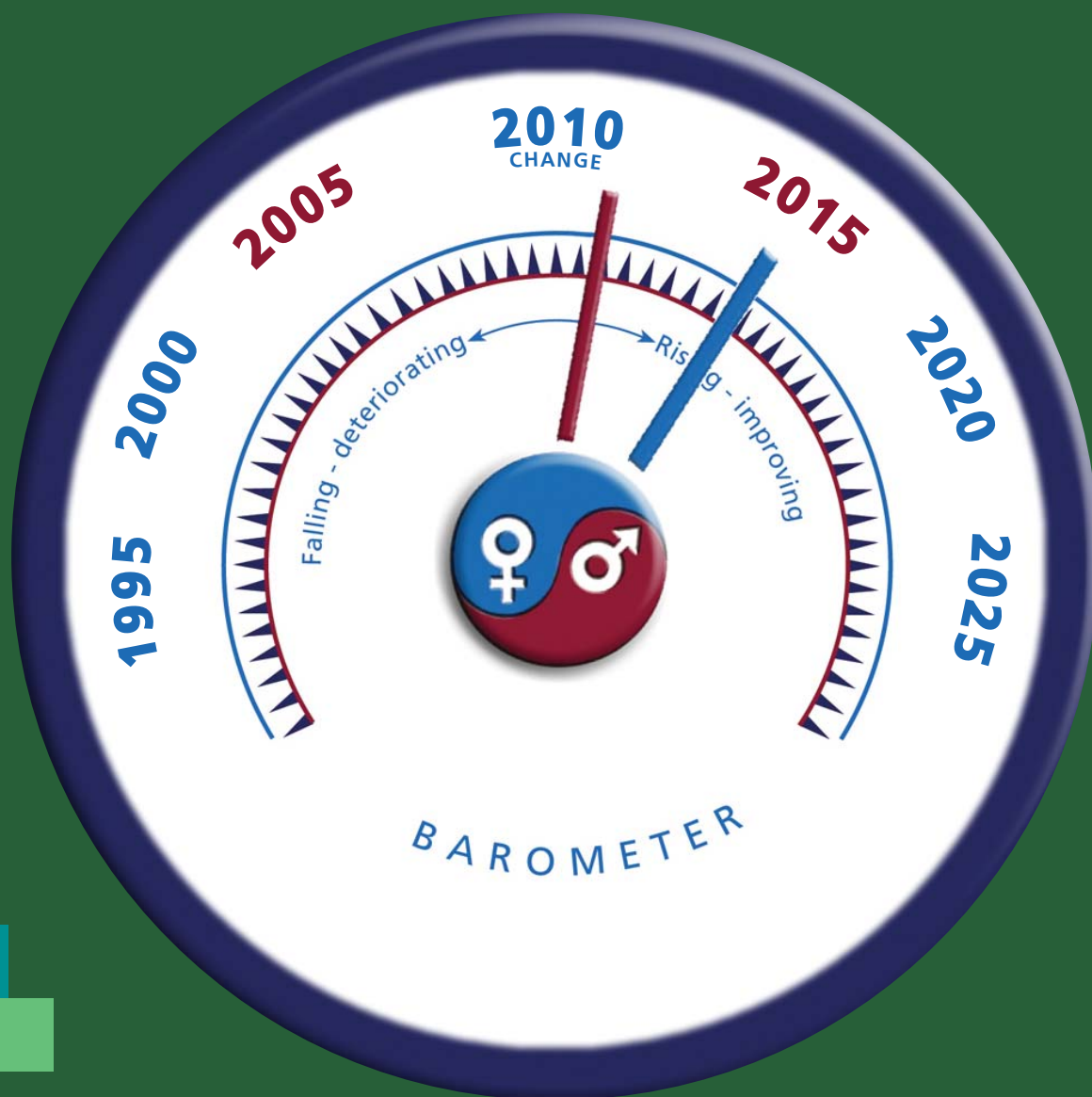


SADC GENDER PROTOCOL **2011**

BAROMETER



Introducing the SADC Gender
and Development Index

Edited by Colleen Lowe Morna and
Loveness Jambaya Nyakujarah



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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 promotes and facilitates the creation of gender equity and equality through lobbying and advocacy towards the achievement of the 28 targets of the SADC Protocol on Gender and Development by 2015. Gender Links coordinates the work of the Alliance.

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Acronyms

AIDS	Acquired Immune Deficiency	GMMP	Global Media Monitoring Project
ANC	Antenatal Care	GMPS	Gender and Media Progress Study
AREU	Agricultural Research Extension Unit	GMS	Gender Management System
ARH	Adolescent Reproduction Health	HAM	Higher Media Authority
ART	Anti-retroviral Treatment	HIV	Human Immuno deficiency Virus
ARV	Anti-Retroviral	HRDC	Human Resource Development Council
AU	African Union	IAJ	Institute for the Advancement of Journalism
BOCONGO	Botswana Council of Non Governmental Organisations	IBA	Independent Broadcasting Authority
CEDAW	Convention on the Elimination of All Forms of Discrimination	ICASA	Independent Communications Authority of South Africa
CHBC	Community Home Based Care	ICPD	International Conference on Population Development
CPR	Contraceptive Prevalence Rate	ICT	Information and Communication Technology
CPS	Contraceptive Prevalence Survey	IDA	International Development Association
CSO	Civil Society Organisations	IEC	Institute Electoral Commission
CSW53	53rd Session of the Commission on the status of women	ILFS	Intergrated Labour Force Survey
CW	Commonwealth Secretariat	IMCI	Intergrated Management of Childhood Illness
DHS	Demographic Health Survey	IOM	International Organisation for Migration
DPA	Department of Public Administration	ISPDC	Inter state Politics and Diplomacy Committee
DRC	Democratic Republic of Congo	IT	Information Technology
ECA	Economic Commission for Africa	KABP	Knowledge Attitude Behaviour Practice
ECLA	Economic Commission for Latin America	KAP	Knowledge, Attitude and Practice
EDF	European Development Fund	KF	Kellog Fund
EISA	Electoral Institute of Southern Africa	LHRC	Legal and Human Right Centre
EMB	Election Management Body	MAG	Monitor Action Group
EMIS	Educational Management and Information Systems	MAP	Media Action Plan
EP	Empowerment Programme	MBG	Mauritius Broadcasting Cooperation
ERA	Employment Rights Act	MCDGD	Ministry of Community Development and Gender and Children
FMG	Female Genital Mutilation	MDC-M	Movement for Democratic Change - Mutambara
FP	Family Planning	MDC-T	Movement for Democratic Change - Tsvangirai
FPTP	First Post the Post	MDGs	Millennium Development Goals
GAT	Gender Action Team	MECOZ	Media Ethics council of Zambia
GBI	Gender Budgeting Initiative	MEJN	Malawi Economic Justice Network
GBV	Gender Based Violence	MFP	Marematlou Freedom Party
GEMSA	Gender and Media Southern Africa	MHRC	Malawi Human Rights Commission
GF	Gender Fund	MHRC	Malawi Human Rights Resource Centre
GFP	Gender Focal Point	MINFAMU	Ministry for Family and Women
GIME	Gender and Media Education		
GL	Gender Links		
GMAS	Gender and Media Audience Research		
GMBS	Gender and Media Baseline Study		
GMDC	Gender and Media Diversity Centre		

MISA	Media Institute of Southern Africa	PRB	Pay Research Bureau
MISD	Management and Information Systems Division	RPTC	Regional Peace Training Centre
MMC	Millennium Challenge Compact	SADC	Southern Africa Development Community
MMD	Movement for Multiparty Democracy	SANTAC	Southern Africa Network Against Trafficking
MMP	Media Monitoring Project	SARDC	Southern Africa Research and Documentation Centre
MoH	Ministry of Health	SARPCCO	Southern African Regional Police Chiefs Cooperation Organisation
MOHSW	Ministry of Health and Social Welfare	SDGD	SADC Declaration on Gender and Development
MOU	Memorandum of Understanding	SEA	Security of Employment Act
MPL	Members of the Provincial Legislature	SIDA	Swedish International Development Cooperation Agency
MWAGCD	Ministry of Women's Affairs Gender and Community Development	SRH	Sexual and Reproductive Health
MWO	Media Watch Organisation - Gender and Media Southern Africa	SSP	Safe School Programme
GEMSA		STI	Sexually transmitted Infections
MWRCDFW	Ministry of Women's Rights, Child Development and Family Welfare	TEVETA	Technical, Entrepreneurial and Vocational Education and Training Authority
NABW	National Association of Business Women	UN	United Nations
NAC	National Aids Commission	UNDP	United National Deveopment Programme
NANGO	National Association of Non Governmental Organisations	UNDPKO	United Nations Department for Peacekeeping Operations
NAP	National Action Plan	UNESCO	United Nations Educational, Scientific and Cultural Organisation
NBS	National Bureau of Statistics	UNFPA	United Nations Population Fund
NDVC	National Domestic Violence Committee	UNICEF	United Nations Children's Fund
NEC	National Electoral Commission	UNIFEM	United Nations Development Fund for Women
NERCHA	National Emergency Response Council on HIV and AIDS	UNSCR	United National Security Council Resolution
NGO	Non Governmental Organisation	UOM	University of Mauritius
NGOGCN	NGO Gender Coordinating Network	URT	United Republic of Tanzania
NGPF	National Gender Policy Framework	USAID	United States for International Development
NICTS	New ICTs	VCT	Voluntary Counselling and Testing
NIP	National Independent Party	VSO-RAISA	Volunteer Service Oversees-Regional AIDS Initiative Southern Africa
NRCGBV	National Response to Combat Gender Based Violence	WAD	Women and Development
OSHA	Occupational Health Safety Act	WEP	Women Enteprenuer Programme
OVC	Orphans and Vulnerable Children	WHO	World Health Organisation
PAPCBP	Pan African Capacity Building Program	WIDSAA	Women in Development Southern Africa Awareness
PBB	Programme Based Budget	WILDAF	Women in Law and Development in Africa
PCAR	Primary Curriculum Assessment Reform (Malawi)	WIPSU	Women in Politics Support Unit
PDVA	Protection from Domestic Violence Act	WLAC	Women's Legal Aid Centre
PEP	Post Exposure Prophylaxis	WLSA	Women and Law in Southern Africa
PLWHA	People Living with HIV and AIDS		
PMTCT	Prevention of Mother to Child Transmission		
PMU	Project Management Unit		
PR	Proportional Representation		

Executive summary



The third Southern Africa Gender Protocol Barometer moves into high gear with the introduction of the SADC Gender and Development Index (SGDI) that complements the Citizen Score Card (CSC) that has been running for three years. With empirical data on 23 indicators in six sectors, the SGDI puts SADC countries at 64% of where they need to be by 2015: the target date for meeting the 28 targets of the Protocol. Seychelles, South Africa and Lesotho

lead the way with Mozambique, Angola, Malawi and DRC in the bottom four. Citizens rate their governments at a mere 55% (one percent up from last year). This measure is important because although the CSC is based on perceptions, it includes rights-based measures such as Constitutional and legal rights; gender violence; peace and security missing from the SGDI. Drawing on far more comprehensive country data, and including 44 examples of the Protocol@work from all SADC countries, the 2011 Barometer is full of several red but also green lights summarised below:

Red light	Green light
Constitutional and legal rights	
Contradictions between customary law and statutory law abound even where these are outlawed by the Constitution.	Nine SADC constitutions provide for the promotion of women and seven have other provisions that relate to gender equality.
There are many difficult areas of law reform not specifically addressed by the SADC Gender Protocol: what the Legal Assistance Centre (LAC) in Namibia calls "Topics at the far edge of the political agenda." These include abortion, sex work, marital rape and issues sexual minorities. The fact that these are not provided for in the SADC Gender Protocol demonstrates the high level of contention over these issues	Women in Zambia have launched a Green T-Shirt campaign with the slogan "Without Women's Rights -No Constitution" in a bid to ensure that the constitutional provisions of the Protocol are incorporated into the new Constitution.
	A test case taken up by the Zimbabwe Women Lawyers Association (ZWALA) established that both parents of a minor child can assist a child to obtain a passport.
	In Lesotho, Section 10 of the Land Act, 2010 has been adopted in direct response to Article 10 of the SADC Gender and Development Protocol which provides that "the State shall ensure that widows shall have the right to continue to live in the matrimonial house after her husband's death".
Governance	
South Africa has missed the opportunity to achieve gender parity at local level by 2015 when women's representation slipped back to 38% in recent local elections.	Representation of women in parliament has gone from an average of 21% in 2005 to 25% in 2011 in the SADC region compared to 3% to 19% globally. SADC comes second to Nordic countries. In Tanzania the proportion of women in parliament rose by 6 % to 36% in the October 2010 elections.
For all countries holding elections this year or before 2015 (e.g. Zambia, DRC) this will be the last opportunity to achieve the target. As many countries still do not have legislated or voluntary quotas, this poses major challenges.	Quota systems are gaining ground: Mauritius is about to join Lesotho and Tanzania in having legislated quotas for local elections. Lesotho has amended its electoral act to adopt a new quota system based on the Tanzania model.
The fact that women are still least well represented in cabinet (with some exceptions, like South Africa) throws into question the political commitment of leaders.	Civil society has re-launched the 5050 campaign to guard the gains made since SADC Heads of State adopted the 5050 target in 2005. These gains need to be urgently pressed home in the coming period.
Education	
Gender stereotypes still abound in education decision-making in SADC; in curriculum and teaching materials, and in the choice of subjects.	In most SADC countries, there are now roughly equal numbers of boys and girls at primary schools and secondary school. The widest gaps are in Angola and DRC.
Gender violence in schools remains a major challenge.	Seven SADC countries (as compared to five last year) now have higher proportions of women than men at tertiary level.
	In all but two instances, primary education in Malawi and secondary education in Mozambique (where girls and boys are virtually at par) girls are out performing boys at schools in the SADC region.
Economic justice	
Women are still under-represented in economic decision-making.	The proportion of women in economic decision making has increased by 6% from 18% in 2009 to 24% in 2011.
Trade policies are mostly gender blind. Only a few procurement policies make specific reference to women. Women continue to predominate in the informal sector. They constitute the majority of the unemployed in all SADC countries.	The Gender Protocol is being used to conduct an analysis of South Africa's new economic policy - the New Growth Path. Business Women in South Africa continues to use the gender protocol to benchmark progress in achieving gender parity in the private sector.

Gender violence	
Gender violence remains the single most important impediment to the attainment of gender equality in SADC. Most cases of gender violence go unreported and a large number are withdrawn. A pilot project on developing comprehensive indicators for measuring gender violence in the Gauteng province of South Africa showed that over half the women have experienced violence of some kind in their lifetime; 18% in the last year. The most predominant form of violence - emotional or psychological - has no classification in police statistics. Men in the sample admitted to such behaviour even more than women reported experiencing such violence. ¹	Thirteen SADC countries are at some stage of developing or adopting a National Action Plan (NAP) to end Gender Violence. Only Angola and Madagascar have no NAPS. Four countries have draft NAPS; five have adopted NAPS; one - Mauritius - is at an advanced stage of implementation. Lesotho and Mauritius have both adopted and costed their NAPS. Eleven SADC countries have developed specific legislation on domestic violence; Zambia has developed an exemplary Anti-Gender Based Violence Act, 2011. Lesotho, Seychelles and Swaziland have such legislation in the pipeline. Seven SADC countries now have laws on trafficking. South Africa, Botswana and Mauritius are taking forward the pilot project to develop comprehensive GBV indicators with the support of GL. Three churches have adopted "the Zambian Church Declaration on Gender Injustice and Gender Based Violence".
Health	
Contraceptive usage among women is still very low in many countries, e.g. 6.2% in Angola.	However, indications are that modern contraceptive uptake is on the rise in most countries in the region e.g 75.8% in Mauritius.
The maternal mortality rate is 1140 per 100 000 in Malawi (the second highest rate in Africa, after Liberia). In Namibia maternal mortality has been increasing. HIV is a major contributor to high maternal mortality rates.	Mauritius has the region's lowest maternal mortality with only 28 deaths per 100 000.
HIV and AIDS	
Currently 34% of all people living with HIV and AIDS in the world live in the SADC region. In 13 of the 15 SADC countries, women have a higher HIV prevalence than men.	There is evidence that prevention campaigns are beginning to change sexual behaviour patterns leading to a reduction in HIV and AIDS.
In six of the 15 SADC countries, less than 50% of People Living with HIV and AIDS (PLWHA) are receiving antiretroviral drugs.	VSO-RAISA, which now leads the care work cluster in the Southern African Gender Protocol Alliance, is advocating stand alone care work policies in line with the provisions of the SADC Gender Protocol.
Peace and security	
Women are still least well represented in the peace and security sectors of the region. These statistics remain shrouded in secrecy and are generally not gender disaggregated.	With 26% women in the defense force and 43% women deployed in peace-keeping missions, Namibia leads the way showing that change is possible. At 29% Lesotho boasts the most women working as police officers, with 31% of these in senior positions.
Gender does not feature prominently in the SADC Secretariat Security Organ yet this has huge bearing on the sub-region's human security decisions.	Over the last year the SADC Gender Unit, working with the Gender, Peace and Security cluster of the Southern Africa Gender Protocol Alliance, has developed a gender framework to serve as a guide for the SADC Organ and individual SADC countries.
Media	
There are more women than men in media studies, but many more male than female lecturers. Women constitute 41% of media employees (32% if South Africa is excluded) but less than a quarter of managers and only a handful of board members and top executives.	One hundred media houses across ten SADC countries are working with Gender Links (GL) towards becoming Centres of Excellence (COE's) for Gender in the Media including on-the-job training structured around the ten themes of the SADC Gender Protocol.
The 2010 <i>Gender and Media Progress Study (GMPS)</i> found that women constitute a mere 19% of news sources in the region, up from 17% in a baseline study in 2003.	Progress in individual media houses such as the Mauritius Broadcasting Corporation in which women sources have doubled to 28% in the last seven years show that change is possible.
Implementation	
Botswana and Mauritius are yet to sign the Protocol.	13 out of 15 countries have signed the SADC Gender Protocol.
One more country needs to ratify the Protocol for it to come into full force.	Eight countries (up from two last year) have ratified the Protocol; South Africa is close to doing so.
Most SADC gender policies and action plans are dated and have not been aligned with the targets of the Protocol.	SADC Gender/Women's Affairs Ministers have come up with a roadmap for implementing the SADC Gender Protocol, drawing on work done by the Southern Africa Gender Protocol Alliance on costing of the Protocol. Namibia is blazing the trail with an updated policy and action plan aligned to the Protocol.
There is need to step up advocacy work in the lead up to 2015.	Awareness of the SADC Gender Protocol has increased from 46% to 54% as gauged by the knowledge quiz administered around the SADC region.
New areas: Climate change	
Now that the Protocol is in operation it has become apparent that although sustainable development is implicit in many provisions, these are not adequate against the enormity of the challenge.	Momentum is mounting for an addendum to the Protocol on Gender and Climate Change, with a strong push coming from Mozambican members of the Alliance.

¹ <http://www.genderlinks.org.za/page/gender-justice-measuring-gbv>

INTRODUCING THE SGDI AND CITIZEN SCORE CARD (CSC)



2011 marks a critical count down year for the SADC Protocol on Gender and Development. With only four years to go until the 2015 deadline for the 28 targets of the Protocol to be met, the third edition of the Barometer gets into high gear with the introduction this year of the SADC Gender and Development Index (SGDI) - an objective weighting of how governments are performing.

This complements the Citizen Score Card (CSC), based on perceptions by women and men in the region who have been part of reference group meetings on country barometers, village workshops and other protocol-related activities. While the SGDI is an empirical measure, the score card gauges perceptions. Both are important.

The CSC (see **Annex One**) has been running for three 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. This is empowering. It

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. Important complementary Monitoring and Evaluation tools that are used include the SADC Gender Protocol Quiz (whose findings are commented on in Chapter Ten on implementation) and the attitude quiz (commented on in Chapter Nine on the media): a way of measuring whether mindsets are shifting.

The challenge that has remained in all of this is to develop some objective way of measuring change. 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 adequately 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 country level for the country barometers, the team had assembled data on 23 indicators in six sectors (see Table I). 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.

KEY INDICATORS OF THE STATUS OF WOMEN IN SADC COUNTRIES ¹															
	Angola	Botswana	DRC	Lesotho	Madagascar ²	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
GOVERNANCE															
Parliament	39	8	9	23	12	21	19	39	25	24	43	22	35	15	18
Local government	n/a	19	n/a	58	6	n/a	6	36	42	n/a	38	18	34	7	19
Cabinet	31	17	12	39	16	27	12	29	19	29	41	25	28	14	16
EDUCATION															
Primary School	46	50	45	51	49	50	49	47	49	50	49	48	50	49	49
Secondary School	44	52	36	56	49	45	52	44	54	51	52	50	44	45	48
Tertiary level	40	53	26	44	49	39	61	38	54	57	53	51	32	52	n/a
ECONOMY															
Economic decision making	24	44	14	21	16	18	0	25	25	31	23	40	21	23	23
Labour force participation Women	76	76	57	71	84	74	45	86	53	n/a	51	53	89	60	61
Labour force participation - Men	89	82	n/a	79	89	78	80	87	64	n/a	67	n/a	91	79	75
Unemployment - Women	n/a	20	n/a	n/a	4	10	13	n/a	25	5	26	n/a	6	11	4
Unemployment - Men	n/a	15	n/a	22	2	5	4	n/a	19	n/a	20	n/a	4	14	4
Women in non-agricultural paid labour (% of labour force)	24	43	n/a	51	38	11	37	11	41	n/a	44	n/a	31	22	22
Length of maternity leave (weeks)	12	12	14	12	14	8	12	8.5	12	14	16	12	12	12	14
SEXUAL AND REPRODUCTIVE HEALTH															
Using contraception	6	44	21	47	40	41	76	17	55	41	60	51	34	41	60
Births attended by skilled personnel	47	95	74	62	44	56	100	48	81	100	91	74	51	47	69
Maternal mortality rate (out of 100, 000)	593	519	534	964	373	1140	28	599	586	64	237	736	449	603	624
HIV AND AIDS															
Comprehensive knowledge on HIV and AIDS women	7	40	15	26	54	42	85	43	65	67	27	52	45	34	44
Comprehensive knowledge on HIV and AIDS men	14	33	21	18	57	42	85	58	62	59	30	52	40	37	46
Living with HIV as proportion of total	61	58	58	58	58	58	19	60	50	42	59	57	55	57	60
HIV positive pregnant women receiving PMTCT	14	94.2	4	71	1.8	14	68.3	28	58	99	83	69	68	60.9	42.6
MEDIA															
Overall women employees	n/a	46	22	73	33	23	33	27	40	na	50	40	36	33	13
Board of directors	n/a	24	18	47	10	27	36	25	39	na	38	33	22	27	38
Management	n/a	37	10	52	19	24	23	32	37	na	34	29	27	28	11
Female staff in institutions of media learning	n/a	37	18	67	44	29	79	28	47	na	50	33	28	29	25
Proportion of female students in institutions of media learning	n/a	54	77	73	71	50	82	26	60	na	64	37	60	61	57
%women news sources	n/a	20	19	32	23	20	19	14	20	31	20	19	21	14	16

¹ All figures refer to % of women in that category; the figures are derived from the tables in the report. Sources of all data are indicated in the relevant tables throughout the report. na =not available; n/a = not applicable. All numbers have been rounded to the nearest decimal point.

² The percentage of women's income is arrived at by adding male and female income for each country as determined by the ILO and then expressing female income as a percentage of the total. Figures highlighted in red are those in which women constitute 50% or more of a particular indicator.

This led to the idea of the SGDI - a basket of empirically-based scores that can be used to assess how governments are performing by sector, as well as relative to each other. The SGDI is significant in that it has a wider scope than most other indicators

- in particular, the inclusion of media, an important indicator of agency and voice. Furthermore, it is aligned to the SADC Gender Protocol, i.e. the indicators are not taken at random based simply on what is available.

How the SADC Gender and Development Index (SGDI) works

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). To create the composite index, 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. 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. (For more detailed information on the SGDI in relation to similar indexes see **Annex Two**).

The SGDI has limitations. 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 elaborated in the annex, 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. This indicator needs to be further refined.

There are, unfortunately, no indicators for the Protocol articles on Constitutional and legal rights, gender-based violence and peace building and conflict resolution due to the difficulty in finding appropriate indicators with reliable data for these. These are areas that the Southern African Gender Protocol Alliance hopes to address in future years.

There are also questions as to how frequently the SGDI should be computed. Year on year scoring may not reveal major changes. However, this will be a significant



Counting the difference: Alliance manager Loveness Jambaya-Nyakujarah.

Photo: Colleen Lowe Morna

benchmarking tool for 2015. Unveiling the SGDI in 2011 ahead of the SADC Heads of State Summit, along with key findings of the citizen score card, puts governments on notice. The findings and rankings will further be used in country barometers and advocacy efforts. The key regional findings may be summarised as follows:

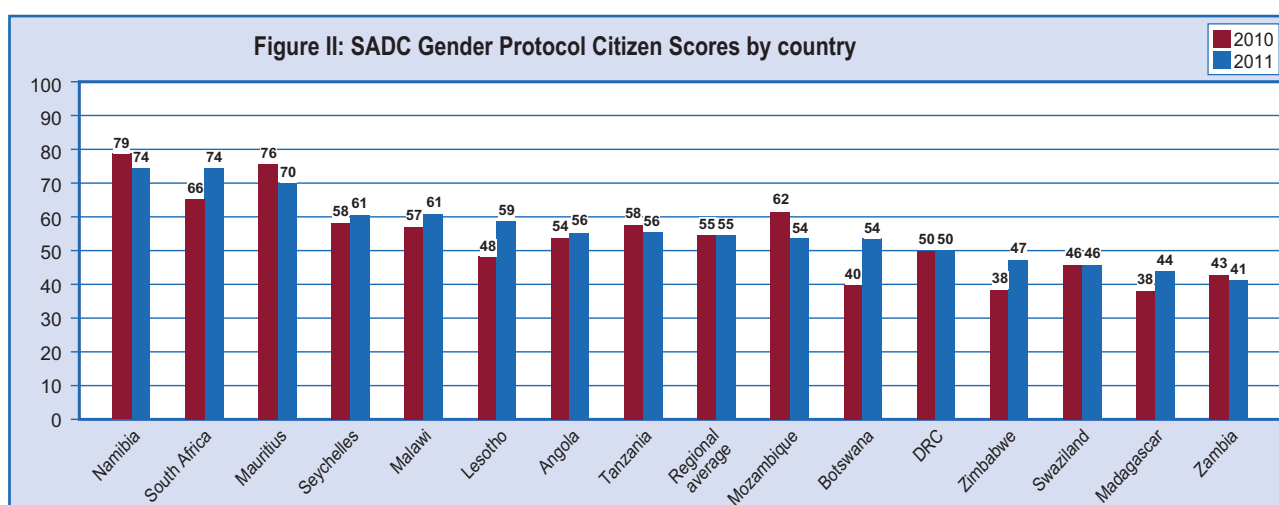
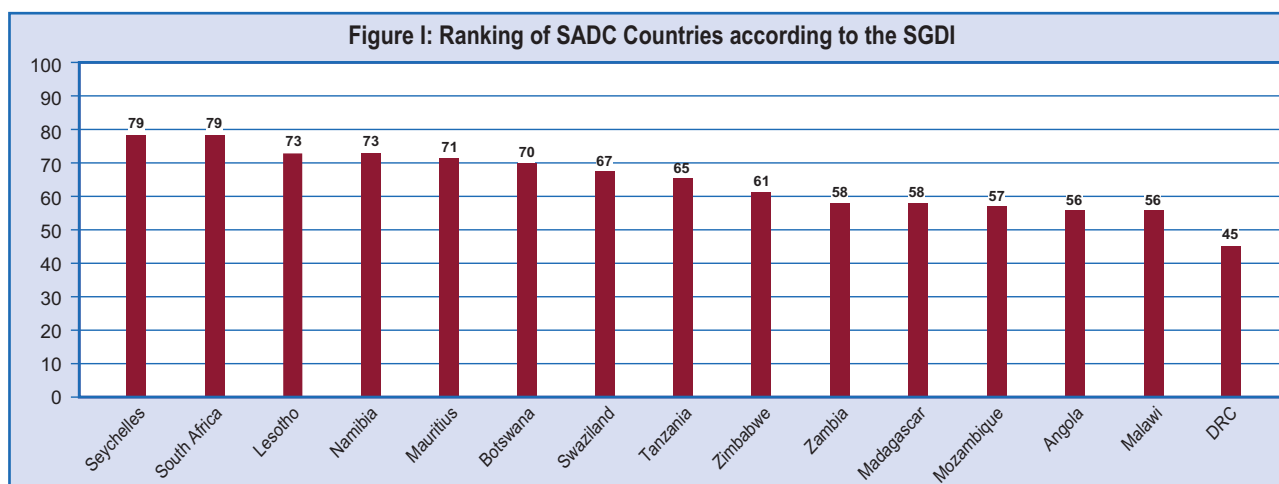


Figure I and II summarise the findings of the SGDI and the CSC by country. Although the SGDI and CSC are not directly comparable since the latter is based on perception and covers all 28 targets of the Protocol in ten sectors (compared to 23 indicators in six sectors in the case of the SGDI) it is interesting to compare the extent to which citizen perceptions correlate to the SGDI that is based on hard data.

Salient findings are that:

- Seychelles, South Africa, Lesotho and Namibia in that order score highest in the SGDI. South Africa, Namibia and Seychelles are also in the top four of the citizen score card, but Mauritius replaces Lesotho as a best performer in the eyes of citizens.
- Mozambique, Angola, Malawi and DRC rank last in the SGDI. Citizens, in contrast, place Zimbabwe,

Swaziland, Madagascar and Zimbabwe in the bottom four.

- Across the board, citizens score their governments more harshly than the SGDI. For example Seychelles gets 79% in the SGDI but 61% in the citizen scoring exercise. Overall, the SGDI average score is 64% compared to 55% in the case of the CSC (up just one percent from last year). A significant reason for this difference is that the citizen score card includes gender violence, Constitutional and legal rights, peace and security that are missing from the SGDI. These rights-based considerations are likely to considerably lower scores, and point to the importance of broadening the SGDI in the future.
- Although generally citizen scores have increased or remained the same, in some countries these have been revised downwards (for example in Namibia, Mauritius and Mozambique).

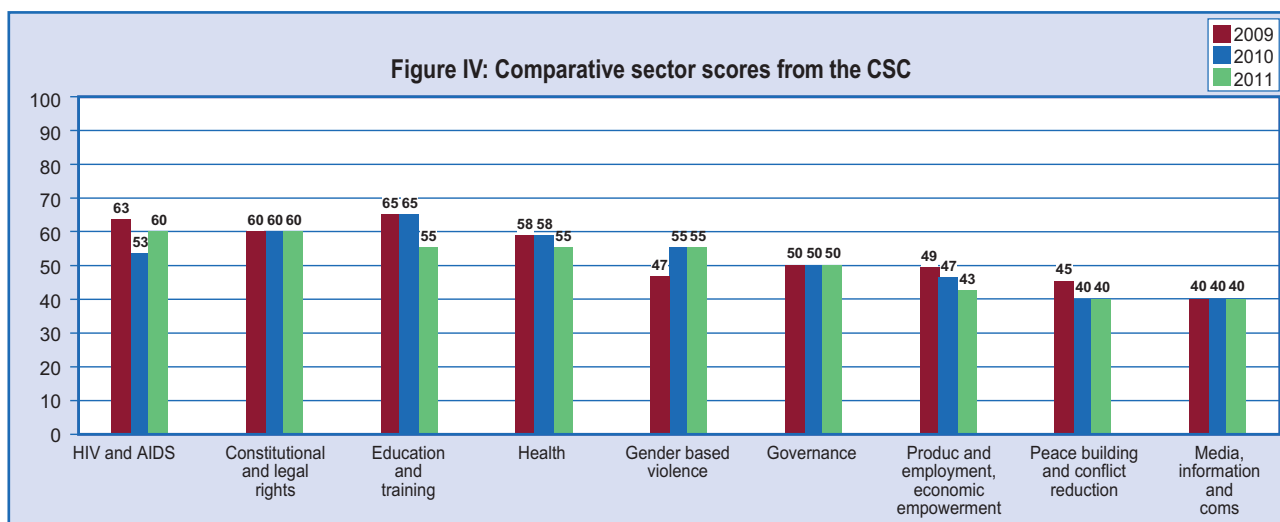
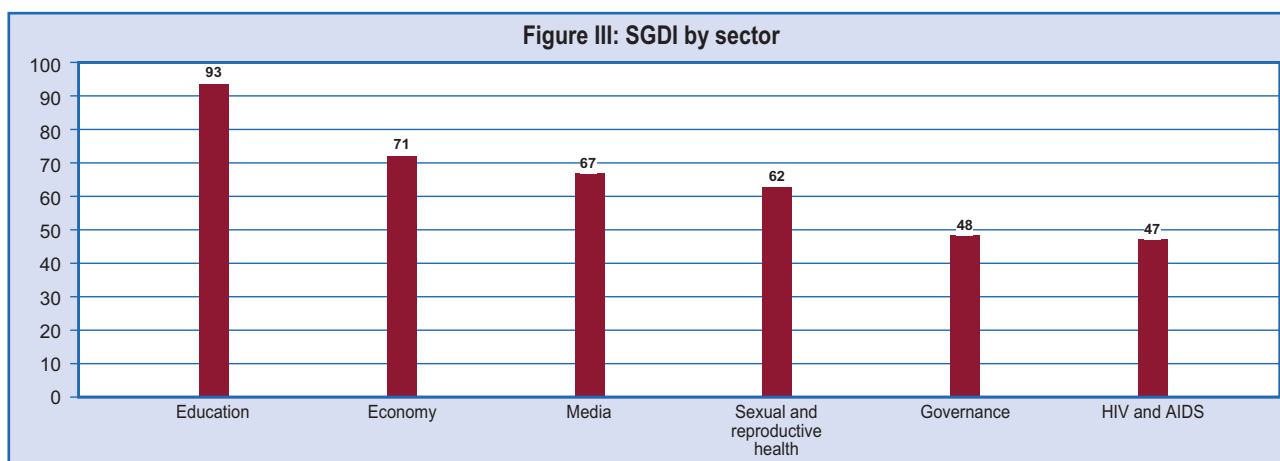


Figure III and IV compare the SGDI and the CSC by sector (six in the case of the SGDI and nine in the case of the CSC). These show that:

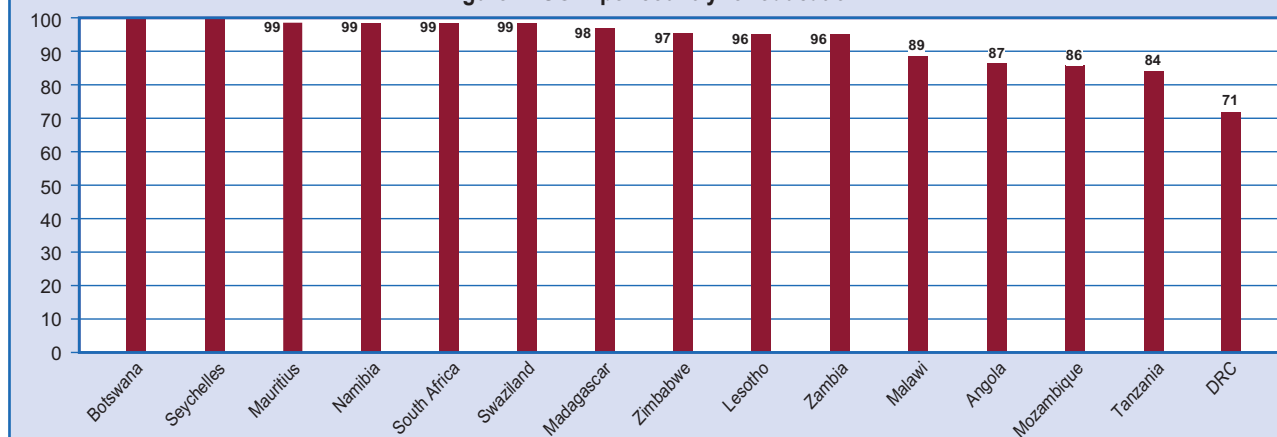
- The ranking in descending order in the case of the SGDI is: education, economy, media; sexual and reproductive health; governance, HIV and AIDS.
- Interestingly HIV and AIDS ranks highly in the case of the CSC, possibly because of the much greater visibility of HIV and AIDS programmes in recent times.
- Education and training dropped from 65% to 55% in 2011 in the CSC.

- Economy and media are also rated much lower by citizens than the SGDI.
- Constitutional and legal rights and GBV (not part of the SGDI) have higher scores than might be expected, probably reflecting the Protocol leaning towards, and actual large amount of legislation being passed.

The graphs that follow give the sector findings by country for the SGDI. The boxes state what each sector weight consists of. Sources (often a multiplicity) are provided with tables throughout the book.

Education

Figure V: SGDI per country for education



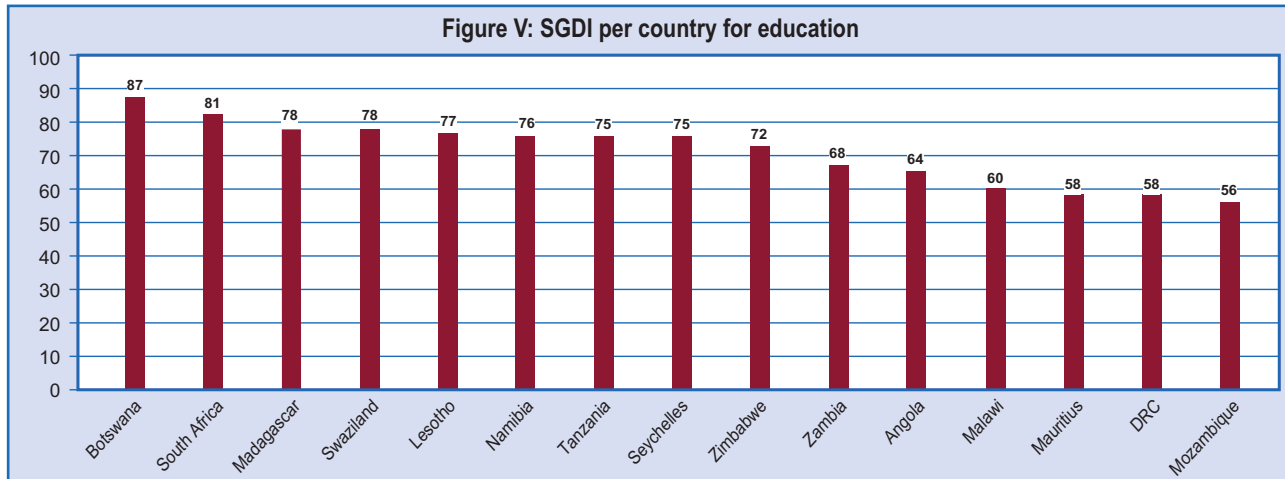
What this score consists of:

- Primary school: The number of girls enrolled in primary school expressed as a percentage of total primary school enrolment.
- 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.

All SADC countries (except DRC) score highly in education, based on enrolments in primary, secondary and tertiary education. This is indeed a success area for SADC, where the trend is now for girls to outnumber boys in a number of areas. However, these successes mask important disparities, for example in vocational education, for which gender disaggregated data are not readily available. The data does not capture gender disparities in areas of study; the effect of teenage pregnancies and gender violence in schools. In this respect the more cautious scoring by citizens may be more reliable.

Economy

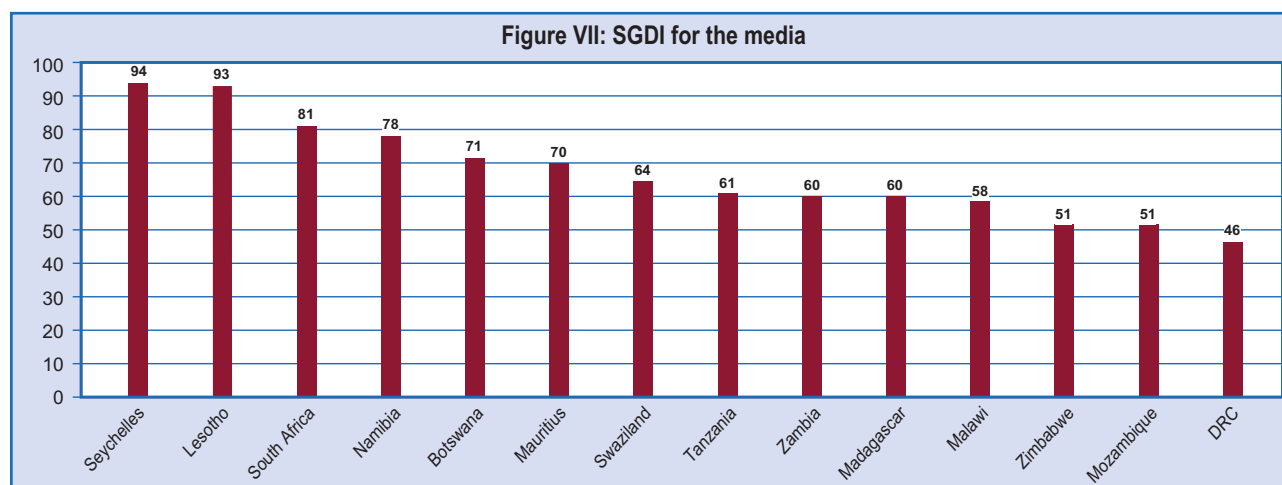
Figure V: SGDI per country for education



What this score consists of:

- 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.

Botswana and South Africa lead the way on the economic indicators, with DRC and Mozambique coming in last. This bears some resemblance to the general economic performance of the different countries. But there are some anomalies: such as Madagascar in third place and Mauritius third to last. It should be remembered that the indicators reflect the gendered dimensions of the statistics. For example although Mauritius is a high performer economically the proportion of women in economic decision-making is lower than in other countries as is women's participation in the labour force relative to men. But as mentioned earlier, it is important to broaden the economic yardsticks. In particular, there is need for measures of women's income relative to men; a better scoring system for maternity leave (based on more than leave time); measures for women in the informal sector; participation of women in economic decision-making in the private sector; the unwaged work of women and land ownership. Again the more sceptical scoring by citizens may be a better measure of progress in this area.



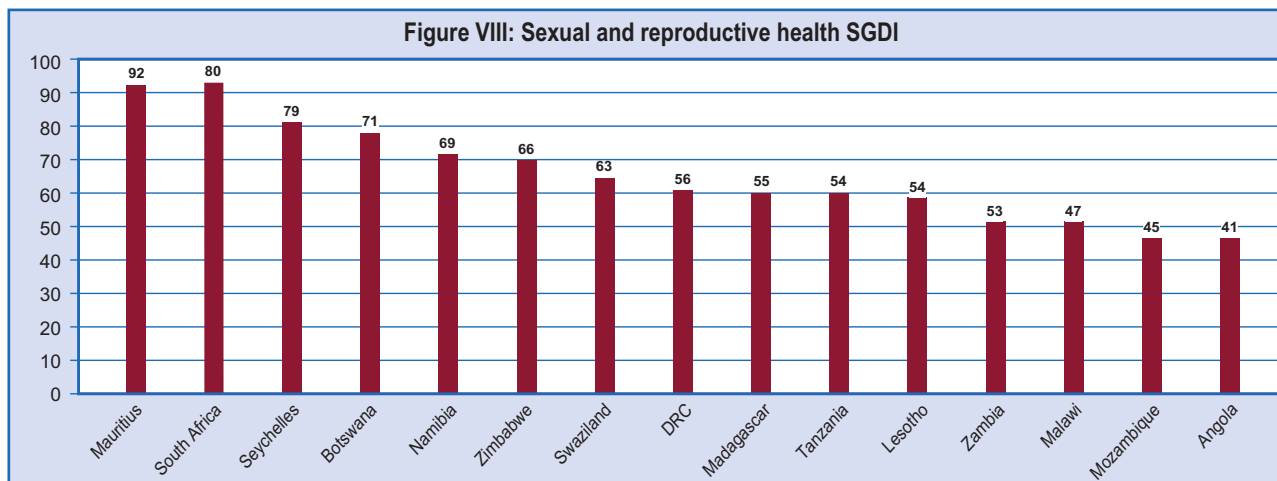
What this score consists of:

- **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.

The recent research conducted by Gender Links on gender in media education, in newsrooms and in media content has provided rich empirical data on the media. Seychelles, Lesotho, South Africa and Namibia lead the way, with Malawi, Zimbabwe, Mozambique and DRC at the rear. These indicators combine institutional indicators as well as a measure of voice (percentage women sources). The latter is somewhat outweighed by the institutional indicators that may skew the results in some cases. For example, South Africa and Namibia now have quite high proportions of women in the media (including, in Namibia, in decision-making) but they do not fare well in women sources (19% and 20% respectively). Lesotho does well on both. Mozambique and DRC perform poorly in both areas. In future consideration may be given to giving the voice measure more weight, especially in the absence of many rights based indicators within the SGDI.

Sexual and reproductive health

Figure VIII: Sexual and reproductive health SGD



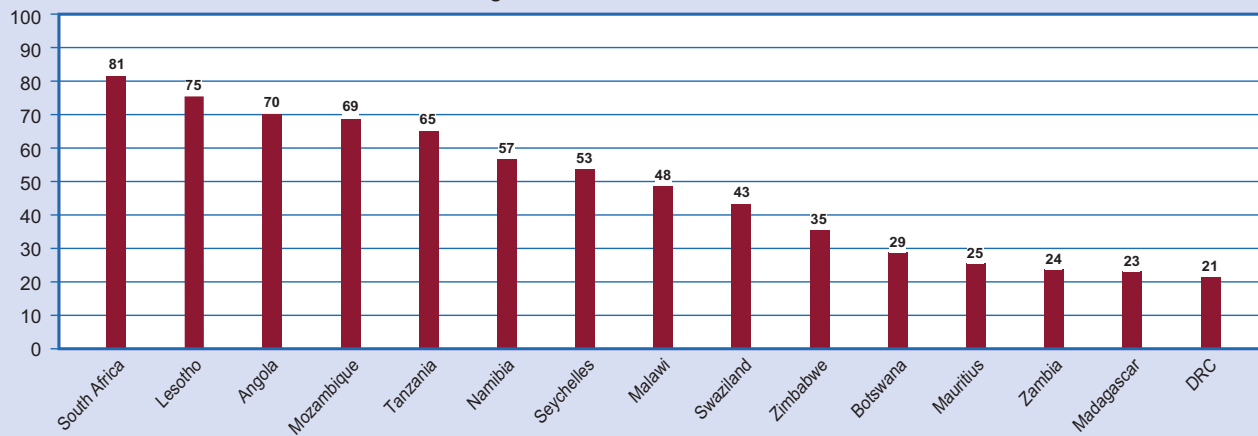
What this score consists of:

- **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.

Mauritius, South Africa, Seychelles, Botswana and Namibia - well known for good primary health care - score well in this area. Zambia, Malawi, Madagascar and Angola are at the other end of the scale. These countries correspond to best and worst performers with regard to maternal mortality. In the future it would be useful to add to this basket of weights a scale for the kinds of provisions each country has on abortion (similar to the proposal around maternity leave). A country's attitude towards choice of termination of pregnancy is a key indicator of broader gender justice discourse that needs to be better captured in the SGD.

Governance

Figure IX: SGDI for Governance

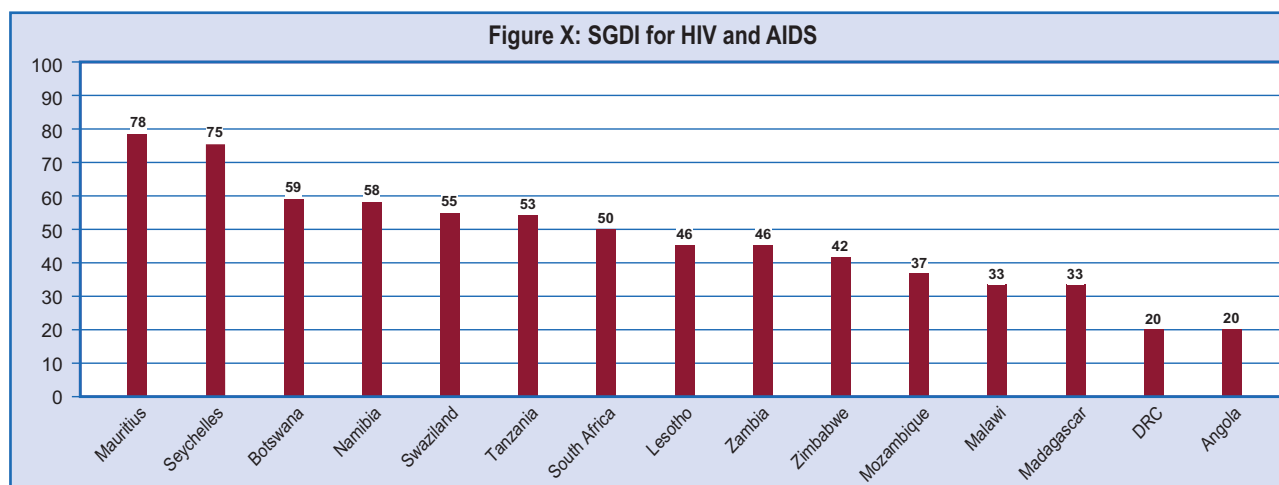


What this score consists of:

- **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.

South Africa scores highest on governance, a score based on women's participation in parliament, local government and cabinet. The score is simple and transparent though it misses certain nuances, like the fact that South Africa slid backwards in the recent local government elections (from 40% to 38%). Lesotho sits in second place because of the high proportion of women in local government (58%). Mozambique and Tanzania are deservedly in third and fourth place. Mauritius, Zambia and Madagascar - all poor performers in this area - are in last place. Citizen perceptions and the objective reality are fairly close in this sector, where there is a high degree of awareness. For example, the knowledge quiz found that the best known target for the Protocol is the one on reaching gender parity in all areas of decision-making by 2015.

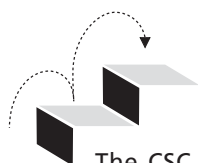
HIV and AIDS



What this score consists of:

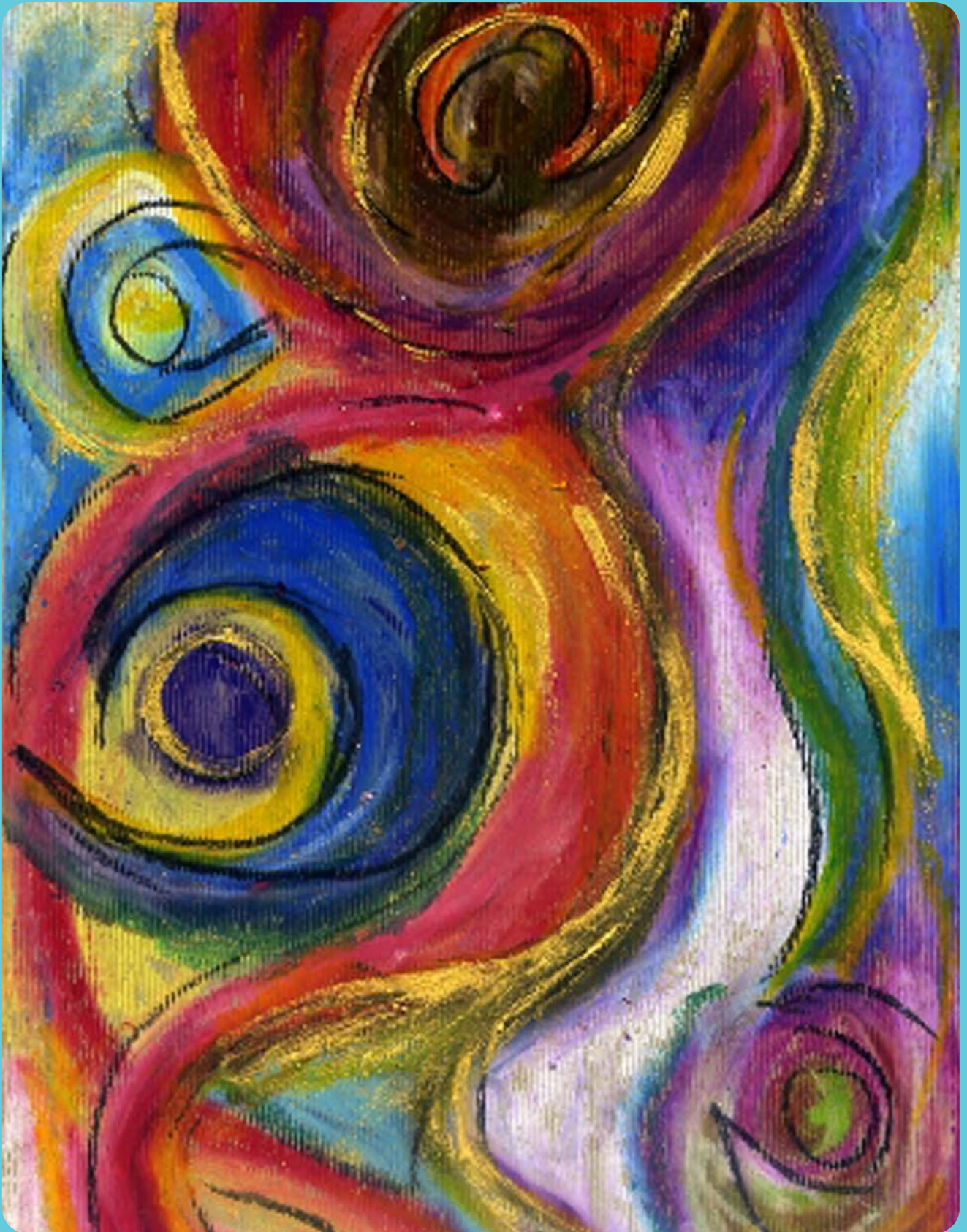
- Comprehensive knowledge on HIV and AIDS: The percentage of women aged 15-who can correctly answer specified questions about HIV and AIDS.
- Living with HIV as proportion of total: The number of women who are HIV-positive expressed as a percentage of all people who are HIV-positive.
- HIV-positive pregnant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

Not surprisingly, Mauritius, Seychelles, Botswana and Namibia score well in this area. Their governments have some of the oldest and most far-reaching HIV and AIDS programmes. Also the incidence of HIV and AIDS is low in Mauritius and Seychelles. Unlike the rest of SADC, the majority of those living with HIV and AIDS in these islands are men since the HIV and AIDS there is mainly driven by intravenous drug exchanges. The three poorest countries, also those in and/or emerging from conflict - Madagascar, DRC and Angola - have the lowest score. This is to be expected. The more optimistic citizen scoring is on HIV and AIDS is probably a natural psychological reaction to the slowly emerging good news on this front: infection rates gradually going down; some evidence of behaviour change as well as better access to treatment and care.



Next steps

The CSC and now SGDI are tools for government accountability. While no tool is perfect, what the SADC Gender Protocol campaign shows is that "what is not counted does not count." The two yardsticks provide different insights into the progress being made, as well as the persistent gaps. There is room for improving both - through broader dissemination of the score card, and adding indicators to the SGDI. The 2011 analysis of the indicators provides food for thought as the Barometer is launched and engaged with around the region. The 2012 barometer will be improved with the feedback received over the course of the year.



A question of culture

Anushka Virahsawmy



CHAPTER 1

Constitutional and legal rights

Articles 4-11



KEY POINTS

Equal rights: Dancers in Malawi at the launch of the 2010 SADC Gender Barometer.
Photo: Colleen Lowe Morna

- Most SADC constitutions enshrine non-discrimination generally as well as non-discrimination based on sex.
- Nine SADC constitutions provide for the promotion of women and seven have other provisions that relate to gender equality.
- Contradictions between customary law and statutory law abound even where these are outlawed by the Constitution.
- Women in Zambia have launched a Green T-Shirt campaign with the slogan "Without Women's Rights - No Constitution" in a bid to ensure that the constitutional provisions of the Protocol are incorporated into the new Constitution.
- A test case taken up by the Zimbabwe Women Lawyers Association (ZWALA) established that both parents of a minor child can assist a child to obtain a passport.
- There are many difficult areas of law reform not specifically addressed by the SADC Gender Protocol: what the Legal Assistance Centre (LAC) in Namibia calls "Topics at the far edge of the political agenda." These include abortion, sex work, marital rape and issues of sexual minorities. The fact that these are not provided for in the SADC Gender Protocol demonstrates the high level of contention over these issues.
- In Lesotho, Section 10 of the Land Act, 2010 has been adopted in direct response to Article 10 of the SADC Gender and Development Protocol which provides that "the State shall ensure that widows shall have the right to continue to live in the matrimonial house after her husband's death".



From needs to rights.

Photo: Trevor Davies

Legal frameworks - the policies and laws governing a country - are at the heart of advancing gender equality. Advancing and realising women's rights through such legal provisions have been a priority for SADC since ratifying and acceding to such international agreements as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW 1979), the SADC Declaration on Gender and Development and its Addendum on the Prevention of Violence Against Women and Children (1998), and the Beijing Declaration and Platform for Action (1995).

In 2000, SADC countries also joined 189 members of the United Nations in the Millennium Declaration, a global vision for improving the conditions of humanity throughout the world in the areas of development and poverty eradication, peace and security, protection of the environment, and human rights and democracy. The resulting Millennium Development Goals (MDGs) recognise the advancement of women's right to gender equality as critically necessary for progress. The Declaration pledges explicitly to combat all forms of violence against women and to implement the CEDAW. Furthermore, it recognises the importance of promoting gender equality and women's empowerment as effective pathways for combating poverty, hunger and disease, and for stimulating truly sustainable development.

Since 2000, there has been a paradigm shift from a needs based approach regarding women's development to a rights based approach. This approach compels duty bearers (usually governments) to uphold, protect and

guarantee rights, especially of the most vulnerable and those at risk of exclusion and discrimination. The approach looks at participation, equity and protection as the three fundamental aspects of change.

Participation focuses on enhancing involvement of the vulnerable in society as rights holders to contribute to decision making on issues that directly affect them.

Equity addresses issues of power/powerlessness, with special emphasis on relations between women and men, governments, minorities and others suffering from social exclusion, stigma and discrimination. **Protection** refers to securing the rights and interests of the most vulnerable in society by addressing the various injustices through among other actions advocacy work at various levels.

Despite these commitments, the rights of women throughout SADC region are still not fully respected or protected. Women are still underrepresented in government at all levels, have inferior access to education and employment, face obstacles to receiving health care and the ability to make decisions about their reproductive health, experience wide-scale gender violence, have little lack access to land and are disproportionately affected by the HIV/AIDS pandemic.

In SADC, putting in place laws and policies to legislate gender equality is much more complex because of the existence of plural legal systems. This pluralism allows for conflict between formal and customary law, which is generally discriminatory to women and can be a hindrance to the advancement of women.

While most SADC countries have signed and ratified regional and international instruments which seek to give women more rights, customary law still prevails in many circumstances. In some cases, this dualism is part of national legal frameworks. In others, it results from common practice. Customary law is even more prevalent in rural areas where there are fewer formal courts. In both urban and rural areas, lack of education about women's rights under the formal legal system and women's lack of empowerment to use these legal instruments to protect and uphold their rights contributes to the prevalence of customary laws.

The specific targets of the Gender Protocol for 2015 regarding women's constitutional and legal rights are for countries to:

- Endeavour to enshrine gender equality and equity in their constitutions and ensure that these are not compromised by any provisions, laws or practices.
- Eliminate any practices that negatively affect the fundamental rights of women, men, girls and boys.
- Put in place affirmative action measures with particular reference to women.
- Review, amend and/or repeal all discriminatory laws.
- Abolish the minority status of women.
- Ensure equality in accessing justice.

- Ensure equal rights between women and men in marriage.
- Protect persons with vulnerabilities.
- Protect the rights of widows and widowers.
- Eliminate all forms of discrimination against the girl child; as well ensure the protection and development of the girl and boy child.

The minority status of women perpetuated by customary law and practices is a major gender justice issue that

SADC countries need to conclusively deal with by ratifying, domesticating, and implementing the international and regional commitments they have made, and by removing any customary laws that are discriminative to women and claw back clauses within constitutions. The absence of mandatory language in this clause was a disappointment for gender activists. However, the language used leaves open the possibility of test cases that will nudge this language and understanding forward.

Constitutional provisions



The Protocol provides that by 2015, all countries shall endeavour to enshrine gender equality and equity in their Constitutions and ensure that these are not compromised by any provisions, laws or practices.

A Constitution is the fundamental and supreme law of the land, from which all other laws and sector policies derive their legitimacy, and must comply with its basic principles. It is therefore critical that constitutions are true reflections of generally accepted principles of equality and democracy. Gender equality should thus be a fundamental value of any Constitution.

The entrenchment of a Bill of Rights means a government has become accountable in relation to several economic, social and "gender" rights. Governments, as well as other parties, have a duty to both respect and uphold rights. However they also have a duty to prevent others from violating other citizens' rights. As reflected in Table 1.1 overleaf, there are many variations between countries on this front.

Most SADC constitutions enshrine non-discrimination generally as well as non-discrimination based on sex: All SADC constitutions provide for non-discrimination generally. Almost all refer to non-discrimination based on sex; Malawi is a good example of this.



The 1994 Malawian Constitution embodies a number of provisions relating to the promotion of gender equality and women's rights. The provisions, especially the principles of national policy, have been instrumental in facilitating legislative and policy reform to make them compliant with constitutional aspirations. There were concerns nevertheless that women's specific interests were inadequately addressed, such as the age of marriage, prohibition of harmful cultural practices, representation and participation. The Malawian Constitutional review took place in August 2004 and

provided an opportunity for government and civil society to propose reforms on matters that relate to promotion of gender equality. Key gains include:

- **Section 20** protects against sex discrimination.
- **Section 22** provides for full and equal respect of individuals within the family.
- **Section 24** provides for rights of women to equal protection of the law, non-discrimination in marriage, capacity to enter into legally binding agreements, individual property, custody and guardianship of children, to acquire and retain citizenship and nationality, equal rights on the dissolution of marriage, protection from violence, discrimination at work, and deprivation of property, elimination of harmful/discriminatory customs and practices.



The Malawi Constitution guarantees equal rights, in line with the SADC Gender Protocol.
Photo: Colleen Lowe Morna

Table 1.1: 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, Articles 21 and 35	Yes, Articles 36 and 77	No	Yes, Article 239	No
Botswana	Yes, Section 15 (1) and (2)	Yes, Section 15 (1) and (2) 3	Yes, Section 15 (3)	No	No	Yes, Section 15 (4), (5), (6), (7), (8) and (9)	No	No
DRC	Yes, Articles 11, 12 and 13	Yes, Articles 14, 36, and 45	Yes, Article 40	Yes, Article 14	Yes, Article 16	No	No	Yes, the national policy of gender mainstreaming, promotion of women, of the family and of children
Lesotho	Yes, Sections 1 and 18	Yes, section 18	No	Yes, Sections 26 and 30	Yes, Section 8	Yes, Section 18	Yes, Section 18	Yes, Sections 18 and 26
Madagascar	Yes, Article 8	No	Yes, Article 8	No	Yes, Article 17	No	Yes, Article 160	No
Malawi	Yes, Section 20	Yes, Section 20	Yes, Section 13 and 20	Yes, Section 13	Yes, Section 19 and 18	Yes, Section 26	Yes, Section 5	Yes, Section 30
Mauritius	Yes, Article 3	Yes, Section 16	Yes, Section 16	Yes, Section 16	No	Yes, Section 16	No	No
Mozambique	Yes, Article 35	Yes, Article 36	Yes, Article 39	Yes, Article 120	No	No	Yes, Article 143	No
Namibia	Yes, Article 10	Yes, Article 10	Yes, Article 14	No	No	No	Yes, Article 19	Yes, Article 23
Seychelles	Yes, Article 27	No	Yes, Article 30	No	No	No	No	Yes, Article 27
South Africa	Yes, Chapter 1	Yes, Chapter 2	Yes, Section 9	Yes, Section 9	Yes, Section 12	No	Yes, Sections 15, 30	Yes, Section 187
Swaziland	Yes, Section 20	No	No	Yes, Section 28	Yes, Section 28	Yes, Section 20	No	Yes, Section 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	No	No	Yes, Article 23	No	No
Zimbabwe	Yes, Section 23	Yes, Section 23	Yes, Section 23	No	No	No	No	Yes, Section 23

Source: Gender Links

Sex, marriage and pregnancy: In some instances discrimination based on sex is linked to other issues, for example marital status or pregnancy. In the case of Seychelles the two are conflated.



Article 30 of the **Seychelles Constitution** states that "The state recognises the unique status and natural maternal functions of women in society and as a result undertakes to take appropriate measures to ensure that a working mother is afforded special protection with regard to paid leave and her conditions at work during that period as provided by law before and after childbirth."

Provisions for gender equality: Nine SADC constitutions provide for the promotion of women and seven have other provisions that relate to gender equality. The following are some good examples of this:

The **South African Constitution**

positions the right to gender equality as fundamental to the struggle for a more just and equitable society and is entrenched in Section 9 on the Constitution (Act 108 of 1996). Key provisions for women in the Constitution include:



- The equality clause states that: the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
- Provision is made for affirmative action in the clause that states that "legislative and other measures" may be taken to "protect and advance" persons who have been disadvantaged.
- The clause on freedom and security of the person states that everyone has the right to "bodily and psychological integrity". This includes the right to make decisions concerning reproduction; and to security and control over one's body.



Rhetoric and reality - the example of Namibia

Article 66 of the Constitution provides that both customary law and the common law in force at the time of independence will be recognised, but only if they do not conflict with the Constitution or any other statutory law. This provision marked a key Constitutional breakthrough in gender jurisprudence for Southern Africa, and conforms with the highly contested provision in the Protocol that gender equality in Constitutions should not be contradicted by any laws or practices.

- Clause guaranteeing legal and other measures to promote land reform and equitable access to natural resources to re-dress the effect of past discrimination.
- Constitutional provision for socio-economic rights: such as right to adequate housing, health care services, food, water and social security.
- Bill of Rights provision for basic and further education.
- Statement that in cases where the Constitution conflicts with customary law, the Constitution will take precedence.

There are a number of gender provisions in the **Tanzanian Constitution** and it is one of the few that addresses the contradiction between custom and



constitution, and does not have claw back clauses. Tanzania also has affirmative action clause in its Constitution - beginning with a 20% quota for women's representation and increasing this to 30% in 2005 to implement the SADC Declaration commitment. There has not been an overall review of the Constitution in Tanzania, but amendments have taken place as recently as 2005 and there are some calls from civil society for a complete constitutional review. However, the general desire by public, political parties and civil society organisations to demand for a full review of the Constitution to accommodate the gender demands of the Protocol and address conflicting laws is not yet being fulfilled.



The **Namibian Constitution** is also regarded as highly progressive. It is one of the few constitutions in the world that uses gender neutral language throughout, and it explicitly forbids discrimination on the basis of sex. It provides for equality in all aspects of marriage, and gives special emphasis to women in the provision which authorises affirmative action. Women and men are treated similarly with respect to citizenship, including acquisition of citizenship by marriage. In reality however, women's lives are governed by an often contradictory dual legal system.



In the rural areas of Namibia, customary law reigns supreme.

Photo: Colleen Lowe Morna

In reality, gender discrimination is present in many practices, but this has never been contested in Court. CEDAW takes the position that polygamy is a form of discrimination against women: ("Polygamous marriage contravenes a woman's right to equality with men, and can have serious emotional and financial consequences for her and her dependents that such marriages ought to be discouraged and prohibited." - General Recommendation No 21, 13th session, 1994).

In its report on Namibia¹ the CEDAW Monitoring Committee expressed concern about the "prevalence of polygamous marriage and that customary marriages were never registered" and urged the government to address the issue with "an intensive programme to discourage polygamy."

A related issue is the non-recognition of **customary marriages** (all customary marriages are potentially polygamous), in turn closely linked to inheritance. Civil marriages take place before a magistrate or church official, and are registered. Customary marriages take place according to the traditions of the community, and in Namibia they are not registered. According to the 2001 census, of the Namibians aged 15 or above, 56.2% were never married; 19.2% were married in civil marriages; 9.4% were married in customary marriages; 7.4% were cohabiting; 2.8% were divorced or separated and 4% were widowed.

While the CEDAW Monitoring Committee praised Namibia for passing the Married Persons Equality Act (see next section) it also stated that this did not "sufficiently address discrimination in the family" and needed amendment.²

In 1997 the Legal Assistance Centre put forward Proposals for Law Reform on the Recognition of Customary Marriages (similar to the law passed in South Africa). This calls for a unified marriage law with the same substantive rules for customary and civil marriages. It also calls for the recognition of polygamous marriages as valid marriages to protect the rights of vulnerable parties but 1) would require the consent of any existing wives to subsequent customary marriage by the husband and 2) require equitable distribution of marital property between all interested parties before allowing the registration of the subsequent customary marriage. The underlying rationale is that polygamy will gradually die out as it becomes too expensive and complicated.

The government anticipates that a new and more comprehensive law covering all forms of marriage will be enacted to replace the Married Persons Equality Act. A Bill on the Recognition of Customary Marriages has been developed by the Law Reform Commission; this bill would set the minimum age for customary marriage at 18 as for civil marriages.

Few constitutions explicitly refer to customary or personal law: Many of the Constitutions in SADC fail to make the distinction between equality and substantive equality, or to pronounce themselves on the issue of customary law. Most do not address contradictions between the constitution, provisions, laws and practices. With customary laws and practices so prevalent, within SADC, this poses a major challenge for advancing gender equality.



Section 16 of the **Constitution of Mauritius** guarantees gender equality for all citizens. It provides that no law shall make provisions that are discriminatory either of itself or in its effect and further defines discrimination as affording different treatment to different persons attributable wholly or mainly to their respective descriptions by race, caste, place of origin, political opinions, colour, creed or sex. However, the Mauritian Constitution does not address the issue of personal law.

Claw back clauses erode effectiveness: Some constitutions have derogations and claw back clauses that render the Bills of Rights useless. Some of the derogations are couched in generalised terms such as national security, public interest, or public morality, which ultimately avail a lot of room for denial of rights to the citizenry. Six of the SADC countries have such claw back clauses in their constitutions. The following are some examples:

The **Botswana Constitution** under Section 3 guarantees equality before the law. Discrimination is prohibited in Section 15, and subsection 3 specifically outlaws discrimination on the basis of sex or gender. Section 15 of the Constitution was amended in 2005 by adding the term "sex" to the list of descriptions that define the expression "discriminatory." There is legislation that deals with matters of personal law and there is no discrimination on the basis of gender or sex.



¹ CEDAW/C/1997/L1?add2,14 July 1997, para 43 and 56.

² CEDAW/C/1997/L1?add2, 14 July 1997, para 37 and 59.

However, the Constitution does not address the contradictions between formal and customary law and there are various claw back clauses regarding personal law which could be detrimental to women. There are currently no plans in place for a constitutional review.



The **Swaziland Constitution** promotes gender equality and provides for discrimination generally and on the basis of sex, but makes no provision for discrimination on the basis of pregnancy or marital status, leaving women open to possible discrimination. It also fails to address conflict between formal and

customary law. There is no constitutional review yet foreseen in Swaziland as the Constitution is fairly new, having been adopted in July 2005 and implemented in February 2006. The current constitutional provisions on gender equality are not currently adequate to deliver to women as per the SADC Protocol targets, but there is an opportunity for the Swaziland government to extensively review current domestic legislation and align it with the Constitution and the Convention on Elimination of All Forms of Discrimination Against Women. This, coupled with extensive strategising, lobbying, and advocacy will increase the chances of making the SADC Protocol targets possible.

Customary law and women's rights

By Dr Muna Ndulo*

There has for a long time been a major debate on the continued application of customary law between human rights activists and traditionalists. While traditionalists argue that customary law by promoting traditional values makes a positive contribution to the promotion of human rights, activists argue that it undermines the dignity of women and is used to justify treating women as second class citizens.

Many African Constitutions contain provisions guaranteeing equality, human dignity and prohibiting discrimination based on gender. However, the same constitutions recognise the application of customary law providing a mechanism for the resolution of conflicts between some customary law norms and human rights provisions.

The SADC Gender Protocol norms need to be reflected in national constitutions and national legislation. As reflected in the examples of the Ugandan and South African constitutions, there are precedents for this.

The 1985 Uganda Constitution in Article 33 provides that "(1) women shall be accorded full and equal dignity of the person to men. (2) The state shall provide the facilities and opportunities necessary to enhance the welfare of women to enable them to realise their full potential and advancement. (3) The state shall protect women and their rights, taking into account their unique



Muna Ndulo.

Photo: Trevor Davies

status and natural maternal functions in society; (4) women shall have the right to equal treatment with men and that right shall include equal opportunities in political, economic and social activities; (5) without prejudice to Article 32 of this Constitution, women shall have the right to affirmative action for the purpose of redressing the imbalances created by history, tradition or custom and (6) laws, cultures, customs or traditions which are against the dignity, welfare or interest of women or which undermine their status are prohibited by this constitution³."

³ Constitution of the Republic of Uganda, 1995, Article 33 (1), (2), (3), (4), (5), (6).

Similarly, the Constitution of South Africa states that: "The courts must apply customary law when that law is applicable, subject to the Constitution and any legislation that specifically deals with customary law⁴."

No SADC constitutions should immunise customary law against human rights provisions. This should be accompanied by legal reform of both customary and ordinary legislation. Reform efforts should start with a comprehensive diagnostic study of each SADC country's legal system aimed at identifying laws that require reform. With respect to customary law, any reform efforts must be mindful of the weapons of the traditionalists who argue that human rights norms are the product of Euro-Christian societies.

The fight for gender equality should also be taken to the courts in mass movements. *The Hotel Inter-continental v. Longwe* in Zambia and *The Republic of Botswana v. Unity Dow* were trail blazers in the SADC region in this field.

Constitutions are not static and reviews taking place or planned in at least four countries open important possibilities:

There have been constitutional reforms in some SADC countries, like Namibia, Swaziland, Zambia, Seychelles and Zimbabwe. Most grew out of civil society activism, which called for the creation of new legal instruments that would better express the needs of the people. Women's groups especially wanted to see increased protection of women's rights in the revised constitutions. Constitutional reforms are still ongoing with constitutional debates revolving around issues such as people driven approach, socio-economic and cultural rights and response to HIV/AIDS, separation of powers, clear protection of women and children's rights and other minority groups, and more representative electoral systems, including affirmative action provisions for women's acquisition of political positions. Currently, there are constitutional review processes planned or taking place in at least four SADC countries; three of these countries that have recently emerged or are emerging from conflict.



The **Madagascar Constitution** provides for non-discrimination without specifying sex. Opportunities to address gender gaps are now emerging with the work to draft a new Constitution as part of the transition to a Fourth Republic.

More recent examples that have carried the struggle of establishing a society where men and women are equal to a higher level are the *Be and others v. Sithole and Minister of Justice*, the South African Constitutional Court took up the constitutional validity of the principle of primogeniture in the context of the customary law of succession. Central to the customary law of succession is the principle of male primogeniture.

In *Shilubana v. Nwamitwa*, the South African Constitutional Court had to deal with whether the community has the authority to restore the position of traditional leadership to the house from which it was removed by reason of gender discrimination. We can only hope that our courts will give us more of these kinds of decisions.

(* Dr Muna Ndulo is GL Chair; Professor of Law at Cornell University Law School and Director of Cornell University's Institute for African Development.)



The **Seychelles Constitution** and laws have been reviewed and found to comply with CEDAW and other major human rights treaties. The Seychelles Constitution guarantees 25 rights and freedoms to both men and women. It does not explicitly refer to discrimination against women or define discrimination against women as required by CEDAW and the SADC Protocol on Gender and Development. There is however a recommendation that came out of a Constitutional review report (December 2009) to ensure the protection of mothers who are not economically active as well as working mothers. It is suggested that under Article 30 (Right of working mothers) that the following be added "mothers are afforded protection necessary for their welfare and that of the child". The purpose of the amendment is to recognise that all women as mothers and not just working mothers, need protection in order to ensure and guarantee the survival of the nation and its future.



Like many African countries, Zambia has a dual legal system consisting of statutory and customary law. The **Zambian Constitution** has no provisions for addressing the contradiction between formal and customary law and has various claw back clauses that affect women's rights. The current constitutional review process opens some interesting prospects.

⁴ The Constitution of the Republic of South Africa, 1996, Article 211 (3).

Zambia: Women's movement reject draft Constitution



Zambia Alliance@work.

Photo: Mukayi Makaya

The Zambia Constitutional review process has been stalled following a rejection of the draft by Parliament in early 2011. The women's movement of Zambia in March joined the protest when it rejected the country's draft Constitution noting that it lacked provisions for women's rights as enshrined in CEDAW, the SADC Protocol on Gender and Development and the African Union (AU) Protocol on Women's Rights in Africa.

Women in Law Southern Africa (WLSA) launched the Green T-Shirt campaign to reject constitutional drafts that are not in line with the provisions in the SADC Protocol on Gender and Development. The WLSA

regional office leads the Alliance thematic cluster on Constitution and Legal Rights.

"Our movement, called the Green T-Shirt, was launched by the Non-Governmental Organisations' Coordinating Council (NGOCC) and every Wednesday we wear green T-shirts stating Without Women's Rights - No Constitution," noted Matrine Chuulu, Regional Coordinator of WLSA. She added that the draft had a claw-back clause that would nullify most of the gender equality provisions.

WLSA has been tasked by the movement to produce a leaflet with information on what should be contained in the Constitution based on the SADC Gender Protocol.

Some of the issues raised by gender activists include:

- Demand for legal provision for affirmative action to increase the proportion of women in decision making positions in line with the government commitments in regional conventions.
- Demand passing of laws of inheritance which protect the widow or widower and children after the death of a spouse or parents.
- Demand for a national budget that was gender sensitive and responsive in relation to the unique needs of women, girls, boys and men.

While the National Constitution Committee (NCC) draft embodies progressive provisions, including laws that codify women's rights to own and inherit property, it dropped key elements of the draft including an economic and social Bill of Rights.



Like most other African countries, Zimbabwe has a dual legal system with customary law operating alongside general law. Zimbabwe's current

Constitution was adopted as part of a peace settlement to mark the end of British colonial rule in 1979. Since then there have been several amendments, but only two referred to gender equality. The 14th amendment introduced gender as grounds for non-discrimination to s23 of the Constitution, which is the non-discriminatory clause. Later in 2005, Constitutional Amendment 17 added further grounds for non-discrimination to include sex, pregnancy and disability.

However, the greatest pitfall in the Zimbabwean Constitution is the claw back clauses to be found in the non-discriminatory clause, which still allows for discrimination under customary law. Zimbabwe's Constitution is currently being reviewed with a view to elections being held within the next year as per the Global Peace Agreement. As Zimbabwe has both signed and ratified the Protocol, this opens the possibility for Zimbabwe to incorporate its provisions.



Mukayi Makaya and Emilia Muchawa look through 2010 Gender Protocol Barometer, Zimbabwe.

Photo: Colleen Lowe Morna

As reported in the 2010 Barometer, the Women's Coalition of Zimbabwe (WCZo), an umbrella body, has

been strategising, mobilising women and working on increasing constitutional literacy with a gender lens. These groups have been using the SADC Protocol on Gender and Development to strengthen their hand.

The Constitution making process has largely been viewed as an opportunity to fulfil Article 4 of the SADC Protocol which provides: "States Parties shall endeavour, by 2015, to enshrine gender equality and equity in their Constitutions and ensure that these rights are not compromised by any provisions, laws or practices." The principles of equality and non-discrimination

underpin the SADC Protocol as do the women's demands. This is in line with Article 4 of the Protocol and the preamble.

ZWLA synthesised the Women's demands into 14 demands. This document has been used by most of the Women's Coalition members. In demanding that customary laws should not go against the Bill of Rights, the language of Article 6 of the Protocol was instructive. The challenges faced in the process of lobbying for such a clause in the Protocol were also learning curves on how to communicate this demand.

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.

The SADC Gender Protocol calls on governments to implement affirmative action measures, with particular reference to women, in order to eliminate all barriers preventing their participation meaningfully in all spheres of life, while creating conducive environments for such participation. Gender equality, equity and the empowerment of women is a fundamental human right and integral to the process of sustainable and more equitable development globally. Equality between women and men, which is a matter of human rights and a condition for social justice, is also a necessary and fundamental prerequisite for equality, development and peace. Affirmative action aims to accelerate de facto equality between men and women. Some of the key delivery areas and strategies to ensure the acceleration of equality include: promoting participation of women in governance and economic empowerment, and facilitating the review and amendments of discriminatory laws and procedures and ensuring women and men can access quality services in both rural and urban areas.

Currently just over half of SADC countries have some form of affirmative action measures. In this regard, it will be necessary for SADC States to put in place affirmative administrative measures and programmes to facilitate increased participation, progression and retention of women in different levels of society. In addition, the State Parties will have to implement certain temporal measures in order to improve the situation of women and girls.

Affirmative action important for achieving 50/50:

Constitutional and legislated quotas are mandatory measures that set aside, through the Constitution or relevant electoral laws, a certain percentage of seats or positions for women. The advantage of this form of quota is that they apply to all political parties and there are sanctions or penalties for non-compliance, such as rejection of lists by Electoral Commissions or disqualification from elections. Namibia and Lesotho have legislated quotas at the local level. The Lesotho quota has been challenged, leading to a change in how Lesotho goes about the quota (see governance chapter).



In **Tanzania**, Articles 66(1) (b) and 78(1) of the Union Constitution provides for 30% of the seats in the national assembly for women only, based on the percentage of votes that each party garners. While women are free to stand as candidates in this First Past The Post (FPTP) system, the Constitution guarantees women 30% of the seats in the assembly through a proportional representation distribution mechanism.

The **Zambia** draft Constitution promises that the Government shall ensure full participation, gender balance and equitable representation of disadvantaged groups including the youth and persons with disabilities in elective and appointive bodies and in political, social, cultural and economic development of the country. It also proposes that the representation of



women and men not be less than 30% of the total number of seats in the national assembly, district council or any other public elective body. However this falls short of the 50% target of women representation at all levels of decision making. Article 64 (1) calls for parliament to design affirmative action to benefit the disadvantaged groups. Clause (2) of the same article calls on political parties to ensure full participation, gender balance and equitable representation of disadvantaged groups including youth and people with disabilities in their organisations and practices.

Even Swaziland has some affirmative action provisions:

In the case of Swaziland, the Constitution makes provision that, at the first meeting of the House after any general election, the House forms itself into an electoral college to elect not more than four women on a regional basis.



In Namibia, significant progress has been made in the area of affirmative action and labour law.

An affirmative action provision applied to the first two local government elections, with the result that there are currently 41% women on local councils.

Individual affirmative action provisions have also been made applicable to a number of statutory bodies and boards - ranging from the Social Security Commission to the National Sports Commission - with the most significant of these being the regional Communal Land Boards which will in future have important supervisory powers over the allocation of customary land rights by traditional leaders.

Parliament passed an Affirmative Action Employment Act (AAA) in 1998. This Act requires employers with more than 50 employees to prepare affirmative action plans setting forth steps to improve the representation of blacks, women and disabled persons in the workforce. No quotas will be set by the state, but employers will be expected to set their own numerical goals and timetables, in light of the availability of suitably qualified or trainable persons in the designated groups. Employers who hire non-Namibian citizens will be obliged to

provide a Namibian "understudy" to ensure the transfer of skills. Progress in implementing affirmative action measures is monitored by an Employment Equity Commission comprising representatives of government, trade unions and employers, as well as persons representing the interests of each of the designated groups. Non-compliance will disqualify employers from state contracts and concessions, including potentially valuable mining and mineral rights.

Many challenges to affirmative action: Affirmative action is not viewed favourably in most countries, and is one of the major reasons for Mauritius not signing the Protocol.

Mauritius sites the provision for affirmative action in the SADC Protocol on Gender and Development as one of the reasons for not signing on the basis that it is against their Constitution which does not allow for discrimination even if it is "positive discrimination".



Seychelles feels affirmative action is a foreign concept and decision makers interviewed during the process of producing this Barometer said that gender equality already exists in Seychelles and there is no need to introduce affirmative action programmes.



Equal enough? Women in Seychelles train as farmers.

Photo: Gender Links

Discriminatory legislation



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

Rights are more than just legal matters. A right is a legitimate claim that an individual has on “others,” whether these “others” are individuals, groups, societies or nation states. Rights are therefore legal and political tools that can be useful in struggles for social and gender justice. Discriminatory laws can erode the rights

of women, even rights that seem guaranteed in the constitution. Reviewing and repealing discriminatory laws is an important part of ensuring legal frameworks are in place to meet Protocol commitments. The table provides examples of discriminatory legislation that still exists in SADC countries.

Table 1.2: Discriminatory legislation

Country	Discriminatory legislation	Action being taken
DRC	Discriminatory legislation included nationality law whereby a woman lost her nationality by marrying a foreigner, and labour law where women needed male authority to work but this legislation has since been amended.	Action taken.
Lesotho	Land Act of 1979	Land (Amendment) Bill (2009) in place.
	Workmen's Compensation Act 1977	None.
	Intestate Succession No. 2 of 1953	Review of Section 1 4.1.1-1200.00 4.2 civil rights and mode of life.
	Administration of Estates Proclamation of No.19 of 1953	Review of Section 3 (b) on mode of life test.
	Laws of Lerotoli on inheritance	None.
	Law of Inheritance Act No. 26 of 1873	Review of Section 6.
Madagascar	Nationality law	The Ministry of Justice has prepared a bill that should allow Malagasy women to pass down their nationality to their children irrespective of their husbands' nationality as part of an effort to comply with the International Convention on Married Women's Nationality signed by Madagascar and submitted to the Parliament but awaiting promulgation.
	Marriage law	The Family Act has recently been reviewed. Many discriminatory provisions were amended. However, there is still a gender issue surrounding the stipulation of men as the head of households.
	Inheritance Laws	None.
Malawi	Land Rights	Land Law under review.
	Citizenship Act	Citizenship Act needs to be reviewed.
	Reproductive Health Rights	Reproductive health policy needs to be supported by legislation.
Mauritius	None	
Mozambique	Penal Code on successions and heritage	Successions and Heritage under Penal Code being reviewed.
	Penal Code with regards to abortion	Draft Bill on abortion being prepared.
Namibia	Customary marriages	Bringing Customary marriages in line with the Namibian Constitution.
	Inheritance Rights promoted by patriarchy and cultural aspects.	A 2005 national conference on women's land and property rights heard testimonies from women; there is an urgent need to reform laws on inheritance, and traditional authorities need training to understand and enforce women's and children's rights to a home, land, property and livelihood.
Seychelles	Legislation on age of consent for sex and marriage for girls.	Proposal to amend this piece of legislation is still being considered by the Department of Social Development.
Swaziland	Citizenship	None.
	Marriage	
	Deeds	
Tanzania	Marriage Law	Amendment in process for all of these laws except the Affiliation Act according to the government reports, but the progress is slow.
	Penal Code	
	Affiliation Act	
	Penal Code and Special Offences Sexual Provision Act (SOSPA)	
	The Probation of Offenders Act	
	Adoption Ordinance	
	Spinsters Act	
	Inheritance Law	
	The Education Act No. 6 of 1982	
	The Customary Law Declaration Order of 1963	
	Probate and Administration (Deceased Estates) Ordinance Cap.445	
	Age of Majority Act	
	Customary Law	
Zambia	Marriage	Talks to address customary law issues are taking place but no actions as of yet.
	Matrimonial Causes Act	Reform of marriage law is taking place.
	Land Deeds	None.
	Citizenship	None.
		Reform of Citizenship law taking place.

There are still discriminatory laws in most SADC countries and in many, little action is underway to address this issue.

Amending laws in Botswana: The last comprehensive review of discriminatory laws in Botswana took place in 1998, commissioned by the Ministry of Labour and Home Affairs, Women's Affairs Department. The report reviewed all statutes and subsidiary legislation affecting women and all relevant United Nations Conventions and other documents concerning women, especially the Convention on the Elimination of all Forms of Discrimination Against Women, with the view to assessing the extent to which the laws of Botswana complies with the United Nations standards. Acts amended so far:

- Citizenship Act to allow women married to foreign spouses to pass their citizenship onto their children.
- The Criminal Procedure and Evidence Act regarding the hearings of sexual offences cases.
- Deeds Registry Act to allow women, whether married in community of property or not, to execute deeds and other documents required or permitted to be registered in the deeds registry without their husband's consent.
- Mandatory HIV testing for sexual offenders.
- Recognition of sexual harassment as misconduct.
- Legal age for marriage increased to 18 for girls and boys.
- Abolition of the Marital Power Act (not applicable to customary marriage).

The above amendments and enactment of new laws are a major achievement but the majority of women



Keabonye Ntsabane (right) disseminating SADC Gender Protocol IEC materials in indigenous languages. Photo: Colleen Lowe Morna

and men are not aware of these amendments and new laws that affect the exercise of their rights. There is an urgent need to be simplify these laws for women to understand and exercise their rights. It is also important that legal education by WAD and civil society organisations is pertinent. This will improve the reporting of cases and access to justice by women and men.

Both Common and Customary laws do not accommodate for cohabitation of women and men, as it is assumed that disputes between partners that are not married cannot be heard in Customary Courts. The current laws also do not protect the spouses or their children (SARCD 2005). This is a major gender gap that needs to be urgently addressed as the 2001 census provides evidence that there are more couples cohabiting than that are married in Botswana.



Angola is undertaking a review of all discriminatory laws in accordance with SADC Gender Protocol requirements.

The Government Plan 2007 - 2008 states that government will review fundamental legislation such as Penal and Civil Codes, Civil Process and Penal Process, Civil Registrar's Code and draft Labour Process Code to align them to regional and international standards that guarantee gender equality. The government is also in the process of finalising a law on Gender Based Violence (GBV) which is expected to be passed before the end of the year. A draft bill on Civil and Customary laws will be making its way to the National Assembly for approval within 2010.

Many changes have been made to the laws of **Seychelles** to provide better protection for women and children. These include the creation of the Family Tribunal for maintenance, custody and family violence cases; increased paid maternity leave and protection of working mothers, recognition of rape between married



or unmarried couples; provision of abortions for women pregnant as a result of rape, incest or defilement and in cases of medical necessity; and laws and codes to protect against harassment in the public service, including sexual harassment. However, the government is planning on strengthening laws on domestic violence. Other areas requiring strengthening are in human trafficking and prostitution.

Some countries still consider women as minors:

Historically, marital conventions gave husbands the right to control their wives' income and deprived wives of their right to enter into contracts in their own name. This extended to inheritance, marriage and property laws that denied women equal property rights. In some countries, such legal frameworks continue to exist, conferring minority status on women. There are very few countries in SADC with laws in place to specifically address the minority status of women: Zimbabwe is one such country with the Legal Age of Majority Act of 1982 and Namibia with the Married Persons Act, but these laws are often contradicted by other provisions.

Laws often contradict each other: For examples in Zimbabwe, despite the Legal Age of Majority Act, when a woman is married she is not the legal guardian of her child. According to s3 of the Guardianship of Minors Act, the father of children born in wedlock is the child's guardian and exercises this duty in consultation with the mother. Because of this provision, married women

who apply for passports for their children have had their applications refused because they are not the legal guardians and the Registrar has demanded that the father be the one to make the application. S23 (3) of the Constitution allows for discrimination in matters of personal law as well as in matters of customary law, which allows this practice to continue.

Zimbabwe: Women can now get passports for their children

In Zimbabwe where a woman is married she is not the legal guardian of her child. A test case taken up by the Zimbabwe Women Lawyers Association (ZWALA) established that both parents of a minor child can assist a child to obtain a passport. This is a victory for all women married both under customary and general law who wish to get a passport for their minor child.

According to Section 3 of the Guardianship of Minors Act the father of children born in wedlock is the guardian of the children. As a result of this provision married women who apply for passports for their children have had their applications refused on the grounds that they are not the guardians of the children and the Registrar General has demanded that the father be the one who personally appears before him and signs the forms on behalf of the child. Further S23 (3) of the Constitution allows for discrimination in matters of personal law as well as in matters of African customary law. At customary law the father is deemed the guardian of a child born in wedlock as in terms of general law.

However, International Conventions ratified by Zimbabwe and the SADC Gender Protocol, call for joint guardianship of minors and non-discrimination. The SADC Protocol endeavours to enshrine gender equality and equity in Constitutions which is not compromised by any provisions or laws. Zimbabwe Women Lawyers Association (ZWLA) therefore instituted court proceedings as Test case litigation challenging this practice in the case of *Margaret Dongo v Registrar General* (HC 6695/06) and (SC292/08).

On 24 January 2006 Margaret Dongo approached the Registrar General's office in Harare at the passports offices as she sought to apply for a passport for her then minor child. Since the application was for a minor child Part 5 of the Zimbabwean passport application form requires a declaration by the father or other legal guardian. Dongo duly completed this section on behalf of her minor child, but the Registrar's office refused to accept her application, insisting that only the father of the minor child could assist in such application.

The Constitution of Zimbabwe, which is the Supreme Law of the Land, allows for the dual operation of customary law and general law. Section 23 of the Constitution, which is a non-discrimination clause

outlaws discrimination. However the grounds provided for are not exhaustive and this section has a claw back close which allows discrimination in Section 23 (3) (a) in matters of personal law as well as in matters of African customary law. This therefore has the effect of negating provisions of gender equality as customary law is patriarchal in nature, and thus allows the further disempowerment of women. These clauses have in the past been used to negate the advancement of women's human rights particularly in matters of personal law.

The challenge of the recognition of customary law is that it is fraught with practices that undermine women's human rights such as polygamy, pledging of girls, widow inheritance and early marriages. See for instance in the case of *Magaya v Magaya* 1999 (1) ZLR where the Court held that a daughter could not inherit intestate from the estate of her late father in terms of African customary law and in that case awarded the immovable property which was the subject of the dispute to a younger male heir.



Carrying the load: Until recently women could not get passports for their children. Photo: Trevor Davies

After receiving many similar cases, the Zimbabwe Women Lawyers Association (ZWLA) embarked on test case litigation to challenge the constitutionality of the Registrar General's action. The Challenge of using test case litigation as a strategy for law reform is that Court process is slow. This case ran from 2006 to 2008 when it came before the Supreme Court. By the time judgement came in 2011 after the Dongo's son was already a major.

However, the case establishes an important precedent. In passing judgment the Judge highlighted that the application of a passport did not constitute a juristic act. This means the application of a passport is not an act where guardian-

ship of a minor is being exercised, and hence both parents could apply for their child's passport. While this judgment is favourable to women it did not address the constitutional issues raised. But the judgement serves as a step towards non-discrimination. The result of the judgement is that steady streams of women now obtain travel documents for their children in the absence of their husbands. There still is need to amend the

constitution and ZWLA has been actively participating in the ongoing constitution making process, and upraising women on the effect of these and other discriminatory practices. Such actions can be replicated in other jurisdictions in the SADC region as most African constitutions have both customary law and general law operating which usually has the effect of negating women's human rights.

Minority status inhibits economic empowerment:

Such constraints inhibit women from accumulating assets such as property; manage their own credit performance, finances and to raise capital in their own right. This leaves women without the relevant experience or credit histories from which to draw when applying for funds either whilst married or when divorced or widowed. The commitment to abolish the minority status of women by 2015 would mean all women regardless of marital status would have the right to conduct business and undertake contracts in

Bethusile Mwali in Swaziland is a living example of the spirit of entrepreneurship that exists in women. She is the owner of Bethu's Restaurant and grocer in Malkerns and Thandabantu Café and Take Away Food at eZulwini Midway. Mwali says:

"Starting the business was not easy because I encountered difficulty in obtaining the permit and the license to operate until I asked my husband to negotiate on my behalf." This however resulted in her shop and the banking accounts being registered in her husband's name.

their own right. The minority status of women perpetuated by law and customary practices is a major gender justice issue that SADC countries need to conclusively deal with. Not only do laws reflect societal attitudes but such laws have a direct impact on women's ability to exercise their rights. The legal context of family life, a woman's access to education, and law and policies affecting women's economic status can contribute to the promotion or prohibition of a woman's access to rights and her ability to make informed choices about her life.



