Introduction 1



Marian Chombo, Deputy Minister of Local Government and Public Works giving remarks at the Zimbabwe Women's Dialogue. Photo: Loverage Nhamoyebande

KEY POINTS

- This is the 14th edition of the #VoiceandChoice Barometer and third launched in the shadow of the COVID-19 pandemic.
- SADC released the first milestone SRHR scorecard in November 2021, measuring progress against 20 SRHR indicators.
- Of the 4968 measures/policies implemented by governments to assist citizens during COVID-19, UN Women and the UNDP found that only 1605 (32%) can be regarded as gender sensitive. The largest portion of these related to Violence Against Women and Girls (VAWG).
- Although the highest number of measures are related to social protection and business support, the UN Women/UNDP report found that just 10% and 14% of these respectively were gender sensitive.
- Men (82%) dominated COVID-19 task forces in 130 countries.
- Countries with powerful feminist movements, stronger democracies or higher women's representation in parliaments adopted an average of five times more gender-sensitive measures than countries without those features.
- The overturning of Roe v Wade will have far-reaching consequences, not just for the US, but for Africa as well.
- The Southern Africa Gender Protocol Alliance registered significant successes in campaigns on safe abortion and child marriages in Angola, Lesotho, Madagascar, Mauritius and Zimbabwe.
- GL with support from Amplify Change launched the Voice and Choice Fund, preceded by a mapping of SRHR organisations across the SADC region.

This is the 14th edition of the SADC Gender Protocol Barometer and the fifth to focus specifically on Sexual and Reproductive Health and Rights (SRHR). It is the third #VoicandChoice Barometer launched in the shadow of the COVID-19 pandemic. In 2022, several and other global crises add to the vulnerabilities. These include the war in Ukraine, food and fuel shortages and climate change. Now more than ever we need to protect the fragile gains made for women's rights.

The Barometer measures 100 indicators covering menstrual health, maternal health, family planning, adolescent sexual and reproductive health and rights (SRHR) HIV and AIDS, GBV, harmful practices and sexual diversity. The Barometer shows that while there has been progress across the region, many countries are far from reaching the goals laid out in the SADC Gender Protocol, the Sustainable Development Goals (SDGs) and related normative frameworks. It also shows that progress is uneven in countries across the region. It highlights the importance of the continued policy and advocacy work of the Southern Africa Gender Protocol Alliance on SRHR issues, in particular access to safe abortion, adolescent SRHR, teenage pregnancy and child marriage.

This introductory chapter lays out the current global and SADC context. It highlights the work by Southern African governments and the Gender Protocol Alliance through the #VoiceandChoice campaign. The chapter also sets out the methodology underpinning the Barometer.

COVID-19

In its third year, COVID-19 has become more normalised, with fewer new cases and deaths. However, the virus is here to stay. At the time of writing (September 2022) 610 million people around the world had been infected and 6 million had died. In Africa, the figure is approximately 13 million cases and 257,000 deaths. As the initial scare wanes, daily data collection and reporting are declining. At the height of the pandemic 181 countries provided COVID-19 data disaggregated by sex. At the time of writing, this declined to 87 countries. Only 23 countries provide vaccination data by sex.

Table 1.1: COVID-19 sex disaggregated data

	Tests		Cases		Deaths		Vaccination - 1 dose	
	M	F	M	F	M	F	M	F
World	**44%**	**56%**	**50%**	**50%**	**56%**	**44%**	**50%**	**50%**
Angola			58%	42%				
Eswatini			46%	54%			45%	55%
Mauritius			63%	37%				
Mozambique			48%	52%				
Namibia			47%	53%				
South Africa	47%	53%	44%	56%	49%	51%	44%	56%
Zambia			49%	51%				
Zimbabwe			49%	52%				

Source: Global Health 5050 .[1]

Table 1.1 shows that only eight SADC countries have sex disaggregated data for a number of cases. Two countries, Eswatini and South Africa, have sex-disaggregated data on vaccinations. Only South Africa has sex-disaggregated data on deaths. Globally there is now an equal split in number of women and men infected. In Angola and Mauritius, more men than women

[1] https://globalhealth5050.org/the-sex-gender-and-covid-19-project/the-data-tracker/ accessed 18 September 2022

have been infected. In the six other countries for which data is available, the opposite is true. In South Africa, women constitute the majority of those infected; those who died and those vaccinated.

