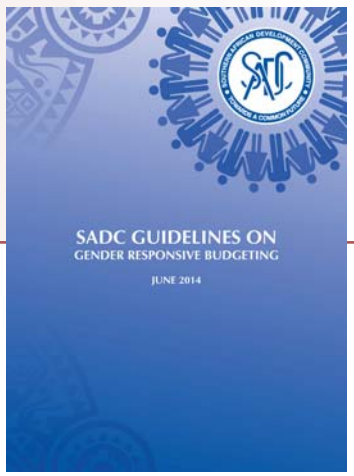
Dr Phumzile Mlambi-Ngcuka, former Malawian Minister of Gender Patricia Kaliati, GL Board Member Sara Longwe, and Alliance Chair Emma Kaliya, at a session on the SADC Gender Protocol during the CSW in 2016. *Photo by Colleen Lowe Morna*

The Malawi Ministry of Gender, Children and Social Welfare has opened its doors to the SADC Gender Protocol Alliance through the leadership of the Malawi focal network NGOGCN. In 2014 and 2015, the UN Permanent Mission of Malawi hosted the Alliance during CSW 58 and CSW 59. The Ministry has collaborated with the Alliance on side events at the Commission on the Status of Women. The former Minister of Gender Patricia Kaliati played an instrumental role in lobbying other SADC Gender Ministries to review the SADC Gender Protocol. Working closely with the Principal Secretary of the Ministry, Dr Mary Shawa, NGOGCN chairperson Emma Kaliya successfully lobbied for the Alliance to be recognised as a technical partner for the Protocol review process. NGOGCN works closely with the Ministry to track gender equality progress using the SADC Gender Protocol and to hold national gender summits.

Botswana: The Department of Community Development in the Ministry of Local Government and Rural Development developed a Remote Area Development Programme Affirmative Action Framework which seeks to reach out to rural areas. Gender main-streaming is guided by a gender policy, which is aligned to the SADC Gender Protocol, and Public Service Act which also has a code of conduct on sexual harassment. The department seeks to enable more women to participate in community development; for example, of the 734 village development committees 60% of members are female. The department works closely with state media and private media on gender issues and developmental issues for publicity. More women are now joining the developmental agenda by participating in developmental activities e.g. as councilors and through community based organisations.

Source: Excerpt from a SADC Protocol@Work case study sub-mitted by the Botswana's Department of Community Development in the Ministry of Local Government and Rural Development, April 2015.

Article 33, on financial provisions provides that state parties shall ensure gender sensitive budgets and planning, including the designation of necessary resources towards initiatives aimed at empowering women and girls. State parties shall mobilise and allocate the necessary human, technical and financial resources for the successful implementation of this Protocol.



The SADC GRB Guidelines, June 2014. *by SADC*

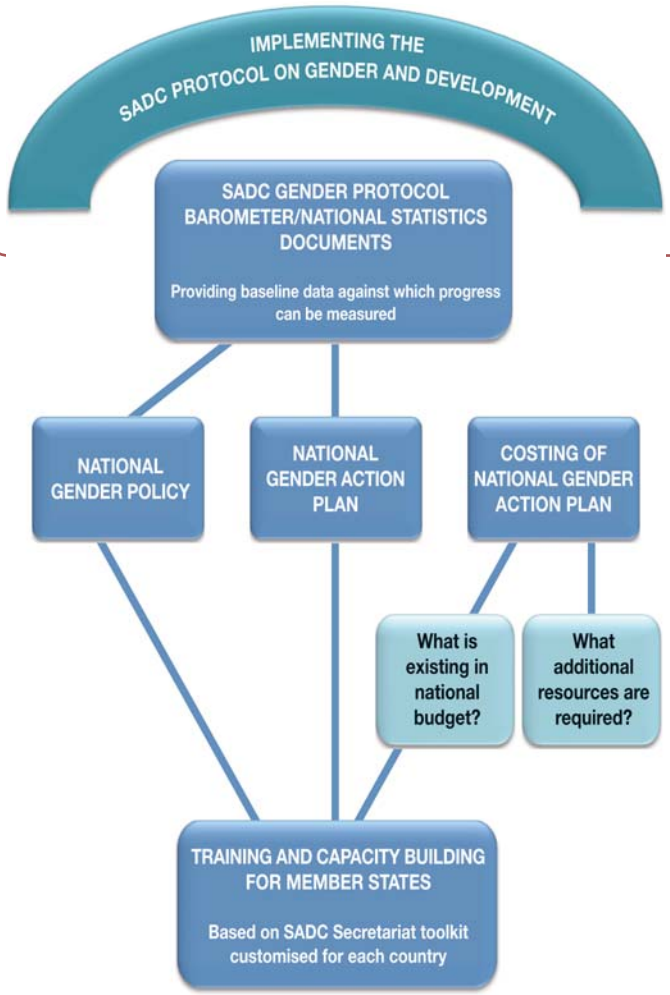
There are now examples of several different kinds of ***institutional arrangements*** for gender budgeting:

- ***Inside government:*** Gender responsive budgeting (GRB) is integral to the model developed by the Alliance and the SADC Gender Unit for aligning national gender policies to gender action plans, and costing their implementation. SADC adopted GRB guidelines in June 2014 as described below.

- ***Local government:*** The national budget does not tell the full story- particularly as regards service delivery. The resources for service delivery usually ignore gender mainstreaming. However, The Centres of Excellence for Gender and Local Government described later in this chapter has a strong component of Gender Responsive Budgeting with COEs now contributing over R390 million on gender mainstreaming.
- ***Parliament:*** The Parliamentary Committees are key to enabling GRB. Councils in some countries present the national budget to Parliament although there are consultations at the local level. Various parliamentary portfolio committees have an opportunity to lobby the treasury and Finance Ministry ahead of drawing the budget to include GRB.
- ***Civil society:*** Gender movements have invested in programmes for GRB and have included training of government departments, local councils and key departments in GRB. Government need to partners with civil society to build capacity on GRB in line with SDG Goal 17 on partnerships.

Figure 11.1: Costing model

Gender Links Barometer - Policy-Action plan - Gender Responsive - Capacity Building Model



The Alliance and SADC Gender Unit have developed an integrated model for implementation involving aligning national policies and action plans to the targets of the Protocol; using the country Barometers to obtain baseline data; identifying actions, timeframes and resource implications. Eight countries (Namibia, Swaziland, Seychelles, Zambia and DRC, Mozambique, Malawi and Lesotho) have gone through this process. Member States may need to review their action plans once the Protocol review is finalised. Gender action plans aligned to the Protocol address the broad sectors, including governance, constitutional and legal rights, economic justice, education, health, HIV and AIDS in gender responsive manner.

Regional level - SADC GRB Guidelines

The SADC GRB guidelines[9] are set to provide detailed entry points and procedures on how different players in national budget processes within the SADC region can support the development of gender sensitive budgets. The guidelines illustrate good practices in gender responsive budgeting that can provide inspiration to SADC Member States in various country contexts. They aim to recommend minimum standards in gender responsive budgeting that can facilitate the reduction of gaps between regional and international commitments, and the amount of public spending towards reducing gender inequalities within SADC Member States. The guidelines ensure that the practical realisation of gender equality across all sectors is central to the goals of reducing poverty, enhancing economic efficiency, achieving good governance and strengthening accountability and transparency within SADC countries. The GRB guidelines are based on the budget cycle, which in most of the SADC countries contain the following steps:

[9] SADC Guidelines on Gender Responsive Budgeting, June 2014.

Figure 11.2: The SADC GRB process framework

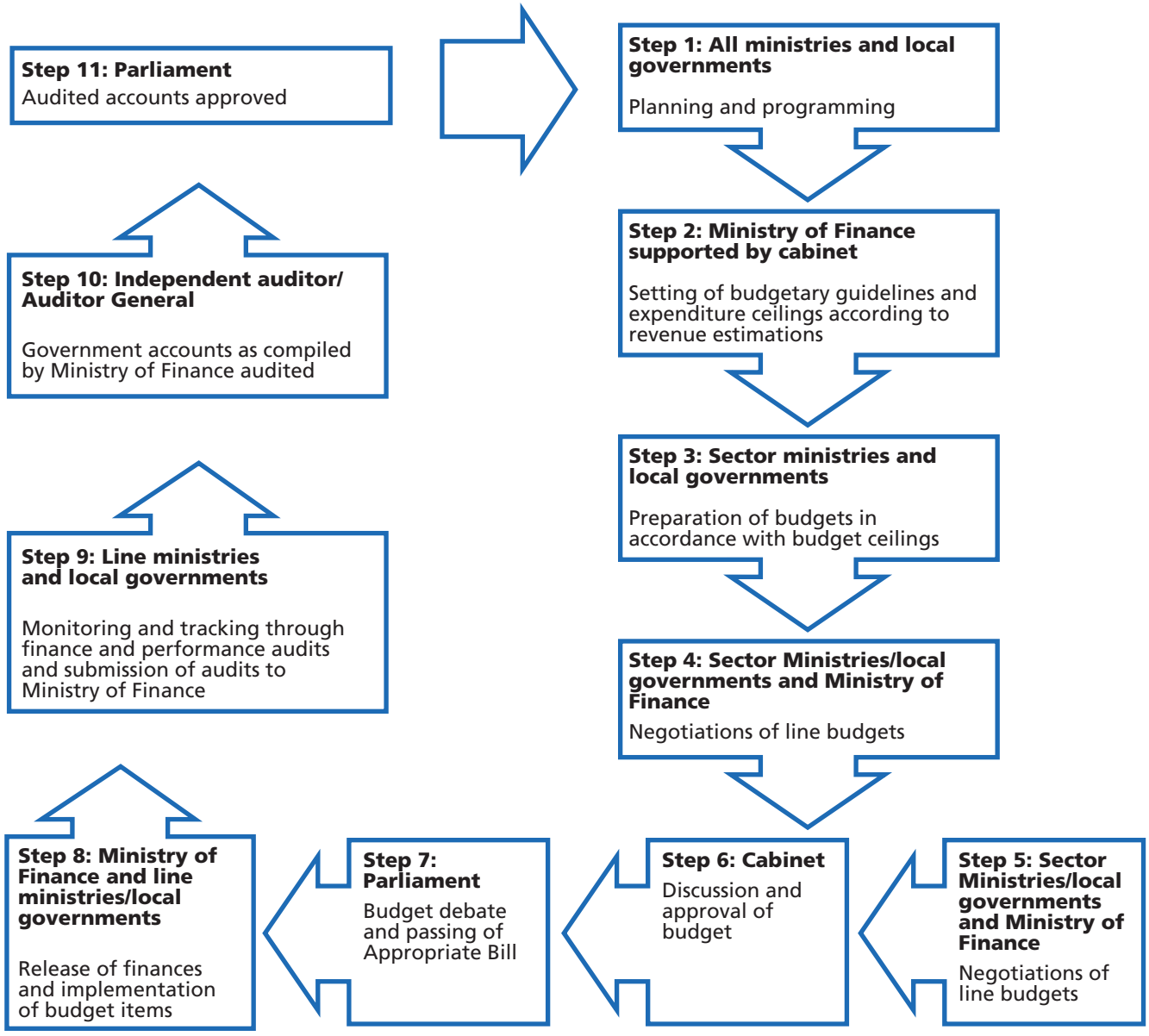


Figure 11.2 highlights the guidelines set by SADC on GRB. It is evident that a multi-layer approach is required in the GRB process. The adoption of the reviewed Protocol which is aligned to the SDG should prompt a thorough review of the GRB process to include monitoring of budgets, reporting on gender programmes across all ministries and identifying capacity needs for training.