Madagascar: In 1994, a Directorate of Legal Reforms was set up in the Ministry of Justice. Since then, the provisions of the country's customary laws have been gradually reviewed in partnership with UNDP, UNICEF

and the United States' Agency for International Development (USAID). The main actions undertaken to lift women out of a minority status included:

- Research on the discriminatory forms and practices persistent in Madagascar;
- Ensuring consistency between national laws and the provisions of international conventions, namely the provisions of CEDAW on the family rights. This action resulted in several legal reforms, including the following (i) legal age of marriage increased to 18 years old for both sex (Act 2007-022, Article 3); (ii) co-responsibility of spouses in the administration of their common assets (Article 11); (iii) co-responsibility of spouses and equal parental rights in rearing their children (Articles 54 and 55).
- Dissemination of the legal reforms and building the CSOs capacity to carry out awareness-raising campaigns and to influence the government's policy as regards women's legal rights;
- Recent creation of the Directorate of Human Rights within the Ministry of Justice (2008) with the goal of expanding jurisprudence referring to the application of international conventions.



Woman at work, Madagascar.

Photo: Gender Links

There are many difficult areas of law reform not specifically addressed by the SADC Gender Protocol: There remain a number of what the Legal Assistance Centre (LAC) in Namibia calls “Topics at the far edge of the political agenda.”⁵ Hot topics include abortion, sex work, marital rape and issues sexual minorities. The fact that these are not provided for in the SADC Gender Protocol demonstrates the high level of contention over these issues.

Abortion



In **Namibia** abortion is covered by the Abortion and Sterilisation Act (1975). This outlaws abortion in most circumstances, unless the pregnancy endangers the mother's life or is a threat to her physical and mental health; there is a serious risk that child welfare will suffer from a serious, permanent physical or mental defect or the pregnancy results in rape or incest.

The Ministry of Health and Social Services (MoHSS) conducted a study in 2006 to assess service provision for emergency obstetric care. The report showed that 20.7% of direct complications and 8.3% of deaths were attributed to abortion. The legislation on abortion has not changed. 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.⁶ 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.⁷ However due to funding constraints, the implementation of the policy has been slow.

NGOs continue to lobby for more 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.

Infanticide is not a specific crime, therefore data for baby-dumping and infanticide is usually recorded as a charge of concealment of birth combined with a charge of abandonment, manslaughter or murder. The **Child Care and Protection Bill** includes a provision that will allow a parent to leave a child at a designated safe place without committing an offence of abandonment.⁸

The Legal Assistance Centre has proposed enacting a separate law, similar to the Zimbabwe Infanticide Act. It has also proposed a number of strategies, including steps to prevent unwanted pregnancies; providing information on legal abortion, non-judgemental support for pregnant women; safe havens for unwanted infants; adoption and fostering arrangements.

The law on abortion in Mozambique, which dates from the 1860s, declares abortion a crime. On Monday, 11 October 2010, a pregnant 16-year-old attempted to abort by ingesting pills. She started to bleed at school and sought refuge in a friend's home. Later that day, the girl found herself in police custody instead of being taken to hospital. In the coverage of this incident, *Notícias*, a daily newspaper chose to print her name, her address, the school she attends, her year of study, family details and name of her boyfriend. The paper missed an opportunity to challenge the authorities on the reasons for not changing the penal code that forbids abortion.

Sex work



Namibia: Sex work is governed by the Combating of Immoral Practices Act 21 of 1980 which criminalises a range of activities around prostitution without actually making sex for reward directly illegal. In practice only women are prosecuted. A High Court judgement in the 2002 Hendricks case found some of the legal prohibitions on sex work to be unconstitutional but left prohibitions intact. The Legal Assistance Centre has argued that the current law is likely to be unconstitutional on several counts - respect for human dignity, freedom from sexual discrimination, right to privacy in the home and communications; freedom of speech and expressions; association and to practice any profession, carry out any trade or business. The LAC has recommended decriminalisation combined with a policy of compassionate discouragement.⁹



South Africa: There was a heated debate on the issue of legalisation and or decriminalisation of sex work in the run up to the 2010 Soccer World Cup and the matter has not been concluded since then. In many other SADC countries sex work is a criminal offence.

Marital rape

Marital rape is recognised in a few countries. In a 2010 test case in Botswana the judge ruled that marital rape

⁵ Unravelling Taboos, Gender and Sexuality in Namibia, LaFont S, and Hubbard D, edited, Gender and Advocacy Project, Legal Assistance Centre.

⁶ Child Care and Protection Bill. (2010). Revised final draft. June 2010. Provision 204.

⁷ For a discussion on how the previous guidelines may have impacted on the incidence of illegal abortion, see Legal Assistance Centre. (2008). School Policy on Learner Pregnancy in Namibia: Background to Reform. Windhoek, Namibia: Legal Assistance Centre. Available at: <www.lac.org.na/projects/grap/Pdf/learnerpregnancyfull.pdf> Last accessed 14 February 2011.

⁸ Child Care and Protection Bill. (2010). Revised final draft. June 2010. Provision 210.

⁹ “Whose Body is It”, Commercial Sex Work and the Law in Namibia, 2002, Legal Assistance Centre, funded by Austrian development Foundation.

violates the rights of women. This landmark case came about as a result of a married woman supported by the Botswana Network on Ethics, Law and HIV/AIDS (BONELA) challenging the fact that women have no power in sexual relations even when they know their husband are HIV positive. This is a milestone achievement for women's rights as it challenges male dominance and power, patriarchal values that treat women as minors and make women vulnerable HIV infection.

Sexual minorities

The signing of the SADC Protocol on Gender and Development in 2008 missed an opportunity to explicitly provide a framework for protecting the rights of Lesbians, Gays, Transgender and Intersexed (LGBTI) people. This remains a contentious issue in the region and elsewhere in Africa.

According to Open Society Initiative in Southern Africa (OSISA)¹⁰ only two African countries offer some form of protection for sexual minorities: Mozambique and South Africa. Table 1.3 gives a breakdown of laws on LGBTI people. South Africa comprehensively deals with the rights of the sexual minorities and provides a model framework for addressing the issue.



Mozambique recently enacted an anti-discrimination employment policy that includes sexual orientation, and further progressive amendments are expected.

South Africa has the rights of all people, irrespective of sexual orientation, enshrined in its Constitution, and various other pieces of legislation and policy, making

it one of the world's most progressive countries regarding the rights of sexual minorities.



In **Malawi** gay and lesbian marriages are not permitted by law. For example a gay couple was imprisoned for four and half months from December 2009 to May in 2010 without bail for holding a marriage ceremony in Blantyre. After pleading not guilty the couple were convicted of "unnatural acts and gross indecency" and given a maximum prison sentence with hard labour each. They were later released by President Bingu Mutharika after what many believe was an intervention by United Nations Secretary General Ban Ki-Moon. Mutharika said he was pardoning the pair on humanitarian grounds and maintains they were wrong.

In **Zambia** the National Constitutional Conference (NCC) - the official body tasked with driving the reform process and rewriting the Constitution - recently included a clause that forbids marriage between people of the same sex in the draft constitution.



Zimbabwe has slightly less severe prison terms, ranging from one month to 10 years. LGBTI people experience various challenges to their human rights, which include regular humiliation and harassment in public spaces. There is very limited access to medical care and treatment, as medical and mental health professionals lack the knowledge of how to deal with LGBTI.¹¹

Table 1.3: LGBTI Laws by country

Rights in:	Same-sex sexual activity	Recognition of same-sex relationships	Same-sex marriage	Same-sex adoption	Allows gays to serve openly in military?	Anti-discrimination (Sexual orientation)	Laws concerning gender identity/ expression
Angola	✗ Not specifically outlawed, other laws may apply (Penalty: Labour camps for habitual offenders)	✗	✗	✗	Unknown	✗	Unknown
Botswana	✗ Illegal (Penalty: Fine - 7 years)	✗	✗	✗	Unknown	✗	Unknown
Democratic Republic of the Congo (formerly Zaire)	✓ Legal	✗	✗ Constitutional ban since 2005	✗	Unknown	✗	Unknown
Lesotho	✗ Male illegal ✓ Female legal	✗	✗	✗	Unknown	✗	Unknown
Madagascar	✓ Legal	✗	✗	✗	Unknown	✗	Unknown

¹⁰ Source: www.osisa.org LGBTI Special initiative. Accessed on 19 July 2011.

¹¹ Source: www.osisa.org LGBTI Special LGBTI initiative. Accessed on 19 July 2011.

Rights in:	Same-sex sexual activity	Recognition of same-sex relationships	Same-sex marriage	Same-sex adoption	Allows gays to serve openly in military?	Anti-discrimination (Sexual orientation)	Laws concerning gender identity/ expression
Malawi	✗ Male illegal ✓ Female legal	✗	✗	✗	Unknown	✗	Unknown
Mauritius	✗ Male illegal ✓ Female legal (national debate over repeal of the law). + UN decl. sign.	✗	✗	✗	Unknown	✓ Bans some anti-gay discrimination	Unknown
Mozambique	✓ Legal	✗	✗	✗	Unknown	✓ Bans some anti-gay discrimination	Unknown
Namibia	✗ Illegal (not enforced)	✗	✗	✗	Unknown	✗	Unknown
Seychelles	✗ Male illegal ✓ Female legal	✗	✗	✗	Unknown	✗	Unknown
South Africa	✓ Legal since 1994	✓ Unregistered partnerships recognised for various specific purposes by laws and judgments since 1994; same-sex marriage legal since 2006	✓ Legal since 2006	✓ Legal since 2002	✓	✓ Bans all anti-gay discrimination, by constitution and statute; specific laws also ban discrimination in employment and housing	✓ Since 2003, legal sex can be changed after surgical or medical treatment; "sex" and "gender" are distinct protected classes
Swaziland	✗ Male illegal ✓ Female legal. Pending law includes outlawing lesbian sex conduct.	✗	✗	✗	Unknown	✗	
Tanzania	✗ Illegal (Penalty: up to life imprisonment)	✗	✗	✗	Unknown	✗	Unknown
Zambia	✗ Male illegal (Penalty: up to 14 years) ✓ Female legal	✗	✗	✗	Unknown	✗	Unknown
Zimbabwe	✗ Male illegal ✓ Female legal	✗	✗	✗	Unknown	✗	Unknown

Source: LGBTI Rights in Africa: http://en.wikipedia.org/wiki/LGBT_rights_by_country_or_territory#cite_note-ILGA_2010-10. Accessed 19 July 2011.

Harmful traditional practices



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

There are a number of discriminatory practices that occur in the different countries, frequently under customary law, which are highly harmful to women. These include but are not limited to:

- Marital rape.
- Domestic violence.
- Forced marriage.
- Child marriage.
- Age of consent frequently being lower for girls than boys.
- Being “given away” in marriage.
- Having no option for divorce.
- No ability to travel without permission.
- Accusations of witchcraft.
- Not being deemed guardian of children.
- Economic disempowerment.
- *Kusasa fumbilfisi* (A practice that occurs in Malawi whereby a male has sexual intercourse with a female as an initiation requirement).
- *Kulowa Kufa* (A practice in Malawi where 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).
- 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 upon girl children.
- Widow dispossession/property grabbing.
- Lack of recognition of polygamous marriages.
- Initiation rights.
- Abduction.
- *Lobola* (Bride Price).
- Wearing of mourning weeds.
- *Kuhlanta* (A practice in Swaziland where girls are married off to her sister or aunt's husband).
- *Kulamuta* (A practice in Swaziland of a man having sexual relations with a younger sister or paternal niece of his wife).

Some practices are not perceived as harmful in terms of perceived injury: These include initiation ceremonies where girls receive sexual instructions; and counselling at puberty. In South Africa male circumcision ceremonies that have led to the deaths of young men are increasingly under scrutiny as harmful practices.

Programmes have been initiated by government and civil society to eliminate harmful cultural practices: There has been engagement with traditional leaders, religious leaders and communities on the dangers of these practices and the impact they have on the enjoyment of human rights. However it is difficult to measure the impact of such programmes as these practices are done in secret and those who practice them may report that they have ceased the practices just to appease government whilst continuing.

Some of these practices continue despite legislation: The following examples from various countries show how traditional practices continue unabated and how they militate against women's rights:



Lesotho: Customary law in Lesotho elevates the first-born male child above girl children and unmarried daughters, and denies them the right to inheritance.

Girl children and unmarried women cannot inherit from their parent's estate unless there is a will in place (which is not frequently the case). This can be challenged in court and in most cases, the will is not upheld. As such, there is a need to reform inheritance and administration of estate laws to protect the rights of girl children and unmarried daughters.



Customary law in Lesotho elevates boy children.

Photo: Colleen Lowe Morna

Malawi: There are varying ethnic groups that have different cultural practices, but some of these practices are said to be harmful and in contradiction to the constitution. What is tantamount to being harmful and demeaning for women is relative and subjective on the basis of perception and social orientation. The Constitution guarantees the right to practice a culture of one's choice but it has posited that the State must eliminate practices that are harmful to women some of those identified on the basis that they contribute towards the prevalence of HIV/AIDS are:



- Widow inheritance;
- *Kusasa fumbilfisi* (a practice whereby a male member of the community has sexual intercourse with a female as an initiation requirement); and
- *Kulowa kufa* (a practice where a male member of the community has sexual intercourse with a woman upon the death of her husband).



Mozambique: In Mozambique, there are many discriminatory practices against women. When young girls get married

they go through a process of initiation rites which teach them to be good wives and how to be submissive and please their husband. There are also situations where widows suffer accusations of witchcraft after their husbands' death, resulting from expulsion for the home (usually a ploy at property grabbing). This is common in rural areas, where the majorities of women are illiterate and have no access to the formal legal system.



Tanzania: One of the harmful traditional practices that still exist in Tanzania is Female Genital Mutilation (FGM). Although FGM is a crime in Tanzania and a lot of advocacy is done around it, FGM is still widely practiced. This is an area that requires far more concerted campaigns.

"At training that I conducted with a group of local councillors in Handeni, Tanga, the councillors claimed that FGM will not be stopped because it is a taboo to marry a woman who has not undergone FGM. They said that is why, even a graduate will take herself to undergo FGM so that she gets married. However, when I shared with them that FGM removes the pleasure of sex and that women would move from one man to another to look for satisfaction, they were terrified. One of the Councillors changed his mind about having his daughter undergo FGM. He also openly confessed that he now understood why his wife says she never gets satisfaction even if she has sex the whole night. The effect of FGM is worse than one can imagine. Firstly, it is torturous and secondly, such acts further endanger women reproductive health and contribute to increased maternal mortality rates that are high in Tanzania"

- Gemma Akilimani, Tanzania

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 in 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 on and in the courts, including traditional courts, alternative dispute resolution mechanisms and local community courts.*
- *Accessible and affordable legal services for women.*



March for justice.

Photo: Gender Links

Access to justice means that when people's rights are violated and they need help, there are effective solutions available. All people have a right to go about their lives in peace, free to make the most of their opportunities. They can only do so if institutions of justice as law and order protect them in their daily lives. Justice systems, which are remote, unaffordable, delayed, and incomprehensible to ordinary people effectively, deny them legal protection.

Legal obstacles deter justice: Women and Law in Southern Africa (WLSA) studies on "Women and the Administration of Justice Delivery: Problems and Constraints" revealed that various legal obstacles prevent women's access to legal and judicial services in the SADC region. The legal obstacles fall into several areas, which are interrelated and tend to be mutually reinforcing

some of the legal problems and issues relate to the following:

- Laws that appear to be neutral at face value - but are subject to different interpretation;
- Laws that have the potential of being discriminatory because of what is left out;
- In the application of the law, when people act on the contrary; and
- The administering of the laws being ineffective because the institutions or individuals who apply the Law refuse or are unable to apply it.

Furthermore, women face difficulties in accessing justice because of:

- Lack of knowledge of their legal rights;
- Expense of legal representation where there is no legal aid available;
- Language used throughout the legal system and in courts;

Free legal services in Zambia: Access to justice in Zambia, especially by women, is generally poor because of lack of knowledge where to find the courts, lack of resources to hire legal services, and the fact that most women are not familiar with speaking in public places such as courts. Many other cultural beliefs and socialisation hinders access to justice. Most people, especially in rural areas, use traditional and local courts to hear and resolve cases. Local and traditional courts are easier to access as they are found in almost all parts of the country and legal fees are very minimal.

In local courts, which are the lowest courts in the constitutional hierarchy of courts in the country, customary law is also applied. Local courts are by far outnumbering the “modern law branch” as there are 453 Local Courts in Zambia compared to only 53 Magistrate Courts. The Jurisdiction of Local Courts is not restricted to customary law though. Following the Local Courts Jurisdiction Order, Local Courts apply various statutes among them the Intestate Succession Act from 1989, Parts of the Penal Code from 1931, the Witchcraft Act from 1934 and other more exotic ones. The report on the project “Improvement of the Legal Status of Women and Girls in Zambia” spells the following as some of the hindrances for women's access to justice.

- Cultural beliefs concerning the position of women in the family and in society.
- Women having no knowledge of their rights.
- Local Court personnel having no knowledge of women's rights.
- Social and legal discrimination of women.
- Financial constraints of women.

In order to bridge the gap, some organisations such as the Legal Aid Clinic for Women, Legal Resources Foundation, Women in Law in Southern Africa

- Insensitivity of courts;
- Fear of publicity;
- Duality of legal systems;
- Lack of family support; and
- Lack of empowerment to believe they can make change.



Zambia's new Constitution guarantees equal access to institutions of Justice (Article 11) once it comes into force. It states that the government shall ensure access of the people to independent, impartial and competent institutions of Justice. There is however room to further qualify this in terms of Article 7 of the SADC Gender Protocol in terms of equality in accessing justice to ensure legislation and other measures promote and ensure practical realisation of equality of women.

(WLSA) and the government Legal Aid Department provide free legal services to women and other vulnerable people. However, the services rendered by these organisations are far from reaching the needs of all women in need of legal services in the country.

Legal Aid in South Africa: Section 34 in the Constitution that: “Everyone has the right to have any dispute that can be resolved by the application of law decided in a fair public hearing before a court or, where appropriate, another independent and impartial tribunal or forum.” The Legal Aid Amendment Act, 1996 (Act 20 of 1996) which enables the Legal Aid Board to provide legal representation at state expense for accused persons in deserving cases. As costs are one of the main reasons people and women specifically are not able to access the justice system, this Act is critical as it begins to address that issue.



Women in South Africa are entitled to legal aid.

Photo: Colleen Lowe Morna

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;*
- *Every marriage takes place with free and full consent of both parties;*
- *Every marriage to be registered;*
- *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 put in place laws and other measures to ensure that parents fulfill 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 most significant area for legal reform are the current contradictions between formal and customary law that occur across the SADC region; as marriages are governed by parallel legal systems of statutory, customary and in some cases religious law. Women suffer discrimination due to non-uniform marriage and divorce laws, polygamy, the application of customary property laws that still favour men's ownership of land, discriminatory and harmful cultural practices, violence against women and lack of equal access to education. Customary and Islamic marriages are potentially polygamous and permit some of the negative practices that have the effect of discriminating against women. Some of the practices relate to forced or arranged marriages especially for young girls, widow inheritance, the extensive marital power given to men in matters of property and women's reproductive rights.

Concerning personal property, customary law varies, but women may usually retain personal property brought into the marriage. However, anything acquired after marriage is part of the husband's estate in case of death. Restrictions on women, which may have their historical basis in custom rather than law, are legal restrictions when enforced by the courts. Courts have passed judgments to that effect. Justice Gubbay summed it by stating in *Jena Vs Nyemba* that, "property acquired during a marriage becomes a husband's property whether acquired by him or his wife." In Zimbabwe the exceptions to this rule is the *mombe yeumailinkomo yohlanga* (motherhood beast). WLSA Mozambique 2000 has demonstrated that most marriages in Mozambique are not legally valid under the law. Women therefore do not take up their cases to formal courts. (WLSA 2001). Table 1.4 concerns marriage and family law throughout the region.

Positive moves forward: There are some significant recent changes in marriage laws. For example the age of consent for marriage has been increased in Botswana, Mozambique and Madagascar to eighteen and the DRC parliament is currently debating the same change. Furthermore, the Marital Power Act came into place in Botswana and has fuelled amendments in the Deeds and Registry Act allowing women to register immovable property in their own names. Similarly, a wife now has to give consent in property transactions of the husband, while the law has also allowed sharing of property for couples who are cohabiting. The Traditional Chiefs now have power to share the property for couples. However, legal education is necessary if these reforms are to benefit women.



In December 2003, **Mozambique** passed the Family Law that secures a broad range of rights previously denied to Mozambican women. Among the provisions, the

law ensures that:

- the head of a family may either be a woman or a man;
- eighteen years is the age of consent for marriage for girls and boys;
- women can inherit property in the case of divorce;
- non-recognition of polygamy; and
- recognition of *de facto* unions and traditional marriages.

Maintenance laws in Namibia confer equal rights and obligations to couples with respect to the support of children and create legal obligations for spouses to support each other and their children. The procedures for accessing child and spousal maintenance have also been clarified and simplified.

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	Yes, the legal age for marriage is 18 but can take place from 15 with parental consent	Yes, the minimum age for marriage is 18	No, girls can marry at 15 and boys at 18 without parental consent	No, girls can legally marry at 16 and at 18 for boys.	Yes, the legal age for civil marriage is 18 but	No, girls can marry at 15 and boys at 18 but marriages can take place earlier with parental consent	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 for girls can take place from 15 with parental consent	Yes, the minimum age for marriage is 18	No, girls can civilly marry from 16. Under customary law, marriage 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	No, the age of consent for marriage is 16
Every marriage shall take place with the full consent of both parties	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes
Every marriage, including civil, religious or customary is registered	No	No	No	No	No	No	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
Laws 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. Compiled from individual country assessments of laws by the researchers (see acknowledgements for names).

- While **Zambia** previously did not allow foreign men married to Zambian women to attain citizenship, this is now changing in light of the Constitutional review taking place. For example the new provisions contained in Article 26 on citizenship by marriage include:



- A woman married to a man who is a citizen, or a man married to a woman who is a citizen, may, upon making an application in the manner prescribed by an Act of Parliament, be registered as a citizen of Zambia.
- Clause (i) shall apply only if the applicant has been ordinarily resident in the Republic for a continuous period of not less than fifteen years immediately preceding that person's application.
- Clause (i) applies to a person who is married to a person who but for that person's death, would have continued to be a citizen of Zambia under clause (i) of Article 21.
- Where the marriage of a person is annulled or dissolved after the person has been registered as a citizen of Zambia under clause (i) that person shall, unless the person renounce that citizenship, continue to be a citizen of Zambia.
- Where on an application for registration under clause (i), the Citizenship Board of Zambia has reasonable grounds to believe that a marriage has been entered into primarily with a view to obtaining the registration, the citizenship Board of Zambia shall not affect the registration.

Age of consent for marriage: As can be seen from Table 1.4 there is much discrepancy around the age of consent for marriage throughout the SADC region, as it differs from civil to customary marriage and whether or not there is parental permission. Under civil law, in eight of the countries women cannot marry before the age of eighteen but in two of these countries (Angola and Seychelles) marriage can take place from fifteen and from sixteen in Mauritius without parental consent. In the other SADC countries, under civil law, with parental consent girls can marry at fifteen in the DRC, Malawi, and Tanzania, and can marry at sixteen in Lesotho, Swaziland, Zambia and Zimbabwe.

Under customary marriage law, there is no fixed age for marriage but it generally takes place from the age of puberty. These marriages render young women vulnerable to physical, economic and sexual abuse and contravene their rights to health and education. Marrying at a young age can mean that their underdeveloped bodies cannot cope with childbirth, thus increasing risks of maternal and infant mortality, the risk of HIV/AIDS infection and a poor level of health generally. In terms of education, girls who marry young are less likely to finish their education and therefore, more likely to be illiterate and have reduced economic and employment prospects.

Marriages taking place with woman's consent:

Under civil law, in all of the countries marriage must take place with the woman's consent except in the case of Tanzania where the courts of a woman's parents can consent on her behalf to marriage under the Law of Marriage Act. The issue of consent in regards to customary marriage, is however problematic. Under customary law, parents can arrange marriages for their daughters can "give away" their daughters in marriage or in some cases even sell them. Furthermore, it is questionable where a girl who enters into marriage at the age of puberty would have understanding and knowledge to fully be aware of what she is entering into.

Registration of marriages: Only four of the SADC countries require all forms of marriage to be registered, whether civil, legal or religious (Mauritius, Mozambique, South Africa, Seychelles). Marriages performed under civil law are generally registered but customary marriages and religious marriages, which occur most frequently, are not. This results in a lack of access for women to the formal legal system regarding marriage laws and women's rights not being recognised in cases of inheritance, polygamy and separation.

Reciprocal duties towards children in cases of divorce or annulment:

In all SADC countries except Swaziland and Tanzania, both men and women have equal duties towards children in the cases of divorce or annulment. In the case of Swaziland, guardianship is vested primarily in the father of the child. Even when the marriage has ended in divorce, the mother may be granted custody only with the father maintaining guardianship. In the case of Tanzania, under customary law, women are only entitled to support in "special circumstances" which are not clearly defined. In terms of maintenance, in ten of the SADC countries, there are laws to enforce maintenance payments but these are frequently not sufficiently enforced and are problematic in terms of establishing paternity if a child is not registered and in polygamous marriages.

The right to maintain 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 for example, only men have the right to decide their nationality and a woman acquires the nationality of her husband upon marriage.



Men still supreme in Lesotho.
Photo: Colleen Lowe Morna

Widows and widower rights



The Protocol requires that Member States enforce legislation to protect widows from being subjected to inhuman, 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.

Customary law hinders implementation: Given the prevalence of customary law and the existence of claw back clauses, it remains difficult for many widows to access the formal legal system throughout the SADC region. The majority of the laws listed in the table above pertain to widows under the formal legal system but offer little protection to widows in customary marriage. The exception to this is under the South African Marriage Law, which includes customary marriages and incorporates the right not to be subjected to any form of violence. In thirteen of the countries, there is legislation meant to protect widows from inhuman, degrading or humiliating treatment, the exceptions being Swaziland, Tanzania and Zambia. However, the legislation that is referred to regarding this in most of the SADC countries is taken from the constitution, which protects citizens in general from inhuman, humiliating or degrading treatment. There is little legislation referring specifically to widows, and even less addressing issues widows face under customary law.



In the case of **Zambia**, women under some customary traditions must undergo sexual cleansing rituals after the death of their husband and if they refuse, they

lose their right to inherit property. These rituals can range from prolonged isolation, forced sex with male in-laws and other treatment humiliating to the widow. Due to the conflict between customary and formal law, there is little to protect women currently in these circumstances. According to the Gender Based Violence survey report (GBV 2006) 43% of people reported that sexual cleansing was still practiced in their culture or tradition. Traditional practices such as sexual cleansing put women at a higher risk of contracting HIV/AIDS and sexually transmitted diseases (STIs).

Formal systems do not address widow inheritance: The formal legal system does not address practices of widow inheritance under customary law; in some

cultures, upon the death of her husband, a woman herself may be inherited, as she is seen as “belonging” to her late husband's family, bought through the payment of bride price, or *lobola*. Although widows can generally remarry, they are often encouraged to marry someone from their husband's family in order to obtain property rights and guardianship of their children.

If a deceased husband's family does not make any claim of ownership upon her, women face further difficulties in that they are frequently unable to return to their own family. The natal family does not consider her a member, and in most cases, is unable to look after her. She can fall victim to social stigma and feels that it is simply inappropriate for her to go back to her childhood home. With nowhere to go, she is often left destitute and homeless. In some SADC countries, widows face further insecurity in that after the death of their husband, they are not automatically the guardians of their children. In the case of Malawi, guardianship depends on whether the marriage took place in a matrilineal or patriarchal system. Under a patriarchal system, where a bride price (*lobola*) was paid, the children are seen as belonging to the husband's family.

Some tribes in Zambia still practice marriage inheritance, in other words the widow is “passed on” to the brother or male relative of the deceased. The 2006 GBV survey report indicates that 13% of the widowed were claimed in marriage to their deceased spouse's relatives. This was more common among females than males, as 15% of the females were married off to a relation of the deceased, compared to only 4% of the males who were married off to the sister of the deceased. Furthermore, child and forced marriages have continued to put women's lives in danger of contracting diseases such as HIV/AIDS. Many young girls in most parts of the country are forced into marriage at a tender age when they are not yet ready for marriage.

Widows often lose property: The most frequently occurring violation of widow's rights is property dispossession and loss of inheritance rights, even though there are formal laws governing this in nine of the SADC countries. In pursuing these rights widows can be exposed to physical harm and even death at the hands of male relatives or face accusations of witchcraft and of having caused the death of their husbands.



In some countries, such as **Angola**, women can go to a "Soba," a local chief with their complaint and if they rule in her favour, they may grant her a piece of communal land. However, this land is generally of low quality.



Widows rights are still not guaranteed in Namibia.

Photo: Gender Links

In **Namibia** the Communal Land Reform Act 5 of 2002 protects widows' rights to communal land tenure by allowing them to remain on communal land allocated to their deceased husbands if they wish, even if they should later remarry. (The same protections are extended to widowers). Currently, despite existing law reforms, widows still suffer instances of property-grabbing and discrimination. A 2005 national conference on women's land and property rights heard testimonies from women who had been stripped of all their livestock, homes, household goods and personal belongings by relatives of their deceased husbands. There is an urgent need to reform laws on inheritance, and traditional authorities need training to understand and enforce women's and children's rights to a home, land, property and livelihood. Some 45% of households in Namibia are headed by women, most of whom do not receive maintenance for their children from the absent fathers.



Although widows have the right to employment by law in twelve of the SADC countries, lack of education, capital and land may make it difficult to access these opportunities. Lack of support from her husband's family and an inability to return to her maternal family means widows are the poorest and most vulnerable groups in many societies. SADC governments need to do more to address the issues widows face as a specific group to protect them from discrimination and violations of their rights.

Lesotho: New land act protects widows

Nthabiseng (not her real name) aged 30 years old lives at Ha Masitise in the Quthing district semi-urban. She is married under Sesotho Customary law and has two children, a boy and a girl. Her husband passed away in 2008. He left her a house and some household property; which they had both been staying at with their two children. A year after her husband's death, her brother-in-law made life intolerable for her, he threatened to evict her from her home claiming that he was the heir of his late brother. Nthabiseng is in possession of a "Form C" which is written in her late husband's name. Nthabiseng's marriage is not disputed by the brother in law. She needed legal advice regarding her protection against the brother in law.

According to the Land Act, 2010, section 10 (1) provides that "where persons who are married in community of property either under civil, customary or any other law

and irrespective of the date in which the marriage was entered into, any title to immovable property allocated to or acquired by anyone of them shall be deemed to be allocated to or acquired by both partners, and any title to such property shall be held jointly by both."

Since her husband had passed away, that title had automatically passed to her as they had joint ownership of that "Form C". On the basis of this she was able to obtain an interdict against her brother-in-law.

Section 10 of the Land Act, 2010 is a direct response to Article 10 of the SADC Gender and Development Protocol which provides that "the State shall ensure that widows shall have the right to continue to live in the matrimonial house after her husband's death". It also calls on States to protect the widow 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.

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.

Girls throughout the SADC region remain vulnerable to harmful cultural attitudes, practices, and abuse. As a result, girls continue to have unequal access to education, health care and other services and face violence, forced early marriage, sexual exploitation, an increased burden of care and domestic responsibility due to the HIV/AIDS pandemic and a lack of power over their bodily integrity and their future. Although there is extensive regional and international legislation protecting the rights of children it is clear that the done to protect them from discrimination and harmful practices.

There is an urgent need to improve the life chances for girls in SADC countries. In eight countries there is legislation which eliminates all forms of discrimination against the girl child. In only seven, there is legislation protecting girl children from harmful cultural attitudes and in only seven ensure girls have access to information, education, services and facilities on reproductive health rights. Governments of the SADC region must implement and enforce the existing legislation that supports and upholds the rights of girl children and create domestic legislation and policies that show an understanding of these issues.

The effects of HIV/AIDS upon the girl child: HIV and AIDS undoubtedly heightens the difficulties girl children face throughout the SADC region, due to the following factors.

- Women and girls across most of the SADC region (bar Mauritius and the Seychelles) are showing higher HIV/AIDS prevalence rates than men and boys.
- Women and girls are bearing an increasing burden of care through the home based care of those affected.
- Girls are more likely to be withdrawn, drop out or have low attendance in school because of HIV/AIDS.
- If girls have reduced access to the educational system, they are absent from one of the key avenues where they would obtain information about protecting themselves from HIV/AIDS.
- The prevalence of child marriage increases girl's chance of HIV/AIDS.
- The perpetuation of myths about HIV/AIDS for example, it can be cured by raping a virgin, expose girls to physical violence and the risk of infection.
- Physiologically, girls are more prone to HIV infection as their sexual organs are less mature and less resistant to HIV and sexually transmitted infections.
- Poverty may encourage girls to enter into risky sexual behaviour of a transactional quality, exposing them to risk of infection.

The girl child and reproductive health: The early onset of sexual activity throughout the SADC region and lack of access to contraception exposes young girls to HIV/AIDS, STIs and unwanted early pregnancy. This puts a further strain on health services and the region, as there are increased maternal mortality rates, infant mortality rates, illegal abortions, large families. In many of the SADC countries, adolescent health is not covered specifically under family planning policies.

Malawi: Workers protect the girl child from early marriages



Women mean business - launch of 2010 Gender Protocol Barometer in Malawi.
Photo: Colleen Lowe Morna

Child Protection Workers employed by the Ministry of Gender, Children and Community Development are working in collaboration with Chiefs and child protection committees to keep children from all forms of abuse and exploitation.

Children under the age of 18 especially girls are forced into early and arranged marriages by parents and guardians. There are incidences of girls forced into marriages as young as 11 years. Mostly it is the older men who marry these girls. According to the World's Women and Girls Data Sheet of 2011, Malawi has an early marriage proportion of 50% and is among nine countries with highest early marriage proportions. This

practice has some physical and emotional implications on the girl child, the society as well as the nation.

To address this challenge, there are a number of programs put in place on the ground. There are Child Protection Workers employed by the Ministry of Gender, Children and Community Development placed in the communities and are working in collaboration with Chiefs and child protection committees in protecting children from all forms of abuse and exploitation. There are also Community Action Groups on gender based violence who work with various structures in the community so as to create a violence free society where men and women, boys and girls will realise their potential and enjoy their rights.

This is in line with the SADC Gender Protocol which calls on Member States to adopt laws, policies and programmes to ensure development and protection of the girl child. This includes protection 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.

There is also a national campaign against child abuse observed every year where civil society, government and different organisations work together to sensitise the nation on the effects and dangers of child abuse. Recently the Ministry of Gender and other stakeholders carried out an activity to establish community victim

support units in various parts of the country. Child Protection Courts have also been established in the three regions of Malawi with lower courts also conducting child friendly justice hearings when necessary.

Furthermore, suggestion boxes placed at Traditional Authorities and Group Village heads are helping as people are utilising them to report abuses. More encouraging are the establishment of community by-laws to ban early marriages in places like Chitipa, Karonga and Mangochi districts.

There is high infant mortality rate for babies born from teen mothers, long term medical complications due to the fact that girls' bodies are not yet ready to have babies. This directly affects the health of the nation as well as resources. There are also risks of HIV/AIDS spread to younger generations. Furthermore, it is likely that children born from these young mothers might end up growing up under conditions of poverty. Early marriages further lead to school dropout hence most girl children end up uneducated and this can affect their future as well as the nation.

There were attempts to change the marriageable age through the amendment of Section 22 of the Constitution of Malawi but the amendment was not assented to by the President pending further review. It is possible to replicate these programmes though it requires adequate human and financial resources to be able to reach all communities.

The girl child and inheritance: Like women, girls also encounter problems accessing and inheriting fairly. An example is in Angola where The Family Code states that girl and boy children should inherit property equally

(Article 2080). As a matter of practice, however, daughters may not inherit land or will inherit a smaller amount than sons. Families divide their land based on the theory that daughters will receive land when they marry, while sons will be required to provide sufficient land to support a wife and children and care for elderly parents.

Daughters who do not receive land through inheritance have the right to challenge the decision by bringing an action under the Civil Code. However, very few women are likely to do so because: (1) women often have no knowledge that they have a legal right to family land; (2) they have no knowledge of how the legal system functions and no notion, therefore, of how to pursue a claim; (3) they often do not have the financial resources to pursue a claim; and (4) they would be very unlikely to raise the issue of a right to land within the family, let alone bring a legal action against a family member.

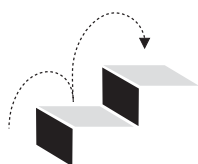
Girls and child trafficking: Only seven of the SADC countries have currently enacted legislation against human trafficking and it



Young girls need protection (Namibia).

Photo: Trevor Davies

is clear that it is an emerging issue throughout the region as children are trafficked both for commercial and sexual exploitation. For example in South Africa, an NGO Molo Songolo carried out research on child trafficking in 2000. Their research focussed on both in-country and cross border trafficking. The research uncovered that children were being coerced into prostitution and found that the predominant feature of trafficking in South Africa is that it is in-country with girls being the majority of the victims (Molo Songolo, Cape Town, South Africa, 2003).



Next steps

In most SADC countries discrimination against women and the girl child is still widely practiced and harmful cultural attitudes still proliferate. While women are protected from some of this discrimination and violation of their rights by the formal legal system, these laws are often not effectively implemented, accessed or there is limited awareness of them. Furthermore, the duality of many of the legal systems means that when these abuses occur under customary law, there is little or no opportunity for women's redress.

While most of the countries in SADC have signed and ratified regional and international instruments that seek to give women more rights, there has been reluctance in translating these words into action by domesticating them into action in their national constitutions. In spite of all the international, regional, sub regional instruments and national laws, there are still widespread violations of women's human rights, compounded by the lack of implementation and adherence to the international regional, sub regional instruments and national laws. There is a need for:

- Civil society and governments to mobilise for the realisation of gender equality and women's and girls' human rights.
- The development of model constitutional provisions arising from this audit and targeted campaigns for progressive provisions to be incorporated in line with the Protocol.

- Mobilisation for the allocation of adequate resources to cover affirmative action programmes together with a campaign on budget tracking for gender equality.
- Communities, civil society and local government to mobilise for the domestication of all ratified instruments;
- Advocacy and pressure to unify systems of formal and customary law;
- Specific measures to address harmful cultural and traditional practices;
- Practical initiatives to ensure gender equal access to justice; and
- Campaign for costing and budgeting for implementation of gender related laws and policies.

Issues for consideration should include but not be limited to:

- Costs for developing the legislative amendments and constitutional reviews for all ministries involved.
- Cost of advocacy initiatives by Governments, UN Agencies, Civil Society and other role players.
- What was the cost of specific IEC materials on the constitutional review for women (government, civil society, un agencies)?
- Tracking funds allocated by government towards affirmative action programmes across various sectors.
- Access to justice: traditional courts.
- What amount has government spent on establishing courts to specifically deal with issues of family violence, child protection and sexual offences (in some countries these are referred to as 'victim-friendly courts')?
- Costs of capacity building of magistrates and officials to staff these courts.
- Amount of money spent by government and or other agencies to make citizens aware of these courts.
- What amount has been spent by all role players to train the country's judiciary at all levels of gender equality and women's human rights international and regional instruments?
- Funds spent on training attorney generals, state prosecutors and lawyers on gender equality and gender justice issues?
- What amount has been spent by government and/or other agencies to build the knowledge of traditional leaders, chiefs, etc on gender equality and women's human rights in relation to access to justice?



Forgotten by families

Anushka Virahsawmy



CHAPTER 2

Gender and governance

Articles 12-13



KEY POINTS

Lesotho Minister of Gender Mathabiso Lepono explains to the media why women need to participate equally in decision-making. *Photo: Colleen Lowe Morna*

- Representation of women in parliament has gone from an average of 21% in 2005 to 25% in 2011 in the SADC region compared to 3% to 19% globally. SADC comes second to Nordic countries.
- Quota systems are gaining ground: Mauritius is about to join Lesotho and Tanzania to have legislated quotas.
- In addressing concerns about reserved seats for women Lesotho has borrowed from the Tanzania model and is now set to hold local elections in October 2011.
- Tanzania witnessed an increase to 36% women in parliament in 2011 and has one last chance - in 2015 - to make good on its SADC commitments.
- South Africa has missed the opportunity to achieve gender parity at local level by 2015 when women's representation slipped back to 38% in recent local elections.
- For all countries holding elections this year or before 2015 (e.g. Zambia, DRC) this will be the last opportunity to achieve the target. As many countries still do not have legislated or voluntary quotas, this poses major challenges.
- The key to change is political will. The fact that women are still least well represented in cabinet (with some exceptions, like South Africa) throws into question the political commitment of leaders.
- Civil society has re-launched the 50/50 campaign to guard the gains made since SADC Heads of State adopted the 50/50 target in 2005. These gains need to be urgently pressed home in the coming period.

As our democracies have matured, so has our understanding of the links between gender and governance. We have come to understand that there can be no democracy for the people by the people unless both women and men are represented. Whether or not women make a difference, they have a right to be represented in decision-making.¹

Several studies have also now gone “beyond numbers” to show that women bring different interests and perspectives to decision-making. 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. Like any interest group in society, women have the right to be heard and not just seen.



Arthur Okwemba strategising for achieving 50/50 women in decision-making positions by 2015, Tanzania.
Photo: Sikhonzile Ndlovu

Elections are an opportunity to increase women's representation, raise issues of gender inequality and women's human rights violations and to press for building gender sensitivity into accountability systems.²

The recent performance by SADC Member States with regard to political decision-making has been inconsistent. For each step forward towards attaining the 50/50 women in decision-making target, there have been two steps backwards in a number of SADC countries.

There are bright spots on the horizon. Tanzania which has a legislated 30% quota for women in parliament made some gains, from 30% to 36% women in the October 2010 parliamentary elections. The same elections witnessed the swearing in of the first female speaker of the National Assembly, Anne Semamba Makinda who defeated her male counterpart Mabere Marambo. Out of a total 335 votes, Makinda won 255 votes (76%) to become the first female speaker of the Tanzanian National Assembly. Malawi and Mauritius have also moved forward in recent national elections.

But there is also bad news. Just when the goal seemed within reach for some countries like South Africa which had 40% women in local government, this slid back to 38% in the May 2011 local elections.

"I cannot pretend that this is not a bitter sweet moment for me, in view of the fact that there are only four women members of this 10th Parliament of 62 members. This is indeed an unfortunate reversal of the gains that have been made in the past in field of women's representation in politics and gender equality generally".

Margaret Nasha - Botswana first female speaker of National Assembly, October 2009

Namibia and Botswana, promising countries with seemingly blossoming democracies witnessed the same disappointments when they held parliamentary elections in 2009. Namibia which had reached the 30% mark for women in parliament slid back to 27% in November 2009.

The drop in women's representation in parliament in Botswana, host country of the SADC Secretariat, from 18% in 1999 to 11% in 2004 and to 8% in the October 2009 elections is also worrisome.

Lesotho's local government quota system came under threat and resulted in elections being postponed in 2011. But in a remarkable example of the Protocol@Work, the local government act has been amended and a new form of quota adopted using the Tanzania model that retains the First Past The Post

¹ Studies such as the Gender Links report *Ring 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.

² Gender in 2010 Tanzania elections, Gender Links 2010.

(FPTP) system with additional seats for women allocated on a Proportional Representation (PR) basis. Mauritius, a country with among the lowest proportions of women in local government, is also in the process of adopting a legislated quota for local elections due later in 2011.

Table 2.1: Summary of recent and upcoming elections

	NATIONAL	LOCAL
Angola	Last quarter 2012	
DRC	November 2011	2012
Lesotho		Postponed to 1 October 2011
Madagascar	Uncertain	Uncertain
Malawi		Postponed indefinitely
Mauritius		November 2011
South Africa		May 2011
Seychelles	May 2012	N/A
Tanzania	October 2010	2014
Zambia	Late 2011	Late 2011
Zimbabwe	No date yet	No date yet

Source: Gender Links (2011) and www.eisa.org.za
<http://www.angelfire.com/ma/maxcra/2012.html>. Both were last accessed on 17 July 2011.

The net result of these ups and downs is that overall progress is slow at the very moment when it needs to be stepped up. This led to the relaunch of the 50/50 campaign by the governance cluster, led by the Women in Politics Support Unit (WIPSU) in Harare in August 2011. This is in response to the need to redouble advocacy efforts to ensure that all stakeholders especially political parties and governments put in place measures to guard gains already made and strive for attaining the 50/50 target.

But time is limited. Countries holding elections in 2011 and 2012 have one last chance before the 2015 deadline.

Table 2.1 show the 2010 - 2011 and 2012 elections calendars for local and national elections. Countries marked in red had elections over the past year. These are Tanzania (national elections in October 2010) and South Africa (local elections in May 2011). Tanzania moved forward (36% women in parliament) and will have one last chance in 2015. South

Africa (38% women at the local level) has now missed the opportunity to achieve 50% women in local government, unless a proposal on the table to merge national and local level elections in 2014 bears fruit. This would provide one last opportunity.

In 2011, local elections were postponed indefinitely in Malawi; and postponed until much later in the year in Lesotho and Mauritius. However, as mentioned earlier, both these countries are likely to be interesting test cases for quotas at the local level. DRC and Zambia have national elections coming up and these provide a real opportunity to take the 50/50 campaign forward in two countries that currently have a very low level of women's political participation.

Many SADC countries have missed or are missing opportunities through lack of effective strategies and action plans devised well ahead of elections. Countries with the FPTP system that is least conducive to women's participation made little or no effort to review the electoral system, or to explore options within their system. In Botswana, for example, while both of the main opposition parties (Botswana National Front and Botswana Congress Party) make provision for 30% women candidates, this quota is not applied in reality hence the poor performance.

There has been a lack of willingness to learn from the best practices in the region which show that without tackling the key issues of electoral systems and quotas, there can be no rapid increase in women's representation in elected office. These best practices are drawn both from countries with a PR system (Mozambique and South Africa) and with a FPTP system (Tanzania and Lesotho).



Casting votes in the May 2010 Mauritius elections.

Photo: Gender Links

The tendency in some countries to “make way for women” at the local level (e.g. in Namibia, South Africa and Lesotho and now Mauritius) is welcome but carries the concern that the only reason this is happening is that local government is not regarded as important as other spheres of governance. Gender and local government have, until recently, not formed a significant part of gender and governance discourse, activism or policy measures. This is also true of other areas of decision-making such as the public service, the judiciary and the private sector for which data is still scanty.

Although the Protocol provisions on gender and governance are relatively short, they are pertinent. They provide for equal representation of women and men in all areas of decision-making in the *public* and *private*

sectors by 2015. This clause is cross-referenced with Article 5 that provides for affirmative action, a strategy that has been key to the rapid increase in women's political participation where this has been achieved. But not all countries subscribe to affirmative action. Mauritius has cited Article 5 for not signing the Protocol arguing that the country's Constitution disallows even positive affirmation.

A significant feature of the Protocol is that it goes beyond numbers, calling for campaigns to demonstrate the link between gender and good governance. The Protocol calls for measures to ensure that women participate equally in elections and the administration of elections. It also details measures to be taken to empower women decision-makers as well as provide gender training for male decision-makers.

Table 2.2: SADC performance indicators for women in political decision-making since the adoption of the 50% target in 2005

	2005				2009					2011									
	Global ranking	Lower house	Upper house	Both houses	Global ranking	Lower house	Upper house	Both houses	Cabinet	Local Govt.	Global ranking	Lower house	Upper house	Both houses	Cabinet	Local Govt.	Both houses (parliament) Increase/decrease		
																	2005-2009	2009-2011	2005-2011
Global ave.		16.4%	15.0%	16.2%		18.4%	20.4%	18.7%				19.5%	18.4%	19.3%			2.5%	0.6%	3.1%
Reg ave.		20.4%	23.2%	20.6%		24.4%	20.0%	23.9%	22.2%	23%		25.3%	19.8%	24.6%	22.1%	23.6%	3.3%	0.7%	4.0%
Angola	70	15.0%	N/A	15.0%	10	37.3%	N/A	37.3%	5.9%	-	11	38.6%	N/A	38.6%	31.0%		22.3%	1.3%	23.6%
Botswana	91	11.1%	N/A	11.1%	118	11.1%	N/A	11.1%	25.0%	19.4%	114	7.9%	N/A	7.9%	17.4%	19.3%	0.0%	-3.2%	-3.2%
DRC	86		12.0%		114	8.4%	4.6%	7.7%	16.7%	-		8.4%	5.5%	8.5%	11.6%		-4.3%	0.8%	8.5%
Lesotho	87	11.7%	36.4%	17.0%	40	25.0%	29.0%	25.8%	39.1%	58.0%	40	24.2%	18.2%	22.9%	39.1%	58.0%	8.8%	-2.9%	5.9%
Madagascar	116	6.9%	11.1%	8.4%	-	7.9%	15.2%	9.4%		6%	90	12.5%	11.1%	12.1%	15.6%	6.0%	1.0%	2.7%	3.7%
Malawi	75	13.6%	N/A	13.6%	58	21.8%	N/A	21.8%	25.6%		52	21.2%	N/A	21.2%	27.2%		8.2%	-0.6%	7.6%
Mauritius	62	17.1%	N/A	17.1%	74	17.1%	N/A	17.1%	10.0%	6.4%	60	18.8%	N/A	18.8%	12.0%	6.4%	0.0%	1.7%	1.7%
Mozambique	10	34.8%	N/A	34.8%	9	34.8%	N/A	34.8%	25.0%	35.6%	10	39.2%	N/A	39.2%	28.5%	35.6%	0.0%	4.4%	4.4%
Namibia	24	34.6%	19.2%	30.8%	33	34.6%	19.2%	30.8%	24.0%	41.8%	39	24.4%	26.9%	25.0%	19.0%	41.8%	0.0%	-5.8%	-5.8%
Seychelles	20	29.4%	N/A	29.4%	43	23.5%	N/A	23.5%	25.0%		42	23.5%	N/A	23.5%	28.6%		-5.9%	0.0%	-5.9%
South Africa	14	32.8%	33.3%	32.8%	3	43.8%	29.6%	42.1%	41.2%	39.7%	4	44.5%	29.6%	42.7%	41.2%	38.4%	9.3%	0.6%	9.9%
Swaziland	93	10.8%	30.0%	16.8%	90	13.8%	40.0%	22.1%	27.8%	17.9%	84	13.6%	40.0%	21.9%	25.0%	17.9%	5.3%	-0.2%	5.1%
Tanzania	19	30.4%	N/A	30.4%	24	30.4%	N/A	30.4%	14.8%	34.2%	15	35.3%	N/A	35.3%	27.6%	34.2%	0.0%	4.9%	4.9%
Zambia	81	12.7%	N/A	12.7%	87	15.3%	N/A	15.3%	22.7%	6.6%	81	15.2%	N/A	15.2%	13.6%	6.6%	2.6%	-0.1%	2.5%
Zimbabwe	67	16.0%	N/A	16.0%	81	15.2%	24.7%	18.2%	12.5%	18%	75	15.0%	24.2%	17.9%	15.8%	18.5%	2.2%	-0.3%	1.9%

Source: Gender Links (June 2011) and www.ipu.com. Last accessed 17 July 2011. Angola: Angola Electoral Commission (2011) & Angola Government Official website. Accessed July 2011. Madagascar cabinet information: “Madagascar women struggle for fair representation”, Lova Rabary-Rakotondravony, 30 July 2010, <http://southasia.oneworld.net> accessed 17 July 2011. Global rankings for 2009 are from IPU as at December 2009. KEY: PR= Proportional representation; FPTP= First Past the Post; M= Mixed; LG=Local government
Bold figures= 30% or more. Blank spaces= information not available.

Table 2.2 provides an overview of the proportion of women in key political decision-making positions: parliament (lower and upper houses), cabinet and local government. It also provides global rankings of SADC countries. The dates selected in the table to show the trend are based on the history of the 50/50 target. In 2005 SADC Heads of State elevated the 30% target contained in the 1997 SADC Declaration on Gender and Development to 50%. The Declaration

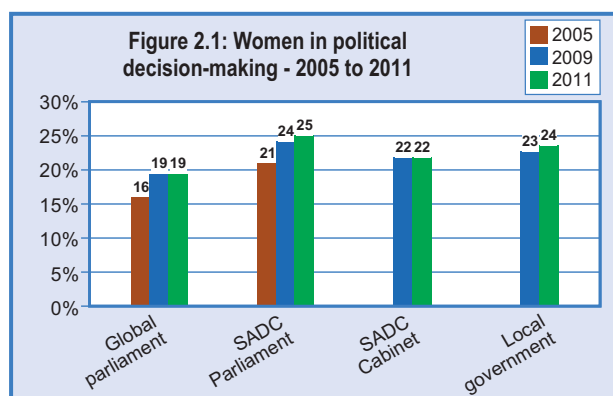
preceded the 2008 SADC Protocol on Gender and Development, a binding instrument adopted in 2008 that has also maintained the 50% women in key decision making positions target by 2015. 2009 is the next benchmark because it marks the first anniversary of the signing of the SADC Gender Protocol while 2011 is the period under review. This data in the table is analysed in various ways throughout the remainder of the chapter.

Representation



The Protocol provides for state parties to ensure that, by 2015, at least 50% of decision-making positions in the public and private sectors are held by women 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.



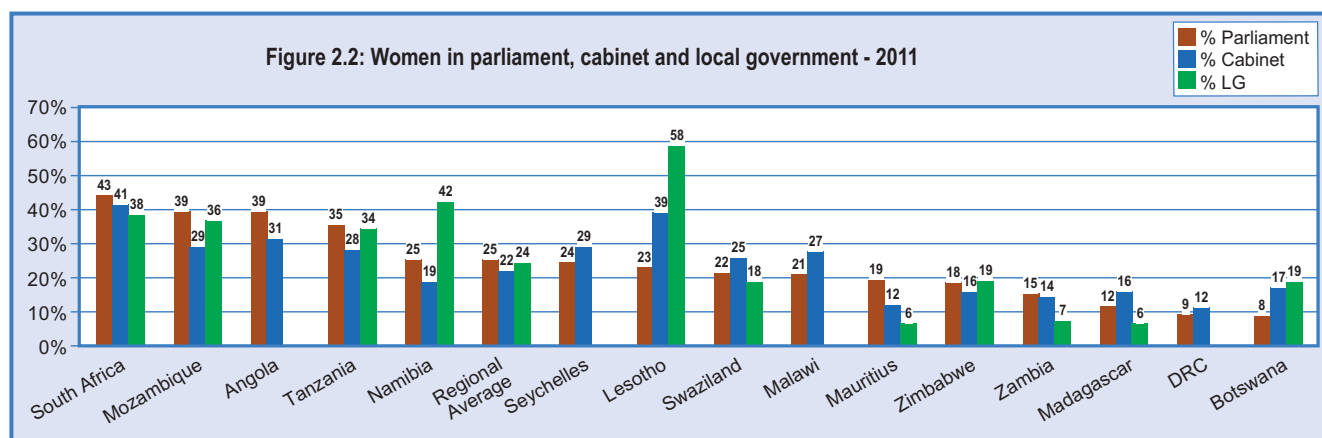
Source: Gender Links 2011, SADC Gender Protocol Country reports 2011 and IPU accessed 17 July 2011.

Representation in parliament leads the way and SADC is moving at a faster pace than the global rate:

Since SADC adopted the 50% target in 2005, there has been a 4% increase in women's representation in parliament, from 21% to 25%. The global average of women in parliament increased from 16% to 19% over the same period.

Little movement on cabinet or local government:

The average representation of women in cabinet in SADC countries has remained at 22%. To the extent that data could be obtained, women's representation in local government increased marginally, from 22% to 23%.



Source: Gender Links 2011, SADC Gender Protocol Country reports and IPU accessed 17 July 2011.

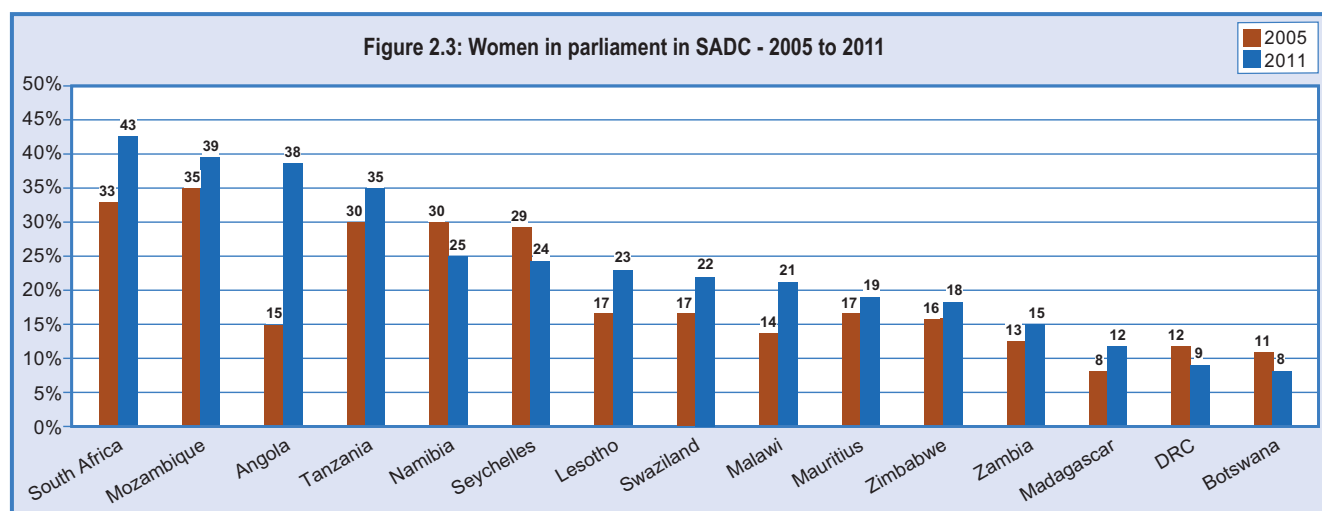
Performance is mixed across parliament, cabinet and local government:

At a glance, the table shows that performance continues to be mixed across all the different areas of political decision-making for which data could be obtained. Figure 2.2 shows that South Africa, Mozambique, Angola and Tanzania perform well across all three areas. Namibia

and Lesotho perform well in local government but not so well in the other areas. Lesotho (local government) is the only area of political decision-making in SADC in which women's participation exceeds 50%. Mauritius, Zimbabwe, Zambia, Madagascar, DRC and Botswana are consistently poor performers.

Parliament

Figure 2.3: Women in parliament in SADC - 2005 to 2011

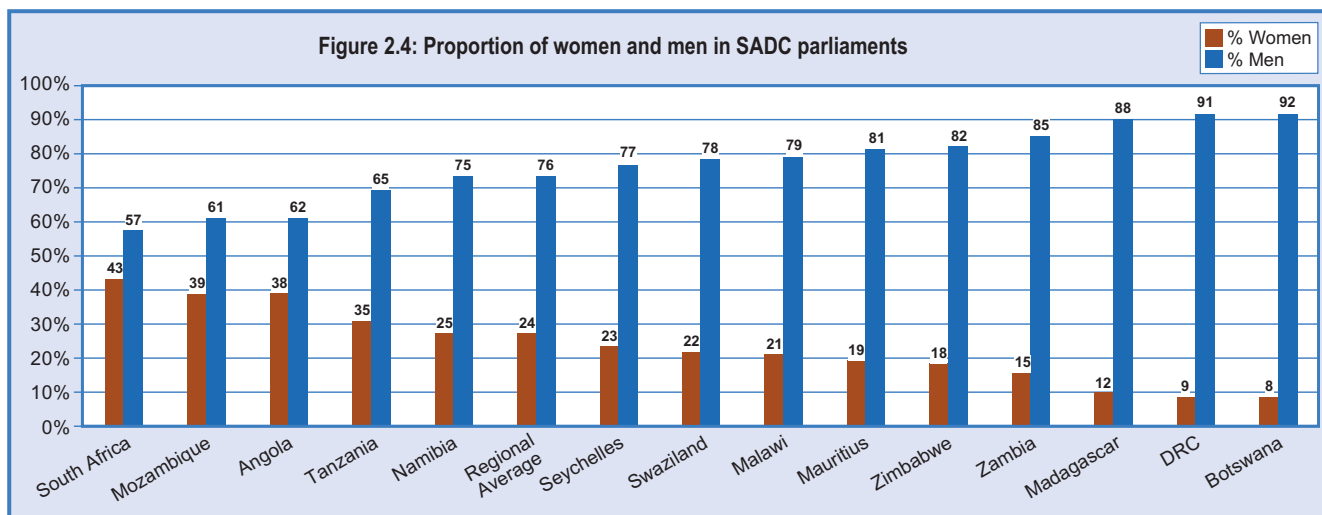


Source: Gender Links 2011, SADC Gender Protocol Country Reports 2011, IPU accessed 17 July 2011.

Steady overall increase but worrying signs in some countries: There has been a steady overall increase in women's representation in parliament from 21% in 2005 to 24% in 2009 and 25% in 2011. Figure 2.3 shows that at 43% South Africa ranks highest in the region and fourth in the world with regard to women's

representation in parliament. Three countries Angola, Mozambique and Tanzania, have witnessed substantial increases in women's representation in parliament from 2005 to 2011. But Namibia, Seychelles, DRC and Botswana have moved backwards.

Figure 2.4: Proportion of women and men in SADC parliaments



Source: Gender Links 2011, SADC Gender Protocol Country Reports 2011, IPU accessed 17 July 2011.

Only four countries have surpassed the 30% mark and two are below 10%: Figure 2.4 shows that Tanzania has joined three other countries - South Africa, Mozambique and Angola - that have achieved the 30%

mark for women in parliament. Namibia is now out of this category. DRC and Botswana are the only two countries where women's representation in parliament is less than 10%.

Table 2.3: Global and regional comparison of women in parliament

Region	2010			2011		
	Lower house	Upper house	Both houses	Lower house	Upper house	Both houses
Nordic countries	42%		40.8%	42.1%		40.8%
SADC	24.7%	19.8%	24.1%	25.3%	19.8%	24.6%
Americas	22.7%	23.7%	22.9%	22.3%	23.3%	22.5%
Europe excluding Nordic countries	20.1%	19.7%	20.0%	20.3%	19.9%	20.2%
Sub-Saharan Africa (including SADC)	18.3%	20.4%	18.6%	19.5%	19.3%	19.4%
Asia	18.6%	16.4%	18.4%	18.2%	15.2%	17.9%
Pacific	13.2%	32.6%	15.3%	12.4%	32.6%	14.7%
Arab States	9.2%	7.6%	8.8%	11.4%	7.3%	10.7%
Global average	19.1%	18.1%	19.0%	19.5%	18.3%	19.3%

Source: www.ipu.org, 16 July 2011.

SADC as a region still compares favourably with other regions in the world: With an overall average of 25% women in parliament SADC is well ahead of the global and African averages of 19%. Table 2.2 shows that as a region SADC comes second only to the Nordic countries and is ahead of the Americas and Europe excluding the Scandinavian countries as well as Sub-Saharan Africa. The table also shows that the Americas, Asia and the Pacific regions have slid backwards. Others are moving forward but at a slower pace than SADC according to information between 2010 and 2011.

Global ranks from four to 114: Table 2.4 shows where SADC countries rank globally and relative to

each other against the 180 countries cited on the website of the Inter Parliamentary Union (IPU). At position four (after Rwanda, Andorra and Sweden), South Africa does the region proud. Only Mozambique and South Africa remain within the top ten with Angola having left the league to become number 11 on the scale. Tanzania has moved up significantly moved up from 23 in 2010 to 15 in 2011. Malawi and Mauritius have also shown great improvement. Sadly, Namibia has dropped from number 21 globally to 32 in 2010 and further dropped to 39 in 2011 but remains in the top five of the region.



Women and men voting in Malawi.

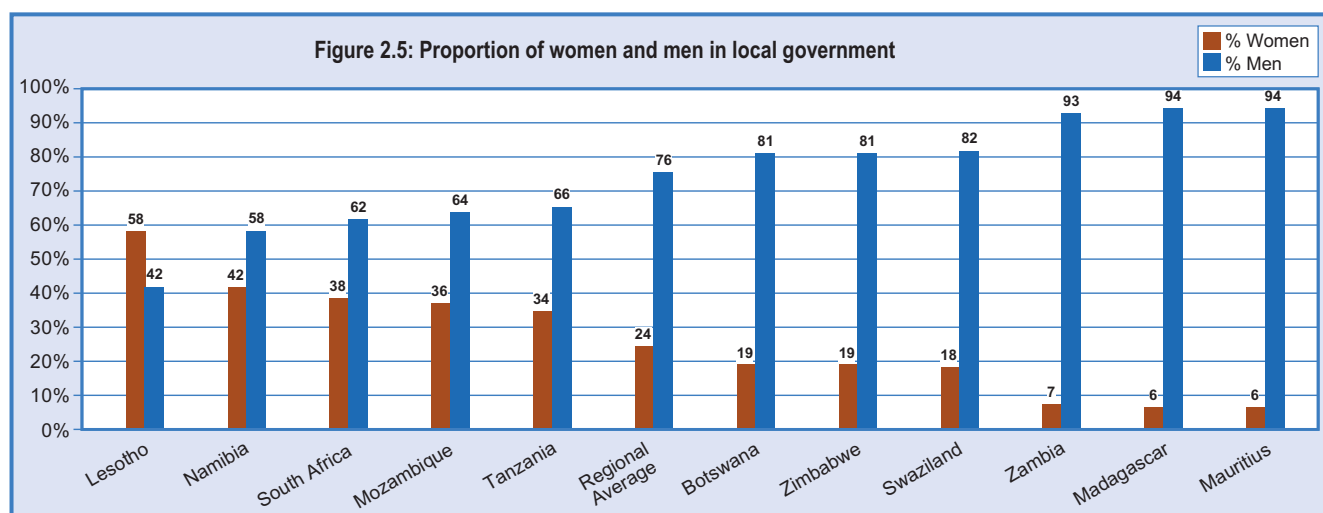
Photo: Lowani Mtenga

Table 2.4: Global and regional ranking of women parliamentarians

	Women in lower or single houses			Global rank			SADC rank		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
South Africa	44.5%	44.5%	43%	3	3	4	1	1	1
Mozambique	34.8	39.2%	39.2%	15	9	10	3	2	2
Angola	37.3	38.6%	38.6%	9	10	11	2	3	3
Tanzania	30.4	30.7%	35%	23	23	15	4	4	4
Namibia	26.9 %	26.9 %	25%	21	32	39	5	5	5
Lesotho	25	24.2%	24.2%	28	40	40	6	6	6
Seychelles	23.5%	23.5%	24%	41	43	42	7	7	7
Malawi	20.5%	21.2%	21.2%	52	54	52	8	8	8
Mauritius	17.1 %	18.8%	18.8%	66	72	60	9	9	9
Zambia	16%	15.2%	15.2%	77	79	81	10	10	11
Zimbabwe	15.2%	15.0%	15%	78	80	75	11	11	10
Swaziland	13.8%	13.6%	13.6%	83	87	84	12	12	12
Madagascar			12.5%			90			13
Botswana	11.1%	7.9%	7.9%	95	114	114	13	13	14
DRC	8.4%	7.7%	8.4%	108	110		14	14	15

Source: www.ipu.org, accessed 19 July 2011.

Local government



Source: Gender Links 2011, SADC Gender Protocol Country Reports 2011, IPU accessed 17 July 2011.

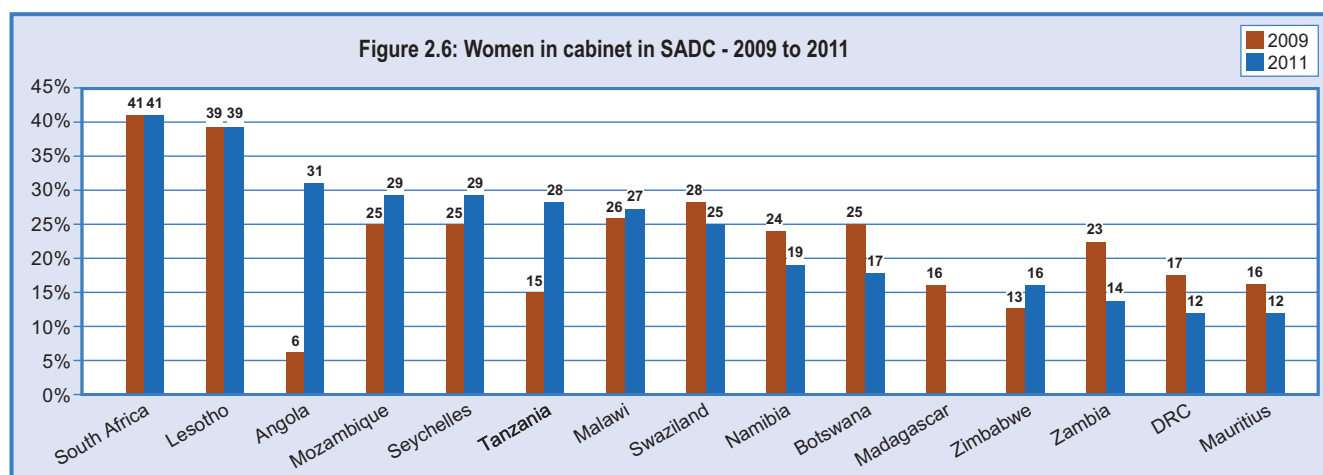
Figures on local government are incomplete over the six year period and missing in some instances (e.g. Angola and DRC). Malawi is still to hold its local government elections, postponed several times this year. Seychelles does not have elected local government.

There is a huge range in women's representation at the local level, from Lesotho, at 58% to Mauritius and Madagascar at 6%. Five countries (Lesotho, Namibia, South Africa, Mozambique and Tanzania) have achieved 30% or higher with regard to women in local government. South Africa has backslidened from over 40% to 38%. Lesotho is the only instance of any area of political decision-making in SADC in which the representation of women exceeds 50% but wait to see if the results of the impending local government election slated for later

this year will maintain this high performance. Three countries, Zambia, Madagascar and Mauritius are all below 10%.

South Africa is the only country that had local elections over the last year, and these proved a disappointment: While Mauritius, Malawi, Lesotho and Madagascar were all scheduled to have local elections as well in the period under review, these were postponed indefinitely in Malawi and Madagascar, and until later in the year in Lesotho and Mauritius. South Africa is the only one out of the five SADC countries scheduled to hold local elections in 2010/2011 that kept its date. While the African National Congress kept its 50% quota, its overall majority in the elections declined, resulting in a backward slide from 40% women in 2006 to 38% in 2011.

Cabinet



Source: Gender Links 2011, SADC Gender Protocol Country Reports 2011, www.ipu.org accessed 17 July 2011.

Women's representation in cabinet is not growing fast enough: Cabinet is the one sphere of decision-making in which it is theoretically relatively easy to “ring up the changes” since leaders have the leeway to appoint their inner team. Sadly, the average representation of women in cabinet has remained stagnant between 2009 and 2011 at 22%.

South Africa and Lesotho lead the way, and there has been improvement in some countries: At about 40% the cabinets of South Africa and Lesotho show that the 50/50 by 2015 can be achieved in this key area of decision-making. Women's representation in cabinet has improved dramatically in Angola and Tanzania, as well as Malawi. Four more countries are on the brink of or surpassing achieving the 30% mark - Malawi, Mozambique, Seychelles and Tanzania with ranges from 27% - 29 % women in cabinet. What is commendable is that all SADC countries are above 10% women in cabinet with the former bottom two

Mauritius and Zimbabwe having moved to 12% and 17.1% respectively.

But backsliding in some countries is a concern: Figure 2.5 shows that there has been serious backsliding in some countries, notably Botswana, Swaziland, Zambia and DRC. This is a serious concern with 2015 just around the corner.

WIPSU is reviving the 50/50 campaign and activists in the region are gearing for a big push in the next four years: As the next elections mark the last chance for most countries to meet the SADC Gender Protocol target of gender parity by 2015, the Women in Politics Support Unit (WIPSU), lead agency for the Alliance governance cluster, is planning a big re-launch of the 50/50 campaign ahead of the 2011 SADC Heads of State Summit. Activists around the region, especially in countries where elections are just around the corner, are demanding accountability from their leaders.

DRC: Women put their best foot forward

After several postponements, national elections will be held in November 2011 and local elections will be held in 2012 in DRC. Activists are demanding that attempts to dilute gender requirements in the electoral act be withdrawn and that parties put their best foot forward for the elections.

The DRC ratified the Protocol In December 2010. There were Presidential and Legislative Elections in 2006, but Local Government Elections failed to materialise. Of the 33 candidates for the Presidential elections, only four (12%) were women. Women comprise 8.4% of the house of assembly; 5.5% of the senate and 12% of cabinet.

Inspired by the SADC Gender Protocol, women in DRC are protesting against Article 13 of the Electoral Law which is in Parliament at the moment. For them, this article is against the Constitution and will bring an end to gender equality as it is contrary to Article 14 of the Constitution voted in 2006 which stipulates equality between women and men. The article states that “equality between women and men for the next elections is not a reason not to accept the list of candidates,” negating the

previous paragraph that states: “each list will take into account, if need be, the equal representative of men-women and people living with a disability.”

After failing to block the article in the lower house, a coalition called “State Amendment 13” committed to gender equality is going to the upper chamber. *Cadre de Concertation de la Femme Congolaise* (CAFCO) is inviting all persons concerned to join a march starting from “The People's Place” or Parliament.

In June 2011, the Gender and Media Diversity Centre (GMDC) organised a debate chaired by Dorothee Swedi



A women in governance debate in DRC.

Photo: Loga Virahsawmy

of UCOFEM on how to move forward regarding gender and the forthcoming elections in the DRC.

Chantal Malamba, a well known gender activist talked about the urgency of having at least 4000 women as candidates and even more than 4000 women must be encouraged to join politics and make their voices heard. She also highlighted that women need training as they have been side lined for too long. "During the past five years nothing has been done for women, it is now important to sign a social contract with women so that their needs are taken into consideration. During our women's congress we have noted that women express themselves very well and have the electoral technique but finance is a major challenge," she said.

Thérèse Tshibola explained that women must be trained to vote for women. "Women must accompany women on their campaign trails. Women are aware of social and family problems. Women can bring change in politics." She pointed out that pamphlets have been developed and are being hand delivered to encourage women to register as voters. There are more male voters than female voters in DRC.

Béatrice Makaya highlighted that "women bring more to politics as they are the ones who suffer more from social problems. Women are capable of bringing more justice and equilibrium; women have a lot to bring in politics due to their sensitivity and their leadership and management experience in the home. Women are good in conflict resolution. Women have the capacity to listen, be honest and do door to door campaigning."

Jean Marie Shimatu recognised that the Sixteen Days Campaign Against Gender Violence started because the lives of women are at stake. "Women are role models in multi-tasking. The qualities of women must be explored so that they can become good leaders," he said.

Journalists wanted to know if members of the Women's League are organising themselves for the general elections and they wanted to know the strategies put in place and how implementation of the strategies are being done. Panellists responded to questions about women juggling roles and the effects of politics on the family by pointing out that these should be shared responsibilities between women and men.

Political parties

Political parties play a critical role in "opening the door" for women to enter and participate in decision-making. After all, in parliamentary systems, it is only through political parties that anyone can be elected into office.

Half of the ruling parties in SADC have adopted one or other quota: The table shows that ruling parties in seven (or half) the SADC countries have adopted quotas of one kind or the other. In two instances (South Africa's ANC and the South West Africa People's Organisation of Namibia) these are (in line with the Protocol) parity targets. The ruling Frelimo in Mozambique has a 40% target. The others are between 25% and 50%.

But these are often just on paper: Zimbabwe's three political parties all claim to have quotas. The Zimbabwe African National Union Patriotic Front (ZANU PF) has always claimed to have a 30% quota for women in the women leadership. One faction of the Movement for Democratic Change Tsvangirai (MDC T) says that it adopted a 50% quota at the 2009 leadership conference. However this has not been systematically applied and women's representation stands at 18%. As illustrated in the case study of political parties in Namibia, many of these are gender blind.³

Table 2.5: Political parties and quotas

Country	Ruling party	Quota and Nature/No.
Angola	MPLA	30% quota of women
Botswana	BDP	None
DRC	PPRD	30% quota of women
Lesotho		None
Madagascar		None
Malawi	UDF	25%
Mauritius	MLP	None
Mozambique	FRELIMO	40% quota of women
Namibia	SWAPO	50/50
Seychelles	SPPF	None
South Africa	ANC	50/50
Swaziland		Political parties are banned
Tanzania	CCM	None
Zambia		None
Zimbabwe	ZANU/PF; MDC-T	30% and 50%

Source: Gender Links (2010).

³ Excerpt from research commissioned by the Electoral Institute of Southern Africa in collaboration with GL.

Electoral systems and quotas

By way of background, there are two main types of electoral system:

- 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 getting elected under the PR (and especially the closed list PR system) as opposed to the constituency electoral system.⁴ The reason for this is that in the former case, candidates focus on the party and its policies, rather than on a particular individual. This works in favour of women - at least in getting their foot in the door - because of the in-built prejudices against women in politics (Lowe-Morna, 1996). The chance of women getting elected is even higher when the PR system works in concert with a quota.

Table 2.6: Electoral systems and quotas

Type of quota	Constituency based (FPTP) system	PR system	Mixed PR and constituency based system
Voluntary party quota	E.g. Opposition parties in Botswana in the 1999 elections.	E.g. ANC in South Africa; Frelimo in Mozambique.	E.g. SA local government in 1995- ANC voluntary quota for list seats.
Constitutional or legislated quota	Eg Local elections in Lesotho in 2006.	E.g. Local government elections in Namibia.	E.g. SA local government elections; Act stipulates that parties should strive to ensure parity. E.g. The Tanzanian Constitution reserves 30% of seats for women (distributed on a PR basis); Lesotho local elections are also now adopting this system.

Source: Gender Links: information compiled from in-country research, 2009.

As illustrated in Table 2.7, in addition to the two types of electoral system (PR and constituency) there are two main types of quota (voluntary as well as constitutional and/or legislated). It is also possible to have either of these in a mixed PR and constituency system.

Voluntary party quotas have the advantage of party buy-in, but they can only deliver large numerical increases in closed-list PR systems where the party has a significant say on who gets onto the list. In constituency systems, voluntary party quotas can only succeed in delivering the numbers if women candidates are fielded in safe seats, which is often not the case.

Constitutional or legislated quotas have the advantage that they guarantee the numbers. But in the case of the constituency system, where seats have to be “reserved” for women, this may have the disadvantage that such seats are regarded as second-class or token.

Some parties argue that *any* quota infringes on freedom of choice. What is abundantly clear is that without quotas, women stand little chance of making substantial headway in political decision-making.

FPTP and no quota

Southern Africa has examples of all these different combinations. As is the case globally, countries with the constituency system and no quota or special measures have the lowest representation of women. While the increase in women's representation in Malawi in 2009 showed that there is scope for increasing women's participation in this system through lobbying and advocacy, it is painfully slow.

FPTP and quota

The only example to date in the SADC region of a FPTP system that also adopted a quota is the Lesotho local elections in 2006. This was based on one third of seats being reserved for women only, with this reservation rotating to a different set of seats for each of three elections. This quota met with resistance in the 2006 elections and again in 2011, resulting in the elections being postponed, and the electoral act being amended along the lines of the Tanzania model (see next section). In the meanwhile, however, Mauritius - which has a FPTP system and is holding local elections later in 2011 -

⁴ For more information on the comparative global data on quotas for women in politics see www.idea.int/quota.

is in the process of adopting a quota. This will not reserve seats but rather oblige parties to put women on candidate lists. The challenge with this approach is that it is not fool proof, unless women candidates are

fielded in constituencies where they are likely to win. The outcome of the forthcoming Mauritius local government elections will be especially interesting in this regard.

Mauritius: 50/50 before 2015 - Dream or reality?

Mauritius is a step closer to adopting a quota system for local government. A new Bill, approved by Cabinet and now being finalised by the Attorney General calls for at least 33% of women and at least 33% of men to be on party lists. The bill which has been in the making for over ten years will go back to Cabinet again before going to Parliament. Once the bill is enacted the dates for the pending Local Government Elections will be announced.

While Mauritius has not signed the SADC Gender Protocol because it is said to contradict the Mauritius Constitution that does not allow for affirmative action, the move shows how for all member states the ripple effects of the Protocol are being felt. Once enacted, this will contribute towards achieving the target of getting 50% women in decision making positions in SADC countries by 2015. It also opens the door for activists to challenge why Mauritius continues to refuse to sign the Protocol, when in effect it is adopting affirmative action measures.

Gender activists have seized on the opportunity to work with political parties, local government structures and communities to raise awareness on the bill and assist in training potential female candidates ahead of the upcoming local government elections.

For example Gender Links and Women in Networking (WIN) are conducting gender, elections and media training for women as part of encouraging women to stand as candidates.

This is a culmination of work done by Media Watch Organisation (MWO-GEMSA) and Gender Links of hosting several workshops prior to the 2005 general elections. The then leader of the opposition and now Prime Minister of Mauritius, Navin Ramgoolam made a thought provoking presentation on why it is important to have women in politics. Ramgoolam assured the hundreds of participants in the audience that his party was very much aware of this deficit and added: "The First Past The Post constitutes a major impediment for women while a proportional or a mixed system can be favourable to women." He also said "I hope that when we will be in power we will have the consensus to introduce a PR system in our electoral reform."



Loga Virahsawmy, Gender Links Mauritius and Francophone Director, and Minister of Gender Equality, Shiela Bapoo.
Photo: Mary Jane Piang-Nee

Following a great debate on quotas for women in the Local Government Elections on 28th May 2011 with the participation of parliamentarians from a broad spectrum of political parties, the Minister of Gender Equality, Child Development and Family Welfare, Sheila Bapoo alluded to eminent election reforms. She explained that the Electoral Reforms for Local Government aim to make space for more women in local government but she could not commit herself as to exact dates.

Since the signing of the SADC Protocol on Gender and Development, Gender Links has been using the instrument as an advocacy tool to educate women and men on the importance of having women in politics. Loga Virahsawmy, Director of the Gender Links Mauritius office and President of MWO-GEMSA met Herve Aime soon after his appointment as Minister of Local Government.

She informed him of all the work that Gender Links and Media Watch Organisation, which coordinates the work of the Alliance in Mauritius. This includes helping localities in developing local Gender Action Plans and

strategic campaigns. GL expressed concerns about Mauritius being a model of democracy and yet has only 6.4% women in local government.

On International Women's Day 2011 in front of hundreds of women at the Grand Baie Convention Centre the Prime Minister, Navin Ramgoolam said, "I think that finally we have to put in place a quota system". It is hoped that this is only the start of a new chapter for women in politics in Mauritius at local level that will cascade to the 2015 general elections.

South Africa: GL calls for legislated quota for women's political participation following backsliding in local elections

The 2011 local government elections that witnessed a decline in women's representation at the very moment that South Africa should be redoubling its efforts to achieve gender parity underscores the need for a legislated quota for women in national and local elections. This is the conclusion reached by Gender Links (GL), the Johannesburg-based research and advocacy organisation following a gender analysis of the 18 May 2011 local government election results.

The analysis shows that women now constitute 38% of councilors following the 18 May polls, down from 40% in 2006. GL predicted this outcome to the exact percentage point, based on an analysis of the likely decline in support for the African National Congress (ANC), the only party that endeavoured (but even then did not quite succeed) in fielding equal numbers of women and men candidates in both ward and Proportional Representation (PR) seats.

While the main opposition Democratic Alliance (DA) is led by two prominent women, Helen Zille and Patricia de Lille (formerly leader of the Independent Democrats), the party opposes quotas. The local elections again witnessed a war of words between Zille and the ANC over her having an all-male cabinet in the Western Cape where she is premier, after de Lille moved from the provincial cabinet to become mayor of Cape Town. Zille counter accused the ANC of fielding very few women for mayors of the new councils.

The decline in women at all levels of local government comes against the backdrop of the 2008 SADC Protocol on Gender and Development (to which South Africa is a signatory) that calls for gender parity in all areas of decision-making by 2015. Unless the ANC succeeds in its current endeavours to get national and local election dates synchronised leading to an unexpected round of local elections along with the scheduled national elections in 2014, South Africa has missed

Constituency and PR system: the South African local elections

Local elections in South Africa are interesting because they are based on a dual PR and FPTP system. They demonstrate clearly the value of the PR system in increasing women's representation especially where there are voluntary rather than legislated quotas. The May 2011 elections in South Africa provided the pretext for activists to call for a legislated quota.

the chance (so tantalisingly possible) of achieving the parity target at the local level on time, since the next local elections would ordinarily be in 2016.

Table 2.7: Gender and local government in South Africa

Year	% women ward	% women PR	% women overall
1995	11%	28%	19%
2000	17%	38%	29%
2006	37%	42%	40%
2011	33%	43%	38%

Source: Gender Links 2011.

Table 2.7 summarises gender and local government election results over the four municipal elections since 1995. The table shows steady progress in the first three elections, with women's representation increasing from 19% in 1995 to 29% in 2000; up further to 40% after the ANC adopted a 50/50 quota in 2006. Of particular significance in 2006 was the increase in the representation of women in ward seats (where women traditionally do not do as well as in Proportional Representation or PR seats) from 17% in 2000 to 37% in 2006. The decline in women's representation in ward seats from 37% in 2000 to 33% in 2011, and corresponding overall decline of women's representation by two percentage points is a bitter blow for the 50/50 campaign.

Following much advocacy by gender activists, the Municipal Structures Act 1998 fell short of legislating a quota; however it required that parties "seek to ensure that 50% of the candidates on the party list are women, and that women and men candidates are evenly distributed though (sic) the list." The weakness of this wording is that it encourages, but does not oblige parties to adopt a zebra system for the PR seats, and places no obligation on them to field women candidates in the ward seats. The influence has been especially felt within the ANC.

While the party has shied away from legislated quotas, it has been at the forefront of promoting women's participation where it has the influence to do so. The ANC adopted a voluntary 30% quota for women in

all three provincial and parliamentary elections since 1994 and in local government in 1995 and 2000. While the quota used in combination with the PR system at provincial and national level, ensured over 30% women in these spheres of politics, local government lagged behind because women struggled to get in on the ward seats in local government.

However, in the 2006 local elections the ANC adopted a 50% quota for women. Furthermore, it made a particular effort to ensure that women were elected on their own merit in ward seats, narrowing the gender gap between the PR and ward seats and increasing the overall representation of women in local government from 29% in 2000 to 40% in 2006.



Local election poster in South Africa. Photo: Colleen Lowe Morna

The ANC also adopted a 50/50 quota for national elections in 2009, resulting in an increase in the proportion of women from 33% to 44%. The ANC's big achievement in the 2006 elections was not only to field 53% women candidates overall (of whom 46% won) but to substantially increase the proportion of women ward councillors to 40% of the total ANC ward councillors. The upshot is that women ward councillors increased from 17% in 2000 to 38% in 2006 while PR councillors increased from 38% in 2000 to 43% in 2005 for an overall total of 40% (compared

to 29% in 2000). But in the 2011 elections, the proportion of women ward councillors went down to 34%. Ironically the opposition Democratic Alliance that is opposed to quotas now has a higher proportion of ward seats (36%) than the ANC (34%).

Although South Africa still scores third in the SADC region (after Lesotho, 58% and Namibia, 41%) with regard to women's representation in local government, the 2011 local elections proved to be a major disappointment. Rather than press home earlier gains, the ANC slid backwards with regards to women's representation in ward seats, and failed to champion a legislated quota that would have resulted in all parties fielding equal proportions of women and men candidates.

Although the DA is to be commended for having a higher proportion of women in ward seats than the ANC, the party's staunch opposition to quotas and anomalies like an all male cabinet in the Western Cape give rise to cynicism about the example set by female led parties. Urgent action is needed if South Africa is to honour the commitment that it has made by signing the SADC Protocol on Gender and Development that calls for gender parity at all levels and in all areas of decision making by 2015.

At this stage South Africa's only hope of doing so is if the local and national elections are merged, and local elections held again in 2014 rather than 2016. Even then, as demonstrated clearly in this report, parity is unlikely to be achieved in the absence of a legislated gender quota. This would be in keeping with the Gender Equality Bill that is being championed by the government with a great deal of reference to the private sector. It is time to bring women's political representation into this conversation as well.

Ironically, as South Africa prepared for the 2011 local elections, Minister of Women, Children and People with Disabilities Lulu Xingwana was put the finishing touches to the Gender Equality Bill that would result in punitive measures for companies and individuals that do not meet the government's gender equality targets. Yet the government did not seize the call made by NGOs, the Independent Electoral Commission (IEC) and the Commission for Gender Equality to legislate quotas for women's representation in South African elections so that this is not left to the whims of political parties.

The outcome of these elections and elsewhere where numbers are declining (Botswana and Mauritius) demonstrates clearly how leaving women's representation to political parties is fraught with problems, and why a legislated quota is urgently required if South Africa is to meet its 2015 obligations.

(Excerpt from Gender Links report: South Africa gender and local elections report www.genderlinks.org.za accessed 22 July 2011)

Tanzania and Lesotho local elections: another kind of mixed system



Tanzania has a FPTP system for its national elections, but to get around the shortcomings of reserved seats often necessary to ensure that quotas work in this system, the country has come up with a unique hybrid. All seats are contested on a FPTP system. Women and men are equally entitled to participate in these elections, although in reality men are the majority of candidates and winners. However, in addition to the FPTP seats, 30% seats are distributed to parties on a PR basis for women only. This system does not directly infringe anyone's constitutional rights and is therefore less open to contestation.

The close to 6% increase in women in parliament (from 30% to 36%) in the October 2010 elections can be attributed to the benefits of the quota system. Activists did not quite achieve the 40% target they set for this election, using the Protocol as an advocacy tool, but substantial gains were made. The work of advocacy organisations in Tanzania in building the capacity of women politicians during the 2010 elections is a key achievement. In Tanzania the 50/50 Campaign is spearheaded by the Feminist Activist Coalition (FEMACT) led by the Tanzania Media Women's Association (TAMWA).



Photo: Colleen Lowe Morna
Speaking out at the Tanzania gender festival.

However, there is also need to encourage more women to come in through the normal constituency system so that the quota becomes a temporary measure (currently almost all the women in parliament are there through the quota and they are often regarded as secondary to the MPs who sweated in out in elections). The challenge in Tanzania is to get government to consider raising the quota from 30% to 50% in line with the SADC Protocol target.⁵



Tanzania can also claim an indirect victory as a role model for **Lesotho**. After the resistance to the reserved seats in the 2005 local elections, and with mounting opposition to the quota in the 2011 elections, the Independent Electoral Commission (IEC) paid a visit to Tanzania to study the system there. The IEC subsequently held meetings with civil society organisations convened by the Lesotho Council of NGOs, with Women in Law Southern Africa, the Alliance focal network in Lesotho,



Lesotho Alliance@work.

Photo: Colleen Lowe Morna

playing a leading role. In January 2011, parliament passed an amendment to the Local Government Election Act. This provides for:

- One third special seats for women drawn from party lists that shall be determined in proportion to the total number of votes attained by each political party.
- In order for a party to qualify for special seats, it must field candidates in at least one third of the electoral divisions.
- Each party to arrange the candidates in order of preference, with the list closed until the next election.

In the 2005 elections, 30% women came in through the reserved seats, and a further 28% through the openly contested seats, giving a total of 58% women; the only area of decision-making in SADC in which women are in the majority. To maintain parity in the Lesotho local elections now scheduled for October 2011, women will need to win at least 20% seats (over and above the 30% special PR seats) in openly contested seats not reserved for women. Given that women achieved this in the last election this should not be impossible to achieve. However, advocacy efforts need to be stepped up in the coming months, and the amendment to the electoral act needs to be well explained.

PR system with legislated quotas at local level but none at national

Namibia is unique in that it has a PR electoral system both at national and local level but only a legislated quota at local level in which all parties have to have at least 30% of seats be reserved for women. The ruling South West African People's Organisation (SWAPO) has adopted the zebra - one woman, one man system - for its lists at the local level. The combination of all these factors led to 41% women at the local level in Namibia in the 2005 local elections.



⁵ Gender in the 2010 Tanzania elections, Arthur Okwemba, Daud Kayisi and Sikhonzile Ndlovu.

In contrast, there are neither mandatory nor voluntary quotas at the national level, in which elections are also run on a PR basis. The November 2009 national elections in Namibia witnessed a major back ward slide as women representation in parliament dropped from 30.8% to 23 %. This is despite the fact that the country has not only signed but ratified the Southern African Development Community (SADC) Protocol on Gender and Development.

SWAPO, which accounted for the majority of the 30.8% women who were MPs before the elections, had only two women in the top 10 of its 72 member list. Overall there were 23 women on SWAPO's list, a poor showing for the party favoured to win the elections and one that has openly committed to achieving gender equality and equal representation of women. Without either a legislated or voluntary party quota, only 15 women won seats in the 72 member national assembly in October 2009; fourteen of these women from SWAPO.

The law gives the Namibian President the powers to appoint six additional members, but even if he appointed all women, this would have only brought women's representation to 30.5%. In the event, the President only appointed three additional women, bringing the total number of women to 18 or 23%.

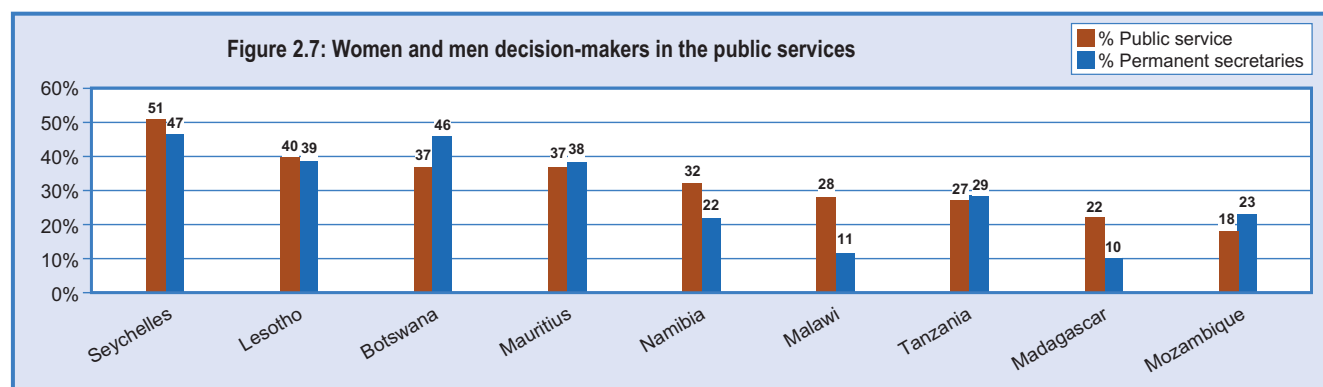
The election results are still being contested by opposition parties.

Failure to advance towards parity is largely due to the fact that there are no deliberate efforts by the country's electoral bodies and parties to push the envelope and advance from one third to 50% women in parliament. Quotas at national level could contribute to levelling the playing field as they have done at the local level.

PR system and voluntary quotas

South Africa is an example of a country in the region with a PR system and voluntary party quota that has been put to good effect. So far the African National Congress (ANC) is the only political party in the region to have formally adopted a 50/50 quota, in line with the provisions of the SADC Gender Protocol. This was first applied in the 2006 local elections, and then in the April 2009 national elections and then : a key test of the party's commitment. With 40% to 45% women in most areas of political decision-making, South Africa is the best example yet that gender parity in politics can be achieved. The key question between now and 2015 is whether the gains made so far will be pressed home during the final run to 2015, or allowed to slide backwards, as happened in some countries during the period under review.

The public service



Source: Gender Links 2011 and SADC Gender Protocol country reports.

Scant data and wide variations continue: As reflected in Figure 2.7, there is scant data and there are wide variations in the region with regard to women's representation in the public service. In Seychelles, this is close to parity; in Lesotho, Botswana, Mauritius and Namibia over 30%. However, in Mozambique, women constitute less than one fifth of public servants.

There has been an increase in proportion of women at the top is increasing compared to proportion of women in the public service: Women are making a breakthrough as permanent secretaries. For the countries for which data could be obtained, women constituted more than 30% of these top decision-makers in the public service in Seychelles, Lesotho, Botswana and Mauritius.

Participation in decision-making



The Protocol provides for State parties to adopt specific legislative measures and other strategies to enable women to have equal opportunities with men to participate in electoral processes including the administration of elections and voting.

It also provides for equal participation by women and men in policies, strategies and programmes for building the capacity of women and men in decision-making through leadership and gender sensitivity training and mentorship; support structures for women in decision-making; structures to enhance gender mainstreaming and changing decision-making attitudes and norms. The Protocol specifies that men be included in these activities.

Election management

Women missing from election management bodies in most SADC Countries: Most electoral management bodies in SADC do not consider gender equality as an important factor when appointing managers in spite of the fact that more women register as voters compared to men. For example in **Seychelles** of those registered to vote 54% are women for the upcoming election later in 2011, yet the Electoral Advisory Board comprises only one female (16.7%) of the six appointed personnel.