Gender inequality is both a driver and a consequence of the pandemic. The pandemic has once again laid bare the gross structural inequalities that continue to pervade societies Women constitute the majority of health workers, those at the frontline of the pandemic and therefore most exposed. Women bear the brunt of caring for the sick in the home and in hospitals and of the economic downturn and increased gender-based violence.

UN Women and the United Nations Development Programme (UNDP) collaborated to produce *Government responses to COVID-19: Lessons on gender equality for a world in turmoil*.[2] The report analyses a unique global dataset of close to 5,000 COVID-19 measures from 226 countries and territories between March 2020 and August 2021. It finds that "overall government responses have not paid enough attention to gender dynamics, often failing to mitigate the pandemic's negative effects on women and girls."[3]

The 2022 report lays out some stark facts about the disproportionate impact of COVID-19 on women globally:

- In 2020, women lost 46.6 million jobs globally, a 3.6% loss compared to 2% for men.
- By 2021, there were still 19.7 million fewer jobs for women, compared to 10.2 million fewer for men.
- In 2020, women did 29% more childcare per week than men, based on data from 16 countries.
- Seven in ten women say they think that verbal or physical abuse by a partner became more common.



Nurse performs a COVID test in Village Voara, Andohotapenaka.
Photo: Zoto Razanadratefa

The UN Women/UNDP report examined government responses in four categories: social protection, labour markets, business support as well as Violence against Women and Girls (VAWG). The report measured the number of gender sensitive measures in each category.

Table 1.2: Government measure/policies to assist citizens during COVID-19

	Total	Gender Sensitive	%
Social protection	2223	226	10%
Labour market measures	876	380	43%
Business support measures	1016	146	14%
VAWG	853	853	100%
TOTAL	**4968**	**1605**	**32%**

Table 1.2 shows that of the 4968 measure/policies implemented by governments to assist citizens during COVID-19, 1605 (32%) could be classified as gender sensitive. The largest portion of these are related to VAWG. Social protection (10%) and business support (14%), scored lowest. In the social protection and labour market category, only 12% of the measures targeted women's

2 UNWOMEN and UNDP, Government responses to COVID-19: Lessons on gender equality for a world in turmoil (2022)
3 Ibid.

economic security and only 7% supported unpaid care work. The figures point to a glaring gap in policies that address women's social and economic security.

Globally, 196 out of 226 countries and territories adopted at least one gender sensitive measure. The research found that sub-Saharan Africa is the region with the third highest number of gender-sensitive measures, but also the one with the lowest measure density (221 measures across 50 countries).

Men dominated 82% of COVID-19 task forces across 130 countries. The research found that countries with powerful feminist movements, stronger democracies or higher women's representation in parliaments adopted an average of five times more gender-sensitive measures than countries lacking these characteristics.

Globally, 196 out of 226 countries and territories adopted at least one gender sensitive measure.

Global political context

Hard on the heels of the COVID-19 pandemic, the unprovoked and devastating Russian invasion of Ukraine has had a detrimental effect on many countries. The invasion and subsequent sanctions imposed by the west disrupted the import of Russian and Ukrainian commodities. Many African countries depend on Russia and Ukraine for wheat, mustard oil, and sugar imports. Across the continent, over 340 million people currently face food insecurity. This figure is 17% higher than in 2021. The continent's over-reliance on Ukraine and Russia for food importation means that the food crisis will get worse.[4]

The overturning of the 1973 Roe v Wade which upheld the protection of pregnant individuals' rights to bodily autonomy, privacy and (to a large extent) abortion in the US, will also have a devastating impact on women's rights. The landmark 1973 Constitution ruling brought hope for women's SRHR and served as a catalyst for change, inspiring nations across the globe to adopt less stringent laws. The overturning of the ruling by the US Supreme court is already having repercussions beyond the US, emboldening conservative lobby groups.