Implementation of the Protocol at local level

The 429 councils that have elected to become Centres of Excellence for gender cost and implement action plans aligned to the 28 targets of the SADC Gender Protocol. The ten-stage COE process involves developing and implementing local level action plans aligned to the Protocol, with flagship projects on local economic development, climate change and ending GBV. Councils share good practices at the annual SADC Protocol@Work summits.

Although the councils still have challenges in funding gender mainstreaming, they have come up with innovative ways of championing women's rights through service delivery. Gender specific projects emerging from the COEs include adequate provision of water, improving health care access to women, reducing GBV through safety and awareness campaigns, climate change mitigation through education and greening projects.

Table 11.5: Centres of Excellence for gender in local government						
Country	**Number of COE**	**Total no of councils**	**% Councils GL Working in**	**COE population**	**Country population**	**Percentage population covered by COEs**
Botswana	31	32	97%	1 915 089	2 024 787	95%
Lesotho	50	75	67%	869 993	1 872 721	46%
Madagascar	67	1695	4%	4 863 344	23 571 713	21%
Mauritius	80	133	60%	1 264 645	1 277 933	99%
Mozambique	19	53	36%	5 071 328	25 017 000	20%
Namibia	36	58	62%	995 989	2 113 077	47%
South Africa	20	278	7%	5 203 102	51 770 560	10%
Swaziland	24	67	36%	1 162 554	1 297 378	90%
Zambia	44	103	43%	9 829 337	14 054 000	70%
Zimbabwe	58	92	63%	8 993 034	13 061 239	69%
Total	**429**	**2 586**	**17%**	**40 168 415**	**136 060 408**	**57%**

Source: Adapted from Gender Links Governance Monthly report, June 2016.

Table 11.4 shows that GL is working with 429 councils (covering 17% of local government councils in the ten countries that implement the programme). The councils cover a population of over 40 million, or 57% of the total population of the ten countries. The COE's include all capital cities of the ten target countries. The COEs are now reviewing their action plans to align it with the reviewed Protocol.

Impact of the COEs

Ownership of gender mainstreaming deepens: The COEs have promoted gender sensitive service delivery and documented best practices in gender mainstreaming. One of the most telling indicators is the extent to which the COEs now invest resources of their own in promoting gender equality.



George Nyendwa, Lusaka councilor Gender Based Violence category winner, excited to collect his award during the 2014 Zambia SADC Gender Protocol Summit and Awards at Cresta Golfview Hotel in Lusaka, Zambia. *Photo by Mike Mwenda*

Table 11.6: Amount allocated by COEs to gender work (Rands)	
Country	**Gender specific allocation - R**
Botswana	142,690,279
Lesotho	12,022,753
Madagascar	5,306,175
Mauritius	60,000
Mozambique	5,197,455
Namibia	23,619,335
South Africa	29,314,000
Swaziland	282,117
Zambia	9,662,347
Zimbabwe	162,710,030
Total	**390,864,491**

Source: Gender Links Value for Money tracking sheet, 2016.

Budget allocations for gender work increase four fold: Table 11.6 shows that in 2015, councils contributed over R390 million to the implementation of gender action plans through their own budgetary contributions as well as in-kind support to the COE process and fund raising efforts. This is almost four times the amount reported in 2015.

Eight COEs competed for the most resourceful COE award during the 2015 SADC Gender Protocol summit held in Botswana in August 2015. Lusaka City Council (Zambia) won in the urban most resourceful COE category while Makoni Rural District Council (Zimbabwe) won the rural most resourceful COE.

Table 11.7: Local Government Gender Scores					
Country	**Baseline Average score % 2011**	**Follow Up Score % 2015**	**Variance**	**Lowest score %**	**Highest score %**
Botswana	43	62	19	18	96
Lesotho	46	57	11	32	59
Madagascar	56	67	11	16	82
Mauritius	54	73	19	32	82
Mozambique	50	57	7	34	80
Namibia	51	54	3	27	79
South Africa	53	75	22	17	77
Swaziland	49	47	-2	33	67
Zambia	55	68	13	30	69
Zimbabwe	46	60	14	15	79
Overall	50	62	12	25	77

Source: Gender Links Governance Programme, 2015.

Performance is improving: Table 11.7 shows the Gender and Local Government Score Card which comprises 25 questions used each year to measure the gender responsiveness of local government COEs. All countries except Swaziland which regressed showed substantial improvement. Overall, the score increased from 50% at baseline to 62% in 2015, ranging from an average lowest score of 25% to an average highest score of 77%. South Africa (75%) had the highest average score and showed the greatest improvement, followed by Botswana and Mauritius.

Protocol @ work

Lesotho: Tsana Talana Council



Tsana Talana council is located at the lowlands of Lesotho, about 20km from the district of Mafeteng town and 70km from the capital city of Lesotho, Maseru. The council has 14 councillors, five women and nine men. The council's latest gender score is 95% placing it amongst the highest performers in gender mainstreaming. Tsana Talana was among the eight councils that competed for the most resourceful COE category during the 2015 SADC Gender Protocol summit. After the 10 stage COE process, the council has witnessed positive progress in gender equality. Councillors are more aware and understand gender issues better and they make sure that in every activity there is equal representation of men and women including people with disabilities. Women have now been appointed into management positions, for example, the deputy chairperson of the council is a woman. Women's ideas are listened to and also implemented, for example women suggested that men should actively take part in care work and this is now gradually been implemented.

The council has an action plan on gender and climate change. The councillors have included women in all the sub- committees of the council and one committee is being chaired by a woman. The deputy chairperson of the council is a woman. Within the council, there are care work groups that also include men unlike before



Climate change action plan @work in Tsana Talana. *Photo by Ntolo Lekau*

when these groups only consisted of women as the care works because care was considered to be women's work. The men of the council support women more and there is there is now a change of attitudes towards women. Women councillors within this council are more vocal than men although the women are small in number. The council keeps gender disaggregated data of all people hired for projects.

The council still faces challenges in implementation of the Protocol. There is a need for refresher workshops to provide on the job capacity support for the councillors. The annual score card verification assists in regularly measuring performance, and enhances ownership. The councils continue to focus on peer learning and sharing of best practices with other COEs.

Source: Adapted from Tsana Talana Council Institutional profile, 2016

Gender specific programmes

At least half of the COEs have been involved in the Sixteen Days of Activism campaigns with some COEs taking part every year. The COEs collaborate with the community and institutions that work to fight GBV and HIV and AIDS. The campaign has become a platform for dialogue between policy makers and the community. With some members of the community now able to use IT for advocacy during the Sixteen Days campaigns, networking has become stronger and accountability aspects more visible for local government. The most important outcome of the campaign is the community being able to articulate their stories and concerns on violence against women. Intertwined with Human Rights Day and World AIDS Day, the Sixteen Days has become a series of events that leave the community with tangible evidence of the councils' commitments to create safer environments and to end GBV.

Rural councils come to the fore

A significant feature emerging as the programme progresses is the strong implementation of the Protocol by rural councils. The SADC region has its largest populace based in the rural areas therefore it is important to reach out to these areas to reduce gender inequality. The rural areas are an important starting point to increase women's access to resources and to mobilise the implementation of the Protocol. Rural councils such as Hurungwe below have demonstrated that location is not a limit to enact gender equality.

Zimbabwe: Hurungwe Rural District Council shines



Hurungwe RDC started working with Gender Links in 2012 with a baseline score of 10%. In the three years, they have been working with GL in the COE programme the council's score has risen to 81%. Hurungwe RDC is made up of 26 wards. Women councillors constitute 11.5% and of the council and 20% of management.

"'We are now proud of having two women occupying managerial positions within our council structures," says Joram Moyo, Hurungwe RDC Chief Executive Officer (CEO). "When we appointed these women we thought that we have wrongly appointed them and they are going to take over our positions, but through continuous interaction with GL we realised that we had done the right thing. After seeing the need to mainstream gender in our council activities we appointed a Gender Focal Person for the district so as to ensure that the whole district is covered. The COE programme enlightened us and we came to realise that women are being sidelined yet they are the key people in need of service delivery. The situation prompted us as the council to come up with several activities that are meant to redress the situation."



Verification of Hurungwe RDC, August 2015.
Photo by Loverage Nhamoyebonde

To augment women's representation, council made a deliberate move to ensure that three women councillors occupy influential positions within the council structures: Council Vice Chairperson, Finance Committee Chairperson and Gender Committee Chairperson respectively. One of the women from the district holds a post at provincial level for the women in local government. After realising that women constituted 36% in all council structures, Hurungwe RDC crafted a Human Resources Policy that is gender responsive with the aim of recruiting more women.

The council also crafted an HIV/AIDS policy, gender policy and the sexual harassment policy using the SADC Gender Protocol as a guideline. Through working with GL, the council managed to come up with a budget that is responding to the needs of both men and women in the community. The council formed strong links with several government departments like the Ministry of Women Affairs, Gender and Community Development, Ministry of Health and Child Care and the Ministry of Primary and Secondary Education for the full implementation of the COE programme. Ward coordinators were also put into place to ensure that gender issues are disseminated in communities.

After having been enlightened on the need to empower women economically, the council constructed a flea market and allocated a commercial stand to a woman who is running a successful business. A woman chairs the procurement committee and women are being encouraged to apply for tenders. On land allocated for housing, the council has sex disaggregated data showing that 30 women and 76 men were allocated land. However, there was also a significant increase in dual ownership of stands to 225.

"We really thank the GFP for the work she is doing in our council. When she first came here with the COE certificate we did not understand the meaning of that paper. We are proud to say that we were enlightened and as a council we are going to lead the nation in mainstreaming gender in service delivery. I also thank Chief Chundu and community members for their participation in the programme," says Alderman Tichaona Matthew.

Source: adapted from the Hurungwe Rural District Council Institutional Profile, 2015

Ways in which the COE's will be strengthened Post-2015 include:

- ***Revisiting gender action plans:*** Key monitoring and evaluation tools and resources have been revised to integrate the SDGs and the Post 2015 SADC Protocol. The local government action planning framework has been revised to align to the revised SADC Protocol targets and indicators.

- ***Standard Setting:*** GL is working together with UNWOMEN on applying the Gender Equity Seal (GES) as a new auditable standards and certification system. GES provides a 'gender lens' and specialised standard that can be easily integrated into an organisation's standard audit whether against an external or company code. In addition to performance criteria, GES details specific criteria for policies, procedures, training and other management systems components. The intent is to provide organisations with a clear roadmap to measure and improve their capacity to, and ultimately, demonstrate their progress in, implementing gender equity policies with a view to ultimately earning GES certification.