Electoral processes

Women outnumber men as voters: While it is possible to get data on those registered to vote, this data is often not disaggregated by sex. In the three countries where data was obtained (Botswana, Tanzania and South Africa) women constituted the majority of those registered to vote. This shows that women are keen to participate in public life.

Leadership roles

Table 2.8: Women and men in party leadership

Country	Ruling party		Main opposition	
	M	F	M	F
Angola	1		1	
Botswana	1		1	
DRC	1		1	
Lesotho	1		1	
Madagascar	1		1	
Malawi	1		1	
Mauritius	1		1	
Mozambique	1		1	
Namibia	1		1	
Seychelles	1		1	
South Africa	1			1
Tanzania	1		1	
Zambia	1		1	
Zimbabwe	1		1	

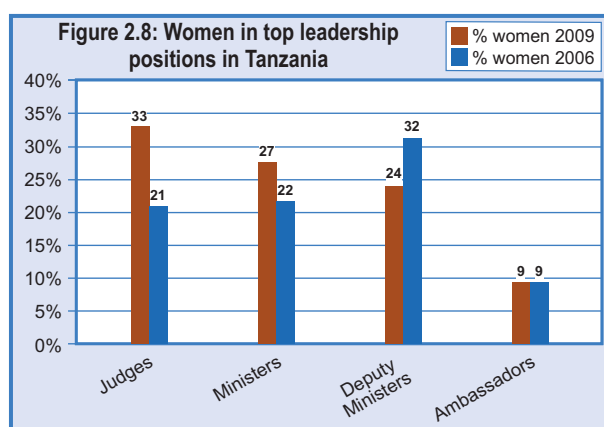
Source: Compiled by GL from country barometers 2011.

Women are still missing from top decision-making positions:

An important test of women's participation in public life is the extent to which they not only participate in structures of governance but in the leadership of these entities. The earlier section detailed how women are still least well represented in cabinet. Table 2.8 shows that all the ruling parties in the region are led by men. Only one opposition party (in South Africa) is led by a woman.

They are particularly scarce in certain areas of leadership:

As noted earlier, there is need to gather far more comprehensive data on women's participation in certain areas of decision-making. The comparative graph of women in different types of top jobs in Tanzania (Figure 2.8) shows that while there has been an increase in women judges and ministers, there has been a decline in women deputy ministers. Women are least well represented in diplomacy, and this figure has remained static.



Source: Gender Links (2009).

More women standing for president: In countries where there is the presidential system of elections, it has long been customary for men only to stand for elections. However, this is gradually changing, as illustrated in the examples below.

A woman for president?



Malawi: Presidential elections are held after every five years under presidential First Past The Post system. In the past three elections no female was featured as a presidential candidate. However, during the 2009 elections Loveness Gondwe became Malawi's first female presidential candidate. In addition, the incumbent President Bingu wa Mutharika nominated the former Foreign Minister, Joyce Banda as his running mate. She became the first female Vice-President in Malawi's history after the 19 May victory. Although Gondwe did not make it, she too has deeply inspired many women to make a similar attempt in the future. The same is the case with Joyce Banda of the ruling party.

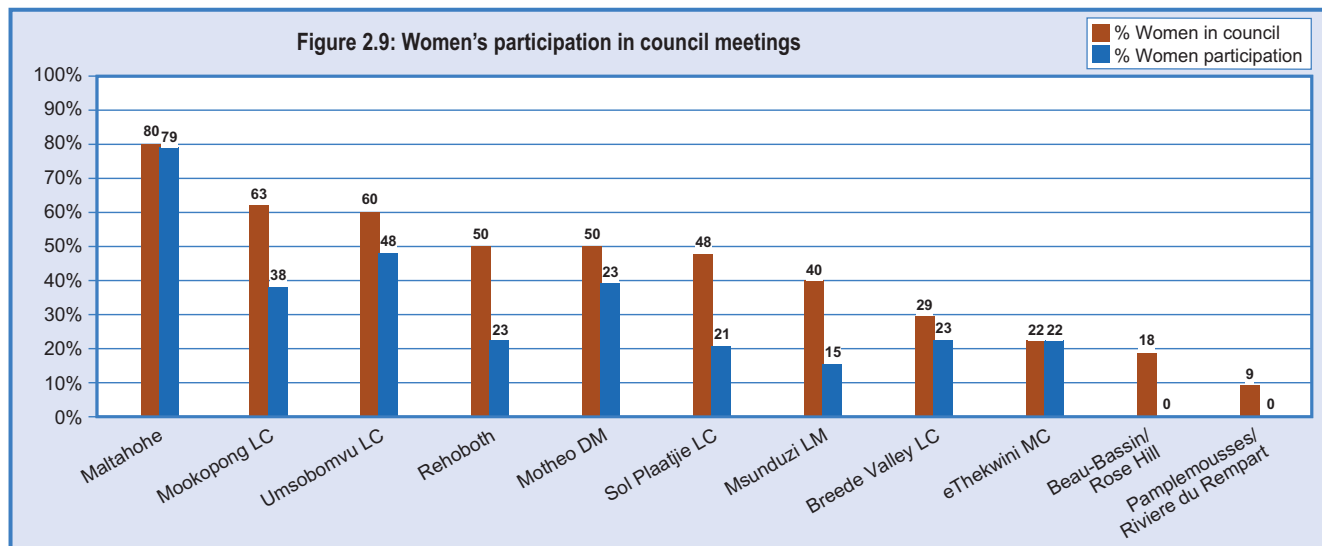


Tanzania: There has so far been only one woman presidential candidate in the history of Tanzania. This was Anna Claudia Senkoro from PPT Maendeleo Party in 2005 who surprised the sceptics by taking the 4th position out of 6 presidential candidates.

In 2000, when Gertrude Ibengwe Mongella (who later became the first head of the Pan African Parliament) tried to run for the top job the Speaker Pius Msweka said: "Time is not yet for women to contest for Presidential position". The Speaker apologised the following day. But Mongella has not put her hat in the ring again. Gertrude Mongella served as the Secretary General of the UN Fourth World Conference for Women in Beijing in 1995.

Participation in meetings

Figure 2.9: Women's participation in council meetings



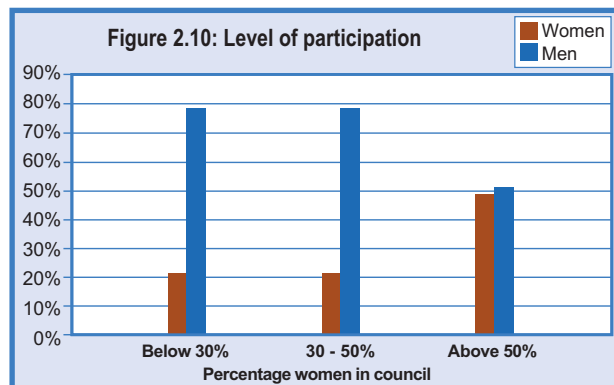
Source: Gender Links.

Women speak less in meetings: In observations of 11 council meetings in Namibia, Mauritius and South Africa, GL devised a detailed spreadsheet of all the interventions made by councillors, divided into male and female. This was further sub-divided into decision-makers, whether male or female (speakers, mayors or deputy mayors) and ruling party/ opposition. While opposition voices accounted for a total of 34% of the interventions (25% men and 9% women) - roughly consistent with opposition strengths in the councils - women's voices only accounted for 27% of the total, with men (73%) dominating all meetings.

This was especially so in Mauritius (the country in the study with the lowest proportion of women (17% in the two council meetings observed, but 100% male voices). Yet even in South Africa and Namibia, with around 40% each women in local government, men

dominated meetings 71 to 73% of the time. To the extent women spoke, about one third of these came from opposition parties.

Figure 2.10: Level of participation



Source: Gender Links.

More women, more sway? Figure 2.10 shows that where women constituted below 30% of the participants, they spoke 21% of the time. Where women constituted 30 to 50% of the participants, they spoke 22% of the time (not much different to when they constituted below 30%). However, when women

constituted more than half of the participants, they spoke a little less, but almost as much as men. The conclusion that might be drawn from this finding is that the “critical mass” is indeed not 30% but gender parity!

At the Coalface - gender and local level

The Botswana Association of Local Authorities (BALA) in partnership with GL conducted skills development training for women councillors in **Botswana** in 2008 with the aim of retaining them in councils. Although fewer women returned after the 2009 elections, some of those who returned campaigned and were elected by councillors to take key decision-making positions in the councils like mayors, deputy mayors, and chairpersons of committees. This is because their



Malebogo Kruger speaking at the Gender Justice and Local Government Summit. Photo: Colleen Lowe Morna

lobbying skills and their self-confidence has increased. In Botswana's third largest city, Lobatse, the Mayor, Deputy Mayor and Town Clerk are all women. With six out of 13 women Lobatse town council is the only local council in Botswana that is close to achieving gender parity. Patrick C. Manthe of BALA noted: “We in the local government associations are lobbying central government on behalf of women to bring more women on board. We sensitise decision-makers on issues of gender inequality because a lot of the leaders were in the dark. They used to think that gender is campaigning for women. We need a lot of information dissemination to fight negative cultural barriers, such as negative attitude by women that men are superior. But to have a 50/50 representation of women in Botswana requires a deliberate policy like that in South Africa.” Deputy Mayor of Lobatse Malebogo Kruger added: “As a politician and a trainer, the training has changed my attitude towards my role in addressing gender based violence. It was a challenge before to address men in the political arena, but through the training, I am a star and a confident facilitator. I did not benefit alone, but as the Chairperson of the BALA Women's Commission, I mobilised other commissioners to take part in the media literacy training, in order to enhance their IT, media and campaigning skills, from which they benefited for the 2009 elections. This alone marketed me and I was proud to be invited by Women Against Rape during the Sixteen Days commemoration to be a specialist on GBV related issues.”

Easing the burden of the dual roles of women

Institutional culture reflects in many ways: physical facilities, dress, rules and norms, work place habits, and the nature of communication, formal as well as informal. This section, which draws on the GL study *Ringling up the Changes*, explores the extent to which these are changing in the decision-making structures of Southern African countries.

Facilities

Made for men? In the many instances in the region where parliament sits in old buildings built with men

in mind, the first practical issue that arises when larger numbers of women join the workplace is providing women with facilities to be able to conduct their work as comfortably and conveniently as men. These include such practical considerations as women's toilets, hairdressers and shopping facilities.⁶

Family friendly work environment

Studies globally show that among the first changes that take place in political decision making structures and especially in parliament when women gain entry are recommendations for child care centres, family-friendly sitting hours and increased travel for family members.⁷

⁶ Inter-Parliamentary Union (2000) “Politics: Women's Insight.” IPU: p108.

⁷ See, for example, Sawyer, M. (2000), “Parliamentary Representation of Women: From Discourses of Justice To Strategies of Accountability.” International Political Science Review 21(4): p361-380 and Brown, A. (1996) “Women and Politics in Scotland.” Parliamentary Affairs 49 (1): p 26-40.



Children marching in South Africa for a brighter future.

Photo: Colleen Lowe Morna

Child-care: Of all the possible work place innovations, few make a stronger statement about family-friendly practices than having child-care facilities paid for and arranged by the institution. Bringing children to the hallowed halls of power has the symbolic effect of demystifying power as well as driving home the point that in the end decision-making is about a better world for those who come after us. A crèche is one of the symbolic early gains made by women in parliament in South Africa.

Sitting times: Traditionally, parliaments and councils have assumed that decision-makers have no family responsibilities and therefore that meetings can start and end late. This continues to be the case in countries like Zambia and Lesotho, where women are still a tiny minority.

Capacity building

The various regional and international commitments to increasing women's equal and effective participation in decision-making place a strong emphasis on capacity building. Addressing the specific needs of women decision-makers is not something that most decision-making institutions had considered before the clamour for greater representation by women in these structures. It is one of the several changes that women have had to struggle for.

Generic training: There have been several different kinds of approaches to improving the skills of politicians in general and women politicians in particular. Most political parties, parliaments and councils seem to offer some basic orientation on what it means to be a politician and how to function as a legislator/councilor. Sometimes this is done with the help of international

organisations like the Inter-Parliamentary Union (IPU), Commonwealth Parliamentary Forum (CPF), International Union of Local Authorities (IULA) or regional organisations like the SADC PF. The difficulty with all generic "one size fits all" training is that it does not always address the particular needs of women, especially where they are in small minorities. This has led to the design of several empowerment programmes focusing on women.

Women specific training at national level: Capacity building programmes focusing specifically on women decision-makers may be at national or regional level.

Training specific to women at regional level: The SADC Gender Unit has developed a Gender Tool Kit for SADC decision-makers that comprises basic

concepts, tools and exercises on mainstreaming gender into legislation. This has been used for training trainers as well as women MPs from around the region. From evaluation reports of training workshops, it is clear that these "additional empowerment" initiatives have played an important role in developing linkages between women MPs across the region and sensitizing them to gender issues. However, they have suffered from some drawbacks such as:

- Lack of follow-through mechanisms to provide ongoing support or evaluate impact.
- Absence of strategies at national level to ensure that those trained as trainers apply their skills.
- The subject matter so far only covers gender skills and not some of the immediate practical skills that decision-makers need such as communication training (including the Internet, debating, working with the mainstream media etc).
- Although the focus on women MPs is understandable, the disadvantage (especially where there are small numbers of women MPs) is that they then go back into male-dominated institutions that have little sympathy for their ideas.

Gender mainstreaming training at regional level:

In an effort to bring men on board, the SADC PF gender unit has run a number of workshops for chairs of portfolio committees on mainstreaming gender in their work. Given the male dominance of these committees, the majority of participants at these workshops have been men. The unit focused initially on finance and public accounts, and has since fanned out into other sectors like education and HIV/AIDS. An evaluation of the programme found that there had been general awareness raising on gender among MPs that participated in training like the Lubambo roundtable on gender budgets. But the evaluation stressed that

for this to be effective regional processes have to be cascaded to national level.⁸ The evaluation added that training should be more tailored towards needs, and link to the Parliamentary Leadership Center that is being planned by the SADC PF.

Mentorship: Mentorship overcomes many of the shortcomings identified in other forms of capacity building. It does not show up politicians as people who might be ignorant. Because it is one on one, it is more effective. It is hands-on. Perhaps most important, such training is ongoing.

On- the-job training: With the exception of Tanzania, *Ringing up the Changes* did not reveal many examples

of on-the-job training for women decision-makers. It did however show that this is the direction of thinking among activists and trainers.

The role of the media in elections and gender discourse

Increase in women sources in the political topic category: The 2010 Gender and Media Progress Study (GMPS) referred to extensively in Chapter Nine shows that while the proportion of women sources in the media overall has only increased by 2% (from 17% in 2003 to 19% in 2010) women sources in the political category have increased from 8% to 13%. This is still far too low, but at least there is forward movement.

Regional: Evaluating initiatives on gender, media and elections

Gender Links and the Gender and Media Southern Africa (GEMSA) Network organised a series of workshops and training on gender, media and elections in South Africa (April 2009), Botswana (October 2009), Namibia (November 2009), Mozambique (November 2009), Malawi (May 2010), Mauritius (May 2010) and Tanzania (October 2010).



Emma Kaliya addresses the media in Malawi.

Photo: Colleen Lowe Morna

The workshops targeted media practitioners and women in politics. GL trained a total of 248 journalists (newsroom training) and 130 women politicians in Malawi, Botswana, South Africa, Mozambique and Tanzania. GL also added a civil society media and advocacy training component in Namibia (with the Polytechnic of Namibia) and Tanzania.

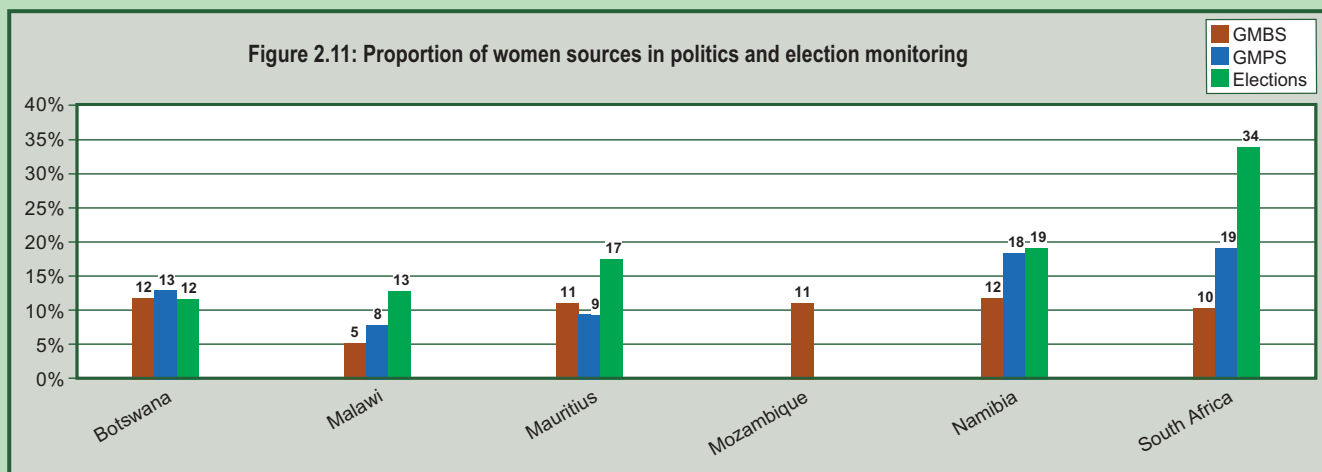
The partners trained the media on how to cover elections from a gender perspective and balancing sources such as giving a gender disaggregated data on elections, for example voters, candidates, party manifesto, etc. NGOs were also trained on how to do gendered analysis of electoral process. As a result of the training, the targeted women were able to design their own campaigns and publicity materials, and able to use multi-media effectively.

NGO Gender Coordinating Network (NGOGCN) in Malawi reports that the media houses are increasingly becoming responsive to women as well as gender advocates and a critical partner in the implementation of the 50/50 campaign. The coordinator of NGOGCN in Malawi, Emma Kaliya said: "The role of the media has not just been limited to politics and decision making but to GBV, economic empowerment, HIV and AIDS. The media can build if given the correct information at the same time destroy if given the wrong information. For example, close to the passing of the Domestic Violence Bill the media flagged a very negative story of someone who called the Bill rubbish. This brought us back to square one."

Participants who attended the newsroom training sessions on gender and governance in Malawi, Botswana and South Africa referred to the training as "eye opener". A participant in Malawi recommended that GL should "Organise more training for media as this is giving a chance to refresh our memory on issues that affect women in so doing inspiring us to write stories that would support women in politics" and another in South Africa said, "I learnt a lot about elections. Everything was important and useful".

⁸ Meena, Ruth and Machangane Keboitse, "Evaluation of the Endendering SADC Parliaments Project" USAID 2002, p13.

Figure 2.11: Proportion of women sources in politics and election monitoring



Source: Gender Links 2010.

Figure 2.11 shows the proportion of women sources in the political topic category in the *Gender and Media Baseline Study* (GMBS) of 2003; the *Gender and Media Progress Study* (GMPS) of 2010 and in election monitoring at the time these countries had elections. The latter is a measure of the effectiveness of the gender, media and elections training. The graph shows that the proportion of women sources increased in all countries except Botswana. This is most marked in the case of South Africa, with women sources in politics increasing from 10% in the GMBS (2003) to 34% in the 2010 elections: a powerful indicator that change is possible. However, the graph shows that there are still major challenges in ensuring that women and men

are accorded equal voice in the media in politics as in many other topics.

Training and support has been rendered to women decision-makers in 14 countries through on-the-job empowerment courses on gender analysis, communication, leadership skills, and engaging with the media to enhance their effectiveness in the 5-year life of the project. The women politicians were trained on how to engage with the media, profiling themselves, and creating publicity materials such as flyers among other initiatives as part of promoting provisions of the SADC Protocol on Gender and Development.

Making a difference?

Among the significant collaborative research efforts is the groundbreaking study quoted in this paper: *Ring up the Changes: Gender in Southern African Politics* coordinated by GL. The study is the first in the region, and one of the few globally to assess the qualitative difference that gender equality brings to governance. This was achieved through a comparison of countries that have achieved a high level of women in decision making with those that have not.



The study found that *numbers do make a difference* for a host of reasons, including:

- The sheer presence of women in decision-making is a powerful tool for challenging societal stereotypes and creating role models.
- When there are a few women who are in influential positions trying to make a difference but without a

“critical mass” of women to draw on, they find it difficult to effect these changes.

- In countries that have higher proportions of women in decision-making, obstacles to participation are more likely to begin to be turned to advantages.

The tangible difference that women's participation in decision-making, especially in substantial numbers, is seen to make in the study include:

- The marked difference between the style, procedures, norms and discourse in institutions of decision-making in the countries that have a high representation of women compared to those that do not.
- The link between the presence of a substantial proportion of women in decision-making and the extent to which men have engaged with the issue of gender equality and become agents of change.
- The fact that although all the case study countries have undertaken significant gender justice reforms the breadth and depth of such reforms are greater in countries that have achieved higher levels of women in parliament, and especially in those countries with

a history of political struggle and progressive constitutions.

- The championing role that women in top decision-making positions have played in ensuring that gender is taken into account in policies and laws in mainstream portfolios like mining and agriculture.
- The links made by women MPs between women constituents and parliament, as well as ensuring greater accessibility and responsiveness of service delivery.
- The support that women decision-makers have given to innovative approaches like the gender budgeting initiatives that have captured the imagination of the

region and provide a potentially powerful tool for gender mainstreaming through tracking resource allocations.

Beyond numbers

Across the region, activists are demanding not just numerical increases in women's political participation, but also a "gender agenda" in all political processes. This is illustrated by the lobbying efforts in Zimbabwe, that range from constitutional provisions, to the conduct of forthcoming polls.

Zimbabwe: Women lobby for a comprehensive deal in forthcoming elections

Zimbabwean women say there is need to engender all transitional processes in the country to ensure meaningful gains and progress, starting with the implementation of the Global Political Agreement (GPA), the negotiation of the roadmap to elections and indeed the improvement of the country's socio-economic and political processes.



Netsai Mushonga.
Photo: Colleen Lowe Morna

Speaking on the sidelines of a special SADC summit on Zimbabwe in South Africa in June, a representative of most Zimbabwean women's civil society organisations, the Women's Coalition of Zimbabwe (WCoZ), Netsai Mushonga, said the women had crafted a roadmap to take into account gender

concerns. WCoZ coordinates the work of the Southern Africa Gender Protocol Alliance in Zimbabwe. "We acknowledge that the GPA is the operating document of the day, but we are concerned that its implementation does not reflect a gendered perspective, thus side lining the major concerns of women," she said.

Zimbabwe has been going through a socio-economic and political transition following the signing of the Global Political Agreement (GPA) on 15 September 2008 by the three main political parties: the Zimbabwe African National Union Patriotic Front (ZANU PF) and the two Movement for Democratic Change (MDC) formations. The transition has managed to bring cases of politically motivated violence down from an all time high around June 2008. The economy has been on a slow recovery. The public service sector has become operational with schools and hospitals running again, but at lower capacity due to inadequate equipment and staff.

However, GPA processes have lagged behind. Several submissions, including a Constitutional quota, have been made but are still pending. Activists have also called for the carrying out of a broad national healing process which is gender sensitive. Moves towards free and fair elections in which women participate effectively have been slow.

Only one woman, Priscilla Misihairambwi participated in the GPA negotiations but the document mentions inclusion and equal participation of women in several key areas. However, the language is vague; some of the phrases and meanings are left for the readers to interpret. The mandate of structures such as the Organ on National Healing, Reconciliation and Integration seem deliberately vague and open to interpretation. This reflects the levels of mistrust and efforts to out-manoeuvre each other in the implementation phase of the GPA. Issues critical to women such as health and maternal health (a staggering 725 out of every 100 000 live births) are not addressed.

The draft Roadmap to Zimbabwe Elections, published in the *Newsday* of 29 April 2011 is also gender blind. The document addresses issues of sanctions, media reforms, violence, freedom of assembly and association and the next elections. However the draft roadmap falls far short in mentioning and beginning to address the gender issues inherent in all the mentioned areas. Zimbabwean women have complained of a male dominated media that portrays women in a negative light.

The issues of violence need to be expanded to address both the public and private forms of violence which have a cyclical and symbiotic relationship. Issues of national healing encompassing truth telling, justice, restitution, rehabilitation and reconciliation are not dealt with adequately. The draft document has accusations, denials and different explanations depicting serious divergence in perceptions in our

leadership. Freedom of assembly and issues of elections are discussed without the requisite gender lenses and therefore holding of elections under such conditions and in the same environment might not begin to change the situation of women.

WCoZ has now brought its members together to discuss a Women's Roadmap to Elections. The document was distributed to the negotiators in Zimbabwe and also the mediation team in South Africa. It contains women's basic and minimum demands before free, fair elections can be held, and where women can participate freely and actively. These requirements include a new constitution which guarantees all human rights of women and has provisions for gender equity, equality and non-discrimination. It should also uphold the principles of participation of women in electoral and governance processes and guarantee a quota and the 50/50 principle for women and men in decision making positions. Women envisage a hybrid electoral system that provides for the effective participation of women in politics.

Women want legal reforms that remove some of the repressive legislation in place. This includes domestication and implementation of international and regional instruments dealing with women's empowerment, specifically the SADC Protocol on Gender and Development, reform of Public Order and Security Act, Access to Information and the Protection of Privacy Act, amend the Political Parties Finance Act to allocate resources to women candidates and amend the Criminal Codification and Reform Act to ensure respect of human rights of all.

Women are demanding an end to politically motivated violence and intimidation and asking the state to ensure full security of women and girls during election periods and end impunity. The women's roadmap mandates political parties, the police, judiciary services and all state agents to preach non-violence and peace, prevent, mitigate and address issues of violence.

Women also demanded promotion of intra party democracy within all political parties to allow women to be better represented. The women's roadmap

demands that the government begins to promote nation building above party politics and de-politicisation of national and international days/events. The government should ensure non-partisan use of state resources, humanitarian aid and traditional leadership structures.

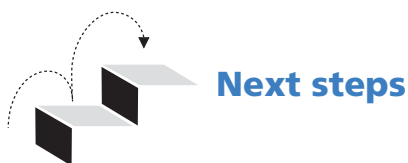
Women would like the reform of the Zimbabwe Electoral Commission (ZEC) to allow for effective participation of women. These reforms include the transformation of ZEC to be a truly independent electoral commission with full mandate to oversee elections, answerable to a minister and reporting to parliament to increase its accountability.

The Women's Roadmap to Elections also demands the reform of the Citizenship Act to remove restrictions on women voters, removal of the need to produce proof of residence to register to vote since women do not usually own houses and households. The Zimbabwe Electoral commission should carry out mobile registration campaign around Zimbabwe, clean the voters roll to reflect current voters only and disseminate adequate information on the inspection of the voters roll. According to WCoZ: "Development and peace does not begin to happen if women are excluded. Inclusion of women is the beginning of a better, more mature politics."



Members of the WCoZ at work. WCoZ coordinates the work of the Southern Africa Gender Protocol Alliance in Zimbabwe.

Photo: Colleen Lowe Morna



Key points arising from this chapter are that:

- **Reinvigorating the 50/50 campaign:** Following the re launch of the 50/50 campaign in August 2011,

a robust campaign is needed to maintain the gains made in getting more women into political decision making positions.

- **Decision-making is still a hostile terrain for women:** Despite the positive rhetoric towards women's increased participation in decision-making, there are still major barriers to be overcome. These are deeply rooted in custom, culture, religion and tradition. The structural barriers explain why there is little correlation between women's level of education

and their political participation. Personal empowerment does not translate into political empowerment for women because society is not ready to accept women in these roles. Such change can only come about through concerted effort that begins with a strong political will and leadership, accompanied by deliberate strategies and special measures.

- **Heads of state have largely failed to keep their promises:** Governments made a commitment to achieving a minimum 30% representation of women in all areas of decision-making by 2005, and went on to raise the bar to 50% as attested to by the backsliding in Namibia and Botswana at the very moment when substantial gains need to be made. The barometer shows that with a few exceptions, this commitment has not and will not be met. While there were some attempts by Heads of State to make good on their promises through appointments to cabinet and parliament, often even these opportunities were missed. Most important, countries with the FPTP system that is least conducive to women's participation made little or no effort to review their electoral systems, or to learn from other such countries (e.g. Lesotho and Tanzania) as to what special measures might be adopted within such electoral systems to effect increased participation by women. With elections scheduled for late 2010, Tanzania will be next under the spotlight. It is heartening that activists there are actively using the Protocol to drive home the need for substantial progress in the 2010 elections.
- **Women's access to political decision-making requires special measures:** The unequivocal lesson from the region is that no target for women in decision-making will be reached in the absence of special measures. There is no easy recipe for ensuring women's access to political decision-making, but the ingredients are well known. They include electoral systems, quotas, gender aware parties, and democratic environments. The overwhelming evidence from the region is that the Proportional Representation (PR) system, and especially the closed-list PR system applied in South Africa, Mozambique, Angola and Namibia is more favourable for ensuring women's entry into politics. The case of Lesotho shows that quotas can also be implemented in the FPTP system and that the system itself can be adapted to be more conducive, as is happening with the adoption of the Tanzania model for the upcoming local elections in Lesotho.
- **Quotas are a necessary and beneficial short-term measure:** All SADC countries that have come close to, or are likely to achieve the 30% target, have done so through either voluntary party quotas (in South Africa and Mozambique) or legislated quotas (in local elections in Namibia) or constitutional quotas in national elections in Tanzania). Quotas are not a panacea, but they are the best short-term method

for ensuring that that the quag-mire is broken and progress is made. When accompanied by supportive strategies, quotas have delivered rapid and tangible benefits.

- **Local government needs to be brought centre stage:**

The tendency in some countries to yield way on local government (e.g. Namibia, South Africa and Lesotho) is well-

come but carries the concern that the only reason this is happening is that local government is not regarded as important as other spheres of governance. Gender and local government have, up to now, not formed a significant part of gender and governance discourse, activism or policy measures. It is critical that these now come to the fore. There are local elections coming up in Lesotho, South Africa, Namibia and Malawi in the next year. These need to be put under the spotlight and progress tracked.

- **New approaches to empowerment should be encouraged:** So far, training for women in politics has not been preceded by needs assessments. It has tended to be off site, and once off. Such training also needs to be holistic in its approach. In addition to gender analysis skills, it should include an understanding of the nature and exercise of power, confidence and assertiveness skills, leadership training and communication skills, including debating, use of the Internet, accessing the mainstream media and integrating gender issues into political campaigns. While there is a place for empowerment strategies that specifically target women decision-makers, it is also important to design strategies that include the "new" men in politics.

- **Research, monitoring and evaluation are key:** Research, advocacy and lobbying by the women's movement have been critical to the achievements made to date. Structures and mechanisms should be found for strengthening collaboration between civil society and women in decision-making.

- **The media is a key partner:** Gender, elections and media training shows that the media has a key role to play in changing mindsets and promoting women candidates. The partnerships should be built and extended in all countries having elections, and strengthened where elections have taken place.



Quotas would help women in Malawi to get into office.
Photo: GEMSA



"Sarah"

Anushka Virahsawmy



CHAPTER 3

Education and training

Article 14



Grade Nine students walking home on Small Street, Johannesburg.

Photo: Mona Hakimi

KEY POINTS

- With the exception of Seychelles, women in Southern Africa have lower literacy levels than men.
- In most SADC countries, there are now roughly equal numbers of boys and girls at primary schools. The widest gaps are in Angola and DRC.
- There are more girls than boys in schools in Lesotho, Namibia and Seychelles in primary school:
- Seven SADC countries (as compared to five last year) now have higher proportions of women than men at tertiary level.
- In all but two instances, primary education in Malawi and secondary education in Mozambique (where girls and boys are virtually at par) girls are out performing boys at schools in the SADC region.
- Gender stereotypes still abound in decision-making in SADC; in curriculum and teaching materials, and in the choice of subjects.
- Gender violence in schools remains a major challenge.



Children at a crèche in Lesotho look to the future.

Photo: Colleen Lowe Morna

Although relatively brief, Article 14 on Gender Equality in Education is a cornerstone provision in the Protocol, covering equal access to all levels of education; challenging gender stereotypes in education and also ensuring that institutions of learning are free from gender violence.

Like most of the articles in the SADC Gender Protocol, education and training provisions closely interlink with other goals and targets. Assessing the region's progress towards commitments to enhance access to quality education for males and females, and remove gender stereotyping in curriculum, career choices and professions, is a telling indicator of the likelihood of other achievements towards 2015.

For example, as the foundation of future employment prospects and opportunities, education forms the basis for equal opportunities in economic empowerment. Levels and quality of education significantly determine what kind of work individuals may attain, and how much they may earn. In both formal employment and other occupational settings, education offers the chance to make more of the resources available, whether that is within salaried employment, starting a business, increasing the productivity of land, selling excess produce, or managing the household budget.

Education also links closely to such provisions as gender parity in decision-making. Education is an important part of aspiring to government offices and other such decision-making bodies.

However, for girls, staying in school is not just about good grades. Early marriage and family responsibilities

can take girls out of school early, especially as a result of HIV and AIDS. Some families still do not see the value in educating girls. Add to this poor infrastructure, such as lack of water and sanitation facilities. Worse, sexual harassment, by both peers and teachers, can make girl learners unsafe. All of this can mean less education for girls.

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. Girls learn how to be daughters, sisters, caretakers, wives, and mothers. In addition, they learn about the occupa-

tional roles that their society has in store for them. Once the child leaves the home, and enters into their first "public sphere," the schoolroom, they continue to acquire the characteristics of their society as well as the knowledge, ideas and skills that they will bring into their adult life. Addressing gender stereotypes along this path, in accordance with the Protocol, can translate into a greater range of options for girls and boys.

In most SADC countries, boys and girls enter primary education in roughly equal numbers. However, at progressively higher levels of education, the rate of girls' enrolment and retention dramatically decreases. In addition, the segregation of teaching staff into stereotypical subject areas reinforces the gender division of labour within schools. At the tertiary level, women dominate in the Arts and Humanities.

Across the region sexual and gender violence is rampant in learning institutions. Simply put, schools are not safe. Most 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 also prevalent. There are policies in place in most SADC countries, but these lack enforcement. There is a growing awareness among educators, government ministries, NGOs and civil society organisations about the need to combat this challenge.

This chapter traces the gender successes and gaps in education from literacy through to primary, secondary and tertiary education. It covers enrolment; subject choices; safety in schools and several other gender dimensions to education.

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

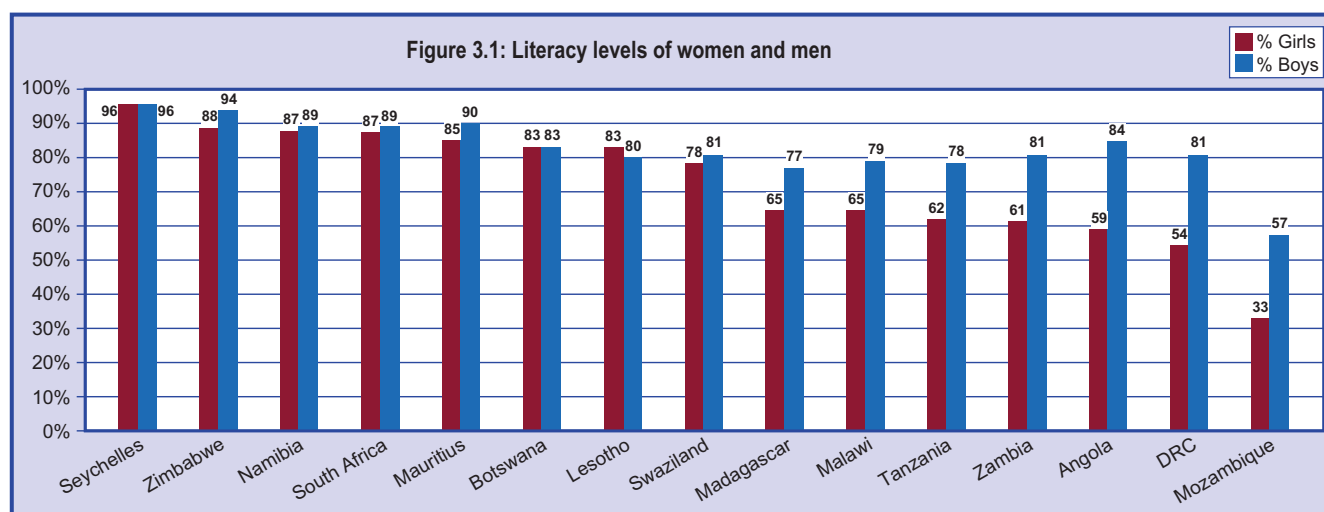
The Gender Protocol highlights factors that promote enrolment and retention of girls and boys in school. It also recognises that formal education is not the only type of training that can benefit girls and women, vocational and non-formal approaches have their place in preparing women and girls for economic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

The 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

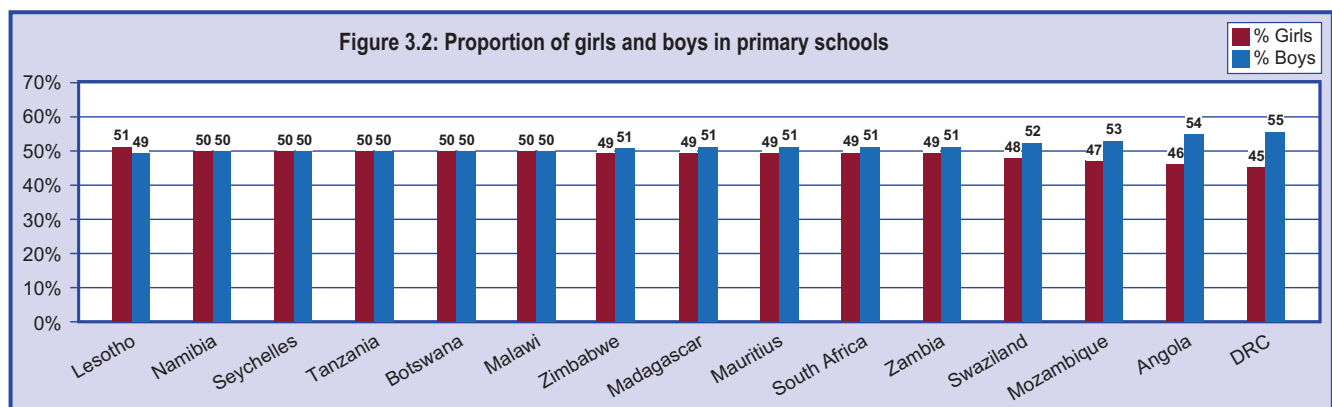


Source: GL and country sources listed in Table 3.1.

Lower literacy levels for women in all SADC countries except Seychelles: Figure 3.1 shows that with the exception of Seychelles, women in Southern Africa have lower literacy levels than men. In some cases, the gap is very worrying, for example in Mozambique, only 33% of women are literate compared

to 57% of men. Likewise, DRC, Angola, Zambia, Tanzania, Malawi, and Madagascar all have significant gender literacy gaps. The figure reflects literacy rates in SADC countries, organised in descending order of literacy rates for women.

Primary school



Source: GL and country sources listed in Table 3.1.



Getting it right in primary school education.

Photo: Gender Links

Gender parity in primary schools in most but not all countries: Primary education continues to be Southern Africa (and Africa's) greatest success story. In most SADC countries, there are now roughly equal numbers of boys and girls at primary schools. The widest gaps are in Angola and DRC, where girl learners still comprise 46% and 45% of primary school-goers in classrooms respectively.

More girls than boys in schools in Lesotho, Namibia and Seychelles in primary school: There are more girls than boys in primary schools in these three SADC countries. In Lesotho and Namibia, young boys are sometimes denied education opportunities because they are off herding cattle. A study on domestic and child workers in Namibia drew attention to the need to give herd boys the same opportunity and level of education as girl children.

Free for all, but not all for free

Most of SADC has free and compulsory education in place. The exception is Zimbabwe, where primary education is neither free nor compulsory, and Namibia, where primary education is free, but not compulsory. The following are some country examples of measures taken by countries in the region to ensure universal primary school education for girls and boys:

- **Swaziland:** Since January 2010, the government of Swaziland has been rolling out free primary education in stages, to be full implemented by 2015.
- **Malawi:** Primary school education is free and this is undoubtedly helping the country move towards universal primary education. With enrolment having increased there is an assurance of high literacy levels in the future.
- **Tanzania:** Primary school education is free and compulsory for both boys and girls hence gender

parity at that level. Although students don't get to pay fees for their studies there are other related costs like uniform, stationery and transport costs that still prevent disadvantaged children from attending school.

- **Botswana:** Botswana 2011 MDG report further notes that the gender difference in primary school enrolment reflects the sex ratio at birth rather than differential access to education
- **Mauritius:** Mauritius has, since 2008, maintained gender parity in primary school education.
- **South Africa:** South Africa has adopted a number of initiatives to achieve gender parity in primary education, such as "no fee schools" providing free transport to learners who live far away from schools and the adoption of the National Schools Nutrition Programme.
- **Namibia:** The Constitution (Article 20 (2) states that primary education shall be compulsory and the State shall provide reasonable facilities by establishing and maintaining State Schools at which primary education

is provided for free.¹ Education is free up to Grade 10. Plans are at an advanced stage to make this mandatory, with the key target group being herd boys and domestic workers.

In **Zimbabwe** the introduction of user fees at primary level discourages parents from sending children to school. At the time of independence Zimbabwe had a free primary education policy but that changed over the years with economic decline. Increasing levels of poverty have also witnessed a growing proportion of boys dropping out of primary school to become hawkers and traders, as their parents find this economically more beneficial in the short term than the long-term investment in an education. Girls may be taken out of school also to work as sellers, but more likely to help in the home, caring for family.

Across the region, despite “free” education, many learners still miss out because families cannot afford school uniforms and supplies, or simply need another income earner or carer. In countries like South Africa, private education surpasses the resources of the state “free” education, and this means more privileged learners have better opportunities.

While the region should celebrate the achievement of near gender parity in primary education, there is still need for caution. Where there is a choice because

of limited resources, girls are inevitably the first to be withdrawn. Given the current worldwide economic situation and increasing calls from some corners for such things as user fees to help finance government activities, the tide can quickly change.



Dabengwa school : Primary education in Zimbabwe is not free, and is in decline.

Photo: Susan Tolmay

Not all children are in school: The other major concern regarding primary education is that an estimated 30% of primary aged children are not in school. Figures may also underestimate the actual number of children who, though enrolled, are not actually attending school with any regularity. UNESCO's Global Monitoring Report on Education for all published in 2007, estimated that 77 million children (aged 6 -11) do not attend school and that approximately one third of these out of school children are disabled. The other two thirds are said to be children from poor families who live in poor households and whose mother's have no education. Although current figures for the region on access to education by children with disabilities could not be

obtained on time for this study recent research in South Africa has shown that up to 22 % of disabled children are not attending school.²

Especially in post conflict countries: Enrolment in post conflict countries like Angola and the Democratic Republic of Congo is still low. Challenges faced by Angolan school children are crowded classes and poor learning conditions. Many schools have no access to water and sanitation, meaning that girls are often forced to drop out after the onset of menstruation. Less than 60% of primary school-aged boys and girls attend primary school, and many children repeat classes - leading to more overcrowding.³

¹ Namibia Country Report 1995 - 2009: On the implementation of the Beijing Platform for Action; Beijing +15; Ministry of Gender Equality and Child Welfare; January 2010. Pages 20-27.

² Statistics South Africa, Community survey 2007.

³ Source: UNICEF (2010), 'In Angola, child-friendly schools bring new life to primary education' - http://www.unicef.org/infobycountry/angola_53656.html.

Madagascar: Education for all keeps girls in school



Young school girls at a festival in Madagascar.

Photo: Ialfine Tracolaut

The National Movement for Education for All in Madagascar (NMEAM) launched a campaign for positive discrimination in favour of girls in 2011. The campaign is promoting Article 14 of the SADC Gender Protocol which calls upon States Parties, by 2015 to enact laws that promote equal access to and retention in primary, secondary, tertiary, vocational and non-formal education in accordance with the Protocol on Education and Training and the Millennium Development Goals.

The campaign aims to sensitise parents, governments and citizens on the importance and benefits of ensuring that women and girls get a good education and encourage competition. This has been necessitated by the fact that Malagasy girls drop out of school quite early including the fact that parents prefer boys to go for further studies to prepare them for future roles as

heads of family. This is especially so in rural areas where patriarchy remains rife. The campaign gives special attention to Analanjirofo, a rural based region that has a record of illiteracy with only 30% girls completing primary education and moving on to secondary education. In essence 70% of girls of school going age stop their studies after primary education.

Key targets are:

- Girls - mechanisms are put in place to ensure that they complete primary school and proceed to secondary and tertiary education.
- Parents - educated on the importance of keeping girls in school.
- Government - lobbied to ensure the State puts in place resources and mechanisms to ensure that girls are kept in school up to tertiary education.

The several activities include:

- Awarding of scholarships for girls and women.
- Sensitisation campaigns of parents in localities.
- Lobbying of political and other authorities to reinforce efforts in favour of education for girls and women. Emphasis was placed in Analanjirofo, which is North East of Madagascar.
- Debates and conferences.

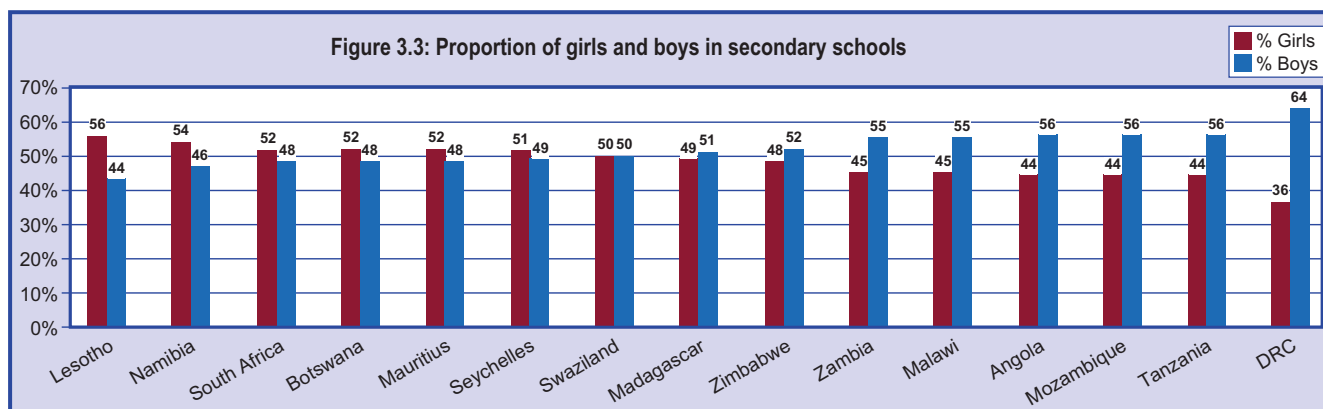
The main result of this project is that 20 000 girls in Analanjirofo will receive scholarships to finish their studies. This ensures that girls are retained in the education system as stipulated in the SADC Gender Protocol. It is feasible to replicate this initiative in other SADC countries. Financial resources, campaign materials and a coordinated programme of action need to be in place.

Table 3.1: Access and enrolment in the education sector

	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	59	84	83	83	54	81	83	80	65	77	65	79	85	90	33	57	87	89	96	96	87	89	78	81	62	78	61	81	88	94
Enrolment																														
Primary school	46	54	50	50	45	55	51	49	49	51	50	50	49	51	47	53	50	50	50	50	49	51	48	52	50	50	49	51	49	51
Secondary school	44	56	52	48	36	64	56	44	49	51	45	55	52	48	44	56	54	46	51	49	52	48	50	50	44	56	45	55	48	52
Tertiary level	40	60	53	47	26	74	44	56	49	51	39	61	61	39	38	62	54	46	57	43	53	47	51	49	32	68	52	48	n/a	n/a
Vocational and technical			39	61	61	39	52	48	38	62	35	65	24	76	31	69	69	31					54	46	45	55			n/a	n/a

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, Annuaire statistique 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 enrolment), 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: Wizarat Ya Fedha na Uchumi, Hali ya Uchumi wa Taifa 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 enrolment), EMIS Year 2006 (school administration) and OSSREA(2000): http://www.ossrea.net/index.php?option=com_content&view=article&id=350. All figures cross checked with UN.

Secondary school



Source: Gender Links. Compiled from in-country research reports - based on interviews, internet search and Ministries of Education documents. See Table 3.1 for list.

The gender gap at secondary level is narrowing:

SADC countries differ from their counterparts in the rest of Africa in that the gender gap at secondary school level is rapidly narrowing. Indeed, Lesotho has a considerably higher proportion of girls than boys in secondary school (56% girls) as a result of boys herding cattle (see discussion on primary school education above). South Africa, Namibia and Botswana have slightly more girls than boys which is consistent with demographics. Seychelles and Swaziland have an equal number of girls and boys in secondary school.

But in some countries, there is still a worrying gender gap in favour of boys.

In DRC, only 36% of secondary school learners are girls. In Tanzania, Mozambique, Malawi, and Angola, girls comprise just 44% of learners. In countries like Tanzania and Malawi, 44% at secondary level compares to gender parity at primary level. Therefore, questions arise as to why girls are fewer at higher levels of education.

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

A gender perspective provides insight as to why this is so:

For boys, pressure to earn an income, for girls, family responsibilities and social stereotypes that undervalue girls' education are apparent. Rather, many are encouraged, or forced, to marry early, or if not, care for their parents and siblings. This is especially so in the era of HIV and AIDS.

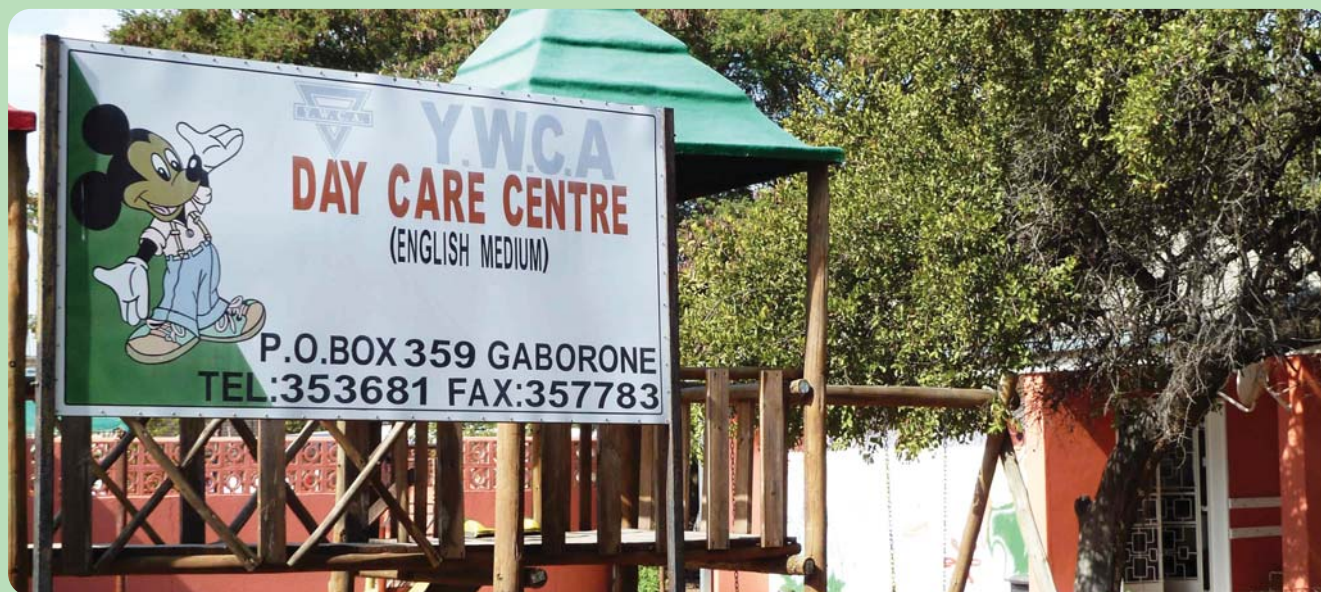


Girls often become full time care-givers.

Photo: Gender Links

High rates of teenage pregnancy in the region are also a factor of girls dropping out of school. Roughly one-third of all young women become pregnant by the age of sixteen and the burden of care usually falls to on the girl.

Botswana: Education Centre for Adolescent Women



YWCA day care centre in Gaborone Botswana.

Photo: Roos van Dorp

In **Botswana** the Young Women's Christian Association has provided hope to many young women who become pregnant by helping them continue with their education through the YWCA Education Centre for Adolescent Women (ECAW). Article 14 of the SADC Gender Protocol calls upon State Parties, to enact laws that promote equal access to, and retention in primary, secondary, tertiary, vocational and non-formal education in accordance with the Protocol on Education and Training and the Millennium Development Goals by 2015.

YWCA of Botswana is a Non-Governmental Organisation that empowers women and youth on human development. ECAW focuses on imparting life skills, counselling of teen mothers, baby care and providing opportunities for young women to continue with their Junior Secondary School.

The project targets adolescent women who get pregnant while still at school. Actions include:

- Imparting life skills to adolescent women.
- Counselling of teen mothers.
- Care of the teen mothers' babies
- Providing opportunities to young to continue with their Junior Secondary School.

Adolescent mothers complete at least Junior Secondary School and are empowered with life skills. Young women

are kept in school and empowered to take charge of their life by being kept in school. This is related in the first hand account of a beneficiary provided below.

Challenges include insufficient funding. However, YWCA continues to seek resources to continue with get the initiative up and running as the need is still there. For the programme to be sustainable government needs to offer support or take complete control of the programme as well as provide all financial, human and other resources required to make this a success.

"I am a young mother aged 21. I got pregnant when I was 15. By then I was doing Form Two at a junior secondary school in Gaborone. I still believe that this happened because I did not have the confidence to tell my partner what to do and what not to do because of my age and experience in relationships. I got pregnant and lost hope. I thought it was the end of my life. I worried that the community would never accept me the way they did before I had a baby. My life became difficult. As a result I did not enjoy my youth. This was made worse by the fact that the man who impregnated me was nowhere to be found. Young Women's Christian Association helped me a lot as I went through counselling and I was able to accept that I was not the only one, that there many young women going through the same situation. I realised that yes I had done wrong but I can still make it in life. I managed to continue with my studies and completed my Junior Certificate through the YWCA Education Centre for Adolescent Women (ECAW). I went to Gaborone Senior Secondary School to complete my Secondary Education and that is where I resaved my self-esteem and focus. I became a proud mother. Other teachers and students tried to make fun of us when we made mistakes, telling us we were mothers and should be home taking care of our babies and not give them stress, but because I knew what I wanted in life I ignored whatever they said. YWCA of Botswana made me who I am today."

Zambia: Re-entry policy puts girls back in school

From the time government introduced the re-entry policy, civil society, the church and other stakeholders have joined hands to see to it that young mothers are able to complete their education by going back to school. Before 1991, once a girl dropped out of school for falling pregnant, it would mark the end of her enrolment in any education system. This led to early marriages and usually through difficult circumstances such as forced marriages.

The Ministry of Education (MoE) has also introduced affirmative action in favour of girls at Grade 7 and Grade 9 levels. Girls require slightly lower scores than boys to proceed to the next level to ensure retention of girls in the education system for longer periods.

According to the Ministry of Education Permanent Secretary Andrew Phiri, government is on course towards construction of 100 high schools around the country in order to meet the MDG goal. Phiri said currently there were 50 high schools under construction while 37 were under evaluation. Scaling up school infrastructure development projects aims to decongest and encourage more pupils to access education especially girls.

The initiatives are a direct response to persistent gender gaps in education. The long term impact of this is evident in having few women in leadership positions. Global trends indicate that teenage pregnancies are a major social problem and according to the United Nations Population Fund (UNPF) the problem has assumed endemic proportions among teenagers, especially in the poorer nations. To mitigate the problem, the Zambian government put in place a policy to facilitate re-entry of girls who fall pregnant back into the school system after they had babies. The policy that has been in operation for 14 years has benefited many young girls.

Some of the actions that are being taken include:

- Advocacy to ensure pregnant girls go back to school after giving birth and they mix freely with other pupils.
- Counselling services are offered to girls who fall pregnant.
- Bursaries offered to vulnerable children.
- Affirmative action for girls which lowers entry points into higher grades and tertiary education. Some

people however feel that this it is discriminating against boys.

- Workshops and discussion forums are being held to discuss challenges encountered by implementing the policy and how these can be addressed.
- Rules have been instituted in schools that protect girl children from GBV and other abuses

There have been challenges with the implementation especially because of the fact that it is not a law but a policy so it is not binding. In a number of cases there is a lack of financial support for them to complete school because their families disown them or if they stay with them tell them there is no more money to cater for all their education needs because they are now taking care of her baby.



Back to school: Zambia protects the Constitutional rights of young women.
Photo: Frank Windeck

The policy allows them to be out of school for a short period, six months and after that have to go back. It is a challenge for many school girls who have no care givers to look after their babies. Guidance and counselling services on reproductive rights to prevent unwanted pregnancies among girls in schools are still sketchy. More funds are required for implementation of the policy so that all girls who require government's assistance can access it including for up scaling advocacy programmes.

Table 3.2 shows, however, that since 2002, a consistent 38% to 40% of girls who might otherwise have dropped out of school are being readmitted and completing their studies.

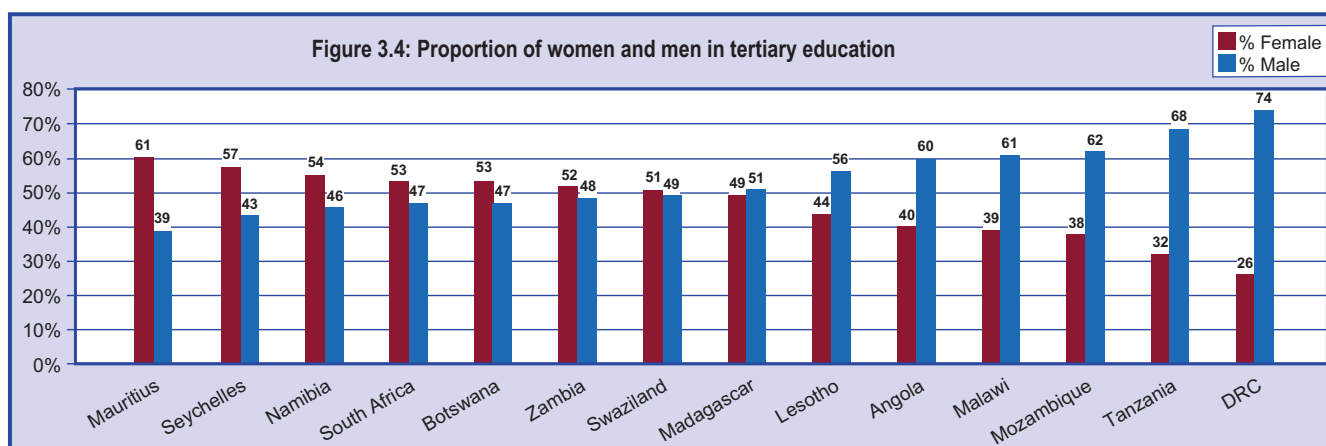
The key beneficiaries are young women able to complete their education. The government and society at large is also benefiting in that the educated girls will add to the growing economy of the country. SADC countries and can learn from the Zambian experience.

Table 3.2: Number of pregnancies and re-admissions in basis schools in Zambia - 2002 to 2009

Year	2002	2003	2004	2005	2006	2007	2008	2009
Pregnancies	3 663	4 405	6 528	9 111	12 370	11 391	12 370	13 634
Re-admissions	1 322	1 836	2 626	3 899	4 470	3 870	4 692	5 517
% age re-admissions	36	42	40	43	36	34	38	40

Source: Ministry of Education (2010): *An evaluation of Re-entry policy in Zambia*

Tertiary level



Source: Gender Links. See Table 3.1 for list of sources.

Higher proportions of women at tertiary education in seven SADC countries: In almost half of all SADC countries, tertiary institutions have equal numbers or more women, than men. Seven SADC countries (as compared to five last year) now have higher proportions of women than men at tertiary level. These are Seychelles, Namibia, Mauritius, South Africa and Botswana joined by Zambia and Swaziland.

But large gender gaps in others: However, there are still large gender gaps in the DRC where women comprise 26% of those enrolled in tertiary education. This is also true in Tanzania (32%), Mozambique (38%), Malawi (39%), and Angola (40%) show there are still worrisome trends in the region. This is especially important given that university education is the likely path to leadership positions, whether in business, governance, media or any other sector.

Malawi: Gender gaps in education are closing



In Malawi the government increased the overall budgetary allocation to the Ministry of Education by 26% in 2010 - 2011 budget. While there are no gender disaggregated data on these figures, the Malawi government has instituted a number of steps to close the gender gaps in education.

Malawi is currently constructing girls hostels at most community day secondary schools, to encourage girls to stay in school and reduce drop outs associated with factors attributed to non -boarding school. The hostels would also increase the time the girls would spend on studies, as all the time they spent walking to and from schools would now be absorbed in the study time.

Schools targeted are those that have high drop outs rates for girls. In 2009 -10,10 such hostels were constructed. The 2010-11 budget allocates resources for seven more girl hostels at a cost of MK450 000 000.

A bursary scheme targeting girls and disadvantaged children has also been introduced at secondary school

level. The ratio for this intake is two girls to one boy. Some NGOs like CADECOM, World Vision Malawi and district assemblies also sponsor students. It is expected that through these initiatives, more girls will remain in schools sitting for the Malawi School Certificate of Education, which will in turn increase the numbers of those going to university colleges. The government sponsors one boy and one girl, from every district in the country, in a cycle of four year's intake, to the prestigious Kamuzu Academy.⁴

To increase female intake to Teacher Training College, the Government has partnered with the Forum for African Women in Malawi (FAWEMA), a local NGO and Open University of Scotland, on a project to ensure the availability of female teachers in rural areas. Female school leavers, with a weak MSCE Certificate, are enrolled on attachments in rural primary schools, where they assist teachers in lower classes. Besides doing the attachments, these females are also undertaking studies to improve their grades on MSCE. The project provides for their learning materials as well as an allowance of MK7 500 per term. After improving their grades, these women are offered scholarships to enrol in Teacher Training Colleges. The project which is in its pilot phase

⁴ Gender responsive budgeting in Malawi: Analysis of 2010/11 National Education Sector Budget: CSCQBE 2010.

is targeting four districts, Mwanza, Ntchisi, Dedza and Chikwawa, that are strongly associated with high drop outs for girls. FAWEMA and CRECCOM have also introduced Mother Groups (groups of mothers in the communities) to encourage the girl child to remain in school. The groups also assist the girls with concerns related to do gender based violence.



TEVETA sponsored females students at apprentice work.
Pictures courtesy of TEVETA

To improve girls' performance in science subjects at Secondary Schools, government has introduced a project on Strengthening Mathematics and Science in Secondary Education (SMASSE). The project aims to make science subjects more attractive to girls, improving their

performance in such subjects. TEVETA has a positive discriminatory policy that ensures that 30% of students it sponsors in the Technical Colleges are females. This is done by among other things lowering the pass mark for females during entry exams.

The gender gaps in university enrolment exist for two reasons: at University of Malawi, there are a fewer boarding facilities for female than male students. At the Chancellor College, a UNIMA constituent college, there are 13 hostels allocated to males while only six are allocated to female students staying at the campus. In addition few females sit for University entrance examinations as dropout rates for females throughout the education cycle in primary and secondary are high. As a result few females sit for Malawi School Certificate of Education. At Teachers Training Colleges as well, enrolment favours men. This is because there are few females applying for the profession.

Tertiary education is heavily state funded and a number of bursaries are made available for needy students. There is pressure to ensure that these are used to close the gender gap.

Quality of education

The Protocol not only refers to enrolment and retention, but also specifically refers to **quality** education. Culture and tradition dictate that girls do more home chores while their counterparts (boys) are studying and waiting for food. The care work that society bestows on girls, which has increased with HIV and AIDS, means girls spend less time on studies, therefore affecting their performance and attendance. Furthermore, girls often become not only care givers, but also breadwinners for child headed homes, especially where both parents have died from AIDS related illnesses. This can translate into lower pass rates and girls not benefiting as much as they otherwise would from education.

The level of quality in education does not depend solely on increasing the numbers of teachers but also improving how they are trained and deployed within education systems. Teacher's qualifications are an important factor to ensure quality in education. Many developing countries have high proportions of untrained or poorly trained teachers. Moreover, those who are trained are often trained at secondary level and may lack some of the basic competencies required, particularly in mathematics and sciences (UNESCO 2010).

Currently there are over 2.8 million primary school teachers in Africa but an additional million teachers to the current teaching force are needed for the continent to achieve the education for all goal by 2015.



Zimbabwe: Education sliding backwards

Over the years, Zimbabwe has been recognised as one of Africa's education successes. At independence, the country's literacy rate was 63%. In 1983, the government embarked on a programme to promote literacy, and by 1999, Zimbabwe's literacy rate was estimated at 97%, one of the highest on the continent.

The government put in place measures to mainstream gender into the curriculum as well as put and allow for the retention of female students who fall pregnant in school. However, there remains discrimination in the

subject selection between men and women. Although enrolment of boys and girls in primary and secondary school are nearly equal, in secondary and tertiary levels females become fewer. Universities have introduced affirmative action to facilitate more women entering universities.

Regrettably, the Zimbabwean crisis has not spared the education sector, which suffered serious setbacks because of hyperinflation, brain drain (as teachers fled into the Diaspora), lack of supplies, and massive outward migration.

In 2009, only 20% of children managed passed four subjects at the grade seven national exams compared to 46% in 2003. This grave situation reflects the number of problems primary schools faced during this period particularly in 2008 when schools closed. A lack of learning materials, lack of appointments of school heads and low teacher motivation also played a part. Another challenge is the lack of curriculum renewal in a long time which has resulted in an outdated syllabus that is not responsive to the country's significant situational changes. However, 2010 has seen considerable progress towards improving this situation. One of the major achievements of the system of teacher training

is the marked improvement in the qualifications of primary school teachers over the period 1990 - 2009. A notable change in this area is the feminisation of the teaching service with women comprising 54% of primary teachers in 2009, a significant rise from 44% in 1996.

Though there is a basic right to education, it is neither free nor compulsory at any level. Without specific policy measures such as funding to address the gender constraints that limit women and girls access to education and retention, the positive trends risks erosion.

Current education systems have little adequate means of addressing girls' special needs to remove obstacles to education, or the social pressure put on boys. Yet there are many potential strategies for addressing these imbalances. For the most part, this involves applying a gender perspective, in an attempt to understand how gender affects the region's education progress.

Funding mechanisms

Lack of resources keeps many potential students out of tertiary education. Recognising this, institutions, governments, and civil society organisations have created funding mechanisms to assist learners. To what extent are these equally open to male and female students? Moreover, do they attempt to redress some of the imbalances?



Like quotas in politics, affirmative action in financial assistance for higher education is a debated topic. Some argue that students should win support based on merit, not gender. Others argue 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.

A survey of countries demonstrates mixed approaches.



Angola: The Government of Angola through the Ministry of Higher Education, Science and Technology adopted a Social Action Policy for Higher Education, which is to regulate internal scholarships at this

level. These can come in the form of tuition waiver, accommodation, meals, subsidies or financial. Scholarships are designed to support enrolled Angolan students who are economically disadvantaged, based on their good performance. Internal scholarships are for students attending universities in Angola.



DRC: Study bursaries, when allocated, are the same for women and men, but a few private initiatives encourage women to go further in their studies. For example, the Catholic Faculty of Kinshasa awards bursaries to women for certain subjects (economics and development).

Lesotho: There is education sponsorship mainly by government through the Department of Manpower, which provides bursary loans for higher education/tertiary institutions that is equally accessible to boys and girls.



Mauritius: All funds are accessible to both women and men. There is a variety of Loan Scheme and Scholarships/prizes for students given by the Government of Mauritius, as well as banks, family trusts, private sector, and overseas organisations.

Mozambique: There are scholarships managed by the Institute of Scholarship under the Ministry of Education for people with no resources to pay for their education; they are competitive for both boys and girls. Public and private universities do offer scholarships for students, boys and girls. The education policy states that girls from low-income families will be granted scholarship and supported to reduce their load of domestic work.



Namibia: The government provides annual bursaries to students who perform well. However, there are particular subjects that the government supports, like science,

agriculture, law, geology and ICT. Access to these bursaries is open for both girls and boys, but since girls are not encouraged to take these subjects at primary and secondary levels, they cannot qualify for the bursaries.



Seychelles: Access to higher education happens in two modes. The first mode is after successful completion of post secondary education. Three post secondary institutions offer access solely based on results to higher education to students directly after successful completion of their studies. There is no gender preference; boys and girls have equal opportunity and access. The second mode is through government scholarships given to in-service employees. The policy is again clear that performance is the only criteria for selection and all indications are that this policy is rigorously applied.

South Africa: The legal framework provides for the same opportunities for women and men to benefit from scholarships and other study grants. The Constitution, education laws and the Equality Act prohibit discrimination in the awarding of scholarships and study grants. However, proving and challenging indirect discrimination that often masquerades as merit requirements, especially in research grants for academics, presents a challenge. The Further Education and Training Act, 1998 regulates further education, and addresses the advancement of women in further education as well as in previously male dominated fields.



Swaziland: The Ministry of Education assists needy pupils with bursaries for basic education. The govern-

ment in 2009 allocated an amount of E130, 000,000 (US\$18,571,428) for this purpose. Which was an increase of E30, 000,000 (US\$4,285,714) from 2008 (approximately 23%).



Tanzania: The funding mechanisms that exist for access to higher education are through loans but these are based on performance not realising how difficult children from the poor families struggle to get what they get. They are not equally accessed, not only between men and women, but within the same sex distribution. It is guided by performance.

Zambia: There is bursary scheme for orphans and vulnerable children at secondary level; the grant for girls is 60% compared to 40% for boys. At university level students are sponsored 75% of the cost by government and equally accessible to both men and women.



Zimbabwe: In terms of tertiary education students receive a government grant under the cadetship scheme; students can apply upon admission. Tertiary students can also apply for scholarships for studies outside Zimbabwe from the Ministry of Higher Education.



Though most countries provide equal access to bursaries, there is little doubt that multiple roles and social stereotypes affect girls' access to such support in practice. It is then appropriate that the Protocol also addresses the need for addressing such gender stereotypes.

Table 3.3: Pass rates in primary and secondary schools in selected SADC countries

	Primary		Secondary	
	% boys/men	% girls/women	% boys/men	% girls/women
Botswana ⁵	63	76	69	80
Madagascar	59	62	80	79
Malawi	74	71	N/A	N/A
Mauritius	63	74	73	82
Mozambique	94	94	87	86
Seychelles	82	95	84	95
Swaziland	88	87	32	34

Source: Compiled by GL from country barometers 2011.

Girls are performing better than boys at primary and secondary school: Thanks to improved data emerging from countries, the SADC Gender Protocol Barometer has for the first time been able to assemble

comparable information on performance of boys and girls at primary and secondary school level. Table 3.3 gives the percentage pass rates at both these levels in seven Southern African countries. The figures in red

⁵ Grade A to C.

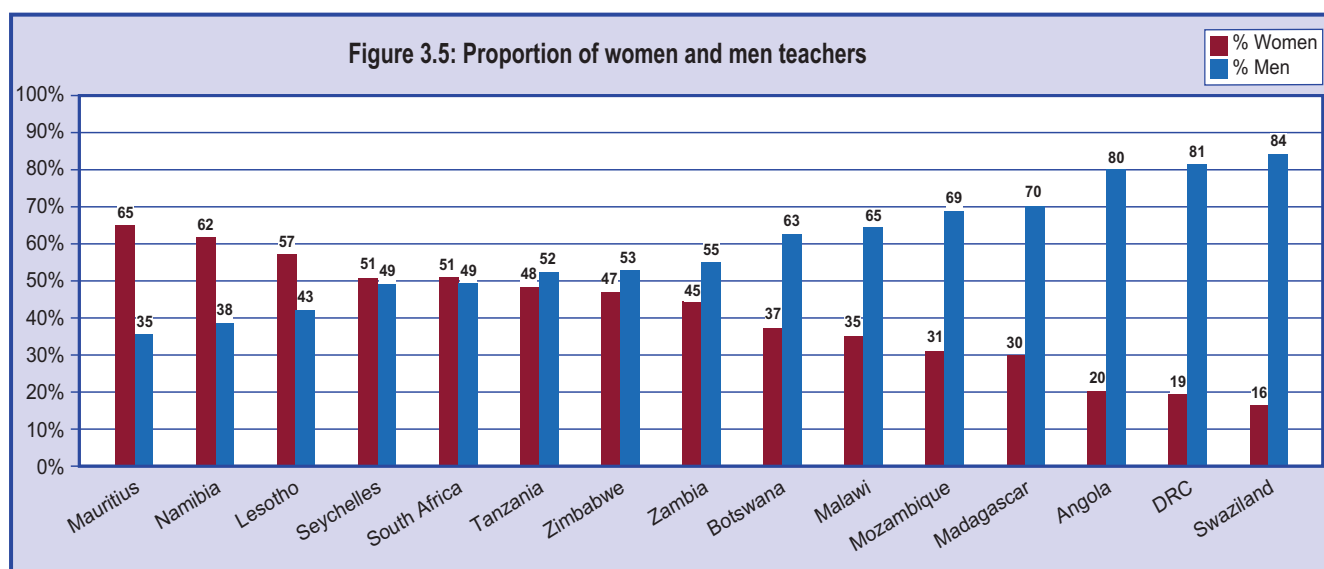
reflect cases in which girls are outperforming boys. The table shows that in all but two instances, primary education in Malawi and secondary education in Mozambique (where girls and boys are virtually at par) girls are out performing boys at schools in the SADC region. This is a significant new finding of the 2011 SADC Gender Barometer. It shows that efforts to bring about gender parity in education are not only paying

off numerically, but also with regard to performance. In most developing countries, boys outperform girls. The opposite is true in developed countries where, relieved of onerous domestic responsibilities, girls do as well as and often better than boys. The fact that girls are outperforming boys in the SADC region shatters the myth that girls are not capable and that it is not worth investing in their education.

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.



Source: Compiled by GL from country barometers 2011.

There are big variations in the proportion of women and men in the teaching profession: Figure 3.5 shows huge variations in the proportion of women and men teachers in the various countries; Mauritius, Namibia and Lesotho all have substantially more women than men in the teaching service. In Seychelles, South Africa, Tanzania and Zambia the proportion of women and men is close to parity. There are substantially more men than women in the teaching services of Botswana, Malawi, Madagascar, Angola and the DRC (19% women compared to 81% men). These figures do however require further interrogation:

Gender balance in school administrations



Mauritius is one among four countries that are exceptions from the norm, where female teachers comprise 65% and male teachers 35%. Yet, when it comes to principals, the balance shifts the other way with 56% being male. Though this is near gender parity, when looked at in relation to the large number of teachers, it raises questions about why women are not moving from teaching to principal positions.



Seychelles: There are more female (51%) than male (49%) teachers but when it comes to principals and vocational school governing bodies the female proportion drops to 37% and 40% respectively. This reflects the absence of women in decision-making positions in schools.

Tanzania has virtually achieved gender balance within the teaching service, with a difference of only 5%. Yet, of the country's for which data could be obtained, Tanzania also has the lowest number of female principals (6%). This is probably related to the fact that Tanzania also has the second lowest number of females in tertiary education (32%), followed only by DRC (26%).



Across the region women are absent from the posts of principals and senior positions: Table 3.4 shows that in the vast majority of countries there are far fewer women than men in principal positions. The lowest numbers of female teachers in the region are in Swaziland (16%), the DRC (19%) and Angola (20%).

Botswana: Statistics from the Central Statistics Organisation (CSO) of Botswana indicate that three quarters of primary school teachers (75.4%) are females and 95.3 are trained teachers. The majority, 59% have a diploma and 11% a Bachelor's of Education degree. The improvement in the qualification of teachers should contribute to the improvement of the quality of education at primary schools.



Gender imbalances in tertiary subjects

Women are best represented in the Arts and Humanities and in Health Sciences, where nursing is incorporated. They are less often present within disciplines of Science or Law the world over. Gender stereotypes of this nature are certainly not new. In the region, the statistics are generally analogous. As children, boys and girls learn that certain subjects are off limits to them. Consequently, as they grow up and pursue higher education and careers, these stereotypes continue. This also influences, if they are teachers, what subjects they may have the authority to speak on. The cycle continues when they, as role models, are living out the very same labels that were presented to them as children.

Table 3.4: Women and men in university faculties

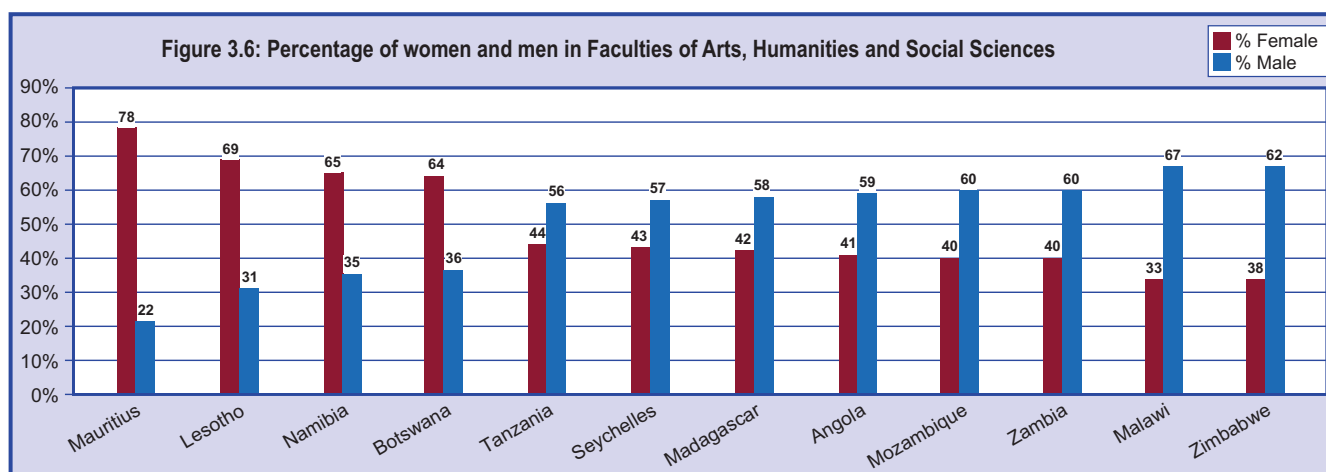
Faculty	Angola		Botswana		DRC		Lesotho		Madagascar		Malawi		Mauritius		Mozambique		Namibia		Seychelles		South Africa*		Swaziland		Tanzania		Zambia		Zimbabwe	
	%	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
Year	1997	2006		2007		2008/9		2006/7		2009		2009		2007		2007		2009				2007/8		2008		2008		2002		
Arts & Humanities Social Sciences	41	59	64	36			69	31	42	58	33	67	78	22	40	60	65	35	43	57					44	56	40	60	38	62
Science	40	60	28	72			26	74	33	67	37	63	59	41	23	77	39	61	34	66			27	73	30	70	35	65	76	24
Economic Sciences (& Law for Seychelles)	40	60	59	41			52	48	31	69							55	45	33	67			48	52	30	70			29	71
Law	34	66					51	49	31	69	29	71	62	38	43	57	52	48							23	77	42	58	43	57
Medicine/Health Services			55	45			58	42	31	69			59	41	49	51	77	23	34	66			56	44	33	64	33	67	33	67

*South Africa has a very large higher education sector. While gender disaggregated data is available per institution, there is no composite data. This it still being compiled for the country barometer.

Source: Angola, Mozambique: UN Data. Botswana: CSO 2006. DRC: Annual statistics of Higher Education 2006, 2007. Madagascar: Statistical Yearbook MENRS, 2006-2007. Malawi: Academic and Administrative Staff List; Chancellor College 2009. Mauritius: University of Mauritius 2009. Namibia: University of Namibia 2007. Seychelles: Ministry of Education 2009. South Africa: Education Statistics 2007. Swaziland: Report of Vice Chancellor 2007-2008 P116. Tanzania: Wizara Ya Fedha na Uchumi, Hall ya Uchumi wa Taifa katika mwaka 2008, Year June 2009. Zimbabwe: Women and Men in Zimbabwe, Year 2002. Zambia: Year Education Statistical Bulletin 2008.

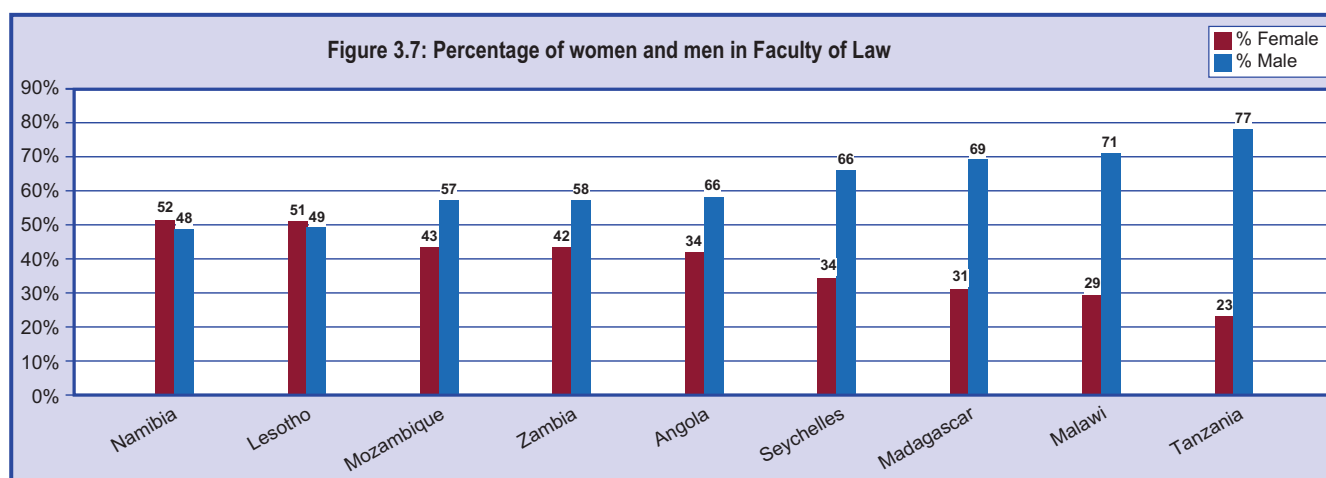
Women dominate in the arts, but not in all countries: In countries for which data could be obtained, and as reflected in Figure 3.6, women predominate in the arts, humanities and social sciences in most countries,

but this is not universally the case. As demonstrated in the graph, men predominate in these faculties in Angola, Tanzania, Madagascar, Mozambique, Zambia and Zimbabwe.



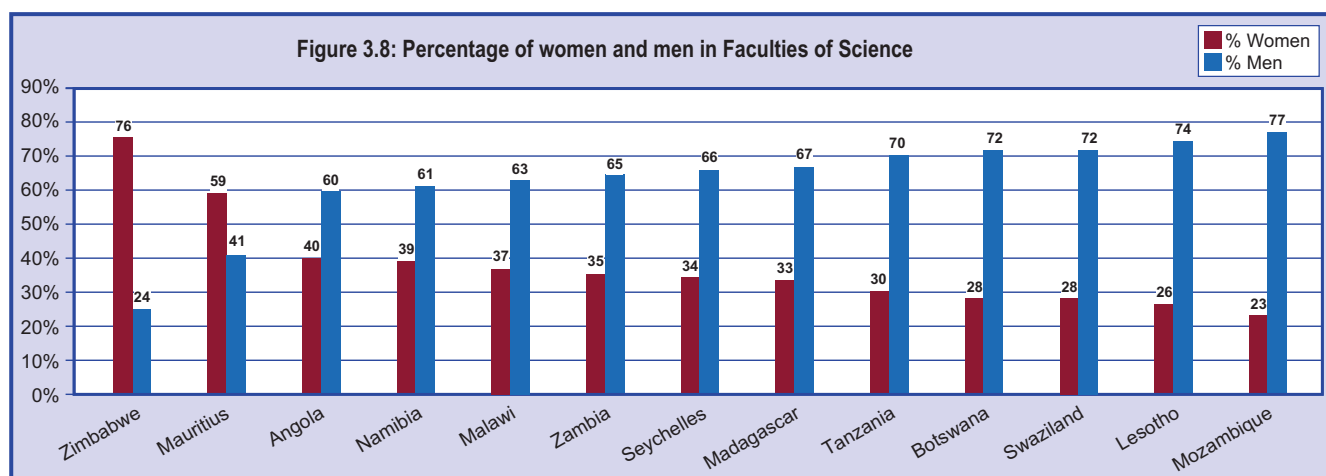
Source: Gender Links. See Table 3.2 for list of sources.

Law is largely male dominated, but there are notable exceptions: In the majority of countries for which data could be obtained, law is largely male dominated, but Figure 3.7 shows there are interesting exceptions, such as Mauritius, Namibia and Lesotho, where there is almost gender parity between female and male enrolment in the Law faculty.



Source: Gender Links. See Table 3.2 for list of sources.

Women are underrepresented in the sciences, except for one country: Figure 3.8 reflects the strong domination of men in the sciences, except in Mauritius, where men constitute 58% of those enrolled in the sciences.



Source: Gender Links. See Table 3.2 for list of sources.

Nature or nurture?

Some arguments propose that such compositions reflect the “natural” paths that women and men opt to follow. However, it is important to understand the social context. Even in early grades, girls start to believe that the subjects like maths and science are not for them, but for boys only. As they travel through their school career, such bias follows them, until they decide which professional course to pursue and studies to follow. As a result, they are socialised into choosing courses that they perceive as having a “feminine” identification.

While this gender stereotyping applies to both boys and girls, the affect is more detrimental to girls. The roles that girls are socialised into tend to be the lower end of the scale, usually lesser paid and with fewer available options.



Gender benders: Male hairdresser in Seychelles.
Photo: Loga Virahsawmy

For example, while the Seychelles does not actually have a university as of yet, there is information available about post secondary institutions. According to a senior official at the Ministry of Education, areas such as construction, engineering or maritime studies are considered male-related fields. This stems from societal beliefs. There are very few women doing jobs such as carpentry, masonry, auto-mechanics or working in and around ships. However, fields such as nursing or teaching are considered female-related fields and mainly girls opt for courses in those areas. Hence, the stereotype that women can do some jobs and not others is perpetuated. In addition, most of these stereotypes are based on whether “a woman can climb a ladder with bricks” or “hose down a ship.”

Interesting links have been made between academic performance and gender stereotyping in a study conducted in 2009 entitled “Gender Socialisation Socialisation in the Home: Its Impact on Boys' Achievement in Primary and Secondary Schools” funded by the African Development Bank in collaboration with the Ministry of Health and Social Development. The

study found that although boys considerably enjoyed more physical freedom than girls, they were expected to conform to more rigid gender stereotyping which adversely affect their academic and social development, which was strongly linked to homophobic fears. Whilst girls were freer to cross the gender divides (except where career choice was concerned), they were more protected by parents and had less leisure time compared to boys, creating a more favourable condition for learning and academic success. Mothers were found to be the main disciplinarians, reinforcing these gender stereotypes, whilst many fathers felt marginalised from the family and support services. Links were made between better academic performance and families which uphold egalitarian views, families where the biological father was present and involvement of parents in the child's learning.

In Mauritius at lower secondary level, boys and girls study the same subjects. At upper secondary level, they choose from more or less the same options in the science, economics and humanities streams. The offer of such options largely responds to demands made by students themselves. The exception is the technical stream. Design and Technology is offered in boys' schools whereas girls' schools propose Food Studies and Design and Textiles. However, in some mixed schools, for example, the Mahatma Gandhi Secondary Schools or some private secondary schools, boys and girls are able to study both Communication, Design and Technology and Home Economics, at least during the first two or three years of secondary. While, the same choice is given to both boys and girls in these above mentioned mixed schools, there is a noted tendency towards stereotypes, with only very few boys opting for Food Studies and only very few girls opting for Design and Technology.

Further data reveals that in Madagascar men are 70% of the senior professors and researchers (*Professeurs titulaires* and *Directeurs de recherche*). In the Schools of Arts and Humanities and of Medicine, women are beginning to emerge as a majority at lower levels. In the Arts and Humanities, they are 57% of associate professors and researchers, and in the Medical School, women are 55% of senior lecturers, and 50% of assistant lecturers and researchers. It seems that women are currently making up for the previous situation of male/female inequality in education. However, they still seem to be inclined to choose the subjects that are considered “feminine,” according to stereotypes.

Education policy

In some countries, it is only recently that official policies have changed to try to take into account gender diversity:



Botswana: Gender insensitive policies and practices are still prevalent in science and technical institutions. Botswana is part of a Women Engineers and Girl

Scientist in Africa (WEGSA) network that is addressing gender inequalities in science based education and careers, a positive development supported by UNESCO. The main aim of the network is to provide support to

girls to increase their enrolment and excellence of secondary schools girls in science, mathematics, technology and related courses and to improve the visibility of the participation of women engineers in the economy.

The existing life skills programme needs to be reviewed since it is not based on a holistic empowerment approach and does not adequately provide empowerment approach and does not address the unequal gender power relations to prevent sexual abuse, harassment and HIV infection.



Malawi: Before 1994, Malawi education policies tended to discriminate against girls and to some extent boys. Primary schools, which offered home economics and needlework, denied girls the opportunity to study science. This policy discouraged girl child interest to pursue science related subjects. All such discriminatory policies related to choice of subjects have since been removed, and programmes initiated to improve and increase the number of girls taking science related subjects.



Promoting diversity: School workshop with students of Maurice Cure.
Photo: Loga Virahsawmy



Mauritius: With the New National Curriculum Framework at the primary level in Mauritius, gender diversity is being reinforced. Both boys and girls study the same subjects and are exposed to the same pedagogy. All gender stereotypes have been removed 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 are now open to girls through infrastructural facilities. More and more girls are training in traditionally "male" disciplines.

Mozambique: the education policy recognises that there are significant differences in the participation of girls and boys in primary school. To promote equality

and equity in accessing education, the policy states that a gender sensitive environment will be created 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 of girls; and
- Establishing agreements with NGO, churches, and other partners for their involvement in execution of educational programmes for girls.



Tanzania's education policy is not quite as progressive, and on the subject of gender stereotypes, it is neutral. However, at implementation level, there are efforts made by civil society organisations to encourage girls to pursue science. For example, the former Ministry of Higher Education initiated a programme to award girls who perform well in the sciences. However, the country's economic reform has allowed an open market system and has reduced the efforts set up during independence and during the socialist ideology of expanding industrial activities. This has in turn reduced the success rate of the aforementioned programmes.

Tanzania: Girls in university

The Dar es Salaam College of Education (DUCE) has a pre-entry science programme for girls, designed to encourage their continued science studies at the university level. Such programmes can mean that girls, who otherwise would have dropped out of the system, have a chance to further their studies, and improve their futures. The beneficiaries of the DUCE programme are those whose grades fall short for university admission under government sponsorship after their advanced secondary schooling.

A similar programme has been going on at the University of Dar es Salaam for several years and has proved successful, not only increasing girls' enrollment in science faculties, but the university as a whole. Though women still only represent just one third of students found on campus, the female percentage at the University of Dar es Salaam has risen from 16% in the 1990's to 26%.

Pupil enrolment ratio in primary school is almost 50/50, but this goes down at the secondary and university level. In many instances, this is because of the pressures of family responsibilities and lack of priority placed on girls' education. Multiple responsibilities often make it more difficult for girls to get the grades needed to proceed to university, which was the catalyst for the programme.

Curriculum, gender and education studies

Research and surveys can inform policies, programmes, and strategies. To achieve the Protocol commitment of removing gender stereotypes in education, there first needs to be an understanding of where those stereotypes are. Just as important as the gender make-up of the teaching staff is the gender content and approaches to curriculum. Countries exhibit various degrees of progress when it comes to assessing their curriculum, which is really at the heart of ensuring a gender friendly education system.



Swaziland: There have been no studies conducted on gender and curriculum. However, the national curriculum centre introduced the continuous assessment programme in the early 1990's and the slogan for this programme was "Every Child is a Successful Learner." During the implementation of this programme the NCC staff was trained by UNICEF and partners to incorporate the Girl Child training programme.

Zambia: There are no known studies conducted in relation to the curriculum. However, the Standards and Curriculum Directorate recently held a symposium and some of the issues that arose during the symposium intend to address concerns in the curriculum development, especially the removal of stereotypes in the textbooks. Another issue is mainstreaming of gender in the curriculum to take gender to the level where it will be appreciated as a cross cutting issue.



Malawi: There have been a number of studies done by the Ministry of Education on gender and education. One such study was "Knowledge and Policy Formulation: Reducing Gender Inequalities in Education In Sub-Saharan Africa, Malawi case study."⁶ The study recommended the need to evaluate subject selection policy and curriculum and to enhance the capacity of girls to pursue science related projects.

Lesotho: No studies have been undertaken on curriculum on gender and education.



Mozambique: The National Institute for Development of Education (INDE) is the government institution responsible for developing curriculum and other studies concerning education in Mozambique, in particular for primary and secondary levels. At the time of writing this report, we did not have access to a copy of one, but were assured that a study was conducted.

Seychelles: Several studies have been carried out to understand the situation regarding gender in the education sector and these have been used to inform policy making:



- Directors and Heads of Units in Education followed a course in Gender Planning and Management organised by the Ministry of Administration and Manpower in December 1996, to allow them to integrate gender into planning processes. This had some positive results. Recent policy documents are gender responsive and recognise the differing needs of girls and boys. National Examination results and education statistics are now more systematically gender disaggregated so that the progress of both genders in education can be monitored and all disparities highlighted. Gender has been successfully integrated into the new Ministry of Education's Strategic Plan (ESP), initial teacher training programmes and major projects such as the school improvement programme.

Zambia: Example of gender stereotypes in educational materials

The following is an excerpt of an old grade one English school reader book.

This is Jelita, Jelita is a girl. She is cooking nshima. Look at Mulenga, Mulenga is a boy. He is kicking the ball.

- The new Personal and Social Education (PSE) Programme, which is compulsory for all students, discusses family responsibilities and relationships in gender sensitive ways, not limited by traditional roles and tasks.

National curriculum offices and gender mainstreaming

It seems throughout the region, the first place change is taking place is within the books and education materials produced for schools. Changing the written discourse around gender is just the beginning. Hopefully, with continued efforts, these tools will create greater changes throughout the region.

- **Lesotho:** The national curriculum office is working with UNICEF, UNFPA and UNESCO to mainstream gender into curriculum. This is meant to ensure



⁶ Esme Kadzamira (1998). Center for Educational Research and Training - Department of International Development (DFID).

gender is included under compulsory learning in social, personal, spiritual, and life skills education in formal and non-formal education in primary and secondary schools. The focus is on gender stereotyping, as well as gender laws and policies. A course offered from Form A relates to gender, sexual, and reproductive human rights, as well as interpersonal relationships. A technical education Sector Review meeting in Lesotho in March 2008 identified gender as an issue.

- **Malawi:** The Primary Curriculum Assessment Reform (PCAR) process introduced subjects such as life skills, social studies and general studies. Gender is part of a module in social studies, and another module discusses promotion and respect for human rights. Civil society and human rights institutions are encouraged to work in schools to augment these courses.



- **Madagascar:** The national policy expresses leaders' will to eliminate gender stereotypes. PANEF has set, among other operational objectives, translating gender non-discrimination into the curricula and textbooks. In addition, according to policies, teachers and school administration must observe the principles of equity and equal opportunities, and establish such relations with their students based on honesty and objectiveness.

- **Mauritius:** Implementation of the Programme Based Budget is geared towards developing gender sensitive 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, Pupils' Textbooks and Teachers' Resource Books for upper primary are being written where gender equality will be a high watermark.



- **Mozambique:** Gender is being mainstreamed in the curriculum and in most school books gender is integrated.
- **Namibia:** The institute for educational development is responsible for textbook development, review and syllabus to ensure that gender mainstreaming is built in.



- **South Africa:** In 2010, 15 years after the official demise of apartheid, government estimates it needs at least

\$35 billion just to fit all schools with the basics - classrooms, water, toilets and electricity. According to a report in Inter Press Service (IPS), teachers feel that when you teach pupils sitting on the floor with enrolment of over 60 pupils in one class, gender takes a back seat. Some school administrations do not even know how to deal with teenage girls getting pregnant; there is absolutely no sensitivity - let alone mainstream gender equality in the curriculum⁷. However teachers in some secondary schools contend that curricula are becoming more advanced in promoting gender equality. There are many examples of text books and other resource materials that challenge stereotypes.