Similar to the Global Gag Rule (GGR)[5] under Republican administrations, the possible banning of abortion in at least 26 states may have implications on international US-funded organisations that receive monetary assistance to fulfil mandates of abortion healthcare, family planning and contraceptive healthcare. Constitutional review processes in other countries may be influenced by the Supreme Court's ruling.[6]

With just eight years to go before the 2030 deadline this global context and rolling back of rights will have a strong bearing on whether countries are able to meet **Sustainable Development Goals (SDGs).**

[4] News 24, https://www.news24.com/fin24/opinion/opinion-the-ukraine-war-left-millions-of-africans-food-insecure-and-a-bigger-crisis-looms-20220917, accessed 18 September 2022
[5] The GGR prohibits foreign NGOs who receive U.S. global health assistance from providing legal abortion services or referrals, while also barring advocacy for abortion law reform-even if it's done with the NGO's own, non-U.S. funds.
[6] News 24, https://www.news24.com/news24/opinions/columnists/guestcolumn/opinion-roe-v-wade-overturning-implications-on-african-states-as-beneficiaries-of-usaid-20220801 accessed 18 July 2022



Four SRHR goals cover SRHR comprehensively. These include eight targets:

SDG 3: Ensure healthy lives and promote well-being for all at all ages

- Target 3.1 - By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- Target 3.2 - By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
- Target 3.7 - By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- Target 3.8 - Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- Target 3.b - Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

SDG 5: Achieve gender equality and empower all women and girls

- Target 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.

SDG 6: Ensure availability and sustainable management of water and sanitation for all

- Target 6.1 - By 2030, achieve universal and equitable access to safe and affordable drinking water for all.
- Target 6.2 - By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.[7]

This Barometer shows that few SADC countries have met or are on track to meet the SDGs by 2030. Leaders from Argentina, India, Indonesia, Senegal and South Africa attended the **G7**[8] **Leader's Summit** held 26-28 June in Bavaria, Germany. The meeting set out a vision and a commitment to address the crises of COVID-19; the impact of the war in Ukraine as well as meet the SRHR needs of women and girls.



[7] United Nations, Sustainable development goals, https://sdgs.un.org/goals accessed 14 July 2021
[8] The Group of Seven (G7) is made up of seven developed nations Canada, France, Germany, Italy, Japan, the United Kingdom and the United States

G7 countries have called for a gender-equal global recovery following the pandemic. They reaffirmed their continuous efforts to improve women, children and adolescent health (WCAH). G7 Member States reiterated their commitment to putting gender equality at the core of their multilateral contributions to global health. They reiterated their efforts to address the particular needs of the most marginalised and those in vulnerable situations.

Leaders committed to strengthening primary health care and attaining universal health coverage (UHC) per the 2030 Agenda. They committed to support a successful Seventh Replenishment of the Global Fund for AIDS, Tuberculosis and Malaria (Global Fund); and to contribute to the Global Financing Facility for women, children and adolescents (GFF).

> "We reaffirm our full commitment to achieve comprehensive SRHR of all individuals, and stress the importance of access to emergency sexual and reproductive health services in humanitarian crises," said the 28 June G7 outcome statement. "We recognise the essential and transformative role of SRHR in gender equality and women's and girls' empowerment, and in supporting diversity, including of sexual orientations and gender identities".[9]

SADC Context



Launch of the 2021 Barometer in Eswatini, GL and SAfAIDS.
Photo: Thandokuhle Dhlamini

In 2008, SADC became the first region in the world to adopt a legally binding Protocol on Gender and Development, bringing together African and global commitments to gender equality, updated in line with the Sustainable Development Goals in 2016. Each year since 2009, the SADC Gender Protocol Alliance has produced the Barometer to measure progress against the SADC Gender Protocol and related regional, continental and global commitments.