- ***Gender Responsive Budgeting (GRB):*** As councils review their gender and GBV action plans to update with the new SADC Protocol targets and indicators, an important value add is focus on Gender Responsive Budgeting. GRB is an analysis of budgets, both expenditures and revenues, from a gender perspective, that identifies the implications for women and girls as compared to men and boys. This is a deliberate effort to disaggregate the general local government budget in terms of its impact on different men and women while taking into account the different gender relations underlying society.

SADC Gender Protocol Summits

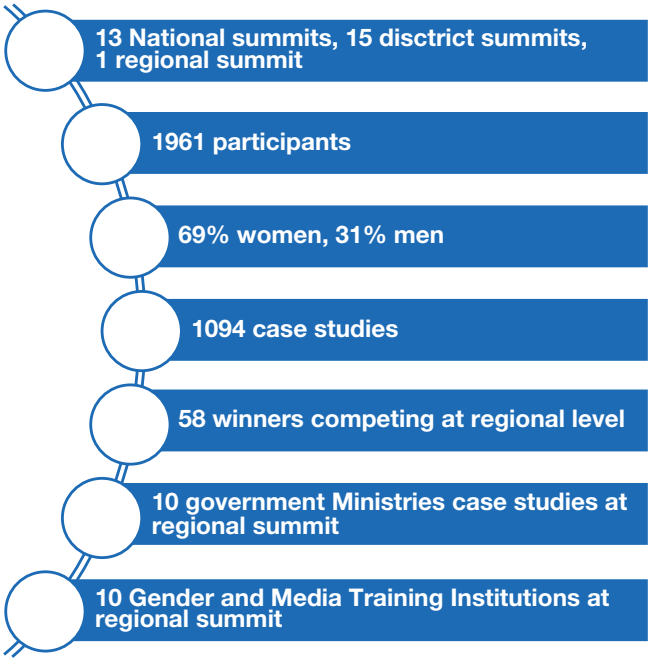
Under the strapline, *2015-Action and Results*, the 2015 summits focused on progress made towards achieving the 28 targets of the SADC Gender Protocol by the initial deadline of 2015, as well as action in strengthening the regional instrument Post- 2015. The 2015 regional summit took place on the eve of the SADC Heads of State summit in Botswana, one of the two SADC countries that is not yet signatory to the SADC Gender Protocol although the country has been leading the review process.

Regional summit keynote speakers included Botswana Vice President Mokgweetsi Masisi, Executive Director of UN Women, Dr Phumzile Mlambo-Ngcuka and Minister of Labour and Home Affairs Edwin Bhatshu. Dr Athalia Molokomme, the Attorney General of Botswana directed the official opening of the summit while Magdeline Madibela, former SADC Gender Unit Head and GL Board member, directed the summit awards ceremony.

Activists, local authorities, media practitioners and government officials from all across SADC presented 1094 SADC Protocol@Work case studies in 2015. The regional summit provided a platform for Government Ministries and departments, survivors of gender based violence and local government COEs to present their case studies.

Unique features of the 2015 summit

- The regional summit was held outside South Africa for the first time since 2008 and on the eve of the SADC Heads of State summit in Gaborone.
- A stronger institutional and sustainability focus showing how theme entries will focus both on the implementation of the provisions of the SADC Gender Protocol and also how a post 2015 SADC Gender Protocol can be strengthened.
- Stand-alone category for most resourceful local government Centre of Excellence promoting learning on sustainability.
- Increased number of entries for the sexual reproductive rights and health category.
- A special category on the 50/50 campaign, to put the spotlight on SADC countries in the ten elections due to take place over the next two years, and turn up the pressure for delivery.
- A special category on gender and climate change, to increase pressure for strong provisions on gender and sustainable development in the Post-2015 Protocol.

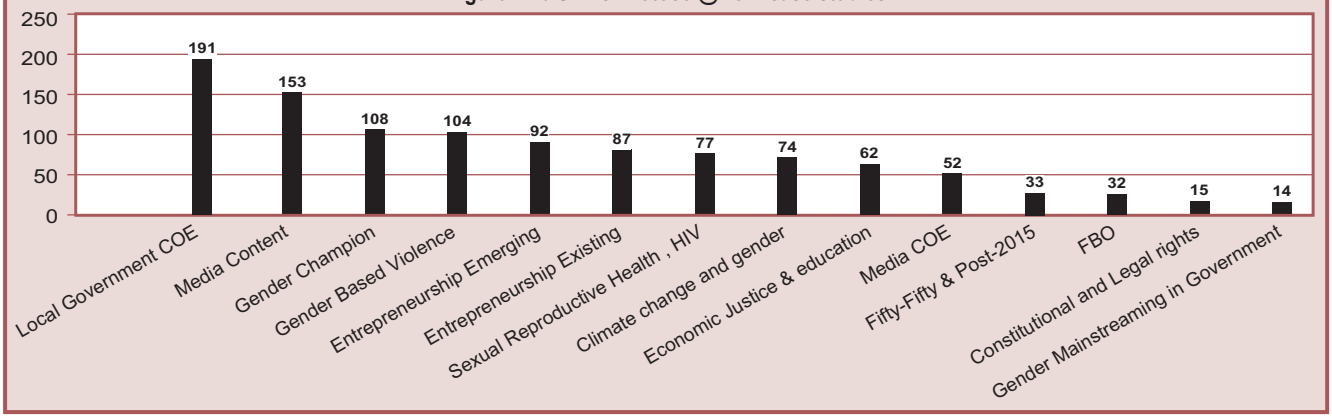


As illustrated in the graphic, all told in 2015 the Alliance convened 13 national summits, 15 district summits and one regional summit, bringing together 1961 participants, 69% women and 31% men. These shared 1094 case studies of the SADC Protocol@Work.

Alliance members emphasised the importance of grass roots mobilisation in advancing gender equality, as well as the vital role that youth, men's groups and faith-based organisations play in fighting for human rights and achieving gender justice. SADC Gender Protocol Alliance members also discussed measures to strengthen and diversify the Alliance in terms of its mandate to fit the Post -2015 agenda.

As part of the post-2015 agenda discussion, the Gender, Media and Diversity Centre (GMDC) held a parallel session on gender and media, strategising on how SADC media houses and media training institutions can contribute to the Beijing plus 20 review as well as various initiatives with the newly formed Global Forum on Media and Gender (GAMAG).

Figure 11.3 SADC Protocol@work case studies



Source: Gender Links, 2016.

Figure 10.3 shows that institutional entries from the local government (191) and media Centres of Excellence (153) constituted the highest number of entries. Government Ministries showcased 10 case studies on gender mainstreaming. The Sexual Reproductive Health and Rights (SRHR) category, introduced for the first time, attracted 77 entries. The climate change category attracted 74 case studies. GL conducted an in-depth analysis of the SRHR entries (see Chapter Six).

ALLIANCE ACTIVITY BOX 2015/16

- **March 2015:** The Alliance participated at CSW 59 with a focus on the targets and indicators for the SDGs and the SADC Gender Protocol Post-2015.
- **March 2015:** The UN SDGs working group acknowledges The Alliance's input on the Global SDGs consultations.
- **May 2015:** The SADC Executive Secretary requests the Alliance together with UN Women to work with the SADC Secretariat as technical partners in the review process.
- **May - June 2015:** The Alliance holds 13 national SADC Protocol@Work summits.
- **July - August 2015:** The Alliance completes an alignment exercise for the review of the SADC Gender Protocol; aligning to the SDGs, African Union Agenda 2063 and Beijing Plus 20 review. The Alignment exercise also cross referenced the possible targets with other SADC Protocols.
- **August 2015:** The Alliance launched the sixth edition of the SADC Gender Protocol Barometer in Botswana on the eve of the 36th SADC HOS Summit in Gaborone at the SADC Protocol@Work summit.
- **October 2015:** The Alliance participates actively at the first review process of the Protocol together with UN Women, governments and the SADC secretariat.
- **March 2016:** The Alliance holds two side events on localising SDGs through the SADC Gender Protocol at the 60th session of the Commission on the Status of Women.
- **June 2016:** The Alliance participates at the SADC Gender Ministers meeting which adopted the reviewed Protocol.
- **June/July 2016:** The Alliance holds country level consultations on the Post 2015 Protocol reaching 1224 people.

SADC GENDER PROTOCOL ALLIANCE

Gender Links is the coordinating NGO of the SADC Gender Protocol Alliance; a coalition of 15 national gender networks and ten regional NGOs that lead on the various themes of the SADC Gender Protocol. The coalition campaigned for the adoption, implementation and review of the SADC Gender Protocol which is now a Southern Africa's roadmap for achieving Sustainable Development Goal (SDG) five - gender equality.

The SADC Gender Ministers acknowledged the Alliance to be a technical partner in the review of the Protocol. Through country and regional meetings, the Alliance builds members capacity on gender issues. In 2015, the Alliance held a spirited campaign lobbying for the review of the Protocol and development of an accompanying MER framework. The Alliance has been strengthened from year to year through partner mapping, country specific research and gathering of case studies at the annual national and regional summits. The Barometer as the flagship production of the Alliance has been quoted numerous times at regional and global level as a tool for effectively measuring gender equality.

Figure 11.4: Alliance logos over time

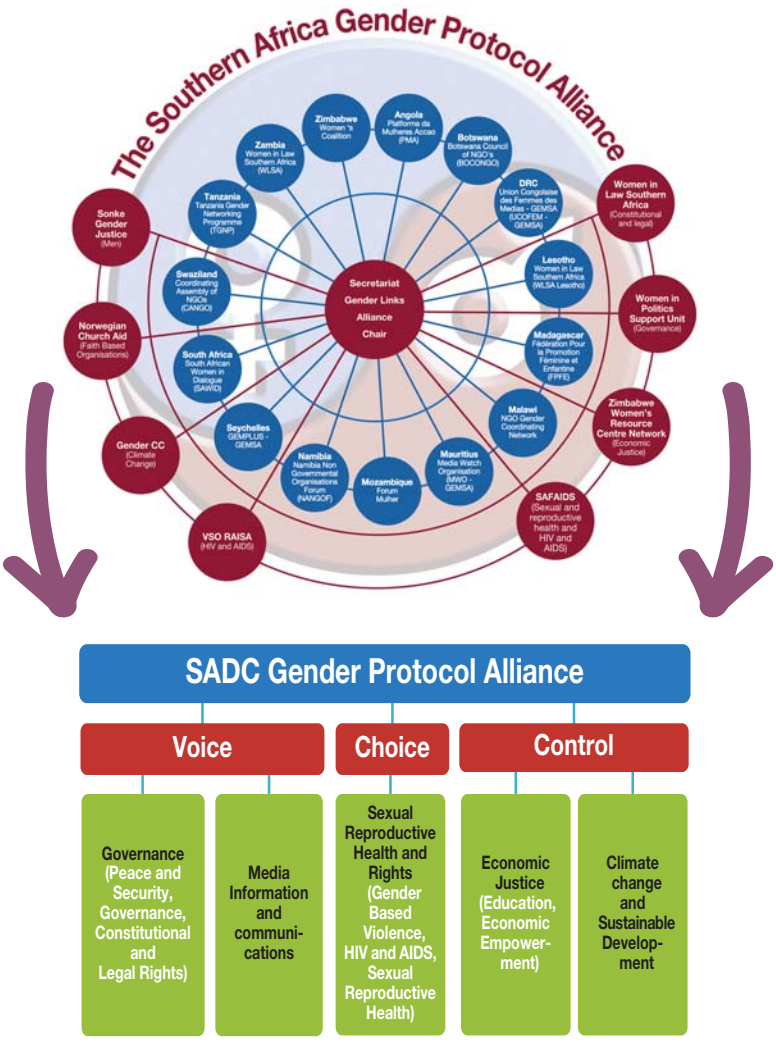


Figure 11.4 shows how the Alliance logos over time reflect the various changes in emphasis. The original logo, "accelerating gender equality", evolved to "the time is now", to "yes we can" then "yes we must" and in 2014: "50/50 by 2015 and a strong post-2015 agenda."