- **Swaziland:** When developing new textbooks on the curriculum, a panel of experts assists with the audit of the new book. Gender sensitivity is one of the indicators that the panel must check for, as well as topical issues of abuse, disability and life skills.



Missing fences in Madagascar

The results of a study conducted in a few educational districts in Madagascar show that some of the schools are rather old and dilapidated. Overall, they have problems with security of the students, because of the lack of fences, walls or hedges. Anybody can have access to the school grounds, and as the students are inside the classrooms during classes, those who happen to be outside face risks of different forms of external attacks, such as threats from shepherds or meeting with drunks. The situation is still more dangerous for girls when there are public paths across or around the school grounds. Passers-by may try to seduce girl students and/or make unpleasant remarks to them during sports.

Gender violence in schools

The Protocol earmarks addressing gender violence as part of implementing gender sensitive policies in education, with good reason. Gender violence is a huge issue within the SADC region. The reasons for this are many, and the extent to which it is recognised and addressed by government agencies varies.



⁷ Inter Press Service: (2010): <http://ipsnews.net/news.asp?idnews=50633>.

The forms of violence vary, but generally revolve around rape or sexual abuse. The problem stems from gender inequalities between women and men, which then transfer onto girls and boys. Some other forms of abuse involve hitting, intimidation, verbal abuse and coercion to have sexual relationships with teachers. Bullying of girls by boys is a common phenomenon in schools and sexual abuse of girl children by teachers and other civil servants is extensive. Psychological abuse is another large problem, which unlike physical or sexual violence receives little attention. The violence touches everyone, including female teachers, workers, girl children and boy children. The following are some specific findings from the research:

GBV in schools is a major problem in most countries:

Thirteen out of the fifteen countries report large-scale problems with gender based violence and sexual abuse in education facilities. Nations that have by-passed this trend are the Seychelles and Mauritius. In some cases, lack of adequate fencing around schools is cited as a leading cause of violence. For the rest, it is a far more complex problem, needing more than physical barriers to uproot.

About half of the SADC countries have conducted studies on the issue of gender violence in schools that could help the education sector understand and address the issue. The situation in different countries is as follows:

Botswana: No studies have been undertaken to investigate the extent of gender based violence in school.



DRC: A study was conducted on gender dimensions of formal and informal education. This showed gender is not integrated into local associations and that reform must concentrate on thinking of a national policy that targets men and women.

Lesotho: No specific studies, but in some cases the issue is studied along other educational issues. The De Wet study reveals that sexual violence is a serious problem in Lesotho schools. The problem manifests gender inequalities and violence. Boys are the perpetrators and girls the victims of physical and sexual violence with about 11% of the respondents saying that pupils in their school had raped someone. 41% of pupils and 8% of teachers carry a weapon to school at least once a month.



Photo: Colleen Lowe Morna



Madagascar: Violence in schools seems to be a main preoccupation among students in general, girls in particular. It is a deterring factor for going to school, and fosters relations of domination of boys over girls (UNICEF/MENRS/FOCUS 2008).

Malawi: Safe School Programme (SSP)

has assessed the prevalence of school-based gender violence and piloted intervention programmes in selected schools across the country. The study revealed *inter alia* that there is insufficient curricula and training related to prevention of gender violence; lack of institutional response; and lack of awareness, prevention and reporting by community members and parents; and lack of support services for survivors. USAID research focusing on school related gender based violence in Malawi reveals that gender violence is prevalent in most learning institutions. Such violence takes place in the school, on the school grounds, and when students are



going to and from school or in school dormitories. Teachers, pupils or community members perpetrate such gender violence, and both girls and boys report such abuses. Most students reported verbal sexual abuse, pregnancy from relationships with teachers or male peers, as well as intimidation, threats, and coercion to have sexual relationships with teachers, along with outright rape.

Mauritius: A study carried out on discipline problems in schools related to both sexes addressed the problem of violence in schools and did not relate solely to gender based violence. Some factors contributing to discipline problems included:

- Lack of communication among family members or a lack of parental control over their children.
- Peer influence.
- Socio-economic factors.
- An absence of a guiding policy from the concerned Ministry.
- The psychological development of adolescents.
- A lack of awareness of existing laws.



Mozambique: A report revealed that sexual abuse in schools is among the social problems affecting Mozambican society, and that this is the main cause

of HIV and AIDS infections among girls. It reveals that 6.6% of the girls interviewed reported forced sexual relations. According to this report, the prevalence of forced intercourse among girls in secondary schools is 8.7% and 7.3% in primary schools.

Seychelles: As of yet gender based violence in schools has not been the basis of any in-depth enquiry. This may be because gender based violence in schools has not been recorded on a frequent basis.



South Africa: There have been several studies. One, the Human Rights Watch report "Scared at School" highlighted girls' vulnerability to rape from teachers and classmates as well as in dating relationships. The report criticised schools in particular as perpetuating the insidious cycle of domestic violence. In 2006, the Centre for the Study of Violence and Reconciliation Gender based Violence Programme conducted a study with adolescent girls between the ages 13-17 that suggested that efforts to address violence against adolescent girls in South Africa are not a priority. Findings from 17 focus group discussions with adolescent girls at nine Gauteng schools suggest that minimal to no intervention efforts are underway at schools or in communities

Swaziland: in 2003, the Ministry of Education conducted a study revealing that sexual abuse was high, but not reported. The perpetrators were mostly male uncles and teachers. The report found that this type of abuse was not reported because other teachers feared upsetting relationships and friendships within the staff room. Further, the study found that physical



abuse was reported, as the wounds were visible which eliminated the aspect of privacy.

Tanzania: A study was conducted by USAID/Health Policy Initiative in November 2008, but was inconclusive.



Many schools in Southern African are fertile breeding grounds for potentially damaging gender practices that remain with pupils into adult life.

Girls learn to accept the battery and assault, while boys, by contrast receive tacit permission to continue with the violent behaviour, because their violence is not condemned or interrupted. Across the region, institutions of learning are far from safe.

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 the school grounds, classmates or teachers may abuse them. In some settings where fences or walls are not in place, they are at risk from outside trespassers. Children are also often victims of rape or assault on their way in or out of school.

There is often a disconnection between the views of officials on the subject, and the situation experienced by children, families and teachers.

Botswana is a nation that aspires to be "compassionate, just and caring" and "moral and tolerant" as declared in Vision 2016, yet has wide-scale physical abuse of children by teachers. In Lesotho, where educational officials have claimed that learning institutions are generally safe, research suggests that sexual violence is not only taking place, but is a serious problem that needs to be addressed. Often, even if officials acknowledge that gender violence is occurring, there is a lack of data.

Is safety an island of its own?



On a positive note, institutions of learning in the **Seychelles** are safe. Legally, the Education Act and school policies protect students. Most of these policies focus on issues of gender equity and gender sensitivity in instruction. Physically, there are systems and rules in place that ensure that children are watched over at all times. Additionally, schools are fenced and gated and are provided with security personnel. There have been a few cases of violence in schools over the last decade but these are rare and considered exceptional. They have been dealt with promptly and swiftly when they do occur.

Mauritius also takes gender violence in schools seriously, addressing the problem on a social, institutional and legal level. While there are a few intermittent cases of violence, overall the country is doing well. In Mauritius, it is believed that the very essence of education is to further equal opportunities for all and avoid non-discriminatory measures. Sensitisation campaigns on gender violence and violence against children occur on a regular basis in schools. The responsibilities, involvement and collaborative efforts of the school personnel, students and families also act as a stimulus in maintaining a safe school environment for both sexes. This is as much an externally imposed policy as an internal administrative affair.



There are problems of enforcement in all the SADC countries: All SADC countries have some form of protections for learners, and only two, Lesotho and Swaziland, do not have any specific provisions to eliminate gender violence in schools. However, the problem usually lies with enforcement. Across the region, while there are relevant policies and legal protections against gender violence, action against the perpetrator is rare, even when reported.

- **DRC:** In theory, safety is guaranteed in the DRC but in practice, this is not the case. The law forbids sexual harassment, but there are still teachers and education professionals who abuse their power to exploit students. In some remote areas, girls undertake cleaning jobs for their teachers, and their presence in personal spaces makes them vulnerable to exploitation.



- **Namibia:** Sexual relations between teachers and learners are prohibited and any teacher who breaches this faces losing their jobs. Teachers found guilty cannot teach for eight years, after which if they want to return, they need to reapply. However, there is evidence of some parents protecting teachers found to be having sexual relations with learners because they see them as a source of income. There are also cases where learners do not reveal the identity of the father to protect him from losing his job.

- **Lesotho:** Perpetrators of GBV are generally dealt with under the Sexual Offences Act of 2003. Teachers and principals are disciplined in line with the provisions of the Code of Conduct of Teachers (Lesotho Education Act No. 10 of 1995, Article 48[g]) which states that a teacher commits: "... a breach of discipline and is liable to disciplinary proceedings and punishment" if he/she "...conducts himself [sic] improperly in his [sic] duties as a teacher." The Codes cited above address the issue of teachers molesting students; however, interviews reveal enforcement is poor.



- **Mozambique:** There is no standard treatment. Some perpetrators are transferred to other schools, some are brought to justice, and to others no action is taken. There is the issue of proof to indict the perpetrator. The law is clear on the treatment for such cases, but the handling of the process not always follows the normal procedures. Maputo and Beira, according to the study are the two cities, that which registered less cases of sexual abuse in schools, while other provinces the rate is higher. This can find explanation in that in other provinces, far the courts and the media, where traditional practices are more prevalent, the rule of law is not present.

- **Malawi:** Government employees are regulated under the Malawi Public Service Regulations (MPSR) and in cases where they are found guilty of malpractice they are subjected to interdiction and dismissal. The MPSR regulates disciplinary conduct of government-employed teachers but this does not extend to private schools, which appear unregulated. Further government has come up with a code of conduct for teachers but there is a lack of awareness and enforcement of the same. A study by Leach, Kadzamira and Lemani (2003) in Malawi also revealed and provided evidence of teachers engaging in sexual misconduct with pupils in the three schools involved in the study and of little disciplinary action being taken by the authorities to deal with it. It was clear from the interviews that many cases go unreported and are condoned by school personnel, sometimes with the consent of the girl and her family. However, the greatest daily threat of gender violence to girls came from older boys in the school, who often engaged in aggressive behaviour and sexual harassment. Girls were also accosted by older men (sugar daddies) around the school and in the community, seeking sex in exchange for money or gifts.



- **Seychelles:** All students are to be treated equally and fairly. Any violence against children, be it gender based or otherwise is punishable by law. There are clear policies regarding molesting any student, male or female. A teacher found guilty of such an offence, faces dismissal or court proceedings, depending on the findings of an enquiry.

- **South Africa:** The Employment of Educators Act states that it is a dismissible disciplinary offence for an educator to engage in sexual relations with or sexually assault a learner. While the government has progressive policies to address violence in schools and gender based violence in the educational system, the problem remains one of enforcement and the creation of a human rights culture in the education system specifically and in society broadly.



- **Madagascar:** Teachers are liable to punishment under the Penal Code, depending on the nature and seriousness of the violence committed. Possible forms of punishment include forced labour, imprisonment, loss of civil rights, fines, etc. Moreover, such teachers are liable to professional punishment, including salary suspension, demotion or even dismissal from the civil service.

- **Swaziland:** When the ministry investigation office receives a report,



they dispatch officers to the school to investigate. These officers are trained in gathering evidence required for successful disciplinary purposes by the Teaching Service Commission (TSC). If a teacher is found guilty they are dismissed from service. The TSC report of 2006 confirms this, reporting with concern the increase in the number of dismissals due to being found guilty of having intimate relationships with students.



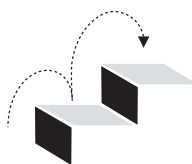
• **Botswana:** In 2005, the Botswana Girl/Boy Education Movement (G-BEM) was formally launched

to coincide with the end of the 16 Days of Activism Against Gender-based Violence. G-BEM advocates for a child-friendly, gender-sensitive rights-based environment for children in- and out-of-school. This initiative is a collaborative effort of the Ministry of Education, the Women's Affairs Division, UNICEF and the Girl/Boy Child Network, a conglomerate of civil society organisations concerned with issues of the girl and boy child.



• **Zimbabwe:** The Ministry of Education has come up with a statutory Instrument SI 1 /2000 that seeks to regulate the conduct of

teachers in relation to issues of gender based violence in schools. According to this, all intimate relationships with schoolchildren by teachers are improper associations, even if the child in question is over the age of consent. Where allegations arise, teachers face disciplinary action from the Ministry and in addition, where the child in question is below the age of consent, the Ministry will lodge a criminal offence. Once found guilty, a teacher may face discharge. However, one of the biggest challenges is with parents who consent to marriages between the teacher and their child, which results in the charges dropped or not being pursued.



Next steps

Although the gender gap is closing, it is evident that any gap at all has far-reaching impact on gender equality. Although the region will benefit from getting larger numbers of both boys and girls into school, for girls in particular, schooling offers the chance of independence.



Investigating officer in Swaziland.

Photo: Gender Links

Educated girls are less likely to be exploited, less likely to fall victim to trafficking and less likely to become infected with HIV. Girls' education also creates a positive cycle. Educated mothers are more likely to raise educated children (Plan 2008).

For SADC, equality in education also makes good development sense. According to a report published by Plan International, a survey of 65 low, middle income and transitional countries found the economic cost of failing to educate girls to the same standard as boys is estimated at US\$92 billion each year. This is just less than the \$103 billion annual overseas development aid budget of the

developed world. In sub-Saharan Africa, estimates put this just under US\$5 billion. According to the report, the message is clear, "investment in girls' education will deliver real returns, not just for individuals but for the whole of society" (Plan 2008).

Given the importance of education in building a foundation for the future, it is important that the Gender Protocol commits leaders to ensuring girls have equal access to education. The Gender Protocol's commitment to equal access to education is an important piece of the puzzle towards achieving gender equality in the region.

Literacy

Along with indicating a need to increase literacy drives for both men and women, it also shows the need for targeted approaches to adult basic education in order to bridge the gender gap. Such literacy initiatives would need to take into account the responsibilities that women and girls often continue to shoulder in the home, especially related to approaches to learning, scheduling of classes and relevance of teaching material. This calls for:

- Increased awareness raising campaigns, specifically targeting rural women and girls;
- Equal access of girls in institutions of learning, and additional resources such as books; and
- Reformatting existing texts and curriculum so as to diminish gender stereotypes.

Primary education

This calls for key, targeted policy measures including:

- Reviewing policies on school fees and, where feasible, making education free and compulsory (Tanzania, for example, has reverted to a policy of free and compulsory education);
- Ensuring all learners have access to learner support materials and that these costs do not prejudice access to education by boys and girls;
- Special funds and scholarships, with specific gender targets appropriate to the particular country, to assist learners from disadvantaged backgrounds;
- Monitoring enrolment and retention to ensure gender balance; and
- Engaging with parents on the benefits of educating boys and girls.

Secondary education

This raises a number of issues:

- *Sex education in schools:* Although schools are now introducing sex education in some countries, this is confined to the classroom, without involving parents. Some teachers believe they are being asked to assume parental responsibilities. The issue is controversial, especially in conservative communities. It needs far more integration into the whole school development approach.
- *Reproductive health facilities for boys and girls:* Adequate reproductive health facilities do not accompany sex education in urban, let alone rural areas. This issue needs addressing, together with those responsible for health facilities.
- *Blaming girls:* The issue of teenage pregnancies in schools is discriminatory. Young girls usually bear the entire consequences, without the boys who father the children called on to take responsibility or share the burden. While it may not be practical or economically desirable for both young parents to drop out of school, the school has a responsibility to: a) take a stand against the stigmatisation of girls who fall pregnant; b) emphasize the responsibility of young men who father children; c) provide psychological and practical support to the young parents.
- *Girls who fall pregnant while at school resuming their studies:* Although theoretically in most SADC countries

girls who become pregnant at school are free to continue and/or return to school, in practice they are stigmatised or expelled, and seldom complete their education. Schools have a responsibility to ensure that the girls who become pregnant while at school receive the practical and psychological support they need to return to school and complete their studies. In Botswana, for example, one school provided child-care facilities for young mothers wishing to continue their education. Evidence suggests that the physical presence of this facility at the school, and the burden of parenting while completing ones studies, deters the number of learner pregnancies at the school.

Tertiary education

Narrowing the gender gap requires some concerted strategies, including:

- Targets and timeframes for achieving gender parity in vocational and higher education;
- Supporting measures, such as affirmative point systems, scholarships and special funds for girls;
- Gender sensitive career guidance; and
- Special incentives for girls to enter non-traditional areas of training including partnerships with the private sector and parastatals.

Gender violence in schools

There is a need to launch a massive campaign against sexual, physical and emotional abuse in schools. This should comprise a holistic approach with implementation of prevention, reporting and response activities to school violence and development of community action plans. Clearer links between education policy and the national legal and regulatory framework must be established. More awareness is required especially of the parents and guardians not to compromise at home, and to follow up with these tracking processes.

More in-depth studies should be undertaken on the subject at all levels of the educational system, so as to learn about the forms it may take, how it varies from one level of education to another, its causes, perpetrators, victims, etc. The results thus obtained will be used as a starting point to identify and decide on the measures to be taken in future efforts.



"Ntkozo"

Anushka Virahsawmy



CHAPTER 4

Economic Justice

Articles 15-19



Money talks: Market scene in Malawi.

Photo: Fletcher Gon'ga

KEY POINTS

- The proportion of women in economic decision-making has increased by 6% from 18% in 2009 to 24% in 2011. There is only one woman finance minister (in Namibia) in the SADC region but women hold several influential positions.
- The Gender Protocol is being used to conduct an analysis of South Africa's new economic policy - the New Growth Path. Business Women in South Africa continues to use the Gender Protocol to benchmark progress in achieving gender parity in the private sector.
- Time use studies have only been conducted in four out of the 15 SADC countries. These are necessary to calculate the contribution of women's non wage labour to national GDP.
- Several SADC countries are involved in Gender Budget Initiatives (GBI) and there is a regional network led by the Zimbabwe Women's Resource Network and Centre (ZWRCN). In Tanzania this initiative is now bearing tangible results.
- Trade policies are mostly gender blind. Only a few procurement policies make specific reference to women. Women continue to predominate in the informal sector. They constitute the majority of the unemployed in all SADC countries.
- Women still struggle to access credit although most SADC countries now have programmes of one kind or the other to assist women in accessing credit. Mauritius has an especially strong programme for empowering women, articulated in its 2011 budget.
- Figures on land ownership are patchy, but range from 11% to 46% (in Botswana). A gender analysis of agriculture projects in Botswana shows that women constitute the majority of beneficiaries.
- Zambia has broken new ground with a land policy that requires that 30% of all land be allocated to women.
- All SADC countries have maternity leave but only 40% have paternity leave.
- The Gender Protocol offers an entry point for SADC member states to begin addressing climate change and its effects on women more robustly. Momentum is mounting for an addendum to the Protocol on Gender and Climate Change.



Taking the Gender Protocol to the market place.

Photo: Susan Tolmay

SADC is an economic regional grouping. It is therefore no surprise that some of the most far-reaching provisions of the Protocol relate to productive resources and employment.

Despite widespread acknowledgement of the links between economic development and gender equality, and the number of international and regional commitments that governments in SADC have made towards equality, many challenges persist. Few countries consider gender dimensions in economic policies, budgets, trade, work and business, and few policy and decision makers understand the extent that gender inequalities harm development.

Conventional macroeconomic policies and perspectives are gender blind, failing to recognise that:

- Women's potential contribution to economic development is systematically discouraged, adversely affecting the economic health of the region;
- Women's contribution to the economy is systematically underestimated;
- There is an informal and hidden economy made up mostly of women;
- There is an unpaid care economy in which women do most of the work of maintaining the labour force and keeping the social fabric in good order, maintaining social cohesion, civic responsibility and good neighbourliness; and

"Women are drivers of economic growth, and today we have the data to support it. Let us resolve to apply this data and grow women's economic participation to build and expand economies as we move forward." - The African Executive

- Non-market processes contribute to the "healthy functioning" of the economy.

Women in Southern Africa and beyond form one of the fastest growing markets with the greatest purchasing power. As such the composition of organisations and institutions involved in supplying, designing, and marketing goods and services should reflect this market. Women invest upwards of 90% of their earnings in their families' health and education as well as their communities. This level of investments constitutes a multiplier effect on the economy. Yet women continue to be sidelined in accessing opportunities for significant economic empowerment and continue to largely exist on the periphery of economic decision-making¹.

Regardless of the level of women's engagement with decision-making, women continue to participate both within formal and informal economies. The bulk of women's economic endeavour in southern Africa is within small business and informal trade. Women are cross-border traders, work in agriculture and are market traders. As women work in these sectors they gather information, develop innovative ideas for problem solving and also diversify their products and market base. This all forms part of a crucial knowledge foundation that must somehow be captured. One of the challenges to women's economic empowerment - as well as other marginalised groups - is limited economic literacy. This has succeeded in keeping women out of the formal economy. In addition statistics on women's economic empowerment are not available. National economic indicators are available but are not gender disaggregated.

As such a huge need is around information sharing and helping women in the region to become economically literate. Greater effort is required to assist women in understanding basic macro-economic principles. Women must be empowered to understand: how taxation and customs regimes affect their cross border trade, and the extent to which trade regimes such as the much touted Economic Partnership Agreements (EPAs) undermine their interests in the real economy.

Of utmost importance is gathering women and gender specific information to generate broad based women focused economic knowledge. There is limited information on the number of women economists in the region according to areas of expertise. While information on the women's labour force participation is available, much work is required to establish a real measure of women's income. Estimates exist but do not provide the relevant information such as how much

¹ Melan Verveer, (2011). *AGOA should empower Women SMEs*. Southern Africa Trade Hub. Available at: [<http://satradehub.org/in-the-news/sath-content/newsroom/in-the-news/trade-trade-agreements/agoa-should-empower-women-smes>].

taxes are derived from women alone. Information collection is important because it will allow accurate measurement of change and most importantly progress towards the SADC Gender Protocol targets.

Available information used in this report however, shows that statistics have not changed significantly; anecdotal evidence suggests that women in Southern Africa have not been able to escape job losses and other effects of the global financial crisis. Events playing out in Europe and the United States during this reporting period forewarn of declining foreign direct investment and a cutback in aid flows as the economies of donor countries shrink and government revenues are focused on domestic issues. These cuts will have significant effects on women and other vulnerable groups.

The lack of recognition of women's work leads to lack of public investment in the areas where women are concentrated, such as the informal sector employment, rural subsistence production, domestic "reproductive" work or the care economy and voluntary community work. Gender insensitive policy choices marginalise women, reinforce poverty and result in the failure to exploit this powerful human resource. Economic empowerment for women is not just about spending power. Economic empowerment means more opportunities. It can mean keeping children in school, getting health care, and even the option to leave unhealthy or violent relationships.

In SADC, ensuring women's access to productive resources, employment and economic empowerment requires specific and focused attention to reviewing current economic approaches, and allocating budgetary resources for education, training, skills and entrepreneurial development of women. These are necessary to improve the lives of aspirant business women and to promote the overall economic empowerment of women. In order for this to occur in a measurable and sustainable manner, a strategic rethinking of frameworks of fiscal policy, public finance, debt sustainability, trade reform and access to credit and land is critical.

The SADC Gender Unit is gradually prying open this previously male-dominated preserve. Ministers responsible for Gender/Women's Affairs Ministries approved the SADC Advocacy Strategy on Informal Cross Border Trade in June 2011. This provides clear policy and legislative action areas necessary for creating a conducive and enabling environment for women in trade, especially on Informal Cross Border Trade.²



fiscal, monetary and empowerment policies are no longer the sole preserve of SADC policy makers but are becoming interlinked with multilateral trading system, global finance and global macroeconomic arrangements. The SADC Protocol on Gender and Development finds itself located in this contested policy space. Women have been marginalised in this sphere through a multitude of legal and societal laws and restrictions. A serious upheaval of the system needs to take place from the top to the bottom of the economic sphere; from economic decision and policy makers, to village leaders, to women farmers.

Unequal access to, and control over productive resources and social services such as health and education; skewed distribution of remunerated and unremunerated work; and inadequate support for women's productive activities and entrepreneurship are some of the major causes of the number of women living in poverty. Women often struggle to access to property and resources, especially where customary prevail on their rights and liberties. Gender budgeting initiatives have yet to fully take root in the region, as well as time use studies. Without these in place, little will change for women's livelihood. Certainly, the region has made notable strides, but there is still a long way to go to meet the desired targets.

The 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, 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,

² Communiqué on the 2011 Meeting of SADC Ministers responsible for Gender/Women's Affairs: <http://www.sadc.int/index/browse/page/867>. Last accessed 30 July 2011.

and benefit from, productive resources by women; and

- 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.



Climate change has the potential to have negative impact on the ability of the population to realise full economic gains. Women and men are affected differently. But

there are no provisions in the SADC Gender Protocol or any other sub-regional instrument to guide interventions on gender and climate change. There are however discussions about climate change at SADC level with Gender/Women's Ministers having tabled the issue at their annual meeting in June 2011. It is important that the issue be kept high on the agenda and that a strategy be devised for harmonising interventions across the region.

This chapter covers who is making economic decisions; how women's time is accounted for; women's access to productive resources; gender and climate change and provides examples of the Protocol @ Work.

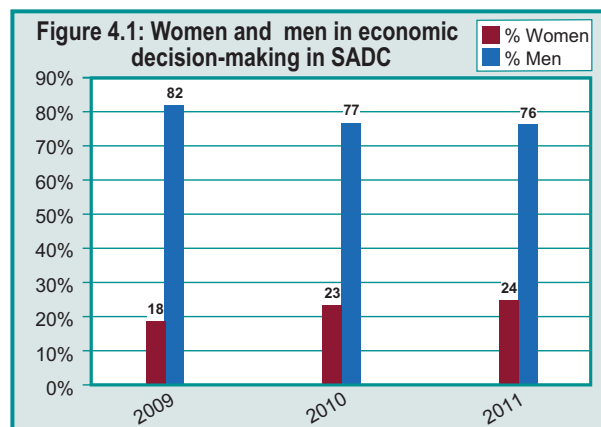
Women and men in economic decision-making



The Protocol provides that state parties shall, by 2015, ensure equal participation by women and men in policy formulation and implementation of economic policies.

Politics and the economy are closely intertwined. Governments determine economic policies and practices, and economics gives power to those in leadership positions. There are quantitative arguments for gender balance in representation in decision-making. Women have a "right" to representation. But there are also qualitative arguments for balance. Although women are not all the same, there are certain issues that they feel more strongly about than men because of their lived experiences. It is governments that plan for development, and allocate the needed resources to make these plans happen. Economic justice starts with ensuring that these resources and strategies adequately serve these needs.

Steady but slow increase in women's participation in economic decision making:³ Figure 4.1 shows that since the Barometer began tracking this indicator in 2009, women's participation in economic decision-making (minister and deputy minister, permanent secretaries in finance, economic planning, trade and governors of the reserve bank, the proportion has gone up by 5% (from 18% to 24%). There is steady, albeit



slow progress towards achieving 50% of women's representation in this sector. More efforts must be rapidly made in order to reach parity by 2015. Recognising women's current and prospective role in economic decision-making, or lack thereof, is the first step in creating real and sustainable change.

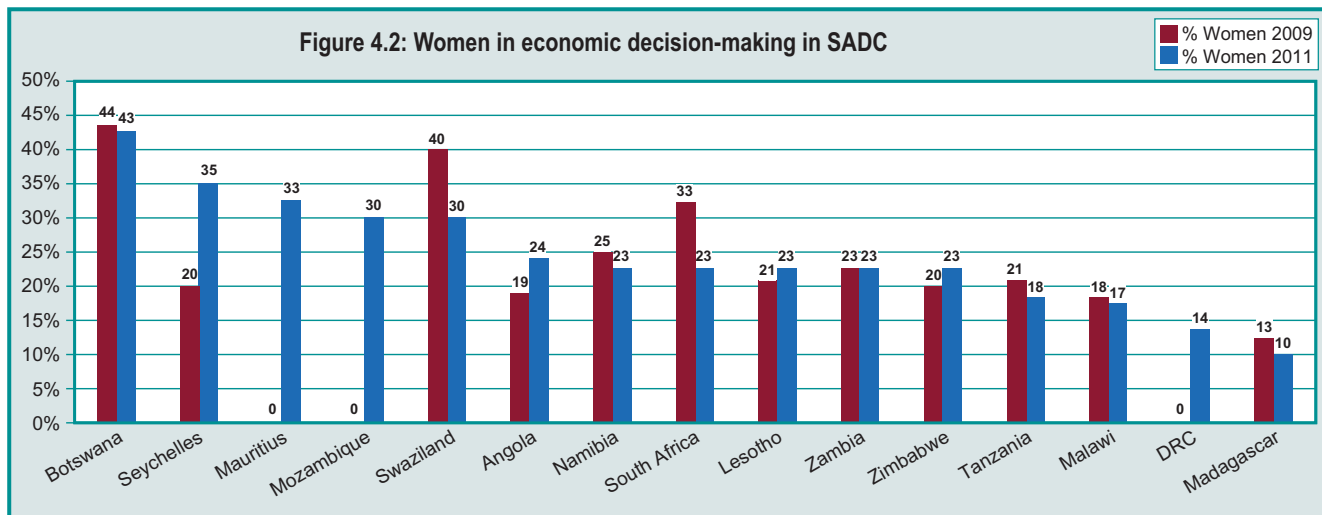
³ Economic decision makers are defined as: minister and deputy minister of finance; permanent secretary/DG; minister and deputy minister of economic planning; permanent secretary/ DG; Minister and deputy minister of Trade and Industry; Permanent Secretary/DG; Governor and deputy governor of the reserve bank and other key persons..

Table 4.1: Women and men in economic decision-making

	Angola		Botswana		DRC		Lesotho		Madagascar		Malawi		Mauritius		Mozambique		Namibia		Seychelles		South Africa		Swaziland		Tanzania		Zambia		Zimbabwe		Total F	Total 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	F	M	F	M	F	M	% F	% M	
Minister of Finance		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1	14	7%	93%
Deputy Minister of Finance	1	2		1			1	n/a	n/a	1		1		n/a	n/a	1		1		n/a	n/a	1		1		1		1				4	8	33%	67%
Permanent Secretary/DG				1		1		1		8		1		1		1		1		1		1		1		1		1		1		2	19	10%	90%
Minister of Economic Planning	1					1				1		1		1		1				1		1		1					1		1	9	10%	90%	
Deputy Minister of Economic Planning		1								1		1				1			n/a	n/a									1		1	4	20%	80%	
Permanent Secretary/DG				1		1			1	2			n/a	n/a	1				1				1			1				1		2	8	20%	80%
Minister of Trade and Industry	1	1	1			1		1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1		1		6	10	37%	63%	
Deputy Minister of Trade and Industry		2		1				1		1		1	n/a	n/a	1		1	n/a	n/a						1		1		1		1	10	10%	90%	
Permanent secretary/DG				1				1		2		1		1		1		1		1		1		1		1		1		4	10	25%	75%		
Governor of the Central or Reserve bank		1	1			1		1		1		1		1		1		1		1		1		1		1		1		1	2	13	13%	87%	
Deputy Governor of the Reserve Bank				1				1					n/a	n/a	n/a	n/a		1				1				1		1		2	5	8	38%	62%	
Other key persons in decision-making	1 ⁴	5 ⁵	2 ⁶	3 ⁷	1 ⁸		2 ⁹	5 ¹⁰					2 ¹¹				1 ¹²	4 ¹³	4 ¹⁴	4 ¹⁵	3	2 ¹⁶		1 ¹⁷		1 ¹⁸	2 ¹⁹	3 ²⁰	4 ²¹	12 ²²	22	40	35%	65%	
TOTAL	4	13	6	8	1	6	3	10	2	18	2	10	3	6	3	7	3	10	6	11	3	10	3	7	2	9	3	10	6	20	50	155	24%	76%	
PERCENTAGE	24	76	43	57	14	86	23	77	10	90	17	83	33	67	25	70	30	77	35	65	23	77	30	70	18	82	23	77	23	77					

- 4 Minister of Planning.
- 5 Minister of Public Administration, Employment and Social Security; Deputy Minister of Public Administration, Employment and Social Security; Minister of Commerce; Minister of Geology and Mines; Minister of Petroleum.
- 6 Botswana Development Corporation, CEO; National Development Bank.
- 7 Botswana Export Development and Investment Authority (BEDIA) CEO; Citizen Empowerment Development Agency - CEO; Local Enterprise Authority.
- 8 Portfolio Minister.
- 9 Economic Advisor to Cabinet; Member of Cabinet subcommittee on Economy.
- 10 Economic Advisor to Cabinet; Members of Economic subcommittee on Economy.
- 11 Permanent Secretary, Ministry of Business Enterprise, Cooperative and Consumer Protection; Association of Business Bankers.
- 12 Permanent Secretary in Ministry of Lands and Resettlement.
- 13 Minister of Mines and Energy; Deputy Minister of Mines and Energy; Permanent secretary/DG; Minister of Lands & Resettlement; Deputy Minister of Mines and Energy.
- 14 CEO - Seychelles Revenue Commission; CEO - National Tender Board (NTB); CEO - Seychelles Investment Bureau; CEO - Social Welfare Agency.
- 15 Minister of Home Affairs, Environment and Transport; CEO - Seychelles International Business Authority; CEO - Fair Trading Commission (FTC); CEO - Seychelles Pension Fund (SPF).
- 16 Deputy Minister of Public Enterprises; Minister of National Planning Commission.
- 17 CEO - Swaziland Investment Promotion Authority.
- 18 Deputy Minister of Foreign Affairs and International Cooperation.
- 19 Citizen Economic Empowerment (CEE) DG; Permanent Secretary of Health.
- 20 Citizens Economic Empowerment Commission (CEE) Chairperson; Ministry of Health; Deputy Minister of Health.
- 21 Minister & Permanent Secretary for Small to Medium Enterprises; Minister Regional Integration and International Cooperation, Minister of Labour and Social Welfare.
- 22 Permanent Secretary Regional Integration, Permanent Secretary labour and Social Welfare, Minister & Deputy & Permanent Secretary of Mines, Min and Perm Secretary of Agriculture, Min & Perm Secretary of Tourism, Minister & Deputy Minister and Permanent Secretary of Local Government.

Figure 4.2: Women in economic decision-making in SADC



Botswana tops the list with the highest proportion of women in economic decision making: Figure 4.2 shows that Botswana continues to have the highest proportion of women in economic decision-making positions within the public sector at 43%; there has been a 1% decrease since the last barometer.

Several countries have registered significant gains: **Seychelles** has increased from 20% in 2009 to 35% showing a 15% move towards parity. **Mauritius** has notably gone from having no representation of women in this sector to 33% thus overtaking other countries that have consistently placed women in these key positions. **Mozambique** has also had a significant increase from zero to having almost a third of women in economic decision-making. The **DRC** has gone from zero to 14%. Namibia has gone up from 25% to 30%.

Other countries have slid backwards: Swaziland has experienced a decrease of 10% decrease from 40% in 2009 period to 30% currently. South Africa has gone down from 33% in 2009 to 28% at present. Tanzania (21% to 18%) and Madagascar (13% to 10%) have also experienced declines.

But no country in the region has less than 10% women in economic decision-making and several women in the region now hold high profile posts in this area: A significant achievement since 2009 is that there is now no country in SADC that has less than 10% women in economic decision-making. Several individual women now occupy senior economic decision-making posts:

In **Lesotho** the Deputy Governor of the Reserve Bank, Economic Advisor to the Cabinet, and Member of the economic sub-committee are all women. Women's overall involvement in economic decision-making in Lesotho is a low 23% in comparison to men at 77%. The Parliamentary economic cluster also has very few women constituting about 30%. This low representation limits the extent to which gender focused economic planning can be achieved. Nonetheless government and NGOs continue to make efforts to ensure law reform that will make this possible.²³



In **Tanzania** the miniscule 18% representation is also within a major ministry - Trade and Industry. Two key positions of the Minister and Permanent Secretary are held by women, demonstrating political and technical influence. Under MDG 3 Malawi has aligned the National Gender Policy with aims to advance women's participation in economic decision making. The 17% representation in this sector illustrates the need to translate the policy into practice in order to move towards achieving MDG and SADC targets. However, despite a slight decrease of 1% with Malawian women having 17% representation in this sector, key positions of Minister of Trade and Industry and the Deputy Governor of the Reserve Bank are occupied by women.

Women are still scarce in the private and parastatal sector: Available data shows that across the region, the top level of management in the private

²³ Gender Links, Lesotho Country Barometer, 2010.

sector is male dominated. While some countries have made legal and policy provisions in this regard, implementation remains a challenge. The following are some examples:



Women in **Tanzania** remain grossly underrepresented in private sector and parastatal leadership. The Tanzanian Constitution however provides a foundation upon which effort towards increasing these numbers can be built.²⁴

In **Malawi** while there is some notable progress in women's leadership within the private sector there is still room for improvement. Media reports reflect the gradual increase of women leading banks and various other companies as Chief Executive Officers, supervisors etc.



In **Swaziland** there is one woman CEO heading the Federation of Swaziland Employers (FSE). In 2010 the country could boast of the first female Managing Director of a bank - Nedbank Swaziland.

In the case of **Botswana** significant progress has been made in the participation of women in senior management and decision making positions in the public and private sector. In 2009, women accounted for 45% of senior management positions. The private sector has also witnessed significant increases in the number of women in senior positions; these are particularly in key financial institutions, development and financial banks, insurance firms. In 2010, a number of women were appointed to Chief Executive Positions, for instance, the Botswana Development Corporation, the National Development Bank, and the Botswana Insurance Company. Significant changes since the 2010 Barometer are negligible.



Some progress in developing policies and initiatives to promote women's economic empowerment and participation are underway: In

Malawi many of the existing policies encapsulate gender concerns and to a considerable extent priorities women's empowerment. The Trade and Industry policy regards women as legal entities and provides for their meaningful participation in this sector. In addition, the Small Medium Enterprise Policy allows and encourages women to undertake businesses and

provides for tax exemptions for some categories of women in cross border trade. The Business Licensing Act-Chapter 18.08 and the Weights and Measures Act Chapter 48.04 do not carry specific gender clauses but do not discriminate women as far as economic undertakings are concerned.

Seychelles put in place important macro-economic reforms in 2008. Since then a number of women have been, and continue to be, nominated to high level posts in the economic and social domains. More women are now represented as directors of boards in the private sector and parastatals as well as being CEOs for major corporate entities. Some of the notable industries where women lead are: energy, airlines, trade, banking, seaport and airport.



In **Lesotho** women are more visible in the middle management positions. It is still a rarity to find them as CEOs. Gains made through the appointment of the first woman CEO in the banking sector in 2009 were eroded when she vacated the post in 2010.



The fish market in Malawi is a profitable enterprise for informal traders.
Photo: Danny Glenwright

²⁴ Permanent Mission of the United Republic of Tanzania to the United Nations, (2011). Statement by Hon. Ummu Ally Mwalimu, Deputy Minister for Community Development, Gender and Children, Tanzania. 5th Session of the Commission on the Status of Women: "Access and participation of women and girls in education, training, science and technology for the promotion of women's equal access to full employment and decent work." Available at <http://www.un.org/womenwatch/daw/csw/55sess.htm#statements>.

South Africa: Using the SADC Gender Protocol to benchmark progress in the private sector

The Business Women in South Africa *Women in Leadership Census 2010* quotes the SADC Protocol on Gender and Development as a benchmarking tool in its latest survey showing progress, but also significant gender gaps in the private sector. The report (<http://www.bwasa.co.za/Portals/4/docs/BWACensus2010Report.pdf>) begins by noting that the African Union has declared 2010-2020 the African Women's Decade. This is further reflected in the Southern African Development Community (SADC) members' commitment to ensuring greater equality for women in the region by 2015, as evidenced by the SADC Protocol on Gender and Development.

The report recognises the significance of the Protocol provisions calling on equal participation, of women and men, in policy formulation and implementation of economic policies and the need to adopt policies and enact laws which ensure equal access, benefit and opportunities for women and men in trade and entrepreneurship as a way of building sustainable development.

Against these targets, President Elect Konyalala Maphisa notes that: "in 2004, 59.9% of the country's corporations had no female Board representation and, where women were included, they made up only 7.1% of the board members. This differs significantly today where 21.5% of the country's company boards have no female representation and 16.4% of directors are women. However, only 10.4% of CEOs and board chairs are female and women executive managers make up 19.3%. At present rates, South African women will only achieve 50% representation on boards in 2031 and at executive management level in 2050."

Key findings of the report include:

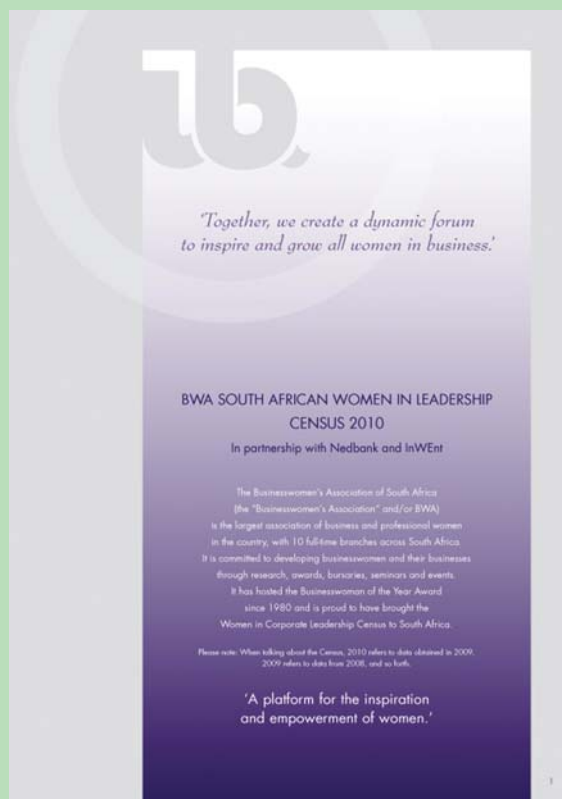
- While women make up 51.6% of the adult population in South Africa, only 44.6% of working South Africans are women. Even more telling is that women constitute only 19.3% of all executive managers and as low as 16.6% of all directors in the country. Although there is an ongoing trend of increasing numbers of women in leadership positions, the pace is slow and women remain significantly under-represented in top corporate positions.
- The percent of women on boards of JSE-listed companies has increased by 2.4 percentage points from 13.2 to 15.6 year on year.
- Women's representation has decreased marginally on the boards of State Owned Enterprises (SOEs) from 39.9% in 2009 to 36.6%. However, women are still far more represented on the boards of SOEs than those of the JSE-listed companies.
- Women hold 19.3% executive manager positions in South Africa compared to 16.9% in Canada; 13.5% in the US and 10.7% in Australia.
- Of the 2 827 women executive managers in South Africa, 62% are white women. This is a drop of 4.2 percentage points. Black women, who constitute 46% of the population, account for 25.7% of women executive managers.
- Women executives are best represented in the Consumer Services and Financial categories. The most significant increases in the number of women executives is in the Technology and Industrials categories.
- In 2010, JSE-listed companies had ten women CEOs compared to eight in 2009; seven in 2008 and four in 2007. This shows while corporations are making progress this is still slow.

Moving beyond numbers the report notes that research on the "financial implications of gender diversity at the top" by Catalyst showed that Fortune 500 companies with the largest representation of women on

boards and as corporate officers achieve higher financial performance.

The report concludes that "enhancing gender diversity at the board level raises the quality of discussion around the table. This has the potential to yield real improvements in the overall quality of governance which, in turn, will be reflected in company performance. Yet, despite this compelling business case for more women on boards, the pace of change is frustratingly slow." It advocates additional measures must be put in place if we wish to achieve significant progress in the development of women in business.

Source: The BWA South African Women in Leadership Census 2010





Namibia: A survey of 31 parastatals which responded to the Ministry of Gender Equality and Child Welfare (2006) showed that women occupy 27% of management positions in these public entities. Only two parastatals, namely Roads Authority and NAMFISA have equal representation of fifty percent of their management as women, followed by the Electricity Control Board with 40%, while the Electoral Commission and the Namibia Tourism Board have more women in the senior management, with 60 percent each.

Mainstream economic policies are mostly gender blind: Most mainstream economic policy documents

in the region are gender blind. The 2007 National Population Policy Review in **Botswana** revealed that almost 50% of households are female headed, and that the majority of poor people and poor households are female headed.²⁵ There are no gender responsive policies in place for women to access credit, land, capital, technology, and other business services. The economic opportunities and challenges that affect women's businesses need to be mainstreamed as part of macro-economic policies. But there are examples emerging of the Protocol being used to review key economic blueprints.



South Africa: Charting a New Growth Path (NGP)

Business Unity South Africa (BUSA) and the World Bank South Africa Office (World Bank) are leading a campaign in South Africa to engender the country's New Growth Path²⁶ (NGP) and Vision 2025²⁷.

With the assistance of Gender Links (GL), the partners conducted a situation analysis that informed a gender analysis of the NGP to identify gaps and possible entry points. Qualitative research tools included:

- Online survey that was distributed via the GL list serve and website.
- Key informant interviews were conducted with three interviewees.
- Two focus groups were conducted with HIV and AIDS care givers from the Let Us Grow organisation in Orange Farm (women and men) and with a group of Zimbabwean nationals (women traders) who came to South Africa to escape the political instability in Zimbabwe and to create sustainable livelihoods.

The situation and gender analysis of the NGP was conducted by examining where South Africa is in relation to the key economic provisions in the Protocol including:

- Women in economic decision-making.
- Time use surveys.
- Trade and entrepreneurship.
- Informal trade.
- Procurement.
- Property and resources.
- Gender and land ownership.
- Employment.
- Financial institutions.



Let Us Grow care givers responding to the New Growth Path.
Photo: Thato Phakela

The discussion document notes that: "The New Growth Path document is almost completely gender-blind if one is looking for explicit references to gender or women. The words "gender" and "female" are absent from the document. The word "women" appears once in the description of the inequalities in the workplace, but only in highlighting the large number of domestic workers. At the outset we should note that the NGP document promises many things, some of which might to some extent be contradictory or "fall off the table" during the trade-offs of implementation. The absence of gender in such a "promise-full" document is thus especially startling. We therefore need to look for implicit references to gender, or areas where gender could and/or should have been highlighted."

²⁶ The New Growth Path is a new Economic Strategy for South Africa, combining both macro and micro economic intervention, the document sets out markers for employment creation and growth. Under the Auspices of Ministry of economic development, the document seeks to address pressing challenges of unemployment and poverty. This is being developed against the background of the global economic crisis which resulted in more than a million job losses in South Africa. The growth path can also be considered as a job creation strategy as it seeks to create five million jobs.

²⁷ The process on Vision 2025 is inspired by the recognition that long term planning is integral to sustainable development planning for South Africa. The process is guided under the Ministry in the Presidency and the National Planning commission seeks to develop a cross-sectoral approach to addressing the country pressing challenges.

An example of the shortcomings of the NGP highlighted in the discussion notes are statistics showing that men predominate in employment in almost all the priority sectors (agriculture; mining; manufacturing; utilities; construction; trade; transport; finance; community/social services; private households). The argument made is that unless deliberate efforts are made to ensure that women benefit, the policy will mostly benefit men.

The Protocol features in all the analytical tools. One respondent said: "The SADC Protocol on Gender and Development adequately addresses (gender and economic) issues raised. It is critical that this be extended in a clear manner into the NGP." (Malani Padayachee & Associates (Civil engineers).

Using the Protocol as the basis of analysis has also placed South Africa's NGP within a regional context. Ottilla Chikosha from the Regional Export Promotion Agency, based in Zimbabwe made the following

submission: "The NGP should seek to achieve gender equity and equality through the creation of a forum and space for women in business, cross border trade, financial markets and professionals to meet in solidarity, for the initiation of intra-regional integration processes and trade policies and participation in regional strategies for implementation of trade facilitation instruments, ensure that bring in regional integration led from the grassroots and actions for collective lobbying and advocacy, information sharing, monitoring and evaluation of women's achievements in wealth creation."

The SADC Gender Protocol serves as an important inspirational tool by providing clear targets for the economic development for women. Equally significant, it can be an analytical tool to assess if and how national policies are responding to the needs of women. The economic provisions of the Protocol have confirmed that South Africa's NGP is gender blind and provided a road map for how gender can be integrated into the policy.

Gender budgeting



The Protocol provides that State Parties shall ensure gender responsive budgeting at the micro and macro levels including tracking; monitoring and evaluation.

Budgets are a government's most important policy instrument, which shape social and economic development and reflect priorities for action. They outline how much will be spent on health care, military or education, what taxes may be introduced, increased or decreased, strategies for increasing employment or access to housing, and every other activity of the government. Although budgets may appear to be gender-neutral policy instruments, expenditures and revenue collection can have different impacts on women and men.

Innovative gender-responsive budget analysis happening in many countries provides an approach to explore and highlight how these resource collections and allocations may differently affect both genders. It looks not only at funding levels for the various ministries, but also at spending priorities within ministries. This helps governments develop wise policies that contribute to the development of all of its citizens, helps ensure adequate funds are available for programmes they are developing, and acts as a marker for commitments to gender equality.

A gender budget analysis, for example, might find that cuts in spending on agriculture fall most heavily on poor women farmers. Restoring the agriculture budget could increase household incomes, raise agricultural production and improve the quality of life for all villagers. By permitting better-targeted and more efficient use of government resources, advocates argue, gender budgeting benefits men and women alike. Since its introduction in Australia in the mid 1990s, gender budgeting has grown to become a well-recognised tool for strengthening accountability for gender equality and women's empowerment. It provides strategic entry points for bringing a gender equality perspective to economic policy making, national planning, budgeting and programming.

Gender budgeting initiatives are still rare but some governments are taking first steps: Although gender budgeting is still not wide spread, several countries reported the start of such initiatives. Some examples of initiatives led by governments include:

Tanzania: GBI initiative is bearing fruit

The Gender Budgeting Initiative in Tanzania that began as an NGO process in 1997 has now been institutionalised within government with all line departments required to account for the gender responsiveness of their budgets.

The GBI has its roots in the IMF and World Bank-sponsored Structural Adjustment Programmes of the 1980's that left women and children on the margins. The civil society-driven initiative, coordinated by the Tanzania Gender Networking Programme (TGNP), aimed to:

- Influence planning and budgetary processes for responding to practical and strategic women and men, youth (girls and boys) needs (access education and livelihoods; reduction of violence; more voice in policy making and control of budgets, resources etc.) to health, water, education, agriculture for specifically food security etc.
- Strengthen consensus building, collective action strategies, acquisition of skills relating to economic literacy and lobbying and advocacy for women/gender and human rights oriented groups as regards to gender equity and equality and transformation in policy and budgeting process.
- Broaden women's and poor men's participation in policy-making and their exposure to management structures of public resources.
- Examine the budgeting process in Tanzania from a gender perspective so as to see how national/local budgets are allocated and thus allow for the tracking of the utilisation of budgeted resources.
- Gauge the impact this allocation of resources has upon women and other groups such as youth and poor men within Tanzania.
- Lay the foundation of an effective consensus building campaign to influence the public, decision makers, law makers and government officials on the necessity of increasing resources/ budget to sectors impacting women, youths and other disadvantaged.

The process included:

- Creating space for dialogue and building working relations with key government actors (central and sectors level ministries).
- Conducting research in selected sectors: Planning, Finance, Education, Agriculture, Health, Industry, and Local Government.
- Capacity building and training of gender budgeting to planners and budget officers in the selected sectors.
- Development of GB application of analytical tools such as gender checklists.
- GB trials to conduct budget analysis (gender and pro-poor analysis of budgets) to assess/evaluate to what extent and who is impacted by budgets resulting in engaging government in further discussion and key



Speaking out on gender and poverty at the TGNP Gender Festival.
Photo: Colleen Lowe Morna

analysis on: is there under-expenditure in key areas for gender equality?

- Gender budget tracking initiatives targeted at local government.
- Gender budget initiatives targeted at Support and Donor Harmonisation.

Achievements include:

- Gender Responsive Budgeting institutionalised within the Government: The Ministry of Community Development, Gender and Children are now taking a lead in ensuring gender budgeting is being implemented in different sectors. Gender Budgeting is now a requirement for Budgeting.²⁸
- Demand driven capacity for gender mainstreaming and gender budgeting among sectors (Health, Education, Water, Agriculture).
- The Ministry of Water and Irrigation has a policy that directs the establishment of water committees in the country at all levels and the committees to have a 50/50% representation.

The main challenge with the GBI is limited gender and gender budgeting skills and limited allocations for skills development. There are few experts and most of them are within the CSOs. But in Tanzania the message of gender mainstreaming and gender budgeting is taking root and has significant political commitment. Tanzania, and the TGNP in particular, are now recognised SADC-wide centres of learning on GBI.

Example of a gender responsive Budget Vote

Health: Target 05: Maternal Mortality reduced by 50% from current levels by 2011. The current mortality rate had been reduced from 578 to 454 per 100 000 in 2010. To reduce it to 50% would mean by 2011/2012 the mortality rate should be reduced to 227 per 100 000. The Ministry allocated four billion T. Shillings to purchase delivery kits that would be issued to pregnant women at clinics when they are on the 36th month of pregnancy. Another initiative is the provision of tricycles ambulances that would be able to move in different remote areas to serve the delivering mothers.

²⁸ Guideline to Budgeting 2007 Ministry of Finance.



Mauritius: The Ministry of Women's Rights, Child Development and Family Welfare (MWRCDWF) and the Ministry of Finance and Economic Empowerment

are collaborating in a pilot exercise to engender the Programme-Based Budget from 2010 to 2011. Eleven programmes and eight Ministries have been selected. The Budget Call Circular No 18 of 2008 requested ministries to provide clear information on the strategy, outputs, outcomes, indicators, targets and time frames for gender budgeting. At this stage, four of the ministries, MWRCDWF, Education and Human Resources, Youth and Sports, Labour, Industrial Relations and Employment have already developed their sector gender policy as part of the Gender Equality and Women's Empowerment Programme of MWRCDWF, supported by UNDP.

Malawi has faced several challenges in trying to move the gender responsive budgeting agenda forward. Activities undertaken at the outset of the initiative included, capacity building whereby the Ministry of Gender, Children and Community Development (MoGCCD) provided orientation for personnel at all levels of the public sector. Officials who were part of this capacity building include principal secretaries, directors of



planning and budgeting officers, and gender focal point officers. Guidelines on Gender Responsive Budgeting were developed and disseminated. Seven officers from the Ministry of Gender were appointed to seven key ministries in order to provide technical backstopping on Gender Budgeting. Regrettably these initiatives are fragmented and have since waned in their value. Recent efforts to resuscitate GRB initiatives are welcomed and capacity building for formulating these is greatly needed.

In other countries, civil society is leading gender budget initiatives: In some countries, gender budget initiatives are led by civil society as part of demanding greater accountability. This enhances the watchdog role of gender advocacy groups. However, there is need for greater ownership of these processes by governments. Some examples include:

South African NGOs have a robust track record of probing government budgets: The Institute for Democratic Alternatives (IDASA), Community Agency for Social Enquiry (CASE) and several others have supported the Women's Budget Initiative coordinated by Debbie Budlender. The South African budget is one of the more detailed and transparent budgets in the region, making it easier to ask probing questions. But even this budget presents challenges:

Gender budgeting makes cents

South Africans are fortunate in having much more government budget information publicly available than is the case for many other countries. Indeed, in 2010 South Africa ranked top of the Open Budget Index, based on a survey conducted in 94 developing and developed countries by the International Budget Partnership.

One of the attractive features of the South African government budgets is that they provide a seven-year series for all allocations/expenditures - the three completed budget year, the current budget year at the time the budget is tabled, the coming year which is the year for which the legislature will vote the budget, and the two following years, which are referred to as the "outer years" of the medium term expenditure framework. A second attractive feature is that the budget books contain substantial narrative alongside the budget numbers. This narrative explains the objectives of each set of expenditure, what was achieved in the past with the money, and what is planned for the future.

Despite these good aspects, the available budget information does not provide everything that one might want, especially when examining budgets from a gender perspective. One partial reason for this is the way in which much of the gender-related funding is mainstreamed within general sub-programmes and programmes and thus not separately identifiable. The specific gender allocations might be more easily identifiable if the South African government were more reliant on donors, and/or operated more in terms of "projects". But this would have its own drawbacks. Further, even where there were projects, for example



South African women demand accountability.

Photo: Colleen Lowe Morna

for capacity building of parliamentary officials, examining these numbers would not tell us whether the training was gender-sensitive.

Overall, the budget contains a range of different allocations that should contribute towards gender equality and women's empowerment in the areas focused on by the Protocol. Generally these allocations increase steadily over time more or less in line with inflation. In a few cases, such as for HIV and AIDS, there have been substantial increases well above inflation. These will, in particular, benefit women given women's higher prevalence rate as well as the fact that some of the more recent increase is because of increasing the CD count at which pregnant women will access anti-retroviral treatment. In contrast, the national government allocation for maternal and child health decreases in one year with no explanation provided.

The narrative is disappointing in respect of some of the gender-relevant programmes and sub-programmes (and especially those falling under the Department of Justice

and Constitutional Development) in that while in previous years issues such as maintenance and the operation of the SOCA unit were discussed and improvements explicitly planned, there is no such narrative in the 2011 budget books.

Allocations themselves are not enough. The question is how this money is used. South Africa's budgeting system has moved progressively towards a performance-oriented approach, but there is still a long way to go. The national budget books include only a few selected performance indicators for each department. The provincial budget books often have no indicators. These indicators are reportedly collected, but the quality is often still not considered good enough for public dissemination. Further, even where there are indicators, they are not sex-disaggregated. This is disappointing, as for many of the indicators sex-disaggregated information is available; it is just not published.

- Excerpts from comments on the South African budget by Debbie Budlender, Community Agency for Social Enquiry (CASE) and global gender budgeting expert



Swaziland: Civil society, in particular the Gender Consortium, continues to conduct consultations within various networks on GRB. The government's programme of Action 2008 to 2013 remains gender neutral in terms of the relevant budgetary allocations. More efforts to ensure broad based training and capacity building on gender responsive budgeting are required.

Botswana: In 2010, the Botswana Council of Non-Governmental Organisation's (BOCONGO) Gender Sector commissioned a consultancy to develop a gender budget strategy. To date no implementation plan has been developed to accompany this framework. This is an important area that needs urgent follow up action so as to facilitate a gender budget analysis of the NDP 10 plan together inclusive of budget allocations. It is important that adequate budgetary allocations are made to ensure the implementation of the SADC Gender Protocol, especially, in line ministries.



Lesotho: There are a few gender budgeting initiatives in Lesotho despite the country having no official gender responsive budgeting system at all levels of government. Where it exists it has been mainstreamed into programming in a way that makes it difficult to easily track cost allocations of gender activities. The picture is however clearer with regard capital budgets where activities specifically targeting women and/or gender are clearly marked. Programmes run by development partners clearly demarcate this showing the need for additional skills training for personnel

tasked with developing budgets. In October 2010 training and capacity building initiatives were implemented for senior government officials including line Ministry focal points.

Zambia: Some civil society organisations are involved in gender screening of the national budget to see how much is allocated to specific ministries on gender issues every year, how it is spent, who are the beneficiaries and whether the money makes an impact on gender issues. The findings are that in certain instances, money meant for gender activities is usually diverted to other issues considered to be more important or pressing.



Partnerships between civil society and government work well: An ideal scenario is for governments and civil society to work together on gender budget initiatives, as is happening in Zimbabwe.



Zimbabwe: Over the last few years the ZWCRN, in partnership with the Ministry of Finance and the Ministry of Women Affairs, Gender, and Community Development, has introduced a gender budgeting programme. To date it has provided training on gender budgeting. Regrettably, the programme has not yet begun paying off, as it has not been applied in practical terms in the actual drawing up of budgets. The other challenge is that the people who have been trained on the gender budgeting initiative are not necessarily the high-level management involved in decision-making. Hence, this limits the impact that the initiative can have.

A regional network has been formed: In June 2009, UNIFEM hosted a regional meeting led by the Zimbabwe Women's Resource Centre and Network (ZWRCN), which coordinates the economic justice cluster of the Alliance, to establish a regional (Southern Africa) Gender Responsive Budgeting Network.

Achievements of the network to date include: strengthened capacity in gender-responsive budgeting, institutionalisation of gender budgeting in government, strengthened civil society support, strengthened alliances and networks and strengthened organisational capacity.

Multiple roles of women



The Protocol requires countries to conduct time-use studies and adopt policy measures to ease the burden of the multiple roles played by women.

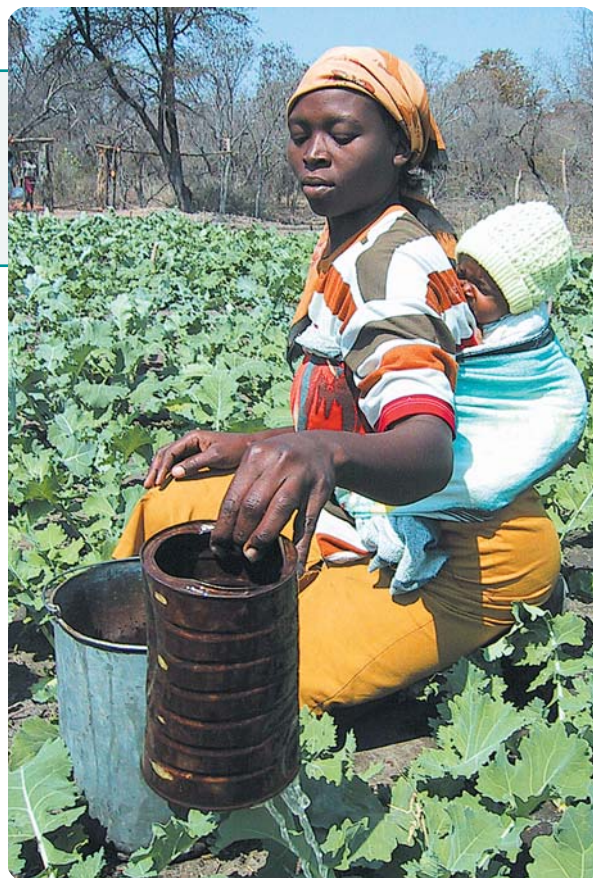
Very few time use studies conducted: These establish the invisible work of women not recorded in national accounts. Not all countries have conducted time use studies. Examples of countries that have done so are as follows:



Malawi: 2010 national Gender Development Index (GDI) published by the National Statistical Office and the Ministry of Gender, Children and

Community Development revealed that in 2010 women spent more time in domestic, care and volunteer activities in comparison to men. It also revealed that there is a gap in the time spent in market activities as either paid employees or self-employed individuals. Here men recorded a higher number of hours spent than their female counterparts.²⁹ The 2005 NSO report also showed that among persons aged 15 or more years, 90% of women undertook domestic tasks compared to 24% of men. Women spent 7.7 hours each day on household chores in comparison to men who spent as little as 1.2 hours per day doing the same activities. Though these figures exclude time spent on child care. The implication is that less time is spent on economic activity by women compared to men.

These population averages conceal the even higher proportion of hours spent on domestic tasks by women who are in the 25-45 year age group. Women in this age group do most of the reproductive and productive work, with heavy responsibilities for child care, family care and for providing sustenance to their families. Although they are in most need of the chance to engage in economic activities, they have least time to do so.



The dual role of women.

Photo: Trevor Davies

Another study completed recently in 2010, as part of coming up with the Gender Development Index (GDI) confirmed findings of the 2005 studies that women spend more time in domestic care than men. It went further to include volunteer activities as well. Rather men spend more time at the "market" (commercial activities). The GDI however is not explicit sufficiently in detailing the justifications for the greater number of hours that women spend on the triple roles. An outcome is that the National Gender Machinery and other stakeholders should dedicate more resources to time studies in a systematic way.

Namibia: The Labour Force Survey reports that 28% of women and 31.7% of men are employed but are available

²⁹ Government of Malawi, (2010). Gender and Development Index, 2010. Ministry of Gender, Children and Community Development and the National Statistical Office, p. 9. Available at: [http://www.nso.malawi.net/images/stories/data_on_line/economics/Gender/MALAWI%20GENDER%20AND%20DEVELOPMENT%20INDEX%20April2010_Final.pdf]



for and would prefer to work more hours.³⁰ The 2006 Inter-censal Demographic Survey provides the latest data on distance to water sources. This report does not disaggregate the data by sex, but the 2006-2007 Demographic and Health Survey states that, in households where water must be fetched, it is collected by females in 28.7% of households and by males in 11.6% of households.³¹ The inter-censal survey shows that 43.5% of households have water on the premises; according to the 2006-2007 Demographic and Health Survey, drinking water is available on the premises in 81% of urban households and 32% of rural households.³² The inter-censal survey found that in 36.7% of households people travel 500m or less to collect water and in 4.6% of households people travel more than 1km to collect water. Assessment by urban/rural locality shows that in more than 7% of rural households, people travel over 1km to collect water. This highlights that the results of time use studies could provide good entry points for beginning to quantify and assign monetary value to work conducted by women.

Few, if any, policies ease women's multiple roles:

In the DRC, the Fund for the Promotion of Women, set up by the Ministry of Gender, Family and Children does not yet have the means to implement its policy. In Malawi, the gender policy provides that one of its objectives is to promote the recognition and value of women's multiple roles and responsibilities, their contribution towards national development and as beneficiaries of the development process. While there are no specific policies in Tanzania, the government is making efforts that might bode similar effects. The Ministry of Health is now encouraging men to take part in childcare. For the most part however the work of women remains unrecognised and unrewarded.

Care work is still largely unrecognised and unremunerated:

Despite provisions for care work in the Protocol, especially in reference to HIV and AIDS, this remains largely unrewarded and unremunerated. However, the regional campaign for the recognition of care work is gaining momentum (see Chapter Seven on HIV and AIDS).

Economic empowerment



The Protocol provides that state parties shall by 2015 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.

Women marginalised in trade and entrepreneurship: Women have less access to education, credit, land, market information and technology in comparison to men, thus in the entrepreneurship and trade arenas, women remain marginalised. The removal of protectionist trade policies to link can have a negative effect on the participation of women in trade, as local female producers are challenged to compete with foreign products sold at lower rates. As women's access to markets is restricted and they are largely represented in the informal sector, this impedes women's economic participation.

Governments are just beginning to be more proactive: Most SADC trade policies are gender blind:

there is no mention of the differential impact of trade policies on women and men:



Through various initiatives, women in **Malawi** continue to benefit from entrepreneurship training. While women's participation in trade is not directly restricted, the environment within which trade is undertaken is not favourable. The levels of collateral and other capital necessary for their involvement in trade are prohibitive. Very few affirmative action endeavours by institutions exist to allow women to advance in the entrepreneurship sector. There are however examples of banks and other financial institutions that have made loans available to women

³⁰ Ministry of Labour and Social Welfare. (2008). Namibia labour force survey. Windhoek: Ministry of Labour and Social Welfare. At page 65.

³¹ Ministry of Health and Social Services. (2008). Namibian Demographic and Health Survey 2006-07. Windhoek, Namibia: Ministry of Health and Social Services. At page 17. Remaining percentages are for water collected by "other" people (report does not specify who this may be given that options for male/female children or females/males over the age of 15 are given), water on the premises or missing data.

³² Ibid at page 16.

with less restrictive conditions than normal. The New Building Society is one such institution. Lack of data on these initiatives as well as monitoring and evaluation mechanisms that clearly outline trends and provide statistics pose a challenge. Banks and microfinance institutions in Southern Africa should be a platform from which women can change their livelihoods instead of further closing the spaces within which they can access opportunities.



Namibia's trade policy practices are informed by the national Constitution, Vision 2030, the National Development Plan (NDP) 3 and membership to regional and multilateral organisations, chiefly WTO, SADC and SACU. There is no written document specifically outlining Trade Policy for Namibia. The Business Support Services Programme (BSSP) developed by the Ministry of Trade and Industry (MTI) is a comprehensive package of business support to assist entrepreneurs to conduct feasibility studies, develop business plans, enhance business skills through hands-on training including business monitoring and mentoring. Under Vision 2030, the SMEs are targeted to contribute over 30% to the national GDP. While the programme ensures dedicated support for entrepreneurs to access finance, training and mentoring, there are no specific gender provisions. In addition the Directorate of International Trade has an Export Marketing Assistance Programme for Manufacturers (EMAP) whose purpose is to assist exporters of Namibian manufactured products in respect of activities geared towards the development of new export markets. Anecdotal evidence suggests that more women than men are targeted and benefit from the work of the Directorate; however, it does not operate under an explicit *pro-women* mandate.

The **Swaziland** Government has initiated two capital projects namely the Msahweni Road Tarring Project and Lower Usuthu Smallholder Irrigation Project (LUSIP) in the Lowveld of Swaziland. This project is aimed at alleviating poverty in the area as well as activating sustainable commercial agricultural ventures.³³ While it is evident that the project has a wide range of stakeholders, little information is available on prioritising women as key beneficiaries.



In **Botswana** the government has provided a conducive macro-economic policy environment for private sector contribution to the economy. However the policies are not gender responsive. For instance, the Citizen Entrepreneurial Development Agency (CEDA) and the Local Enterprise Authority (LEA) have no incentives to promote the participation of women;

women's participation in these programmes is very low in comparison to men's.³⁴

Participation of women entrepreneurs in economic programmes is low thus they are not deriving significant benefits from existing economic opportunities. Putting Women First Trust is an NGO in Botswana that promotes gender mainstreaming in macro - economic policies. At a workshop for young female entrepreneurs in May 2010 it emerged that access to services provided by CEDA, LEA, BEDIA, BDC and other agencies are not gender sensitive and as a result exclude women. Despite the favourable conditions for youth economic empowerment, young women do not access youth economic programmes to the extent that young men do. There is a need to ensure gender differences are adequately mainstreamed. The review of trade policies and regulations should ensure the creation of a gender responsive trade environment.



South Africa: South Africa has policies to increase women's access to credit to ensure that women are empowered economically. In addressing the needs of the poor for housing and shelter, the Rural Housing Loan Fund now provides loans through intermediaries to low income households for incremental housing purposes. Through the Department of Social Development, there are a number of projects throughout the country to facilitate economic empowerment and sustainable development. Local Government, the drivers of the local economic development includes finding ways to help entrepreneurs diversify and grow their businesses in a way that simultaneously helps the local municipality address its economic needs.

Zambia: The Trade and Industrial Draft Policy recognises that women remain marginalised in the professional workplace and in private enterprise and suggests continuous education and training of the domestic labour force in order to promote gender equality and to ensure that local personnel are kept updated with international best practices. The policy further identifies the challenges to increase representation of women at all levels, from the boardroom to the shop floor as well as actively promoting more women entrepreneurs. One of the objectives of the policy is to promote gender equality in the productive sectors of the economy. The policy prescription on gender are that the government will encourage skills development and entrepreneurship in women and also encourage the teaching of various vocational, technological and applied skills at the country's tertiary institutions to cater for everyone including women.



³³ SWADE, (2009). Lower Usuthu Smallholder Irrigation Project (LUSIP). Available at: [<http://www.swade.co.sz/lusip.html>].

³⁴ Ministry of Finance and Development Planning, (2010). National Development Plan 10. Government of Botswana. Available at: [<http://www.finance.gov.bw/templates/mfdp/file/File/NDP%2010%20final%2016th%20Dec%202009%20edit%20in%2019%20Jan%202010.pdf>].

Mauritius budget targets women



Women workers at Eugenie Foods.

Photo: Danny Phillippe

Mauritius' commitment to empowering women is underscored in the 2011 Mauritius Budget: *"We cannot talk about raising the nation's productivity without giving some deep thoughts to the low participation rate of women in the economy, which is 43 percent compared to 76 percent for men. Moreover, the female unemployment rate is 12 percent compared to only frictional unemployment among males. To rebalance growth we will need to rebalance these statistics with emphasis on training, re-skilling and also encouraging more women to become entrepreneurs"*.

There are currently 26 400 poor households across the island. There are some 7 000 families across the island living on less than Rs 4 000, i.e. 1 000 rand a month. According to the Trust Fund for the Social Integration of Vulnerable Groups (TFSIVG), the living standards of the poorest in our society are cause for growing concern. The budget allocates R125 million for a National Empowerment Foundation aimed at some 8 000 citizens, for Training and Placement, Micro-enterprises for Women, Projects in Rodrigues, Emergency Housing and the Decentralised Cooperation Programme to build the capacity of Civil Society Organisations to participate in the national empowerment effort.

In a groundbreaking move, the government has undertaken to review and update the social register by the end of 2011. The roll lists about 6000 abandoned single women and the exercise is intended to bring as many of them as possible out of poverty and into decent jobs. The programme would also involve linking these women to micro-enterprise opportunities. Family support in the form of kindergartens, day care centers and pre-primary schools will be provided to care for any dependents and free up time for the women to participate; this is through the Ministry for Social Integration and Economic Empowerment. Lack of

alternative care options for women often prevents them from taking up employment opportunities. The programme will ensure placement for beneficiaries within various firms and industries and fulfil a dual purpose of skills development and job creation. An Entrepreneurship Support Programme (ESP) has been set up to provide "Mentoring Services" to women entrepreneurs. The Ministry of Social Integration has developed three acres of land at La Valette into plots for small scale vegetable plantation by vulnerable families.

Women's entrepreneurship is expected to rise because of the transformation of the Development Bank of Mauritius into a Development Financial Agency. This institution will have a specific mandate to support SMEs, micro enterprises and start-ups. It will be the duty of the National Empowerment Foundation and the National Women Entrepreneur Council to see to it that women entrepreneurs benefit from these schemes. In the banking sector, Bank One offers a savings product exclusively for women, the EMMA account. This product aims to enable women to have better control on and management of their personal finance through preferential rates on both savings and loan products. Other advantages include discount for medical check ups at specific clinics as well as free personal accident cover and use of cheque books on the savings account. Bank One encourages women to be financially independent. Each year, Bank One also rewards women who have done exceptionally well in the fields of Entrepreneurship, Sports, Education and Research, Arts and Culture and Social and Voluntary Work through its EMMA Awards Scheme.

The National Women Entrepreneur Council put in place several measures to encourage women's entry into the economy during 2010. Some 120 small enterprises have been created by women as a result of this initiative. 500 benefited from advice and mentoring; 2,500 were made sensitive in the programs set up by the support agencies; and 40 women attended courses of Design and Fashion Institute. A programme of motivation for 35 women and 52 unemployed women, holders of a university degree, was set up to encourage them to create their companies and to introduce concepts of financial assistance, techniques and logistics.

Mauritius has a firm belief that educating and empowering women economically will lead to parity. While this programme demands political commitment and resources it is feasible to replicate in other contexts. Agencies that are responsible for empowerment must ensure that their policies and practises are gender sensitive and prioritise the promotion of women in the economic fields.

Informal trade

Estimates are that the size of the informal economy as a percentage of gross national income (GNI) ranges from under 30% in South Africa, the continent's largest economy, to almost 60% in Tanzania and Zimbabwe. The average in sub-Saharan Africa is 42.3%. According to International Labour Organisation, the sector amounts to 72% of employment in sub-Saharan Africa. Statistics suggest that 93% of new jobs created in Africa during the 1990s were in the informal sector, reflecting the impact of globalisation, economic reforms and competitive pressures on the labour market in recent years.³⁵ Unfortunately, despite the sheer breadth of the informal economy, the majority of informal sector workers remain poor, unprotected by labour laws, uncovered by social security schemes, and underserved by formal education systems. They have little job security or savings, and even a brief illness or injury can mean no financial means to survive. In order to see women benefit from their involvement in the informal economy and have their efforts transform their livelihoods, there is a need for the SADC region to turn its attention to meaningful capital formation for women.

Despite the fact that informal trade is a huge sector in its own right, there is little disaggregated data to tell how many women and men are in the trade. In many nations, this informal sector is where most economic growth occurs. In order to reach SADC targets for all citizens to gain from economic opportunities, more creative approaches to the informal sector must be taken.



Results of the 2001 Informal Economy Survey in **Namibia** show that 57% of the Namibian households represented in the survey are solely dependent on income from informal enterprise activities. Other key results were that most enterprises (59.1%) started their activities with their own savings, a significant number of informal activities were operated from within the individuals homes (26.5%) and that most informal economy operators did not have employees. Creating an enabling financial environment is considered critical for the successful development and growth of small enterprises in Namibia and other SADC states. In order for these enterprises to translate into competitive entities within the formal sector, such a desirable setting would also facilitate access to capital and markets. Southern African women largely remain in the informal sector because of prohibitive trade regimes that do not allow them access to the kind of credit they require to establish robust businesses. In addition the traditional responses of micro lending and credit schemes have not served to take women out of participating in the economy on a subsistence level.

³⁵ Verick (2006).

³⁶ CSO (2007).

The informal sector

- Refers to labour activities that fall outside the formal economy.
- Activities are mostly unregulated by government.
- Consists of a range of informal enterprises and informal jobs.
- May include self-employment in informal enterprises, for example workers in small unregistered or unincorporated businesses.
- Sometimes characterised by waged employment in informal jobs, e.g workers without worker benefits or social protection.
- Informal employees work in formal or informal firms, households or with no fixed employer
- Informal employees are also casual or day labourers, domestic workers, unregistered or undeclared workers, and some temporary or part-time workers.



Photo: Trevor Davies

Botswana: The CSO Informal Sector Survey of 2007 estimates that there are 40421 informal sector businesses. 67.6% of the informal businesses are run by women, compared to 32.4% by men. Most of the businesses can be found in the Wholesale & Retail Trade industry (40.5%), followed by Real Estate (20.3%) and Manufacturing (12.2%). Interestingly, female ownership dominated in nearly all categories, except for Construction and Health & Social Services. The survey found that as most informal businesses are likely to be run by persons without or with little education, the level of education contributes to the choice of operating in the informal sector.³⁶ Current statistics are not available to assess changes from the last barometer. This is an important economic sector for women that needs a proactive strategy to enhance economic diversification and growth with the view to increase incomes and employment. A more responsive gender policy, rules, regulations, and procedures are an important future step that is necessary for the improvement of this sector. The cross border trade

project undertaken by WAD and supported by the UN is an important intervention for women in the trade sector.



Malawi's Industry Policy (1998) has comprehensive provisions that, on paper, protect and provide an environment for entrepreneurs to flourish. It states that government shall "(a) Take remedial measures such as countervailing duties and anti-dumping measures and safeguards to protect domestic manufacturers and traders; (b) Ensure decentralization of registration of business names under the Business Names Registration Act; and (c) Ensure flexibility in the period of validity of business licenses". However the policy does not have specific policy interventions for women in the informal sector. Women are largely engaged in informal trade as many lack the means by which to progress through entrepreneurship to higher levels of trade which can accord them meaningful benefits. On the other hand the Microfinance Policy and Action Plan 2002 promote non-discriminatory conditions for financial loans. However a number of dynamics surrounding loans need to be appreciated. It is necessary to question the nature and ownership of such loans. When women get loans, who is it really that controls these loans and the businesses undertaken by women? In Malawi there is anecdotal evidence to suggest that often times men inadvertently end up being the ones who control women owned businesses.

According to the **Swaziland** Integrated Labour Force Survey, (2007-2008) women outnumber their male counterparts in the informal sector at the ratio of 2:1.



The report also notes that women tend to dominate in the low cadre employment areas whilst men dominate the technical areas. For example in the "Elementary



Municipal workers in Mbabane, Swaziland.

Photo: Susan Tolmay

Occupations" women outnumbered males by a ratio close to 3:1 (72 %:28%) and 38% of all women in the informal sector are employed in this section compared to only 24% males. Data shows that there are more women in the informal sector than males. Women constitute 63% of the informal sector while men constitute only 37 %. Most of the enterprises women are engaged in are home based or involve street vending. The majority of these ventures are not recognised by local municipal governments or only a few vending points are permitted making the majority of the street vendors illegal street vendors. This exposes them to local municipal law enforcers and state agents (police) to harass them and at times jail them and/or lose their wares. The Government of Swaziland acknowledges the lack of capacity and, even more importantly, the mandate to directly intervene in starting up and running businesses. The state does, however, recognise the imperative to create a conducive environment for these businesses that fall outside of the formal sectors to access credit. According to the survey, it is crucial that further research on the informal economy be done before any intervention strategies are formulated. As such a policy specific to the informal sector is yet to be developed.

South Africa: GTZ has conducted extensive research on South Africa's informal sector and the impact vocational skills training has on the lives



of those working in the second economy. According to the organisation's findings, 3.5 million South Africans are informally employed whereas about 9.6 million people work in the first economy. In South Africa, various skills training initiatives exist. The Joint Initiative on Priority Skills Acquisition (JIPSA) is one of them. Informal entrepreneurs who receive some form of training are more likely to see an increase in their profit, turnover and the size of their customer base, and make moves to formalise their businesses, such as opening a separate bank account or registering their companies.

Social networks have emerged as an important basis for facilitating trade in South Africa. These

networks revolve around friendships as well as kith and kin relations amongst women who spend large amounts of time, both travelling and working together. Networks are not confined to non-national women's groups such as Zimbabweans but also involve other foreign traders and South Africans. Research has shown that social networks are useful in improving the livelihoods of these women. Through networks these women gain support in marketing products, they can access preferred and reliable transport services and most importantly secure market niches.

Affirmative action and procurement

Women are still excluded from government contracts: The provision for affirmative action in procurement is potentially one of the most far reaching of the Protocol's provisions. Again, the research suggests that this is an area where there will need to be considerable work before 2015. However, there are some promising building blocks:



Mauritius: The Public Procurement Act was passed in 2006 and Article 22 of the Act highlights "Community and end-user participation - where the participation of the procurement end-user or beneficiary community may result in enhancing the economy, quality or sustainability of the service to be procured, or the very objective of the project is to create employment and involvement of the beneficiary community, such end-user or community may participate in the delivery of services in accordance with such procedure as may be prescribed." This clause of the Procurement Act facilitates bids by women.

South Africa: South Africa has the Preferential Procurement Policy Framework Policy Act, No 5 of 2000. The Act seeks to provide a framework for preferential treatment of women of all races, black people and persons with disabilities in procurement transactions as a means of addressing historical imbalances, to accelerate de facto equality. The Act includes a preference point system that must be followed and depending on the rand value of the transaction. The two possibilities are 80/20 and 90/10, and the use of these is dictated to by the rand value of the transaction. The 20 and 10 would refer to issues related to black economic empowerment. In addition, the specific goals of the tender may include; contracting with persons or categories of persons, historically disadvantaged by unfair discrimination based on race, gender or disability. The procurement at local government comes with weights for various categories such as women, but these points are not sufficient to make a contractor lose a contract as the main determinant is mainly the cost of the contract as opposed to the ownership by women. Some municipalities have targets that link to procurement, but it is unclear if this is a widespread practice and these targets are often institutional targets and therefore applicable across sectors.



Madagascar: A new public procurement system was adopted in 2004 in Madagascar (Act 2004-009 on 26 July 2004) and has been gradually implemented since 2005 through the adoption of administrative and procedural regulations. The new system aims at "ensuring efficiency in public procurements and sound use of public funds" (Article

4, Act 2004-009 on 26 July 2004). In principle, the system applies to procurements by the government, public institutions, decentralised collectives and their public institutions, any public or private entity whose resources come from public funds, and any company in which the State is a majority shareholder. Public procurement is subject to a bidding process starting at certain thresholds.



Malawian women are entitled to access public procurement opportunities as the country's Public Procurement law is not prejudiced against them. In spite of the cumbersome processes to access the opportunities women are participating with many progressing as a result. Notably the construction sector has seen many women undertaking projects as awarded by government. This is an encouraging sign and it is hoped that women's participation in this way will be promoted and adequately resourced.

In **Swaziland** there are currently no affirmative action interventions to ensure that women benefit equally from economic opportunities. The Swaziland Constitution makes provisions for affirmative action however the Procurement Bill does not carry specific gender provisions.



In **Namibia**, the Act covering procurement is silent on affirmative action measures to enable women access and benefit equally from economic opportunities. The tender board has 11 women and 26 men (20% and 80% respectively). Members are nominated and appointed from different ministries at the level of Permanent Secretary and directors. There are two members from the civil society and from the private sector on the Tender Board. The Act at the moment is under review, although it is not explicit about gender. The Director does not have specific percentage of women who have benefited from the tenders are SMEs (Small and Medium Enterprises). The Secretary to the Tender Board, Welma Enssle noted that women only tender for soft targets like textile, cleaning services, catering, and of late brick laying and construction. Although there are no figures to show the number of women who tendered, the majority are SMEs.



Procurement in Namibia is gender-blind.

Photo: Trevor Davies

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.

There are several factors hindering women from accessing credit and productive resources

in the region including poverty, powerlessness in decision-making, limited access to land, capital credit or cash, fertiliser or manure, technological training, and non-farm labour markets etc. Customary structures and institutionalised discrimination result in land exchanging between male hands. Women's lack of access to productive resources not only perpetuates the feminisation of poverty, but also negatively impacts on regional development as a whole. Often women are hindered from accessing credit and productive resources across the region by laws that require that married couples are in community of property. In many cases, through policy or practice, this places the husband as the administrator of the joint estate. Therefore, it is at the husband's approval that credit can be given.

In cases where banks and other financial credit institutions are not supposed to demand consent of their husbands, they tend not have the necessary collateral due to generally lower economic means coupled with malpractices around registration of assets to protect their interests. Furthermore, some assets such as livestock are dealt with along customary law lines which align property with a male head of households, even if it is not his as such, rendering access complicated for the actual owner. It is only single women and those married out of community of property, i.e. with an ante nuptial contract, who are almost on equal footing with their male counterparts. Theoretically, they can access credit and productive resources without a husband's overt or covert approval. However, even these women are at an inherent disadvantage, due to lower economic muscle.

Credit and productive resources

Specific initiatives are being taken: In some countries, relevant laws do exist, though women tend to lack knowledge of their existence. The same goes for programmes and financial allocations. Some in-country successes include the following:



In **Malawi** progress is being made amongst micro-finance institutions but challenges persist around women's control of this resource once they have secured

it. Interest rates within the more mainstream financial providers are relatively high and women borrowers are required to provide collateral they often cannot afford materials. These limitations in access to credit apply to both men and women who have limited resources. The Malawi Poverty Vulnerability Assessment Report (2006) indicates that both formal and informal credit institutions prefer to lend households that are more endowed both in land and income.³⁷

In **Seychelles** despite gender neutral loan criteria policies, women benefit proportionally less from these institutions compared to men. A case study of four financial lending institutions, CCA, Seychelles Credit Union, Development Bank of Seychelles and Nouvo Banque, conducted for the Seychelles CEDAW report found that women access less loans, both in quantity and value. Furthermore women tended to borrow for investment in low-profit yielding activities or for home improvement, whereas men borrowed to invest in strategic high profit-yielding businesses or to finance the purchase of luxury items.



The National Development Bank (NDB) in **Botswana** is one of the main parastatal banks that assists citizens to grow and expand their business ventures. In general, more men access loans at NDB than women: 30% and 10% respectively. Further, 58% of the loans requested by men are for farming businesses and 25% loans requested by women are for retail and manufacturing businesses respectively. This indicates that women and men are still operating in the traditional business sectors informed by their gender roles. As indicated by the Botswana MDG's 2010 progress report, access to and control of productive resources is still male biased. This is an important economic empowerment sector thus urgent affirmative action is required to enhance the economic participation of women.

Mozambique: There are programmes that exclusively target women (CMN, Kukula, Project Hope and Hunger Project) accounting for 9035 clients who benefit from microfinance provision in Mozambique, according to a study conducted by the Mozambique Microfinance Facility (MMF).



³⁷ Government of Malawi and World Bank, (2006). Malawi poverty vulnerability assessment, p.168.

Lesotho: Taking steps to empower women economically



Rural women in Lesotho face challenges accessing credit.

Photo: Trevor Davies

In Lesotho women and girls in the rural areas have great difficulty accessing credit. Most women do not meet the compliance conditions of financial institutions and do not have property to use as collateral. In response the Lesotho Government has recently given attention to ensuring access to these services. Processes to reform the relevant legal frameworks and establish micro credit schemes are also underway.

Legal reforms that allow women to access productive resources include: Legal Capacity of Married Persons Act 2006 which gives women and men equal legal status; the Land Act of 2010 which makes provision for inheritance of immovable property by the widow; joint titling of immovable property of couples married in community of property and how the immovable property is to be disposed or burdened. This requires the written consent of the spouses. The result is the protection of women's economic rights and gives security of tenure on immovable property. The *Companies Amendment Act No.7 of 2008* repeals the provision that

denied women the right to be directors of companies without the consent of the husband. Consent is no longer required and they are free to engage in business in their own right.

A significant development is the amendment of the Lesotho Bank Savings and Development Order which made reference to women's minority status as a limitation to accessing credit. These reforms ensure women's access to opportunities to acquire collateral, obtain loans or credit from commercial institutions and empower them to own and manage companies/enterprises. These developments demonstrate positive movements towards attaining the SADC Protocol provision to review all policies and laws including those that determine access to, control of, and benefit from, productive resources by 2015.

The following are micro credit schemes/programmes that have been established: Youth entrepreneurship micro-credit scheme; Village Savings and Loan Associations (VSLAs); ILO supported Know About your Business (KAB); BEDCO Entrepreneurship Training for SMMEs; Women's entrepreneurship development and gender equality (WEDGE); Rural Financial Intermediation Programme (RUFIP), and the RUFIP & MFDP entrepreneurship training Project; Support for Financial Inclusion in Lesotho (SUFIL).³⁸

One notable initiative is the Gender Equality in Economic Rights project of the MCA Lesotho. This project aims to create women's and girls' "equal access to economic resources and opportunities for their meaningful participation in economic growth". This is done through supportive laws and increased capacity and awareness to address gender equality in economic rights and improved knowledge. The envisaged project output is to have key men and women stakeholders trained in gender equality in the economic sector.

Land ownership

Land is the most important asset for households that depend on agriculture yet customary practices across Southern Africa continue to restrict women's ability to own or operate land. Women hold between 10% and 20% of total land in developing countries and this land is generally of a lesser quality than men's. This heavily impacts on the economic progress of countries largely reliant on agriculture for income.

While data on land ownership is patchy, the figures ranged from 11% in Seychelles to 25% in the Democratic Republic of Congo (DRC) and 25% Tanzania. In Lesotho the Household Budget Survey of 2002/03 found that 27.5% of male headed households owned fields (farm land) compared to a lower figure of 13.4% by female-headed households.

Women produce 60-80% of food in most developing countries. They own less than 1% of the world's land.

³⁸ MGYSR National Action Plan on Youth Employment, 2011/12-2015/16.

Botswana: Women farmers lead the way



Photo: Gender Links

In most countries there is hardly gender disaggregated data available on women farmers. Botswana, on the other hand, is proudly able to announce that it has 404 706 landowners of whom 186 699 (46%) are women: undeniably the highest proportion of women land owners in the region.

In Botswana, as in many other countries in the region, the agricultural sector is the backbone of the rural economy and the livelihoods of rural people. Data from a rapid assessment of the two government sponsored programmes in the agricultural sector indicate that women farmers are participating and benefiting from important poverty alleviation and economic empowerment programmes. There is a great potential for commercialisation thus increasing opportunities for employment creation, economic diversification and poverty alleviation. It is possible however, that a gender costing analysis of the programmes and others would give a better reflection of the extent of gender responsiveness.

One of the programmes that have direct impact on poor female and male farmers is the Integrated Support Programme for Arable Agriculture (ISPAAD). ISPAAD is designed to improve the productive performance of the arable sector. The establishment of Agricultural Service

Centers (ASC) assist arable farmers to acquire required inputs and draught power.

A rapid assessment of ISPAAD in 2009 indicated that 89 000 arable farmers benefit from the programme; that 89% of the farmers interviewed own land and that more females own arable land than male, (58% and 42% respectively).³⁹

The programme cost P159 million in the 2009/8 financial year, with the majority of beneficiaries women. However it is important to assess what kind of assistance female and male farmers receive as there are gender differences. For instance, more men received support for boreholes as they own the boreholes and this is expensive technology.

The rapid assessment indicates that women play a dominant role in food production and food security. In all the districts women are in the majority in the ISPAAD programme, and they invest more time and resources to contribute to food production at the household level as compared to men. The assessment further indicates that youth participation is very low and their access to productive resources, such as, land is limited confirming past research reports that the youth lack resources to participate in agriculture.

Of the beneficiaries of the Livestock Management and Infrastructure Development Programme (LIMID) 77% of the beneficiaries were women. Women, however, constitute the majority of the resource poor component and largely produce small stock, Tswana chickens and guinea fowl. This is consistent with the traditional role of women in primarily small stock and other home based livestock industries. While women constitute the majority of those benefitting from the P64 million a year programme, it is necessary to assess the nature of support received as there could be gender differences.



Malawi: The National Land Policy of 2002 promotes registration of individual and family title to customary land. It addresses land tenure insecurity associated with matrilineal or patrilineal marriages. Household land is registered as family land in the names of all members of the nuclear family. In the event of a husband or wife's death the spouse inherits the land.

South Africa: Although women in South Africa have been identified as a priority for land ownership through land reform since 1996, when the Land Reform Gender Policy Framework was released, words have not always been followed by action. The market led approach of land reform in South Africa has traditionally ignored and/or denied the needs of women, favouring "black farmers" and "heads of household"



(both predominately male groupings) as recipients of land redistributed through the South African Department of Land Affairs (DLA) land redistribution program.

The following measures and frameworks in the Department of Land Affairs help to drive the government's agenda on equitable redistribution of land: the Restitution Programme, Settlement implementation Business Process; Settlement Implementation Strategy; Land and Agrarian Reform Programme; and Women in Agriculture and Rural Development (WARD). The commitment to gender equality in the allocation of land is reflected in all policies, and Acts make specific references to meeting the needs of women as beneficiaries, for example, through the Communal Land Rights Act, 2004 (Act 11 of 2004).

³⁹ Ministry of Agriculture, (2010).

The White Paper on South African Land Policy provides measures that seek to enable women to access financial and support services. For instance the Home Loan and Mortgage Disclosure Act, 2000 extends credit to women and other historically disadvantaged groups. It encourages financial institutions to provide them with credit to acquire housing.

The commitment to gender equity in the allocation of land is reflected in all policies, and Acts make specific references to meeting the needs of women as beneficiaries, for example, through the Communal Land Rights Act, 2004 (Act 11 of 2004).

The Land Reform Gender Policy aims to create an enabling environment for women to access, own, control, and use and manage land as well as access credit for productive use of land. Land reform in South Africa has focused mainly on racially skewed land ownership more than gender imbalances. However, the establishment of the Commission on Gender Equality, the land reform Gender policy and implementation sub-directorate are important elements of the gender machinery in the country that are geared towards addressing the gender inequalities linked to land ownership. They have been instrumental in ensuring that gender issues are mainstreamed in all policy and strategic plans of the government. South Africa has set targets to increase the proportion of women who own land to 30% by 2015.

The 2004 Communal Land Rights Act was criticised because it placed too much responsibility for land administration with traditional councils. Since women are already marginalised and discriminated against under customary law, strengthening traditional leaders and customary law risks negative consequences for women especially widows, divorcees and unmarried women. The Act was amended to state that women are entitled to the same land rights and security of tenure as men.

During the period 1994 to December 2007, female-headed households constituted approximately 13.3% of beneficiaries of Land Redistribution and Tenure Reform Programmes. This varied considerably by province, from 8% in the conservative, rural province on Kwa Zulu Natal to 41% in the Western Cape.



According to **Seychellois** law, land can be owned by males and females; there are no gender specific provisions within the country's land policy. Available statistics indicate that farming is a male-dominated

domain. Female tenants have however increased in number, from 11% to 16% since the 2009 barometer demonstrating a 5% growth. In addition approximately 50% of agricultural land is still available for distribution.

The Agricultural Agency supports all farmers in getting access to financial or credit facilities and there are no gender preferences or implications. A notable development is that gender indicators have been integrated into the questionnaire for the upcoming agriculture census, to be conducted in August 2011. This should provide better statistics and shed light on the contribution of women in food provision and security.



There is progress towards putting in place relevant policies:

In **Malawi** the Food Security Policy (2006) recognises the role of women in food production initiatives.⁴⁰ The policy provides for increased access to credit by male and female farmers and the promotion of equitable distribution of income especially for women through the improvement of their knowledge of the market functions. Though such policies as well as land laws exist in Malawi, women generally have little to no knowledge of these instruments. According to baseline survey on women and land rights conducted by Action Aid and NiZA, in Dowa district, 84% of women had no knowledge of land laws and policies. In Mzimba district, 72% of women farmers did not have this knowledge. The research also showed that 27% of women who claimed to know their land rights were only referring to traditional land laws and not statutory ones.