In 2018, Southern African Development Community (SADC) Ministers of Health developed a **SADC Scorecard on sexual and reproductive health and rights (SRHR)**, to track progress on achieving the 20 targets of the SADC SRHR strategy and the SDGs. The milestone scorecards measure progress by countries against the baseline data and show whether the SADC region and Member States are on track to meet the 10 outcomes in the SADC SRHR Strategy and the SDG targets by 2030. Member States are expected to report every two years on progress (2021, 2023, 2025, 2027 and 2029). The SADC scorecard targets are aligned with the SDGs.

In 2021 SADC Member States released the **first Milestone Scorecard** which shows noticeable progress in a number of indicators including the percentage reduction in new HIV and AIDS infections; Mother to Child Transmission Rate; Adolescents birth rate, as well as in the indicators related to comprehensive sexuality education and life skills. However, progress has been slow in other key areas, particularly in reducing maternal mortality, GBV, neo natal mortality and unmet need for contraception and low health budget allocation. It is, however, encouraging that member states are beginning to measure themselves against regional and global targets. Measuring is just the start, member states need to take significant measures if they are to meet the 2030 targets.[10]

[9] PMNCH, Women's, children's and adolescent's health, https://pmnch.who.int/news-and-events/news/item/28-06-2022-g7-commits-to-achieving-comprehensive-sexual-and-reproductive-health-and-rights , accessed 18 September 2022
[10] https://dev-www.sadc.int/srhrscorecard/

Southern Africa Gender Protocol Alliance

The **Southern African Gender Protocol Alliance** is a "network of networks" that campaigned for the adoption of the SADC Protocol on Gender and Development and its updating in 2016 to align to the Sustainable Development Goals (SDGs). Attesting to the vital role of civil society in campaigning for gender justice in the region, the SADC Gender Protocol is the only one of the 26 SADC Protocols that has been updated. It is also the only Protocol that is accompanied by a Monitoring, Evaluation and Results Framework. The Alliance launched the 2021 SADC Protocol Barometer on the wings of the 42nd SADC Heads of State Summit that took place in August in Malawi, and in countries around the region thereafter. The SADC Protocol Alliance issued a strong statement and petition on measure heads of states need to take to substantively advance women's SRHR.

In addition to sex, age and region disaggregated data, the petition called on Heads of State to:

- Remove barriers to widespread delivery and uptake of effective vaccines across SADC.
- Ensure that all SADC citizens, especially women and marginalised groups have access to, and information on, the most effective vaccines, as soon as possible.
- Negotiate access to vaccine science, as this is a right for public health.
- Support the World Trade Organisation Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver proposal on COVID-19 vaccines.

The Alliance is also calling on heads of states to:

- Remove VAT from menstrual health products and provide these free in schools.
- Redouble efforts to reduce maternal mortality, which is unacceptably high in all but two SADC countries (Seychelles and Mauritius).
- Adopt and implement stand-alone policies and strategies for ensuring access to, and participation by youth in information and services on their Sexual and Reproductive Health and Rights.
- Adopt laws and mount campaigns to end child marriages, in line with commitments to 18 as the minimum age of marriage.
- Abolish discriminatory laws and practices that deny women voice and choice in their sexual and reproductive health and rights;
- End GBV and all harmful practices that deny women their human rights.
- Ensure women's equal and effective participation in all areas of decision-making - economic, political and social, in the private and public sphere, including in the media.
- Apply the lessons on gender justice in the COVID-19 pandemic to bold and visionary approaches to achieve climate justice for the future generations of SADC.
- Recommit to the global #GenerationEquality goals by 2030.

#VoiceandChoice Campaign

Voice + Choice
SADC Protocol@Work Summit

Voix + Choix
Sommet Protocole au travail de la SADC

Vozes + Escolhas
Cimeira do Protocolo@Work da SADC

The goals of the SRHR #VoiceandChoice programme are to ensure universal access to healthcare, including reproductive healthcare, family planning, sexual health and rights through all of GL's programming. This goal is achieved through the right to access education regarding sexual and reproductive health, enabling legal and policy framework, budget allocation, capacity building and sexual practices behavioural change.