In 2015 the logo became: "A Strong Post 2015 Agenda: Action and Results." In 2016 the Alliance adopted a logo that demonstrates movement building across all 15 SADC countries.

Institutional strengthening

Figure 11.5: Streamlining the work of the Alliance



In 2014, the Alliance adopted a structure of concentric circles comprising fifteen focal networks and regional theme NGOs. In 2015, the Alliance streamlined its theme work into five clusters (Governance and Constitutional, Economic Justice, Sexual Reproductive Health and Rights, Media and ICTs, Climate Change and Sustainable Development). Each cluster lead forms part of the Alliance Executive Committee. Figure 10.5 shows how the five theme structures correlate to the three pillars of gender and sustainable development (voice, choice and control). Early 2016 saw the Alliance embarking on a mapping exercise to ensure better coordination amongst the theme clusters of the network.

Table 11.8: Alliance executive committee			
Cluster	**Lead organisation**	**EXCO represenative**	**Country**
Governance (Constitutional and legal rights, Peace, Political representation and participation)	Women in Law Southern Africa (WLSA)	Slyvia Chirawu	Zimbabwe
Economic Justice (Education and Productive resources)	Zimbabwe Women's Resource Centre Network (ZWRCN)	Pamela Mhlanga	Zimbabwe
Sexual Reproductive Health and Rights; Gender Based Violence, Sexual Health, HIV and AIDS)	Safaids	Adolf Mavheneke	Regional
Media	Gender Links		Regional
Climate Change	Gender and Climate Change Southern Africa (Gender CCSA)	Dorah Marema	South Africa
Alliance chairperson		Emma Kaliya	Malawi
Alliance vice chairperson		Karina Dulobo	Mozambique

Source: Alliance regional elections, May 2016.

Table 11.8 shows the results of the Alliance's May 2016 restructuring and elections that resulted in a seven member Executive committee which includes expert lead organisations and overall Alliance leadership. The Alliance clusters will report progress on cluster action plans on an annual basis.

African and Global links: The Alliance has been creating linkages with mainstream civil society through CIVICUS and the African Civil Society Circle membership. The Alliance has worked closely with UN Women and the Women's Major Group on the Post-2015 agenda implementation. This has involved advocating for gender and media targets in the SDGs and comments during the SDG drafting process. GL is now working closely with the Women's Major group to advocate for financing for gender equality. The Alliance is actively involved in the continental discussions on the Post -2015 agenda through FEMNET membership where the Alliance chair is also the FEMNET chair. Through FEMNET, the Alliance participated in dialogue platforms at African Union level and United Nations level.

Table 11.9: How the Alliance collaborates with partners	
Partner category	**Collaboration and sharing**
Faith based organisations	Partnerships through Norwegian Church Aid (NCA) during the SADC Gender Protocol Summits, sharing best practices on mobilising through the FBOs.
	Capacity building through workshop participation on Post -2015 and climate change.
	Coalition building through MOUs and special thematic cluster on FBOs in the Alliance structure represented by NCA.
Local government	Local actions in 429 council to mainstream gender in service delivery.
	MOUs with local government associations and Ministries of local government.
National government	Research through barometers, development and costing of gender action plans, SADC gender Protocol summits and gender based violence indicators research.
Media houses	The Alliance media cluster collaborates with media houses to highlight issues of concern in the gender discourse in the region. The Alliance has been lobbying for gender sensitive media reporting and education.
SADC CNGO	Strengthening the SADC We Want position through gender responsiveness, collaboration at the SADC civil society forum and Heads of State summit.
SADC Gender Unit	While continuing to hold governments accountable through the annual SADC Gender Barometer, GL has moved into high gear mobilising for strong targets and provisions in the SADC region on gender equality Post -2015. GL collaborated with the Gender Unit during the review of the SADC Gender Protocol in October 2015.
Africa	Preparations for CSW, participation in the Common Africa Position processes, preparation for the Beijing+20 review under FEMNET.
Regional blocks	GL is working with EASSI to build capacity on tracking evidence on implementation of gender equality commitments by governments through an East African Community Barometer.
International	Work on the Post 2015 indicators and mapping for CSW 59, 60 activities. UN Women, Women's Major Group and GADN. Several CIVICUS events.

Source: GL Alliance Programme, 2016.

Table 11.9 highlights the types of partnerships that the Alliance network has collaborated with. The partnerships include regional organisations, governments, civil society and intergovernmental bodies.

Research and advocacy

The Alliance has produced seven editions of the Barometer tracking gender equality progress in the SADC region against the Protocol targets to hold governments accountable on gender commitments. The research is devolved to country level reports. Since 2011, the Alliance has been measuring progress towards gender equality in the region using two indices namely the SADC Gender, Development Index (SGDI), and the Citizen Score Card. The SGDI measures progress against 23 empirical indicators in six sectors (education, political participation, the economy, health, HIV and AIDS, and the media), all adjusted to a factor of 100.



Protocol @ work

The Barometer goes to East Africa



Alliance secretariat team and EASSI partners at the inception workshop of the East African Barometer. *Photo by Gender Links*

The Alliance secretariat is working with the Eastern African Sub-Regional Support Initiative for the Advancement of Women (EASSI) in Uganda to produce the first East African Barometer.

The EAC Gender Barometer is based on the Draft EAC Gender Bill. The Barometer will track and assess how the Partner States are addressing the women's rights and obligations as outlined in the Gender Bill and concomitantly supported by the legal frameworks related to national, regional and international women's rights instruments such as national Constitutions, CEDAW, Beijing Platforms for Action, SDGs, Maputo Protocol, among others.

The Gender Barometer will be used as a lobbying and advocacy tool on the EAC Partner states for the implementation of the gender commitments in the EAC Treaty and the national, regional and international instruments on women's rights and gender equality. In essence, the aim of the Barometer is to promote dialogue on performance regarding gender equality commitments within the EAC and among its member countries and identify what can be improved to attain even greater achievements.

The EAC Gender Barometer results will be presented to the policy makers and the public in the different EAC countries for increased awareness to enable the citizenry demand for their rights from the duty bearers so that the desired change is realized regarding women's rights and gender equality. The Gender Barometer will:

- Establish the level of a country's commitment to gender equality and equity;
- Gauge the level of gender mainstreaming in national programmes and processes;
- Assess the gender impact of national programmes and processes;
- Establish the progress of implementation of the gender commitments;
- Enumerate actual gender equity outcomes; and
- Compare the performance of all EAC countries - Burundi, Rwanda, Tanzania, Uganda, and Kenya.

> "We believe the Alliance will build capacity of EASSI and its members in tracking gender equality progress in the East African Community through sharing the methodology of the Barometer. An East African Barometer will be a milestone achieved in advocating for gender equality in the EAC."
>
> *EASSI programme manager*
> *Christine Nankubuge, April 2016*

A Google Scholar search for "SADC Barometer" returns all top eight hits as Gender Links publications, whilst a search for "SADC Protocol on Gender and Development" returns Gender Links material in the top five most viewed materials. Since 2013, the Alliance focal networks have been mobilising resources to track gender equality progress nationally through country Barometers. The regional and country reports were launched as follows:

Table 11.10: Barometer launch dates

Country	Regional	Country reports
Angola		
Botswana	10 August 2015	19 May 2015
DRC		17 June 2015
Lesotho		9 June 2015
Madagascar		8 March 2015
Malawi		9 June 2015
Mauritius		
Mozambique		27 May
Namibia		19 May 2015
South Africa		18 June 2015
Seychelles		
Swaziland		2 June 2015
Tanzania		
Zambia		9 June 2015
Zimbabwe		20 May 2015

Table 11.10 shows the launch of country and the regional Barometer across the SADC region. Tanzania, Seychelles and Angola had draft Barometers in 2015. Mauritius did not produce a Barometer in 2015. One of the highlights of 2016, and a key impact indicator of the Alliance work, is the fact that East African partners have approached the Alliance to provide technical support in starting an East African Barometer.

Lobbying and advocacy

The Alliance has been lobbying for the review of the Protocol since 2013. Gender Ministers recognised the Alliance as a technical partner for the review process in May 2015. The Alliance pushed for acceleration in reviewing the Protocol outlining the following rationale:

- It has time bound targets that expired in 2015.
- As an omnibus instrument for the region aligned to the MDG's African charter and Beijing platform for action, the protocol must reflect the new developments to remain relevant.
- Two countries - Mauritius and Botswana - have not yet signed the protocol. The review opens an opportunity for them to join.
- The protocol had targets but no indicators, the SDG's provide an opportunity to strengthen the Monitoring, Evaluation and results framework.
- Some countries are moving faster than others, there is scope for varied targets, so as not to hold back performance.



The Alliance networks produced a reference document aligned to the SDGs, Beijing Plus Twenty, African Union Agenda 2063 and other SADC Protocols. The Alliance used this document to lobby for the strengthening of the Post 2015 SADC Gender Protocol at the technical meeting convened by UN Women, the SADC Gender Unit and the Alliance in October 2015. In May 2016 the Alliance further caucused on its position and scoped out national consultation meetings held in June 2016.

Table 11.11: Post-2015 Protocol country consultation outreach

	Date	Female participants	Male participants	Total
Angola	13-14 June 2016	8	3	11
Botswana	13-14 June 2016	71	33	104
DRC	12-14 June 2016	27	9	36
Lesotho	13-14 June 2016	34	30	64
Madagascar	6-7 June 2016	40	8	48
Malawi	14-15 June 2016	22	28	50
Mauritius	14-15 June 2016	197	148	345
Mozambique	15-16 June 2016	50	22	72
Namibia	13-14 June 2016	31	24	55
South Africa	13-14 June 2016	136	44	180
Seychelles	13-14 June 2016	43	4	47
Swaziland	13-14 June 2016	46	22	68
Tanzania	16 May 2016	7	5	12
Zambia	8-9 June 2016	35	21	56
Zimbabwe	14 June 2016	56	20	76
Total		**803**	**421**	**1224**

Source: Alliance M and E report, June 2016.

Table 11.11 shows the number of participants for the Post 2015 country consultation meetings. Mauritius had the highest level of outreach reaching 345 participants. The total number of citizens reached on the Post 2015 Protocol consultations is 1224. Alliance country networks conduct targeted advocacy such as the example of the Botswana focal network.

Protocol @ work

Botswana: Sign, urges Alliance focal network!