Lesotho's communal land tenure system entitles all households to access land for shelter, farming and/or business activities in the urban areas. It recognises three types of land titles: leasehold, title deeds leasehold, and a "Form C"⁴¹. However, land ownership remains a challenge for Basotho as there are households without land or those that occupy land without title. The challenge is even greater for rural women. As indicated in the 2006 Census Analytical Report, men constitute 70% and women 30% of land owners in Lesotho.⁴² The Land Act 2010 provides for a leasehold system that streamlines land management and among other things, introduces a Land Authority responsible for land issues (allocation, management, fees and transfers). The Act introduces universal lease documentation as the basis for land "ownership" which may be transferred and used as a commodity. It improves on the gender blind customary and gender neutral Land Act of 1979 and ensures congruency with the Legal Capacity of Married Persons Act of 2006.



⁴⁰ Government of Malawi, (2006). Food Security Policy.

⁴¹ A "Form C" which regulated and documented the granting of land by the chiefs to individuals. The 1979 Land Act abolished Form Cs and provided for their conversion to leasehold.

⁴² Kingdom of Lesotho 2006 Lesotho Population and Housing Characteristics. Analytical Report, Vol. IIIB Socio-Economics Characteristics. 2009.



Much has changed in Lesotho over the last generation.

Photo: Trevor Davies

The Act has gender provisions for joint titling that guarantees equal security of tenure to every Mosotho man and woman. It grants joint ownership of land to spouses married in community of property regardless of their number, whether monogamously and/or polygamous married persons ensuring that every woman's name appears or is implied in the registration. The Act also provides for representation of women in land allocation structures. This is considered a breakthrough for women in Lesotho. This empowers women to control and own property in their right. It gives them direct access to economic benefits and enhances their household status and decision-making powers.

The most significant changes since enactment are the on-going systematic regularisation of land in urban areas and improvement of rural Land allocation processes.⁴³ This process which is gender sensitive as per Section 10 of the Land Act 2010 (entitling women to joint ownership of land) has resulted in data collection for adjudication of individual families' land rights. It is yielding positive results in helping women reclaim their land ownership rights.

Despite these great strides, there are some challenges regarding implementation of the Land Act provisions as it relates to joint ownership. It was not automatic for some couples to suddenly have joint land ownership. Interviews with an officer involved in implementation indicated that some women refused joint regulation and wanted to register in their names because they felt it was eroding their rights where they may have inherited the property from their parents. Also the process seemingly disadvantages women who have been in long-term cohabiting relationships/informal marriages. These women cannot be registered for joint ownership or titling without a proof of marriage though they regard their partners as their husbands and they have a stake in his property. Much work needs to be done in order to ensure women's property rights are fully realised.

Women's plots are generally smaller: Where women hold land, their plots are generally smaller than those held by men. This limited access to natural resources is caused by both legal and socio-cultural factors. Legal obstacles relate both to family and succession law and to natural resource law.



In **Tanzania**, where women hold land, their plots are generally smaller than those held by men. For instance, the average size of women's landholdings is 0.53 hectares (compared to 0.73 for men) in Tanzania. Recently, campaigns have been organised by CSO to

demand for the role of women in the production of food crops (Uhakika wa Chakula Marjorie Mbilinyi 2001). At present, government's concern with food security has prompted a national initiative to make sure there is enough food production, by giving subsidy to regions that are traditionally cultivation based.

Customary practices undermine ownership: The main dilemma in creating laws and government ministries to facilitate more gender parity in land ownership is that land allocation does not reside within one entity. Often there are conflicting authorities in the form of traditional

tribunals and legal structures, and these sit in stark opposition to one another. Even in countries that claim to have ownership laws which are "gender neutral" legally speaking, women are subject to customary laws that in turn, prevent them from acquiring land.

Approximately 41% of **Namibia's** land area consists of communal tenure farms operated by family units on land to which they have user rights. but no title while a further 44 percent of the total land area is made up of commercial farms operated by individuals



who hold title to the land. (Robin Sherbourne, Guide to the Namibian Economy 2009)

In terms of schedule 5 (1) of the Constitution communal land is vested in the Government of the Republic of Namibia. The Government undertakes to administer

⁴³ This process is part of a USD 20.5 million land administration reform activity was included under the private sector development project. The activity includes: (a) policy and legal reform; (b) Smallholder Agricultural Development Programme Resettlement Policy Framework systematic regularization of land in urban areas and improvement of rural land allocation processes; (c) modernization and improvement of land administration services; and (d) public outreach and awareness activities.

this land in trust for the benefit of traditional communities residing on such land and for the purpose of promoting the economic and social development of the Namibian people. The Ministry of Land, Resettlement and Rehabilitation (MLRR) was established to be the lawful custodian of land and tasked to redress the past imbalances pertaining to the distribution thereof. The policy states that it is government's policy to help Namibians to have access to land with secure tenure.

The Agricultural (Commercial) Land Reform Act No.6, of 1995, provides the legislative basis for the acquisition and distribution of land in the commercial farming area. Likewise, the Communal Land Reform Act provides for guidelines and regulations for acquiring and distribution of land in the Communal areas. Some gender sensitive provisions are that:

- The lease agreement will include both men and women.
- If the couple is unmarried, and the partner dies, the common law wife owns the land. The co-habitation

laws used to be seven years, civil society lobbied to reduce it.

- In accordance with Article 95 (a) of the Constitution, women will be accorded the same status as men with regard to all forms of land rights, either as individuals or as members of family land ownership trust.

The Ministry of Land and Resettlement does not keep gender disaggregated data of the beneficiaries of its resettlement programme, per region. In 2008 the Legal Assistance Centre published a report on the operation of the Communal Land Reform Act. The report stated that whilst the customary land rights of widows appear to be more secure now than at independence, widows continue to be vulnerable to property grabbing in respect of moveable property. Another problem is that many people are unaware of their rights under the Act. The report recommends that there should be more clarity on gender equality in land policy and legislation, that officials in the Ministry of Lands and Resettlement should receive training on gender issues, and that the principle of gender equality should be better integrated at all levels.⁴⁴



In **Zimbabwe** communal lands are owned by Chiefs. Women who live on communal land can only have access but not ownership. Women and Land in Zimbabwe (2009) undertook an audit of land ownership in A1 Communal scheme and A2 schemes. The research found 64% of the respondents who were married women had land registered in their husband's names. Single women who constituted 11% had land registered in their own names and four percent of divorced women had no land but had access through their fathers or brothers. 63% of widows had changed names of ownership after the death of their spouses.

But governments are making legislative provisions for women's land ownership: There are, however, various examples of provisions that are being made for women's ownership of land.

Tanzania: The constitutional right for women to own land is embodied in the Law of Marriage Act and the Land Acts. Part II Section 3(2) of the Land Act states "the right of every woman to acquire, hold, use and deal with land shall, to the same extent and subject to the same restrictions, be treated as the right of any man." The Act states that occupancy cannot be surrendered in order to defeat the rights of a spouse. The Village Land Act invalidates customary laws that discriminate against women, and recognises a wife's



rights to land on the death of a spouse or on divorce. It provides that "any rule of customary law or any such decision in respect of land held under customary tenure shall be void and inoperative and shall not be given effect to by any authority, to the extent to which it denies women, children or persons with a disability lawful access to ownership, occupation or use of any such land." The act also provides for allocation to women of a certain number of places on the Village Adjudication Committees and Village Land Councils, which have decision-making responsibilities concerning occupancy rights and land disputes. By law, both spouses must be registered and mortgages can only be issued with the consent of the spouse or spouses, who are entitled to a copy of the mortgage agreement.

Mozambique: The Land Act 19/97 states in its Art.10 that men, women as well as local communities have the right to the use of land. In Mozambique land cannot be sold, the property of land is exclusive to the State.



Zimbabwe: The Traditional Leaders Act as read with the Communal Lands Act gives traditional leaders the right to allocate communal land, and to consider customary law in the allocation of land. As a result, few women have been able to own communal land in their own right. In the same vein s15 of the Deeds Registries Act [Chapter 20:05] requires a married woman to be

⁴⁴ Ibid 30-33.

assisted by her husband in the execution of a deed when she seeks to having title to freehold land. In reality, most women have not been able to ensure ownership of this land due to collateral required by financial institutions for mortgages. S23 (3) (a) of the

Constitution provides that women and men shall be treated equally in the allocation of land. This amendment was introduced as part of the 17th amendment to the Constitution well after the land reform programme had been undertaken.

Zambia: Land policy guarantees ownership by women



Vincent Mbumwe (right), Information Specialist - Ministry of Gender, launching the 2010 Barometer in Lusaka . Photo: Mukayi Makaya

During the launch of 2010 Barometer in Lusaka, Vincent Mbumwe, Information Specialist in the Ministry of Gender, announced that the government had enacted a policy to ensure that 30% of the land is owned by women. While this is yet to be put into practice, the Ministry of Local Government and Housing as well as traditional leadership, the adoption of this policy, and its direct linkage to the provisions of the Protocol, mark a key breakthrough.

Men in Zambia still have more access to, control over and ownership of land in comparison to women. The few women who access, control and own land still face many challenges. This is the more so when the land is controlled by traditional leaders who apply customary practices.

The shift towards women owning land follows pressure from civil society, churches and other stakeholders. The policy entitles women to be allocated 30% of all advertised Council or state land. Women can then compete with men for the remaining 70%. The question is now whether the policy is truly benefiting women, and the chances of the target being met by 2015.

There are two types of land in Zambia: state and customary. The latter covers about 6% of the total land area. Customary land is held under customs and traditions governing land use and ownership. Under customary law, when one's husband dies, a widow

sometimes is chased from the land left for her by her late husband.

A case in point is that of a widow in Monze southern Province, Theresa Chilala, who had her homestead turned into a graveyard by relatives of her late husband. Until some civil society groupings intervened in her situation, relatives buried seven bodies in the back yard of her house. Chilala was tormented by her brother-in-law following her to marry him after the death of her husband in 1996. The traditional Tonga custom allows for a widow to be inherited by her in-laws after having sex with one of her dead husband's male relatives to free the widow from her husband's ghost.

Some of the actions being taken include:

- Government conducting countrywide consultations through the House of Chiefs to enable them to develop policies and strategies that assist women to acquire land.
- Review of current land policy.
- Sensitisation of traditional leaders on the need of giving land to women.

Challenges include:

- The process of acquiring land is still cumbersome. Potential land owners must approach the local authority that is supposed to advertise the land to the public. Applications must then be made for the land, and the Commissioner of Lands in the Ministry of Lands, acting on behalf of the national President, approached for a title deed. This title is then given after relevant documentation has been finalised and necessary surveys conducted.
- In some instances women are still not allowed to own land and control land under customary law. Their male relatives are instead entrusted to hold land rights on their behalf.
- Customary law also enables a widow's relatives to grab land and other property as well as interfere with the livelihood of her family.
- Despite being a signatory Zambia does not fully adhere to some international rights treaties such as the SADC Gender Protocol.
- The 30 percent policy is not fully benefiting women because most council land has already been taken. Implementation is slow.
- 90% of Zambian falls under traditional designation and only 10 percent under state. This means vast land that women should benefit from is still controlled by

traditional leaders who maintain cultural practices that bar women from acquiring land.

- Review of the Land Act is slow.
- Some financial institutions still require collateral for women to access loans from the banks to enable them buy land.
- Resources for land purchase are limited.

Out of the total number of 6 013 land offers issued in 2010, 1 167 offers were issued to women representing 19.4 % of the total offers issued. This was a slight increase in comparison to the number of offers issued to women in 2009.

Table 4.2: Land offers issued by gender from 2006 to 2010

	2006	2007	2008	2009	2010
Total number of offers issued	7 253	5 867	6 654	6 880	6 013
Number of offers issued to women	1 612	1 001	1 035	1 135	1 167
% of offers issued to women	22%	17%	16%	17%	19%

Source: Zambia Ministry of Lands 2011.

Figure 4.2 demonstrates that women still have a minority share in land in Zambia. While there is room for improvement the policy has helped improve the situation. Some of the measurable outcomes of the 30% policy are that more women accessing and controlling land; it provides policy and other initiatives to protect women; traditional leaders have increased awareness of the need to allow women to own land; successful government lobbying is taking place; cultural practices that prohibit women from controlling land are slowly being done away with; and women are more able to access loans from financial institutions because of successful awareness raising initiatives.

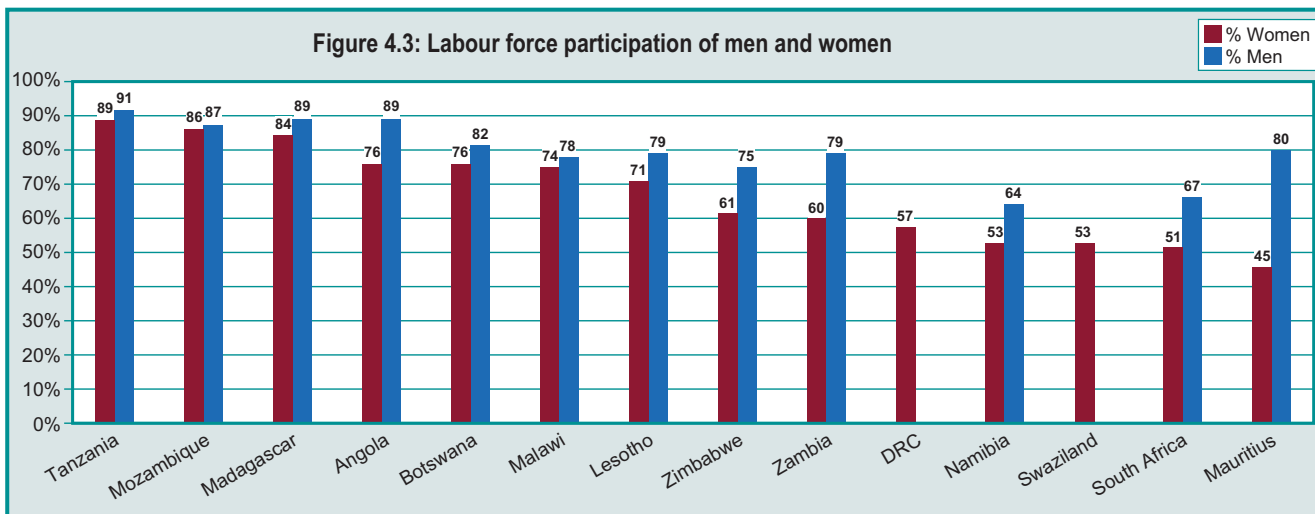
Although more work needs to be done in making more land accessible for distribution and in reviewing overall land policy, if fully implemented and followed, the initiative can be replicated in other countries and ensure women's economic empowerment through access to land.

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.

Figure 4.3: Labour force participation of men and women

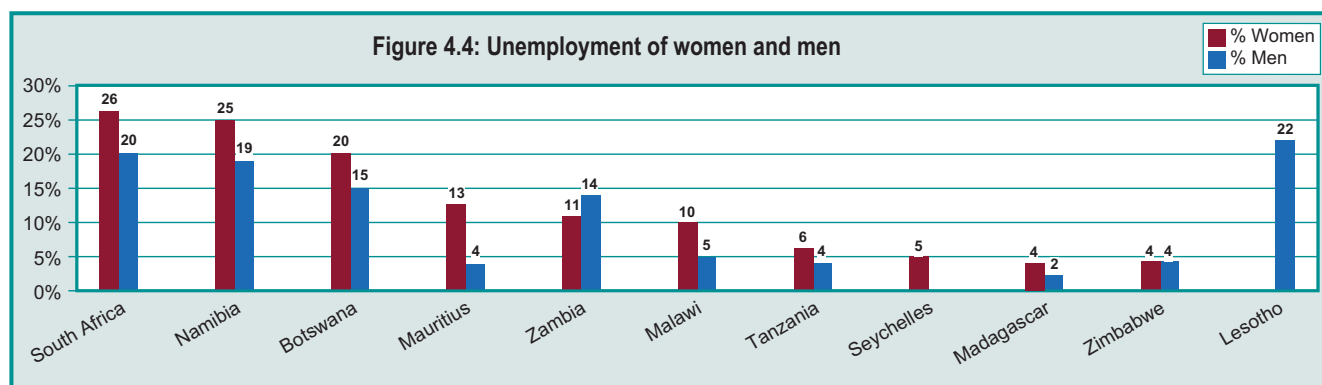


Source: UN Women, Progress of the World's Women: In pursuit of Justice 2010.

Global levels of women's labour force participation have been steadily increasing over the years, but in sub-Saharan Africa there has been little change:

Labour force participation refers to the number of people employed within an economy, and those who are unemployed but are looking for a job. These people of "working-age" are between the ages of 16 - 64. Students, homemakers and retired people under the age of 64 are not counted as part of the labour force. In southern Africa, labour force participation for women continues to lag behind that of men. The biggest gap is recorded in Mauritius where women's labour force participation is 45% compared to 80% for men. The

highest female labour force participation is in Tanzania (89% for women and 91% for men). Mozambique and Madagascar are also progressing well towards having all women (who are able to) participating in the economy at 86% and 84% respectively. Namibia (53%), Swaziland (53%), South Africa (51%) and Mauritius (45%) are lagging behind with around or less than half of women in the labour force. Angola (76%), Botswana (76%), Malawi (74%), Lesotho (71%), Zimbabwe (61%), Zambia (60%) and the DRC (57%) are beyond the halfway mark but require more effort to ensure that all women are enabled to participate fully in the economy.



Source: World Economic Forum, Gender Gap Index: 2010 Report.

More women than men are unemployed in Southern Africa:

Data from the World Economic Forum's Gender Gap 2010 Index (where available for Southern African countries) shows that South Africa and Namibia have the highest levels of unemployment in the region for both men and women. Botswana also has relatively high levels of women unemployed at 20%. Mauritius (13% women and 4% men) has the highest gender gap. Zambia (11%) and Malawi (10%) form the middle band of women's unemployment while Tanzania (6%), Seychelles (5%) and Madagascar (4%) have unemployment in the single digits. In Zimbabwe the levels of women and men's unemployment are equal and in the single digits.

Conditions of employment

All SADC countries provide for maternity leave but only six have paternity leave:

Across the region, all of the SADC countries provide some variation of maternity leave. The most common is for a period of 12 weeks, 4 weeks before and 6 weeks after birth. Some countries, such as Mauritius make accommodations for a still-born child, or Zambia, to encourage breast feeding. 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 have paternity leave. Ten of the 15 countries have equal retirement age benefits, with the others usually different on average 5 years between women and men, predominantly with women at 60 and men 65 years of age. Nine of the 15 countries have measures in place to address the issue of sexual harassment in the workplace.



Waiting to interview a bank official.

Photo: Trevor Davies

Table 4.3: Conditions of

Country	Maternity leave	Paternity leave
Angola ⁴⁵	Yes. 3 months paid ⁴⁶	No.
Botswana ⁴⁷	Yes. 12 weeks, 6 before, 6 after. During maternity leave a maternity allowance of not less than 25% of the employee's basic pay or 50 for each day of absence.	No.
DRC	Yes. Labor code.	Yes. Labor code.
Lesotho ⁴⁸	Yes. 2 weeks after 1 year employment in public sector. 6 weeks private sector. Public Service Regulations 1969 grant 90 days paid maternity leave to permanently employed female public servants.	No. There is a proposal for a Paternity Leave Bill to grant fathers a month's leave.
Madagascar	Yes. 6 weeks before, 6 weeks after for private sector. 2 months in the public sector.	Yes. The Labour Act grants 3 days of paternity leave for the private sector. 15 days for the public sector.
Malawi	Yes. Every 3 years, 8 weeks paid leave. In the event of illness arising out of pregnancy, affecting the employee or her child, the employer shall grant the employee additional leave as the employer may deem fit.	No.
Mauritius ⁴⁹	Yes ⁵⁰ . After one year of employment, 12 weeks, The Employment Rights Act (ERA) 2008.	Yes. A male worker shall be entitled to 5 continuous working days.
Mozambique ⁵¹	Yes. 60 days, after which she can take up to an hour a day for breast feeding, for one year unless otherwise prescribed by a clinician.	Yes. This consists of a two days consecutive or alternate leave during the thirty day from the date of birth of the child, every two years.
Namibia ⁵²	Yes. After one year, 3 months of unpaid maternity leave, 4 before, 8 after. The Social Security Commission will pay 80% of her normal pay for the maternity leave period.	No.
Seychelles ⁵³	Yes. 12 weeks paid leave, 4 before, 8 after. A female worker is not allowed to return to work before her paid leave is over.	No.
South Africa	Yes. 4 months. 4 weeks before, 6 after. The Act also entitles a woman undergoing miscarriage in the third trimester period of pregnancy, or bearing a still born child to maternity leave.	Yes. 3 days
Swaziland	Yes. 12 weeks.	
Tanzania	Yes. 84 days paid maternity leave.	Yes. At least 3 days
Zambia	Yes. <i>Employment and Industrial Relation Act</i> : After 2 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 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 normally provided for in a collective agreement.
Zimbabwe	Yes. S18 of the Labour Act provides for maternity leave of 98 days and s39 of the Public Service Regulations SI1/2000 provides for 90 days maternity leave.	No.

⁴⁵ 2009.

⁴⁶ However, there is no data on how many women benefit or know about this provision.

⁴⁷ 2009.

⁴⁸ Source: Labour Code 1992, Public Service Regulations 1969, Labour Code Wage (Amendment) Order 2007 and Interviews 2009.

⁴⁹ 2008.

⁵⁰ For a miscarriage, 2 weeks leave on full pay. For a still-born child, 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-hour or one hour for a period of 6 months.

employment

Retirement age and benefits for women and men	Sexual harassment
No. Women at 55, men at 60. In civil 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.
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 respective policies. Some institutions have incorporated sexual harassment policies.
Yes. Social Security Law.	Yes. Labor code and the Sexual Violence Law.
Yes. Most employment sectors including the public sector are gender neutral on these issues.	Yes.
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.
Yes. Anti-discrimination Act.	No. Not specific.
No. <i>First Schedule of the Employment Rights Act</i> up to the age of 65 years. A female officer recognising five years service may retire on ground of marriage irrespective of age.	Yes. Sexual Harassment is provided in Part IV of the Discrimination Act 2002.
No. 65 for men and 60 for women.	NA
Yes. Not specific, but for both male and female 55 early retirement, 60 full retirement.	Yes. A clause in the Labour Act, while difficult to define, condones sexual harassment.
Yes. 63 years and a monthly pension of Seychelles Rupees 2 100.	Yes.
No. 65 for men and 60 for women. ⁵⁴	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.
	No.
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
Yes. Both men and women retire at the age of 55.	No. Some organisations have in-house policies on sexual harassment. However, such cases if reported would be dealt with under the Penal code.
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 is 60 years 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.

⁵¹ 2009.

⁵² Labour Act/Reviewed 2007/8 (2007).

⁵³ Source: Employment Act, 1991 revised 1995.

⁵⁴ A case was brought by one gentleman who argued that the differentiation in terms of retirement age was discriminatory towards men.



In **Swaziland** employment conditions fall very short of being gender responsive. The provisions on maternity leave only include two weeks of full pay out of the 12 weeks leave that a woman is entitled to. As a result employers are not obliged to give female employees more than the stipulated two weeks pay. Women are then put under enormous financial constraints forcing them to cut short maternity leave in order to secure resources for their families. This falls short of the Protocol provisions that *State parties should provide protection and benefits for women during maternity leave.*

In practice government employees receive three months salary and other employers opt to pay for six weeks. While this is commendable it is not legally binding and leaves women vulnerable. The relevant employment legislation excludes the issue of paternity leave. This implies that the care of new born babies falls solely to women.

The Protocol also requires state parties to enact legislation defining and prohibiting sexual harassment in all spheres and to provide deterrent sanctions for perpetrators of sexual harassment. To date, the Employment Act remains silent on this very crucial issue and the negative effects on women who may be subjected to different kinds of sexual harassment in the work place. Sexual harassment prevents women from effectively executing their duties.

Women across SADC continue to earn lower wages than men and are employed in the less 'hard' industries.



Malawi's minimum wage is currently at 178.25 Malawian Kwacha (approx U\$1.17). This is significant when considering how people in the most vulnerable groups, especially women, struggle to earn a living. The Malawi Congress of Trade Unions notes that the wage is very low. Recent riots and demonstrations against fuel and foreign currency shortages in the country testify to the difficult circumstances. Women are largely employed in the informal sector. Factory work is still dominated by women; women often face abuses such as sexual harassment. According to the Population Census of 2008, out of the working age population, 50.2 % were males and 49.8 percent were females. It is therefore noted that more men were either employed or unemployed as compared to the number of females who were also either employed or unemployed.

The 2008 Population and Housing Census revealed that men dominate certain industries within the economy with little room for women to enter. Industries such as manufacturing, construction, electricity and water have more male employees. More females were recorded within agriculture and fishing sectors. Wholesale and

retailing had more men than women while industries like hospitality and food services were represented by more women.

The Constitution of Malawi (No. 24 of 1994) is specific in mandating gender equality (Section 13) and prohibiting discrimination (Section 23). Section 24 elaborates the rights of women. However, the means of enforcement of these rights are not specified other than in the general provisions of Section 46 of the Employment Act, referring to the Ombudsman and the Human Rights Commission.



In **Lesotho** more women than men are employed in the following industries: manufacturing and textile, services, hotel and restaurant, retail, education, private household activities, real estate and renting. Men dominate in: subsistence agriculture, industry, mining and quarrying, public administration, parastatal, the private sector, electrical industry, construction, and transport storage and communications. These classifications suggest that men dominate in sectors associated with political, economic and physical power, and women are in social power categories.

In April 2011 the Ministry of Public Service improved basic conditions of employment for public officers and paid specific attention to the practical needs of women so as to improve their participation in the service. Pursuant to the Public Service Act 2005 (S.14), Legal Notice No. 32 of Basic Conditions of Employment for Public Officers of 2011 introduces new conditions that give effect to the right to fair labour practices in the public service. The changes relate to working hours, shift work, time off, maternity leave entitlements and nursing periods. Maternity leave and nursing time have been revised to 90 days from 60 days, and two hours a day until the baby is six months. In addition public service personnel are permitted five days of compassionate leave in the event of a bereavement of a close relative including: spouse, parent-in-law and/or own child. This is a demonstration of gender responsive planning on the part of the Ministry and a major achievement for women in Lesotho given the expectations to fulfil cultural roles.



Seychelles: The Constitution or Employment Act makes no reference to paternity leave or the role of working fathers. However Order 102 of the Public Service Order (2011) makes provisions for sick leave for an 'employee' with a sick child aged below 12 years requiring care. The wording of Order 102 is gender neutral and does not discriminate against fathers. The Employment Act protects all employees from any form of harassment in general and the Public Officers' Ethics Act (2008) makes explicit reference to sexual harassment. However neither Act provides a clear definition of sexual harassment. The CEDAW state party report (2011) argues

that some of the cases of sexual harassment/discrimination may be hidden under the guise of unfair/unjustified termination of employment. It is also assumed that many cases go unreported because of ignorance of laws and policies, fear of reprisal and the reluctance of victims as well as witnesses to come forward officially. More research is needed in this area to better understand the situation and make recommendations for concrete action.



Botswana: Formal employment has been increasing over the years as the government has invested in industries that create employment opportunities

as well as create a conducive environment for private sector economic investment.

Table 4.4: Women and men in employment in Botswana

Institution	Male	Female	Total	% Women
Central Government	49 929	49 080	99 009	50
Local Government	21 420	38 903	60 323	64
Private and Parastatal	106 288	77 811	184 099	42

Source: Central Statistics Office 2010.

Table 4.4 shows that there is an equal proportion of women employed in central government; 64% in local government and 42% in the private/parastatal sector. However, women are in lower paying sectors such as hotels and restaurants, wholesale and retail, manufacturing, education and health occupations. The Amendment of Quarries and Mines Act allows women to work in mines. There is also the Amendment of Employment Act 2010 to enhance conditions of work for women. Botswana has signed a Decent Work Programme with ILO to ensure equal access to work, equal pay and social protection for women and men.⁵⁵

Skills development policies and programmes:

Throughout the region there are various skills development policies and programmes to increase women's access to employment.



DRC: The DRC has a policy and a programme for skills development in both the public and private sectors. The government plans to create skills

development programmes across various sectors such as education, development and economics. In the private sector, employers initiate such programmes for their staff. In the public sector, these programmes do not consider gender but they do in the private sector. It is within these structures that the specific needs of women can be monitored. In the private sector, employers are organising services to facilitate women's access to credit

and there is entrepreneurial training for specific groups of women and exchanges of experience from partners of the same field.



Lesotho: Lesotho does not have a skills development policy. However, skills development is dealt with within programmes of various organisations.

For example, the MOET provides for this under technical and vocational education. The MGYSR has established a skills development programme to develop entrepreneurial skills of young people. Unfortunately gender disaggregated data on beneficiaries of skills development programmes was not readily available. Women are said to be benefitting as participants, as well as being empowered to break into traditionally male areas of employment as well as being able to widen their space for employment opportunities.

Absence of paternity leave

In Lesotho, without paternity leave, women continue to be burdened with having to balance employment and domestic responsibilities. If proposals for granting of paternity leave go through this will be a major breakthrough for gender equality.

Mozambique: The National Institute of professional Training carry out skills development programmes. This institution is under the Ministry of Labour, and most of these programmes apply to small industry and services. Gender disaggregated data is not available.



Mauritius: The National Women Entrepreneur Council (NWECC), a parastatal body working under the aegis of the Ministry of Gender Equality, Child

Development and Family Welfare, is the main organization that provides support and assistance to both potential and existing women entrepreneurs in Mauritius. The NWECC acts as a driver and facilitator in empowering women entrepreneurs and aims to be a reference for promoting entrepreneurship inculcating the right business culture for women in Mauritius. Skills Development Programmes in 2010 covered marketing, quality management, human resource management, finance, information communication technology amongst others. In 2011 the project is intended to publish a directory of women entrepreneurs, publish a guide and sector brief as well as undertake a survey on women entrepreneurs.

Malawi: Technical and vocational development is regulated under the Technical, Entrepreneurial and Vocational



⁵⁵ Commission on the Status of Women: Statement by the Permanent Secretary to the Ministry of Labour and Home Affairs of the Republic of Botswana, (2011). CSW, New York.

Education and Training Authority (TEVETA) which is a regulatory body established in July 1999 by an Act of Parliament with the mandate to create an integrated TEVET System in Malawi that is demand-driven, competency based, modular, comprehensive, accessible and flexible and consolidated enough to service both rural and urban Malawian population. TEVET has a number of programmes including apprenticeship scheme, private sector training programme, skills development initiative, small enterprise development, on the job training. The TEVETA programme has gender targets for example the development of specific gender sensitisation materials for TEVET staff at all levels; gender aware career guidance; and the targeted recruitment of women. Despite these efforts, the number of women being trained in vocational skills is lower than the 30% policy for women's participation advocated by the TEVET.



Seychelles: The Ministry of Employment and Social Affairs Skills Development Programme registered 340 participants in 2010, the majority women. The Department of Employment also has the Skills Acquisition Programme (SAP) which caters for participants of all ages and education levels - across a wide range of activities. Unlike Skills Development Programme, SAP does not offer training sessions at the beginning. Participants are immediately placed within an organisation in the field of their choice. So far the majority of the participants have been women.

The macro-economic reform programme of 2008 forced the public sector to downsize the workforce. A total of 1487 workers, mostly women, exited the public sector in October 2008 through the Voluntary Departure Scheme. The re-training of former public service employees was then managed by the National Human Resources Development Council (NHRDC), whilst placements in workplaces after retraining were carried out by the Employment Department. As at December 2010, 1 111 VDS participants out of the 1 487 had secured employment.

Madagascar: Capacity building is an essential component of several national policies and programmes. The National Programme for Employment Support (Programme National de Soutien à l'Emploi - PNSE) specifies the strengthening of the skills of women. Key sectors targeted include agriculture, free zones, SMEs and crafts. Projects have been initiated and implemented for this purpose especially for unemployed women and girls who dropped out of school to help them integrate in the workplace. Gender disaggregated economic data remains a major challenge.



Crafts are high on the agenda in Madagascar.

Photo: Colleen Lowe Morna

Climate change and the SADC Gender Protocol

Climate change is a reality: The Intergovernmental Panel on Climate Change (IPCC) working group predict that Africa's warming trend will be 1.5 times more than the global trend and that Southern Africa will be about 3-4 degrees warmer by the close of the century. Already, Southern Africa has been experiencing a warming trend over the past few decades. It is now widely accepted that the sub-region's climate will be hotter and drier in the future than it is now. Droughts are expected to increase in frequency and intensity, with especially devastating consequences for the rural poor. Sectors most likely to be affected are water, agriculture, forestry, bio diversity and ecosystems, human health, urban environment and rural livelihoods.

A growing body of literature on the gendered impact of these changes is summarised in Table 4.5. On the other hand, many examples point to the key role that women have to play in climate change solutions. For example, Kenya's Greenbelt Movement, founded by Nobel Peace Laureate Wangari Maathai has planted 20 million trees in East Africa. In line with the inter-sector provisions of the SADC Protocol on Gender and Development, climate change presents a number of opportunities for enhancing gender equality including:

- Promoting cleaner burning fuel for household use that will reduce air pollution and cut annual cooking costs for women by 25%.
- Ensuring women and men's equal participation in into decision-making around climate change.
- Strengthening gender mainstreaming at all levels, especially local government, to ensure that women and men's specific needs are addressed.

Table 4.5: Gender and climate change in Southern Africa

AREA	GENDER DIMENSION
Food security	Productivity in Southern Africa is expected to drop by 20-50% in extreme El Nino years. Women are the main producers of staple crops, accounting for up to 90% of the rural poor's intake.
Water	Climate change is likely to exacerbate water shortages. Women are largely responsible for water management in communities and in the home. Shortages will result in greater time spent fetching water, exacerbate disease, and divert women from other economic pursuits.
Division of labour	Crop and livestock production changes could affect the gendered division of labour and have negative effects on incomes of women and men.
School drop out	Increased household chores may lead to larger numbers of girls dropping out of school.
Land	Women's already tenuous rights to land could be eroded further.
Transport	Men generally have a much higher carbon footprint than women as women use more public transport and walk on foot.
Health	Women are the most affected by ill health in communities as they bear the brunt of caring for the sick. Climate variability can fuel nutrition-related diseases and epidemics like malaria; increase the spread of vector and water borne diseases, reduce drinking water availability as well as increase cases of heat stress and respiratory illness.
Stress	Stress levels and related diseases may increase for both women and men. Because of expectations around providing for the family, men experience and express stress in different, often more devastating ways than women.
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 associated with families living together in open spaces, lack of privacy for dressing and bathing etc. Scarce resources exacerbate conflict and there is often a gender dimension to this.
Mortality	A study of disasters in 141 countries has shown that women and children are 14 times more likely to die than men (Neumayer and Pluemper, 2007).
Decision-making	Most key decision-making institutions relating to climate change have a male dominated hierarchy.

Source: Gender Links.

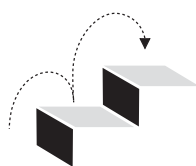
Although the Protocol does not mention climate change specifically, it has progressive provisions that can be used to advance a climate justice agenda. For example articles 12-13 provide for the equal representation of women in all spheres of decision-making. Articles 15-19 concern productive resources and economic development including easing the burden of the multiple roles played by women. In the context of climate change this means that gender equality and women's empowerment should drive climate change financing. The preamble of the Protocol

speaks of the spirit of ensuring: "the elimination of all gender inequalities in the region and the promotion of the full and equal enjoyment of rights". These same set of demands can be fought for within the climate change debate and negotiations. In Article 3, the Protocol makes reference to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). In August 2009 the CEDAW Committee adopted a *Gender and Climate Change*⁵⁶ statement which bemoaned the lack of a gender perspective in climate change debates.

⁵⁶ http://www.gender-climate.org/pdfs/Statement_of_the_CEDAW_Committee_on_Gender_and_Climate_Change.pdf

Momentum is mounting for an addendum to the Protocol on Gender and Climate change:

Mozambican members of the Southern African Gender Protocol Alliance (see Chapter 10 on implementation) are advocating an addendum to the Protocol on climate change. Although this issue can be read into existing articles, they point out that the matter is too important to be left to chance. Already, gender ministers in the region are taking a stand on climate change. This provides an important building block for further lobbying and advocacy on the issue (see Chapter 10).



Next steps

The ongoing global financial crisis is deepening with dramatic negative changes occurring in the richer economies of the world. Austerity measures and bail outs in places like Greece, Italy, other European economies, and the United States potential debt default, have a significant impact on southern African economies. Gender analysts' predictions of severe job losses with unprecedented effects on women and their levels of poverty have already come to pass in SADC

countries like South Africa and Botswana.⁵⁸ So while laudable progress has been made towards economic empowerment for women, trends such as the financial crisis and climate change require more deliberate action to ensure the 2015 Protocol targets are reached. There is still a long way to go before parity in economic decision making is reached. While several women in the region occupy strategic and influential decision making positions, more are needed in order to bring in new ideas, diversity and innovation into the workplace.

In Africa, women share the largest burden of poverty through entrenched and endemic gender inequalities perpetrated through the economic exploitation of resources and power. Due to the current opportunities brought about by the proliferation of building and construction projects, and the generation of subsequent spin-off industries throughout the African continent, popular movements in the sector have a pivotal role to prioritise women's involvement and participation in decision-making structures. The following are some strategies for change.

At the national level

- Economic literacy training on how the economy works.
- Strengthened data and statistical collection mechanisms - resource mobilisation to ensure disaggregated data is captured.



Women at work in Mozambique, often affected by flooding.

Photo: Gender Links

⁵⁸ Bureau for Gender Equality, (2011). Making the crisis recovery work for women! International Women's Day, 2011. International Labour Office (ILO). Available at: http://www.ilo.org/wcmsp5/groups/public/-dgreports/-gender/documents/briefingnote/wcms_151285.pdf.

- Initiate time use studies crucial for developing methodologies to quantify women's non-paid labour to national GDP. In so doing target division of labour and highlight unpaid work to make social reproduction visible and show how subsidies paid work.
- Encourage states to adopt gender responsive budgeting techniques as part of their costing, budgeting and resource allocation systems.
- Conduct and document results of analyses of growth in informal sector. Most countries demonstrate growth of this sector accompanied by substantial earnings. These trends must be observed in order to inform support to this sector where many women operate.
- Governments should encourage traditional leaders to ensure that women have access to land. Traditional leaders should be encouraged as partners towards women's empowerment.
- Ensuring that all SADC countries ratify and sign the Convention on socio-economic rights as well as making more visible the African Charter which has strong clauses on women's economic equality.
- Demand that social reproduction be given priority in policies and budget allocation this could be done by targeting social issues like water or HIV/AIDS as a target for the national budget to increase these budgets and disaggregate their distribution to benefit women. This could be done in all SADC countries particularly because a number of them announce budgets around the same time; women's hearings about the national budget could also be held.
- Link the issues to human development targets in the MDG's.

At regional level

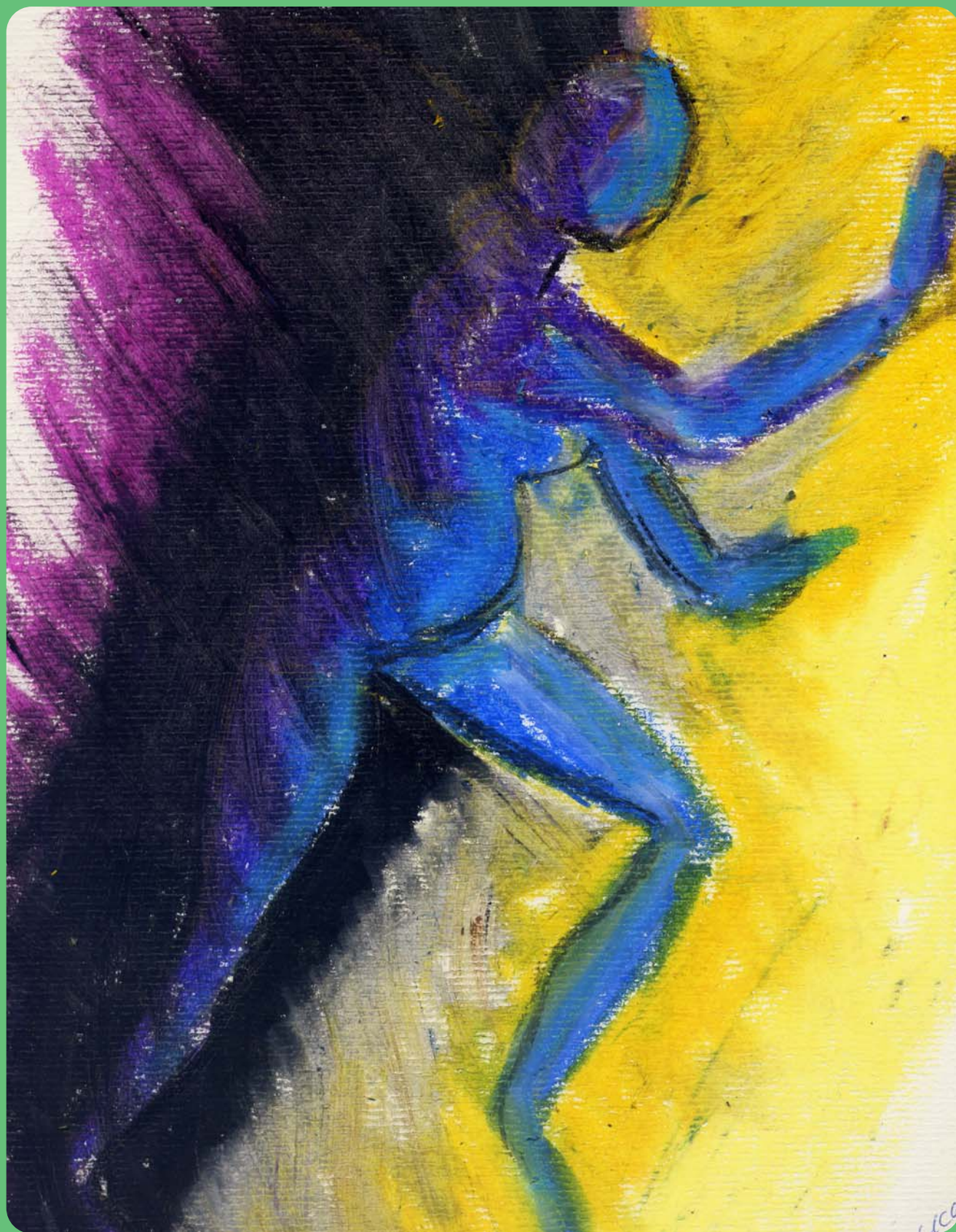
- Develop a commonly adaptable economic literacy manual.
- To pressure all SADC countries to sign and ratify the convention on socio-economic rights and place the African Charter in more prominence as it has a number of progressive clauses on women and the economy.



Practical economic literacy in Malawi.

Photo: Fletcher Gon'ga

- SADC Secretariat to assist member states to collect economic gender disaggregated data for compilation into a regional data base.
- SADC Secretariat to gather examples of best practise where women have been engaged to address problems facing them in their communities, thereby helping themselves and taking responsibility for their economic empowerment. These are to be compiled within each country for lesson sharing amongst member states.
- Use the Protocol to introduce issues related to gender and climate change, undertake dialogues with women in various communities to discuss how they see themselves responding to the challenges of climate change.
- Develop monitoring and evaluation tools to measure the success of policies and programmes aimed women's economic empowerment.
- Develop a regional response paper to the effects of the financial crisis on women in SADC.
- Make links between women's economic empowerment and statutory and legal instruments; ensure implementation of progressive laws.
- Tackle the issue of climate change head on, including through an addendum to the SADC Gender Protocol on gender and climate change.



"Zarina"

Anushka Virahsawmy



CHAPTER 5

Gender Based Violence

Articles 20-25



Namibian billboard by Ministry of Gender Equality and Child Welfare.

Photo: Colleen Lowe Morna

KEY POINTS

- Angola and Zambia bring the total to eleven SADC countries that have to adopted specific legislation on domestic violence; Zambia has developed a model Anti-Gender Based Violence Act (2011).
- The number of SADC countries with GBV legislation is set to rise to 14 with Lesotho, Seychelles and Swaziland next in line.
- Only seven SADC countries currently have specific legislation that relates to sexual offences. Only one country, South Africa, has specific provisions for Post Exposure Prophylaxis (PEP).
- A test case on marital rape in Botswana during the reporting period is a major breakthrough.
- Lesotho becomes the seventh SADC country after Mauritius, Madagascar, Mozambique, Swaziland, Tanzania and Zambia to pass legislation on preventing human trafficking.
- Three churches have adopted "the Zambian Church Declaration on Gender Injustice and Gender Based Violence".
- Local government councils beginning to develop Sixteen Day campaigns showcased at the annual Gender Justice and Local Government Summit.
- Thirteen SADC countries are at some stage of developing and/or adopting a National Action Plan (NAP) to end Gender Violence. Only Angola and Madagascar have no NAPs. Four countries have draft NAPs; five have adopted NAPs; one - Mauritius - is at an advanced stage of implementation. Lesotho and Mauritius have both adopted and costed their NAPs.
- The GBV Indicators Project is a regional research study that will provide baseline data for effectively measuring progress towards halving gender violence by 2015.
- The SADC Gender Protocol does not carry any specific provisions against GBV towards Lesbian, Gay, Bisexual, Transgendered and Intersexed (LGBTI) people. This is a growing area of concern that requires action.



A dramatisation of GBV during the 16 Days in Swaziland.

Photo: Trevor Davies

Gender Based Violence (GBV) continues to be one of the foremost concerns in the struggle to achieve gender equality in the SADC region. However most of the attention so far has centred *responding* to GBV through passing legislation rather than prevention strategies.

"If the numbers we see in domestic violence were applied to terrorism or gang violence, the entire country would be up in arms, and it would be the lead story on the news every night."

- Mark Green, Republican Representative Wisconsin, USA

SADC Member States may meet the target that requires States to "by 2015, enact and enforce legislation prohibiting all forms of gender based violence." The years of hard work by gender activists are beginning to pay off on this front. Zambia leads the way by passing an Anti-Gender Based Violence Act (2011).

However, states are falling short on the next bit of the same target: "Linked to this is the obligation that all laws on GBV provide for the comprehensive testing, treatment and care of survivors of sexual offences..." Apart from a few like Zambia which provides for the setting up of a gender based violence fund, many of the laws shy away from making budgetary and other comprehensive service commitments to survivors.

Almost all countries now have National Action Plans (NAPS) to end gender violence. A number of strategies contained in these action plans have been cited as good or promising practices in a Global Model Frame-

work for formulating National Action Plans to end violence against women developed by UN Women. This led to the development of a handbook to guide countries around the world. South Africa, Lesotho, Swaziland are some of the countries referred to in both documents.

But implementation remains a huge challenge. There are only four years remaining before the 2015 deadline to meet the GBV targets, including the main target of reducing by 50% current levels of GBV. However the full extent of gender based violence in Member States remains unknown so in many contexts it will be difficult to measure whether this target has been achieved.

There are pockets of progress in terms of **measuring gender based violence** over and above police statistics. A pilot study which measures all forms of gender based violence, the most comprehensive baseline study to date, has been completed in the Gauteng province of South Africa and is being conducted in Mauritius with Botswana.

The Gauteng results show that over half the women of Gauteng (51.2%) have experienced some form of violence (emotional, economic, physical or sexual) in their lifetime and 78.3% of men in the province admit to perpetrating some form of violence against women. These figures reveal the full extent of the problem but are absent from police statistics.

In 2010 there was an increase in reporting of violence against lesbian women directly related to their sexual orientation. In South Africa, there have been several reports of "corrective rape" and "hate crimes". In the Democratic Republic of Congo (DRC) sexual violence continues to be a weapon of war. In Zimbabwe the Organ on National Healing, Reconciliation and Reintegration and the Ministry of Women Affairs, Gender and Community Development have been grappling with the effects of sexual and other types of violations perpetrated against women as politically motivated violence.

The 2010 United Nations Secretary General's Report on "Intensification of efforts to eliminate all forms of violence against women" notes the need to respond to disturbing and constantly evolving new forms of women's violations. He emphasises the need for political will and commitment that will enable a stronger focus on prevention.¹

The UN Secretary General's UNiTE to End Violence Against Women campaign in 2010 gave further impetus to achieving provisions of the SADC Gender Protocol.

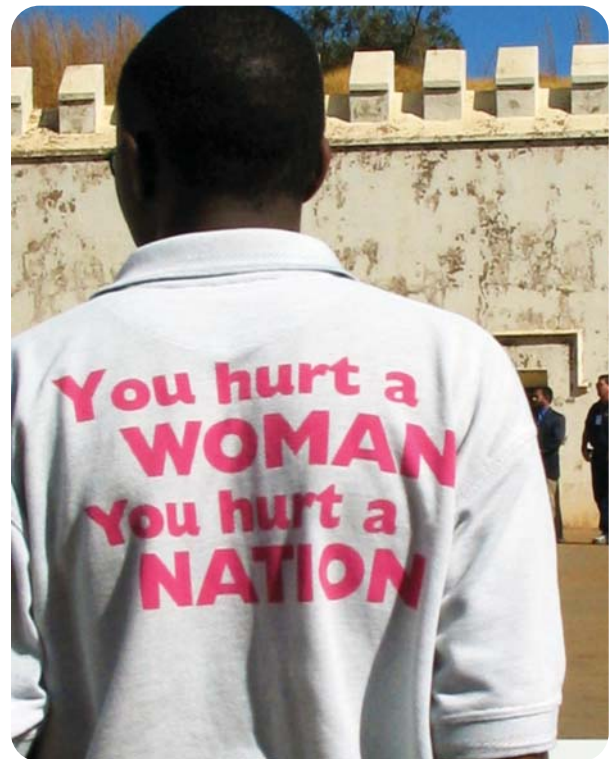
¹ United Nations General Assembly. (2010). *Report of the Secretary General on Intensification efforts to eliminate all forms of violence against women, Sixty-fifth session, Advancement of Women, August 2010*. New York, p. 14.

It has, however, become evident that to make progress towards realisation of the targets there is need to intensify work at the local level including through local government structures. As 2015 approaches it is necessary to pursue change, and demonstrate that it is possible, through a community by community approach. It is also imperative to place emphasis on agreeing on a set of indicators that can be applied across SADC to measure progress towards achieving the GBV targets set for 2015.

The gender based violence provisions in the SADC Gender and Development Protocol compel member states by 2015 to:

- 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.



Legal



The Protocol requires that State parties shall by 2015, enact and enforce legislation prohibiting all forms of GBV. Linked to this is the obligation that all laws on GBV 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.

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 (PEP) at all health facilities to reduce the risk of contracting HIV and preventing the onset of sexually transmitted infections.

While member states have passed a variety of laws to address GBV over the years, these legal instruments do not tackle all forms of GBV, especially “emerging” forms of violence such as trafficking and violations against sexual minorities. Table 5.1 summarises key

GBV indicators in the SADC Protocol and the progress that has been made in each country. The following are some key highlights over the year:

Two more countries, Angola and Zambia have adopted GBV laws, bringing to 11 the number of SADC countries that have such legislation:

Zambia has set an interesting new trend by developing an Anti-Gender Based Violence Act (2011) which is much more comprehensive than most Domestic Violence Acts. It is unique in providing for the setting up of shelters, an Anti-Gender Based Violence Fund and support services for the abused. The President of Angola José Eduardo dos Santos signed off a domestic violence law at the time of writing in July 2011.

TABLE 5.1: KEY GBV INDICATORS AGAINST THE

Targets	Angola	Botswana	DRC	Lesotho	Madagascar	Malawi
LEGISLATION						
Laws on domestic violence	Yes, Domestic Violence Act, 2011.	Yes	No	Domestic Violence Bill in progress.	Yes	Yes, Prevention of Domestic Violence Act.
Laws on sexual assault	No	No	Yes	Yes, Sexual Offences Act 2003.	Yes	No
Comprehensive treatment, including PEP		Only PEP policy not law; provided through Primary Health Care System - only at hospitals by medical doctors.		Yes, compulsory testing of HIV of alleged rapists.	Yes	No law but Sexual and Reproductive Health policy provides limited treatment from health facilities.
Specific legislative provisions to prevent human trafficking	No	No specific; Penal Code provision. Attorney General drafting Bill expected in parliament sometime in 2011.	No	Yes, Trafficking in Persons Act, 2011.	Yes, Penal Code provision. Anti-trafficking law.	Law Commission in the process of developing the Bill has received technical support from IOM in developing legislation.
Sexual harassment	No	Legislation recommended as part of Employment Act.	Yes	Yes, provided for in the Labour Law and Public Service Act, regulations and codes of good practice.	Yes	The Malawi Constitution (Sect. 24 (2) (a)). Few private sector organisations have made their own policies.
SERVICES						
Accessible, affordable and specialised legal services, including legal aid, to survivors of GBV	Yes	No; NGOs provide this.	Yes	Ministry of Justice legal aid service stretched; NGOs step in.	No	Through Legal Aid Dept. With limited funds and human resource; some NGOs also provide this.
Specialised facilities including places of shelter and safety		Minimal state support; mostly NGOs. Social Services Department provides psych-social support.	Yes	Yes, significant state supports.	No	Minimal state support; Victim Support Units under Malawi Police Service provide this but need much support. Few NGOs provide this.

PROVISIONS OF THE SADC GENDER PROTOCOL

Mauritius	Mozambique	Namibia	Seychelles	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Yes	Yes	Yes	Yes (Family Violence Act). According to GBV National Action Plan - Domestic Violence Act to be in place by end 2011.	Yes	Sexual Offences and Domestic Violence Bill Gazetted on 10 July 2009 further tabled before both houses of parliament.	No	Yes, The Anti-Gender Based Violence Act, 2011.	Domestic Violence Act.
No	Yes	Yes, Combating Rape Act 1999.	No	Sexual Offences Act.	Yes, criminalised under Common Law.	No	No - covered under Penal Code	No
Only in policy. Health centres offer treatment but no means of enforcement through the law.	No	Only in policy; limited awareness amongst women.	Only for health care workers or by request.	In Sexual Offences Act.	No, the One Stop Centre almost complete.	Not specifically for survivors of sexual assault.	Policy in place; limited access because often survivors report too late.	No
Yes, Combating of Trafficking in Persons Act of 2009.	Yes	No specific; housed in Prevention of Organised Crime Act, 2004.	No laws, limited discussion.	No laws, reference can be found across different pieces of legislation. The Prevention and Combating of Trafficking in Persons Bill exists.	Yes, People Trafficking and People Smuggling (Prohibition) Act, 2010.	Yes, Anti-Trafficking in Persons Act of 2008.	Yes, Anti-Human Trafficking Act of 2008.	No specific, but mentioned in Sexual Offences Act.
Labour Act; Sex Discrimination Act.	Brief mention in labour law; never tested.	Labour Act	Ministry of Education policy; Ombudsperson; subject is taboo.	Basic Conditions of Employment; Labour Relations Act; recent legal precedents.	Crimes Act of 1889 - "inappropriate sexual behaviour"; outdated! New progressive proposed provision in the Sexual Offences and Domestic Violence Bill.	Penal Code and Sexual Offences Act.	No; Penal Code is under review in order to criminalise harassment of both children and adults.	Labour Relations Amendment Act, under "unfair labour practice."
Yes, 6 Family Support Bureaux are in operation through the Ministry of Gender. Psychological counselling and legal advice are provided to survivors of GBV.	Limited government support but services from Association of Women Lawyers.	Yes, Ministry of Justice: Legal Aid Directorate.	Yes, partly.	Yes through the Legal Aid Board, plus NGO support. Sexual Offences Courts.	No, only NGOs notably Council of Churches, SWAGGA& WLSA.	No, only NGOs.	Ministry of Justice Legal Aid and WLSA legal aid clinic. Legal Resource Foundation; International Justice Mission.	Limited through Ministry of Justice Legal Aid. NGOs also offer e.g. Musasa Project and WLSA.
Yes but limited, operated by National Children's Council, NGOs and a Trust, partly funded by the Ministry.	NGOs main provider of services but face resource constraints.	Mainly NGOs; stretched.	Very few government or NGO facilities that address a variety of social problems.	Yes, Thuthuzela Centres operated through National Prosecuting Authority (NPA) - Sexual Offences and Community Affairs Unit (SOCA); Sexual Offences Courts.	No places of safety. One government Halfway House and 2 independent ones.	No places of safety- only police stations.	Government in process of setting up shelters under umbrella of Coordinated Response Centres; Few NGOS like YWCA.	Limited state support; Victim Friendly Units within police stations and courts.

Targets	Angola	Botswana	DRC	Lesotho	Madagascar	Malawi
CO-ORDINATION , MONITORING AND EVALUATION						
Integrated approaches: National Action Plans	No	Draft National Action Plan to End Gender Based Violence.	Yes	Yes	Yes, but coordinated by civil society.	Yes
By 2015 construct a composite index for measuring gender based violence		No index yet.	Yes	No index yet.		No index yet.
By 2015 provide baseline data on gender based violence		No GBV baseline data collated yet.		No GBV baseline data collated yet.		Malawi Police Service has just begun this, need for other players to come in.

Zambia: Anti-Gender Based Violence Act passed



The Anti-Gender Based Violence Act (2011), signed off by Zambian President Rupiah Banda in April 2011 is a major step forward in the fight against gender based violence (GBV) in Zambia. One of the most comprehensive laws on GBV in SADC, the Act gives hope to many women and children who have been subjected to GBV without adequate recourse. It offers a comprehensive framework for protection and means of survival for victims and survivors of GBV as well as prosecution of perpetrators.

Gender-based violence continues to be a problem in Zambia with the number of reported cases on the rise. According to figures, one in five women has experienced sexual violence at some point in their lives. Of all the forms of violence, spousal abuse or domestic violence was the highest form of abuse reported. If implemented by the government agencies and other role players, this will contribute to reducing levels of gender based violence.

The Act comes after more than ten years of advocacy for a comprehensive and effective piece of legislation and has been received well by all sections of Zambian society and, particularly, women's organisations. The years of ground work have paid off because unlike other SADC countries that have specific domestic violence Acts, Zambia has an anti-gender based violence law which is more far reaching and comprehensive.

The Act takes its inspiration from the gender based violence provisions of Articles 20 - 25 of the SADC Protocol on Gender and Development which calls on States to enact and enforce legislation prohibiting all forms of GBV; discourage traditional norms including social, economic, cultural and political practices; public awareness programmes; adopt integrated approaches; provision of specialised facilities including support



Zambians marching for their rights.

Photo: Gender Links

mechanisms for survivors of GBV among other obligations.

This is one of the few GBV Acts in SADC that specifically provides for:

- The establishment of a Gender Based Violence Fund to assist victims.
- Establishment of an all-inclusive GBV Committee.
- Establishment of shelters.
- Provision of emergency monetary relief.
- The addressing of harmful traditional practices.

There are, however, some shortcomings identified by organisations like Women in Law in Southern Africa (WLSA). For example the term "domestic relationships" excludes some forms of gender violence such as violence associated with prostitution; violence at the work place;

Mauritius	Mozambique	Namibia	Seychelles	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Yes, National Action Plan on Domestic Violence adopted by cabinet in 2007.	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 adopted.	365 Day National Action Plan to End Gender Violence launched.	National Plan of Action to End Gender Violence in Place since 2001.	Draft National Action Plan to End Gender Violence in place.	National Gender Based Violence Strategy and Action Plan in place.
In the pipeline.	No index yet.	No index yet.	No index yet.	No index yet.	No index yet.	No index yet.	No index yet.	No index yet.
In the pipeline.	No GBV baseline data collated yet.	No GBV baseline data collated yet.	No GBV baseline data collated yet.	No GBV baseline data collated yet.	No GBV baseline data collated yet.	No GBV baseline data collated yet.	No GBV baseline data collated yet.	No GBV baseline data collated yet.

violence by the police and security forces including torture of detained women.

The Act targets:

- Perpetrators of GBV.
- Judiciary who handle cases of GBV when taken to court.
- Police service.
- Government departments.
- Women and men.
- Civil society, the church and other stakeholders.
- The nation at large.

Government agents and civil society have begun disseminating and sensitising the public on the provisions

of the Act and training the judiciary; a communication strategy and putting together a National Gender Monitoring and Evaluation Plan. This is being done in tandem with the reviewing of the National Gender Policy.

Challenges to be overcome include effective implementation; limited financial and human resources; weak monitoring and evaluation strategies; slow court trials; public awareness, especially in rural areas; and types of violence not catered for by the Act. But the Act sets a precedent for other SADC countries. It is a good practise that can and should be replicated.

The number of SADC countries with GBV legislation is set to rise to 14: It is anticipated that Lesotho, Seychelles and Swaziland will soon also adopt domestic violence legislation, increasing the number of countries with such legislation to 14. The National Action Plan on GBV in Seychelles demands a Domestic Violence Bill by the end of 2011.

Sexual violence is playing a significant part in the propagation of HIV and AIDS: Young girls, usually orphaned as a result of AIDS are increasingly a high risk group. Owing to poverty, desperation and reliance on guardianship they are faced with a future of sexual abuse or violence. This violence is perpetrated by

Only seven SADC countries currently have specific legislation that relates to sexual offences. In these countries sexual offences legislation has expanded the definition of rape and sexual assault. In South Africa for example, the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 includes anal penetration and a provision that a man can be raped by another man and a woman by another woman.

The link between GBV, HIV and AIDS is weak in legislation: With the exception of Lesotho (Sexual Offences Act), South Africa (Sexual Offences Act) and Zambia (Anti Gender Based Violence Act) most laws do not cater for the link between gender violence, HIV and AIDS.



Sixteen Days, marching against rape led by Women Against Rape, Maun, Botswana.

Photo: Vincent Galathwe

guardians or other men when as heads of households they are forced to leave school and enter the sex trade in order to survive. Some girls who end up on the streets face similar abuse.²

Only South Africa has a legislated provision for Post Exposure Prophylaxis: Botswana, Mauritius, Namibia and Zambia have provisions in policies but not law which makes this less enforceable. Eight of the SADC countries - Botswana, Lesotho, Mauritius, Malawi, Namibia, Tanzania, Zambia and Zimbabwe - do not have legislation that gives GBV survivors automatic access to Post-Exposure Prophylaxis (PEP) and medical attention to prevent sexually transmitted infections.

Even when there is PEP provided for by law, it is not always accessible to all GBV survivors. To be effective PEP has to be administered within 72 hours of exposure or earlier. The challenge of access is compounded in rural areas where distances to medical facilities are often far. Botswana is taking measures to increase support in rural areas through. South Africa is leading

in the provision of PEP through Thuthuzela One Stop Centres.

Marital rape remains a contentious issue in SADC and the Protocol does not recognise this as a crime. High HIV infection rates amongst married women as a result of unequal power relations and their inability to negotiate safe sex calls attention to this type of GBV. Repeated marital rapes increase risk of infection, as well as the possibility of disability as a consequence of the violence. Because of the duality of many SADC legal systems with conflicting formal and customary law, it is difficult for many women to get access to or even be aware of legislation that can protect them from domestic violence. Marital rape is not criminalised in Malawi, Tanzania and Zambia; in Tanzania it is only illegal in the event that the couple is separated. In Lesotho, Namibia, South Africa and Swaziland sexual offences legislation deems rape within marriage illegal. In Zimbabwe marital rape is recognised and criminalised but prosecution of a husband can only be instituted through the authorisation of the Attorney General.

Botswana: Marital rape case breaks new ground

Marital rape was one of the most contentious issues in the negotiations on the SADC Gender Protocol, with many countries resisting any explicit reference to it. Although Botswana is not a signatory to the Protocol, advocacy around it has paved the way for test cases and progressive legislation. A test case on marital rape in this socially conservative country during the reporting period is a major breakthrough.

On 2 December Magistrate Thabo Malambane issued an order interdicting a man from physically, verbally,

sexually and emotionally abusing his wife of six years. This followed an urgent application restraining the man from going to his wife's workplace and causing misconduct intended to embarrass and humiliate her.

In her affidavit in terms of Section 7, sub-Section 2 of the Domestic Violence Act (2008), the mother of three girls aged nine, seven and five whose name could not be revealed as she is currently seeking refuge at a Woman's Shelter, said that trouble started after she became pregnant in 2006. She stated that they decided to go for an HIV test together, where the husband was diagnosed as HIV positive, while she tested negative. She said following this turn of events her husband's behaviour towards her changed dramatically.

"He started demanding to have unprotected sexual intercourse with me and I tried to make him understand that this was not a good idea, further that we had been advised by doctors that we should at all times use protection as this was crucial for our own health and well being," she said.

She explained that she had told her husband that his constant demands to have unprotected sex with her would put her at risk of contracting HIV. "I wish to state that this marked the beginning of a turbulent relationship. He started abusing me physically, sexually,



The Women's Shelter in Botswana provides refuge to survivors of domestic violence.
Photo: Gender Links

² Human Rights Watch. (2002). *Suffering in Silence: Links between human rights abuse and HIV transmission to girls in Zambia*. Human Rights Watch, New York. Available at: [<http://www.preventgbvafrica.org/resources/country/zambia>]. Accessed 6 July 2011.

emotionally and verbally," she said in her affidavit. She revealed that her husband would, despite her resistance to his risky sexual demands, proceed to force himself on her on many occasions since they learnt their status in 2006, the most recent being sometime in October and 5 November 2010.

She said every time this occurred she would move away from the matrimonial home to go and stay with her sister in Tlokweng but he would come and drag her from there demanding and threatening that if she does not return to their home he would burn down her sister's house. "My sister has witnessed the said incidents," she said.

The distraught woman further stated that sometime on or about October 2010, her husband went to her workplace and made suicidal threats that he was going to crash the car he was driving into the building but was prevented from executing his plan. She stated that following the incident, she reported the matter to Naledi Police Station and her husband was charged with common nuisance.

Her husband, she said started humiliating her by insulting and degrading her by constantly telling her that she could not satisfy him sexually and would also issue emotionally degrading profanities at her. He is said to have compared her to his female friends and to have added that she was an obstacle in his life.

"The situation at home is now affecting our children adversely and I now fear for their well-being as well," she said adding that fearing for her life, she sought refuge at the Women's Shelter on 6 November 2010 after he had physically assaulted her and forced himself on her without protection.

"His unreasonable behaviour is putting my life at risk of contracting the life threatening disease. I have and continue to suffer harm, not only physical wellbeing but psychological. I am fearful of what may happen to my life if he is allowed to continue abusing me," she said. Her husband was also restrained from going to his wife's sister's house in Tlokweng. He was given until 20 December 2010 to give reason why the order should not be made final.

(Source: Article by Chandapiwa Baputaki; www.mmegi.bw; 3 December 2010 (Vol. 27, No. 183).



The Protocol calls on States by 2015, to review and reform criminal laws and procedures applicable to cases of sexual offences and GBV to eliminate gender bias; and ensure justice and fairness are accorded to survivors of GBV in a manner that ensures dignity, protection and respect.

Efforts to make criminal laws and procedures gender-sensitive underway but their effectiveness may be in question: Ten out of the 14 SADC countries reported making some effort towards this end with

only Lesotho, Madagascar, Mozambique and Seychelles saying that they had not. However, as illustrated in the case of Botswana below, what is said on paper may not always correspond to the reality on the ground.

Botswana interrogates police service delivery

The Botswana Police Report of 2008 states that due to the patriarchal nature of the criminal justice system and its agents, most women would find it difficult to report domestic violence in the first place and examines some of the issues women face in reporting GBV.

The Botswana Police Service found that police officers need more specific training in handling of GBV cases. Even though the Domestic Violence Act was passed in 2008, domestic violence is still not considered to be a serious crime and the response of the legal system to GBV is still inadequate (BPS, 2008).

A survey by the Botswana Police Service on the handling of GBV also noted that, of the 15 police stations identified in 2008, women constituted only 24% of the police force. This means that when a woman wants to report a violence-related case, there is a high possibility that there will be no female officer available to attend to her, as is legally required.

The Botswana Police Service recognised in its report the need for more inter-sector collaboration between the legal, medical social and psychological service providers to provide legal and medical support to survivors of GBV and encourage success to PEP.



Human trafficking



By 2015 states are also expected 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; put in place mechanisms by which all relevant law enforcement authorities and institutions may eradicate national, regional and international human trafficking networks; put in place harmonised data collection mechanisms to improve data collection and reporting on the types and modes of trafficking to ensure effective programming and monitoring; establish bilateral and multilateral agreements to run joint actions against human trafficking among countries of origin, transit and destination countries; and ensure capacity building, awareness raising and sensitisation campaigns on human trafficking are put in place for law enforcement officials all parties.

Significant progress has been made in passing anti-human trafficking legislation: Lesotho enacted the Trafficking in Persons Act in 2011 to become the seventh country to have a specific and comprehensive anti-trafficking law joining Mauritius, Swaziland, Madagascar, Mozambique, Tanzania and Zambia. Botswana, Malawi, South Africa and Zimbabwe have drafted anti-trafficking legislation that awaits adoption while Angola, DRC, Namibia and Seychelles have none in the making.

Twelve Southern African countries have signed the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children commonly known as the Palermo Protocol. Mozambique was the last to ratify in 2006 but the first to pass legislation so there is still time for countries to pass the necessary laws if both state and non-state actors work together as demonstrated by Mozambique.

Only two Southern African countries, Mauritius and Tanzania, responded to the UNSG's request for information on trafficking in women and girls during 2010.³ It is however anticipated that SADC states will prioritise reporting on the SADC Strategic Plan of Action to Combat Trafficking in Persons, especially Women and Children. This regional strategy adopted in March 2009 is a ten year plan (2009 - 2019) incorporating human rights principles and prioritises the child, women and non-criminalisation of victims of trafficking.⁴ Specific laws on human trafficking will assist in the development of data gathering systems, improving internal state security and immigration systems and monitoring progress overall.

Statistical challenges persist: At least two thirds of the countries in the region have state task teams

or inter-ministerial committees primarily responsible for addressing trafficking. But the documentation of trafficking in people, in particular women and girls remains a complicated exercise resulting in limited and often unreliable data collected on prevalence. As a result there remains limited certainty on the nature and extent of the problem in the region. But available data suggests that SADC countries need to be vigilant.



Angola is identified as both a source and destination country for men, women and children all subjected to sex trafficking and forced labour.⁵ The country has no specific law on human trafficking however the government has demonstrated some effort to comply with minimum international standards for eliminating trafficking. The penal code has not been updated to include this crime and as a result the state agencies have done little to investigate or prosecute allegations of trafficking. While some international reports allege official complicity in the illegal movement of people there are a few advances in protection, although limited, that can be reported. Angola offers some services for victims of trafficking and has made progress in repatriating victims. These steps forward are constrained by the availability of resources and safe places; the ability of relevant authorities to identify victims is limited. Data on human trafficking is scanty across the region thus hampering any significant estimation around prevention. In Angola however, the Cross-Sectoral Committee on Trafficking in Persons comprised of representatives from various ministries has the responsibility of coordinating government efforts against trafficking.⁶ The existence of this body represents an opportunity for more work around prevention to be done.

³ United Nations General Assembly. (2010). Report of the Secretary General on trafficking in women and girls, Sixty-fifth session, Advancement of Women, August 2010. New York.

⁴ Southern African Development Community (SADC). (2009). Record of SADC Ministerial Meeting on Trafficking, Especially Women and Children, May 2009. Maputo, Mozambique.

⁵ United States of America, Department of State. (2011). Trafficking in Persons Report, Country Narratives, June 2011. United States of America, p. 66.

⁶ Ibid, p. 67.



Botswana is a “source and destination country for women and children subjected to forced labour and sex trafficking”.⁷ Allegations also exist of

organised prostitution of underage girls in Gaborone.⁸ There are efforts towards complying with minimum international standards of combating trafficking notably launching of government anti-trafficking campaigns in conjunction with UN agencies in 2010. Progress towards finalising specific legislation is slow however a final document is anticipated by the end of 2011. The absence of specific legislation poses challenges for government agencies to identify offenders and therefore prosecute the same. Prosecution is only possible through use of a variety of legislation with components that criminalises trafficking. Commendable efforts in 2010 were around training law enforcement officials to investigate and identify cases of trafficking although the dilemma of few social services to assist victims of human trafficking persists. Endeavours towards prevention summarised in Botswana’s draft national action plan begun in 2008 but remains with no coordinating body.⁹ This action plan did result in a national committee that oversaw various campaigns during the 2010 World Cup tournament hosted by neighbouring South Africa.

The **DRC** is both a source and destination country for people who have been trafficked and victims are subjected to forced labour and sexual exploitation.



Trafficking is primarily internal and amplified by the ongoing armed conflict in the east of the country. This crime is perpetrated by armed groups and defectors from the national forces operating outside of government control.¹⁰ This is mainly in the form of abduction and use of children (boys and girls) as child soldiers. Government continues to grapple with attaining international minimum standards for the elimination of human trafficking and faces the challenge of perpetrators operating with complete impunity. This compounds the challenges of prosecuting for these crimes but some progress was reported in investigating such cases in 2010. Resource constraints impinge on the ability to fully implement laws to protect children although some arrests in relation to trafficking of women and children were made in August of 2010.¹¹ State security forces continue to be accused of victimising rather than protecting victims and there is heavy reliance on NGOs to provide safety and shelter. No progress has been reported in terms of preventing trafficking in the DRC however Ministries of Labour and Defence remain responsible for any enacting laws that pertain to this human rights violation.

⁷ Ibid, p. 94.

⁸ Ibid, p. 94.

⁹ Ibid, p. 95.

¹⁰ Ibid, p. 130.

¹¹ Ibid, p. 131.

¹² Ibid, p. 231.

¹³ Ibid, p.231.



In **Lesotho** women, children and men are victims of trafficking. The country is a source and transit point for individuals who are used as forced labourers and are sexually exploited. The Government of Lesotho has made significant strides towards prosecution of offenders, protection of victims and prevention of the crime overall. In December 2010 Parliament passed the Anti-Trafficking in Persons Act effectively endorsing comprehensive legislation against all forms of trafficking.¹² Despite challenges of coordination across government ministries one conviction of a trafficking offender took place. The legislation has also increased pressure on the state to ensure the establishment of care centres and safe spaces for victims of trafficking all over the country. In addition to the existing legislation, a Multi-Sectoral Committee on Trafficking has drafted a national action plan and efforts, albeit rushed, are underway to assess trafficking in the country and potentially develop a baseline against which to measure change/progress.¹³



The island state of **Madagascar** has been deeply embroiled in political crisis since late 2009 and as a result experienced significant decline in the

rule of law. This change in a country that is primarily a source for women and children victims of labour and sexual trafficking has had detrimental effects. Political crisis and attendant reversals in economic development have meant an increase in women and children from rural areas falling prey to labour recruiters supplying

markets in Lebanon and Kuwait. There are numerous reports of the appalling abuse of these domestic workers in these countries.¹⁴ In this regard the Malagasy government has struggled to comply with minimum international standards to prosecute, protect and prevent trafficking in spite of the existence of an Anti Trafficking Law. In addition there are allegations of the involvement of state officials involved in trafficking. Relevant legislation ensures some care provision for victims by both the state and NGOs but this service provision needs to be both systematic and access expanded to rural areas. This failure to protect victims has resulted in their persecution by authorities instead of traffickers. Prevention efforts are limited with the exception of a move to ban the operation of suspicious employment agencies. Of note is the repatriation of 606 Malagasy victims of labour trafficking from Lebanon during 2010 coordinated by the minister of Population and Social Affairs.¹⁵



Malawi is a source country for men, women and children traded into environments of forced labour and sexual exploitation. The Malawian government is slowly making effort to comply with international minimum standards but these remain hampered by the absence of specific and comprehensive anti-trafficking legislation. Various laws referring to all aspects of trafficking have however enabled the prosecution of labour traffickers. The Malawian government has demonstrated a commitment to prosecuting, preventing and protecting through continued training of law enforcement officers and other state personnel. Care and support for victims is made available through Victim Support Units responsible for all GBV survivors, including victims of trafficking.¹⁶ More work is required to raise public awareness of human trafficking in the country. It is anticipated that the Inter-Ministerial Task Force on Human Trafficking will continue in its efforts to do this.

Though a source country for children as well as women and men subjected to sex trafficking, **Mauritius** has made tremendous strides towards investigating and prosecuting trafficking offenders, protecting victims and preventing the crime.¹⁷ Young girls are mainly trafficked for purposes of sexual exploitation. Mauritian authorities fully comply with the international standards of elimination and demonstrated rigorous effort, though inconsistent, towards investigating and prosecuting in 2010. In the



area of protection there are numerous examples of government and civil society collaboration to provide these services to victims. This combined with the remarkable advancement towards establishing a specific safe space for victims, marks a point of learning and best practice for other states in the region. In Mauritius the Police Family Protection Unit and the Minors Brigade continue to sensitise and raise awareness about trafficking amongst members of the public.¹⁸



Mozambique is primarily a source and transit point for trafficking and to a limited extent a destination where women, children and men are victims.

The country has struggled to fully comply with minimum international standards but has made significant strides towards meeting these since enacting the 2008 Law on Preventing and Combating the Trafficking in People.¹⁹ In 2010 several government agencies were able to investigate, prosecute and convict offenders through the application of anti-trafficking law.

The Provincial Court of Manica, the Criminal Investigative Police specialised unit and the Maputo based anti-trafficking brigade all collaborated and worked towards these positive outcomes. Continued government partnerships with civil society and non-government entities towards prevention through raising awareness and training of personnel have yielded modest yet positive results. More coordination across government ministries is required however to provide sufficient care for victims. Various national bodies such as the Women's Caucus of Parliament, the Ministry of Tourism and the Ministry of Labour have made notable contributions to eliminating trafficking.²⁰

Namibia identifies as a point of origin, transit and destination for women and children trafficked for purposes of labour and sexual exploitation. Men are trafficked from, to and through Namibia to a much lesser degree. Namibian authorities have succeeded in investigating cases but are yet to convict trafficking offenders. Existing anti-trafficking legislation in the Prevention and Organised Crime Act assisted the Namibian Police Force's Woman and Child Protection Unit (WACPU) to investigate three trafficking cases in 2010.²¹ The government continues efforts towards prevention through raising awareness and training of law enforcers. Protection initiatives are increasing as



¹⁴ Ibid, p. 239.

¹⁵ Ibid, p. 241.

¹⁶ Ibid, p. 243.

¹⁷ Ibid, p. 255.

¹⁸ Ibid, p. 255.

¹⁹ Ibid, p. 267.

²⁰ Ibid, p. 268.

²¹ Ibid, p. 269.

the state has begun to provide longer term shelter for victims. Resources and technical capacity outside of the central areas remain a challenge.



In **Seychelles** children (girls) are particularly vulnerable to being victims of trafficking both within the country and internationally. Foreign women and girls are also commonly victims of sex trafficking in the country. Linked to sex trafficking is the increasing phenomenon of child prostitution. As such efforts towards addressing trafficking in Seychelles are closely related to efforts to criminalise and prosecute sexual violation of children.

While there remained no legislation to criminalise trafficking in 2010, some commendable efforts to be noted include the formation of district task forces. These bodies combine government and civil society personnel that came together to provide solutions towards preventing and responding to child prostitution. Specific work towards trafficking does not exist in Seychelles, however government's efforts towards addressing other forms of GBV in the form of funding provides opportunities to begin advocacy in this area. In addition the work of the Ministry for Home Affairs, Environment and Transport and the Ministry of Social Development and Culture responsible for policies on child prostitution must now complement these efforts with a focus on trafficking.



South Africa has arguably made the most significant progress in the region towards prosecution. However the government has been criticised for underutilisation of resources for prevention and protection. The country is a source, transit and destination point for men, women and children from across the world all subjected to forced labour and sexual exploitation.²² Legal action against offenders is enabled through legislation like the Sexual Offences Act, the Basic Conditions of Labour Act and the Prevention of Organised Crime Act. While the country's comprehensive anti-trafficking bill drafted in 2003 remains in draft form the NPA has been able to lead the way in investigating, prosecuting and convicting offenders of trafficking. The lack of specific legislation has however contributed to questionable

and often inadequate penalties imposed upon convicted offenders.

While the state continues to be commended for efforts towards protection of survivors of GBV as a whole, there remains a need to step these up. Reports indicate that victims are often subjected to secondary victimisation through limited success in identifying them as such. It also remains necessary to ensure referral to appropriate care facilities. NGOs continue to partner with the state in providing training for service providers in caring for trafficking victims. State institutions such as: The NPA-SOCA, the South African Police Service (SAPS) Directorate for Priority Crime Investigations also known as the Hawks, the Departments of Social Development, Justice and Home Affairs all bear some responsibility to protect victims.²³ In terms of prevention, the NPA has made significant

advancement in raising aware-ness, sensitising the public as well as training law enforcers. The extent to which this has been successful remains questionable in the absence of data to quantify or measure impact.

Swaziland is identified as a source, destination and transit point for women and children subjected to sex and labour trafficking. The country has made significant progress towards achieving minimum international standards to eliminate trafficking. Anti-trafficking legislation of 2010 has

assisted in the government's ability to prosecute offenders; there were three prosecutions over the year. However, no convictions have been made, despite legislation carrying strict penalties including requirements to compensate victims. Swaziland demonstrated satisfactory progress in protection by identifying victims of trafficking, referring them to NGO run but government sponsored shelters. In addition the interagency Task Force continued to conduct training for response teams and other law enforcers. Ongoing development of a National Action Plan and ongoing public awareness campaigns contribute to prevention efforts.



The 2011 Trafficking in Persons (TIP) Report suggests that **Tanzania's** efforts towards eliminating human trafficking have stagnated in 2009 and 2010.²⁴ The country however does continue to move towards attaining minimum international standards to eliminate

²² Ibid, p. 328.

²³ Ibid, p. 330.

²⁴ Ibid, p. 350.

this human rights violation. The comprehensive anti-trafficking legislation has enabled the first set of investigations and prosecutions of trafficking offenders however these endeavours are limited by inter-governmental coordination as well as financial resources. Training in identifying victims and handling trafficking cases appears confined to new recruits into law enforcement bodies however, social workers benefitted from training during 2010.²⁵ Again insufficient resources have hindered provision of care services for victims. The state continues to rely on civil society organisations for the provision of these specialised services and shelter; NGOs are mostly confined to urban settings. Prevention initiatives have been hampered by deficient inter-ministerial coordination and the problem is compounded by the lack of reliable data on human trafficking.



Zambia is a source, transit and destination point for men, women and children being trafficked for sexual and labour exploitation. Existing anti-trafficking legislation has assisted in Zambia making some advances, albeit limited, towards attaining minimum international standards on trafficking. The anti-trafficking law contains tough punishments for offenders. During 2010 Zambia was able to make laudable steps towards investigating, prosecuting and convicting trafficking offenders. One of these convictions included that of an immigration official accused of involvement in this crime.²⁶

Government shelters representing places of safety and care for victims are non-existent. The state has however entered into some partnerships with NGOs to ensure some of these specialised services are provided.

Ongoing training for personnel in the justice department, law enforcers and military personnel remains a necessity. A multi-stakeholder process to develop a national action plan has resulted in amplified national campaigns and outreaches to raise awareness about human trafficking. This 2010 plan has evolved into the 2011-2012 National Anti-Trafficking Plan.



Zimbabwe's ongoing political challenges have arguably exacerbated the problem of human trafficking there increasing opportunities for the offence and the vulnerability of Zimbabweans to being trafficked. The country is a source, transit and destination point for women, men and children forced into situations of labour and sexual exploitation. The country has made very little progress towards attaining international minimum standards to eliminate human trafficking and state recognition of the problem is worryingly inadequate.²⁷

No information on investigations, prosecutions or convictions for trafficking emerged from Zimbabwe in 2010. The country remains without comprehensive anti-trafficking legislation with a draft law held up by political processes; expectations that the law would come into force in 2011. There is heavy reliance on international organisations to provide safety and specialised services for victims of trafficking. However the state has partnered with local organisations to establish a new one-stop drop in centre for survivors of GBV that victims of trafficking are able to access.²⁸ Though an inter-ministerial task force on trafficking exists, the body has little to report on regarding prevention. The reluctance of the state to acknowledge a human trafficking problem has resulted in no state led awareness raising campaigns.

Sexual harassment



The Protocol calls upon State Parties to ensure that by 2015 they enact legislative provisions, adopt and implement policies, strategies and programmes which define and prohibit sexual harassment in all spheres, and provide deterrent sanctions to perpetrators.

Ten SADC countries have some form of legislation:

For the most part sexual harassment is mentioned in labour or employment legislation; in the case of Tanzania this is mentioned in the Penal Code. In Mauritius, sexual

harassment is covered in the Sex Discrimination Act. The Act refers to "any unwelcome or unbecoming gesture or act of one sex to the other."

²⁵ Ibid, p. 351.

²⁶ Ibid, p. 389.

²⁷ Ibid, p. 391.

²⁸ Ibid, p. 392.



The **Malawi** Constitution (sect. 24 (2) (a)) contains sexual harassment provisions and a few private sector organisations have developed work place policies. In

Swaziland the Crimes Act of 1889 refers to “inappropriate sexual behaviour”. It

is anticipated that this outdated piece of legislation will soon be replaced by a new progressive provision in the Sexual Offences and Domestic Violence Bill. There are no legislative provisions against sexual harassment in Zambia. The Penal Code is currently under review in order to criminalise harassment of both children and adults.



In **Botswana**, the Public Service Act has been amended to recognise sexual harassment as misconduct, which can attract penalties under the Public Service

Act. This amendment does, however, not cover the private sector where sexual harassment is high according to anecdotal evidence. Some institutions, such as the

University of Botswana, Bank of Botswana and the Botswana Defence Force have put in place sexual harassment policies as well. The major challenge is that the enforcement of these policies are weak. Cases of sexual harassment are very few as this offence is hardly reported. This is evident in the experience of the Sexual Harassment Committee at the University of Botswana. The Employment Act is silent on issues of sexual harassment.

Efforts to combat sexual harassment need to be escalated: Sexual harassment is still a daily reality for many women across the SADC region. Where women

do not succumb to the harassment, it prevents them from seeking the employment they want and discourages them from trying to progress in their careers. SADC governments must enact legislation to protect women from sexual harassment and provide deterrent sanctions, such as naming and shaming, for perpetrators. It is also necessary to sensitise and raise awareness even in more affluent communities where harassment often occurs behind high walls.

Support services



The Protocol 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 draft Protocol says shall: provide accessible information on services available to survivors of gender based violence; ensure accessible, effective and responsive police, prosecutorial, health, social welfare and other services to redress cases

of gender based violence; provide accessible, affordable and specialised legal services, including legal aid, to survivors of gender based violence; provide specialised facilities, including support mechanisms for survivors of gender based violence; provide effective rehabilitation and re-integration programmes for perpetrators of gender based violence.

Various specialised facilities: There are specialised facilities in police stations and/or in courts in Mauritius, Mozambique, Namibia, Swaziland, South Africa, Zambia and Zimbabwe called “Victim Support Units”.



In 2010 **South Africa** continued to roll out Thuthuzela Centres, throughout the country. The government's commitment to these One Stop Centres

was evident through President Jacob Zuma's mention of the need to support them in his State of the Nation address in February 2011. With continued multi-stakeholder support these facilities could be a blueprint for delivering gender justice to women (and men) in the country. By March of 2011 37 Thuthuzela Centres had been established. The National Prosecution Authority (NPA) is in the process of rolling out 16 more.

It is evident that this model continues to be an example of good practice within and beyond the region.



Zambia has made noteworthy progress in supporting Coordinated Response Centres. These units provide counselling, legal advice, police services as well as

preliminary medical services. Response Centres are housed within health facilities and there is currently a move to establish more.

Four SADC countries still offer no state legal aid services: Botswana, Madagascar, Swaziland and

Tanzania are reported to not provide this support at all. Lesotho's provision of legal aid services through the Ministry of Justice is stretched. As with most countries in the region, this support continues to be

augmented or wholly provided by NGOs. In Madagascar counselling and legal advice centres in several parts of the country partly provide this service.

No places of safety in four SADC countries and in others there is limited state support: There are no state-sponsored places of safety in the DRC, Lesotho, Madagascar, and Tanzania; the only place of safety in

these countries are police stations. In the ten SADC countries that have such facilities these are mostly operated by NGOs with little or no state support. The exception is Lesotho which reports significant state support for places of safety. In Seychelles these safe places do not only cater for survivors of GBV but attend a variety of social issues. Throughout the region these services are confined to urban centers excluding survivors in rural and remote settings.

Botswana: NGO provides safe haven

Kagiso Motsai* is a 37 year old Motswana woman who tells a story of years of physical, sexual, economic and psychological abuse and violence at the hands of her husband and his family. Trapped in a cycle of violence in a patriarchal society Motsai sought assistance through various means over the years. Despite repeated efforts to leave her abuser she was consistently failed by the police, hospitals and even her family. In 2005 after her husband had sold their family home without consulting her, Motsai sought refuge at the Kagisano Society Women's Shelter Project.

Kagisano's works to raise awareness amongst communities on gender based violence and HIV and AIDS. Prompted by the escalating rates of GBV in Botswana and the need to provide services to GBV survivors, the Kagisano Society opened the first women's shelter in Botswana in 1998.

Beneficiaries of Kagisano's work are women and children who are victims of abusive relationships. However, men also receive counselling at KWSP drop-in centres in accordance with Articles 20 to 25 of the SADC Gender Protocol which call on men to be part of the solution.

The Gaborone-based shelter empowers women to be independent and live normal lives through the provision of counselling services and temporary shelter. KWSP also prioritises community involvement in the fight against GBV through awareness raising and sensitisation as well as economic empowerment programmes for their clients. KSWP has made a tremendous contribution towards ensuring the provision of services to survivors of GBV.

During the course of 2010, the Kagisano Womens' Shelter Project responded to 355 cases. The Shelter has achieved a great deal in assisting women clients to gain confidence and self worth after being trapped

in abusive relationships. These achievements mean the project requires as much assistance as possible to remain sustainable.

Capacity constraints are a major challenge. The services provided are also needed in other parts of the country. To mitigate these challenges KSWP collaborates other community based, non-governmental and state agencies (Police, Department of Social and Community Development, Courts) and institutions on a referral basis. Government support is critical in replication of this initiative at home and in the region.



Kagisano Society Women's Shelter Project (KWSP).

Photo: Roos van Dorp

She stayed there for two months and through the assistance of the people there gained the confidence to begin to put her life back together for her and her five children. Today she lives an independent life free from violence and has peace of mind.

Kagisano Society Women's Shelter Project (KWSP) is a voluntary non-profit making organisation that is helping fill a gap for the government. Article 23 of the SADC Gender Protocol requires states to ensure that all survivors of GBV have access to information, specialised facilities and support mechanisms.

Only five countries have legislation that covers social and psychological rehabilitation of perpetrators of GBV: Botswana, Mauritius, Namibia and Zimbabwe are the only SADC countries that have laws covering the social and psychological rehabilitation of perpetrators.

Lesotho provides for this through the Ministry of Health and **Botswana** and **South Africa** through the prisons. **Mauritius** affords offenders the option to counselling rather than sentencing depending on the circumstances. **Seychelles** has multiple service providers such as Probation Services, NGOs and the Health Ministry. **Swaziland** has implemented male involvement programmes, however the extent to which they have been rehabilitative is unknown. In **South Africa** the National Victim Empowerment Framework includes

these psychological services. In **Zambia** the focus is on juvenile criminals; this does not directly address GBV.



Photo: Gender Links

Angola steps up services for victims of GBV



The Ministry for Family and Women (MINFAMU) has instituted Family Counselling Centres which have specialised frameworks for victims of GBV throughout Angola (psychologists, sociologists and attorneys) and they carry out psychosocial and legal counselling activities. There are also various counselling services run by civil society groups in partnership with MINFAMU.

The Ministry of Justice has also been working with the Ministry of the Interior to increase the number of female police officers and to improve police responses to GBV claims. Also, the Ministry of Family and the

Promotion of Women started a program in 2008 with the Angolan Bar Association to give free legal assistance to abused women. Statistics on prosecutions for violence against women under these laws are not currently available.

Considerable work has also been done by the government and its social partners in providing legal education for the people, and for women in particular about GBV, by expanding information, communication and education programs on women's and children's rights, including the use of national languages and accessible methods such as the arts, audiovisual techniques, and social communication organs.

Prevention



The Protocol calls on 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 with a view to eliminate them and in all sectors of society, introduce and support gender sensitisation and public awareness programmes aimed at changing behaviour and eradicating gender based violence.

Civil society and to some extent governments have stepped up public awareness campaigns especially with countries moving from Sixteen Days of Activism on Violence Against Women to year long programmes to end gender violence. In 2008, UNIFEM and the Inter Departmental Management Team on GBV of the South

African government commissioned Gender Links to develop a prevention model for GBV that consists of:

- **An overarching national framework** or campaign that provides an enabling environment for initiatives in all spheres and at all levels of society. This builds on the 365 Days of Action to End Gender Violence,

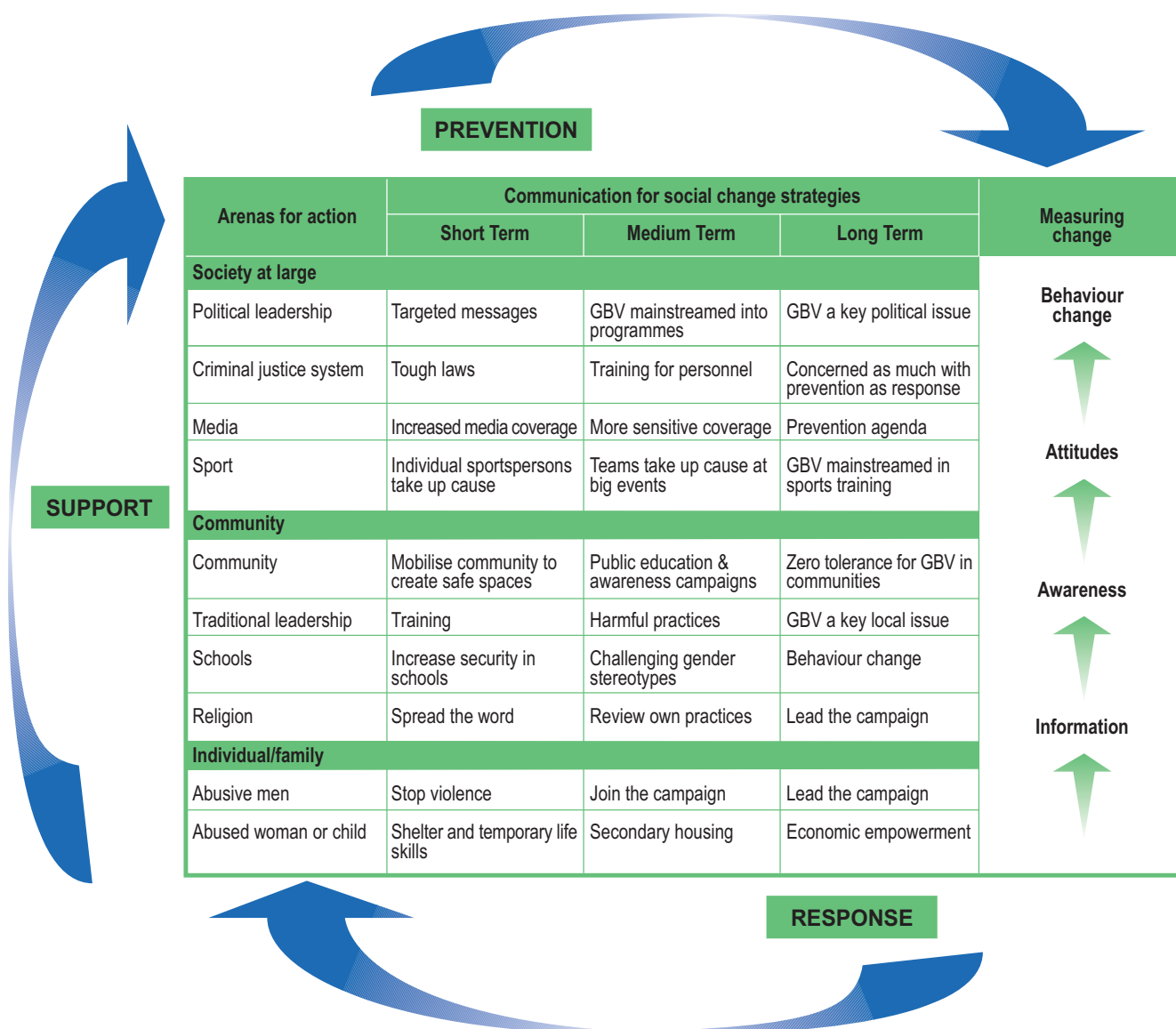
with the annual Sixteen Days of Activism campaign as a way of heightening awareness as well as enhancing accountability for targets set.