Building on successful work over the past several years, and equipped with evidence gathered from the Barometer, Southern Africa Gender Protocol Alliance members developed policy advocacy strategies on three interrelated ASRHR issues - teenage pregnancy, child marriage and safe abortion. Some key successes from the policy advocacy and campaigning include:



Alliance partner Plataforma Mulheres em Accao (PMA) in **Angola** is working with the Ministry of women's affairs to develop a strategy to end child marriage (linked to teenage pregnancy) **DRC** is in the process of revising the National Action Plan to End Child Marriage in DRC 2022-2026.



In countries where there is still strong resistance to safe and legal abortion based on cultural, religious and moral values, such as **Eswatini** and **Lesotho**, Ministries of health and women's affairs are beginning to conduct surveys to determine the magnitude of abortion at the constituency level. They are holding public gathering in an effort to solicit opinions of parents, teenagers, traditional and religious leaders of their stance regarding the enactment of an act that allows for abortion.







In **Madagascar**, the President of the Gender Committee of the National Assembly brought the Bill on therapeutic termination of pregnancy for medical reasons in the event of rape and incest to parliament.



After nearly 16 years of advocacy, **Mauritius** promulgated the Children's Act 2020 in January 2022 legally banning child marriages. Advocacy efforts will involve workshops with stakeholders to ensure proper implementation of the law. Alliance partners will train councillors, nurses and doctors to ensure accurate information is relayed to members of the public in the coming years. The Children's Act 2020 also makes provision and provides accompanying sanctions to address revenge pornography, sexual abuse on children, bullying and cybercrimes on children.



In Namibia, Health ED Ben Nangombe announced that the ministry supports the repeal of the apartheid-era abortion law. The Ministry is calling for a new law that supports the choice of women on whether or not they want to continue or terminate a pregnancy. The government has embarked on regional public hearings to gather public opinion on the issue.



In **Zimbabwe**, the case of Anna Machaya galvanised advocacy efforts. Parents forced the twelve year old out of school and into marriage. They buried her two hours after her death a result of pregnancy complications. On 8 August 2021 Alliance partner Women's Coalition of Zimbabwe (WCoZ) issued a statement calling for serious investigations into the matter, including the arrest the perpetrators and accomplices. Alliance partner WCoZ also set up an Anna Machaya Working Group as a steering committee on child marriages issues. WCoZ wrote a letter to Assistant Police Commissioner Paul Nyathi to discuss collaboration on combating child marriages and child abuse in Zimbabwe. In addition, they held two radio programmes on child marriage and amplified the #JusticeForAnna campaign. On 8 March 2022, the National Assembly passed the Marriages Bill, which also seeks to ban child marriages. The President now has to asset to the Act, a process Alliance members will be following closely.

Voice and Choice Southern Africa Fund

In March 2022, AmplifyChange announced that Gender Links (GL) Conseils et Appui pour l'Éducation à la Base (CAEB) in Mali, and UHAI EASHRI in Kenya, had been selected out 651 applicants to be an intermediary for this global fund. The Voice and Choice Fund Southern Africa Fund is for GBP1.5 million over three years.

The fund will be disbursed through two windows: movement building open to organisations in any SADC country, and the opportunity grants targeting community-based organisations that often struggle to access such funds in South Africa, Lesotho and Zimbabwe, where GL has its strongest presence and can support smaller organisations. In anticipation of the Amplify Change Partnership Grant, GL conducted a mapping exercise of the organisations working on SRHR in SADC in May 2022.

Mapping SRHR organisations



The Alliance has conducted the Voice and Choice campaign since 2018.
Photo: Colleen Lowe Morna

The mapping exercise drew organisations from country coordinating networks, their affiliates, and the regional theme clusters that drive strong Adolescent Sexual Reproductive Health and Rights (ASRHR), teenage pregnancies, child marriages and unsafe abortion campaigns nationally and regionally.