The Botswana Council of Non-Governmental Organisations (BOCONGO) is the national umbrella body for the NGOs in Botswana. BOCONGO membership is divided into 11 Sectors, one of which is the Gender and Development Sector. The sector seeks to build coherence and the needed critical mass to enable to enable the sector to lobby and advocate for gender equality with one strong voice.

Sector member organisations are; American and African Business Women´s Alliance (AABWA) - Botswana, Botswana Council of Women (BCW), Emang Basadi (EB), Kagisano Society - Women´s Shelter (KSWS), Women Against Rape (WAR), Women in Action (WIA) and Peddys Widows Forum (PWF). Some of the sector members sit on the National Vision 2036 and the NGO Council respectively.



Alliance delegation meets with Botswana Minister of Labour and Home Affairs Hon Edwin Batshu, Chair of the SADC Gender Ministers in 2015/2016, following the SADC Protocol@Work summit.
Photo by Sifiso Dube

These organisations, led by the SADC Gender Protocol Alliance in collaboration with other women movement and gender activists, have been at the forefront in advocating and lobbying for the signing of the SADC Gender and Development Protocol by the Botswana Government. Even though Botswana has not signed the SADC Protocol on Gender and Development, the government as current chair of SADC led the Post-2015 review process. BOCONGO remains hopeful that Botswana might still sign at the SADC Heads of State Summit in Swaziland in August.

The BOCONGO gender sector prepared a Civil Society Shadow Report on the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) to the United Nations. This led to Government being asked by the UN CEDAW Committee to comply through domesticating it into law and conducting periodic reviews and up to date reporting to CEDAW and production of shadow reports by civil society.

The Gender Sector has been active on reducing gender based violence (GBV) in Botswana. The sector has raised awareness of the nationwide Gender Violence Baseline Study undertaken by Gender Links in collaboration with Gender Affairs Department (GeAD) in 2012 showing that gender abuse and violence continues to be a widespread phenomenon among Batswana women and girls.

The following are some of the concerns that the sector has been raising with the government:

- The mainstreaming of gender issues into all areas of development is imperative and key to the sustainable development of Botswana as well the implementation of the Sustainable Development Goals.
- The need to establish an autonomous Ministry of Gender for effective policy making, budgeting and planning purposes.
- The importance of rolling out gender mainstreaming to all levels of the Public Sector and Private sector through capacity building of specific gender focal departments and implementation of the Gender and Development Policy.
- The need to establish gender structures, such as Gender Equality Commission and satellite body that analyse and ensure implementation of gender equality policy at ministries, local and regional level and ensure compliance.
- The need to take measures to increase women's access to economic opportunities through the Economic Stimulus Programme, the Economic Diversification Drive, Citizen Empowerment Policy etc.

By Chigedze Chinyepi, Member of BOCONGO Gender Sector

Alliance outreach

- ***Recognition:*** The Alliance was a semi-finalist in the Southern Africa Trust Drivers of Change Awards held in October 2015. One Africa Award named the Alliance as a semi-finalist in its annual award contest on human rights. The Alliance received official recognition from the Sustainable Development Network on comments during development of the

SDG indicators. Gender ministers acknowledged the Alliance as a technical partner during the Protocol review process by the Gender Ministers.

- ***Mainstream Media:*** Alliance programme staff regularly participate in mainstream media interviews and contribute opinion and commentary pieces. The blog site will be used by the Alliance to highlight topical gender issues e.g. when participating in global platforms.
- ***New Media:*** The Alliance programme has a twitter handle @GenderProtocol which is managed by both staff members of the unit and feeds into Gender Links twitter handle. A number of regional and continental gender movements follow the Alliance on twitter. The Alliance unit is planning to establish an informal community of Practice on Facebook.
- ***Website:*** The Alliance has a dedicated section on the Gender Links website. Navigation through the website is possible by countries and project. The Alliance blog is embedded on the website.
- ***Publications:*** A list of stakeholders help with the marketing of all Alliance publications. The publications are also available online for sale for those who want to use them as reference materials. All publications are shared with members for wider distribution.
- ***Country level meetings:*** These meetings were used to popularise the Protocol, the SDGs and consult on the Post 2015 gender agenda. The meetings gather monitoring data from the citizens. In 2016, 15 country level meetings were held on the review of the Protocol.
- ***Working with and through partners:*** The Alliance is a member of the Women's major group, the Post 2015 Women's coalition and FEMNET. The Alliance also collaborates with mainstream civil society through CIVICUS, the African Civil Society Circle, SADC CNGO and Southern Africa Trust. Alliance members have a Memorandum of Understanding with Gender Links.

Knowledge of the Protocol

Following the adoption of the Protocol in August 2008, GL designed a short quiz to gauge citizen's knowledge of the instrument. The quiz is available on the Alliance website and is frequently administered at events in the region, including village workshops and Barometer launches. The quiz results are sex disaggregated. The quiz is set for review following the adoption of the Post 2015 Protocol in June 2016.

The quiz questions include:

1. Where and when was the SADC Protocol on Gender and Development signed?
2. Which two countries have not yet signed the SADC Protocol?
3. How many targets does the SADC Protocol?
4. What is the target for women's representation in decision-making and when should it be achieved by?
5. What is the target for ending or reducing GBV?
6. How many targets are there?

The questions are multiple and the analysis arranges the participant answers into only two possible outcomes: correct or incorrect. These answers are used to assess the level of knowledge and awareness about the Protocol.

Table 11.12: Knowledge quiz submissions per country 2015/2016

	Women	Men	Total
Angola	724	320	1 044
Botswana	1 950	2 013	3 963
DRC	823	477	1 300
Lesotho	1 906	2 010	3 916
Madagascar	2 068	1 825	3 893
Malawi	330	204	534
Mauritius	2 033	2 025	4 058
Mozambique	2 074	1 928	4 002
Namibia	1 822	1 718	3 540
Seychelles	129	54	183
South Africa	1 802	1 594	3 396
Swaziland	1 634	1 430	3 064
Tanzania	462	306	768
Zambia	1 834	1 721	3 555
Zimbabwe	1 983	1 929	3 912
Total	**21 574**	**19 554**	**41 128**

Source: Gender Links Protocol Knowledge survey.

Table 11.11 shows that in 2015 the Alliance administered 41 128 quizzes. Mauritius administered the highest number - 4058 questionnaires. Angola administered the quiz for the first time with 1044 submissions.

Angolan network gauges knowledge of the Protocol for the first time



Angola popularised the Protocol for the first time in 2015/2016. Led by the Alliance focal network Plataforma Mulheres em Acção (PMA), Angola scored higher than average at 49%.

Formed in 2007, PMA is a platform/network of organisations composed of female civil society organisations, female organisations of political parties represented or not in Parliament, female community-based organisations, churches and other female movements and individuals. These are non-profit organisations who are either legally established or in the process of obtaining legalisation, who promote gender and fight to protect and defend human rights and the rights of women in different domains. Their aim is to build a more balanced society between men and women, with greater participation of women in the decision-making bodies who are in charge of the country's public and political life.



PMA Executive Director Veronica Sapalo networks with Karena Dulobo Mozambique Alliance focal person during the Alliance regional meeting, May 2016. *Photo by Gender Links*

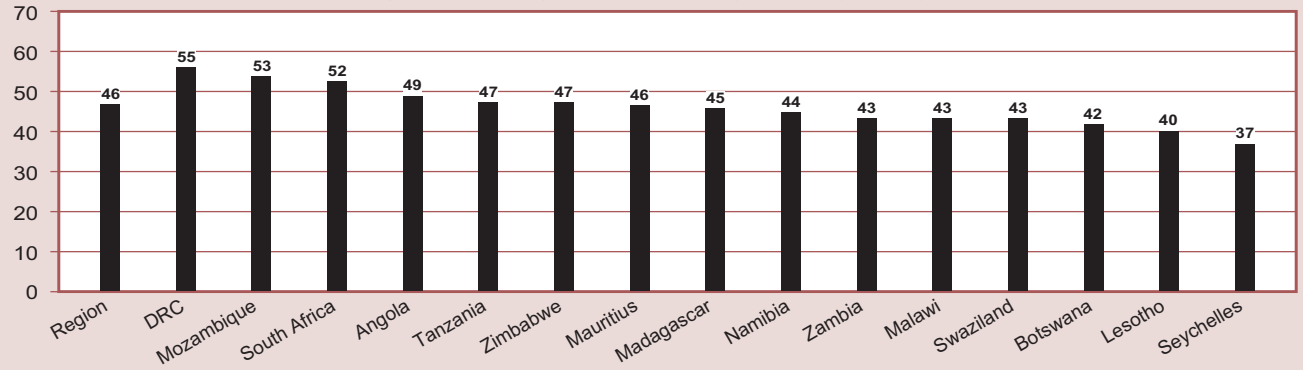
PMA's project areas focus on include female Leadership and Public Influence, Participation of Women in the Creation of Municipal Budgets, Building Democracy, Social Advocacy in the Gender-Based Violence Framework and Gender Monitoring.

PMA aims to apply for the following strategic goals in its programming:

- Strengthening the institutional capacity of member organisations in order to improve their approach to promoting gender balance and to protecting and defending the human rights of women.
- Strengthening the female leadership capacity of member organizations and female state institutions in order to contribute in a more active and participatory way to integrate gender in public policies at national and regional (SADC) level, as a way to improve social balance in gender relationships between men and women.
- To encourage the birth of nine female organizations that fight for gender equality and promote and defend the human rights of women in the provinces of Luanda, Benguela, Malange, Lunda Norte, Lunda Sul, Bié, Kwanza Norte and Huíla.
- Strengthening the analysis capacity and the approaches of social partners and public institutions in the process of creating the State General Budget.
- Creating synergies with different national, regional an international actors working with gender issues in order to exchange experiences and lessons on good practices towards the development of public policies more focused on gender.
- Improving the fundraising and accountability processes by developing programmes that generate income in order to keep PMA's different action dynamics going.

Source: PMA Strategic Plan 2012-2016

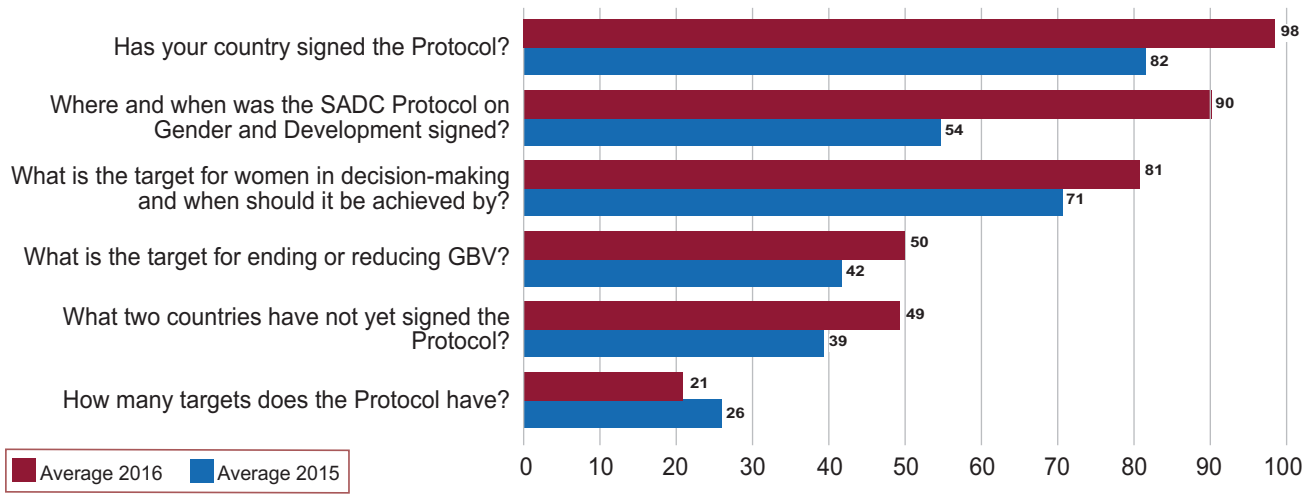
Figure 11.6: Average Protocol knowledge scores by country



Source: Protocol Knowledge Survey, 2015.