- **Understanding the relationship between prevention, response and support.** While the focus is on primary prevention, the model emphasises that good response and support mechanisms should also contribute to prevention. For example, tough laws and their implementation should serve as a deterrent to GBV. Shelters should not only provide temporary refuge but empower women to leave abusive relationships, thus preventing secondary victimisation. Working in unison, prevention, response and support strategies can both reduce and GBV and ensure redress for those affected.
- **Stepping up targeted primary prevention interventions at three key levels:** in the home

(women, men, children and the family); the community (traditional leaders, religion, schools and sports); and the broader society (the criminal justice system, media and political leadership).

- **Identifying approaches and strategies that work,** based on communication for social change theories and using these in the design of future interventions.
- **Developing more effective monitoring and evaluation tools,** bearing in mind that up to now most of the data available concerns outputs rather than outcomes. Ultimately, prevention campaigns must be able to demonstrate that their impact moves beyond information and awareness to create knowledge, wisdom and behaviour change. This in turn should lead to a quantifiable reduction in GBV.

Table 5.2: An overarching campaign framework



Focus on prevention through training and sensitisation of GBV service providers, awareness raising campaigns and changing attitudes:

In attempts to increase this, most state entities in Southern Africa responsible for addressing GBV have moved from 16 Days of Activism against gender violence to yearlong campaigns and programmes.

Public attitudes towards GBV die hard:

In Namibia The Ministry of Gender Equality and Child Welfare conducted a Knowledge, Attitudes and Practices (KAP) study on GBV in eight of Namibia's 13 regions in 2007.²⁹ The study reported that 69.3% of respondents had been subject to at least one form of GBV, including physical, sexual or emotional violence, from an intimate partner (68.9% of the male respondents and 69.7% of the female respondents).³⁰ About 34% of all respondents had been subject to physical or sexual violence from an intimate partner (40.5% of the female respondents and 27.6% of the male respondents).³¹ When asked about attitudes towards violence, the reason that received the most support to justify slapping a partner was if the man finds out the woman has been unfaithful. A total of 45.9% of people agreed or strongly agreed that a man may slap his wife if he finds out that she has been unfaithful. When broken down by sex, opinion



was similar between men and women (44.1% of men and 47.8% of women agreed or strongly agreed).³²

The 2006-2007 Namibian Demographic and Health Survey reports similar data. Approximately 35% of respondents agreed that a husband is justified to beat his wife for one of five reasons (neglecting the children, arguing, refusing sex, burning food or going out without telling him).³³ Attitudes towards gender are analysed in greater detail in the introductory chapter.

Most training on GBV is conducted by NGOs: The Ministry of Gender, Children and Community Development and NGO partners mainly conduct training in Malawi. Police, magistrates, judges court interpreters, the Defence Forces and traditional leaders are some of the beneficiaries. Police in Seychelles benefitted from some ad-hoc training in the past and there is a level of awareness by communities in Seychelles. No specific studies have been conducted. In Swaziland most of the work is carried out by community based organisations or NGOs with a national mandate. Zambia has used a lot of arts and media channels for community sensitisation with a need but there is move to focus more on rural areas. In Zimbabwe NGOs bear the burden of training frontline service providers while high staff turnover and availability of resources remain a challenge.



Photo: Colleen Lowe Morna

Awareness raising campaigns: Mauritius has mainly focused on addressing alcohol and drug abuse identified nationally as a major cause of GBV. The National Prosecution Authority (NPA) in South Africa has embarked on a nationwide radio campaign on raising awareness on gender based violence. While this initiative features all activities of the authority of note are their feature of GBV through two programmes dedicated to Sexual Offences (Prosecuting Rape) and Domestic Violence. These hour long discussions were accessible to South Africans across the country and were broadcast over a period of seven days in eleven of the countries languages.³⁴

In Botswana involvement of faith based communities and the state has resulted in an increase in the involvement of men in GBV activism as a way of promoting attitudes and behaviour change. Make reference to Gauteng and Mauritius results.



²⁹ Ministry of Gender Equality and Child Welfare. (2009). *Knowledge, Attitudes and Practices Study on Factors and Traditional Practices that may Perpetuate or Protect Namibians from Gender Based Violence and Discrimination*. Windhoek, Namibia: Ministry of Gender Equality and Child Welfare.

³⁰ Ibid at 62.

³¹ Ibid at 61.

³² Ibid at 49.

³³ Ministry of Health and Social Services. (2008). *Namibian Demographic and Health Survey 2006-07*. Windhoek, Namibia: Ministry of Health and Social Services.

³⁴ The National Prosecuting Authority of South Africa. (2011) NPA SABC Radio Campaign. Available at: [<http://www.npa.gov.za/ReadContent515.aspx>]. NPA, South Africa.

Zambia: Churches declare war on GBV

The three Church Mother Bodies in Zambia which have long been united in speaking out on various injustices in early 2010 came together and developed a commitment to root out gender based violence and inequality through the *Zambian Church Declaration on Gender Injustice and Gender Based Violence*. They recognised that gender inequalities, imbalances and gender based violence do exist within the churches.

According to the Norwegian Church Aid News, the leaders of the Evangelical Fellowship of Zambia, the Council of Churches in Zambia, and the Zambia Episcopal Conference committed their member churches to working for gender justice in the various decision-making structures within the churches and the rest of society. They also committed themselves to gender mainstreaming in their institutions.

This followed wide consultations within the church and government on the position of the church on gender based violence (GBV) and gender justice in Zambia. The declaration aimed at promoting the attainment of gender equity and equality within church structures, operations and practices in society.

The churches started by conducting research that established that a larger sector of respondents in churches did not understand the definition of gender, and interpreted the scriptures in ways that reinforce the Churches patriarchal culture. The research also found that some church members go into church with a heavy backlog of cultural/traditional practices perpetuating gender injustice.

Through the declaration, the churches committed to:

- The provision of a vision on gender equity and equality in the church.
- Reflecting on and challenging any form of injustice existing in the church and take appropriate actions for transformation.
- The formulation of a clear church gender policy framework accompanied by strategies, with frame and allocation of responsibilities.
- Mainstreaming gender in strategic plans, monitoring and evaluation of programmes and projects.
- Adoption of a Biblical based approach in addressing GBV and any other form of gender inequality.
- Involvement in advocacy activities related to GBV, equity and equality.
- Influencing policy documents and procedures in the church to be gender sensitive.
- Ensuring that church activities contributes to the empowerment of women and changing in equitable gender relations.
- Allocating adequate financial resources for the implementation of the gender policy framework and



Leaders from the three church bodies sign the declaration.

Photo: Norwegian Church Aid

earmarking funds explicitly for gender related activities.

- Ensuring ownership of gender policy at all levels by all members especially leaders.
- Training leaders in gender and GBV-related matters at all levels in the church.
- Ensuring that data in documents is gender disaggregated.
- Affirmative action is used, with special measures aimed at creating a state of equity and equality between females and males.
- Economically empowering women so that they are able to make informed and independent decisions and;
- Ensuring that the current Constitution making process includes the economic, social and cultural rights in the Bill of Rights of the new Constitution and that such discriminatory provisions in Article 23 are removed from the Republican Constitution among other commitments.

The programme targets lay leaders that included pastors, priests, parish leaders, evangelists and community women, men, boys and girls especially from their membership. This is being achieved through consultative meetings, research, disseminating the declaration by three mother body churches; working with other stakeholders to implement the initiative; gender training of trainers (producing of teaching manuals); consultation with other churches that are not yet part of the declaration and developing gender policies in churches.

The main challenges are that members of the church still have misunderstandings on the word gender, misinterpretation of scriptures on gender, not all churches have come on board and that traditional cultural practices in churches are too hard to break.

Results of the ground work are becoming evident. Discriminating tendencies against women are slowly being done away with, as some churches have started to give high positions to women and women are also allowed to preach just like their male counterparts. Churches are already reaching out to many people through their preaching and training programmes and those that were already trained are being retrained in gender issues.

The church is supplementing government effort in fighting gender violence which will contribute to realisation of the key GBV provisions of the SADC Protocol on Gender and Development. This initiative can be replicated by other countries showing a willingness to learn from the Zambian experience. Other churches like the Seventh Day Adventists (SDA) which are not part of the declaration have shown willingness to come.

The SADC Gender and Development Protocol is being used by men's networks to promote the gender equality in Southern Africa. The SADC Gender Protocol Alliance is working to add a men's cluster following the launch of the Barometer in Malawi. Working through a men's cluster is central in rolling out sub-regional response targeting men to address

key outcomes of the GBV Indicators Project. The preliminary findings of a gender violence prevalence survey for Gauteng Province in South Africa shows that 78.3% of men admit to having perpetrated some form of emotional, physical, sexual or economic abuse over their lifetimes. Sonke plans to use GL's GBV Indicators Study to benchmark their work with men.

Malawi: Men as part of the solution

Involvement of men in gender equality has been a major gap, not only in Southern African countries but a concern the world over. In Malawi, the NGO GCN is collaborating with Men for Gender Equality Now³⁵ (MEGEN) - Malawi to implement two key aspects of the Protocol: Gender Based Violence, and Health, HIV and AIDS.

MEGEN is a regional movement of men in seven countries: Malawi, Kenya, Zambia, Tanzania, DRC, Mali and Rwanda formed in 2001 with the main objective of creating a core of male supporters for the long term campaign to eliminate GBV and the spread of HIV/AIDS in the region.

This network is a society of men and women activists who engage in community sensitisation and education work, advocacy and campaigning to challenge unequal power relations between men and women and put an end to GBV.

One of the most remarkable activities of MEGEN during the Sixteen Days of Activism is the men's community outreach programme called "Men Travelling Conference". The network organises bus ride to from the urban areas to rural communities for men from all levels: Policemen, military officers, members of the press, government officials, NGO

members, magistrates, members of CBOs, chiefs, and villagers. The key focus is men reaching out to men and women in their homes, communities and villages with GBV and HIV/AIDS messages through theatre, distribution of IEC materials, and rapid response teams responding to questions from the communities.



Members of MEGEN at the launch of the Malawi Barometer. Photo: Colleen Lowe Morna

³⁵ Men for Gender Equality Now (MEGEN) was initiated during a Men to Men consultation on gender-based violence (GBV), held in Nairobi, Kenya in December 2001 as an initiative to strengthen the women's movement and was attended by men from Kenya, Malawi, Namibia and South Africa.

Regional campaigns continue to grow in breadth and scope bringing new stakeholders on board: All SADC countries have joined in Sixteen Days of No Violence against women campaigns, bringing together state and non-state actors. In South Africa government ministries, NGOs, businesses, Faith Based Organisations, media practitioners and various sectors line up activities in the period 25 November to 10 December to raise awareness on gender based violence.

Government Ministries have increased the public profile of Sixteen Day campaigns: this has been achieved through official celebrations with local communities participating. The challenge remains on how to sustain these state sponsored campaigns that are largely event based.

Local government councils beginning to develop local Sixteen Day campaigns: Many local councils in Botswana, Lesotho, Madagascar, Mauritius, Namibia, Zambia and Zimbabwe celebrated Sixteen Days campaigns for the first time as part of Local Gender Action Plans developed by the councils. Mobilising



Youth participate in Sixteen Days of Activism campaign in Nata Village, Botswana.

Photo: Vincent Galathwe

resources for sustained campaigns at local level remains the greatest challenge, but as illustrated in the case of Chongwe, where there is a will there is a way.

Zambia: Council shows that charity begins at home

Chongwe District Council is one of the 10 Centres of Excellence (COE's) for mainstreaming gender in Zambia supported by Gender Links. The Council has completed all six stages of the COE process including meeting with management teams; situation analysis; council level policy and implementation workshop; community mobilisation village meetings on SADC Protocol; capacity building through on-the-job training, application of skills during 16 Days of Activism, and participation in the 2011 Gender Justice and Local Government Summit in which they won two awards. As a COE, Chongwe is implementing a number of articles of the SADC Gender and Development Protocol in relation to governance, productive resources and employment, Gender Based Violence, and HIV and AIDS. This COE is a good example of the Protocol@work and demonstrates the role of local government in implementing the Protocol on the ground where it matters most. The Council has developed a gender and GBV action plan which is being implemented with resources from central government and local resources.

Chongwe hosted the provincial gender and GBV workshop 14-16 October 2009. The Council has a high



level gender champion in the person of the District Planner, Carol Mkandawire. It has created a gender committee composed of both males and females. The council works together with the area development committees, village development committees and traditional leaders to implement the gender and GBV action plan. Chongwe council has dedicated Thursdays to gender activities.

Men and women play football and netball together and have round table discussions and watch videos on GBV.

Chongwe District Council is promoting women's rights to economic empowerment through funding of women's clubs from the Constituency Development Fund (CDF). The Council conducts annual reviews of the HIV/AIDS work place policy to ensure that workers' needs are being upheld especially the needs of the women. There is a budget line for maintenance of street lighting to ensure security is in place. The Council continues to ensure that 30% of land available is reserved for women. The Council is also promoting equal representation of men and women in committees such as the Area Development Committees (ADCs).

There are many challenges. For example, women who are allocated land are sometimes unable to develop it due to limited access to financial resources. This is because women do not have collateral to borrow capital from the banks. The Council is encouraging women to access credit facilities to enable them get funds for their projects. Secondly, there is high demand for extension of street lighting to other areas whilst the resources are limited. The Council has started with lighting commercial and public areas to ensure the safety and security of informal women traders. Thirdly, women lack skills in business entrepreneurship. The Council has responded by linking women clubs to institutions that give skills training in various areas, especially through the Ministry Community of Development. Fourthly, women in some cases share decision making positions in the Council due to lack of education especially in communities such as ADCs. The Council is providing short training for communities to enable women take up decision making positions.

Stigmatisation of those infected by HIV results in those infected failing to speak out. The Council continues sensitising people on the need to support those infected by HIV and AIDS. Chongwe District continues to lobby for resources from the government and funding agencies for implementation of the District programmes.

The tangible outputs to include: increased number of women having access and owing land; increased number of registered women clubs; long trading hours by women on the streets, and equal representation of men and women in committees such as ADCs.

GBV has been reduced and more women have become aware of their rights. The men have started advocating against GBV. Because of economic empowerment through their activities in the clubs, more women are demanding land. There is also recognition of the role of women in decision-making in the communities. The gender mainstreaming activities of

the Council are sustainable because of the availability of the ward development funds to continue with the initiatives. There are also qualified staff to ensure the sustainability of the women's clubs. The Council is working with the Area Development Committees, Village Development Committees, and traditional leaders to implement these activities.

These initiatives are replicable in Zambia and in other SADC countries through dissemination of information by the local government associations. GL is currently working with 100 Councils across SADC on mainstreaming gender in local government. This number will be increased to 300 over the next two years. GL is also working with local government associations like the Local Government Association of Zambia (LGZA) on strategies for cascading the COE's. Involvement by local councils in the Sixteen Days of Activism increased markedly in 2010, with several sharing innovative strategies at the Second Gender Justice and Local Government Summit in March 2011.



Zambian councils put up a strong show at the Second Gender Justice and Local Government Summit.
Photo: Colleen Lowe Morna

Similar events, similar messaging in the region:

Through NGO coordinated efforts around the Sixteen Days, there are similar events and messaging taking place across SADC with innovative approaches involving ICTs. If sustained, it will build up to a regional movement fighting GBV involving all levels of society and this will accelerate the Protocol target of changing behaviour.

But there is need to monitor impact of campaigns:

Tracking of public awareness campaigns like the Sixteen Days of Activism is generally weak. The GBV Indicators project in Gauteng, South Africa, mentioned later in this chapter, provided interesting information on knowledge of the campaign in that locality.

Knowledge of the Sixteen Day campaign to end violence against women

Figure 5.1: Awareness of Sixteen Days campaign by men and women

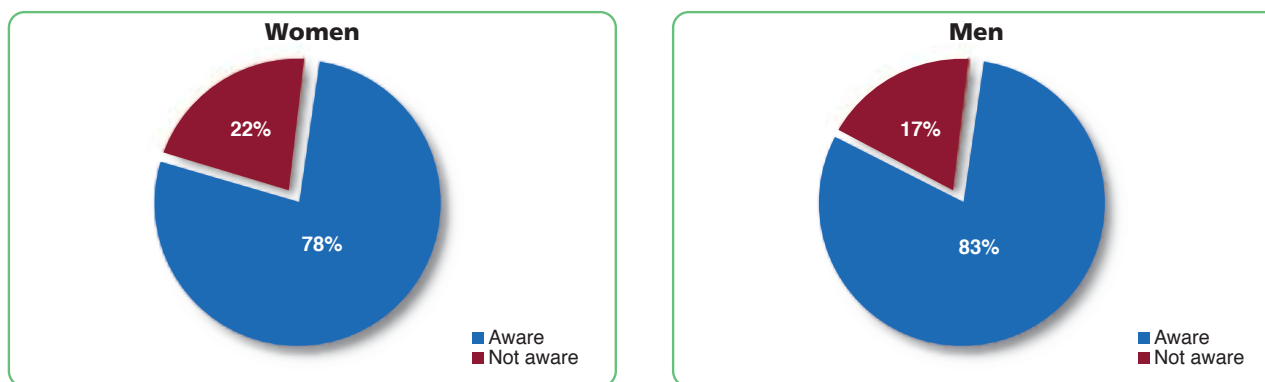


Figure 5.2 shows that a high proportion of women (78.%) and men (83%) are aware of the Sixteen Days campaign in Gauteng, South Africa. However more men are aware of the campaign than women. This could reflect the fact that men generally have higher levels of access to information than women.

Figure 5.3 shows that women were most familiar with the slogan "Act against abuse" while most men (35%) knew the slogan "Real men don't abuse", followed by "Peace begins at home." Very few women or men knew the slogan "Don't look away." These findings confirm the power of persistent messaging. Act against abuse, the government slogan, is the slogan that has received the widest publicity.

Figure 5.2: Which slogan do you most associate with campaigns to end gender violence?

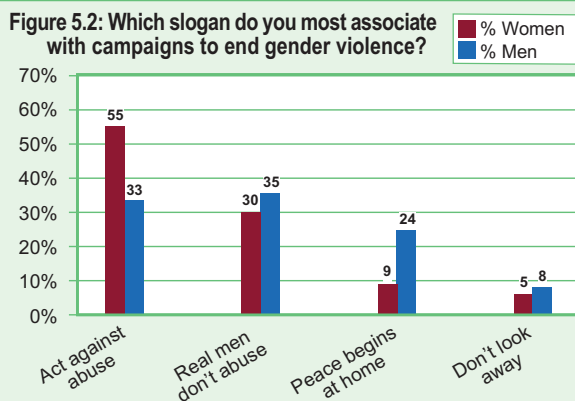


Figure 5.3: Speaking out about abuse by abused women

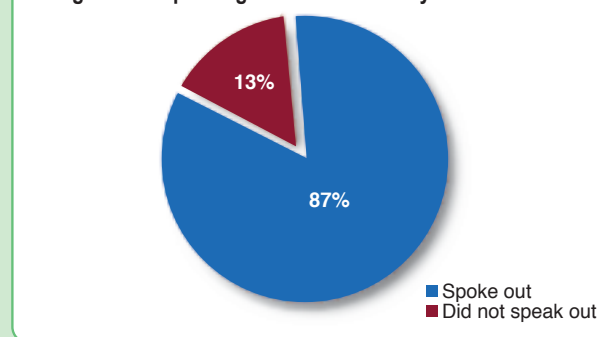
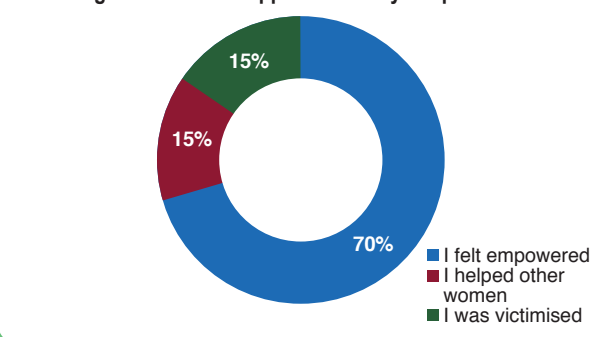


Figure 5.4 shows that most of the women (87%) who have been abused have not spoken about the abuse. Figure 5.5 shows that the majority of women that spoke

Figure 5.4: What happened when you spoke out



out felt empowered. Speaking out was also seen as helping other women. About 1 in 7 women who spoke out were later victimised.

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 GBV, by half by 2015.

The status of National Action Plans (NAPs) to end gender violence can be divided into five categories:

- **No plan** - no evidence of a coordinated multi-sectoral NAP to end GBV
- **Draft plan** - a NAP exists but has not been adopted by a relevant government or government department.
- **Adopted** - NAP has been adopted and launched but a relevant line department within government

has not put in place a coordinated implementation strategy with a budget

- **Substantial progress on implementation** - the NAP is housed and coordinated by a line Department that has implemented most of the activities in the plan
- **Fully costed and budgeted plans** - governments have costed the plan, attached a budget and will be implementing the plan.

Table 5.3: Current status of NAPs in SADC countries

NO PLAN	DRAFT	ADOPTED	SUBSTANTIAL PROGRESS ON IMPLEMENTATION	COSTED AND BUDGETED PLANS
Angola	Botswana National Action Plan to End Gender Violence; formulated in 2007; reviewed in 2010; under the auspices of the Women's Affairs Department; no budget for the plan.	DRC National Plan of Action to End Gender Violence adopted in 2009; under the auspices the Ministry of Women; no budget.	Mauritius National Action Plan to Combat Domestic Violence adopted in 2007; under auspices of Ministry of Gender Equality, Child Development and Family Welfare; several elements in the plan have been implemented; no official budget or costing.	Lesotho National Action Plan to End Gender Based Violence adopted in 2008; costed and budgeted for until 2012.
Madagascar No specific national action plan, provisions on GBV are included in the Gender and Development National Action Plan.	Swaziland 365 Day National Action Plan to End Gender Violence formulated in 2007; under the auspices of the Gender Unit; no budget.	Malawi National response on Combating Gender based Violence 2008-2013 adopted in 2008; under the auspices of the National Gender Machinery; no budget.		Seychelles National Action Plan to End Gender Based Violence re-launched by the Gender Secretariat in 2010; costed in 2010/11; due to be implemented in 2011.
	Mozambique National Action Plan to Prevent and Combat Violence Against Women was formulated in 2008 under the auspices of the National Council for Advancement of Women; no budget.	Namibia Gender Based Violence Action Plan adopted in 2008; under auspices of the Ministry of Gender Equality and Child Welfare; no budget.		
	Zimbabwe Broad consultative meeting of government departments, UN agencies and civil society resulted in the 2010 Draft National Gender Violence Strategy; under the auspices of the Ministry of Women Affairs, Gender and Community Affairs; no budget.	South Africa 365 Day National Action Plan to End Gender Violence adopted in 2006; under auspices of the National Prosecuting Authority; some budget.		
		Zambia National Plan of Action on GBV; 2010 under the auspices of the Gender in Development Division; no budget.		

Taking stock: In February 2011 GL (overall coordinator of the SADC Gender Protocol Alliance) and the Western Cape Network on Violence Against Women (Alliance gender sector coordinator) convened a stock taking meeting of NAPS in Johannesburg with the support of UN Women. The findings are summarised in Table 5.2 which shows that:

- Thirteen SADC countries are at some stage of developing and or adopting a National Action Plan (NAP) to end Gender Violence. Only Angola and Madagascar have no NAPS.
- Four countries - Botswana, Swaziland, Mozambique and Zimbabwe have draft NAPS.
- Five countries - DRC, Malawi, Namibia, South Africa and Zambia - have adopted NAPS.
- One country, Mauritius, is at an advanced stage of implementation.
- Lesotho and Mauritius have both adopted and costed their NAPS.

Challenges include lack of resources and competing political priorities: Government representatives attributed non-implementation of plans to lack of resources and competing political priorities. Governments do not prioritise GBV in the same way as HIV and AIDS. Country-specific as well as cross-cutting challenges include:

- In all countries there is a scarcity of financial and human resources to address GBV that directly impacts on the success of implementation of laws and policies as well as on the quality of the various structures necessary to address GBV.
- Although support services exist for survivors they are insufficient to meet the demand and are confined to urban centers.
- The lack of costing around GBV and NAPs is a severe hindrance in successful integrated approaches. Seychelles and Lesotho are examples of good practice and investment in sharing these must be made.
- There is insufficient capacity to implement prevention, response and support services to address GBV. Although there is some capacity building happening in all countries, there is a need for more.
- Current efforts to monitor and evaluate GBV are inadequate; this gap must be addressed.
- There is need for continued awareness raising and sensitisation to confront issues of tradition, religion, custom and culture that make it difficult to effectively address GBV.
- Dual legal systems in several countries impinge on the effective enactment and use of legislation that prohibits GBV, for example marital rape that is yet to be criminalised in some countries.
- In the absence of specific all encompassing legislation, sentencing in cases of GBV is inconsistent, sometimes resulting in lenient sentencing in cases.
- Numerous and conflicting budgetary demands that diminishes the national importance of addressing GBV.

Specific country achievements and challenges in promoting more effective prevention, responses and services to GBV are as follows:



Angola: the Constitution encourages equity, promotes rights and prohibits all forms of GBV. The country boasts over 150 NGOs in the GBV Sector and the national president has publically made a commitment to address GBV. Civil society collaboration with groups in Angola is increasing and greater results are expected by the next review of the SADC Protocol.

Botswana: The NAP is in draft form but work on the ground continues. The country is in the process of setting up a referral system between all service providers. The Ministry of Health has developed a framework for health sector response to GBV which includes service standards for health care providers. The country is also in the process of providing economic empowerment programmes that will contribute to alleviating effects of GBV. There is a gender committee established at district and community level that is responsible for community mobilisation on gender and development issues.



DRC: has legislation on all forms of GBV including human trafficking - especially as it pertains to the use of child soldiers in conflict. There has been a marked increase in support services for GBV and specifically in shelters for women. There is an increase in the number of structures addressing GBV which is a heartening development in the face of increased frequency of sexual violation of women in the east of the country that is conflict.

Lesotho has established specialised units throughout the country that include child and gender protection units. In addition integrated outreach centres have been established that provide dynamic support services to survivors. There are ongoing capacity building exercises on GBV case management for legal service providers at all levels. Studies have been commissioned to explore the prevalence of GBV in seven districts; these will inform on strategies to address GBV. Lesotho has outlined a National Coordination Plan on GBV.



Madagascar: There is no specific national action plan to fight gender-based violence. However, provisions on the subject are included in various policy instruments, including the National Policy for the Promotion of Women (PNPF), the Gender and Development National Action Plan (PANAGED), and the Madagascar Action Plan (MAP). The Gender and Development National Action Plan (PANAGED) was developed in 2003, based on the Gender and

Development Regional Action Plans (PARGEDs), which were developed in a participatory process, and in which a component on the fight against violence was included. The PARGEDs had taken into account the social and economic specificities, the social and demographic situations, and the activities in the fight against violence in each region has an increased mobilisation effort for financial resources to support initiatives to empower women. There is gender mainstreaming in planning at institutional and projects or programmes level as well as improved collaboration between key stakeholders. The protocol has been integrated in reproductive health interventions where they relate to GBV.



Malawi has a national plan entitled “National Response to Combat Gender Based Violence (2008- 2013)” that was adopted in July 2008. The Action Plan was developed through a consultative process of meetings and workshops with the involvement of key stakeholders such as government institutions, civil society and the donor community. A task force was set up mandated to draft the document after receiving inputs from stakeholders. There has been some progress towards implementation. Malawi has established Victim Support Units (VSUs) in all police stations and units while all Traditional Authorities (TAs) have community Victim Support Units. There has been a marked increase in male involvement through the “Men for Equity Now” programme. Service providers have been supplied with equipment to improve their mobility. GBV programming is being informed by outcomes of three main research studies.



Sixteen Days activists in Mauritius.

Photo: Gender Links

Mauritius has a focused National Action Plan to Combat Domestic Violence and the government of Mauritius through the now Ministry of Gender Equality has worked consistently with civil society



to implement the plan which runs from 2007 to date. It is on record that they have implemented 70% of the recommended actions. It provides a good model for effective and efficient implementation of an action plan to address violence against women and can also demonstrate increased male participation with men as partners in Maternal Health. Existing coordination mechanisms on GBV and gender inequality have been strengthened through ongoing capacity building programmes for stakeholders. There is an intensification of use of materials on GBV and its impacts on sexual reproductive health in awareness raising programmes. There is a commitment to the enacting and implementation of legislation to address human trafficking.

Namibia: Building on recommendations from a gender based violence conference held in 2007, President Hifikepunye Pohamba inaugurated a Cabinet-approved High-level Strategic Inter-ministerial Committee on Domestic Violence and Violence in General a year later. The function of the committee is to advise government and relevant stakeholders on the issues pertaining to GBV in Namibia. The committee consists of high-level members from government institutions, parastatals, the private sector, NGOs, civil society and development partners. This committee is currently updating a far reaching GBV National Action Plan.



The government launched a national media campaign on Zero-tolerance against GBV in 2009 “Zero Tolerance for GBV: Report it to stop it”. The aim of the ongoing campaign is to:

- i) advocate for zero tolerance of GBV;
- ii) create awareness and educate the public on GBV;
- iii) empower the public, individuals, and the community to detect, protect, prevent, and report all GBV cases to the Namibian Police; and
- iv) promote awareness about GBV services in the country such as the 24-hour toll free number for the police.

The campaign included a specific focus on human trafficking given the proximity of the campaign to the 2010 World Cup held in South Africa.



Mozambique: Mozambique now has a National Action Plan to End Gender Violence that runs from 2008 to 2011, adopted by the Council of Ministries in October 2008. Since then it has established a hotline for reporting incidences of GBV that directs women to prosecuting services. The state has provided training for service providers (police, paralegals and primary health care providers). Mozambique has conducted and published some research on GBV and human rights. This information is useful for the development of a baseline.

Seychelles is well ahead with its costed National Action Plan on GBV 2010-2011. This is one of the successes of the multi-sectoral GBV working group recently launched. It is one of the few countries in

the region that has launched the national Africa UNiTE to end violence against women campaign. This built on the National Strategy on Domestic Violence that ran from 2008 - 2010.

Seychelles: A model plan, costed and ready for action



NGOs contributed to the Seychelles GBV action plan.

Photo: Colleen Lowe Morna

In early 2010 Seychelles worked on the development of a two year costed Action Plan on Gender Based Violence. The process involved the active participation of government ministries and Non-Governmental Organisation (NGO's). This participatory approach is in line with Article 8 in the SADC Protocol which states that "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".

The activities in the costed action plan outline clear outputs that aim to contribute to reducing the prevalence of GBV in Seychelles by 2015.

In 2008, Seychelles developed a National Strategy for Domestic Violence which covered the period 2008 and 2009. The Gender Secretariat came to the realisation that in order to ensure the effective and coordinated implementation of the GBV activities, a costed action plan had to be developed. It also became apparent that the country lacked local expertise in order to arrive at this costed action plan. A proposal was successfully submitted to UN Women for technical assistance.

Unlike the National Strategy on Domestic Violence, which focused predominantly on intimate partner violence, the costed action plan targeted a wider range of violence and a greater segment of the population that includes adults, children and juveniles. The Plan of Action incorporated policy makers and community leaders, victims and perpetrators of GBV as well as the general public.

The main aim of the plan includes to reduce the prevalence of GBV and build capacity for an integrated approach to dealing with this social ill. Other objectives include:

- To provide a holistic response, the plan is divided into the following six pillars:
- Awareness Raising and Prevention of GBV: Development of national sensitisation campaigns in the media targeting various groups in society to raise awareness of GBV.
- Standard Procedures, Guidelines and Training Materials: In order to meet the holistic needs of GBV survivors and perpetrators in an effective and timely manner all service providers need to work together. To ensure this, coordination standard procedures, protocols and guidelines need to be developed. Training will also be organised to familiarise the stakeholders with the guidelines.
- Strengthening Service Providers: To keep abreast with the issues of GBV service providers will be given generic and sector specific training.
- Rehabilitation: The plan hopes to develop a national rehabilitation framework that provides support to both victims and perpetrators of GBV.
- Legislation, Advocacy and Lobbying: Advocate for a specific law on domestic violence to criminalise this act, improve police enforcement and strengthen monitoring and evaluation.
- Coordination, Research, Monitoring and Evaluation: A multi-sector body will oversee the plan, and develop monitoring and evaluation tools to ensure that the costed action plan is implemented in an effective and timely manner.

One of the challenges to the successful implementation of the costed action plan is that all the stakeholders will have to work together and remain committed to the cause and there is a threat others may not pull their weight. In addition some of the activities may not get funding. In order to mitigate these challenges and risks a GBV working group was set up to oversee the monitoring and evaluation of the plans implementation. To date the Gender Secretariat has been successful in securing some funds from the Government, WHO and the UNFPA. It is hoped that future collaboration between Seychelles and UN Women can be fostered.

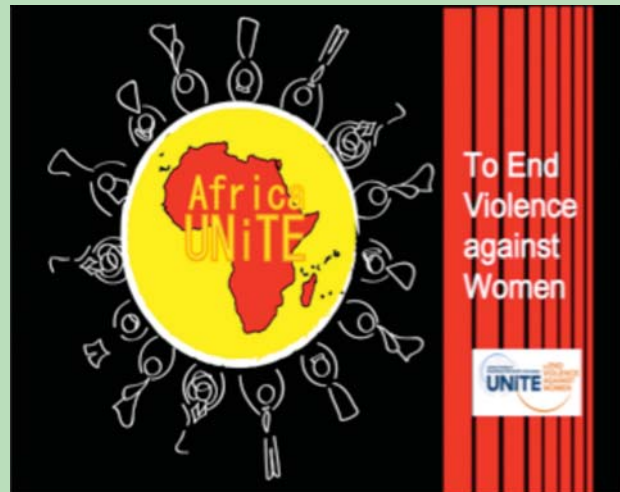
The plan of action is results-based with each activity linked to tangible outputs and outcomes. These include:

the development of a national media plan on GBV; a GBV "Working Together" manual for service providers; accredited core modules on GBV to be taught by local training institutions; a national rehabilitation framework; a specific law on domestic violence; and a GBV working group.

The expected outcomes of the plan are to: increase awareness; break the silence surrounding GBV; reduce prevalence; strengthen service response capacity; improve coordination of all agencies involved in responding to and preventing GBV; improve collection of GBV statistics; and effect measurement through monitoring and evaluation methodologies.

Seychelles rolled out this campaign under the banner UNiTE for Peace to End Gender Based Violence. The wide variety of awareness materials developed and distributed for this campaign, included violence free posters, UNiTE for Peace pledges, t-shirts, leaflets on GBV definitions and leaflets on sexual harassment (in both English and the local Creole language). Maintaining links to such global and other continental strategies to address GBV enhance sustainability of this work in Seychelles. Being a Small Island Developing

State has its own advantages. The intended costs are relatively small but the potential for halving the national rate of GBV by 2015 is within the grasp of Seychellois. Success in implementing at least part of the costed NAP will provide examples of good practice for other countries in the region.



South Africa adopted a 365 Day National Action Plan to End Gender Violence in March 2007. The Task Team formed then involving government and

civil society did not work well. The Ministry of Women's Affairs, Children and Persons with Disability announced after the 2009 elections is now trying to revive coordination efforts.

Advisory Council formed in South Africa

An advisory council is being established to strengthen and coordinate the implementation of the 365 National Plan of Action to End Violence Against Women and Children, says Minister for Women, Children and People with Disabilities, Lulu Xingwana.

Xingwana said the Advisory Council on Violence against Women and Children, comprising key government departments, civil society organisations and other

relevant partners, will ensure that the initiatives are coordinated within a multi-sector response to reverse the tide of violence against women and children.

Reiterating her call to courts not to grant bail to people charged with rape and murder of children, as these suspects often go out and commit more crimes, Xingwana said the extent of violence against children requires the country to take extra measures to address this scourge in the same way it dealt with HIV and Aids.

Source: Excerpt from Bua News (31 May 2011)



Swaziland: Swaziland elevated the Sixteen Day campaign to a year long 365 Day programme in 2007 with a draft action plan based on a 2006 Situation

Analysis commissioned jointly by the Government Gender Unit, CANGO Gender Consortium AND UN Gender Theme group. This draft action plan outlines the intended plan to mobilise all sectors of society in the fight against gender violence. The action plan was framed against the SADC Addendum on the Prevention and Eradication of Violence against Women and Children. A technical team comprising civil society and

government drives the process. A toll free help line for human trafficking survivors that flows from the country's robust legislation to address this gender violation has been established. Priority is given to PEP and specialised services. This is in addition to a proposed bill outlining stricter sentencing recommendations for perpetrators.

Tanzania: In 2001, the Tanzanian government adopted a National Plan of Action to Combat Violence against Women and Children (2001 - 2015). The MoCDGC also collaborated with relevant service



providers and NGOs to draft a National Plan of Action for the Prevention and Eradication of Violence Against Women and Children as well as a National Plan of Action on the Eradication of Female Genital Mutilation (FGM).

These plans call for the reform of systems for both the prevention of and response to GBV in all ministries and related sectors. However, the plans predominantly focus on the legal sector. Moreover, the budgets specified for the activities in the plans have not been given funding allocations. Thus, the MoCDGC has not implemented many activities in the plan.

The National Plan of Action for the Prevention and Eradication of Violence Against Women and Children and the National Plan of Action to Accelerate the Elimination of FGM and other Harmful Traditional Practices are broad, ambitious plans that were written seven years ago when minimal work was being done to address GBV outside the legal sector. Given new areas for concern, such as health, HIV, counselling, and social welfare, as well as emerging lessons learned and guidelines in these areas (such as the WHO's forthcoming guidelines on integrating gender into HIV programs), the MoCDGC should update these plans to reflect current knowledge. The plans should also focus on priority areas and/or lay out phases of action so as to make them manageable and realistic.

Zambia: The new Anti-Gender Based Violence law provides for the formation of a gender-based violence committee to oversee gender-based violence in the country and the setting up of an Anti-Gender Based Violence Fund. It is hoped that this will be harmonised with the National Action Plan to end Gender Based Violence adopted in 2010 by the Gender in Development Division (GIDD). Zambia launched the National Action Plan on Gender Based Violence, the National Gender Communication Strategy and the Gender Song on 25 November 2010. The statement by the Vice President read during the launch by the Minister of Gender and Women in Development emphasised the catalytic role of leaders at all levels,



including herself, in the struggle to end this scourge. Zambia is the first to launch a gender song that will unite women and men in the work to promote gender equality and equity.

Zimbabwe: The Ministry of Women Affairs and Community Development launched a National Gender Based Violence Strategy and Work Plan in 2008.



The strategy seeks to address four key areas being prevention, service provision, research documentation and advocacy and coordination. However they are revising this in view of developments such as the United Nations Secretary General's Campaign on Violence Against Women as well as the Africa Wide Campaign. The recommended actions are consistent with the provisions of the SADC Gender Protocol. Harmonisation is also taking place between the GBV strategy and the Anti Domestic Violence Council Strategic Plan which were developed at the same time. Challenges around implementation include lack of funding in spite of receiving a gender based violence specific allocation from the national budget. The amount allocated is not enough and complementary support comes from UN agencies.

Monitoring and evaluation

It remains challenging to measure and track progress on the elimination of GBV because baseline data is narrow and unreliable. The availability of statistics on different types of GBV experienced or perpetrated is scant with few countries able to show an improvement in collection of more reliable numbers. Most countries are in the process of upgrading information gathering systems within police stations and service centres in order to more accurately record incidence and hence prevalence and extent of GBV.

Botswana, Lesotho, Malawi, Mauritius, Namibia, South Africa, Zambia and Zimbabwe were able to provide updated GBV statistics for the period 2009 to 2010 based on police data. Statistics for Madagascar and Swaziland remain outdated although a new Constitution in Madagascar prohibits all forms of violence on the basis of gender.

Regional: Gender Links GBV Indicators project

The Southern African Protocol on Gender and Development sets a target to reduce by half current levels of gender based violence (GBV) by 2015. The question that arises is how governments will know if this target has been achieved in the absence of baseline information.

The GBV Indicators Project is a regional research study being piloted in the South African provinces of: Gauteng,

Kwazulu Natal, Western Cape and Limpopo; as well as Botswana and Mauritius. The aim of the project is to provide baseline data of the cause, extent, effect, cost of and efforts to end GBV. These will be used to monitor and evaluate the efforts of governments and civil society to halve the current levels of gender-based violence by 2015.

In 2008 a team of experts from Gender Links, the SADC Gender Unit and African Centre for Women at the Economic Commission for Africa (ECA) developed a

comprehensive set of tools to measure the extent, effects and support of and responses to prevention campaigns. After a series of consultations, supported by UNIFEM (now UN Women), the expert group came up with a set of indicators that could be used to collect uniform administrative and survey data across all SADC countries.

The pilot study emerged as a research project involving government departments and civil society organisations responding to GBV. The research findings are intended to lead to policy changes especially in the area of resource allocation and priorities for responding to GBV. The findings will also be used to strengthen the National Action Plans to End Gender-based Violence (NAPs) in the countries where the project is being implemented.

Article 25 of the SADC Protocol says: *“state parties shall adopt integrated approaches, including institutional cross sector structures, with the aim of reducing current levels of GBV by half, by 2015.”* The research answers to this provision because it employs a combination of methodologies to test the comprehensive set of indicators and establish a baseline of GBV in every country targeted with the study. Methods employed are:

- **The prevalence, attitudes and costing household survey** which is the main research component. It involves collecting data from a representative sample of women and men through electronic questionnaires loaded onto palm held computers (PDA's). Two survey questionnaires, one for women's experience and the other for men's perpetration of GBV, were designed to capture data on extent, effect, response and prevention. All the other research components are used to compliment the survey and for triangulation purposes.
- **Interrogation of administrative data** is conducted to document the extent of GBV as recorded in public services namely, the criminal justice system (police, courts), health services and shelters. This data is intended to provide a basis for assessing the costs of GBV and most importantly, information on the use of services by victims as well as the areas in need of improvement.
- **Official written speeches or records of Parliament debates** issued within a period of one calendar year that corresponds to when the household survey was administered are collected and analysed for GBV related content. Political discourse analysis methodology is then used to gauge the merits of politician speeches about or against GBV.
- **Qualitative research of men's experiences of intimate partner violence and first-hand accounts of women's and men's experiences, or “I” Stories** are documented and analysed to establish forms/types and patterns of GBV.
- **GBV content in the media** is analysed by measuring coverage of the issues in the news. This exercise is



Demanding accountability in South Africa.

Photo: Colleen Lowe Morna

conducted as part of the Gender Links Gender and Media Progress study (GMPS). This method assesses whether GBV is a prominent topic; where it is located in the newspapers; depiction of victims; sources of GBV stories and their gender; whether the voice of victims is heard; gender of the reporter; and other important elements related to news reporting which have bearing on the manner and extent of GBV coverage.

One of the major challenges to the GBV Indicators Project is that it requires a high level of financial, human resources and buy-in from governments. In Botswana this has been mitigated by signing a memorandum of understanding with the Women's Affairs Department of the Ministry of Home Affairs (WAD) for the implementation of the household survey. WAD has pledged to provide the research fieldworkers and cover logistical costs including transport and subsistence for the fieldworkers. WAD will also provide computers at the district offices which will be used for data downloads from the digital equipment used in the survey. This resource sharing arrangement will go a long way in managing resource constraints.

Both the methodology and findings of the Indicators Project have outputs that support and strengthen the mechanisms and systems of data collection used by various service providers in GBV. They also provide pointers in terms of state responses to GBV. Although GBV data is routinely collected by police, courts, health services and support organisations, the community based survey methodology used in this research makes it possible to report more accurately on previously undocumented prevalence of GBV in the study sites. The prevalence of GBV obtained through the population based survey is exceptionally high compared to the routinely collected statistics from police and other GBV support organisations. The findings are evidence that governments must acknowledge GBV as a social problem that should be prioritised in all relevant state programming.

The research findings from administrative data analysis and stakeholder engagement point to key gaps in GBV service provision. One major gap identified is the poor data management systems in place in both government and civil society support organisations. Again recommendations to improve coverage and quality of GBV response and support services emerge from research findings. An example is the engagement with the South African Police Services (SAPS) which led to the consensus to add a relationship tick box specifying the connection between victim/survivor and perpetrator when domestic violence is reported or registered at police station level. This move will help to elucidate the actual levels of intimate partner violence reported to police which are currently masked within “domestic violence”.

As such the most significant outcome of the research is a baseline which will be useful in monitoring efforts made by governments and civil society to end GBV. Evidence from the research is valuable in holding governments accountable to addressing gender violence. The research will also contribute to the improvement of the quality of GBV services offered to survivors.

In order to achieve this continual effort to secure political buy and commitments from governments is necessary. States must be encouraged to adopt the indicators developed by GL and partner organisations as well as to take responsibility for conducting further GBV research. The WAD partnership where the Botswana government has committed to covering up to 80% of the implementation costs of the project is an example

of successful lobbying. It is an illustration of good practice that can be replicated elsewhere.

More attempts to secure similar agreements with other southern African governments continue. Opportunities of adoption of the indicators and potential research funding by state entities in other countries were discussed at a regional meeting to review the implementation of NAPs in February 2011. The WAD partnership was showcased as an ideal model of civil society and government partnership. The outcomes from the meeting pointed to the need for an advocacy campaign to lobby governments to adopt the indicators and fund periodic research.

The GBV Indicators Project is an initiative that moves the region further towards the target of halving GBV by 2015. It provides those working in the area of GBV with the tools to accurately measure the desired decrease (and other movements) as well as monitor and evaluate successful attainment of this target. However, more energy and commitment has to be put towards raising resources for undertaking the research and training relevant state bodies and individuals to conduct the studies. Relevant methodologies must be applied to existent data collection efforts and systems and most importantly the findings emerging from the research must be applied. Overall this project represents an excellent opportunity for the southern African region to contribute to knowledge production on a global phenomenon with primary research derived from the region itself.

Missing areas - gender violence against sexual minorities: The SADC Gender Protocol does not carry any specific provisions against GBV towards Lesbian, Gay, Bisexual, Transgendered and Intersexed (LGBTI) people. Beyond state response to GBV as a whole, there is little state recognition of this crime and negative attitudes from

the general public and State authorities prevail. There is little evidence of public or state condemnation of this hate crime. Local organisations, coalitions and activist groups have however made considerable progress in setting and influencing the agenda to recognise and protect the rights of LGBTI people in South Africa.

Breakthrough on hate crimes in South Africa

The South African Constitution is the only one in the SADC region that outlaws discrimination based on sexual orientation. Yet this is also the country with the widespread phenomenon of “corrective rape” - the term given to describe the act of raping lesbian women so that their “obvious deviance” from normal sexual and feminine expression can be restored. This often violent and brutal rape of women in relationships with other women is one of the most recent blatant manifestations of GBV in the southern African region. In 2011 alone there have been six highly publicised cases

of brutal beatings, sexual violence, rape and murder of this group. These displays of intolerance and hatred are primarily perpetrated in South Africa's townships.

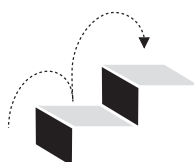


The brutal beating, rape and eventual murder of Noxolo Nogwaza in Kwathema Township in the Gauteng province of South Africa led to an international outcry that finally promoted the South African government to act. Nogwaza was severely violated by men she most probably knew; many survivors attest to the verbal abuse by violators known to them³⁶.

³⁶ Michael Jones, (2010). *Five hours of trying to rape a lesbian straight*. Available at: [<http://news.change.org/stories/five-hours-of-trying-to-rape-a-lesbian-straight>] Accessed 13 July 2011.

In May 2011, following a global campaign for government to take action on the deaths of these South African women, the government established a task team to tackle violations of LGBTI people. Set up through the Ministry of Justice this task team aims to: get sexual orientation included in the Sexual Offences Act; expand the mandate of magistrates courts to enable them to address issues of discrimination

and harassment on the basis of sexual orientation as well as deal with hate crimes; sensitise service providers particularly South African police, justice ministry and National Prosecutors Office on LGBTI issues.³⁷ During the past year South Africa also put forward the motion to adopt the UN Resolution to prevent discrimination against sexual minorities at the Human Rights Council.



Next steps

SADC states far from meeting targets: Overall there are key developments towards ending gender violence in the region by both state and non-state actors. But more needs to be done. A lot of commitments are reflected in National Action Plans to End Gender Violence but this need to be translated into action. There is no information on costing of National Action Plans except for Seychelles and Lesotho. Key next steps include:

- **Costing of the National Action Plans:** All countries should cost National Action Plans to end gender violence, taking a cue from Seychelles.
- **Coordination:** Civil society working in the gender violence sector need to coordinate their efforts in country and across countries to be able to make an impact. This will facilitate sharing of good practices, challenges and successes. This could be achieved through forming a regional GBV cluster or network. This could be either a loose structure or formal with a reporting structure to facilitate feedback on work taking place.
- **Popularisation of the Protocol:** Draw up a strategy for popularising targets set in the draft Protocol whether it is signed off or not to ensure that countries begin to work towards achieving these should the Protocol be eventual passed.
- **Targets and NAPS:** Ensuring that these targets are mainstreamed into National Action Plans or Strategies to End Gender Violence and report back after one year on whether this has been achieved.
- **Prevention:** Put more emphasis on gender violence prevention through communication for social change.

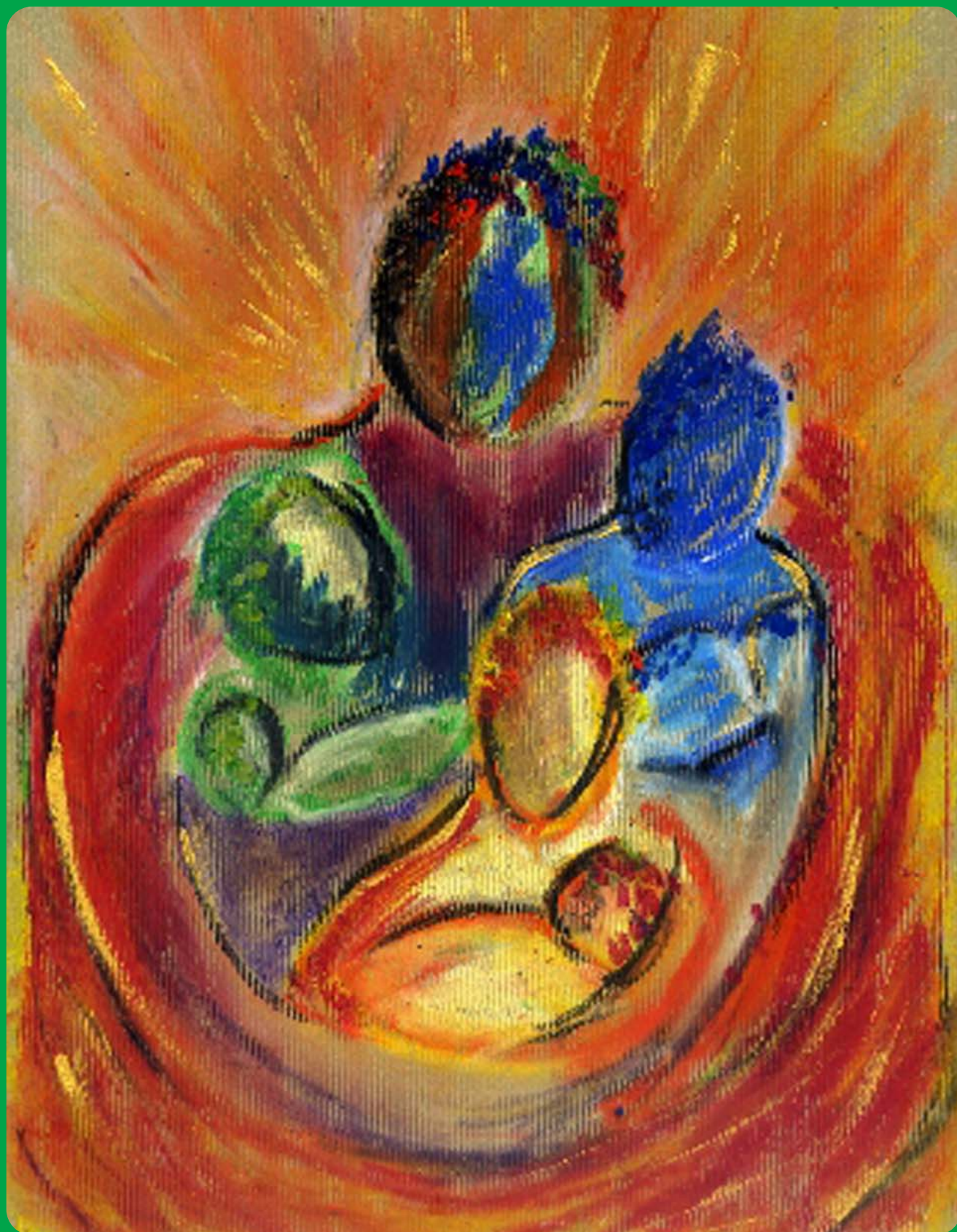
Mount a prevention campaign that can be a flagship for the region - with common messaging.

- **Trafficking:** Related to this is prioritising a concerted advocacy campaign that countries pass legislation on trafficking. This is a less controversial subject and could easily pass legislative authorities. Technical expertise is readily available from IOM.
- **Sexual minorities:** This is an area that the Protocol has shied away from dealing with but that clearly needs to be put on the agenda.
- **Indicators:** Collaboration on finalising draft indicators for measuring GBV in Southern Africa should also be prioritised, following the example set by South Africa, Botswana and Namibia. This will form baseline data for the region to measure progress and gaps in the future. This should include prevalence and attitudes surveys. It is important to develop an M and E toolkit and scorecard that could be used annually.
- **Audit of NAPS:** Carry out an annual audit of status of the remaining countries on adopting and implementing their National Action Plan or Strategies to End Gender Violence and apply peer pressure.



Photo: Gender Links

³⁷ Benjamin Joffe-Walt, (2011). *South Africa Responds to 'Corrective' Rape Campaign with National Task Team*. Available at: <http://news.change.org/stories/south-africa-responds-to-corrective-rape-campaign-with-national-task-team>



A different kind of family

Anushka Virahsawmy



CHAPTER 6

Health

Article 26



Clementina Comate, GEMSA Mozambique country facilitator, explains the SADC Gender Protocol to a woman seeking health care.

Photo: Trevor Davies

KEY POINTS

- Despite the provisions for sexual and reproductive health and the fact that most countries have some policy framework to cater for this, contraceptive usage varies from 6.2% in Angola to 75.8% in Mauritius. However, indications are that modern contraceptive uptake is on the rise in most countries in the region.
- The most commonly used contraceptives in the region are via injection and the pill. Access for adolescents and young unmarried women is problematic due to the legal age of consent for medical procedures laws and attitudes of health personnel.
- Choice of termination of pregnancy is only fully legal and accessible in South Africa.
- Zambia's case is unique in that abortion is legally permitted but due to stigma, cultural attitudes, women's lack of decision-making power over reproduction and lack of knowledge about the availability of safe abortion, unsafe abortion is rife. Women are supposed to consult with, and then get approval from, three physicians before they can go to one of the few facilities that perform safe abortions.
- Mauritius has the region's lowest maternal mortality with 28 deaths per 100 000 compared to 1 140 per 100 000 in Malawi (the second highest rate in Africa, after Liberia).
- HIV is a major contributor to high maternal mortality rates. Estimates indicate that mortality and morbidity rates among HIV positive women are double those among HIV negative women.
- In seven of the 15 countries, less than 60% of births are attended by skilled personnel.
- Sanitation coverage ranges from 91% in urban and rural areas in Mauritius and Seychelles, and only 14% in Madagascar (10% in rural areas). While improvements in sanitation have been prioritised for inhabitants of rural areas, access for inhabitants of informal settlements has not improved.



Manusea Mento works at a medical lab in Mozambique.
Photo: Gender Links

The state of women's sexual and reproductive health is an important global health and development indicator. However, support for it is woefully inadequate in many Southern African countries. Pregnancy-related complications are a leading cause of death of women in their childbearing years. Maternal mortality is the area of public health that has the greatest disparities between developed and developing nations. A woman in sub-Saharan Africa has a one in 16 chance of dying in pregnancy or childbirth, compared to a one in 4000 chance for a woman in a developed country - the largest difference between poor and rich countries of any health indicator.

The reason for these disparities is mostly linked to inadequate health facilities with insufficient or inadequately trained health professionals. This affects women's access to relevant services. Where services are available, several reasons contribute to reducing women's access including long distances to health facilities; negative attitudes about health personnel; lack of knowledge about available services; inability to make sexual and reproductive health choices; traditional beliefs and customs; and the high cost of some services.

Failure to ensure women's access to sexual and reproductive health services and information has broad implications for national and regional development. At least 20% of the burden of disease in children below

the age of five is related to poor maternal health and nutrition. It is also related to the quality of care at delivery and during the newborn period. Each year, an estimated eight million babies die before or during delivery or in the first week of life due to pregnancy and delivery-related complications. Further, many children are left motherless each year: these children are ten times more likely to die within two years of their mothers' death.¹

The urgent need to adequately address women's sexual and reproductive health requirements and access is reflected in a number of global declarations and resolutions to which SADC Members States are signatories. Foremost are Millennium Development Goals 4 and 5: To reduce the child mortality rate by two thirds; and the maternal mortality ratio by three quarters between 1990 and 2015. Strongly linked to these is Goal 6: To halt or begin to reverse the spread of HIV and AIDS, malaria and other diseases. In order to achieve these goals, effective, low-cost interventions to address maternal mortality now exist and are being harnessed with government support and leadership in countries throughout the region.

Yet earlier this year a high level consultation co-hosted by UNAIDS Executive Director Michel Sidibé, UN Women Executive Director Michelle Bachelet and UNFPA Executive Director Babatunde Osotimehin at the 55th Session of the Commission on the Status of Women (CSW53) expressed concern about the reported violations of the sexual and reproductive rights of women and girls living with HIV. For example, HIV positive women are advised not to engage in sexual relationships and scolded when they seek health care during pregnancy which presents a barrier in terms of accessing prevention of mother-to-child HIV transmission and safe delivery services.² Such violations impact women's desire to have children, as well as their access to prevention, treatment, care and support.

The specific women's health Protocol targets for 2015 build on the MDG goals as well as the International Conference on Population and Development (ICPD) which followed the Beijing Conference. They call on SADC countries to:

- Adopt and implement legislative frameworks, policies, programmes and services to enhance gender sensitive, appropriate and affordable quality health care;
- Reduce the maternal mortality ratio by 75%;
- Develop and implement policies and programmes to address the mental, sexual and reproductive health needs of men and women; and
- Ensure the provision of hygiene and sanitary facilities and nutritional needs of women, including women in prison.

¹ UNICEF 2010.

² The right of women and girls living with HIV to sexual and reproductive health takes centre stage at the CSW. <http://www.eatg.org/eatg/Global-HIV-News/World-Policy/The-right-of-women-and-girls-living-with-HIV-to-sexual-and-reproductive-health-takes-centre-stage-at-the-CSW>. Last accessed 26 July 2011.

As emphasised at the International Conference on Population and Development (ICPD) which followed the Fourth World Conference on Women in Beijing in 1995, sexual and reproductive health is at the centre of human life and of improving women's health. WHO has defined sexual health as "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."³

In the latter part of the 20th century, Southern Africa made impressive gains in child health, access to primary health care and maternal health. However, all of this progress across the SADC region is currently being threatened. While life expectancy is higher for women than men across most SADC countries (11 of 15), 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, unsafe pregnancy and lack of control over their physical integrity. Table 6.1 below presents some of the key statistics on these issues and is referred to throughout the chapter.

Table 6.1: Sexual and Reproductive Health

Indicator	Angola	Botswana	DRC	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
% Contraceptive use among sexually active women	6	44	21	47	40	41	76	17	55	41	60	51	34	41	60
Country policy on termination of pregnancy	Illegal	Permitted in first 16 wks in case of rape, defilement, incest	Illegal	Illegal	Illegal	Illegal	Illegal	Illegal	Illegal	Illegal	Legal	Illegal	Illegal except when necessary to preserve a woman's life	Legal only in limited circumstances	Legal, but access is hampered by lengthy procedures and requirements before a woman can access an abortion
*Current maternal mortality rate (out of 100, 000)	593	519	534	964	373	1140	28	599	586	64	237	736	449	603	624
% Births attended by skilled personnel	47	95	74	62	44	56	100	48	81	100	91	74	51	47	69
% Total coverage of sanitation facilities	57	60	23	29	11	56	91	17	33	100	77	55	24	49	44
% Urban coverage	79	60	42	82	18	51	100	53	66	100	86	64	31	55	63
% Rural coverage	16	30	25	39	10	62	100	19	18	100	44	46	34	51	37

Sources: * Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5, www.thelancet.com and WHO (2010), data on % of births attended by skilled personnel, countries sorted by latest available data since 2000. WHO (2010) information on basic sanitation as at 2008. Published online April 12, 2010; Botswana Statistics Office, 2007. Madagascar Health Statistical Yearbook 2007. Malawi - UNICEF Report 2006. Mauritius - Ministry of Health 2007, Seychelles - Department of Health Survey 2009. Swaziland - Demographic Health Survey 2007. Tanzania Strategic Plan to reduce Maternal Mortality 2008.

Sexual and reproductive health



By 2015 countries should develop and implement policies and programmes mental, sexual and reproductive health needs of women and men.

³ World Health Organisation (2002). The world health report 2002 Reducing risks, promoting healthy life, World Health Organisation.

Women globally and in Southern Africa suffer from lack of control over their own sexuality.

As it is intimately related to economic independence, this right is most violated in those places where women exchange sex for survival as a way of life. This is not about prostitution but rather a basic social and economic arrangement between the sexes which results on the one hand from poverty affecting men and women, and on the other hand, from male control over women's lives in a context of poverty. By and large most men, however poor, can choose when, with, whom and with what protection, if any, to have sex. Most women cannot exercise these same choices.

Women suffer from poor reproductive and sexual health, leading to serious morbidity and mortality.

All forms of coerced sex - from violent rape to cultural/

economic obligations to have sex when it is not really wanted, increases risk of micro lesions and therefore of STI/HIV infection. In addition, women are subjected, often with no choice as to whether to participate or not, to a variety of harmful cultural practices, among them female genital mutilation, "dry" sex and forced early marriages before their bodies are mature enough for reproduction.

Stigma and discrimination in relation to HIV and AIDS (and all STIs) are much stronger against women:

HIV positive women experience violence, abandonment, neglect (of health and material needs), destitution, ostracism from family and community. Furthermore, women are often blamed for spread of disease, always seen as the "vector", even though the majority are infected by their partner or husband.

DRC: Women's bodies "battleground"



Maria Malele, 20, looks down at her hands while she explains in her native Swahili how she was gang-raped by rebels in her home in Eastern Democratic

Republic of the Congo (DRC), six months ago.

"I had returned home in the morning from our hiding spot in the forest to get some food. Two rebels entered the house and two stayed outside, they asked me, 'where's your husband' and I said 'he's not here', and then they grabbed me, threw me to the ground and raped me. I tried to fight them off but they were much bigger than me and I was nine months pregnant. So, I couldn't and three of them raped me. All of this time my child was sitting next to me crying and calling for his dad."

When they left, Malele was left bleeding and semi-conscious on the floor of her home. Shortly after, she went into labour with her husband and child at her side. She gave birth to a stillborn baby.

Half a year may have passed since her rape, but for Malele, the pain has not gone away. She lost her child, her strength, her dignity and potentially her husband and livelihood.

Malele is from the mineral rich region of Shabunda in South Kivu Province, Eastern DRC. For years, the bodies of women in Eastern DRC have provided the battleground for armed groups.

Rape is a cheap, effective and easy weapon used by foreign and local armed groups, as well as the Congo-

lese national army. During the 20 years of fighting in DRC, hundreds of thousands of women and girls have been raped. On average more than 1,500 women are raped every month by armed groups in Eastern DRC and increasingly by civilians, as rape has become a rule and not the exception.

"As soon as an armed group considers that the civilian population it is confronted with is against its presence, it will commit crimes against it, including sexual violence. It is a form of terrorism that is employed by armed groups, specifically in areas where there is no authority," says Aziza Aziz-Suleimani, of the United Nations Population Fund, the UN agency tasked with mapping sexual violence in DRC.

Armed groups rape women to terrorise populations, force them to flee, control them, and to punish them for alleged support of the enemy. These rapes are often extremely violent. Women are tortured, gang raped, and mutilated by perpetrators. Often they are left disabled for life.

"We receive women who have been raped, some by two, three, even ten rapists. We have cases where women have been raped vaginally, anally, orally, and then some are forced to have sex with their children, even their grandparents. There are others that are taken to the forest and tortured. We see the signs from their torture, marks from being tied up, burnt and even cut repeatedly by machete," says Esther Munyerekana Nakashunjwe, a nurse at the Panzi hospital.

The widespread and systematic use of rape as a weapon of war by armed groups has led to a multitude of

⁴ 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

physical, psychological, socio-economic and socio-cultural effects.

Physically, women can catch sexually transmitted infections, HIV and AIDS, fall pregnant, or suffer from fistulas or other complications from violent sexual acts. Since being raped Malele suffers from a severe fistula. Despite two reconstructive surgeries her incontinence continues.

"The doctors told me I have two holes, so it going to take longer," she says. According to Aziz-Suleimani, the number of rapes in Eastern DRC could be much higher, as many cases go unreported due to the stigma, shame and fear. Women who have been raped run the risk of being rejected by their husband and family.

"Socially, a woman who has been raped is victimised two times. She is considered as an adulterer, and if she is not abandoned by her husband she can be asked to pay a fine by her husband because she had sexual relations with another man, even though it was out of rape."

Malele said she was lucky because her husband did not leave her after she was raped, but it has now been six months since she has seen him and she is beginning to doubt their marriage. "I'm worried now that he's left me because the whole time I've been here, he has never come to see me. During both of my surgeries he never came so maybe he's left me without telling me. Before I go back, I would like to find out."

(Excerpt from an article in the GL Opinion and Commentary Service by Tanya Castle)

HIV is the leading cause of death for women in the reproductive age 15-44: This is true in the SADC region and in many parts of the world.

Violence against women has serious consequences for physical and mental health: Abused women are more likely to suffer from depression, anxiety, psychosomatic symptoms, eating disorders, and sexual dysfunctions. Violence may affect the reproductive health of women through: the increase of sexual risk-taking among adolescents; the transmission of STIs; including HIV and AIDS; unplanned pregnancies; various gynaecological problems including chronic pelvic pain and painful intercourse. Consequences such as HIV and AIDS or unplanned pregnancies may in themselves act as risk factors for further aggression, forming a cycle of abuse. Effects of violence may also be fatal as a result of intentional homicide, severe injury or suicide.

Violence presents an undue burden on the health system: Studies from the United States, Zimbabwe and Nicaragua indicate that women who have been physically or sexually assaulted use health services more than women with no history of violence, thus increasing health care costs.

Broadening definitions: Where sexual and reproductive health had previously been treated as an issue within the domain of health care and service access, the definition of sexual and reproductive health adopted at the International Conference on Population and Development (ICPD) reads as follows:



Themba Theatre perform during Sixteen Days.

Photo: Gender Links

"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and processes.

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the

law, and the right to access appropriate health care services that will enable women to go safely through pregnancy and child-birth and provide couples with the best chance of having a healthy infant.

In line with the above definition of reproductive health, reproductive health care is defined as 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

The adoption of this definition marked the beginning of a new era:

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 have control over their sexuality. Increasingly, the terms sexual and reproductive rights have been used in policies and programmes throughout the world. However, in Southern Africa some reservations have remained and the extent to which sexual and reproductive rights for women are discussed, understood and provided for in regional and national policies is limited .

But there are major challenges: Key challenges to attaining sexual and reproductive health are HIV and STIs, unintended pregnancy and abortion, infertility and cancer resulting from STIs and sexual dysfunction. Gender inequality and gender-based violence also impact significantly on the attainment of sexual and reproductive rights for women and girls.

Family planning



Sub-Saharan Africa has the highest total fertility rate in the world, but some countries in the region are undergoing dynamic and unprecedented fertility transitions⁵. 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 in some countries in Southern Africa. Higher uptake of modern contraceptive use has been observed in Madagascar, Malawi, Mozambique and Tanzania, where there have been improvements in family planning services.

In **Botswana** the BIAS 1V report indicates that the country's fertility rate has decreased significantly from 5.0 children in 1988 to 4.3 children in 1996 to 2.9 children in 2007. The report also found that the median age at first pregnancy is 18 years.



Family Planning services have been established in many Southern African countries. Access to a range of contraceptives is also available and information and counselling is often provided. However, it is important to note that often family planning is seen as a "woman's issue" and men are rarely involved. Equally, 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.

The region is characterised by low numbers of youth-friendly clinics that encourage uptake of contraceptives, including condoms as well as screening of, and treatment for, STIs among young people. This translates into low access to, and use of, contraceptives by young and unmarried women, contributing to high rates of unwanted pregnancy, and consequently, to an increase in unsafe abortions. The following are key findings from the research:

Governments are increasingly establishing youth friendly clinics to prevent STIs, including HIV, and to reduce the incidence of maternal mortality and unsafe abortions: Malawi has put in place Youth Friendly Services Standards, aimed at promoting provision of SRH services to young people. Services provided at community level for young men and women include the provision of oral contraceptives, condoms, maternal and neonatal care and adolescent growth,

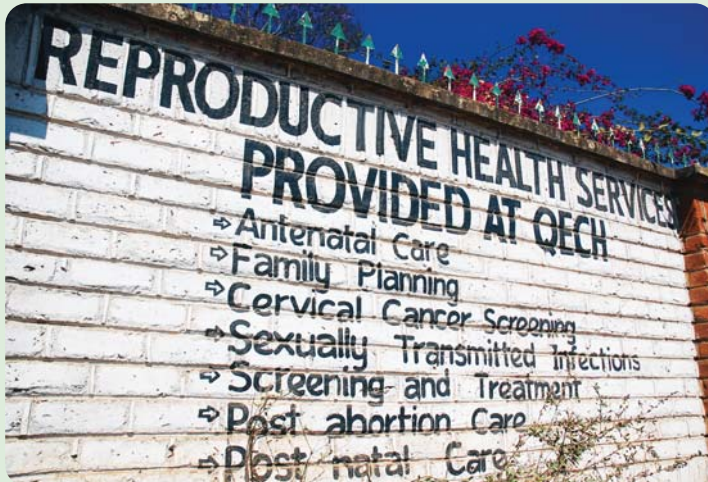
⁵ (Sharan et al, 2009).

HIV counselling and testing and referrals for other services. Illustrating government's commitment to providing youth friendly sexual and reproductive health services, in 2010 there were 1609 health facilities providing youth friendly services, an increase from 8% in 2004 to 85% in 2010 (Reproductive Health Unit, 2010).

In Botswana, the Department of Youth coordinates the HIV and AIDS youth sector, which specifically deals with HIV among those 10-24 years old. The country recognises the urgent need to develop policies and guidelines to cater for adolescent sexual and reproductive health.



Malawi: Unsafe abortions and health care



The young woman slumps in a white plastic chair. She is still woozy from anaesthesia and her eyelids sag. She has just emerged from the operating theatre, where a clinical officer scraped clean her womb to remedy the results of an incomplete abortion.

Joyce Phiri* is only one of many women admitted daily to Queen Elizabeth Central Hospital (QECH), in Malawi's commercial capital Blantyre, for complications of unsafe abortions. Winasi Boma, a supervising nurse at QECH, says the gynaecology ward admits about 20 women each day. Roughly half of these, he says, are there for post-abortion care.

Like most of its neighbours in the region, abortion is illegal in Malawi (except to save the life of the mother). Phiri, a 21-year-old mother of two, sought to terminate her pregnancy only after a contraceptive implant failed. Clinicians at the health centre, operated by a major Malawian non-governmental organisation, apologised for the failure and offered, Joyce says, to "clean out" her uterus. She underwent "some sort of suction" (likely manual vacuum aspiration, according to Boma) and returned home. Two days later, severe pains wracked her lower abdomen. A visit to QECH revealed that products of conception still remained in her uterus.

Bonus Makanani, head of the Department of Obstetrics and Gynaecology at University of Malawi's College of Medicine, says QECH commonly sees women who have

sought abortions from health care workers - clinical officers, nurses, medical assistants, occasionally medical doctors.

"A lot of them think they've got the theory, but I am not certain that they have the practical experience to undertake such procedures," Makanani says. Such workers may begin the process and then send the woman to QECH once complications arise. Other women seek to induce an abortion by ingesting detergent powder, consuming drugs or herbal concoctions, or inserting sharp objects vaginally. Such methods can rupture the uterus or bowel and lead to infection, bleeding and in some cases infertility or death.

The World Health Organization estimates that 19 million unsafe abortions occur worldwide each year, killing 70 000 women. Most of these deaths occur in poor countries with restrictive abortion laws, such as Malawi.

Malawi's maternal mortality rate -- estimated to be as high as 1140 deaths per 100 000 live births -- already ranks as one of the world's worst. A recent study by the Ministry of Health, titled the Strategic Assessment, Magnitude and Consequences of Unsafe Abortion, found that abortion accounts for nearly a quarter of these deaths.

Another study, by Malawi's Family Planning Research Centre, found that half of the women who suffer abortion-related complications are under the age of 25. At QECH, 54% of abortion-related deaths between 2001 and 2008 occurred among this age group.

By providing post-abortion care at public hospitals, government implicitly acknowledges that illegal abortions take place in Malawi. Yet the topic remains deeply taboo. Even when women arrive at QECH with sticks in their uterus, they deny having induced an abortion. Beyond legal penalty (women are liable to seven years in prison and abortionists to 14), women fear social discrimination. Women also face verbal abuse from hospital staff.

**Not her real name*

(Excerpt from a GL Opinion and Commentary Service article by Rebecca Jacobson)

But 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 and 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 they should not need SRH services.

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 without parental notification and/or consent. While these laws are meant to protect young people, they sometimes have the opposite effect: that of barring young people from accessing vital SRH services. Given this scenario, it is important to increase youth-friendly SRH services in countries like Botswana. Botswana's 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, where the age of consent is 18 and the medial age for sexual debut for girls is 17, the need for such services cannot be over emphasised. In Seychelles, contradictory laws mean that adolescent girls' access to contraceptives is often hampered. 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.⁶

There has been a shift in thinking on family planning and reproductive health policies: Of the 11 SADC countries where data could be obtained, five have a family planning policy (Angola, Botswana, Madagascar, Swaziland and Zimbabwe) and six have a reproductive health policy (DRC, Lesotho, Malawi, Mauritius, South Africa and Zambia). Historically, until the late 20th century, policy focus was very much on fertility control aimed at controlling population numbers. Within the last ten years there has been a move in policy discourse towards broader reproductive health policies which are based upon human rights and choices⁷ and consider both men and women's reproductive needs.



Children in Malawi look to the future.

Photo: Colleen Lowe Morna

According to the International Conference on Population and Development (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. It also aims to promote 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 under traditional family planning policies. Furthermore, it addresses the issues of HIV and AIDS and sexually transmitted infections as part of its discourse.⁸

It is clear SADC countries are gradually adopting this approach; Lesotho and Malawi adopted reproductive health policies in 2009. It can be argued that updating the existing family planning policies that are still in place in the SADC region to the rights-based reproductive health approach could assist the SADC countries in meeting the health provisions of the SADC Gender Barometer, being more gender aware and taking into account the wider reproductive issues the SADC region is facing.

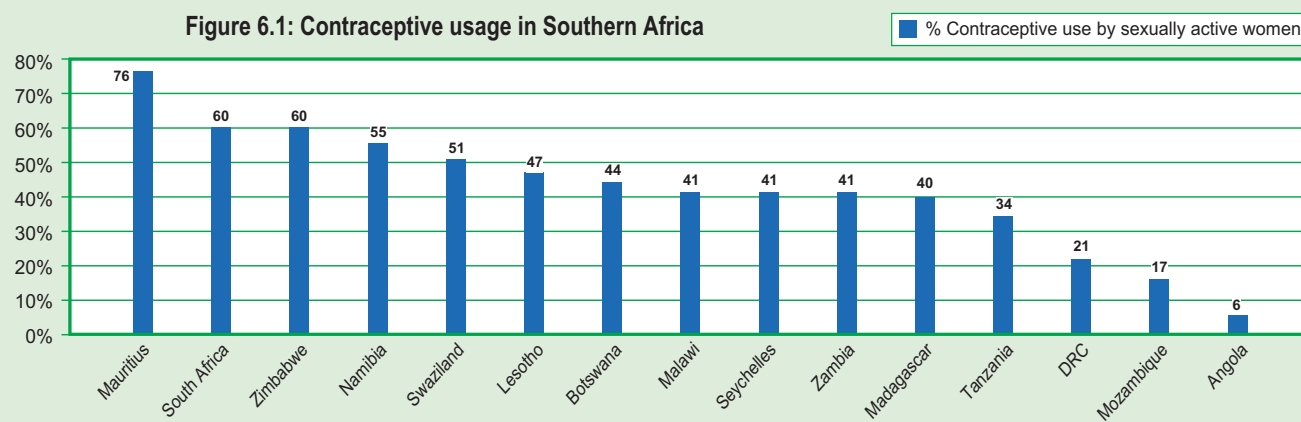
Contraception use is still low but it is improving: Figure 6.1 shows that five of the 15 SADC countries (Mauritius, Namibia, South Africa, Swaziland and Zimbabwe) now have contraceptive use rates of more than 50%. Angola, with one of the highest birth rates in the world, stands at a regional low of 6%.

⁶ Government of Seychelles, 2010.

⁷ Anderson, 2005.

⁸ ICPD 1999.

Figure 6.1: Contraceptive usage in Southern Africa



Source: World Health Organisation (2010).



It is interesting to note that while **Mauritius** enjoys the highest contraceptive prevalence in the region, it also has the highest number of women using the sympto-thermal method of contraception which neither protects against HIV and AIDS nor is as effective as modern, hormone based methods.

In **Zimbabwe**, the contribution of the community-based distribution network as a source of contraceptives, which has been a key driver of the family planning programme over the last two decades has declined to below 5%. The unmet need for family planning has, however, remained at 13%.



In **South Africa**, the health system freely distributes the male condom and civil society and the private sector are also using their own platforms and spaces to distribute and provide alternative access points

to the male condoms distributed by the Department of Health. As a result, one seldom goes anywhere without seeing a full or empty male condom box or dispenser in many public spaces.

The gap between knowledge of contraceptive use and actual use is still too large: For example according to the Botswana Family Health Survey of 2007, 98% of all women and men between the ages 15-49 know at least one method of family planning. Among women, the most common method known is the male condom (97%) followed by the pill (87%). The data indicates that among men, the male condom is the most popular (95%) followed by the injection (73%). There is a significant difference between knowledge of family planning methods and use of the methods (53% and 47% for female and males respectively). It is important that relevant education based on participatory methods be strengthened to increase the use of modern methods, especially the male and female condom, to prevent early pregnancy and HIV infection.

Malawi employing community-based distribution agents to relieve human resource shortages



The Government of Malawi is implementing a number of low-cost innovative strategies aimed at increasing family planning coverage. One of these is the Community-Based Distribution Models in which community-based distribution agents have been trained to address gaps in knowledge in access to, and utilisation of, the wide range of available family planning services as community level.

The intervention was piloted in ten districts and was scheduled to be rolled out to the remaining 18 in 2010. The engagement of community-based distribution agents is important in relieving severe human resource

shortages. Further, the government recently formulated a policy that authorises health surveillance assistants to provide Depo-Provera at community level, increasing the number of women reached with family planning information and methods, and in particular with Depo-Provera. Between 2008 and 2009 Depo-Provera was the most preferred family planning method.⁹

With technical and financial support from Management Sciences for Health, 1400 Health Surveillance Assistants have been trained and now provide injectables at community level in eight of the 28 districts.¹⁰

⁹ SAfAIDS, 2011.

¹⁰ Ibid.

Married women lack decision-making power: For married women, the issue of contraception is more problematic because married women in the SADC region are rarely the “decision makers” in their homes and are often not empowered to make decisions about their reproductive health, resulting in increased vulnerability to unwanted pregnancy, HIV and sexually transmitted infection. It has been suggested that successful programme strategies in Africa must promote methods that are temporary, can be used covertly by women, and which do not have to be stored at home.¹¹ This would help explain the popularity of the contraceptive injection and the pill as the main contraceptive methods. Increased contraceptive access and use throughout the SADC region has an impact not only on the health of women but society as a whole; couples who have adequate knowledge about the benefits of family planning are more likely to have a small family size and hence have better health outcomes compared with those who have less knowledge.

Contraceptive use remains higher among unmarried women. In order to achieve the MDGs, the Government of Tanzania committed to reinforcing the implementation of the policy for provision of free reproductive health services and to increasing the contraceptive prevalence rate from 28 to 60% by 2015. The country's progress towards this goal has been slow. At the end of 2010, about 34% of married women were using some form of contraception; 27% were using a modern method and 7% traditional methods. The most commonly used modern methods were injectables, used by 11% of married women, the pill (7%) and female sterilisation (4%). Contraceptive use was reportedly higher among sexually active unmarried women at 48%.¹² Some documented factors that contribute to low contraceptive prevalence are: low acceptance of modern family planning methods; patchy supplies of contraceptives with limited range of contraceptive choices; and inadequate knowledge and skills of providers leading to biases that affect clients' informed choice.

The rights of HIV positive women to choose to have children are not always respected: This is despite the increased availability of PMTCT, and safer delivery options in most countries in the region. Women in Southern Africa report that even when policies are in place to protect their rights to safe and full reproduction, the practice on the ground, in hospitals

and clinics, does not always support them in accessing this right.

This is illustrated by cases of forced sterilisation of HIV positive women in public hospitals: Namibia, and most recently South Africa, have been in the news about the worrying trend of forced sterilisations of HIV positive women seeking sexual and reproductive health services, mostly pregnancy-related, in public hospitals. In 2009, 12 Namibian women sued the Namibian government and took it to court after they were sterilised in Namibian hospitals because they were HIV positive. Along with sterilisation, they also faced related violations, including a refusal to provide healthcare services, hostile attitudes from health staff, stigma from hospital staff and breaches of confidentiality.¹³ Cases of forced sterilisation have been documented in South Africa as well. In South Africa, and in contravention of

Section 12 of the Constitution, which guarantees bodily integrity, indications are that in at least four provinces forced sterilisation is being practiced by the public health service, especially in poor informal settlements and rural areas. From a legal point of view, forced sterilisation violates a woman's right to control her own body and to make her own reproductive decisions. This is a basic human right, enshrined in a number of human rights documents.

Sexual and reproductive health programmes and information, particularly those promoting safe motherhood, need to target drug using mothers: This is particularly true in Seychelles and Mauritius. In 2009 the Seychelles recorded an alarming number of women who were also addicted to heroin. Drug addicted women often come late for antenatal classes, deliver at home, and pose a greater risk of transmitting HIV to their unborn children if their drug use is intravenous.¹⁴

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 issue that often gets raised about the female condom is that it is not as easy to use as the male condom, which suggests that the only way there will be more uptake of the female condom is if it coupled with education on how to make use of it.

Men's involvement in sexual and reproductive health issues remains insufficient: Only four of the



¹¹ Sharan, 2009.

¹² Tanzania National Bureau of Statistics, 2010

¹³ ICW, 2009

¹⁴ Government of Seychelles, 2010

15 countries mentioned any campaigns in the SADC region that involve men in family planning (Lesotho, Mauritius, Malawi and Zambia). In Malawi, civil society works with men as strategic partners in the implementation of family planning initiatives and in Mauritius there is a "Men As Partners Initiative" which promotes men's responsibility and participation within the family and community so as to enable the effective empowerment of women and the enhancement of the quality of life of the family as a whole. There is evidence to suggest that much of the campaigning in the SADC region which promotes men's involvement in sexual and reproductive health is less to do with family planning and more to do with HIV and AIDS and the spread of Sexually Transmitted Infections. Although these messages are obviously very important, there is a need for men to be educated about their roles and responsibilities and the ways they can work as partners to help improve all aspects of women's health, not just HIV and AIDS prevention as all aspects of women's health have an impact not only on women but on society as a whole.



Men need to get involved in reproductive health matters.

Photo: Trevor Davies

The right to choose

Any discussion about abortion and a woman's right to choose remains contentious, with those who do not support abortion citing various moral, religious and cultural factors as to why it should remain illegal. The reality on the ground, however, is that women continue to access unsafe abortion and as a result of this, thousands die each year, while others suffer permanent

damage, infertility, chronic illness and other conditions. There is a great need for emergency services for post-abortion care, information and communication around the availability of services, family planning post abortion counselling, as well as an enabling policy environment.

While this is not an issue provided for in the Protocol, it is being debated increasingly throughout the SADC region. With only South Africa and Zambia having legalised abortion, there is obviously still great resistance to the issue across the region. However, given that illegal abortion is one of the main reasons behind high maternal mortality rates throughout the region and the fact that there are many unplanned pregnancies throughout the region, it is clear that there needs to be more dialogue about abortion in the SADC region.

In **South Africa**, the Choice on Termination of Pregnancy Act 92 of 1996 ensures that a woman is able to access a termination of pregnancy without the consent of her partner, or in the case of a minor, her parents. This procedure has to be conducted at a designated institution and medical practitioners are obliged to inform women of their rights. Any obstruction or prevention of this right is considered unlawful.



In **Lesotho**, although there are policies in place to address issues of reproductive health, there are few regarding issues of termination of unwanted pregnancy. Abortion is legal only if performed to save a woman's life. However, a positive move was noted in 2007 when a Lesotho Penal Code Bill was drafted with some clauses providing additional defences for abortion to be defined as legal. These include: At the request of the female person within the first 24 weeks of pregnancy for social and economic reasons; in order to save the life of the female person; in order to prevent significant harm to the health of the pregnant female person; in order to prevent the birth of a child who will be seriously physically or mentally handicapped; in order to terminate the pregnancy of a female person who is pregnant as the result of an incestuous relationship or victim of rape.



In **Malawi** induced abortion is illegal unless the pregnancy threatens the mother's life. Notwithstanding this, Malawi has the highest abortion rate in Southern Africa at 35 abortions for every 1000 women aged 15 to 44 years.¹⁵ The majority of unsafe abortions are carried out on young women below the age of 25 years. The early age of sexual debut and marriage (15 years) in Malawi has been identified as contributing to high incidences of early and unwanted pregnancies as well as to the high abortion rate, high maternal and



¹⁵ Malawi Reproductive Health Unit, 2009.

infant mortality and high incidences of STIs and HIV in young people. Through its Post Abortion Care (PAC) Strategy, Malawi offers post-abortion care services which are provided by trained clinical officers at district and national hospitals (See Box 6.2). In 2010 there were about 166 facilities providing PAC and the country was working towards expanding PAC into rural areas.¹⁶



In **Namibia** this is currently covered by the Abortion and Sterilisation Act (1975). This outlaws abortion in most circumstances, unless the pregnancy endangers the mother's life or is a threat to her physical and mental health; there is a serious risk that child welfare will suffer from a serious, permanent physical or mental defect or the pregnancy results in rape or incest. The Ministry of Health and Social Services (MoHSS) conducted a study in 2006 to assess service provision for emergency obstetric care. The report showed that 20.7% of direct complications and 8.3% of deaths were attributed to abortion. The legislation on abortion has not changed. 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.¹⁷ 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.¹⁸ However due to funding constraints, the implementation of the policy has been slow.

NGOs continue to lobby for more 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 same is true in **Swaziland**, where the national Health Sector Strategic Plan (HSSP) 2008-2013 commits to training health workers in the provision of post abortion care where patients present with incomplete or inevitable abortion. Abortion is illegal except in few legally defined circumstances. There is lack of data on the magnitude and complications of abortion in the country, but abortion contributes significantly to maternal mortality especially in adolescents and where the unmet need for contraception is high.¹⁹



Zambia's case is unique in that abortion is legally permitted but due to stigma, cultural attitudes, women's lack of decision-making power over reproduction and lack of knowledge about the availability of safe abortion, unsafe abortion is rife. Furthermore, although abortion is legal, bureaucracy means it is extremely difficult to access the service. Women are supposed to consult with, and then get approval from, three physicians before they can go to one of the few facilities that perform safe abortions. Although national statistics on the prevalence of unsafe abortion in Zambia are not available, according to hospital-based records, unsafe abortions are estimated to be the cause of approximately 30% of maternal deaths and one of the top five causes of maternal mortality in the country. Additional research suggests that up to 80% of all women in Zambia who seek treatment for complications from unsafe abortions are under the age of 19 years.²⁰ The Zambian Government, however, recognises that legal and practical barriers exist under the country's abortion law. In May 2009, the Ministry of Health published a series of standards and guidelines for administering comprehensive abortion care, including post-abortion care services for abortion complications. The standards and guidelines provide clarification for medical providers on the abortion provisions under Zambian law, including a broader interpretation of the law, for instance, to cover abortion in cases of rape or defilement for both women and girls; how to implement the legal provisions; and how to provide safe abortion services and manage abortion complications.²¹



Furthermore, many women in Zambia are unaware of the law that allows for the termination of unwanted pregnancy. To address the problem, there have been campaigns and debates on the issue to sensitise women and service providers about the law, as well as calling on the amendment of the act to make it accessible and put in place standards and guidelines for reducing unsafe abortion.

In **Zimbabwe** abortion is legal only in limited circumstances and government subsidises the cost of contraceptives. There are no legal restrictions on the provision of family planning services to minors; adolescents from the age of 16 years can access contraceptives without parental consent. Yet a governmental report indicates that "it is not unusual for health personnel to turn away sexually active school girls requesting contraception on the grounds that the girls are still too young to indulge in sexual intercourse or that they are not married and therefore have no need for contraceptives."²²



¹⁷ Child Care and Protection Bill. (2010). Revised final draft. June 2010. Provision 204.

¹⁸ For a discussion on how the previous guidelines may have impacted on the incidence of illegal abortion, see Legal Assistance Centre. (2008). *School Policy on Learner Pregnancy in Namibia: Background to Reform*. Windhoek, Namibia: Legal Assistance Centre. Available at: <www.lac.org.na/projects/grap/Pdf/learnerpregnancyfull.pdf> Last accessed 14 February 2011.

¹⁹ Government of Swaziland, 2010

²⁰ Centre for Reproductive Health, 2011

²¹ Ibid.

²² Shalev, 1998



Seychelles' contradictory sexual and reproductive health service provision laws mean that adolescent girls' access to contraceptives is often restricted.

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 difficult situation.²³ This has an impact on the high abortion rate (453 abortions in 2008 out of a total population of less than 45 000 women). It is estimated that 75% of abortions are unsafe and done in non-medical

environments, and that 86% of all unsafe abortions are accessed by young women under the age of 20 years.

Sexual orientation

Although the definition of sexual and reproductive health emphasises the need for all people to be able to have safe and satisfying sex, the majority of Southern African countries consider homosexuality to be illegal. A hotly contested issue in the negotiations, sexual orientation is not provided for in the Protocol. However, South Africa has invalidated the prohibition against same-sex relationships.

Gay rights: The ninth MDG?

It may have been the first time an African couple was arrested because they held an engagement party. In a part of the world where engagement and marriage are momentous occasions and a cornerstone of adulthood, the union of two men in Malawi in December 2009, however, created an uproar that made headlines around the world.

But although Steven Monjeza and Tiwonge Chimbalanga were eventually freed after international condemnation, hundreds of thousands of lesbian, gay, bisexual and transgender people throughout Africa continue to live in fear; their plight off the radar.

From Uganda to Zimbabwe to Namibia, African leaders have openly attacked the LGBT community, even going so far, as Robert Mugabe recently did, to referring to homosexuals as "worse than dogs or pigs."

From these statements - and the actions of religious, political and community leaders throughout Africa - it is apparent that Africa's gay community is increasingly under threat, and Amnesty International has noted that activists fighting for the rights of LGBT people are often harassed, intimidated and many face arrest, detention and ill-treatment.

World leaders should take time to ponder which Millennium Development Goals might be missing and which communities might be deliberately left out of the current eight goals.

With 38 countries in Africa still criminalising homosexuality (some with the death penalty), it is high time world leaders did something to address this human rights tragedy - and where better than the MDGs? The MDG Africa Steering Group was convened in September 2007 and brings together the leaders of multilateral development organisations to identify the

practical steps needed to achieve the Millennium Development Goals.

It has identified a list of concrete areas to invest in including education, health facilities, family planning, agriculture, infrastructure, fighting disease, and HIV and AIDS, among others. Working with the LGBT community is not on the list.

In Uganda, LGBT activist Frank Mugisha said attempts by Members of Parliament to introduce an Anti-Homosexual Bill for debate means the government has no plans to protect the LGBT community, certainly not under the MDG framework. "We cannot count on the government of President Museveni to plan for the LGBT community in the country's MDGs," he said.

Mugisha said that the police and regular Ugandans now stalk, beat, discriminate against and at times threaten to kill LGBT members of the community, ensuring they are unable to gather collectively to fight discrimination. Until now, the only assistance African gays regularly receive comes via international media and diplomacy around major incidents, such as in the case of nine Senegalese gay men and activists who were sentenced to eight years in prison after Senegal hosted an international AIDS conference that included members of its LGBT community. They were later released after France's President Sarkozy got involved.

But what happens to all those gays and lesbians who don't make international headlines but suffer discrimination on a daily basis? Gay rights movements in many parts of the world have had great successes - even in South Africa, where gay marriage is now legal - yet until we institutionalise and protect gay rights within some sort of binding international instruments, gay Africans will continue to be persecuted, killed, beaten, arrested and alienated because of who they choose to love. So why not start by creating a ninth MDG?

(Excerpt from the GL Opinion and Commentary Service by Gilbert Ongachi)

²³ Government of Seychelles, 2010

Women in prisons and refugee camps

Globally there were 10.3 million refugees at the beginning of 2011. Of these 80% live in the developing world. In 2008 alone, South Africa received 207 000 individual claims for asylum, a figure which was higher than that of the United States.²⁴ According to a 2008 report by Plan Canada, there are now more than 200 million girls worldwide living in countries that are either at risk of, in the midst of, or emerging from armed conflict. Some of these girls experience rape and are 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.²⁵

According to the World Health Organisation, in refugee camp clinics there should be access to contraceptives, condoms and HIV tests and there should be at least one nurse/midwife per 500 patients. A strategy for improving the sexual and reproductive health 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 sexual and reproductive health services for young women and girls who are growing up in refugee camps with little parental supervision and immense responsibilities and pressures from having survived war.²⁶

The provision of sexual and reproductive health services for women in prisons or refugee camps is limited. While very little information could be found on the policies or programmes, qualitative research conducted by the Zimbabwean Women Writers with women in prisons indicates that the reproductive and sexual health needs of women in prison are not adequately 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 by the prison guards and are afforded no additional care or services for their child, which some raise within the prisons. High incidence of sexual violence and rape is also reported.

Maternal mortality



The protocol calls on member states to reduce maternal mortality by 75% by 2015.

Maternal mortality, or the number of women who die at child birth, is a key indicator of women's health and well being. The issue has recently taken centre stage, and is a key target of the Millennium Development Goals (MDGs) because it is widely believed that with recent medical advances, women should still not be dying during child birth. Good maternal health reflects on the quality of, and women's access to, maternal (sexual and reproductive) health care, while also offering evidence regarding the health status of women at reproductive age and that of their children.

At the 2010 54th Session of Commission on the Status of Women, one of the resolutions passed acknowledged that "preventable maternal mortality and morbidity" is a human rights issue and that national and international efforts to protect women worldwide

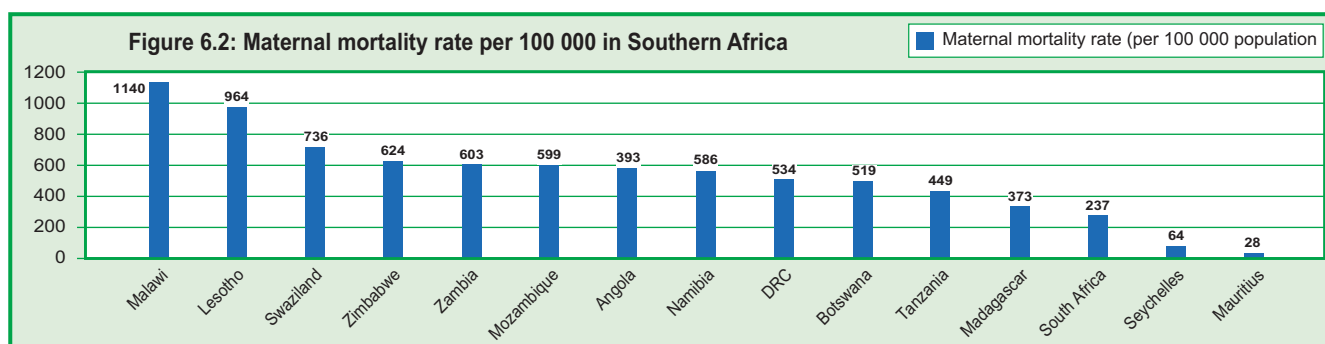
should be scaled up. This was sponsored by more than 70 countries.