In total 61 SRHR organisations from 14 out of 16 SADC countries (all but Comoros and Seychelles) responded to the survey. The majority (87%) of these organisations are Non-governmental Organisations (NGOs) while only 13% are Community Based Organisations (CBOs). The bulk of the participant organisations were from South Africa, followed by Zimbabwe, Mauritius and Lesotho. Namibia, Mozambique, Angola, DRC, Eswatini, Madagascar, had the least responses.

Women (77%) constituted the majority of participants. Men comprised 21% and gender non-conforming persons 2% of participants. Forty two NGOs are women-led (80%) compared to 10 NGOs led by men. The same occurs for Community Based organisations (CBOs). This finding meets the basic requirements for both the ACP Movement building and Strengthening grants which will consider women-led SRHR organisations. Only one NGO is led by a gender non-confirming person. This points to the need to ensure that the call reaches organisations led by women in all their diversity.

Almost half (45%) of the organisations have annual budgets of less than $50 000. Only about 10% of the organisations have budgets of over $1 000 000. Some participants noted the need for funding to promote Alliance work; When the budgets are analysed by type of organisation, it is evident that there is a critical lack of substantial funding for CBOs.

SRHR organisations in SADC cover women's rights, men for change, gender mainstreaming, the youths, and disability areas in their work. However, the extent to which these areas are covered depends on the type of organisation. The majority of CBOs and NGOs integrate youth into their

work. Fewer NGOs (20) and CBOs (4) deal with disability issues.

The mapping study sought to identify the specific SRHR areas that organisations work in. The majority (85%) of organisations work on Adolescent SRHR and Gender-Based Violence (GBV). This is followed by HIV and AIDS (64%), Menstrual health (57%), Harmful practices (48%), Safe Abortion (38%), Sexual diversity (36%), and Maternal health (34%). A few organisations (8%) mentioned other SRHR work not categorised in the responses. These include, teenage pregnancies, Comprehensive Sexuality Education (CSE), child abuse, protection of children, all non-communicable diseases, and Adolescent friendly health services in rural areas. Organisations raised important points on the need to promote work on SRHR.

The Alliance is made up of close to 600 individuals as well as affiliate organisations working to promote gender equality through six thematic areas, including Governance, Constitutional and legal rights, Sexual reproductive health and rights, HIV and AIDS and GBV, Education and Economic Justice, Climate Change and Sustainable Development, Media, Information and Communication, and LGBTIAQ+. Most organisations (75%) focus on Sexual and Reproductive Health and Rights, and HIV and AIDS and GBV. This is followed by 13% of organisations in the Education and Economic cluster, 8% in the Governance, Constitutional and legal rights, and 3% in the Climate Change and Sustainable Development.

Most organisations (84%) are involved in advocacy work and training (77%). Over two-thirds (69%) of organisations offer services, while 53% do lobbying work most of the time. Research work constitutes less than half (44%) of both NGOs and CBO work. Only 15% of work goes to other types of work which include engage young people in community services, supporting the vulnerable population, and HIV counselling services.

The mapping study sought to understand the membership architecture of the 61 SRHR organisations that participated, by asking about membership and affiliate status. More NGOs than CBOs are membership-based organisations. Thirteen NGOs and only two organisations that participated in the mapping study are affiliate organisations. As mentioned earlier, this finding helps to inform decision-making the ACP networking grant that targets seven SRHR organisations in the SADC.

Source: Alliance SRHR Mapping Study 2022.

Improving Alliance effectiveness by 2030

Survey respondents made suggestions on how to strengthen movement building in the SADC region. These included:

- ***Walking the talk on gender equality*** The Women's Organisations could be able to influence funders and gradually with these supports the most critical sectors of the SADC protocol in each country could be supported.
- ***Leadership change and growth*** Change country leadership, especially gatekeepers that impede diversity and inclusion and engage youth and grassroots communities more meaningfully in the design, governance and partnership work of the alliance.
- ***Deliberate promotion of reproductive health*** including funding resources, advocacy, research, education and service provision on Family planning, Adolescent sexual and reproductive health, Unsafe abortion and Violence against women.
- ***Research, Learning, and sharing*** of technical resources to keep organisations informed and also provide platforms for learning in the region.
- ***Strengthening coordination of the alliance.***
- ***Regular meetings and trainings*** On-going mentoring & capacity building for NGOs and CBO's.