Figure 11.6 shows that the regional knowledge score on the Protocol is still low at 46%. DRC achieved the highest score at 55% while Seychelles scored lowest at 37%. Only three countries achieved a score above 50% (DRC, Mozambique and South Africa).

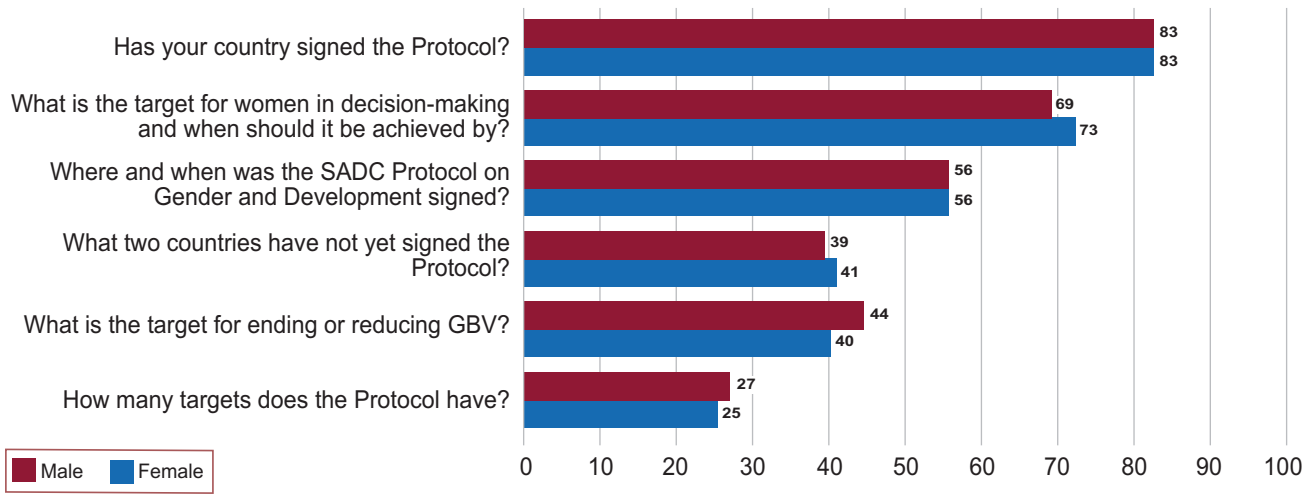
Figure 11.7: Average knowledge quiz scores per question 2015 and 2016



Source: Gender Links SADC Gender Protocol knowledge survey 2015/16.

Figure 11.7 shows an improvement in the knowledge of the Protocol from 2015 for five of the six questions. The highest scoring question for 2015 (82%) and 2016 (98%) is on weather a country has signed the Protocol. The lowest scoring question is related to the number of targets of the Protocol. This could be due to the confusions around time bound targets and provisions. The Post 2015 Protocol does not have time bound targets.

Figure 11.8: Female and male knowledge quiz scores per question 2016



Source: Gender Links SADC Gender Protocol knowledge survey 2015/16.

Figure 11.8 shows the Protocol scores per question disaggregated by sex. Women and men scored equally on the question about signing the Protocol at 83%. Both sexes scored equally on the question about the year when the Protocol was signed. Women scored lowest at 25% on the question of the number of targets for the Protocol while men also scored lowest in the same question at 27%.

The Protocol implementation and the post-2015 agenda

During the official opening of the SADC Ministers responsible for Gender and Women's Affairs was held in Gaborone, Botswana, on 23 June 2016 the Speaker of the National Assembly in Botswana, Gladys Kokorwe, underscored "that gender equality is not just a phenomenon, but a reality that we all have to embrace if we are to achieve international, continental, regional and national sustainable development." The SADC Executive Secretary, Dr Stergomena Lawrence Tax, emphasised that "women's and girls' economic em-powerment sets a direct path towards achieving gender equality and is a critical element of the 2030 Agenda for Sustainable Development."

The above statements point towards the need to develop a tighter framework for implementation of the Protocol aligned to the SDGs. The Post 2015 era is an opportunity for the SADC region to raise the bar on gender equality through localising the SDGs. As elaborated in the preface, it is unfortunate that the time frame of 2030 has been removed from the adopted Protocol. The implementation framework of the Protocol should adopt the global standards for monitoring through developing indicators that are:

UN Statistical Commission: 10 Principles for indicators[10]

- Limited in number and globally harmonised.
- Simple, single-variable indicators, with straightforward policy implications.
- Allow for high frequency monitoring.
- Consensus based, in line with international standards and system-based information.
- Constructed from well-established data sources.
- Disaggregated.
- Universal.
- Mainly outcome-focused.
- Science-based and forward looking.
- A proxy for broader issues or conditions.

Review of monitoring tools Post-2015

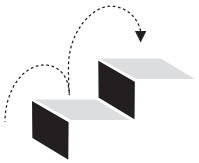
The Alliance is working on finalising a set of empirical and tracking indicators for monitoring the Post 2015 Protocol. This will involve expanding the current basket of SGDI indicators in line with the SDGs. The tracking indicators will be used to monitor existing policies, programmes and institutions for gender equality in the region in line with the SDGs and the reviewed Protocol. The Alliance will also review the Citizen Score Card to incorporate changes in the Protocol and ensure alignment to the five clusters of the Alliance. The attitudes survey, highlighted at the beginning of the Barometer, will enable tracking of change in gender attitudes in the region across all sectors. The Alliance will review the survey to ensure a robust monitoring of changes in attitudes going forward.

Developing the MER Framework for Protocol Implementation

The June 2016 Gender Ministers meeting adopted the following principles for implementation in the Protocol:

- Ensuring the implementation of the Protocol at national level through the SADC Implementation Plan and the SADC MER Framework (Article 35).
- Ensuring financial provisions through gender sensitive and responsive budgets (Article 33).
- Cross referencing with other SADC Protocols.
- Alignment with the SDGs, AU Agenda 2063 and Beijing Plus Twenty Review.
- Reference to important global instruments such as the Political Declaration on HIV and AIDS, the ICPD Programme of Action and the UN CSW Resolution on Women, Girls and HIV and AIDS.
- Finalising the MER framework by the SADC Gender Unit in liaison with the SADC Regional Statistics Programme.

[10] UN Statistical Division, 2016.



Next steps

The adopted Protocol calls for improved commitment by Member States to gender equality. The Post 2015 era calls for more collaboration between civil society, government departments - especially the Statistics offices for better data collection on gender. The following are the next steps on implementation of the Protocol:

- Alliance strengthening and increased ownership with limited resources.
- Develop an indicator (MER) framework and a list of indicators for the monitoring of the Protocol in line with the post-2015 development agenda at the global level.
- Provide technical support for the implementation of the approved indicator and monitoring framework over a 15-year period towards 2030.
- Regularly review methodological developments and issues related to the indicators and their metadata in order to improve data collection across the region.
- Report on progress towards the Protocol provisions. The reports should be popularised with the citizens and civil society.
- Regularly review capacity-building activities in statistical areas relevant to the Protocol, the SDGs monitoring and make recommendations to be considered by the SADC Statistics Programme.
- Review and support work by the Secretariat for the development of a Protocol data-user forum, tools for data analysis on the state of the implementation of the Protocol.
- Popularise the Protocol though community level meetings.
- Hold Alliance cluster meetings and monitor cluster action plan implementation.
- Hold SADC Protocol@Work summits during the Sixteen Days of Activism. These will also serve to popularise the Post 2015 SADC Gender Protocol.

The proposed indicators for Protocol implementation are largely tracking ones as follows:

PROPOSED INDICATORS FOR IMPLEMENTATION FRAMEWORK	New SGDI
Financial provisions	
Total amount of approved funding for specific gender programmes - Treasury	✓
Proportion of domestic budget set aside for the gender machinery - Treasury	✓
TRACKING	
Number of countries that adopt and implement gender policies and programmes.	
Number of countries with gender equality monitoring frameworks.	
Number of countries that submit annual report on implementation of the Protocol to SADC.	
Existence of gender machineries.	
Number of countries that have national statistical legislation that complies with the Fundamental Principles of Official statistics including gender disaggregation.	
Number of countries with mechanisms in place to enhance national gender policy coherence with sustainable development.	
Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics - SDG.	

Annex 1

Global Gender related Indicators				
No.	**Sector**	**Indicator**	**Already used in the SGDI**	**Source**
1.	Economic Justice	Indicator: 1 - Average number of hours spent on unpaid domestic work by sex; Note: Separate housework and childcare if possible		UNSD
2.		Indicator: 2 - Average number of hours spent on paid and unpaid domestic work combined (total work burden), by sex		UNSD
3.		Indicator: 3a - Labour force participation rate for persons aged 15-24, by sex	✓	ILO
4.		Indicator: 3b - Labour force participation rate for persons aged 15+, by sex	✓	ILO
5.		Indicator: 4 - Proportion of employed who are own-account workers, by sex		ILO
6.		Indicator: 5 - Proportion of employed who are contributing family workers, by sex		ILO
7.		Indicator: 6 - Proportion of employed who are employers, by sex		ILO
8.		Indicator: 8a - Percentage distribution of employed population in agricultural sector, by sex		ILO
9.		Indicator: 8b - Percentage distribution of employed population in industrial sector, by sex		ILO
10.		Indicator: 8c - Percentage distribution of employed population in service sector, by sex		ILO
11.		Indicator: 9 - Informal employment as a percentage of total non-agricultural employment, by sex	✓	ILO
12.		Indicator: 10 - Youth unemployment rate for persons aged 15-24, by sex		ILO
13.		Indicator: 14 - Proportion of employed working part-time, by sex		ILO
14.		Indicator: 45 - Women's share of managerial positions	✓	ILO
15.	Media / Economic Justice	Indicator: 17 - Proportion of individuals using the Internet, by sex		International Telecommunication Union (ITU)
16.		Indicator: 18 - Proportion of individuals using mobile/cellular telephones, by sex		ITU
17.	Education	Indicator: 20 - Youth literacy rate of persons (15-24 years), by sex		UNESCO
18.		Indicator: 21 - Adjusted net enrolment rate in primary education by sex		UNESCO
19.		Indicator: 22 - Gross enrolment ratio in secondary education, by sex		UNESCO
20.		Indicator: 23 - Gross enrolment ratio in tertiary education, by sex		UNESCO
21.		Indicator: 24a - Gender parity index of the gross enrolment ratio in primary education	✓	UNESCO
22.		Indicator: 24b - Gender parity index of the gross enrolment ratio in secondary education	✓	UNESCO
23.		Indicator: 24c - Gender parity index of the gross enrolment ratio in tertiary education	✓	UNESCO
24.		Indicator: 25 - Share of female science, engineering, manufacturing and construction graduates at tertiary level		UNESCO
25.		Indicator: 26 - Proportion of females among tertiary education teachers or professors		UNESCO
26.		Indicator: 27 - Adjusted net intake rate to the first grade of primary education, by sex		UNESCO
27.		Indicator: 28 - Primary education completion rate (proxy), by sex		UNESCO
28.		Indicator: 29 - Gross graduation ratio from lower secondary education, by sex		UNESCO
29.		Indicator: 30 - Effective transition rate from primary to secondary education (general programmes), by sex		UNESCO
30.		Indicator: 31a - Educational attainment (primary) of the population aged 25 and older, by sex		UNESCO
31.		Indicator: 31b - Educational attainment (lower secondary) of the population aged 25 and older, by sex		UNESCO
32.		Indicator: 31c - Educational attainment (upper secondary) of the population aged 25 and older, by sex		UNESCO