From 1990 to 2005, maternal mortality declined by 26% in Latin America; in Asia the decline was 20% over the same period. In Africa, the decline was less than one percent, from 830 per 100 000 live births to 820: an estimated 276 000 African women died from pregnancy-related complications in 2005.²⁷ The following are key findings from the data analysed, drawn from the research done by Lancet Laboratories for a paper: "Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5."

By signing on to the resolution:

"Governments recognise that the elimination of maternal mortality and morbidity requires the effective promotion and protection of women and girls' human rights, including their rights to life; to be equal in dignity; to education; to be free to seek, receive, and impart information; to enjoy the benefits of scientific progress; to freedom from discrimination; and to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health."

²⁷ AFRICA: Maternal Mortality, A Human Rights Catastrophe, Analysis by Rosemary Okello and Terna Gyuse, IPS, 30 June 2009.



Source: *Maternal Mortality for 181 Countries, 1980-2008: A systematic analysis towards Millennium Development Goal 5*, www.thelancet.com.

There is a wide variation between countries:

Figure 6.2 reveals high levels of maternal mortality throughout the SADC region, but these vary from quite low in Mauritius (28 per 100 000) and Seychelles (64 per 100 000) and South Africa (237 per 100 000) to some of the highest levels in the world (also well above the African average of 820 per 100 000) in Malawi (1 140 per 100 000) and Lesotho (964 per 100 000).

The figures may actually be worse: While these figures are shocking, the real numbers are likely to be

far higher given that many births and deaths throughout the SADC region go unregistered. In most SADC countries, the majority of the population live in rural areas where access to health services is problematic; there are fewer clinics, poor transport infrastructure and frequent delays in getting women the treatment they need. Furthermore, lack of education, cultural beliefs, women's low status in society and the expense of medical treatment means that many women are unable to get the medical help they need.

Namibia determined to reverse rising maternal mortality



Maternal health is a key concern in Namibia. Photo: Susan Tolmay

Namibia is one example of a SADC country in which maternal mortality is on the rise, despite good health care services and birth attendance. In 2008 the Ministry of Health and Social Services conducted a Health and Social Services System review. The review recommends

the roll out of the roadmap for reducing maternal mortality and improving newborn health. This includes conducting a maternal death audit and improving data recording, scaling up the availability of emergency obstetrics care, antenatal clinic attendance and the prevention of mother to child HIV transmission, and promoting family planning education, including a focus on reducing teenage pregnancies.²⁸

Although access to maternal healthcare has increased, the maternal mortality rate has also risen (from 0.38 in 2000 to 0.52 in 2006-2007). However the data must be viewed with caution due to the small sample size (the data has large sampling errors as the 95% confidence intervals indicate that the maternal mortality ratio varies from 341 to 557). Despite this caveat, the confidence intervals between the 2000 and 2006-7 data do not overlap thus indicating with reasonable confidence that maternal mortality has risen.²⁹

The Ministry of Health conducted a needs assessment for emergency obstetrics care in 2006. The report concluded that there are insufficient emergency care facilities available. The distribution of current services is also inequitable across the country.

²⁸ Ibid at 13.
²⁹ Ibid at 113.

Reports also suggest that associated conditions, such as HIV and malaria must be addressed as HIV positive mothers are more susceptible to malaria, tuberculosis and other diseases due to immunodeficiency and these diseases contribute to the increase in maternal mortality.³⁰ UNICEF has recommended more training for birth assistants, a more equitable distribution of trained staff between urban and rural areas, and incentives for healthcare professionals to work in the public rather than private sector.³¹ As many people in Namibia live in poor socio-economic conditions, unemployment and hunger can also have adverse affects on the weakened mothers.³²

The Government is committed to improving maternal health, as shown in Vision 2030, the third National Development Plan and practical guidelines such as the Roadmap to Maternal, Newborn and Child Health.³³ The Government places maternal and child health at the centre of sustainable development of the nation. A holistic approach to health management has been adopted with multi-sector involvement to create an environment in

which the right to universal health is ensured for every woman and child.³⁴

The Ministry of Health and Social Services National Health Programme is aimed at promoting, protecting and improving the health of families and individuals with special programmes designed for women and children. The Government provides pre-natal care, deliveries and postnatal care services through its Safe Motherhood programme. These services are provided at all health facilities countrywide. Government provides mothers with antenatal care services during pregnancy, safe midwifery, delivery services during labour and post natal care services.

The Ministry of Health is in the process of rolling out an emergency action plan to meet the MDG and SADC Gender Protocol targets. These form part of Namibia's updated gender policy and national gender action plan that are aligned with the targets of the Protocol (see Chapter 11 on Implementation).

HIV and instability exacerbate high maternal mortality: In South Africa, the maternal mortality rate is doubled among HIV positive women.³⁵ The country's maternal mortality rate, rather than decreasing, effectively doubled between 1990 and 2007. HIV-related infections, hypertension, obstetric haemorrhage and pregnancy-related sepsis are the prime causes of maternal mortality in the country. The 2010 review suggested that the higher maternal mortality rate among HIV positive women could be attributed to the level and quality of care given to HIV positive women by health care workers, which is influenced by the perception that there is not much that can be done to help them. While increased attention has been given to programmes that focus on infants, such as PMTCT, less emphasis has been placed on managing opportunistic infections and ensuring that pregnant women access treatment.

Persistent and increasing shortages of skilled midwives contribute to high maternal mortality rates: In Zimbabwe, for instance, critical shortages of midwives, due in part to economic challenges in that country, has contributed to increases in maternal mortality and child mortality rates. Indications are that 80% of midwifery posts in the public sector are vacant (Since 1990 the maternity mortality rate has doubled, from 390 per 100 000 live births in 1990 to 790 per

100 000 live births in 2009 as the midwifery workforce dwindled to 8244 midwives.³⁶

Health system financing mechanisms that are not pro-poor also contribute to lack of access to SRH services and care: The Government of Zimbabwe, in its 2010 Progress Report on the attainment of the MDGs, indicated that a major barrier to achievement of Goals 4 and 5 was user fees required in hospitals and clinics. In Tanzania also, the long distance to a health centre has been cited as a major contributor to low uptake of health services as women cannot afford the transport fare.

Presence of skilled birth professionals also varies significantly: Figure 6.3 shows that six of the 15 SADC countries have less than 60% of births attended by a skilled medical professional, and research suggests that there are often disparities in these figures between urban and rural areas. For example, in total, 69% of Zimbabwean births are conducted with a skilled personnel present but this figure reduces down to 52% in rural areas due to accessibility and proximity of medical services. In Zambia, which has a high maternal mortality rate, only 46.5% of live births are assisted by a skilled health worker (described as a doctor, clinical officer, nurse, or midwife). Further, the disparity in access to skilled healthcare services for urban and rural women

³⁰ Ministry of Health and Social Services. (2006). Report on needs assessment for emergency obstetrics care. Windhoek: Ministry of Health and Social Services. Windhoek, Namibia: Ministry of Health and Social Services. At page 87 Directorate of Special Programmes. (2009). Progress report on the third medium term plan on HIV/AIDS. Windhoek, Namibia: Ministry of Health and Social Services. At page xi.

³¹ UNICEF. (2009). A time of joy, a time of challenge. The health of mothers and newborns in Namibia. Windhoek, Namibia: UNICEF. At page 7.

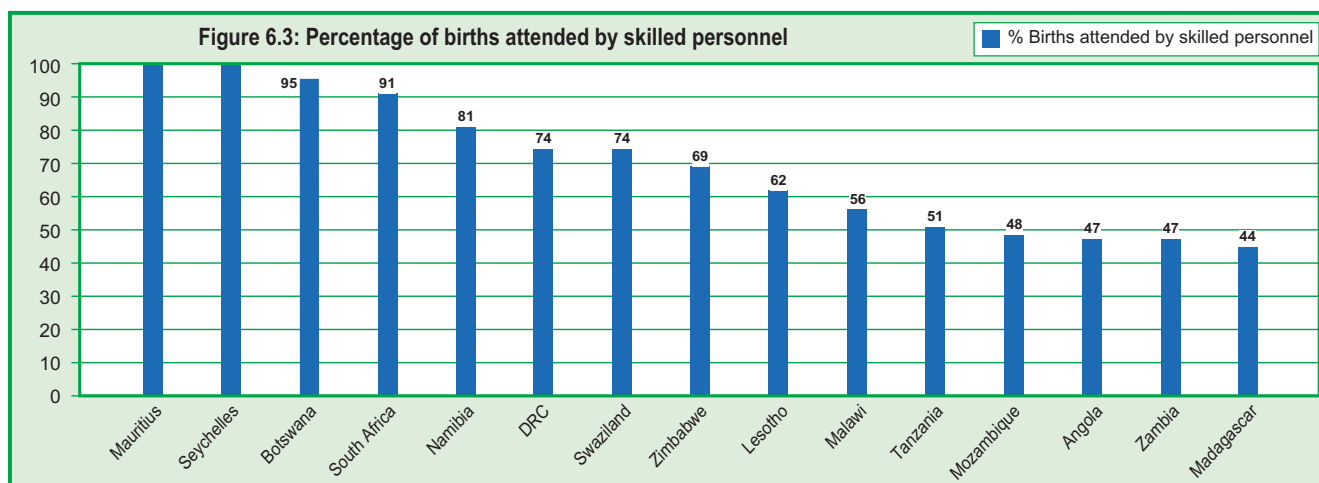
³² National Planning Commission. (2008). Second Millennium Development Goals Report. Namibia. Windhoek, Namibia: National Planning Commission. At page 29.

³³ World Health Organisation. (2009). Maternal and child health in Namibia. Second edition. Namibia: World Health Organisation. At page 29.

³⁴ Ministry of Health and Social Service. (2008). Health and social services system review. Windhoek, Namibia: Ministry of Health and Social Services. At page 12.

³⁵ South Africa Health Review, 2010

³⁶ The State of The World's Midwifery, 2011



Source: Maternal Mortality for 181 Countries, 1980-2008: A systematic analysis towards Millennium Development Goal 5, www.thelancet.com.

is pronounced: 83% of live births in urban areas were assisted by a skilled health worker versus only 31.3% of live births in rural areas. Where a skilled health worker is not available, relatives or traditional birth attendants usually assist.

The low prevalence of skilled personnel at births throughout the SADC region contributes to the high maternal mortality rate as many of the conditions that cause maternal mortality are easily preventable with medical assistance. Encouragingly in South Africa, data based on reported live births from the District Health Information System (2010) shows that the percentage of women whose live birth occurred in a health facility increased from 76.6% in 2001 to 94.1% in 2009. This indicates a significant improvement in the extent of services provided at health care facilities in South Africa.³⁷

Presence of skilled birth professionals in post conflict countries: It is interesting to note however, that the presence of a skilled birth professional does not necessarily go hand in hand with high maternal mortality. For example Angola and Mozambique; both previous Portuguese countries and both post-conflict countries. Angola has 47% of births attended by a skilled birth professional and a maternal mortality rate of 1400 per 100 000 whereas Mozambique has 48% of births attended by a skilled professional and a maternal mortality rate of only 520 per 100 000. Both countries have similar levels of antenatal coverage and the same number of physicians per 10 000 people but the answer lies in the fact that post-

conflict Mozambique has invested significantly in its health care system; health accounts for 12.6% of total government expenditure whereas in Angola this figure is a meagre 4.7%.³⁸

Maternal mortality exacts a heavy cost on society:

The consequences of maternal mortality and morbidity are felt not only by women but also by their families, communities and economically. If a woman dies in childbirth, the baby is much less likely to survive or has an increased risk of having a disability. Children who lose their mothers are also at an increased risk of death or other problems later in life such as malnutrition and lack of education. Loss of women during their most productive years also means a loss of resources for the entire society; increased single parent families, reduced labour force and reduced economic productivity.

Much remains to be done, especially in the worst affected countries: The high prevalence of maternal mortality in the SADC region indicates that the health policies and practises currently in place are inadequate

and that the effects and consequences of maternal mortality are far reaching. Thus, much remains to be done to ensure that the SADC region cuts maternal mortality by 75% in 2015. It should be noted however that the challenge varies greatly in different countries. Malawi, with the highest maternal mortality rate in the region, faces the toughest challenges. But local level initiatives show that change is possible.



All births are attended by skilled personnel in Mauritius.
Photo: Gender Links

³⁷ World Health Organisation 2010: This chart shows the percentage of births attended by skilled personnel. The data is from the latest available data.
³⁸ WHO, 2005.

Malawi: Pitala-Mchinji project shows that change is possible



Pitala village has implemented a highly successful and effective community reproductive health project initiated by the Ministry of Health with technical assistance from UNFPA. The intervention has been so successful that the Reproductive Health Unit is promoting study tours for traditional and community leaders to model villages so they can learn about it and replicate it in other villages. The Pitala pilot project has been rolled out to the whole district and projects are now at different stages of development.

Pitala is located in the Mchinji District in the central region of Malawi, 140km west of Lilongwe. The total population of the district is 456 789.³⁹ There are slightly more women than men in the area, which has 1 356 villages and 97 200 households. The main objective of the project to reduce the occurrence of maternal mortality by actively involving the community in the provision of health care services.

On project start-up, the community organised task teams focusing on safe motherhood, family planning, youth-friendly services, HIV and hygiene and sanitation. The Safe Motherhood Task Team is led by Village Head Margret Pitala, who is a champion in promoting and supporting maternal and child health initiatives in the village.

The initiative provides integrated Sexual and Reproductive Health (SRH) services for the first line

of care at community level. Members of various task teams have been trained to provide components of the essential health package services at home. Services provided include advocacy for early antenatal care, VCT and PMTCT counselling, breast feeding support, door-to-door advocacy for use and distribution of oral contraceptives, including condoms, and home-based care (HBC) for chronically ill patients.

The community has also been successful in instituting policies that encourage male participation in reproductive health issues. These include penalties for non-compliance; for instance, a pregnant woman's partner is fined should his wife give birth at home, die while delivering at home, or lose a baby. The traditional birth attendant who attended to her, as well as the village head in whose village this happens is also fined. The fines, which are often in the form of livestock, are kept by the village head on behalf of the community, and ploughed back into the project.

Pitala-Mchinji is a good example of the integration of basic SRH services at community level. The initiative is shortening the distance between the community and the nearest health care facility by bringing services to the community. Those in need of secondary care get timely referral from the community to the health facility. Furthermore, Government's inability to provide transport infrastructure is complemented by innovative mechanisms like bicycle-ambulances that are used to transport the critically ill to the nearest health facilities. The efforts of community-based distribution agents also help to alleviate the strain on the weak human resources base that is widespread in the district. The contribution of these agents has resulted in increased awareness of health care delivery and the ultimate increase in utilisation of life-saving interventions.

The initiative has succeeded in cutting maternal and neonatal deaths; no woman has died in the village since the introduction of the project in 1999 and during this time only one baby was born at home. Before this initiative, it was not unusual to hear that a pregnant woman or a newborn baby had died.

Adapted from SAfAIDS. 2011: *Towards Universal Access to Comprehensive Sexual and Reproductive Health Services: Malawi's implementation of the Maputo Plan of Action (MPoA) The Milestones*. Pretoria: SAfAIDS.



Village head Margret Pitala with members of the Pitala Village Health Committee.
Photo: SAfAIDS

³⁹ 2008 Population and Housing Census.

Sanitation



The Protocol requires that by 2015 Member States ensure the provision of hygiene and sanitary facilities and nutritional needs of women, including women in prison.

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 such as TB and malaria which women are particularly vulnerable to. Furthermore, menstruation, pregnancy, and post-natal care become increasingly difficult for women without proper hygiene and sanitary facilities, as does caring for family and community members living with HIV. According to the World Health Organization, almost one tenth of all global deaths can be avoided by providing clean drinking water, better sanitation and improving water resources management to provide reduce incidence of water-borne diseases and cases of accidental drowning.

Household sanitation is everyone's responsibility, but the reality is that women, especially those in rural areas, bear a disproportionate burden of household responsibilities. Tasks such as cooking, cleaning, care giving and caring for children are easier where there is running water. 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 home, and where they do not have to leave their homes at night to access these. Women thus have a vested

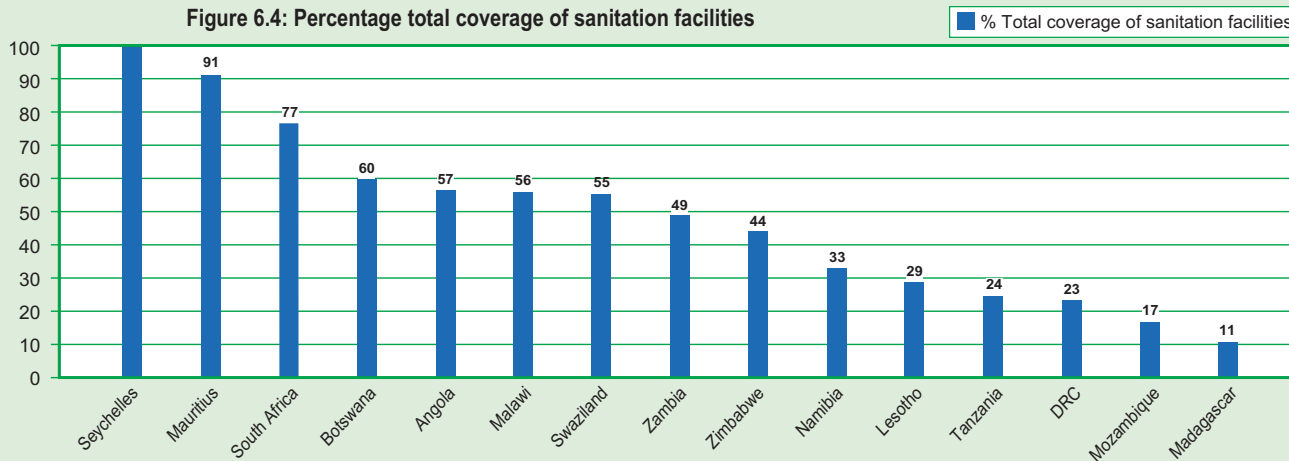
interest in ensuring that there are developments in sanitation in the countries, and their energies should be harnessed to implement national and community projects to improve sanitation. Although providing hygiene and sanitation facilities are provisions of the protocol, the developments have been slow.



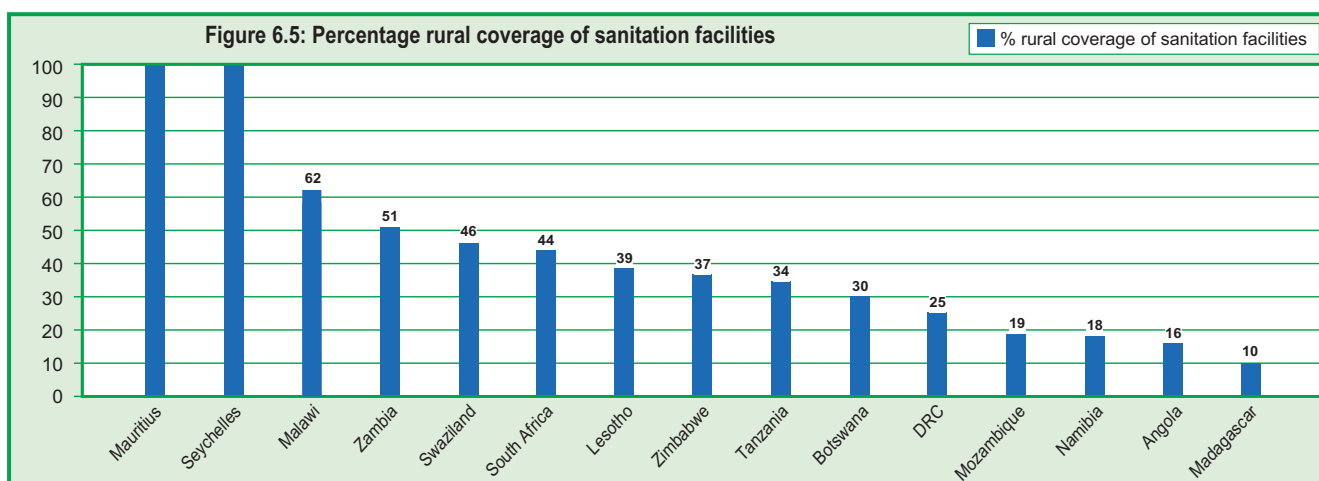
Regular refuse removal is vital for healthy sanitary conditions.

Photo: Susan Tolmay

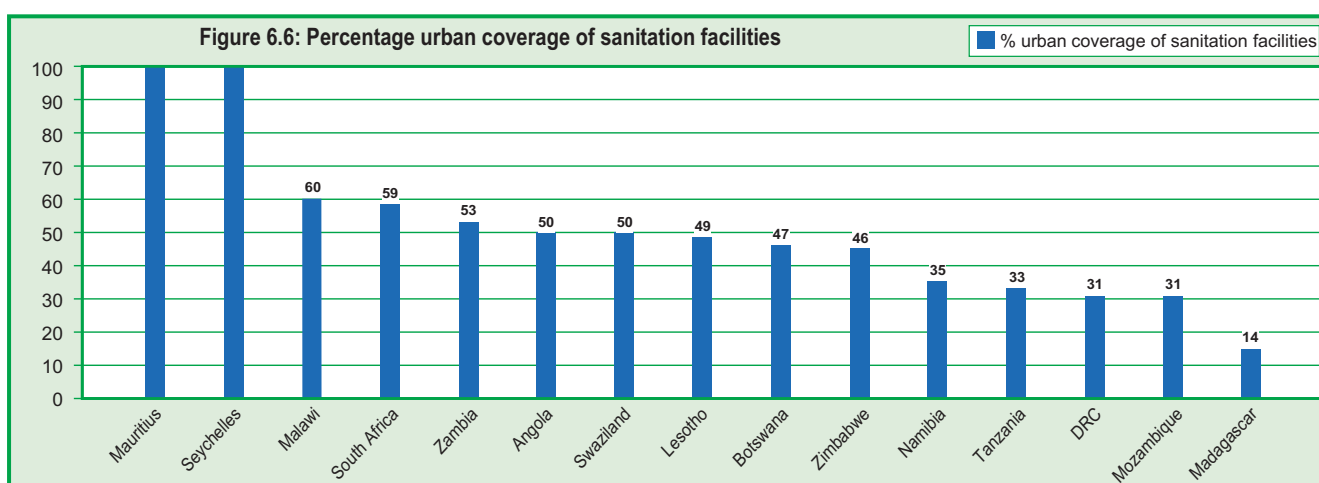
Figure 6.4: Percentage total coverage of sanitation facilities



Source: WHO.



Source: WHO.



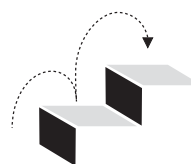
Source: WHO.

Data indicates that the region still has a long way to go in achieving universal sanitation coverage:

Sanitation coverage, with the exception of Mauritius (91%) and the Seychelles (100%) remains low with great disparities between rural and urban areas. Seven of the 15 countries have less than 50% coverage in urban areas and 11 of 15 countries have less than 50% coverage in rural areas.

Rural coverage is especially low: In almost all countries, urban coverage is significantly higher than rural coverage. In Madagascar this is a mere 10%.

Commitment to improve sanitation for residents of informal settlements is even lower: This is mainly because of the fact that in countries like Zimbabwe, informal settlements are considered illegal and can be demolished at any time. Thus there is a perception that it would not be cost effective to develop sanitation in these areas.



Next steps

From the analysis it is clear that the SADC Protocol targets are feasible but success will require concentrated efforts to address sexual and reproductive health rights gaps throughout the region. Women's lack of education, resources and power across the SADC region urgently needs to be addressed and women's distinct needs and responsibilities in regards to health need to be integral in the formulation of legislation, policy and programmes throughout the SADC region.

In cases where targets have been met, political will, economic stability and growth, legal development and social development have been instrumental to countries

meeting these targets. It is evident, however, that the task of addressing sexual and reproductive health rights is not for governments alone.

The contributions of international funding partners, among them the Global Fund to Fight AIDS, Tuberculosis and Malaria, have been invaluable to many countries' abilities to achieve reductions in HIV prevalence, maternal mortality rates, and in under-five mortality rates, among others. The challenge is that funding partners like the Global Fund, and others, are increasingly running out of funds to support programmes in the region. Now, more than ever, it is imperative that governments, including those of lower-income countries, start to make more meaningful contributions to health priorities. Civil society, in partnership with media, can play an important role in holding countries accountable to the commitments that have been made and in supporting government initiatives.

Key recommendations to ensure governments achieve these targets by 2015 are:

There is a need to share best practices and conduct better, gender disaggregated research: Better sharing of best practices by those countries that have met their targets with those that have not is vital. Operational research and production of recent gender disaggregated and relevant information around the sexual and reproductive health practices and challenges of women and girls by governments. This would assist in the implementation of appropriate, context and culturally acceptable interventions to ensure that women's health is prioritised.

More research is needed on drug use in the region: Research on the impact of drug use on women's sexual and reproductive health, on child health and on HIV prevalence. Injecting drug use is a concern in countries such as Madagascar, Mauritius, Mozambique, Seychelles, and The United Republic of Tanzania.

Countries need to scale up research at the national level: More and better research is needed at the national level to inform the development and revision

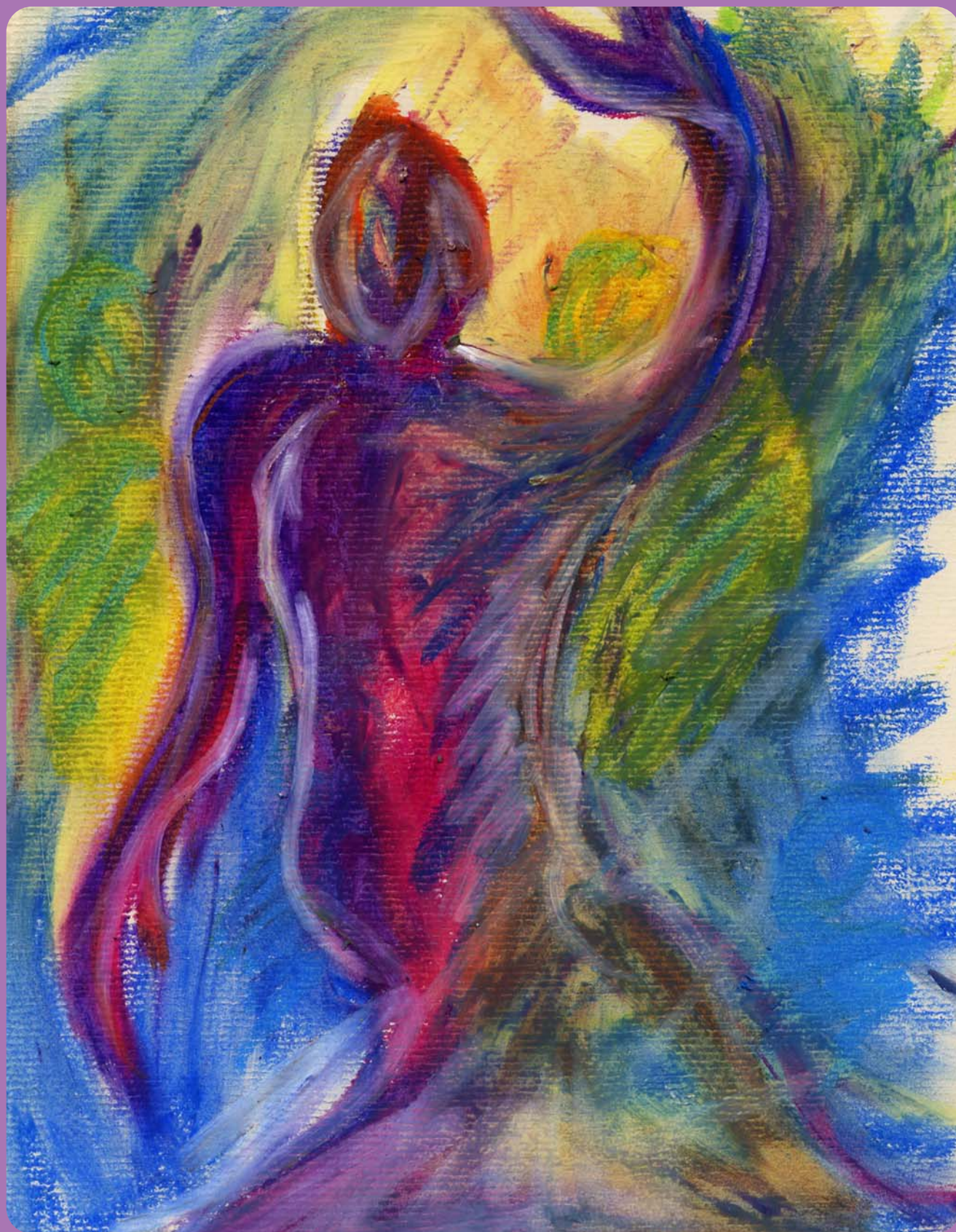
of policies and programmes that address the sexual and reproductive health needs of women in vulnerable situations. This includes prisons, internal displacement camps, refugee camps, as well as sex workers, elderly women and women with disabilities. There is scant information about the number of women in prisons and refugee camps, or the number of women in prisons accessing ART and proper nutrition. What information exists mainly mentions the almost universal shortage of sanitary protection for women in prisons.

Laws need to be harmonised: 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.

Involve women in programmes: Greater involvement of women in sanitation programmes. Because women benefit the most from improved sanitation, their involvement is important for programme success and sustainability.

More and better information and opportunities for women, including research and partnerships: High quality and relevant information targeting the reproductive and sexual rights and services for 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 implemented and prioritised. There is also a need to increase broad partnerships with civil society, religious organisations, cultural leaders, and the private sector. In addition, government should support and facilitate the work of civil society organisations.

Promotion of sexual and reproductive rights: Integration of sexual and reproductive rights into school curricula from primary school level as well as promotion of sexual and reproductive rights relating to both men and women.



"Anita"

Anushka Virahsawmy



CHAPTER 7

HIV and AIDS

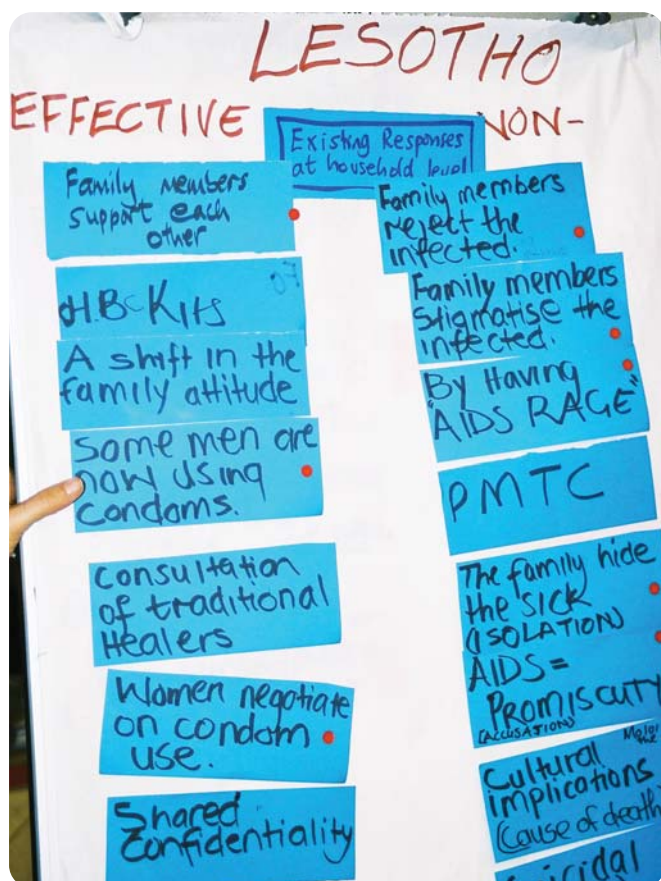
Article 27



Rozy Khedoo, a local councillor in Mauritius, takes up the fight against HIV and AIDS.
Photo: Colleen Lowe Morna

KEY POINTS

- Currently 34% of all people living with HIV and AIDS in the world live in the SADC region.
- HIV prevalence rates have either stabilised or begun decreasing in all SADC countries yet they remain among the highest in the world.
- In 13 of the 15 SADC countries, women have a higher HIV prevalence than men.
- In six of the 15 SADC countries, less than 50% of People Living with HIV and AIDS (PLWHA) are receiving antiretroviral drugs.
- In Botswana, Namibia, South Africa and Swaziland, coverage of antiretrovirals for preventing mother-to-child transmission of HIV reached more than 80%.
- Positive results from recent microbicide trials provide hope that women may soon have a new tool to protect themselves from the virus.
- In nine of the 15 countries, less than 50% of the 15 - 24 year old population has a comprehensive knowledge of HIV and AIDS.
- AIDS-related deaths have decreased by 20% since 2004 likely due to the expansion of antiretroviral therapy.
- There is evidence that prevention campaigns are beginning to change sexual behaviour patterns and leading to a reduction in HIV and AIDS. However, gender disparities continue to be a major driver of the epidemic in the region.
- VSO-RAISA, which now leads the care work cluster in the Southern African Gender Protocol Alliance, is advocating stand alone care work policies in line with the provisions of the SADC Gender Protocol.
- No SADC government adequately remunerates care givers despite the huge financial burden they relieve.



Two thirds of all people living with HIV are found in sub-Saharan Africa, although this region contains little more than 10% of the world's population.¹ Some 34% of all people living with HIV in the world are found in the SADC region² and HIV and AIDS continues to cause immense human suffering on the continent.

The most obvious effect of this crisis has been illness and death, but the impact of the epidemic has certainly not been confined to the health sector; households, schools, workplaces and economies have also been badly affected. HIV affects the economically active population (15 - 49 years), and the negative impacts on national economies, and as a consequence on regional development issues, cannot be ignored.

During 2009 an estimated 1.3 million adults and children died as a result of AIDS-related illnesses in sub-Saharan Africa; since the beginning of the epidemic more than 16 million Africans have died from AIDS-related illnesses.

Yet AIDS-related deaths have gone down 20% in the region since 2004, mostly due to expansion of antiretroviral treatment.³

The number of people newly infected with HIV also fell from 2.2 million people in 2001 to 1.8 million people in 2009. The rate of new HIV infections in sub-Saharan Africa has slowly declined as four of the countries with the largest HIV epidemics (Ethiopia, South Africa, Zambia and Zimbabwe) reduced new infections by more than 25% between 2001 and 2009.⁴

However, unless national and global responses to the epidemic accelerate, these trends project a bleak vision of the future: more and more women infected; still more exhausted from caring for the ill and dying; and children left to fend for themselves or rely on their elderly grandparents.

There are a variety of reasons why women, and young women in particular, remain disproportionately more vulnerable to HIV infection than their male counterparts, among them:

- Gender inequality and economic disempowerment leads to lower decision-making ability in sexual relationships;
- High incidences of age-disparate sexual relationships (young women in sexual relationships with men who are much older means a heightened risk of contracting HIV);
- Women tend to have a lower knowledge of HIV transmission pathways, leading to a lowered risk perception and uptake of prevention methods;
- Lower knowledge of HIV prevention methods, testing and treatment options among women;
- Limited female-controlled HIV prevention devices and methods;
- High levels of stigma and discrimination, impacting on women's ability to access HIV counselling and testing and to adhere to treatment;
- Intimate partner violence or fear of violence, leading to women's lowered ability to initiate discussions about safer sex, even when the partner is known to have other sexual partners. This also impacts on an HIV positive mother's ability to adhere to proper feeding techniques involving young children;⁵
- High rates of multiple concurrent partnerships;
- High rates of alcohol and drug abuse and inconsistent condom use;
- High incidence of rape and sexual violence perpetrated on women;

¹ UNAIDS 2008 Report on the Global AIDS Epidemic, <http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/> (accessed 4 July 2009).

² UNAIDS. 2010. Country Progress Report.

³ UNAIDS, 2010 Global report: http://www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf.

⁴ Ibid.

⁵ World Health Organisation (WHO) recommendations are that HIV positive mothers should feed their children formula in order to eliminate the risks of their babies contracting HIV through breast milk. In the event that bottle feeding is not ideal, due to poor water and electricity supply for the proper preparation of milk and sterilisation of bottles, as well as due to inability to afford formula, mothers are advised to exclusively breast feed their babies for at least a year.

- Harmful cultural practices, supported by patriarchy, which limit women's ability to make choices which can protect them from HIV.

The changing face of the pandemic means that women, especially young women, will continue to be the most vulnerable to infection, the least able to protect themselves and the last to get treatment and care. Widows will continue to be driven from their homes, deprived of land and inheritance rights; the number of AIDS orphans will continue to grow; and families will have little hope of getting out of poverty.⁶

Although antiretroviral therapy is beginning to reduce the toll of AIDS, still less than four in ten of those in need of treatment are receiving it.⁷ The impact of AIDS will remain severe for many years to come.

Regionally, there is progress toward preventing new infections as well as government commitment to supporting efforts to develop an effective female-controlled HIV prevention method in the form of microbicide gels. The first promising results from microbicide gel trials were announced at the 18th International AIDS Conference in Austria in 2010.

South Africa supports development of effective female-controlled HIV prevention method - the microbicide gel



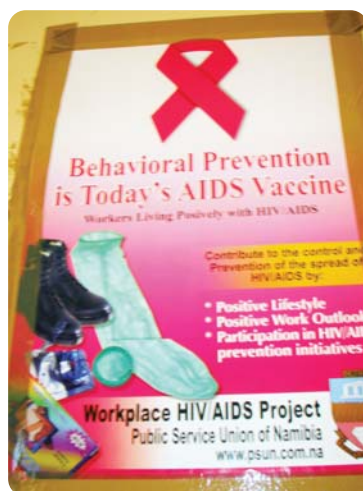
In June 2011, South Africa's Deputy Minister of Science and Technology Derek Hanekom and United States Ambassador to South Africa Donald Gips jointly announced plans to support a follow-on microbicide trial. The trial will test the safety and effectiveness of the gel as the country stepped up efforts to achieve the production of an effective and safe female-controlled HIV-prevention method in the form of the microbicide gel.

The microbicide, containing 1% tenofovir (an antiretroviral drug widely used in the treatment of HIV) was found to be 39% effective in reducing a woman's risk of becoming infected with HIV during sex and 51% effective in preventing genital herpes infections in women participating in the trial.

The follow-up trial, to be called FACTS 001, will build on the results of the 2010 CAPRISA 004 study, which tested the safety and effectiveness of 1% tenofovir gel among nearly 900 women at two sites in South Africa. The research found that using the microbicide gel before and after sex provided women with some protection against sexually transmitted HIV and the Herpes Simplex Virus 2 (HSV-2).

The FACTS 001 study is a partnership between the Department of Science and Technology, the Department of Health and the United States government through the US Agency for International Development (USAID). The Technology Innovation Agency (TIA), a South African Government agency which supports technological innovation, will fund the technical support and monitoring carried out by the African Clinical Research Organisation (ACRO).

The introduction of Prevention of Mother to Child Transmission (PMTCT) - a short course of antiretroviral therapy that prevents transmission of HIV from mother to child - has also been hailed as a breakthrough in the fight against HIV. The use of PMTCT is thought to help reduce infant and maternal mortality. However, a number of barriers hinder women from accessing PMTCT and abiding to its recommendations, including weak health systems, socio-cultural practices, stigma and discrimination. Equally, more work needs to be done to encourage men to become more involved in PMTCT and antenatal care to support women's health and to avoid HIV infection and re-infection.



While SADC already has a Declaration on HIV and AIDS, the SADC Gender and Development Protocol seeks to progress beyond declarations and conventions previously signed by SADC countries by specifying the gender dimensions and coming up with specific time frames.

The Protocol states that by 2015 SADC governments must:

- Develop gender sensitive strategies to prevent new infections;
- Ensure universal access to HIV and AIDS treatment for infected women, men, boys and girls;

⁶ UNIFEM (2008). Transforming the National AIDS Response: Mainstreaming gender equality and women's human rights into the "three ones". New York, USA, UNIFEM.

⁷ World Health Organisation 2010 Progress report: Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector.

- 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 HIV AND AIDS;
- Have laws on gender-based violence that provide for the testing, treatment, and care of survivors. These should include emergency contraception, access to post-exposure prophylaxis at all health facilities, and the prevention of sexually transmitted infections.

Table 7.1: 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)	7	14	40	33	15	21	26	18	54	57	42	42	85	43	58	65	62	67	59	27	30	52	52	45	40	34	37	44	46	
2. HIV infection	11%		24.6%		4%		23.6%		2%		12%		1.8%		13%		13%		2.5%		18%		26%		5.7%		14.3%		14.3%	
3. Share of HIV infection by sex	61	39	58	42	58	42	58	42	58	42	58	42	19	81	60	40	50	50	42	58	59	41	57	43	55	45	57	43	60	40
4. % On ARV treatment (total)	6%		89.9%		15%		51%		3%		21%		93%		12%		84%		95.2%		56%		35%		64.54%		68%		56.1%	
5. % HIV positive pregnant women receiving PMTCT	14%		94.2%		4%		71%		1.8%		14%		68.3%		28%		58%		99%		83%		69%		68%		60.9%		42.6%	

Source: UNGASS 2010 Country progress reports; IAS 2009 Fact sheet on HIV and AIDS in Sub-Saharan Africa and South Africa. For Angola, DRC, Madagascar and Mozambique, data from 2009 was sourced from: MDG Database; UN AIDS 2010.

The current situation

Southern Africa remains the area most heavily affected by the epidemic: The ten countries with the highest HIV prevalence worldwide are all located in the sub-region, with each of these countries experiencing adult (15 - 49 years) HIV prevalence greater than 10%. Three countries in the region (Botswana, Lesotho and Swaziland) have prevalence rates higher than 15%. With an estimated adult HIV prevalence of 25.9% in 2010, Swaziland has the highest level of infection in the world.⁸ The epidemic in Swaziland seems to have levelled off, albeit at a very high rate. Botswana has an adult HIV prevalence of 24.8%, with some evidence of a decline in prevalence in urban areas.⁹ South Africa remains home to the world's largest number of people living with HIV (5.6 million).¹⁰ For Southern Africa as a whole, HIV incidence appears to have peaked in the mid-1990s. In most countries, HIV prevalence has

stabilised at extremely high levels, although evidence indicates that HIV incidence continues to rise in rural Angola.¹¹

HIV and AIDS prevalence varies greatly in SADC countries: Four of the 15 countries have an HIV prevalence rate of more than 15%, while four countries have a prevalence rate of 4% or less. The highest prevalence is in Swaziland (25.9%); Botswana (24.8%), Lesotho (23.6%) and South Africa (17.8%) are also very high. The lowest prevalence rates are in the islands: Seychelles, Madagascar and Mauritius all have prevalence rates of 3% or less. Unlike the other SADC countries, the Indian Ocean islands have epidemics classified as concentrated. This means they are largely concentrated among groups such as injecting drug users, sex workers, prisoners and sexual minorities, as well as seafarers.¹²

⁸ UNAIDS 2010 Progress Report.

⁹ Ibid.

¹⁰ Ibid.

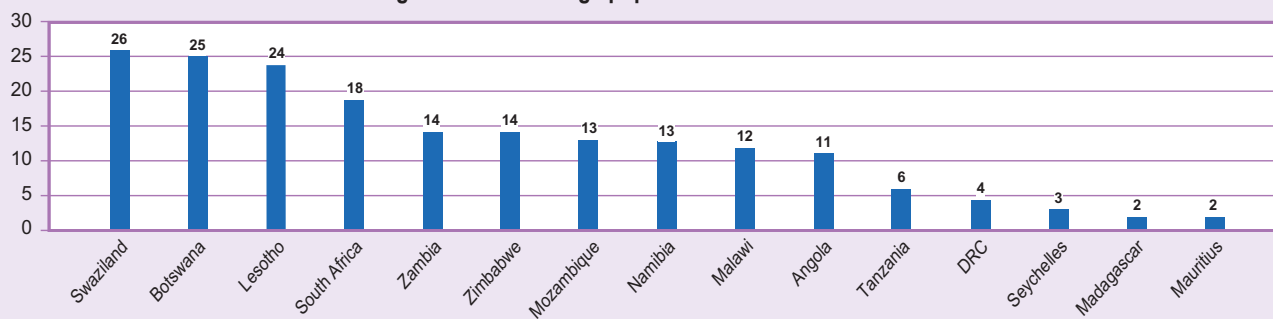
¹¹ UNAIDS 2009 AIDS Epidemic Update. http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf (accessed 30 July, 2010).

¹² UNAIDS 2010 Progress Report.

There is evidence of decline in most countries in the region: Encouragingly, of the countries with the highest prevalence in the region, South Africa, Zambia and Zimbabwe have reduced prevalence rates. Zimbabwe showed significant reductions between 2001 (26.5%) and 2009 (14.3%).¹³ Studies have linked this decline with population-level changes in sexual behaviour, particularly reductions in the number of sexual partners and increased

uptake and use of condoms. South Africa's 2010 prevalence rate reflects a reduction in the 2008 figures released by UNAIDS, indicating either a reduction in prevalence due to death, or successes in HIV prevention and mitigation programmes. The latter scenario is more probable as South Africa has stepped up efforts and programmes, including a large Anti-Retroviral Treatment (ART) programme to address the epidemic.¹⁴

Figure 7.1: Percentage population infected with HIV



Source: UNAIDS 2010

Zimbabwe: HIV prevalence decline in spotlight at AIDS conference

Zimbabwe's HIV prevalence has gone down from a high of 33% in the late 1990s to 14% in 2010.



HIV is on the decline in Zimbabwe.

Photo: Trevor Davies

Sharing Zimbabwe's experiences at the 2011 South African AIDS Conference Oscar Mundida, the Behaviour Change Coordinator in Zimbabwe's National AIDS

Council, said the country's decline in HIV prevalence as well as HIV incidence was largely due to a vigorous national behaviour change campaign and the employment of several prevention strategies.

"As a country we do not attribute the decline to any one campaign. We acknowledge the importance of a multi-sectoral response where different players with different strengths work together to achieve the desired result, which is what we have done" said Mundida.

Mundida, who successfully designed the first National Behaviour Change Strategy, said it took seriousness on the part of the country to be able to turn the tide in HIV prevalence and incidence. This saw AIDS being declared a national disaster in the country in 1999, which galvanised people into action.

As a follow-up to this, Mundida said the country introduced the National AIDS Trust Fund, funded by a 3% tax on all taxable income for Zimbabwean workers, which has largely funded the country's HIV programme with support from the donor community. He said the country has also adopted prevention

¹³ Government of Zimbabwe. 2010. Factsheet HIV Decline in Zimbabwe - Positive Behaviour Change Makes a Difference. Harare: Ministry of Health and Child Welfare. http://docs.google.com/viewer?a=v&q=cache:Q1kwMAwYdEJ:countryoffice.unfpa.org/zimbabwe/drive/FACTSheetHIVDeclineinZimbabweFinal.pdf+southern+africa+%2B+decline+%2B+hiv+prevalence+2010&hl=en&gl=za&pid=bl&srcid=ADGEEsJE8XNSU8w899NkfngWqp6JWGInS_xxsHOy3oCWdzW9OQJdt5tn7uFL2o9LhmyQOzN7ZcKq3d3tMaXOA88MVsdT9O0vy6lwcB6KINV0_0Uol18sr2habqjuL5uHcAtLDHJP4s&sig=AHIEtb550g4CMx7kFiaukb7X2IVeIABIKQ

¹⁴ UNAIDS Country Progress Report, 2010.

strategies such as male circumcision and the “One love campaign” which encourages faithfulness and partner reduction, delayed sexual debut in youths and abstinence to complement efforts aimed towards reducing new infections. These led to a reduction in the number of people with casual sex partners.

“We are working with every player to get results. The media plays its role in disseminating educational information to the public while civil society runs several awareness campaigns across the country,” he said. “However the urban areas have more access to the information and messages and as a result we saw the decline happen first in urban areas where information

from the media and campaigns is easily accessible compared to rural areas.”

He said the fight in Zimbabwe was far from over as new infections were now largely occurring in stable relationships and marriage, showing that while people were not keen on short term casual relationships, they were engaging in longer term, more risky relationships. Such relationships go on for years and condoms are not used according to studies conducted in the country. Mundida said Zimbabwe will continue conducting surveys and research to detect gaps as a way of making the response even more effective.

Source: SFAIDS Media (2011)

But prevalence increases continue to be recorded:

Antenatal surveillance in Swaziland found an increase in HIV prevalence among female clinic attendees from 39.2% in 2006 to 42% in 2008.¹⁵ There is still no evidence of a decline in infections among pregnant women in South Africa, where more than 29% of women accessing public health services tested HIV-positive in 2008. Although Seychelles has a low prevalence rate, the country has recorded an increase in new infections, (52 in 2009), which contributes to the burden of the disease in the country.¹⁶ There are only two countries in the region which have higher HIV prevalence among men than women: Mauritius and Seychelles. The trend is due to the fact that injecting drug use is the primary mode of transmission in these countries. The Government of Seychelles, in recognition of this fact, has prioritised addressing injecting drug use in order to address HIV in the country.

A rise in new infections in committed partnerships has grave implications for women's increased

vulnerability: Evidence suggests that most new HIV infections in sub-Saharan Africa now occur among those in married and cohabiting couples, many of whom are unaware of their status due to low use of HIV counselling and testing services. Urban data in Zambia suggests that 60% of people newly infected via heterosexual transmission are infected in marriage or cohabitation, compared with more than half (50% - 65%) in Swaziland and an estimated 35% - 62% in Lesotho.¹⁷ In Botswana, studies indicate that women cohabiting with men had the highest prevalence rates at 39.6%.¹⁸ These statistics underscore the need for a scaling up of behaviour change programmes dealing with multiple concurrent partnerships with low HIV testing and condom use, which make women more susceptible to contracting HIV.

In Swaziland, transmission through heterosexual sexual contact (including sex within couples, casual sex and sex work) is estimated to account for 94% of infections.¹⁹

Microbicides - reducing women's vulnerability to HIV and AIDS

The future was in my hands. Literally. Quarraisha Abdool Karim, lead researcher of the Centre for the AIDS Programme of Research in South Africa (CAPRISA), smeared a bit of clear odourless gel onto my palm.

At the 18th annual International AIDS Conference in Vienna in July 2010, CAPRISA shared the findings of a



study that showed a microbicide gel containing the tenofovir anti-retroviral was 39% effective in reducing a woman's risk of becoming sexually infected with HIV.

During the study of almost 900 women, participants were advised to use the gel up to 12 hours before and after intercourse.

¹⁵ UNAIDS 2009 AIDS Epidemic Update. http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf (accessed 30 July, 2010).

¹⁶ UNAIDS 2010.

¹⁷ UNAIDS Global Report Factsheet, 2010.

¹⁸ Botswana Country Report 2010.

¹⁹ Mngadi S et al. (2009) Swaziland: HIV prevention response and modes of transmission analysis. Mbabane, National Emergency Response Council on HIV/AIDS.

Sub-Saharan Africa remains the nesting ground for HIV, with more than half (60%) of those infected with the virus being female.

Sexual violence - as perpetrated by husbands, lovers and strangers alike - coupled with convoluted sexual networks (with low or nonexistent condom use) remain prime drivers of the epidemic in a region whose women often have little negotiating power on when, where, why and how sex happens.

You might argue that 39% effectiveness among less than 1000 women is insignificant, but when you consider that previous microbicide trials have been halted due to disastrous results and unexpected side effects, this study is definitely advancing the cause.

"Microbicides are vital, not just for all women, as it is one of the very few female-controlled prevention technologies we have, but especially for populations that are particularly vulnerable to violence, dangerous sex and structural injustice," reminds Marlise Richter, a prominent South African human rights activist.

Hope Msumza, an HIV and AIDS activist, believes that, "Women usually rely on men when it comes to preventing HIV, and this tool can empower women in a very positive and meaningful way," she says. "But it's going to take long."

According to Abdool Karim, CAPRISA is at least three years away from seeing this microbicide becoming widely available to the public.

How are the political leaders of SADC supporting such innovations, promoting them nationally and at community level?

Article 27 of the SADC Gender Protocol reads that state parties shall by 2015 develop gender sensitive strategies to prevent new HIV infections, as well as ensure universal access to HIV and AIDS treatment for infected women and girls.

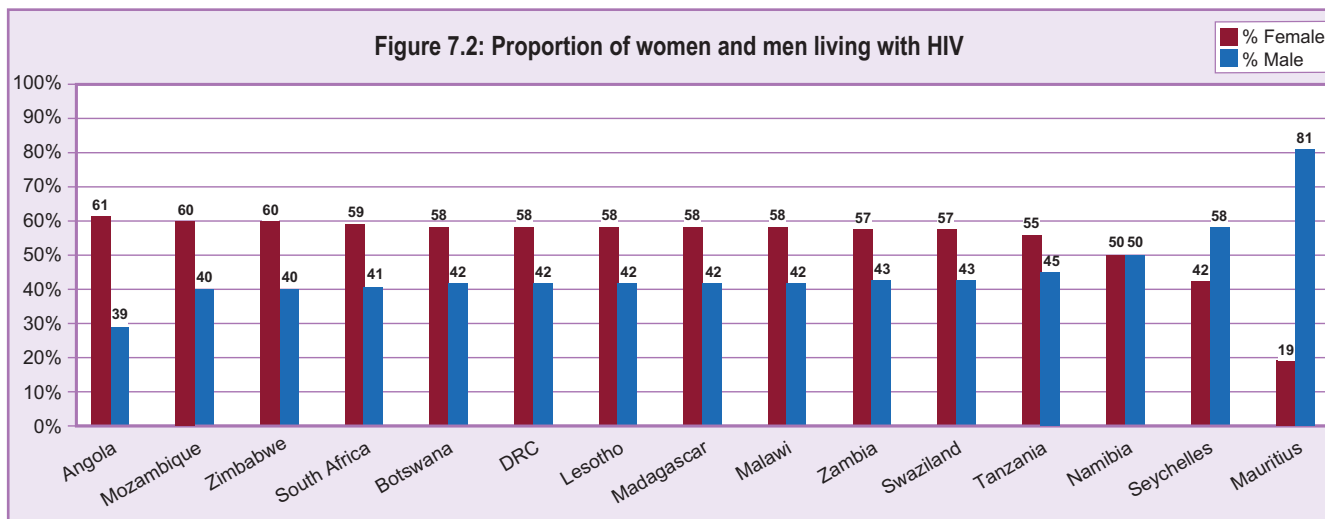
The researchers and scientists are paving the way in developing new innovations that might help our region realise a drop in HIV incidence, a goal our governments push in all their AIDS-related rhetoric.

These will only work if governments put their money and commitment where their mouths are and support an overhaul of gender insensitive policies and practices.

If science, innovation - and political will - do not soon coincide, then we are set to continue to celebrate hollow victories that mean nothing in terms of women's lived lives. Women can't wait. They die each time we fail them.

(Excerpt from an article in the GL Opinion and Commentary Service by Fungai Machirori)

Figure 7.2: Proportion of women and men living with HIV



Source: UNAIDS 2010

Women are more vulnerable to HIV than men: As illustrated in Figure 7.2, in 12 of the 15 SADC countries women have a higher HIV and AIDS prevalence than men. In Namibia prevalence is at parity. Only Mauritius and the Seychelles have a higher male prevalence because HIV and AIDS infection is concentrated among

injecting drug users. The most pronounced sex difference is in Angola (61%) and Mozambique and Zimbabwe, where women account for 60% of those living with HIV. The trend is not much different in the other countries, where men's prevalence rates are in the low 40 percentile, while women's is in the high 50 percentile.

Women suffer from choice disability: The fundamental reason that women are more vulnerable to HIV and AIDS infection in the SADC region and throughout the world is that women lack the choice and power to control their sexual and reproductive health: what is now referred to as "choice disability."

"Abstinence protects only those able to choose when and with whom to have sex. Not everyone can afford to give up multiple partners or insist on condom use. For these choice-disabled, urging safer choices has muted relevance." (Neil Andersson and Anne Crockcroft in their 2011 paper: Choice-disability and HIV infection: A cross-sectional study of HIV status in Botswana, Namibia and Swaziland)

The attitude of men towards contraception is a challenge: Changing men's negative attitudes to contraception and the common belief that contraception, if used, is a woman's responsibility, is a significant challenge. Many men believe that the use of contraception encourages women to be unfaithful and that condoms decrease the pleasure of sex. Others prefer to use traditional methods of contraception which offer no such protection. Changing these attitudes will decrease women's vulnerability to HIV infection.



Demonstration at XV International AIDS Conference, Bangkok.
Photo: Colleen Lowe Morna

The high prevalence of intergenerational sexual partnerships may play an important role in young women's disproportionate risk of HIV infection: Malawi, which demonstrated low levels of knowledge (42%) about HIV in both men and women, has

implemented a policy framework for the provision of Sexual and Reproductive Health (SRH) services for young people. The implementation of Youth Friendly Health Services Standards is helping to promote the provision of SRH services, including HIV testing and counselling and Sexually Transmitted Infection (STI) treatment and prevention to young people. In 2010 there were 1 609 health facilities providing youth-friendly services, an increase from 8% in 2004 to 85% in 2010.²⁰

Mobility and proximity to transport routes increases risk of contracting HIV: Southern Africa has always exhibited the trend of higher HIV prevalence along transport routes and in border towns, due in part to high incidences 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 mobility of people from the inland region and tourism.²¹ In Mozambique the southern region has been characterised by increasing prevalence, from 16% in 2002 to 21% in 2009 while prevalence is stabilising in the other regions.²² Prevalence in Mozambique is also higher in border areas and along the three main transport corridors of Beira, Maputo and Nacala. In the United Republic of Tanzania, women who travelled away from home five or more times in the previous 12 months were twice as likely to be HIV-positive as those who did not travel.²³ In rural KwaZulu-Natal province in South Africa, the risk of becoming infected was found to increase the closer an individual lived to a primary road.²⁴

Low knowledge about links between HIV transmission and harmful traditional practices increases rates of new infections: Practices such as polygamy, widow cleansing (when a widow is forced to have sexual relations with a designated village cleanser or a relative of her late husband), widow inheritance, marrying off a girl-child to an older man in order to appease a death spirit and sexual cleansing post traditional initiation, have all been found to have high HIV transmission risks.²⁵ The HIV risk in all these practices lies in the fact that they are characterised by sexual intercourse with low condom use and HIV testing, non-consensual sex and a disregard for women's rights.

A high rate of sexual violence throughout the SADC region also propagates women's vulner-

²⁰ SAfAIDS. 2011. Turning the Tides on Gender Based Violence. Best Practices of Organisations Applying the Changing the River's Flow Model in Southern Africa. Pretoria: SAfAIDS.

²¹ Government of Mauritius 2010.

²² USAID 2010.

²³ Tanzania Commission for AIDS 2008.

²⁴ UNAIDS/World Bank Economic Reference Group Meeting December 16-17, 2009.

²⁵ SAfAIDS, 2011.

ability to HIV infection: Traumatic abrasions and a lack of lubrication increase the risk of transmission in cases of rape and gender-based violence.

HIV prevalence is especially high among men who have sex with men: In a 2008 study of 378 men who have sex with men in Soweto, South Africa, researchers found an overall HIV prevalence of 13.2%, increasing to 33.9% among men who identified as gay.²⁶ One third of South African men who have sex with men surveyed in Cape Town, Durban and Pretoria tested HIV-positive.²⁷ A cross-sectional anonymous survey of 537 men who have sex with men in Botswana, Malawi and Namibia found an HIV prevalence of 19.7%, 21.4% and 12.4% among study participants, respectively.²⁸

Such men suffer stigma and discrimination: Although as common in sub-Saharan Africa as elsewhere in the world, homosexual behaviour is highly stigmatised in the region. Men who have sex with men and transgendered people have higher risk to HIV due to violence against homosexuals and stigma. More than 42% of men who have sex with men surveyed in Botswana, Malawi and Namibia reported experiencing

at least one human rights abuse, such as blackmail and denial of housing or health care.²⁹

There is a shortage of targeted prevention and mitigation interventions for women who have sex with women: Women who have sex with women are increasingly more vulnerable to contracting HIV. However, a variety of reasons has stopped them from being targeted with HIV interventions, 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. A pilot study which looked at the health experiences and needs of a sample of 500 lesbian and bisexual women in four southern African countries in 2011, including South Africa, found that 71% of the cohort group was at risk of HIV infection, mainly from engaging in transactional sex and in non-consensual sex with both men and women. The study revealed that 30% of women accessed had unprotected sex because they believed they were not at risk of contracting HIV. Over 50% of the women surveyed said they had only ever had sex only with women, while more than 15% of the women acknowledged bisexual behaviour.³⁰

Zimbabwe: Proposal to decriminalise homosexuality

In July 2011, a consultant hired by the National AIDS Council (NAC) to review Zimbabwe's response to the HIV epidemic recommended a review of the Sexual Offences Act (2001) to deal with "homosexuality and prostitution in a pragmatic way." The law in its present form criminalises homosexuality and prostitution.

The study found that Zimbabweans must be open-minded about homosexuality and other sexual practices if the epidemic, which kills thousands of people every week, is to be brought under control.

Men who have sex with men (MSM) have been singled out along commercial sex workers as a Most at Risk Population to contracting HIV in the country. A recent study on the modes of HIV transmission indicated that MSM accounted for 4% of new infections and 0.4% for female partners of MSM. Sex workers account for 1.4% of new infections.

Zimbabwe's National HIV and AIDS Strategic Plan (ZNASP) also calls for "a review and update of the national regulatory framework to reflect the latest developments in the HIV situation and response to the epidemic."

Gays and Lesbians of Zimbabwe (GALZ) said the criminalisation of homosexuality and the prevailing homophobic climate was driving most gay people underground.



"Service providers such as doctors and nurses also tend to develop negative attitudes when dealing with Lesbian, Gay, Bisexual and Trans-gendered (LGBT) people as a result of lack of information," GALZ said in a statement. "In terms of HIV prevention this is serious, particularly as GALZ is the only organisation in Zimbabwe providing services specifically to the lesbian and gay community; and very few other HIV and AIDS organisations even consider MSM/women having sex with women (WSW) in their intervention work."

Zimbabwe has no official data on HIV prevalence or sexual minorities, but studies done in Botswana and Malawi estimate that HIV prevalence among MSM is between 20 and 33%.

The studies also concluded that the risk of men acquiring HIV during unprotected receptive anal sex is 10 times higher than during insensitive anal sex or unprotected vaginal sex with a woman.

²⁶ AIDS and Behaviour 2011: Accessed: <http://www.mendeley.com/research/high-hiv-prevalence-among-men-who-have-sex-with-men-in-soweto-south-africa-results-from-the-soweto-mens-study/>

²⁷ Parry et al, 2008: Accessed: <http://www.sciencedirect.com/science/article/pii/S0376871607005066>.

²⁸ UNAIDS 2010.

²⁹ Ibid.

³⁰ OSISA and HSRC, 2011.

GALZ said while HIV issues were being "heterosexualised" in Zimbabwe, minority groups were even more at risk of contracting HIV through anal sex and some MSM had female partners, thus expanding the HIV network.

"The right to health should be accorded to everyone regardless of sexual orientation, gender, sex or creed," GALZ said in response to the recommendations by the NAC consultant. "Decriminalising consensual same sex practice will reduce fear, stigma and discrimination as it has to be accompanied by edu-

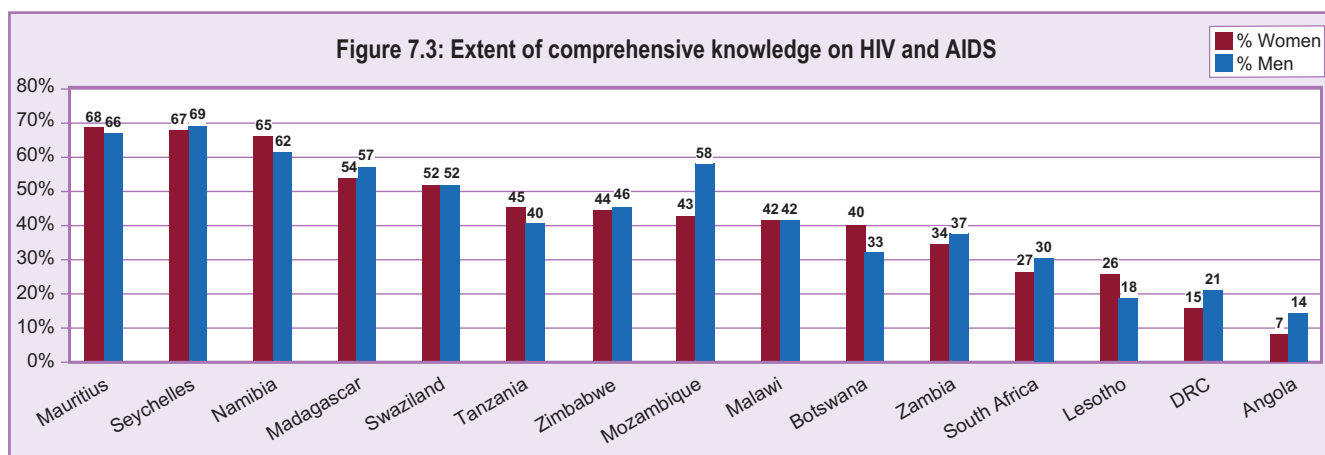
cation, trainings and sensitisation of all stakeholders including the police. Availability of information and proper protective barrier methods for MSM will go a long way in preventing further new infections among MSM who do contribute to the generalised epidemic in Zimbabwe (and) reduction of sexual networks or multiple concurrent relationships among these groups through education and empowerment without fear of persecution (can help)."

Adapted from a July 2011 article by Jennifer Dube *Zimbabwe proposal to decriminalise homosexuality* Accessed at <http://allafrica.com/stories/201107100124.html>

Prevention



The Protocol requires that by 2015 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: World Health Organisation³¹.

Knowledge on HIV and AIDS is generally low: As reflected in Figure 7.3, the extent of comprehensive knowledge of HIV and AIDS among the 15-24 age group varies significantly throughout the region. The highest knowledge is in Mauritius with 68% for women and 66% for men, and the lowest is Angola, with 7% for women and 14% for men. Anecdotal evidence, however, still suggests that there are great disparities in the levels of knowledge between urban and rural areas, between wealthier women and poorer women and between women with different levels of education.

But the gender knowledge gap is closing: Despite widespread HIV prevention information and programmes being implemented in countries in the region, both men and women in 12 countries demonstrate low levels of comprehensive knowledge (below 60%) on HIV and AIDS. This indicates that government and stakeholders need to step-up the production and distribution of targeted HIV prevention and mitigation information. Despite low levels of knowledge, however, only four countries - Angola, the Democratic Republic of the Congo, Lesotho and

³¹ WHO. 2010. Health-related Millennium Development Goals. Within each WHO region, countries are sorted by the latest available data since 2000.

Mozambique - show a marked difference in knowledge levels, with men indicating more knowledge than women. Malawi and Swaziland are at parity in knowledge levels in 2010. In six of the 15 countries, women have less knowledge of HIV and AIDS, but reassuringly, in nine of the 15 countries, women now

have an equal or better comprehensive knowledge. This could be because of a higher prevalence of HIV in women in the SADC region. The exception is Mozambique, where the gap (15%) is high between male and female knowledge (58% and 43%) of HIV and AIDS in this age group.

SADC Model Law still controversial

The SADC Treaty in Article 15 urges Members States to develop and adopt a uniform HIV policy through the SADC Parliamentary Forum: the region subsequently did in 2008. The law, known as the Model Law on HIV and AIDS in Southern Africa (or the Model Law), was developed with the aim of providing governments with a yardstick in the development of enabling national policies aimed at preventing and mitigating the impacts of HIV, and in encouraging policy reform at national level.

Provisions of Section 48 outlaw any laws inconsistent with the Model Law, such as laws that criminalise HIV transmission and/or exposure. Despite these positive laws, however, SADC member states continue to take steps to pass into law policies encouraging the criminalisation of HIV transmission. Lesotho, Madagascar and Zimbabwe have legislation criminalising HIV and Tanzania and Swaziland are at the draft stage.

There is intense debate on what constitutes the most effective HIV prevention approach for governments to adopt. Supporters of the criminalisation of HIV transmission believe that it will promote public health outcomes and HIV prevention. Those who oppose it argue that criminalisation will deter people from accessing voluntary counselling and testing services and discourage them from knowing their status and seeking appropriate treatment and care.

The criminalisation of HIV transmission has been lauded as an effective way of protecting women from HIV, but the irony is that sometimes laws intended to be of benefit may result in women being disproportionately



Photo: Colleen Lowe Morna

prosecuted, since, due to antenatal testing, women are more likely to be tested. Women already find it difficult to negotiate safer sex or to disclose HIV status to their sexual partners and criminalisation may make this process more difficult.

Criminalisation of HIV transmission may also undermine the willingness of PLWHA to disclose their status. UNAIDS advises governments to avoid extending criminal liability beyond cases of deliberate transmission. Where prosecutions and convictions have taken place across the world, they have generally been disproportionately applied to members of marginalised groups, such as men who have sex with men, sex workers and injecting drug users. These groups are often blamed for transmitting HIV, despite insufficient access to HIV prevention information, services or commodities, or the ability to negotiate safer sex behaviours due to their marginalised status.³²

Evidence suggests that HIV prevention programmes may be having an impact on sexual behaviours: In Southern Africa, UNAIDS has found a trend towards safer sexual behaviour among both young men and women (15 - 24 years old) between 2000 and 2007.³³ In South Africa, the proportion of adults reporting condom use

during their most recent sexual encounter rose from 31.3% in 2002 to 64.8% in 2008.³⁴ A 2008 modes of transmission study and epidemiological synthesis report in Swaziland suggested that the percentage of men having multiple partnerships may have fallen in response to a public information campaign.³⁵

³² Adapted from SAfAIDS. 2009. Criminalising HIV transmission in southern Africa: fuelling the HIV epidemic? A Policy Brief and the Model Law on HIV and AIDS in Southern Africa, 2008.

³³ Gouws et al., 2008: Comparison of adult HIV prevalence from national population-based surveys and antenatal clinic surveillance in countries with generalised epidemics: implications for calibrating surveillance data.

³⁴ UNAIDS 2009.

³⁵ Ibid.

Swaziland: The deadly link between police, sex work and HIV



In a country known for its skyrocketing HIV and AIDS rates, conservatism, Christianity and traditional mores, it may come as a surprise that the abuse and rape of sex workers in Swaziland at the hands of police is a growing and widespread problem.

Sex work, known as one of the oldest trades, is still illegal in the country, yet sex workers have reported targeted campaigns of rape and violence at the hands of Swazi police.

Sex work in Swaziland is not confined to urban areas, but also common in rural areas, where patterns of abuse are often less evident.

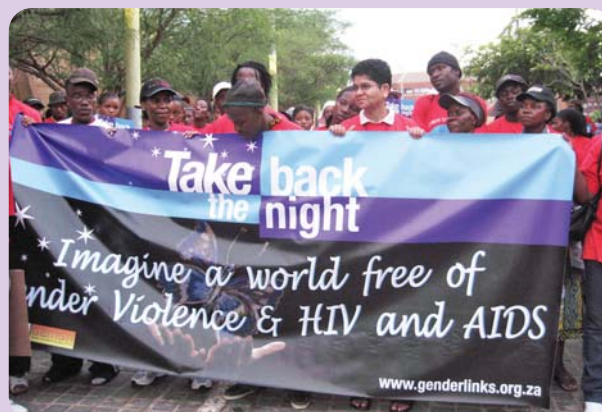
A recent report by Swaziland Action Group Against Abuse (SWAAGA), in partnership with other local organisations, noted: "It is not just that they are arrested, to a greater or lesser degree they are forced by police to comply with demands for free sex or sex in exchange for not being arrested: 27% of the sex workers have at some point been arrested by state police for loitering and 60% of those arrested end up being sexually and physically abused by the police."

The study involved 150 sex workers, both female and male, from urban and rural communities.

In an attempt to intensify the fight against HIV and AIDS, several local organisations, including SWAAGA, have called for the decriminalisation of sex work in the country. They argue that the decriminalisation of sex work would enable their organisations and other partners to reach those involved in the illegal trade. The National Strategic Framework for HIV and AIDS

(NFS) identifies commercial sex as one of the key drivers of HIV and AIDS in Swaziland.

"Sex work is often characterised by high rates of partner change, low rates of condom use, unsafe sex and high rates of sexually transmitted infections. Consequently, HIV infection is often high and the virus can quickly spread through sexual networks encompassing sex workers, clients, regular partners and associated lovers," states one NFS report.



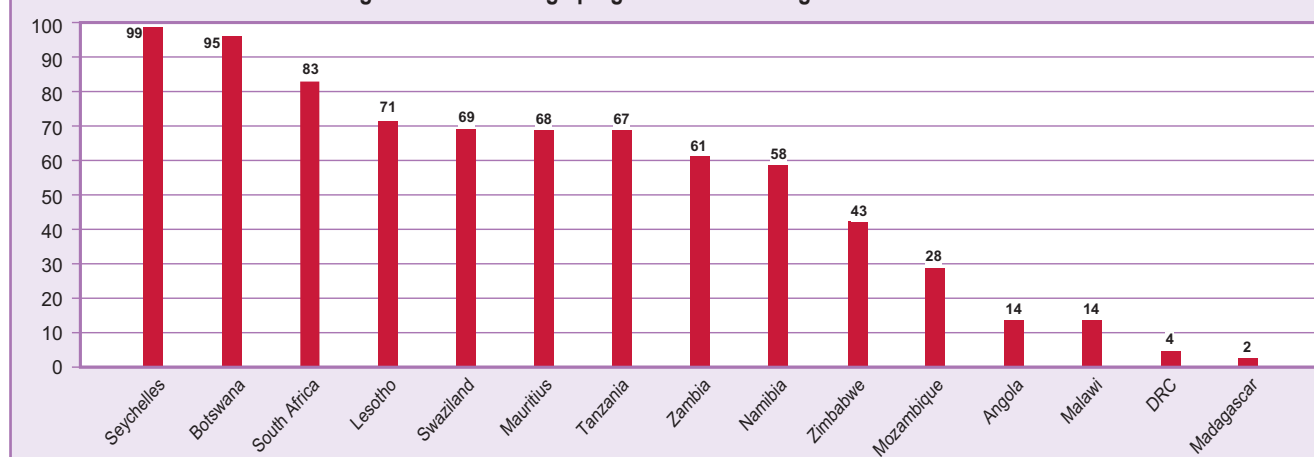
Taking back the night from threats of violence.

Photo: Colleen Lowe Morna

Over the past several years, Swaziland has recorded one of the highest HIV prevalence rates in the world. Data from the country's 11th National Sero-Surveillance Report indicates that HIV prevalence increased from 39 to 42% between 2006 and 2008. In such a climate, sex workers have become a vital link in HIV prevention in the country.

- Excerpt from an article on the GL Opinion and Commentary Service by Alec Lushaba

Figure 7.4: Percentage pregnant women living with HIV on PMTC



Source: UNAIDS 2010.

PMTCT uptake is uneven in the region: On average, 52% of pregnant women in the SADC region receive PMTCT. However, as illustrated in Figure 7.4, this ranges from 99% in Seychelles to 1.8% in Madagascar showing the massive disparities in access to PMTCT in the region. Of the 15 SADC countries, an impressive 13 have PMTCT programmes in place (the DRC and Madagascar do not). Mother-to-child transmission of HIV continues to account for a substantial, though decreasing, portion of new HIV infections in many African countries. In Swaziland, children were estimated to account for nearly one in five (19%) of new HIV infections in 2008.³⁶



Mother and child



In **Botswana** a PMTCT programme is in place and since 2001 its services have been available in all public health facilities.

There has been an increase in testing amongst pregnant women from 83% in 2004 to more than 90% in 2009, with 95% of HIV positive mothers receiving treatment to prevent transmission of HIV to their babies.³⁷

Although **Mauritius** has seen a decrease in new infections among injecting drug users (IDU), from 92% in 2005 to 73% in December 2009, the country needs to implement more innovative and effective strategies to address IDU as it impacts uptake of PMTCT. PMTCT in Mauritius was initiated in 1999 and in 2009 new PMTCT protocols were introduced to improve management of HIV positive pregnant mothers. Although there was an increase of 15% in the uptake of PMTCT in 2009, non-adherence to the programme by injecting drug using pregnant women is the main issue preventing 100% uptake.³⁸



Mozambique has rapidly scaled-up the number of health facilities providing PMTCT services from eight in 2002 to 832 in 2009 with 76.3% of its 1090 health facilities now providing antenatal care services and equipped to provide PMTCT care. Access to ARVs for PMTCT among HIV positive women has also increased, from 31.8% in 2007 to 45.8% in 2009. Despite these increases, however, overall coverage in the country remains low, particularly in rural areas.³⁹



Inadequate knowledge about the availability of prevention services in antenatal settings often impedes their uptake. In **Tanzania**, only 53% of women and 44% of men reported awareness that medications and other services are available to reduce the risk of mother-to-child HIV transmission.⁴⁰

In **Zambia**, the government recognises that PMTCT is critical to reducing the risk of transmission and PMTCT services have been rolled out to all 72 districts. The scaling up of PMTCT services has resulted in an increase in pregnant women who have completed prophylaxis from 14 071 in 2005 to 25 578 in 2006. By September 2007 the figure had reached 35 314.



It will soon be mandatory for every pregnant woman to undergo HIV testing so that if she is found positive, she can quickly be put on treatment to reduce the chance of infecting the baby. However, there are issues for some Zambian women who refuse to know their results when tested. This could be attributed to inadequate counselling before a pregnant women undergoes testing and fear of stigmatisation and discrimination.⁴¹



In **Lesotho** the government works with civil society organisation Elizabeth Glaser Pediatric AIDS foundation on PMTCT and focuses on certain interventions such as the nutrition of children and prevention of mother to child transmission. They also offer psycho-social support to HIV positive mothers as well as PMTCT services.

³⁶ UNAIDS 2009.

³⁷ UNFPA 2007.

³⁸ Mauritius UNGASS Country Report. 2010.

http://docs.google.com/viewer?a=v&q=cache:PrX6vbN9x9EMJ:www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportsubmit tedbycountries/mauritius_2010_country_progress_report_en.pdf+mauritius+2010+%2B+hiv&hl=en&gl=za&pid=bl&srcid=ADGEE5h0pFelv5mw-eYf2EY-2NQZt8GEd4c9uo33CbPrxUb6XUXhaYnhX1zMM8F4nEnJzMS1r0lupT2jdSznRTs_MH5d3vCaNnDuv1BBs2NQAE4QBEpV123IWsTfLKRqTiedp1uNK31I&sig=AHIEtbQhQ3-XyDeKK6pbG4zTnxUZsdJjw&pli=1

³⁹ USAID. 2010. HIV/AIDS Health Profile, Mozambique. Accessed on 6 July 2011 at http://docs.google.com/viewer?a=v&q=cache:CLObgMrlvYYJ:www.usaid.gov/our_work/global_health/aids/Countries/africa/mozambique_profile.pdf+pmtct+%2B+mozambique+%2B+challenges+%2B+2010&hl=en&gl=za&pid=bl&srcid=ADGEE5iGep9L8NDDGKXWQwUWzC8Zmx-Rffu6QesNkCldOctoiPGqFOIGcUxk7BXWsGxpZ6YCjyMcikNhjFMUXhGMO7yKBv7YBt0HEUPFOI WuoHkgUULrjY5fujpBmWE5h8aGoXf2kk&sig=AHIEtbQzLRXIYErwzmaWyT66dvo4AIfgFg

⁴⁰ Tanzania Commission for AIDS 2008.

⁴¹ Zambia country report, multi-sectoral AIDS response monitoring & evaluation biannual report (2006-2007).

Access to Voluntary Counselling and Testing (VCT) services and usage remains patchy: Although there has been substantial progress in expanding provision of VCT in countries in the region, this does not ensure that those who need the service will access it, or that they will get the necessary follow-up support, as treatment access has traditionally trailed behind VCT availability. Thus as countries scale-up provision of VCT, it needs to be done hand-in-hand with scaling up the availability of ART. About 96% of South Africa's health facilities now offer VCT services. A 2009 National Strategic Plan (NSP) survey found that 37% of sexually-active people had tested for HIV in the 12 months preceding the study. This figure surpassed the NSP target of 25%. Although gender disaggregated data for the entire population was not available, 48% of black South African women (classified as a Most at Risk Population in the NSP) had accessed VCT in the 12 months before the survey.⁴² This indicates progress in encouraging testing as an important first step to accessing treatment, care and support services. Zimbabwe also indicates a higher uptake of VCT by women; in 2008 out of a total of 1 071 740 people tested,

Several countries in the region have taken steps to scale-up medical male circumcision for HIV prevention: Botswana is integrating male circumcision into its national surgery framework, with the aim of reaching 80% of males aged 0-49 by 2013.⁴⁴ As of March 2009, Swaziland had drafted a formal male circumcision policy. A recent analysis determined that the scale-up of adult male circumcision in 14 African countries would require considerable funding (an estimated US\$919 million over five years) and substantial investments in human resources development, but that scale-up would save costs in the long run by altering the trajectory of national epidemics.⁴⁵

In 2008 Zimbabwe created a steering committee and technical working groups to drive the medical male circumcision programme. By July 2011, 30 000 men had been circumcised. Government aims to circumcise three million men by 2015. Zimbabwe's draft policy recognises that personnel in the uniformed forces (police, defence and air force) are at higher risk of contracting HIV and thus medical male circumcision information and programmes are specifically targeted at this Most At Risk Population.



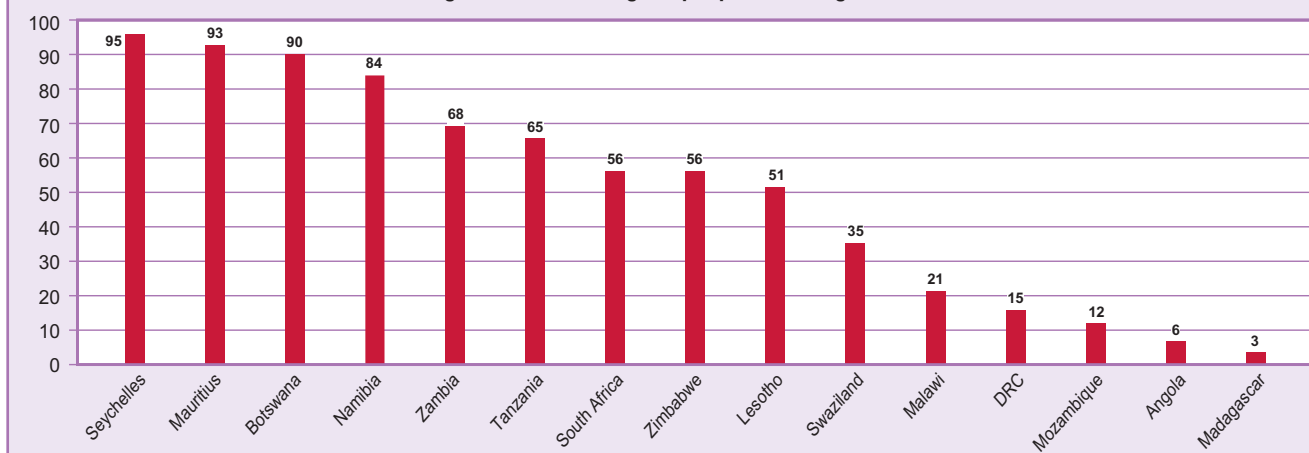
Treatment



The Protocol requires state parties to ensure universal access to HIV and AIDS treatment for infected women, men, boys and girls.

⁴⁵ UNAIDS 2009 AIDS Epidemic Update http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf (accessed 30 July, 2010).

Figure 7.5: Percentage of people receiving ARVs



Source: UNAIDS 2010.

Universal access to ART treatment has not been achieved anywhere: Across the SADC region coverage ranges from 3% to around 95%, with the lowest percentages in Angola and Madagascar. The highest percentages are found in Seychelles and Mauritius where 95% and 93%, respectively, of the HIV infected population is benefiting from ART. There is little sex disaggregated data on the uptake of ART but it is clear that there are gaps and challenges in accessing treatment across the SADC region:



In 2002 **Botswana** became the first country in the region to offer free antiretroviral drugs to citizens who needed them. The country is making good progress towards the goal of rolling out universal access and is now providing ART to 90% of citizens. There were, however, reports in December 2010, that those Botswana living with HIV and relying on government for treatment would soon be forced to buy their own due to the high cost of providing it for free. The implications of interrupting lifesaving treatment, once started, would be very serious for women, who are the majority of those living with HIV in Botswana and in the majority of those who cannot afford to purchase ART. The implications on women's expanded care-giving responsibilities in terms of caring for sick children, family and community members cannot be underestimated. Pregnant and breastfeeding mothers would be at increased risk of transmitting HIV to their babies, and women would be in the majority of people who would succumb to the disease and die from HIV-related complications if access to free ART was reduced.

In **Malawi** National Guidelines were put in place for the use of Antiretroviral Therapy that supported government



implementation of a five-year ART scale-up plan (2006 - 2010). The plan aimed to increase access to 250 000 eligible citizens by 2010. The guidelines presented a national approach to universal access based on eligibility according to disease progression and integrating the principles of ART for adults, with specific focus on pregnant women and children. There is no legislation on HIV but the Law Commission has completed work on a recommendation to enact an HIV and AIDS related act of parliament. The HIV and AIDS policy makes provision for universal treatment, care and support noting that there shall be access to affordable, high quality ART and prophylaxis to individuals who have tested HIV positive; ensuring that vulnerable groups actively participate in designing, developing and implementing a national plan for universal access to treatment. Women are not specifically mentioned but they fall in the generic term of vulnerable group as defined under the policy.



South Africa recently launched a programme to roll out the largest ART programme in the world, which saw close to one million people on ART at the end of 2009. Treatment for HIV is administered through 500 public-sector health facilities, primarily within hospitals and select community health centres and clinics. The service has been supplemented by hundreds of private-sector and non-governmental organisation (NGO) sector service points (among them NGO clinics and general practitioners). The country is also implementing a nurse-driven model aimed at achieving a decentralisation of administration of ART, implemented after it was found that nurses were as effective as doctors at administering it. There still remain substantial health system constraints to scaling up ART services, including limited human resource capacity, infrastructure, and drug supply.⁴⁶

⁴⁶ http://www.usaid.gov/our_work/global_health/aids/Countries/africa/southafrica_profile.pdf



Swaziland launched its strategy to provide free nationwide ART through public hospitals in 2003. By the end of 2009, however, just more than 47 000 people were receiving ARV treatment. While the amount of available drugs needs to increase, a lack of infrastructure and human resources are cited as the major challenges hampering effective treatment. In spite of recent national initiatives on testing, less than 20% of the general population between 15 and 49 years old know their status.⁴⁷

In 2007 the Government of **Zimbabwe** attempted to increase treatment provision through public health sector facilities with the aim of reaching at least 140 000 people by the end of the year. However, it wasn't until 2008 that this target was reached. According to estimates, only about 55% of the almost 600 000 people in urgent need of life-prolonging antiretroviral treatment were receiving it in 2010.⁴⁸ According to the latest WHO guidelines (2010) only one third of HIV positive patients in need of treatment are receiving it. Reports reveal that people living with HIV have crossed the border into Botswana and South Africa in order to access ARVs which are more readily available in those countries. Many of those migrating to access treatment are children and women.⁴⁹



Post Exposure Prophylaxis - PEP is provided for in policies but not easily accessible: UNAIDS and UNIFEM reports recognise gender-based violence as one of the leading factors for HIV infection 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. 12 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.

In Zimbabwe, a number of policy documents, including *Guidelines for Antiretroviral Therapy in Zimbabwe (2005)*, *Zimbabwe National Guidelines on Testing and Counselling*, *National Behaviour Change Strategy for Prevention of Sexual Transmission of HIV (2006-2010)* and the *National Plan of Action for Women, Girls and HIV and AIDS*, all allude to the importance of PEP when citizens find themselves at risk of HIV exposure and infection. The *Guidelines for Antiretroviral Therapy* clearly outlines the procedure for PEP administration. However, policy guidelines are silent on PEP for non-occupational exposure (rape and sexual abuse), as PEP

drugs and services remain mostly available for health personnel.⁵⁰ A 2007 Zimbabwe Women's Resource Centre and Network study revealed that 95% of respondents who had received PEP were health workers, while 5% were sexually abused girls.⁵¹ Generally there is lack of knowledge about the benefits of, and availability of PEP by women and girls in the country. There are also various barriers to women effectively receiving PEP. Although there is no recognised time guideline, it is generally encouraged that PEP should be administered 24-36 hours after possible exposure to HIV through rape or unprotected sex. In rural areas, this is not always possible due to distance and lack of transport infrastructure. Furthermore, women may lack financial means and information about how and where to obtain PEP. They may also fear reporting the assault or seeing health care professionals because of the risk of stigmatisation faced by rape victims.

There are challenges in costing HIV prevention, treatment and care programmes: Difficulty in the implementation of effective and sustainable HIV prevention and mitigation programmes mainly boils down to lack of adequate funding for health and HIV-related interventions. In 1998, SADC Member States' health ministers signed the Abuja Declaration, committing their governments to allocating a minimum 15% of total government budgets towards health care. With the exception of Botswana and South Africa, whose governments fund the bulk of national HIV services and programmes, the rest of the countries rely heavily on donor funding, which is channelled both to NGOs and to governments. There is an urgent need for governments to allocate more funding to health and HIV if real progress is to be made.

In 2008, approximately US\$340 million was spent on Botswana's HIV response, with government providing 66% of funding for programmes.⁵² In South Africa, HIV is primarily financed through national health budgets; spending on HIV was at approximately US\$2.511 million in 2009, representing an increase of 21% from 2008 to 2009. In line with commitments made in the Abuja Declaration for increasing health spending to at least 15% of the national budget, the Government of South Africa has achieved this goal, and further commits 15% of all its expenditures to HIV programmes.

Encouragingly, Malawi, although one of the countries in the region that is most heavily reliant on external aid, has witnessed tremendous growth in funding for HIV over the last few years. Total HIV expenditures rose from US\$29.1 million in 2002/03 to US\$107.426 million in 2007/08.⁵³ The bulk of the funding (31.2%) was

⁴⁷ ACTSA, 2010.

⁴⁸ Medecines Sans Frontieres, 2010.

⁴⁹ AFP, 2008.

⁵⁰ ZWRCN, 2009.

⁵¹ Ibid.

⁵² Government of Botswana UNGASS Progress Report, 2008.

⁵³ Government of Malawi National Health Accounts, 2007.

challenged into care and treatment. However, in 2008/09, due to funding and implementation delays, total spending on HIV and AIDS programmes slightly declined by 2.9% to US\$104.426 million. The UK government has also recently cut funding to Malawi citing concerns over economic management and governance. It is not

yet clear whether this will impact HIV expenditures. The government of Zimbabwe through its Ministry of Finance has been steadily increasing finances for HIV programmes. Government contributions, however, are still far surpassed by contributions from international funding partners.

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 care-givers; 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.

Throughout sub-Saharan Africa, the issue of unpaid care work has become increasingly more important over the past decade as the region grapples with the HIV pandemic. There are many challenges around care work and likely more to come as the pandemic grows and changes every year. Research carried out in 2008/2009 by the Voluntary Services Overseas Regional AIDS Initiative for Southern Africa (VSO-RAISA) and the World Health Organisation confirmed that most PLWHA are cared for in the home. It also noted that the burden of care falls most heavily on women and girls and there is limited government and state support for community care and support work. This continues to be the reality in the SADC region.

The welfare of those who care for PLWHA needs to be prioritised. HIV and AIDS care givers must be recognised as a part of the HIV and AIDS economy and their day-to-day difficulties need to be taken up by governments in the region. At a community level there is also need for efforts to meaningfully ease the burden of care on women by increasing men's participation in care work.

Efforts toward attaining the SADC provision for the "appropriate recognition" of care work must continue. This provision is further strengthened by conclusions reached at the 53rd Session of the Commission on the Status of Women (CSW53) in March 2009. The meeting focused on "The equal sharing of responsibilities between women and men, including care-giving in the context of HIV and AIDS".

Community home-based care-givers and organisations are leaders in the fight against HIV and AIDS in Southern Africa. Government entities, community, faith and non-government organisations, private companies, practitioners and traditional healers all service the industry. Significant evidence shows that care-givers have relieved overburdened healthcare systems and provided valuable psychosocial and medical support to PLWHA. The burden of care typically falls on women, including the elderly and young girls. Reasons for this include cultural beliefs that care work is "women's work", as well as the fact that many men are "family breadwinners" and cannot afford to volunteer. Gender inequality is a key determinant in the continued ignorance of the needs of women in the field of care



Rose Thamae (front) marches with the Treatment Action Campaign in Pretoria, South Africa.

Photo: Lori Waselchuck

work. Regional policies need to be updated and traditional laws and religious beliefs abolished in order to lessen the burden of care on women. With few resources and little government assistance, these unsung heroes are turning the tide in the AIDS epidemic.

Their services include some form of personal care (including dispensing medication etc.), housework, cooking or other such assistance, psychosocial support to patients as well as care and support to children in the home. Typically, care-givers in Southern Africa are not compensated for their work. Care givers may act independently or as members of broader community organisations. Care workers may fall into one of the following categories:

- Primary care givers, who are typically family members (children, spouses or grandparents) and are often socially obligated to provide care;
- Secondary care givers, who are typically associated with an organisation that provides care work as a service;
- Secondary care givers may work for formal institutions such as government-run clinics or informal groups such

as religious or community home-based-care (CHBC) organisations.

Women frequently engage in care work that has no documented economic output and is therefore not measured in employment statistics. Because there is no monetary value attached to unpaid care work, and because society does not pay for it, policymakers often assume there is a limitless supply. However, women who engage in care work perform a massive assistance to the state and lose hours of economic productivity they are rarely compensated for. The only countries in the SADC region to offer any financial incentive to care givers of those infected with HIV and AIDS are Botswana, Lesotho and Swaziland.

Some care givers do receive community recognition for the work they do when they are sometimes elected to provide the service and are identified as community leaders. This has been documented in Botswana, Mauritius and Namibia. In other instances, however, care workers are faced with the stigma that pervades the HIV and AIDS epidemic and gain no social status for their efforts.

Table 7.2: Review of care work

Country	Remuneration	Logistic and material support
Namibia	Current CHBC policy calls for a monthly incentive of N\$250-N\$500 (roughly USD \$31-62). Plans underway to lobby Ministries of Health and Labour to enable submission of a motion on remuneration for care givers before parliament during the first half of 2011.	Namibia has been affected by the dwindling global funding basket with implications on the ability of NGOs and CBOs to continue providing remuneration and other forms of financial support for care givers.
Botswana	Donor organisations continue to provide financial incentives for CHBC volunteers working through NGOs. The state still defines care work as volunteerism.	Government provides CHBC volunteers with transportation allowances of P151 (roughly USD\$22) per month and clinical supplies.
Tanzania	No policy.	Tanzania Commission for AIDS gives funds to registered CHBC organisations to sustain their projects and CHBC kits.
Zimbabwe	A draft stand alone policy is now in place. Government recommends communities mobilise funds for care giver costs. Consideration is being given around the extent to which the National AIDS Levy can be used to fund remuneration of care givers.	Despite an advanced policy outlining provision of sufficient materials and equipment, access to these is limited. Fundraising is underway and an entity has been identified to purchase home-based care kits.

There is a need for formal recognition of the contribution of care givers for a number of reasons, including: ensuring ongoing community recognition for their efforts; the practical needs of earning a living (many care-givers drop out of education and vocational programmes because they need to earn money to support their own families); poor retention rates lead to a weakening in the standard of care; ensuring that girls can remain in school (many drop out of school when family members become ill and are required to take care of them); there is a need for accurate statistics on the number of individuals providing care to PLWHA within communities; there is need for national level regulation of CHBC; to regulate a standard of care and ensure norms of these standards are met (in an effort to protect both the patient and the care-giver); to provide training so care-givers are better empowered to do their work and remain abreast of changes in the virus and methods of treating it; and to accurately monitor and evaluate the work being done in the field.