- ***Promote national and regional collaborations*** with regional organisations which are membership based with more organisations to form forums to assist and support each other.
- ***Promote economic empowerment of women and girls*** in under resourced communities as these have been hardest hit by the impact of COVID-19 and lockdown restrictions.
- ***Strengthening of CBOs*** and provide opportunities and strengthen organisations that do not have capacity or do not qualify for large funding calls and recognise small or start-up organisations especially those based in the rural areas
- ***Establish Joint Objectives and Goals*** to promote a continental agenda based on the aspirations of the populations.
- ***Capacity building for the Alliance membership*** in terms of Evidence-based Advocacy, Communication, Results-based Monitoring & Evaluation, and Resource Mobilisation.
- ***Increase visibility*** of the Alliance by Country Focal Point Organisations to attract new members and involve smaller organisations for higher impact at the grassroots.
- ***Work with women and men-led organisations*** as it is a crucial factor in achieving gender equality.
- ***Continuous fundraising activities*** to increase visibility and impact.

Methodology

Measuring progress against government commitments

The Barometer measures progress against government commitments as expressed in key normative frameworks including the:

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

Quantitative data - using indicators

Each chapter begins with a table of key indicators for which there is reliable data across the 16 SADC countries. The primary sources of these indicators are from UN Agencies such as UNAIDS, UNFPA and UNESCO, the WHO and World Bank. In this edition of the Barometer, we have also included and commented on the indicators in the SADC SRHR Scorecard. Where possible we have provided comparative data from the last reported on.

The Barometer measures progress against government commitments...

Table 1.3: Classification of indicators

Thematic area	SADC Barometer indicators	SADC SRHR Score card indicators	Measured by both the Barometer and score card
Menstrual Health, Family Planning and Maternal Health	18	7	4
Adolescent SRHR	5	4	4
Safe abortion	8	2	1
HIV and AIDS	24	2	2
Gender-based violence	12	2	1
Harmful practices	8	0	0
Sexual Diversity	22	0	0
Budgets and services	3	3	1
TOTAL	100	20	13

Table 1.3 shows the indicators in this Barometer and the SADC SRHR Scorecard by theme area. The table shows that the Barometer (100 indicators) goes well beyond what governments (20 indicators) report on to SADC but that they are in fact committed to go through the instruments listed. The table shows that the Barometer and SADC SRHR scorecard have 13 indicators in common. The seven indicators not measured by the Barometer are ones in which there is insufficient data across all countries, an observation borne out by the first scorecard report submitted by governments in which there are several gaps.

Quantitative data

Qualitative methods include:

- ***Desktop research:*** Researchers conducted extensive desktop research on the latest trends and developments across all the SRHR themes. Sources include journals, articles, academic and activist research and UN and NGO reports on the themes.
- ***Case studies:*** Alliance members gathered case studies of their #VoiceandChoice policy and advocacy work.
- ***Media articles*** from the journalists trained in 15 countries on coverage of gender equality issues.

The Barometer triangulates quantitative findings with relevant information, best practices and case studies from SADC countries to provide an, in-depth and nuanced account of the successes, challenges and next steps.

Limitations

Data is not always available for every country, nor is it necessarily collected on an annual or bi-annual basis. In some cases, data may not have changed since the last Barometer. National Summits did not take place in 2021 due to the COVID-19 pandemic and funding constraints. This reduced availability of case studies to include in this edition of the Barometer. Finally, the Barometer a dedicated team of professionals continue to produce the Barometer on an ever-shrinking budget, even as the need for evidence-for-advocacy grows. We trust however that the data and analysis will continue to guide Alliance campaigns, as well provide baselines for the new grantees of the Voice and Choice Fund.