No.	Sector	Indicator	Already used in the SGDI	Source
33.		Indicator: 31d - Educational attainment (post-secondary) of the population aged 25 and older, by sex		UNESCO
34.		Indicator: 31e - Educational attainment (tertiary) of the population aged 25 and older, by sex		UNESCO
35.	Sexual Reproductive Health Rights	Indicator: 32 - Contraceptive prevalence among women who are married or in a union, aged 15-49	✓	UNDP
36.		Indicator: 33 - Under-five mortality rate, by sex		UNICEF
37.		Indicator: 34 - Maternal mortality ratio	✓	WHO, UNICEF, UNFPA, World Bank Group and UNDP
38.		Indicator: 35a - Antenatal care coverage, at least one visit		UNICEF
39.		Indicator: 35b - Antenatal care coverage, at least four visits		UNICEF
40.		Indicator: 36 - Proportion of births attended by skilled health professional	✓	UNICEF
41.		Indicator: 37 - Smoking prevalence among persons aged 15 and over, by sex		WHO
42.		Indicator: 38 - Proportion of adults who are obese, by sex		WHO
43.		Indicator: 41 - Life expectancy at age 60, by sex		UNDP
44.		Indicator: 42a - Adult mortality 15-34 years by cause		WHO
45.		Indicator: 42b - Adult mortality 35-59 years by cause		WHO
46.	HIV and AIDS	Indicator: 39 - Women's share of population aged 15-49 living with HIV/AIDS	✓	UNAIDS
47.		Indicator: 40 - Access to anti-retroviral drug, by sex	✓	UNAIDS
48.	Gender Based Violence	Indicator: 48 - Proportion of ever-partnered women (aged 15-49) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months		UNSD
49.		Indicator: 49 - Proportion of women (aged 15-49) subjected to sexual violence by persons other than an intimate partner, since age 15		UNSD
50.		Indicator: 50 - Prevalence of female genital mutilation/cutting (for relevant countries only)		UNICEF
51.		Indicator: 51 - Percentage of women aged 20-24 years old who were married or in a union before age 18		UNICEF
52.		Indicator: 52 - Adolescent birth rate		UNDP
53.	Governance	Indicator: 43 - Women's share of government ministerial positions	✓	IPU
54.		Indicator: 44 - Proportion of seats held by women in national parliament	✓	IPU
55.	Peace/Constitutional and Legal Rights	Indicator: 46 - Share of female police officers		United Nations Office on Drugs and Crime (UNODC)
56.		Indicator: 47 - Share of female judges		UNODC

Source: Adapted from the UNSD SDG Indicators, March 2016.

Annex 2

BACKGROUND NOTE ON GENDER AND RELATED INDICATORS

This background note provides information on the various existing indicators considered in developing the **SADC Gender and Development Index (SGDI)** introduced in 2011.

The ***Human Development Index (HDI)*** - which is **not** a gender indicator - has four components which are meant to reflect Amartya Sen's "capability" approach to poverty rather than a simple income/ expenditure monetary measure of poverty. The HDI components are (a) life expectancy at birth for health, (b) adult (15+ years) literacy rate and (c) combined gross enrolment rate for primary, secondary and tertiary education for education, and (d) gross domestic product (GDP) per capita for income. The four component scores are averaged to get the HDI number. The HDI thus gives a single simple (some would say simplistic) measure of the average achievement of the country in terms of human development. A league table was published in the annual Human Development Reports of the UNDP until 2009, and is widely quoted.

The HDI - like all measures - can be criticised on many grounds. Some of the criticisms are relevant from a gender perspective.

Firstly, composite indices are appealing because there is only one number. But having a single number is not useful for policy-making purposes unless one knows WHY the single number is lower than one wants it to be. For example, South Africa's HDI has fallen in recent years. The main reason for this is a significant drop in life expectancy, which is one of the four components. The HDI indicator cannot tell you this. It is only by looking into the components that you can see it.

Secondly, there are data problems. UNDP uses international data-sets in the interests of having a uniform approach. This is probably the only feasible approach for an index covering so many countries and compiled from a single office. However it results in the use of data that are relatively old, and thus indicators that our out-of-date. It also results in individual countries contesting the indicators. The need to have indicators for as many countries as possible can also lead to the use of lowest-common-denominator variables, rather than the variables that would best reflect what the indices aim to measure. Where data are not available, sometimes heroic assumptions have to be made. In the case of the ***Gender-related Development Index (GDI)*** (see below), this is especially the case in relation to sex-disaggregation of GDP.

Thirdly, the indicators are all based on averages, and thus do not capture inequalities within a single indicator.

In 1995, at the time of the Beijing Conference, UNDP developed two gender-related indices - the Gender-related Development Index and the ***Gender Empowerment Measure (GEM)*** - to complement the HDI.

The GDI uses the same variables as the HDI, but each of the components is adjusted for unequal achievement between women and men. The GDI thus shares all the problems that the HDI has, but also has some further problems.

One problem with the GDI is that it assumes that equality on longevity would mean equal life expectancies for men and women. However, biologically women can expect to live longer than men. So when life expectancies are equal this suggests that women are disadvantaged in some way. This is not reflected in the GDI.

A confusing feature of the GDI is that the method uses only the male-female gap, without considering whether it is males or females who are "doing better". So a country where women outperform men in education will have the same penalty as a country where men outperform women by the same amount. We might think this is not a problem (in that men and boys should not be disadvantaged), but it does complicate how we interpret the GDI if the index combines some components where males are advantaged and others where females are advantaged.

Probably the biggest problem with the GDI is that it is heavily influenced by the income variable, so that wealthier countries will - all other things being equal - be reflected as having less inequality than poorer countries. Analysis has shown that for most countries the earned-income gap is responsible for more than 90% of the gender penalty. Exacerbating this problem is the fact that the income estimates are based on "imputed" rather than real data. Thus for many developing countries the earned income gap is assumed to be 75% because reliable data are not available. The 75% was chosen on the basis of 55 countries (including both developed and developing) for which data are available. Yet another exacerbating feature is that the data for the 55 countries relate only to formal non-agricultural wages. Yet in many African countries only a small proportion of the workforce - and an even smaller proportion of employed women - is employed in the formal non-agricultural sector.

The final problem to be raised here is lack of sex-disaggregated data in some cases. As a result, each year there are fewer countries that have GDI scores than have HDI scores. This means that a higher place in the inter-country ranking for the GDI than the HDI does not necessarily mean that the country is doing relatively well on gender.

The GEM focuses on political, economic and social participation rather than Sen's capabilities. The components are women's representation in parliament, women's share of positions classified as managerial and professional, women's participation in the labour force and their share of national income. Fewer countries have data on all of these elements than on the GDI elements and each year there are therefore fewer countries in the GEM index than in the GDI index.

The GEM measures income in more or less the same way as the GDI, so this component has the problems described above. The influence of the absolute level of income - and thus the bias favouring wealthier countries - is, in fact, stronger for the GEM than the GDI. The political component is problematic in that a parliamentary quota for women will automatically increase the GEM score, but will not necessarily mean that women exercise greater political power in the country.

The ***Millennium Development Goals (MDGs)*** are eight goals that 192 United Nations member states and at least 23 international organisations committed themselves to achieving by 2015. One or more targets have been agreed in respect of each goal, with one or more indicators for each of the targets.

Goal 3 is to promote gender equality and empower women. Target 4 is assigned as the measure of achievement in respect of Goal 3. Target 4 is expressed as eliminating gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015. There are four indicators, the first of which has three elements.

The third and fourth indicators relate to employment and decision-making respectively. These additional indicators were included by the team which proposed the standard indicators to emphasise that education is not only an end in itself, but also a means to other ends. The third and fourth targets thus reflect back on the goal, which is about "empowerment" as well as equality. The targets attempt to measure the economic and political aspects of empowerment. The four indicators are: (a) ratio of girls to boys in primary, secondary and tertiary education; (b) ratio of literate females to males of 15-24 year olds; (c) share of women in wage employment in the non-agricultural sector; and (d) proportion of seats held by women in national parliament.

These indicators are very similar to those used in the other well-known international indices. The second education indicator differs from most other indices by focusing on 15-24 year olds. This focus captures changes in education levels better than a measure that covers all adults, as the all-adult measure will be biased downwards by past discrimination against women rather than reflecting what is happening now within education.

The MDG Gender Task Force proposed that further indicators be added to the standard set to measure (a) gender gaps in earnings in wage and self-employment; (b) the hours per day or year that women and men spend fetching water and collecting fuel; (c) the percentage of seats held by women in local government bodies; and (d) the prevalence of domestic violence. These additional indicators were not added to the standard set.

Development of the ***Gender Equality Index (GEI)*** was motivated, at least in part, by the standard measures' lack of attention to issues related to the body and sexuality, religious, cultural and legal issues, ethics, women's rights and care.

The index was called the GEI, rather than the ***Gender Inequality Index (GII)***, so as not to focus only on gender imbalances. Instead, the index would measure the extent to which gender equality was achieved in any country.

It was recognised that as a global, comparative measure, the GEI would lose cultural and national specificity and would not capture gender equality in all its dimensions. It was thus proposed that each country also describe the historical and cultural context, and develop country-specific "satellite" indicators to complement the GEI.

The GEI covers eight dimensions, each of which has a number of indicators. The dimensions are:
- Gender identity;
- Autonomy of the body;
- Autonomy within the household;
- Political power;
- Social resources;
- Material resources;
- Employment and income;
- Time use.

The availability and adequacy of the GEI indicators have been tested only in Japan and Indonesia. These tests revealed the especial difficulty of measuring the first two dimensions quantitatively.

In the early 2000s, the United Nations Economic Commission for Africa (UNECA) developed the African ***Gender Status Index (GSI)*** and the ***African Women's Progress Scoreboard (AWPS)***. The AWPS is based on more qualitative judgments, although these are given numeric scores. The existence of the AWPS alongside the GSI is noteworthy, as it highlights the realisation that some aspects of gender equality cannot be adequately captured by quantitative indicators. The GSI is similar to the GDI and GEM in being computed from quantitative data. A major difference is that there are far more indicators - 43 in all!

The use of 43 indicators has two major drawbacks. Firstly, it means that most countries are likely to lack data on at least one indicator, or be forced to use unreliable data from small samples. Secondly, it means that the meaning of the index - and its direct usefulness for policy-making purposes - is even more obscure than for the HDI, GDI or GEM as one has to examine all the elements in detail to work out why a country is scoring higher or lower. The developers of the GSI acknowledge that there may be too many indicators.

UNECA tested the index in twelve countries (Benin, Burkina Faso, Cameroon, Egypt, Ethiopia, Ghana, Madagascar, Mozambique, South Africa, Tanzania, Tunisia, Uganda). The process took substantially longer than predicted. The delays in part reflected the challenges involved in collecting and checking so many indicators. Even with these delays and despite specifying five-year periods for each indicator, it was not possible to find all the indicators for each country.

The indicators are divided into three blocks, namely social power, economic power, and political power. The indicators all deal with gender issues, understood as the relations between women and men, and thus as needing to compare indicators for men and women. This means that maternal mortality and violence against women are not covered because they only concern women.

Each indicator represents a simple arithmetic comparison of the number of women to the number of men, thus reflecting the gender "gap". (A few of the indicators need a bit of manipulation to be able to get a gap.) Unlike the HDI and GDI, the GSI does not take the overall level of achievement into account. As a result, a good score on the GSI could reflect a high level of equality, but at a level of achievement that is poor for both women and men (girls and boys).

For weighting purposes, each of the three blocks - social, political and economic - has equal weight. Further, within each component of each block, each of the indicators has equal weight. In effect, this means that indicators that are in a component with relatively few indicators "count" more than those in a component with a greater number of indicators. The developers of the GSI suggest that other weighting approaches could be considered, such as:

- Weighting more heavily the components or blocks where there are the biggest gaps.
- Weighting more heavily those that can be changed more easily in the short term so that one can more easily "see" the impact of advocacy and policy changes.
- Giving less weight to the "political power" block because it deals with a small population than the other two blocks.

The table shows all the GSI indicators, and the component and sub-component into which they fit.

In the 2010 Human Development Report the GII replaced the GDI. This measure, unlike the GDI, is not influenced by the absolute level of achievement or development. Instead, like the GSI, several of the components focus on the degree of inequality in achievement between males and females on different measures while others focus on levels of women's achievement. The consequence is that a country can score well on this measure even if absolute levels of achievement are low as long as the measures for females and males are equally low.

The three equally weighted dimensions covered by the GII are reproductive health (maternal mortality ratio, adolescent fertility rate), empowerment (share of parliamentary seats held by women and men, attainment at secondary and higher education levels) and labour market participation (labour market participation rate). The rating works in the opposite direction to that of the GDI i.e. a level of 0 indicates no inequality while 1 indicates extreme inequality.

The SGDI on the status of women in SADC countries is based on 23 indicators. The indicators are grouped under six categories, namely Governance (3 indicators), Education (3), Economy (5), Sexual and Reproductive Health (3), HIV and AIDS (3), and Media (6). There are, unfortunately, no indicators for the Protocol articles on Constitutional and legal rights, gender-based violence and peace building and conflict resolution. The fact that there are no indicators for some topics reflects the difficulty in finding appropriate indicators with reliable data for these. These are areas that the Southern African Gender Protocol Alliance hopes to address these gaps in future years.

Components of the Gender Status Index			
Block	**Component**	**Sub-component**	**Indicator**
Social power 'Capabilities'	Education	Enrolment	Primary enrolment rate
			Secondary enrolment rate
			Tertiary enrolment rate
		Dropout	Primary dropout ratio
			Secondary dropout ratio
		Literacy	Ability to read and write
			Primary school completed
	Health	Child health	Stunting under 3
			Underweight under 3
			Mortality under 5
		Life expectancy at birth	
		New HIV infection	
		Time spent out of work	
Economic power 'Opportunities'	Income	Wages	Wages in agriculture
			Wages in civil service
			Wages in formal sector (public and/or private)
			Wages in informal sector
		Income	Income from informal enterprise
			Income from small agricultural household enterprise
			Income from remittances and inter-household transfers
	Time-use or employment	Time-use	Time spent in market economic activities (as paid employee, own-account or employer)
			Time spent in non-market economic activities or as unpaid family worker in market economic activities
			Time spent in domestic, care and volunteer non economic activities
		Employment	Or: Share of paid employment, own-account and employer in total employment
	Access to resources	Means of production	Ownership of urban plots/houses or land
			Access to family labour
			Access to credit
			Freedom to dispose of own income
		Management	Employers
			High civil servants (class A)
			Members of professional syndicates
			Administrative, scientific and technical
Political power 'Agency'	Public sector		Members of parliament
			Cabinet ministers
			Higher courts judges
			Members of local councils
	Civil society		

Within some of the categories there are disappointing gaps. Ideally, the SGDI would have included an indicator measuring the disparity in pay between women and men doing paid work. Unfortunately, as discussed in the section on other indicator measures such as the GDI, the available datasets of disaggregated earned income are heavily based on assumptions rather than on empirical data. In respect of the maternity leave indicator, the time given to a woman worker does not necessarily mean that she will receive pay while on leave. In some cases, no pay is guaranteed, in other cases only a proportion of the pay is guaranteed, and in some cases paid leave is only available to certain categories of employees, such as those employed by government. For next year's index, more detailed information on maternity leave as well as paternity leave will be included.

To create the composite index, two challenges needed to be addressed. The first was the differing number of indicators in the various categories and how this should be dealt with in weighting. This was necessary so that, for example, media was not given twice the importance ("weight") of governance or education because it had six indicators while governance and education each had three indicators. The second challenge was the difference in the range of "raw scores" that were possible for each indicator and how these could be standardised so that averages were not comparing apples and giraffes. If this standardisation were not done, an indicator for which the score could range from 0 to 50 would have only half the weight of another indicator for which the score could range from 0 to 100.

Weighting
Each category was given equal weight by calculating the average score across the indicators in that category. So, for example, for categories with three indicators, the score for that category was the average across the three. This approach also solved the problem of how to deal with countries for which some indicators were missing, as the average was calculated on the available indicators for each country. Nevertheless, while this generated a score for all categories across all countries except for media in Angola, the averages for countries with missing indicators should be treated with caution as they are not exactly comparable with those of countries for which all indicators were available. The number of missing indicators ranged from zero for Madagascar, Mauritius, Namibia, South Africa, Tanzania and Zamiba, to nine for Angola.

Standardisation
Standardisation aimed to convert all "raw scores" into values that range from 0 (for the worst possible performance) to 100 (for the best possible performance).

The indicators consist of several types in terms of what they are measuring:

- Many of the indicators measure the female percentage of people with given characteristics. All the governance, education and media indicators have this form. For these indicators, the raw score could range from 0 to 100. However, if our aim is to ensure that women do not face discrimination, then a raw score of 50 is the target. In standardisation, all scores of more than 50 - of which several were found, for example, for tertiary education - were therefore changed to 50.
- Several of the indicators measure the percentage of women and girls with a given characteristic. Two examples of such indicators are the percentage of women using contraception and the percentage of women aged 15-24 with comprehensive knowledge on HIV and AIDS. For these indicators, the raw score could range from 0 to 100 and the score therefore did not need further standardisation.
- Several of the indicators measure the female rate for a given characteristic as a percentage of the male rate. Examples here are female labour force participation as a percentage of male labour force participation, and the female unemployment rate as a percentage of the male unemployment rate. In these cases possible scores could range from 0 to more than 100 where the female rate is more than the male rate. In the one case where the score was more than 100 (unemployment rate in Zambia), the score was changed to 100.
- Finally, two of the indicators that relate specifically to gender or women's issues have scores that fall outside the above categories. The first is the number of weeks of maternity leave to which employees are entitled. The second is the maternal mortality rate, which is expressed as the number of deaths for every 100,000 live births. For the first of these indicators, we assumed that the possible range was from 0 to 16 weeks, and calculated the actual number of weeks as a percentage of 16. For the second of these indicators, we set the possible range between 0 and 2000 out of 100,000 (see http://en.wikipedia.org/wiki/Maternal_death), and calculate a score out of 100 by dividing the raw score by 20.

A further challenge in the standardisation process was that while the majority of indicators measure a desirable characteristic, for which a high score indicates good performance, there are a few indicators that measure undesirable characteristic for which higher scores reflected poorer performance. The negative indicators are the ones relating to unemployment rate, female share of people living with HIV, and maternal mortality rate. For these indicators the rate was inverted by subtracting the standardised rate from 100.

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The SADC Protocol on Gender and Development

SADC GENDER PROTOCOL ALLIANCE







Encompasses

commitments made in all regional, global and continental instruments for achieving gender equality.





Enhances

these instruments by addressing gaps and setting specific, measurable targets where these do not exist.





Advances

gender equality by ensuring accountability by all SADC Member States, as well as providing a form for the sharing of best practices, peer support and review.





SADC GENDER PROTOCOL ALLIANCE

In August 2008, Heads of State of the Southern African Development Community adopted the ground-breaking **SADC Protocol on Gender and Development**. This followed a concerted campaign by NGOs under the umbrella of the Southern Africa Gender Protocol Alliance.

The SADC Gender Protocol is the only sub-regional instrument that brings together existing global and continental commitments to gender equality and enhances these through time bound targets.

Aligned to Millennium Development Goal Three, the original 28 targets of the Protocol targets expired in 2015. In June 2016, SADC Gender Ministers updated the Protocol by aligning it to the Sustainable development Goals (SDGs), the Beijing Plus Twenty Review, and the Africa Agenda 2063. The revised Protocol, that will be adopted by Heads of State at their summit in Swaziland in August 2016, has stronger rights-based language and includes climate change, a worrying omission in the original Protocol. It aims to *end, not just to halve*, gender violence. The revised Protocol no longer has specific timeframes. But it will be accompanied by a **Monitoring, Evaluation and Results** (MER) framework guided by the SDG Agenda 2030.

In the 2016 Barometer, the Alliance reviews the 23 empirical indicators that have been used to measure progress in achieving gender equality in the region through the **SADC Gender and Development Index**, and suggests many more indicators that can be added to this basket from the 56 gender indicators in the SDGs, as part of strengthening the **Action and Results Agenda 2030**. The next fifteen years beckon us to probe deeper, to ask why progress is so slow, and to go beyond superficial solutions. For this reason, the 2016 Barometer features the first ever **Southern Africa Gender Attitude Survey** that reminds us that even as we tick the boxes on policies, laws and budgets, *long term and lasting change depends on changes in gender attitudes* that surreptitiously but systematically undermine the gains we are making.

GENDER LINKS FOR EQUALITY AND JUSTICE
diakonia PEOPLE CHANGING THE WORLD
Commonwealth Foundation
UKaid from the British people