In 2009, the Gender and Media Southern Africa Network (GEMSA) conducted a "policy analysis" of care work in

12 SADC countries: Botswana, Democratic Republic of the Congo (DRC), Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. Research outcomes revealed several gaps in care work provisions and concluded that more effort was needed to develop stand alone care work policies. The Voluntary Services Organisation Regional Aids Initiative of Southern Africa (VSO-RAISA) has been lobbying and advocating for the adoption of care work policies in Southern Africa. VSO-RAISA now leads the care work cluster within the Alliance (see Chapter 10).

In March 2011, VSO-RAISA and Gender Links held a meeting to conduct an audit of care work policies across the region. The audit (see Table 7.2 shows that 13 countries have implemented some form of policy on care work in an attempt to meet SADC Protocol targets. However, only two states - Namibia and Mozambique - have stand-alone policies on care work while an additional four have draft policies. These are Malawi, South Africa, Zambia and Zimbabwe.

policies in each SADC country

Training/Professional recognition	Psychosocial support	Gender equality
Under the new policy, the government will re-train all care-givers using a standardised manual. Lobbying of Namibian Qualification Authority and Ministry of Health and Social Services for accreditation of carers underway.	The CHBC policy attempts to address the psychological needs of care-givers. Ministry of Health and Social Services promotes this provision for care-givers. There is a need to link various kinds and sources of psycho-social support together, most notably community-based psycho-social support.	Although the policy acknowledges gender disparity in care work and encourages the involvement of men, a decrease in progress toward gender equality was noted. The HIV/AIDS consortium is continuing its discussions to address this issue.
Government has no mandated, minimum level of training. Nurses train CHBC volunteers at clinics on issues of tuberculosis, adherence, diet and how to care for patients. Normally the training lasts about a week. As new issues arise, the clinic provides care-givers refresher courses. Many care-givers working for NGOs receive training from either clinics or other civil society organisations.	The government provides psychosocial support through supervisors at the clinic or through the social welfare office. Moreover, as part of the Ministry of Health's monitoring of CHBC, government representatives often visit volunteers to discuss their challenges. CHBC organisations often facilitate discussions for volunteers to share their challenges and frustrations.	No policy.
The Ministry of Health and Social Welfare (MoHSW) last trained care givers in 2005 and training continues to be the same despite changes in the area of care work. Care Work is not recognised as a profession in Tanzania.	There is no policy document that exists on psychosocial support for care givers. The evaluation report on CHBC has looked into support for care-givers. MoHSW requests that all CHBC organisations promote stress management techniques, help care givers adjust to the pace and approach to work, provide peer counselling, and establish a support network.	No policy.
A training package exists that covers: training of trainers, nutrition and other areas. National package includes treatment support for clients and handbooks for participants in two of the major national languages. Progress hampered by funding shortages.	The new CHBC guidelines recognise that care givers need appropriate psychosocial support to prevent stress and burn out. Care workers are benefitting from this where available; access is not guaranteed for all care givers.	No policy. However, in 2010 men's involvement in care work stood at 19%. In addition, there was training of children - with the assistance of international organisations - in order to ensure the safety of children forced to care for sick adults.

Review of care work policies		
Country	Remuneration	Logistic and material support
Swaziland	The current CHBC policy calls for a monthly incentive of E200 (roughly USD\$25) for Registered Health Monitors (RHMs). Attempts to integrate Swazi care givers into RHM system are ongoing. More effort required to secure government subsidies and other support for care givers.	All RHMs and care givers receive CHBC kits and uniforms as a requirement for easy identification within the community, an identity card, t-shirt, shoes, umbrella, a home-based care kit, and a monthly, monetary incentive as above. Community care givers are not entitled to this support.
South Africa	The policy framework document remains a draft. The extent of implementation in this area is not known.	The Department of Social Development (DSD) gives food supplements and parcels. Some progress has been made in accessibility to ARVs and other materials for HIV and AIDS affected people, thus alleviating the burden for carers.
Zambia	No stand alone care work policy. A provision is contained in the HIV and AIDS policy but does not contain provisions on remuneration. Progress on draft policy hampered by limited networking and coordination across organisations.	National guidelines that specify materials to be made available to care providers. A limited number of these are available.
Malawi	No policy; draft is available.	Limited support for CHBC from government in procuring kits as well as provision of some transport allowances.
Lesotho	No stand-alone policy. Advocacy for care workers monthly stipend to be increased from 300 Maloti (approx USD\$40) to 800 (approx USD\$115).	Registered CHW's get access to resources such as health kits.
Mozambique	The operational manual suggests that care workers should receive an amount calculated as 60% of the minimum national salary. Care work still defined as volunteerism.	The operational manual mentions the volunteer kit and allocation of some basic materials. In practice though neither the Ministry of Health (MoH) nor the donors provide this material for care workers.
Mauritius	Development of a care work policy underway. Government funding to some NGOs working with PLWHA and these give some allowances for care workers.	HIV and AIDS National Strategic Framework (NSF) makes provision for improving training, equipment and staffing capacity of government structures. Also some notable private sector funding under Corporate Social Responsibility continued to go towards logistic and material support.
DRC	No policy.	No policy.

Source: GEMSA Care Work Policy Analysis, 2009.

in each SADC country (continued)

Training/Professional recognition	Psychosocial support	Gender equality
The Ministry of Health and Social Welfare (MOH&SW) last trained care givers in 2005 and training continues to be the same despite changes in the area of care work. Care work is not recognised as a profession in Swaziland. Only one training manual and reporting tool exists that is applicable to both government and independent care givers.	There is no policy document that exists on psychosocial support for care workers. The evaluation report on CHBC has looked into support for care-givers. MOH&SW requests that all CHBC organisations promote stress management techniques, help care givers adjust to the pace and approach to work, provide peer counselling, and establish a support network.	No policy.
DSD and Department of Health (DOH) need to make this training and professional recognition criteria clear as it seems ambiguous at present. Limited access to information and training. Community groups continue to provide this service for carers.	There is a document within the policy framework though the extent of implementation is unclear. Limited access to formal psycho-social support for care givers. NGOs and CBOs generally provide debriefing opportunities for care workers.	Gender inequality is noted within the policy framework documents for CHBC.
No policy that recognises care givers as professionals except the third line of care givers (professionals like nurses, clinical officers etc). Care givers are trained by qualified trainers from the Ministry of Health (MoH) and other organisations. Care givers receive a certificate of attendance after training. CHBCs are registered under the Registrar of Societies. CHBC organisations are also required to register with the DHMT in their area of operation.	No policy however this aspect was catered for in guidelines for care givers.	No policy.
Existing training and standardised training manual. Funding constraints hamper training and refresher courses not available.	Provision of this support to care givers available on a voluntary basis; implementation yet to take place.	Although no policy provisions have been made, MPs are working at constituency level to mobilise more men to do care work and 200 men have been trained in Dowa district through a local government and CBO partnership supported by VSO RAISA.
There are government plans to train all CHW's including care givers in order to professionalise the cadre and afford it recognition but these have yet to be implemented.	The National Guidelines on CHBC recognise the challenge of emotional, physical strain and stress experienced by care givers; the lack of resources and care givers' inability to diagnose symptoms. The guideline calls for income generating activities which can support CHBC. No progress in securing psycho-social support for care workers. Few experts in this area in country.	The National Gender and Development Policy advocates for the improvement and expansion of gender-sensitive home-based health care. The Lesotho Council of NGOs (LCN) has representation on a National Working Committee involved in compiling the five year National Development Plan to guide government in addressing issues raised by different groups in society. It is envisioned that care work can be raised in this platform.
The operational manual mentions training and capacity building. The Ministry of Health offers a standard 12 day training course across the whole of Mozambique and gives accreditation. However little is known of implementation.	State manual outlines psycho-social provisions for carers. Carers do not as yet benefit from this entitlement.	No policy.
No policy. NSF makes provision for training of government officials involved in HIV and AIDS. The Ministry of Social Security has a training curriculum on care work.	No policy. NSF provides this for PLWHA but not care givers.	No policy.
No policy.	No policy.	No policy.

Parliamentarians are taking up the call for care work policies: VSO-RAISA reports that Zambian and Zimbabwean MPs have introduced quarterly two-hour

parliamentary slots when advocacy around care work policies are discussed. Malawi is another example of a country where parliament is taking an active

Malawi: Parliamentarians advocate for care work policies



Ephraim Kayembe.

Ephraim Abel Kayembe, Member of Parliament for Malawi's Dowa West Constituency, is a policymaker working with civil society organisations such as VSO RAISA, to bring attention to the concerns of care workers in his area. The current policy in Malawi is confined to addressing professional care givers and excludes the work of children and women. As with other SADC

states there are no incentives, remuneration or psychosocial support programmes for those who fall in this grouping.⁵⁴

Through his work Kayembe is setting new standards for multi stakeholder collaborations and partnerships to respond to the country's care work needs. He has been involved in a proposed motion that urges the government of Malawi to develop a stand-alone national policy to support the work of care givers. This motion was due to be moved in the June 2011 budget seating of parliament. In addition, Kayembe is part of a group of MPs working with the Ministry of Health and the SADC Parliamentary Forum to finalise Malawi's draft care work policy.

Malawi is a signatory to the SADC Protocol on Gender and Development signed in 2008. In response to the disappointing progress of his country on reaching the Protocol targets around HIV and AIDS, Kayembe used the commitments to develop and move a motion on urging government to review and develop a specific national policy on HIV and AIDS to address care work. The Government of Malawi could not reject the proposed motion because it was a reflection of commitments the state had made by signing the Protocol. This allowed the creation of space within which several initiatives are now being undertaken to address issues of women and children carers. The initiative benefits 40 000 in the constituency. The projects have a particular focus on 1000 carers and 2000 orphans and other vulnerable children in the area. However, there is now a national drive supported by various NGOs and private companies to reach more carers through providing resources for conducting trainings in quality home-based care through similar processes.

Article 27 (3) c of the SADC Protocol states that States Parties shall, by 2015: *develop and implement policies and programmes to ensure appropriate recognition of work carried out by caregivers, the majority of whom are women, allocation of resources and psycho-social support for caregivers as well as involvement of men in the care and support of people living with HIV and Aids.*

As such initiatives undertaken by Kayembe have been at the national, constituency and regional levels.

National progress towards Article 27

- Collaboration with civil society organisations such as VSO RAISA and GEMSA to bring to the attention of Government the concerns and needs of the workers in Malawi. Particular emphasis is on the challenges caregivers face in his constituency.
- Through the Parliamentary Committee on HIV and AIDS, spearheading review of proposed Bill on HIV and AIDS Management to ensure inclusion of incentives, remuneration, standardised trainings for carers, psycho-social support and male involvement in care work. The Bill has been reviewed and it will be brought into the chamber in September, 2011.
- Participation in the National Conference on review of the policy for professional carers so that it includes issues of informal carers. It was unanimously agreed that a stand-alone policy on informal carers be developed and that Ministry of Health should take a leading role in developing the policy with maximum support and participation of other relevant government departments and stakeholders. The consultation process is ongoing and it is expected that the draft proposal will be scrutinised by participants to the conference on policy formulation and development in August, 2011.
- Proposal of a motion to urge Government to develop the policy on caregivers developed and referred to Business Committee of Parliament for rigorous review. The motion was supposed to be moved during the June 2011 budget seating of parliament, unfortunately there was insufficient time to accommodate private member's motions. There are strong indications that the motion will be moved during the September parliamentary seating and that it will be agreed upon and adopted. Once adopted, the Ministry of Health will be tasked by this legislation to translate the

⁴⁷ Honourable Ephraim Kayembe, MP Dowa West, (2011). Presentation: *Parliamentarians Experience in Advocating for Development of National Policy to Support Caregivers in Malawi*. Global Partners Conference, UNICEF, New York.

undertaking of parliament into development of the policy. Currently, the Parliamentary Committees on HIV and Aids, Health and Gender and Community Development are working with Ministry of Health and civil society to finalise the development of the policy in line with the SADC PF policy framework.

Progress at Constituency Level

At constituency level, there has been significant focus on issues of male involvement in care work as a strategy to reduce the burden of care on girls and women caregivers. The following initiatives were taken to get the understanding, commitment and support of men and boys in care work:

- Awareness and sensitisation campaign meetings were conducted in the constituency on the importance of reducing the burden of care on women and girls. These targeted traditional leadership, households and communities so that they participate in advocating for male and boy's involvement.
- During World AIDS Day, Kayembe was at the forefront of initiatives to raise awareness on the role that youth carers play in communities. He challenged communities on the extent to which these young people could be supported by families, communities and government.
- Mobilising men and youths to engage in care work and encouraging those already engaged to remain so.
- Youths sometimes use theatre for development strategy for disseminating information on care work, HIV and AIDS prevention and treatment.
- With funding from VSO Malawi, training in home-based care was conducted for Mayesero community-based organisation in provision of quality care to those in need.
- Income generating activities such as bakery, poultry and piggery have been initiated for the OVCs and other vulnerable households.
- Orphans and other vulnerable children have been supported with writing materials and uniforms. This form of support has been main area of focus for Kayembe in Dowa West.

Regional progress towards Article 27

In response to the regional impact and needs of HIV and Aids care work, Kayembe carried out a study tour to Mozambique in April 2011. There he participated in discussions with staff of VSO Mozambique and OVCs on the challenges they face when providing care to people infected and affected by HIV and AIDS.

The discussions revealed that even in Mozambique there was no detailed policy to address the issues of caregivers. It underlined the similarity of issues facing care givers in Malawi: women disproportionately carry the burden of care for adults and children living with and affected by HIV at home and in communities; the elderly are not spared from being carers and are forced into these

positions by circumstances; lack of resources, energy, skills and knowledge to provide quality care; and children, especially young girls, are often forced to drop out of school.

There are many challenges and risks to the work in Dowa District. Stigmatisation and discrimination of carers on the basis of their status continues. More sensitisation meetings are being conducted to raise awareness on the disadvantages of discriminating against t providing care work. A second challenge is that youth carers lose critical educational opportunities as a result of caring for sick people and parents.

Kayembe is working hand in hand with CBOs to begin designing daily work schedules that will allow children to attend classes in the first part of the day and revert to caring when they are out of school. The success of these initiatives is constrained by financial resources. In addition, increased political understanding, commitment and willingness are required to speed up the process of developing relevant policy and legislative frameworks on informal carers. Lobbying efforts have been intensified and there is some commitment to introduce the motion on care work in parliament very soon.



Children in Malawi are expected to do daily chores which interfere with their education.
Photo: Colleen Lowe Morna

These challenges notwithstanding, approximately 4 000 people, including traditional leaders and communities, have been sensitised on the importance of reducing the burden of care on girls and women through advocating for more involvement of men and youths in care work. Two hundred men and 160 boys have been mobilised to raise the profile of women and girl carers. They are now currently engaging themselves in provision of care work to those infected and affected with HIV and AIDS. A draft national policy on care work for informal carers has been developed in close collaboration and partnership with the Ministry of Health and other relevant stakeholders. The consultation processes on the policy are in progress around the

country and it is anticipated that it could be approved this year.

There is a commitment on the part of parliamentary leadership to bring the proposed motion on care work policy into the chamber for thorough scrutiny and approval in September 2011. More men and boys are now joining women and girls in providing care and support with traditional leaders paving the way as advocates for this much desired and needed result. Larger civil society organisations have also expanded their programmes to work more closely with smaller CBOs and legislators. Finally, a noteworthy outcome is increased understanding within the executive arm of government of the significance of putting necessary legislative and policy frameworks to address issues of carers.

Although funding can hamper progress in Dowa West, many of the initiatives are relatively easy to sustain. Kayembe notes that the funds required to conduct sensitisation meetings on care work raise the profile of women and children carers are not too prohibitive.

The fact that this work has been carried out in Dowa West means it is possible for other MPs to do the same in their own constituencies. It is also possible to carry out this work in other countries within SADC. This and

cases such as the successful development of a care work policy in Namibia are excellent best practice examples.

Platforms such as the regional partnership of parliamentarians (SADC PF) have proven useful to encourage heads of states to prioritise development of various policies in the past; national care work policies are not exempt from this. Replication must be strengthened through state-supported study tours within the region. Most parliamentarians have access to constituency development funds provided through state budgetary support structures. This would therefore be an opportunity for parliamentarians to allocate adequate resources for implementation of these activities as it is customary to develop and approve government budgets every year.

Ultimately MPs are able to provide the necessary leadership on issues of care work and Kayembe's case demonstrates that MPs are well placed to raise the profile of children and women care givers at all levels of government and decision-making. They occupy a strategic position that enables them to continuously and effectively engage civil society, media institutions, community organisations and legislative processes around care work in the region. MPs are able to provide the necessary leadership on issues of care work and illustrate the need of involving care workers in processes related to policy making.

No SADC government adequately remunerates care givers: With the exception of Lesotho, Mauritius and Mozambique none of the 12 countries where the policy review was conducted have made moves towards offering remuneration for care workers. In Lesotho there appears little political will to effect changes to the small remuneration available. The problem is compounded by the passing of a smaller Ministry of Health budget for 2011/12 that leaves little hope for care work needs. Remuneration is a key determinant for this field; it is the right of people doing the work of government to be financially rewarded for their efforts. The work of VSO-RAISA highlights that governments bear the primary responsibility of providing care and support to PLWHA. The work of care givers and others should exist to complement state efforts.

Many programmes are at risk of faltering as a result of volunteers leaving to be able to earn income to support their own families. As these valuable resources are lost, so too is a valuable skill set and the health care sector falls short of adequately caring for its citizens. It is argued that if there was some form of remuneration more men would enter the care work field which would partially ease the burden of care giving on women and girls. Paying volunteers will also add perceived value to the work being done and increase awareness for care givers and the services they offer.



The Botswana Care Work Training programme, rated as good, see nurses train community home-based care volunteers at clinics on issues of tuberculosis, adherence, diet and how to care for patients. Normally the training lasts about a week. As new issues arise, the clinic provides care-givers refresher courses.

Some governments provide logistic and material support: Some governments in the region provide CHBC kits. These are crucial for service delivery and care givers throughout the region advocate for adequate materials to enable them to deliver quality service. The extent and reality of this support, however, varies and is generally determined by availability of financial resources; often materials are in short supply. Alternative means of fundraising must be explored in order to meet the costs of logistic and material needs of care-givers. These incentives also need to be standardised in order to establish cohesion among CHBC initiatives within a country. In Mauritius, the corporate sector has made notable contributions

through corporate social responsibility efforts that have been instrumental in providing material and logistical support. On the other hand Namibia, as a middle income country, has been affected by a dwindling global funding basket that has diminished this type of support. In the case of Zimbabwe, implementing good national provisions and systems has been severely limited by a lack of resources and the economic crisis in the country.

Training and professional recognition are patchy:

Most states in the region provide training despite the absence of policies that standardise and regulate this training. Care givers currently receive training from a number of different sources and it varies in length and curricula. Few countries provide refresher training. Access to available training in the region is generally limited and often not available to existent care workers with no official status. Botswana has made some advances in this area where nurses involved in training carers continue to do this work after leaving formal employment. This is perhaps an important opportunity for advocacy to give professional recognition to care workers. In Mauritius, an opportunity to intensify work with the Ministry of Social Security, the lead agency for training in care work, has been identified. This is a good example of government-civil society partnerships to professionalise care work and attribute recognition that will guarantee remuneration for carers.

Many care givers operate in remote parts of their countries, and state agencies will have to identify these individuals and ensure they have access to the training. Additionally, new training may require certain standards of literacy. At present, many care givers are elderly women without much education. It is highly likely that they will be left out of this kind of system of CHBC. Thus, to allow maximum inclusiveness, ministries will have to strategically determine the minimum education requirements. They will also have to provide greater clarity on what will happen to care-givers who do not qualify for training.

Many in this area need training: Training should be carried out for care givers and also managers, supervisors and ministers to help sensitise policymakers to the full extent of the nature of the work of care givers in the region.

Psychosocial support is lacking: Care givers for PLWHA do more than just HIV and AIDS care work, which adds to the already heavy emotional, psychological, physical and economic burdens these individuals bear.⁵⁵ This is highlighted in the SADC Protocol which calls for initiatives to ensure care for carers. In Botswana, psychosocial support for carers is

provided through the Social Welfare Office and the Ministry of Health. It is an example for psychosocial support for care workers made possible through government commitment. This best practice needs to be investigated and researched further for lessons that can be shared with other countries. There is need to link the multiple sources of psychosocial support in Namibia as its provision is currently disjointed. Malawi, Mozambique, South Africa, Zambia and Zimbabwe all have some provisions for psychosocial support but access and implementation is uncertain. Mauritius, Madagascar, Lesotho and Swaziland have yet to develop these policies.

Promoting men's involvement in care work - towards gender equality:

The review of care work policies reveals that there is still much work to be done in the area of gender equality and inclusion of men. However, on the ground there have been some laudable achievements. In Lesotho the Lesotho Council of NGOs (LCN) has been included in a National Working Committee advising government around a National Plan on addressing issues of various social groups. In Malawi, MPs who were part of a VSO-RAISA project are working at constituency level to mobilise more men to be involved in care work. In Dowa District, one MP, together with CBOs, has mobilised and trained 200 men to do HBC. Finally, Zimbabwe reports that in 2010 men's involvement stood at 19% and training of children in care work was underway as a response to children caring for adults living with HIV and AIDS.

Many examples of men care givers are emerging: There are several examples emerging in the region of male care givers, as well as networks of men who provide care. During the stick taking meeting convened by GEMSA and VSO-RAISA in March 2011, several women and men gave accounts of caring for those living with AIDS.



⁵⁵ UNAIDS (2000). Caring for carers: managing stress in those who care for people with HIV and AIDS. Case study, Geneva, UNAIDS.

Mauritius: Training men to share duties and be better partners

Photo: Colleen Lowe Morna



Sheila Bapoo.

On 2 April 2011, Minister of Gender Equality, Child Development and Family Welfare, Sheila Bapoo, launched a five-month training course that is part of the "Men as Partners" (MAP) programme. MAP provides a platform for men to freely discuss gender sensitive issues. This project aims at promoting responsibility and participation of men within the

family and the community. In addition, the focus is on enabling the effective empowerment of women and the enhancement of the quality of life of the family.

The programme is a collaborative effort between the Ministry of Gender Equality and the Mauritius Family Planning and Welfare Association.

Around the world, women carry a disproportionate responsibility for reproductive health, family size and family affairs. And while women receive the bulk of reproductive health education, including family planning information, the reality of gender dynamics can render women powerless to make decisions.

Men often hold decision-making power over matters as basic as sexual relations and when and whether to have a child or even seek health care. Yet most reproductive health programmes focus exclusively on women.

The MAP project recognises the importance of partnership between women and men in taking responsibility for reproductive health. There is a crucial need to reach out to men with services and education that enable them to participate in the duties related to reproductive health, family and community matters. This groundbreaking project is intended to put an end to a culture of violence founded on the belief that punishing a wife is an acceptable and legitimate act.

As such, the project aims to confront, engage with, and overcome these kinds of stereotypes held by both men and women. The objective is to assist men become more supportive partners who constructively share responsibility with women at home, in the workplace and the community.

The main beneficiaries of the project are primarily located in underprivileged regions of Mauritius where there are pockets of poverty. Problems linked to poverty such as domestic violence, alcoholism and low literacy are addressed and men are encouraged to contribute to family welfare and harmony.

Article 16 of the SADC Protocol provides that "State Parties shall conduct time use studies by 2015 and adopt policy measures to ease the burden of the multiple roles played by women."

To this end the project engages in the following:

- Organises monthly educational sessions on gender, women development and family welfare for men so as to increase their knowledge and provide information that will enable them to positively participate in family affairs and enhance partnership building at home, at work and in the community;
- Organises monthly mixed educational sessions on problems affecting family welfare and the role of women in the family and the society at large;
- Organises fortnightly indoor recreational activities for men and provides concurrent individual counselling and informal education sessions for them;
- Organises individual and group counselling sessions for couples on gender sensitive family issues so as to improve psycho-social environment;
- Provides special medical sessions for men so as to enable them to share and improve their health conditions in confidentiality and also get informed about health issues.

Attempts to involve men in gender equality work are often met with resistance and this forms one of the major challenges of the project. The MAP programme approaches men in a gentle, respectful, open-minded manner.

Outreach efforts have to be designed to match the needs of Mauritian males. Universal values of equality, respect, responsibility, and honesty must be promoted to the male audience. Efforts that engage and motivate men have to be used to draw them into involvement in an area that has traditionally focused on women.

A key issue has become reaching out to "unreachable" populations. There are many men who would be considered a target audience for MAP; however, they do not participate in community structures or organisations that would allow them to be easily approached.

Another major challenge has been the attitude of private sector businesses in offering their employees training which will take them away from labour. Other challenges in implementation are cultural and come with any desire to instigate social change. Resistance to learning and resistance to participation by men are common.

To date, the main outputs of the programme have included activities that have prioritised developing partnerships between stakeholders and sharing guidelines for addressing family concerns in policy planning and decision-making. Since it was launched, 30 men have registered to undertake the courses and the number is likely to grow. Moreover, the Mauritius Family Planning Association has launched a door-to-door campaign on birth control, which is an essential component of the MAP. The programme was implemented in 2003 and about 10 000 people have benefited from it.

As a state-funded and jointly implemented project the ability to spread the programme nationwide is a challenge. Bappoo and her ministry are committed to extending the project across the country. Given sufficient resources and

technical capacity this groundbreaking project that challenges gender stereotypes can be easily replicated in other parts of Mauritius and within other SADC member states.

Zambia: Men make great care workers too

By Peter Hamajata



I started care work in 2003 when I joined the VK Community Care Organisation. VK Community Care Organisation was registered in 2002 and is located in Garden

Compound, 7km from Lusaka centre, and has a population of 12 000 people.

Before I joined I was working with an organisation to empower women and raise their standard of living in Chibombo District.

In 2002, my first born son was diagnosed with HIV, and by that time he was staying with his grandmother. He phoned and told me he was not feeling well and I agreed that he should come to Lusaka. At the time he got sick he was staying in a village where there was no clinic.

He came to Lusaka and stayed with me. He complained of general body pains. I looked at him: he was very sick, and there was a need for him to be taken to the hospital. I took him to the nearest health centre, 7km from my house.

At the centre, the doctor examined him and referred him for Voluntary Counselling and testing (VCT). After undergoing VCT we discovered he was HIV-positive. He was counselled and then referred to an ART clinic where he was tested and examined for his CD4 count and told that he immediately had to start anti-retroviral treatment. After one month he developed Kaposi's sarcoma and his whole body swelled, especially the legs.

Wounds developed and he even started to smell. My wife could not bathe him because he was male so I took up the responsibility of taking care of my son; taking him to the toilet and bathing him. The most difficult thing was not having any other person or relative to help. I had no option but to get leave from work for one month.

Things did not change; my son's sickness got worse, I had to take him to the University Teaching Hospital every week for injections to treat the sarcoma, which is cancer of the skin. This whole procedure took six months and I had to stop work to concentrate on caring for my son so my wife continued to work and had to provide for us all.

I thank my wife for taking up the responsibility of feeding us all, while I took up the responsibility of caring for our son, which was care work for both of us. I thank God for that assistance from my wife.

With this experience, I developed a very good relationship with the staff at the health centre and the hospital and I was referred to VK Community Care Organisation by the government clinic so I could learn how to provide better care and support to my son, and other patients at home. It was a good suggestion and I was happy because I already thought the work was interesting. VK Community Care Organisation trained me for five days in basic home-based care and I was given a certificate. This inspired me and I got encouraged to join in caring for people living with HIV and AIDS.

In the community I started caring for, and providing support to, patients and I gave a lot of good examples of how a man can care for patients in their homes. I also encouraged other men in the community to join in care work and 11 men were recruited into the organisation. I then stopped looking for employment and my heart went to caring for patients. I was motivated by training in counselling and testing and I appeared on state radio, talking about care and support and the involvement of men in care work.

I cannot stop care work now because I enjoy it so much. My son became better, and able to work. But after two years my son forgot he was sick, he wouldn't listen to me and he went back to bad behaviours: drinking spirits and smoking. He even forgot to take his ARV's. My son could not adhere to treatment; he developed TB and died within four days of being diagnosed with it. However, I cannot stop caring for people living with HIV and AIDS because we need to protect other people who might want to stop treatment and behave the way my son did.

People living with HIV and AIDS need education and information so that they can live longer. It is not easy but we can do much more with the resources provided. Involvement of both men and women in care work must be supported by providing them with incentives so they can be motivated. In turn they will provide quality care to those living with HIV and AIDS.⁵⁶

⁵⁶ This "I" Story is part of the Gender Links Opinion and Commentary Service special series on care work. Available at <http://www.genderlinks.org.za/article/zambia-men-make-great-care-workers-too-2011-06-26>.

Children and care giving: Care givers may look after the needs of the sick and dying but there must also be provisions in place for the children left behind. There has been an exponential increase in the number of children affected by HIV and AIDS. This has put pressure on extended families that care after orphans as well as child headed households. Extended families in already poverty stricken settings are



In Zanzibar children are often left to care for other orphans and vulnerable children.

Photo: Colleen Lowe Morna

struggling to keep up with the need presented in these cases. The education and employment opportunities of this group are very slim as a result increasing the potential exposure to various kinds of exploitation. Table 7.3 indicates the high numbers of HIV and AIDS orphans in the SADC region and the HIV and AIDS prevalence among children:

Table 7.3: Children orphaned by AIDS

(<18 yrs old) 2007⁵⁸

Rank	Country Name	Number
	Global	15,000,000
1	South Africa	1,400,000
3	Zimbabwe	1,000,000
4	Tanzania	970,000
6	Zambia	600,000
7	Malawi	560,000
9	Mozambique	400,000
14	Lesotho	110,000
16	Botswana	95,000
19	Congo	60,000
21	Namibia	66,000
22	Swaziland	56,000
38	Mauritius	< 500

(<15 yrs old) 2007⁵⁹

Rank	Country Name	Number
	Global	2,000,000
1	South Africa	280,000
3	Tanzania	140,000
5	Zimbabwe	120,000
6	Mozambique	100,000
7	Zambia	95,000
9	Malawi	91,000
15	Botswana	15,000
15	Swaziland	15,000
16	Namibia	14,000
17	Lesotho	12,000
21	Congo	6,600
36	Mauritius	< 100

Source: Kaiser Family Foundation, www.kff.org (accessed 4 July 2009).

Evidence suggests that orphans have a higher vulnerability to HIV infection than other children:

Recent studies have indicated that girls who have lost their mothers are significantly more likely to become infected with HIV than their non-orphaned peers. In addition, these girls frequently drop out of school to take care of dying relatives.

There are several steps to be taken towards making care work count: The first step should be a provision for care workers within national, provincial and local budgets; for instance in health budgets. This step must be complemented by national, provincial and local level

exercises to develop legitimate statistics and databases of carers.

There is a need to finalise draft stand alone care work policies: Where these exist, policies must be finalised and implemented as a necessary next step towards making care work count. There is little clarity as to why drafts remain as drafts. In addition, these drafts must be popularised in order to develop and/or support advocacy drives that can generate more interest. Moreover, various media organisations must be engaged in order to propel mass publicity drives. Of vital importance is the need to include care givers in

⁵⁸ Kaiser Family Foundation, www.kff.org (accessed July 4th, 2009).
⁵⁹ Ibid.

policymaking at community, provincial, national and regional levels. Review of policies across SADC reveals that the voices of care givers are absent from almost all dialogue on care work. There is also little evidence of interaction between carers and policymakers. However, the work of VSO RAISA demonstrates progress in this area with good results demonstrated in Malawi, Zambia and Zimbabwe.

There is a need to localise care work:

Placing implementation and action plans within local government structures can assist in improving care for carers. Not many local councils in the region are working in this area. In Zambia while there is a relevant structure, the Alliance of Mayors Initiative for Community Action on AIDS at the Local Level (AMICAALL), it has yet to do much in terms of care work. For instance, training in Zambia is carried out by national ministries. In Namibia there is significant progress in home-based care provisions, however local councils are not involved in this area. Lesotho began work in home-based care in 1993 and councillors have been, and continue to be, involved through various council centres.

There may be policies but what action is being taken?

It is clearly not sufficient to focus solely on policy formulation and neglect the importance of accompanying action plans. Ultimately action plans with time frames and budgets are essential to making progress and having impact. These plans must incorporate economic development, especially for women. While the absence of national care work policies is a cause for concern, it does not mean that care work

should not continue on the ground. There are numerous examples of good practice where people have been able to continue with care work without a policy. Action plans can be a significant and useful tool to merge ongoing work with policy.



Children march during a 16 Days of Activism event in Arandis, Namibia.

Photo: Courtesy MDX

It is important to gather and publish personal accounts of care givers:

Working to document stories of care givers will be useful in filling gaps in public knowledge about care work. These stories can promote understanding between care givers, policy makers and regular citizens of Southern Africa. Personal accounts provide an alternative platform to give recognition to care givers.

Madagascar: Care work that counts

By RANDRIARIMANANA Fanjaniaina Emélie



My name is RANDRIARIMANANA Fanjaniaina Emélie and I am a 36-years-old journalist and care giver. I am a member of the Federation pour la Promotion Feminine et Enfantine (FPFE) in the Eastern Coast region of Madagascar (Atsinanana TOAMASINA).

I didn't originally have any intention of becoming a care giver. But being a journalist, people have a tendency to turn to me for advice or to talk about their problems. This is how I have embraced, so to speak, this work: I have become an advisor, or even mediator in many cases.

For that reason I am interested in, and committed to, care giver's work. Up till now I have been "freelance" but I am working in collaboration with the HIV and AIDS institutions and networks in Madagascar.



After being trained on psychological care for people living with HIV and AIDS in Madagascar, I become a volunteer care giver in 2005.

As a psycho-social care giver, my work begins by giving advice to people in response to their HIV-related questions. I sensitise them on the benefit of knowing their HIV status and give them the testing locations so they can go for voluntary testing. Most of the time, these people are convinced and are ready to get tested. I encourage them to receive their test results, either positive or negative, with calm and awareness.

If the test is negative, my duty is to sensitise them on how to keep their status that way. This includes coaching them to have less risky sexual behaviour, use of condom and get re-tested after three months.

When a test result is positive, my assignment is to provide appropriate support based on their needs. Mostly I have to comfort and ensure my client that they should not be desperate. I let them know that science is making progress and that access to medicines and follow-up are free and accessible across Madagascar.

At that point it is also my duty to give further explanation if needed. I accompany them to the specialist doctor for care. If Anti-retroviral Treatments are not yet prescribed, I help them identify individual and collective issues related to their HIV status and determine relevant and appropriate actions to be taken to ensure quality of living and healthy behaviour.

As a care giver, my work also involves conducting face-to-face discussions with my clients about their lives and how they should prepare for their future. I help them find jobs, tell their family about their status and other important life steps.

One of the major issues related to this job is searching for those who have tested positive. To illustrate this: an 18-year-old pregnant woman tested positive during

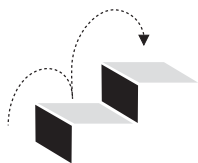
an Antenatal care visit then she disappeared after discovering her result. After being contacted by the counsellor and asked to search for her, I carried out an investigation with the family and neighbour circle, without revealing her status. Up to now I am still looking for her.

I am married and I have two children. Sometimes my volunteer care giver work takes up much more of my time than planned. But my family tries to understand because I have explained that I want to secure a healthy future for my country and for my family.

From time to time my husband actually gives me a hand in difficult circumstances, such as investigations like the one I mentioned.

My biggest challenge is financial resources. I work with my own resources, paying for all phone cards and trip fares.

But as an HIV activist, the officers and health authorities or other institutions recognise my work and give me the opportunity to deepen and increase my knowledge and skills and my experience. This includes participating in addiction treatment training, national planning and results dissemination and acting as active member of communication and coordination networks at the regional level. This makes it all worthwhile.⁶⁰



Next steps

In order to meet 2015 targets on HIV and AIDS, SADC governments must increase their efforts to provide treatment and address the ways in which HIV and AIDS prevalence is gendered. They must work with civil society organisations to raise awareness and support those providing care to HIV sufferers. Specific actions include:

Gender dimensions of care work need to be recognised: The gender dimensions of HIV and AIDS should be recognised and catered for. Women are more likely to become infected and are more often adversely affected by the HIV and AIDS epidemic than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV (including experiencing greater stigma and discrimination). Therefore, more equal

gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV and AIDS.⁶¹ Strategies need to be found that will identify strategic entry points to provide comprehensive care, which reduces the burden on women and girls, and ensures that men and the state take more responsibility for providing care.

Greater participation of men in care-giving should be encouraged: Men can be encouraged to take part in care work through sensitisation meetings to help them see the value of it and the specific benefits of their involvement. This can also be done through requesting the church and other respected community authorities to discuss the important role of men in care work. Ministries could stipulate active recruitment and engagement of men on CHBC. Provision of material help and financial support to care givers would also encourage men to join.

Inter-sector collaboration and information dissemination around issues linked to care work

⁶⁰ This "I" Story is part of the Gender Links Opinion and Commentary Service special series on care work. Available at <http://www.genderlinks.org.za/article/madagascar-care-work-that-counts-2011-06-21>.

⁶¹ International Labor Organisation, ILO (2001). An ILO code of practice on HIV AND AIDS and the world of work. Geneva. (www.ilo.org, retrieved July 5th, 2009).

is important: Research found a lack of information dissemination and inter-sectoral collaboration across all policies. There needs to be better coordination of assistance, national ownership through the closer alignment of international support with national priorities and the deliverance of assistance under a framework of mutual accountability. In addition, ministries need to effectively communicate with each other and present policy as a united front. Information should flow effortlessly between national, regional and district levels and back up again.

There is a great need for better monitoring and evaluation: A single set of standardised monitoring and evaluation indicators endorsed by all stakeholders can track progress, or lack of progress, in achieving programme results. This should be accompanied by a system to routinely share information among national, district and local stakeholders. A monitoring and evaluation system should integrate gender equality indicators and methods of assessment.⁶²

Encourage greater leadership involvement in HIV programmes. In August 2008, during the 17th International AIDS Conference in Mexico City, former President of Botswana Festus Mogae launched the Champions for an HIV-Free Generation. The champions are a group of former African presidents and other influential personalities who aim to mobilise high-level leadership in renewed and revitalised responses to HIV and AIDS in sub-Saharan Africa.

The Champions' aim is to advocate for better policies, laws and practices that facilitate, rather than hinder, effective responses to the epidemic. They reinforce best practices in the region and highlight progress made. As outspoken opinion-leaders, they seek to initiate a dialogue in changing behavioural and harmful societal norms. The Champions were very busy in 2011, visiting Lesotho, Malawi, South Africa and Swaziland, among others, engaging with other leaders to strategise on, and encourage greater leadership in, HIV prevention interventions.

Encourage more governments of developed countries to contribute funds to replenish the Global Fund, but also to encourage greater allocations of funds to health by SADC governments, in line with health financing commitments made in the Abuja Declaration: In response to calls from governments and civil society in Africa for developed nations to contribute to the Global Fund, in July 2011 the Netherlands, among other countries was the latest country to commit a further €163.5 million for the period 2011-2013 for HIV, TB and

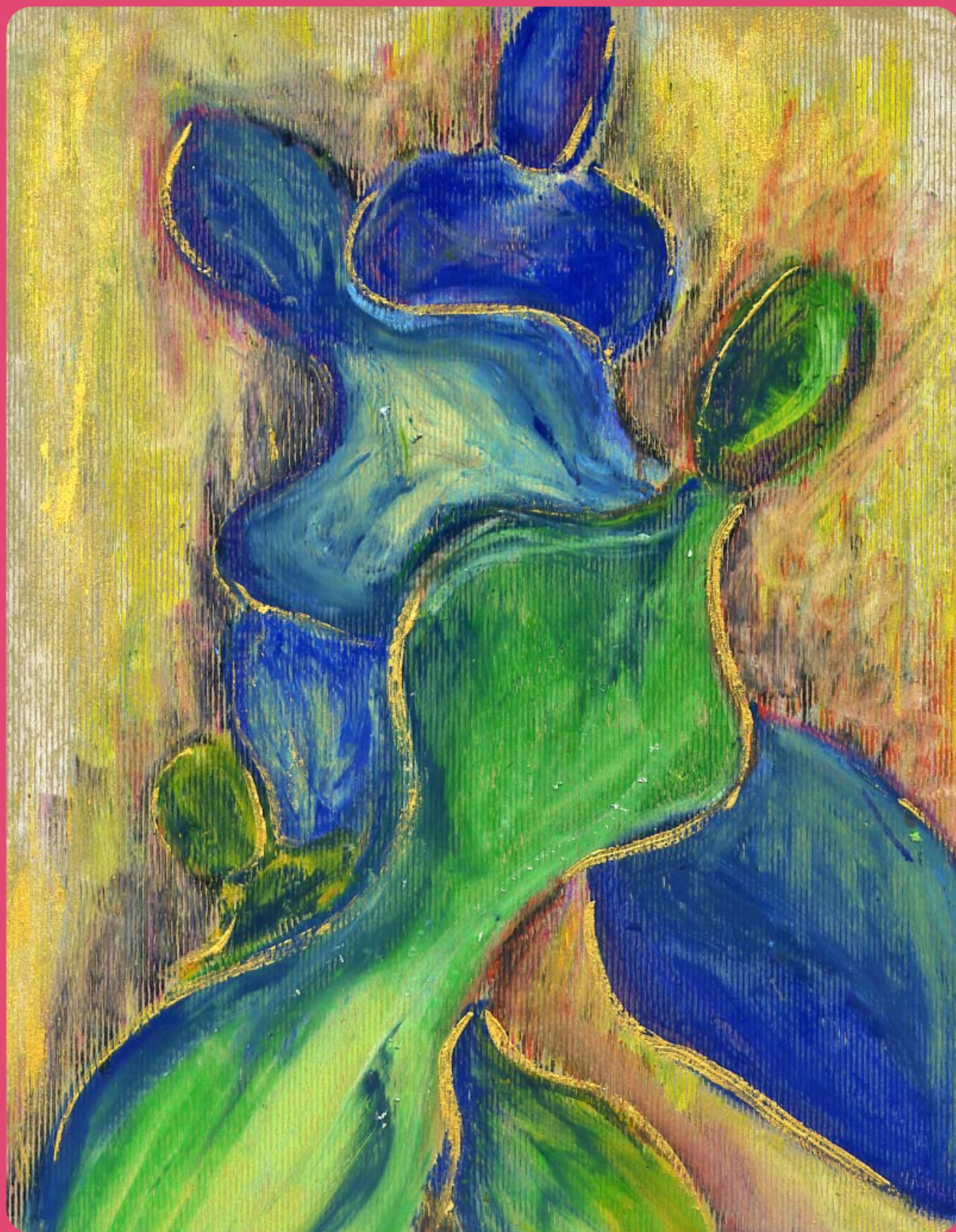


Malaria programmes (the tenth largest contribution). The commitments of international donors should, however, not take away the responsibility of SADC governments to contribute to HIV and health programmes in their own countries.

There is need for research around the HIV prevention, treatment and care needs of sexual minorities: This research must encompass both men who have sex with men and women who have sex with women. This would also be important in understanding prevalence rates, and in designing programmes that work. Further, messages and images used in HIV prevention and mitigation materials and campaigns need to resonate with people of sexual minorities to promote uptake of information and services.

Scale-up of medical male circumcision (MMC) programmes should be accompanied by continued condom use messages: There is a real risk that people will see MMC as the "magic bullet" that will end HIV infections, and this may lead to reductions in condom use among circumcised men. Although risk of contracting HIV is reduced, information, education and campaign materials need to emphasise that MMC offers partial protection, and that combination with condoms will increase protection and reduce risk. Without this emphasis, MMC can increase women's risk of contracting HIV instead of protecting them.

⁶² UNIFEM (2008). Transforming the National AIDS Response: Mainstreaming gender equality and women's human rights into the "three ones". New York, USA, UNIFEM.



"Growing up"

Anushka Virahsawmy



CHAPTER 9

Media, information and communication

Articles 29-31

KEY POINTS

- Media laws and policies have weak gender provisions, but six media regulators are leading the way in developing gender and media codes of practise. Citizens across the SADC region have become much more critical consumers as a result of gender and media literacy. MISA Zimbabwe recently made use of the SADC Gender Protocol to demand the removal of an offensive advertisement.
- One hundred media houses across ten SADC countries are working with Gender Links (GL) towards becoming Centres of Excellence (COE) for Gender in the Media.
- The Gender in Media Education (GIME) audit launched at the Gender and Media (GEM) Summit in October 2010 reveals that while there is a higher proportion of women (61%) than men media students there are fewer female (36%) than male educators. Few media training institutions have stand alone gender policies and gender is not well mainstreamed in the curriculum. The Gender and Media Diversity Centre (GMDC) is stepping up institutional links with a view to supporting curriculum review.
- The *Glass Ceilings* in Southern African newsrooms study shows that while women constitute about 41% of all media workers, women are absent from boards and top media positions.
- There has been a paltry 2% increase in women sources in the media from 17% in the 2003 Gender and Media Baseline Study (GMBS) to 19% in the Gender and Media Progress Study (GMPS).
- There has been an encouraging increase in the proportion of women sources in “hard” news beats like sports, politics and economics that have been the target of training and media activism.
- While there has been an overall decline in the proportion on HIV and AIDS coverage, the proportion of UN and expert sources has declined while that of persons affected has increased dramatically.
- Progress in individual media houses such as the Mauritius Broadcasting Corporation in which women sources have doubled to 28% in the last seven years show that change is possible, but it is not an overnight miracle. What is required is the kind of consistent back up being offered through the COE initiative. This will be structured around the ten themes of the SADC Gender Protocol.



Emma Kaliya of the NGO Gender Coordinating (NGOGCN), the Alliance focal network, being interviewed by Malawi TV.

Photo: Colleen Lowe Morna

The media has been one of the less hotly contested yet critical areas of concern in the lobbying and advocacy on the SADC Protocol on Gender and Development. Gender activists have long recognised the critical importance of the media in changing attitudes and mindsets, but have not always been strategic in engaging with the fourth estate.

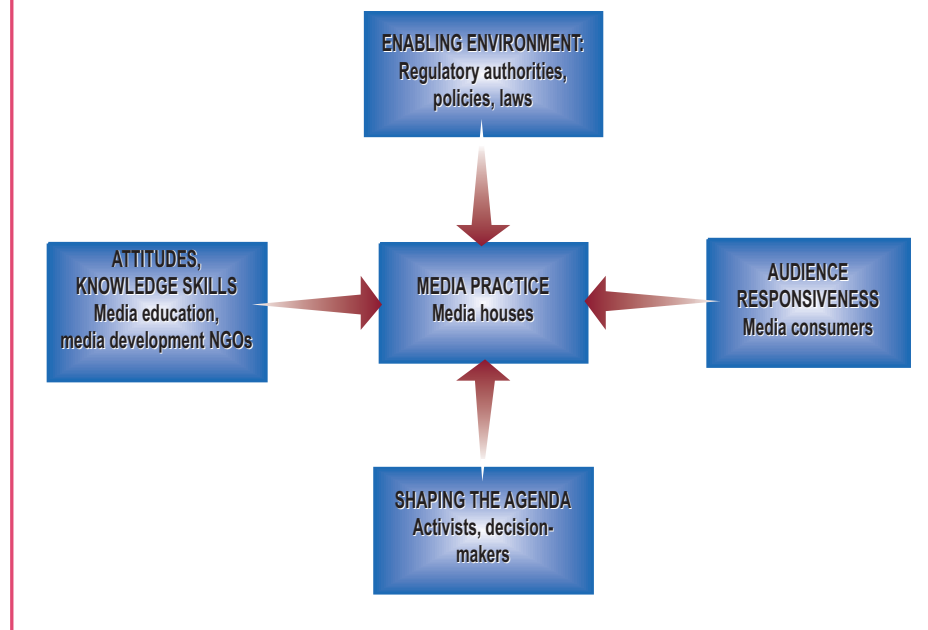
Figure 9.1 demonstrates the different entry points for gender and the media. This begins with gender aware policies and laws, implemented by regulatory authorities. Audiences through taking up complaints make these policies and laws a reality. Media education and media development NGOs have the capacity to influence attitudes, skills and knowledge of media practitioners, particularly at the entry level, but also through on going courses. Activists and decision-makers, especially women decision-makers, help to set the gender and media agenda through well co-ordinated campaigns, and a proactive approach to the media. Ultimately the ball is in the court of the media to change. This change needs to be within the media: that is in its institutional make up, as well as in media content.

A marked improvement on the 1997 SADC Declaration on Gender and Development (SDGD) which “encouraged the mass media to disseminate information and materials in respect of the human rights of women and children” the Protocol contains wide ranging provisions against which progress can now be measured. These provisions reflect the growing gender and media movement in the region. They include the broad policy and legal framework; institutional make up and practices as well as editorial outputs of the media.

There is only one time bound media target in the Protocol: the achievement of gender parity in media decision-making by 2015. The wording of the provisions is careful not to be prescriptive or make assumptions about the extent to which government can regulate or influence the media (especially the private media). However, the provisions are significant in that:

- They cover both media content and the institutional make up of the media.

Figure 9.1: Entry points for gender in the media



They touch on both policy and training.

- They touch 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).
- The provisions are consistent with 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.

The data draws from several existing studies that have arisen from the unprecedented gender and media activism in Southern Africa driven by Gender Links (GL); the Gender and Media Southern Africa (GEMSA) Network and the Media Institute of Southern Africa (MISA). These three partners have, since 2004, organised three Gender and Media Summits every two years. The last summit, under the banner, Gender, Media, Diversity and Change, took place in Johannesburg in October 2010.



Key research studies that have been undertaken in the region which form the basis of advocacy and training efforts, and that make it possible to monitor and evaluate progress in this sector, are summarised in Table 9.1:

Table 9.1: Summary of Gender and Media research conducted in the SADC region

RESEARCH	YEAR	WHAT THIS COVERS	WHO
Laws and Policies			
Legally yours	2007	Audit of media policies, laws and regulations.	GEMSA
Gender in media education			
Gender in media education - Southern Africa	2010	Audit of gender in media training institutions.	GMDC, GL
Gender in media development NGOS			
GL, Swedish International Development Agency			
Gender within the media			
Glass Ceilings: Gender in Southern African media houses	2009	Representation and participation of women and men within the media, its hierarchy, different beats and occupational areas.	GL
Gender in media content			
Gender and Media Baseline Study (GMBS)	2003	Gender disaggregated monitoring of 25,000 news items over one month to determine who speaks on what as well as how women and men are portrayed in the media.	GL, MISA, Media Monitoring Project (MMP)
Global Media Monitoring Project	2005	One day monitoring of Southern African media in thirteen countries as part of global monitoring, used to benchmark progress since GMBS.	GEMSA
Mirror on the Media: Who talks on Radio Talk Shows	2006	Gender disaggregated monitoring of hosts, guests, callers in Lesotho, Malawi, South Africa and Zimbabwe.	GL
HIV and AIDS, Gender and the Media	2006	Gender disaggregated data on coverage of HIV and AIDS including overall coverage; topics and sub topics; types of sources consulted.	GL, Southern African Editors Forum (SAEF) and MMP
Mirror on the Media: Gender and advertising	2007	Gender disaggregated monitoring of who is heard and depicted in advertising in Mauritius, South Africa, Zambia and Zimbabwe, and how women are portrayed.	GL, GEMSA country chapters
Mirror on the Media: Gender and Tabloids	2008	Gender disaggregated monitoring of who speaks on what as well as how women and men are portrayed in tabloids.	GL, GEMSA country chapters
HIV and AIDS, Gender and the Media Francophone Study	2008	A combination of the GMBS and the HIV and AIDS, Gender and the Media Study, introducing new parameters, like media practise.	GL Francophone Office
Gender and Media Progress Study	2010	Gender disaggregated monitoring of over 30,000 news items over one month to measure progress since the GMBS, covering general practise; gender; HIV and AIDS and gender violence.	GL, GEMSA, MISA
Global Media Monitoring Project	2010	One day monitoring of Southern African media in fourteen countries as part of global monitoring, which will be used to benchmark progress in the region against global trends.	GEMSA
Gender and audiences			
My views on the News	2005	How women and men in Southern Africa engage with and respond to the news.	GL, MISA, GEMSA, MMP

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.

The regulatory framework

The new and emerging democracies in Southern Africa provide exciting opportunities and spaces to develop and adopt media laws, policies and regulations that respond to the principles of democratisation and transformation.

Media regulatory frameworks in the different SADC countries are emerging from strong constitutional provisions for media freedom and an understanding that this goes beyond challenging censorship in the traditional sense to giving voice to all citizens: women and men.

The 2006 GEMSA audit of existing media laws and policies in SADC countries covered 12 SADC countries including Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. The salient points are summarised below:

Freedom of expression and universal access to information guaranteed in most constitutions:

The right to freedom of expression is guaranteed in all 12 countries including Botswana, Lesotho, Malawi,

Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. Universal access to information is guaranteed in 10 countries and under discussion in Lesotho and Zimbabwe. The constitutional frameworks provide a solid base to develop progressive regulatory provisions for the media. Some of the researchers did mention the gap between the constitutional provisions and the real situation on the ground not mirroring the intent of the constitution. The media in some countries operate under repressive conditions. This is an opportunity for independent media regulators to play a critical role by lobbying and advocating for making the constitutional provisions a reality on the ground.

But freedom of information is often not understood to include equal voice for women and men:

2011 marks the twentieth anniversary of the Windhoek Declaration on Media Freedom, now celebrated globally on 3 May. Major preparations are under way for an Africa Media Summit in Cape Town in September. Gender and media activists around the region are calling for the “engendering” of the Windhoek Declaration that is gender blind (see box below).

Gender, media and press freedom

When Agnes Callamard, Executive Director of ARTICLE 19 coined the phrase “gender censorship” at the launch of the third Global Media Monitoring Project (GMMP) in 2005 the Fleet Street audience in London just stopped short of pummeling her with tomatoes.

Time has marched on but not much has changed. Since the first global study in 1995, to the latest in 2010, the proportion of women sources in the media has risen from 17% to 25% globally, and from 16% to 19% in Africa. Yet censorship is still viewed through the narrow lens of politically barred content, rather than the broader societal lens of exclusion.

Three studies over the last two years initiated by Gender Links with various partners have provided stark data of the gender gaps in the media. The *Gender in Media Education* audit shows that there are more women than men in media studies, but many more male than female lecturers. *Glass Ceilings* in Southern African media shows that women constitute 41% of media employees (32% if South Africa is excluded) but less than a quarter of managers and only a handful of board members and top executives.

The 2010 *Gender and Media Progress Study* (GMPS), a follow up to the baseline study in 2003, confirms the global findings that on average women now constitute



GL CEO Colleen Lowe Morna talking to Radio Lesotho.

Photo: Mukayi Makaya

a mere 19% of news sources in the region. This study broke new ground by asking some pointed questions about basic media practise, finding for example that a startling 67% percent of news stories are based on single sources.

What are the chances, in our society, that if only one source is consulted, that source will be a man? And how free are societies in which half the population is effectively silenced without us even aware this is so? Do we think twice when a report on a South African

TV station tells us about an award for African soccer players at which none of the players showed up, when in fact the top African woman soccer player did show up? Or an article in a Zambian newspaper about elections titled "Peoples views on the elections" in which only men are quoted, and the final caption reads "the best man for the job" (even though two women candidates stood in that particular election).

It is this gender blindness that has prompted activists to demand that the Windhoek Plus Twenty Declaration state explicitly that freedom of expression must be understood as equal voice for women and men - not just for "people". This plea is strengthened by the Southern African Development Community (SADC) Protocol on Gender and Development that calls for equality in and through the media; gender mainstreaming in policies and training; as well as sensitive coverage of difficult issues like gender violence, HIV and AIDS.

Many a cynical editor argues that gender biases in the media are just "the way of the world", and that no band of NGO crusaders is going to change that! The fourth Gender and Media Summit held under the banner

"Gender, Media, Diversity and Change" late last year made the case, through vivid examples, that change is possible.

For example, in 2003 women constituted 14% of sources at the Mauritius Broadcasting Corporation, the first media house to work with GL in developing a gender policy. The GMPS shows that this figure has since doubled. What's more, says Deputy Director General Rekha Sooborun, the gender policy has prompted the public broadcaster to think more broadly and critically about what it means to serve the public, half of whom are women.

Armed with the SADC Gender Protocol and evidence from the ground, GL is working with media education partners in the Gender and Media Diversity Centre as well as 100 media houses across the region on creating Gender and Media Centres of Excellence. The collective target is to ensure that women constitute at least 30% news sources by 2015: a target good for business, good for democracy, and good for media freedom.

*- Excerpt from an article by Colleen Lowe Morna,
Executive Director of Gender Links.*

Citizens' views are being heard: The GEMSA audit found that citizens, women and men, in seven of the 12 countries were consulted on policy formulation. Some of the consultative processes included a grassroots constitutional review processes in Malawi and public

commissions in Zimbabwe. Within the media fraternity, there is a new emphasis on access to information; and among gender and media activists to its gendered dimensions (see below).

New push for access to information

Following the Windhoek +20 celebrations on the Windhoek Declaration on Promoting Independent and Pluralistic Media which acknowledged the significance of the declaration in improving media freedom in Africa, media activists are now turning their attention to another freedom of expression issue, access to information. Access to information refers to public access to official information that is held by governments and private bodies.

In any democracy, it is imperative that citizens have access to a wide range of information so that they are able to participate fully in both public and private life. The right of access to information places obligations on governments to package and disseminate key information and to ensure that it provides information including government-held information. Closely linked to the right to access public information is the right of every person *to know*: to have access to the information he or she needs to make informed decisions and live an autonomous life.



Gender and Media Diversity Centre Manager Saeanna Chingamuka talks to the Zambian media.
Photo: Derrick Sinjela

Media activists are in the process of crafting a Declaration on Access to Information that was due to be released for comment on 20 July 2011. It is hoped that the

Declaration will influence access to information in the same way as the Windhoek Declaration. The significance of the access to information debates are based on Article 19 of the Universal Declaration of Human Rights (UDHR) that guarantees to every citizen “the freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.” A very narrow understanding of the meaning of this right has led to different interpretations of the duties imposed on governments and much concentration on the negative obligations of governments in fulfilling this right. Yet, “the media also has not been living up to Article 19” said Pat Made at the Gender and Media Diversity Centre (GMDC) Advisory Group meeting held at Gender Links in Johannesburg in May 2011. She added that the media itself feels that it is the institution that should enjoy media freedom rights than any other institution or the citizens themselves.

It is distressing that, once again, there is a very narrow understanding of access to information, and a failure to take into consideration the differential impact this issue has on women and men. If the Access to Information for AU states is going to be a model law it should be exhaustive and highlight the gender dimensions of access to information. Similarly, as media experts craft the Declaration on Access to Information, that will probably be known as the African Platform on Access to Information (APAI), the gender dimensions of access should be clearly stipulated.

For instance, if right of access to information is related to the public's right to know, who is the public? The

public are women and men who form the citizenry of a given country. These women and men need to make informed decisions about how development affects them and at the same time demand accountability from their leaders. It is thus important to move from a narrow understanding of access to information to a broader view which includes access for marginalised groups such as women.

Nigeria is the latest country in Africa to have a Freedom of Information Act which was passed on 28 May 2011. Between June 13 and 17, Friederich Ebert Stiftung (FES Ethiopia) hosted ten experts on Freedom of Information in Addis Ababa. A press release put out by MISA states that the experts came together to finalise the first draft of the Access Platform on Access to Information (APAI) declaration. The draft declaration will be a home grown legislation relevant to the African context and should therefore address the challenges to accessing information.

The GMDC through its Diversity Exchange newsletter has put out a call for gender perspectives on the APAI. The GMDC, a partnership between media development NGOs and media training institutions, is also conducting a series of seminars on Gender, Media and Freedom of Expression in August.

It is hoped that a gender aware declaration will be adopted in Cape Town at the Africa Information and Media Summit, in September. This Summit brings together the Pan African Conference on Access to Information together with the Highway Africa Conference.

Broadcasting and ICT policies are largely gender blind but there are some exceptions: The GEMSA review of broadcasting and ICT policies showed that with few exceptions, these do not make direct or indirect reference to the role of the media in advancing gender equality. For example, Tanzania has

a National Information and Communications Technologies Policy that recognises the use of ICT in economic development. It aims to empower Tanzanian citizens and makes no specific reference to women, in contrast to the Broadcasting Act of South Africa (see below).

The Broadcasting Act (1999) of South Africa states that broadcasters must: contribute to democracy, development of society, **gender equality** [our emphasis], nation building, provision of education and strengthening the spiritual and moral fibre of society:

- Encourage ownership and control of broadcasting services through participation by persons from historically disadvantaged groups;
- Cater for a broad range of services and specifically for the programming needs in respect of children, **women** [our emphasis], the youth and the disabled;
- Encourage the development of human resources and training, and capacity building within the broadcasting

sector especially amongst historically disadvantaged groups.

Example of broadcasting licence conditions

The following is an example of licensing conditions required by the Act of the South African Broadcasting Corporation (SABC):

- “The licensee shall provide programme material that caters to interests of all sectors of the South African society, including men and women, people living with disabilities and people of all age groups.”¹
- “The licensee must undertake to ensure their programming does not:

¹ Note this would have to be adapted for a commercial licensee which might for example be targeting only youth.

- Promote violence against women.
- Depict woman as passive victims of violence and abuse.
- Degrade women and undermine their role and position in society.
- Reinforce gender oppression and stereotypes.²
- "The licensee must demonstrate its commitment to reflecting and portraying women in their positive societal roles - as independent intellectual beings,

as leaders, decision makers, academics, agents of change etc - and to award representation of men in roles that do not bolster gender ascendancy and stereotypes."

- "The licensee must endeavour wherever possible to increase the number of programmes for, by and about women and must submit every three years to the regulator a programme of action aimed at implementing such pledge."

Gender disaggregated data on information produced by government is largely absent:

Of the 12 countries surveyed only Mozambique had any gender disaggregated data on information produced or disseminated by government information services. This is cause for concern as government is one of the major information providers in all countries.

No gender units in Ministries of Information and Communication except in South Africa:

Only South Africa had a gender focal point in the Ministry of Communications. This raises an important question about who is responsible for prioritising gender issues within government departments.

Mixed responses on whether government's information targets or includes women:

Six of the twelve of countries surveyed believed that government information targeted both women and men. A similar number believed that promotional information on the country included women's achievements and statistics on women in decision-making positions.

Universal access policies in place or being developed but access points are limited and usage is not disaggregated by gender:

Universal access to policies for ICTs is high on the agenda of Southern Africa countries; however specific access for women has not been prioritised.

The *Malawi Communications Sector Policy Statement* (1998) makes reference to universal access, without specifying access by women: "The policy aim is to ensure that a full range of modern services is accessible by all the population of Malawi. To achieve this aim, the policy focuses on the efforts of service providers more closely

and need to restructure existing institutions in the sector in order to meet challenges that lie ahead."

In South Africa, the Telecommunications Act (1996) provides for the "regulation and control of telecommunications matters in the public interest.

Objects of the Act include the promotion of universal service and affordable provision of telecommunication services. Other provisions include (g) the needs of local communities and (h) disabled people are duly taken into account.

Access by women is recognised in the Objects of the Act: (q) promote the empowerment and advancement of women in the telecommunications sector and the Amendments to the Act (2001) include the following provision: (s) develop the Information, Communication and technology (ICT) strategy for the republic, in order to bridge the digital divide.

Some gender awareness is also apparent in the Mauritius the National Telecommunication Policy 2004 provides for universal access, with a view to expanding the availability of affordable telecommunications and ICT services to the public irrespective of gender, ethnicity, socio-economic level or geographic location.



Penelope Kamanga keeps up to date with Malawian affairs.

Photo: Danny Glenwright

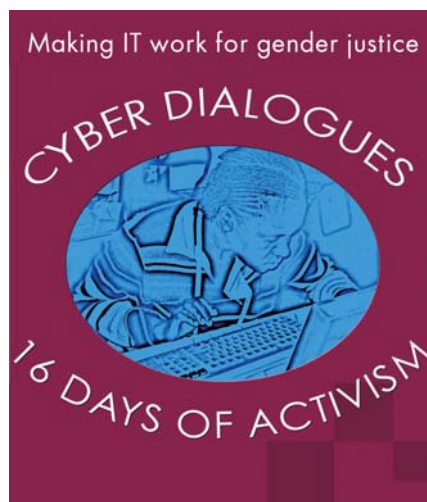
² South African Broadcasting Corporation Code of Conduct.

Not all countries have telecenters and their use by women and men is not monitored: Malawi, Mauritius, Namibia, Seychelles, South Africa, Swaziland and Tanzania have telecentres to the public. The lack of such facilities in the other countries limits women's access to ICTs. None of the telecentres collected gender aggregated data about who uses their services by sex and how their services are used. It is therefore difficult to assess if women are enjoying their right to universal access to ICTs and to have a targeted roll out of services.

Licensing, public awareness and advertising: Criteria for licenses and complaints generally do not include gender. Public awareness around the mandates and how regulatory structures may be used by the public is limited. There is a need for more countries to establish regulatory bodies to monitor advertising.

Civil society activism in these areas is on the rise:

While governments have not always taken a gender aware approaches to ICTs, a number of women's organisations in the region have been active in influencing policy development; access, capacity building and using the internet as a tool for advancing gender equality. GL and GEMSA have pioneered cyber dialogues, or on-line chats, as a way of getting policy makers, activists and citizens engaged in debates on key gender issues. These include the Sixteen Days of Activism campaign that is held from 25 November to 10 December every year; the campaign for the adoption of the Protocol as well as during major UN conferences including Beijing Plus Ten, Beijing Plus Fifteen and Commission on the Status of Women meetings.



Making IT work for gender justice

The annual cyber dialogues have become an integral part of the Sixteen Days of Activism campaign that runs from 25 November to 10 December. These dialogues are moderated online discussions on specific gendered themes hosted on GL's website. GEMSA

networks across SADC mobilised over 40 partners to take partners to take part in the 2010 cyber dialogues. Several local councils also participated in the cyber dialogues for the first time, ensuring that the dialogues were not only held in capital cities.

The cyber dialogues give practical expression to the mainstreaming of gender in ICT policies and laws. They ensure that citizens, and especially women, are able to access ICTs.



IT is now a major tool in Sixteen Days of Activism campaigns.

Photo: Colleen Lowe Morna

Under the theme of *Connecting local languages and citizens across artificial boundaries*, 11 countries though the SADC region were encouraged to participate in this year's cyber dialogues. Participants were offered the option to "dialogue" in any of the six language rooms, namely; French, English, Portuguese, Shona, Sotho/Setswana and Zulu. The most frequented language rooms were the English, French, and Zulu rooms.

A total of 2417 of participants took part in the 2010 face-to-face discussions and cyber dialogues: 837 in the cyber dialogues and 1580 in face-to-face discussions and related events (416 women and 396 men).

Table 9.2: Cyber dialogue schedule and themes:

Date	Theme	Language
18 November	Media debate - Is media part of the problem or the solution?	English, Setswana, Portuguese, French
25 November	Taking stock of National Action Plans to end GBV.	English, French
29 November	Click of the mouse. GBV and the internet.	English, French, Shona
30 November	Gender and economic violence.	English, French, Shona
1 December	World AIDS day - Making care work count.	English, Portuguese, Shona, Setswana, French
2 December	Sexual orientation and GBV.	English, Setswana, Shona
3 December	Disability and GBV.	English
6 December	Culture, tradition, religion and the role of men.	English, Setswana, French
7 December	Sex work and GBV.	English
8 December	Human trafficking and migrant women.	English, Shona
9 December	Local action to end GBV (local government).	English, Setswana, French, Shona, Zulu
10 December	GBV: What is the political agenda?	English, French, Zulu

Table 9.2 summarises the key themes. Summaries of all the discussions can be found on the GL website: <http://www.genderlinks.org.za/page/16-days-of-activism-2010>.

A critical cross cutting discussion concerned the often contradictory role played by IT with regard to gender justice. Technological advances have made way for information technology that has created vast opportunities for the empowerment of women around the globe. These advances, however also potentially do as much harm as good.

The internet has created new avenues for the exploitation of various vulnerable groups such as women and children. Accessing pornography is now easier than ever before and with the increased use of social networking sites, people are increasingly vulnerable. The internet is a new less direct space for GBV where perpetration can be achieved from a distance making it easier for the perpetrator. It is necessary that this be considered and that innovative strategies are identified and implemented to protect women and children alike from being violated on the internet.

During the cyber dialogues, participants expressed concern with the fact that a great deal of the advertising on the internet portrays women as sexual objects. They suggested that as a result, boys and young men were exposed - often without warning - to inappropriate images, which in itself constitutes a form of violence. With little to no restrictions in place for minors, technological advancements have increased the speed of and ease at which pornographic material is accessed by youth. With youth increasingly using social networking sites, their vulnerability to victimisation is greatly augmented.

At the same time the cyber dialogues demonstrate the vast potential of the Internet for empowering women and providing them safe spaces to speak out. This initiative is easy to replicate because cyber space is a relatively inexpensive way of speaking across borders. With 3G and related technologies, this space is becoming increasingly accessible in rural areas. Partnerships with local government are critical in scaling up the cyber dialogues in 2011.



GL Namibia local government facilitator Sarry Xoagus-Eises champions cyber dialogues.
Photo: Colleen Lowe Morna

Media regulators

Most SADC countries have a regulatory body for the media and or broadcasting: Those for broadcasting are generally statutory, as airwaves need to be regulated. Press bodies are generally self-regulated, although there have been efforts in some countries to bring these under government control.

Regulatory authorities have a responsibility to incorporate gender considerations into ethical standards and to monitor that they are complied with: For example, the Canadian Regulatory Authority for Broadcasting decreed in 1986 that it expects the public broadcaster to show leadership in providing a more equal representation and a more diverse portrayal of women in the media. The Canadian Broadcasting Authority is required to submit an annual report to the Commission on efforts to eliminate sex role stereotyping both on and off air, with the knowledge that these reports will be put on a public file. Such stipulations are rare in SADC.



Zambia has one media regulatory body - the Media Ethics Council of Zambia (MECOZ). Media organisations in Zambia are encouraged rather than required to

have gender policies and there is no requirement by any authority for media organisations to set targets for achieving diversity in ownership, employment and content to be consistent with the demographics of the country.

In **Malawi**, regulatory authorities do not require, through licensing conditions, that media houses demonstrate or set targets for achieving diversity in ownership, employment and content consistent with the demographics of the country.



However, for the electronic media, the licensing does spell out the obligations for fairness, objectivity, extra care in order to accommodate various sensitivities in the audience. But there is no explicit mention of gender criteria.

In **South Africa**, the Independent Communications Authority of South Africa (ICASA) regulates broadcasting and telecommunications (previously the subject of separate regulatory bodies: the Independent Broadcasting Authority (IBA) and the South African Telecommunications Regulatory Authority (SATRA)). The powers of the regulator are contained within the ICASA Act 13 of 2000. Complaints received are not disaggregated by sex.



Work with media regulators on developing gender codes of conduct has started: Over the last four years, Gender Links (GL) has worked with the Tanzania Communications and Regulatory Authority (TACRA); Media Council of Tanzania; the Higher Media Authority (HAM) in the DRC; the Botswana Press Council and the Association of Advertising Agencies (AAA) in Mauritius. HAM adopted its gender Code of Ethics during the SADC Heads of State Summit in the DRC in 2009.

The Press Council of Botswana adopted the Gender Code of Ethics on 1 February 2011: Following the regulators round table meeting at the fourth Gender and Media (GEM) Summit, the Press Council of Botswana requested GL to conduct a workshop for its membership. The meeting aimed to sensitise members on the need for a Gender Code of Ethics. After the presentation by GL and a session to review the draft code, members agreed to adopt the policy document. The Board adopted the code on 11 February 2011.

Top advertiser in Mauritius wins award for gender aware advert



In June 2011, a Mauritian advertiser won a regional private sector award for an advert developed for the Sixteen Days of Activism campaign. During the 2010 Sixteen Days of Activism on No Violence Against Women and Children Pria Thacoor, Managing Director of P & P Link Saatchi & Saatchi put the code into practice by developing a free advertisement for Media Watch Mauritius to use in the campaign. The radio advert is available; alongside this text is a miniature of the poster. In June 2011 the company won an Indian Ocean Island award for the advert. "This award makes us twice as happy as it's a radio commercial for such a strong cause; domestic violence. At the agency, we really believe in this cause and we will always support your 16 Days campaign.



The radio commercial is indeed a very emotional one, it imitates the funeral announcement on the Mauritian radio as is the case every morning, to make the audience realise the amount of death resulting from domestic violence every year," Thacoor said.

In her message of congratulations MWO Mauritius chair Loga Virahsawmy noted: "You did this powerful and heartbreaking advertisement which was aired on several radio channels throughout the 16 Days announcing the death of so many victims. You did the advertisement for free and now you have been rewarded by winning the first prize in the region. We feel part of your success and would like to place on record our sincere gratitude."

Media Council of Malawi (MCM) members have reviewed the draft Gender Code of Ethics, given their input and come up with a plan of action for the adoption of the code. In January 2011, GL facilitated a consultative workshop for the MCM membership in Blantyre. Until then, most of the members had not seen the document drafted at the end of 2009. This meeting provided members with a conceptual understanding of the need for gender to be mainstreamed in media regulation and gave them the opportunity to make an input. The meeting brought together members from different regions of Malawi. A task team is working on a programme of action for the finalisation and adoption of the code.

In February 2011, the Mauritius Association of Advertising Agencies (AAA) launched its 'Little Red Book' - Code of Advertising Practice in Mauritius with gender mainstreamed in the content: Since the launch of its Mirror on the Media report on Gender and Advertising in 2006, the GL Mauritius office has engaged with the AAA, challenging various advertisers to re-think sexist adverts. After much debate, the AAA decided not to develop a standalone Gender Code of Ethics but rather mainstream gender in the Code of Practice.

Voluntary Media Council (VMC) of and the Zimbabwe Media Council ZMC have given buy-in to develop a Gender Code of Ethics. The VMC is a self-regulatory body set up by different media stakeholders in Zimbabwe. After some consultative meetings with the leadership of this body, VMCZ has given buy-in to develop a Gender Code of Ethics. The statutory Zimbabwe Media Council (ZMC), after much persuasion, has given similar buy in.

Mass Media Council (MMC) of Mozambique has given buy-in to develop a gender code of ethics. Following the fourth GEM summit, GL continued to canvas the MMC on the need for a Gender Code of Ethics. The regulator has now expressed willingness to go ahead with the process.

Critical citizens, responsive media

There are differences in the media preferences of women and men: The Gender and Media Audience (GMAS) research 2006 found that women are more inclined towards the "soft" news beats, such as health and education, which receive far less attention in the media than the "hard" news beats - like politics and sports - preferred by men.

And especially strong views on the use of sexual images of women: Amongst the women sampled, 42% found sexual images of women in the news "uncomfortable" and 43% found them "insulting". The comparative figures for men are 35% and 33% respectively. This finding, which is mirrored across all

countries, is echoed in the response to the question of what women and men would like to see less of in the news, in which sexual images featured highly, along with topics such as violence and war. The two findings together challenge the widely prevailing view that sexual images of women sell the news, and especially newspapers. The extent to which audiences, and especially women, viewed such images as demeaning should be pause for thought for media decision-makers who defend the use of sexual images on grounds that this is vital to.

Gender and media literacy: Over the last three years, GL and GEMSA have been conducting gender and media literacy courses designed to empower citizens, especially women, to take up complaints. From 2008 to 2010 GL trained 478 people through the media literacy programme. In 2008 the media literacy programme was implemented in four countries, in 2009 in seven and in 2010 in six countries. The target groups have included the general public; journalism and media students; women in politics; civil society organisations; journalism and media educators; and learners from schools. Partners in each country included GEMSA country networks; institutions of higher learning; civil society organisations and a local government association. Participants produced a wide range of projects. Projects included research; monitoring; writing; DVDs; producing songs and gender strategies. The projects can be accessed on the GL website.



Mwenda Yeta Mkhize discusses the representation of women in print media.
Photo: Gender Links

Taking the media to task: An important outcome of the gender and media literacy in the region is that citizens are now empowered to protest against sexist advertising and reporting, as illustrated overleaf:

Zimbabwe: Activists strip down gender stereotypes

MISA-Zimbabwe's media monitoring involves assessing the level of gender sensitivity in various forms of media. This includes critiquing of headlines, images, language and lately adverts. MISA Zimbabwe also documents violations of female media practitioners by State agents. The monitoring efforts led to the removal of a sexist advertisement by a beverage manufacturer, Delta Beverages promoting Redds cider.

MISA-Zimbabwe believes that the monitoring of the media is an important element in achieving gender equality as stated in the SADC Gender Protocol. This is because the media plays an important role in building perceptions, entrenching culture and values in a society. It is therefore important that the media is gender aware and able to mainstream gender in its editorial content, recruitment and advertising.

Delta Beverages placed an advertisement in the International Women's Day supplement of *The Standard* weekly edition on 6-12 March 2011. The advert promoting Redds cider blatantly objectified women. The image portrayed the posteriors of four women clad in tight fitting jeans, and each, holding a bottle of Redds smackd on their posteriors. The advert read. *Have great fun.*

MISA-Zimbabwe took the opportunity to launch its first protest against adverts that objectify women. The organisation argued that this advert violated Articles 29 to 31 of the SADC Gender Protocol relating to the Media, Information and Communication; and in particular Article 30 which states that "States Parties shall take measures to discourage the media from:

- Promoting pornography and violence against all persons, especially women and children;
- Depicting women as helpless victims of violence and abuse;
- Degrading or exploiting women, especially in the area of entertainment and advertising, and undermining their role and position in society; and
- Reinforcing gender oppression and stereotypes.

MISA Zimbabwe first issued a public statement to raise awareness of the general population of Zimbabwe on the offensive nature of the advert by explaining the issues around the objectification of women in the advert, and not to mention the irony of it being placed in a supplement meant to celebrate women. In the same statement MISA-Zimbabwe urged Delta Beverages to drop the advert

and apologise to readers and the generality of Zimbabwean women. MISA stated that the Redds advert was denigrating as it equates women's posteriors to objects of 'great fun' to be enjoyed with a Redds drink!



As the next step, the organisation sought audience with Corporate Affairs manager George Mutendadzamera. Koliwe Nyoni Programme Officer for Gender and Media, IT and Broadcasting and the MISA-Zimbabwe's Legal officer Jacqueline Chikakano represented MISA.

Mutendadzamera said the meeting had been an eye opener. He noted that although a compliance committee had vetted the advert to ensure conformity with the Code of Commercial Communication, gender dimensions may have been overlooked. He welcomed basic gender awareness training. Soon after, the company withdrew the advert.

A similar letter of protest has since been sent to Savanna Tobacco concerning one of its adverts which objectifies women. However, Savannah has not responded to the communication and continues to place it.

The main challenge in undertaking this programme is that regulatory bodies are yet to establish complaints mechanisms.

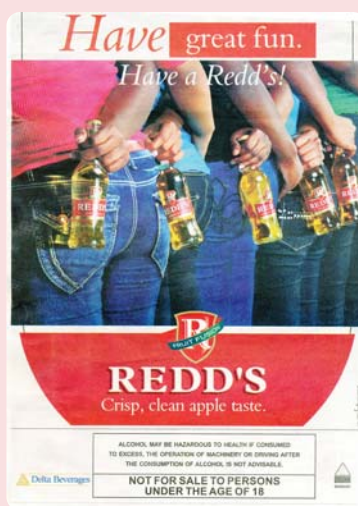
For example, the statutory Zimbabwe Media Commission is still to set up the Media Complaints Council, which would then draft a Code of Conduct for the media. The Voluntary Media Council does not cover advertising. Although advertisers have their own regulatory board, its operations, let alone its code of conduct, is hardly known to the public. On the bright side, the two regulators (see earlier section of this chapter) are in the process of adopting Gender Codes of Conduct.

MISA-Zimbabwe intends to ensure that gender and media are covered in the annual State of the Media report. The programme can

be adapted in any country in Southern Africa. However it is important to note, in the case of the advertisers, that not all of them may be as receptive as Delta Beverages, and that it is more important to get the media houses themselves to be accountable.

The response that MISA-Zimbabwe received after putting out statement was amazing! Dr Ruth Bakare, an academic working with the Christian Relief & Development Trust wrote:

"I would like to congratulate you for this excellent write up in which you take on Delta Beverages. (I happen to like Redds but will in future buy a different brand) This was long overdue, and I have always wondered why women's organisations do not seem to speak out more about such issues.



Media houses

Pilot projects paved the way: Over the period 2003 to 2004, GL worked on pilot projects with three media houses in Southern Africa - Kaya FM, a commercial radio station, the *Times of Zambia*, and the Mauritius Broadcasting Corporation in developing gender policies. These were presented at the first GEM summit, where media managers shared some of the simple practical steps they had taken to improve gender balance and sensitivity in the news.

These included, in the case of Kaya FM, rotating the gender beat so that every reporter had a turn on it (and learned to mainstream gender in all coverage); requiring that each reporter on the beat contribute at least four women sources to the data base; that all reporters consult at least one woman out of every three sources and that progress be reviewed at the weekly editorial meeting. A favourite example of the then news editor, Portia Kobue, is the day she assigned a reporter to do a story on farming and he immediately phoned the white male spokesperson of the commercial farmers association. She sent him back to the field to find a black woman farmer who told a far more interesting story!

The Southern African Media Action Plan



The Media Action Plan on HIV and AIDS and Gender opened the door to policy work: From 2006 to 2009, a consortium of media development NGOs led by the Southern African Editor's Forum (SAEF) spearheaded the Media Action Plan on HIV and AIDS and Gender. Drawing its

inspiration from the HIV and AIDS and Gender Baseline Study (2006) this initiative sought to ensure that 80% of all newsrooms in Southern Africa developed and adopted gender aware HIV and AIDS policies. GL led the policy arm of this initiative, and came close to achieving the target. While GL made the point that media houses needed *both* gender aware HIV and AIDS and gender policies, most media houses opted for gender aware HIV and AIDS policies.

MAP opened the door for a new initiative now under way, the Centres of Excellence for Gender in the Media, that brings



together research, policy, and on-the-job support in a concerted bid to close the gender gaps in the media. This new approach is informed by the results of the 2009 *Glass Ceilings* in Southern African Media and the 2010 *Gender and Media Progress Study* (GMPS) which showed an apparent lack of improvement in gender in and through the media compared to earlier studies. The GMPS found that on average the proportion of women sources in the region increased by just two percentage points from 17% in the 2003 *Gender and Media Baseline Study* (GMBS) to 19% in the 2010 GMPS. The *Glass Ceilings* study showed that whilst women are underrepresented in media in general, they are glaringly absent from decision-making positions. GL has used these findings to reflect on its intervention strategies and explore possibilities for a more holistic and sustained approach to addressing gender gaps in the media.

There is emerging evidence within media houses that change is possible: GL is strengthened in the COE approach by the evidence gathered during the GMPS that while macro level results show slow change in transforming gender relations in and through the media, change is taking place at the institutional level. For example, Capital FM in Malawi was rated as one of the worst performers in women representation during the 2003 GMBS. Capital FM took steps to correct the situation. They have since developed and adopted a Gender Awareness HIV and AIDS policy in 2008 and a stand-alone gender policy launched on 30 August 2010. As a result, the station now has 17 women, representing 41% of all staff; the Management Board comprises three women and two men; and 50% women representation in newsroom, 7 women and 7 men. The station also reported increase in the number of women sources as a result of addressing the gender gaps identified in the 2003 study.

Change that Mauritius can believe in

The Mauritius Broadcasting Corporation (MBC) made history when it became the first media house in the region to develop a gender policy in 2003. Since doubling women sources in its news content from 14% to 28% in a span of seven years, the MBC is now working towards the SADC Gender Protocol target of gender parity in and through the media.

The MBC is the largest media house in Mauritius with three analogue television channels, 17 digital television channels and 7 radio stations. It employs over 600 people. In the 2003 *Gender and Media Baseline Study* (GMBS) the MBC recorded only 14% women sources. This has doubled in the last seven years to 28% in the *Gender and Media Progress Study* (GMPS).

In 2003, women constituted 30% of the overall staff. The *Glass Ceilings* study (2009) showed that this has since only increased by three percentage points. However, the proportion of women in top and senior management has increased from 4 to 20%. Luximbye Samboo, Principal Officer in Charge of the Human Resources division noted that "the corporation is doing its level best to ensure that there is gender equality in its operations."



Soondree Devi Soborun.
Photo: Trevor Davies

In recognition of these efforts, the MBC scooped the Best Institutional Practice award at the Fourth Gender and Media Summit and Awards in October 2010. "I really cannot explain the sense of achievement I felt for the MBC when we won the first prize at the 2010 Gender and Media Summit in front of

so many high profile people. I felt proud not only for the MBC but for my country. The MBC is after all a public media and is at the service of the whole Mauritian population," said Deputy Director General Soondree Devi Soborun.

Commenting on the 2015 gender and media provisions in the SADC Gender Protocol she added: "We are challenging gender stereotypes by showing women in non-traditional roles. We have stopped showing sexist advertisements. We have a strong and committed management that has made change happen and I am proud to be part of this team. At the MBC we are not waiting for 2015 to achieve gender equality - we believe we can do it by 2012! "

Speaking at the parallel meeting of media regulators during the summit Sooborun said awareness of the gender gaps in MBC coverage had prompted the public broadcaster to think deeply about the broader issues of voice, responsiveness, and what it means to be a public broadcaster that represents the views and voices of all segments of the population.

Not surprisingly, the GMPS showed that the MBC not only scored better than most with regard to women sources but also in its general media practise, an important new parameter included in the GMPS. The study showed that primary sources constitute 94% of story sources at the MBC and that its coverage generally includes more than one source.

"We now have no other alternative than to be a model of good governance and good media practice not only in Mauritius but in the region," Sooborun, noted. "I did not realise that women's voices were so under represented until I participated in the

different sessions of the parallel workshops of the 2010 GEM Summit," she added. "I am of course proud that we have made so much progress by improving the representation of women's voices but we have more work to do."

Change at the MBC has come as a result of ongoing support and on-the-job training provided by the GL Mauritius office and Media Watch Organisation- Gender and Media Southern Africa (MWO-GEMSA). For example MWO-GEMSA has been actively involved in monitoring and providing feedback to the MBC. GL has also kept a close eye on the performance of the media house.

A key ingredient in this success is buy-in from the highest levels of management. In a letter addressed to the Director of GL (Mauritius and Francophone office) dated 10 November 2010, Dan Callikan, Director-General of the MBC stated: "The MBC has always been in close collaboration with GL and takes pride in its firm commitment towards gender equality at the Corporation. We assure you that the Corporation will continue to give its support in making gender justice a reality in Mauritius and we thank you for your collaboration and assure you of our commitment to the SADC Protocol and our Gender Policy."

Sooborun says there are still many challenges: "We need to be more professional in covering violence against women. This is a real problem in Mauritius and we do not want sensationalism. It is only with balanced news coverage that we can inform and educate the population at large."

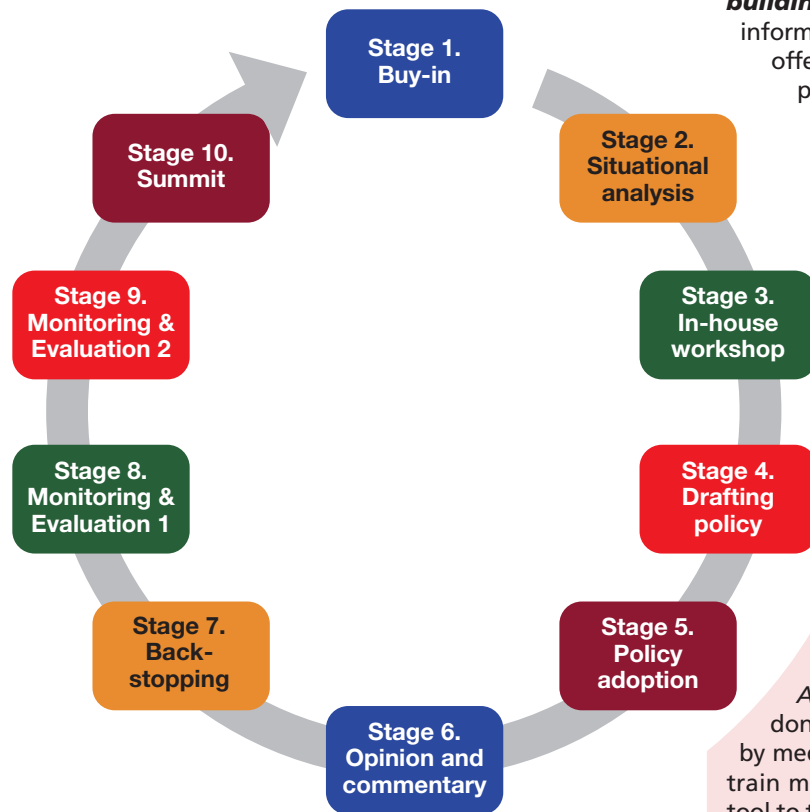
Like the earlier media houses that GL worked with, the MBC has gone through the first five stages of the COE process that involve developing and adopting a gender policy. Additional stages will add depth and sustainability, as well as important benchmarks.



MBC interviews Loga Virahsawmy.

Photo: Trevor Davies

The COE process is sustained and aims to deliver results: As GL works with 100 media houses across the region over the next three years, five additional stages will be added to those that have already started, while new media houses will undergo a ten-stage process.



Stage one: Buy-in: Identifying and working with 100 newsrooms to develop gender policies by 2014. Whilst GL has already started working with media houses on developing gender policies, it will continue to strategically seek buy-in from mainstream public and private media (print and broadcast). Participating media houses will sign an MOU with GL to ensure commitment to the COE process.

Stage two: Obtaining baseline data that is media house specific. This will be largely based on the findings of the 2010 GMPS and media house situational analysis reports. Individual media house country profiles will also be developed as part of this process.

Stage three: Gender mainstreaming workshops for managers and editors of targeted media houses. This will ensure that media decision makers are equipped with the understanding and skills to mainstream gender in institutional practice.

Stage four and five involve drafting the policy by a cross disciplinary team appointed at the workshop and adoption at a formal event.

Stage six: Opinion and Commentary Service: Familiarisation with the GL Opinion and Commentary Service to which media practitioners contribute and for further dissemination with participating media houses.

Stage seven: On the job training and capacity building on key thematic areas. This will be largely informed by the SADC Gender Protocol provisions that offer possibilities on themes such as governance and political participation, economic justice, HIV and AIDS, gender based violence and implementation. These will all revolve around the themes of the SADC Gender Protocol.

Stage eight and nine: Monitoring and Evaluation (M and E): Administration of media house scorecards, knowledge and attitudes surveys, situational analysis forms and other monitoring and evaluation tools that can be used to measure change in the immediate, medium and long term. A newly devised self monitoring tool will be used by media houses to evaluate performance against set targets. This will ensure participation and ownership of the project.

M and E will take two forms:

After six months: This periodic monitoring will be done at 6 months intervals and will be largely done by media houses. As part of capacity building, GL will train media houses on using a simple self-monitoring tool to track progress. Partner organisations and gender policy facilitators will also be involved in external evaluations during this period to ensure ongoing feedback to GL on the process. This stage will include ongoing identification and documentation of best practice.

Monitoring after one year leading up to the GEM summit: GL will carry out this evaluation on a larger scale. This will involve more in-depth quantitative and qualitative monitoring leading up to the 5th GEM Summit. This monitoring will contribute significantly to the selection of case studies to be presented at the regional media event.

Stage ten: Affirming good practice, knowledge creation and distribution of gender aware articles and training materials: Content and other examples of best practice produced as part of the various capacity building initiatives will be used as resource materials for the GL Virtual Resource Centre for trainers as well as to inspire other media houses. Similarly, the print media will be used as outlets for the GL Opinion and Commentary service. Throughout the period, GL will work towards gathering and disseminating best practices, case studies, etc that can be presented at the GEM summits.

Media development NGOs

In 2006 the Swedish International Development Agency (Sida) commissioned a study on gender in media development NGOs globally including four in Southern Africa. The major findings of the audit are summarised in Table 9.3. They include:

Gender is an important consideration for all the media organisations reviewed but policies are the exception: Virtually all organisations reviewed cited gender as an important consideration in media for development and freedom of expression work. Only MISA had a gender policy.

Excerpts from the MISA gender policy

"Gender equality is implicit in the notions of a "pluralistic press"; "reflecting the widest possible range of opinion within the community"; "the fulfilment of human aspirations"; "freedom of the press" and "freedom of association" as espoused in the Windhoek Declaration on Promoting an Independent and Pluralistic African Press (1991). But the failure to state this explicitly has led to the gross gender disparities in the media not receiving adequate attention."

1. As one of the main shapers of public opinion, the media has a critical role to play in the advancement and attainment of gender equality.

2. As an agenda setter, the media has a duty to portray not just what is, but what could be; to be exemplary in its own practices; and to open debate on the complex issues surrounding gender equality.
3. MISA wishes to state clearly that gender equality is intrinsic to a pluralistic and diverse media; giving voice to all members of the community; realising human aspirations as well as freedom of association. It is therefore one of the important indicators for measuring whether each of these is being achieved.
4. Gender-based violations such as sexual harassment should be recognised as an impediment to the work of media practitioners.

Table 9.3: Audit of gender in media NGOs in Southern Africa

Partner	Stand alone gender policy	Gender is integrated into existing policies	Gender specific projects	Gender integrated into all projects	Gender composition of org: % women			Gender structure	Gender training*
					Overall	Board	Director		
PANOS SOUTHERN AFRICA	NO	N/A	YES. Radio listening clubs	NO	43%	50%	M	NO	YES
MISA	YES	YES, constitution, sexual harassment policy	Gender and media support	YES				YES, gender focal person	YES
SAMSO	NO	NO	The Images Training Manual developed by Gender Links, Mainstreaming Gender in Entry Level Journalism by PON	NO	30%	0%	M	NO	YES
AMARC	NO	YES, strongly so	Regional gender programmes that promote gender equality in community radio through diverse initiatives, e.g. listeners clubs	YES	57%	50%	F	YES, the regional gender programme and management	YES, but on an <i>ad hoc</i> basis and not scheduled

MISA has amended its policy in line with the Protocol: In line with the SADC Gender Protocol, MISA has increased its quota for women in all chapters, bodies and structures from 30% to 50%. The debate that this has generated within MISA chapters, as reflected in the report that follows from Zimbabwe, is one indicator that the Protocol is beginning to pinch.

There are several ad hoc initiatives on gender, but gender mainstreaming is weak: The study yielded several examples of *ad hoc* initiatives on gender. The media NGOs surveyed are more able to cite examples of gender specific work that they are doing than of mainstreaming gender considerations throughout their work. This included projects for and about women, as

opposed to gender perspectives on topical development issues (such as the Millennium Development Goals). The review cited many examples of “missed” or potential opportunities for bringing gender perspectives to topics such as HIV and AIDS, globalisation and the environment.

Gender analysis of publications and productions is especially weak: The organisations reviewed produce many productions and publications, some with large audiences. However, none of the organisations had undertaken a gender content analysis of their products (similar to the GMMP) although many said they would welcome simple in-house monitoring tools for doing so.

Scope for strengthening gender considerations in the work place: Media NGOs, their staff and boards, have achieved greater gender balance and sensitivity in their institutional structures and practise than the media industry generally. However, there are still imbalances at the highest decision-making levels that need to be addressed through deliberate policies, as well as work place practices that need strengthening; especially the adoption of Codes of Conduct on sexual harassment.

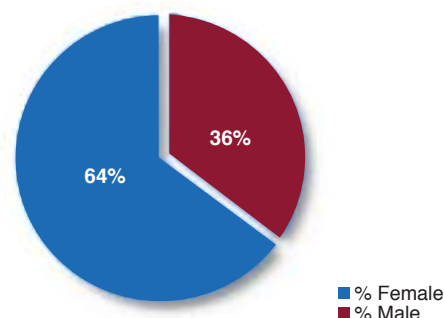
Gender management systems need a boost: Only the organisations that have gender policies have dedicated gender officers and those that are considering adopting gender policies have formed working groups. In other instances, there are no specific gender structures or staff capacity dedicated to the task of gender mainstreaming in the organisations surveyed. Gender is generally not “embedded” in key management tools

such as job descriptions, performance agreements, monitoring and evaluation. The result is that for those responsible gender becomes a “labour of love” rather than part of institutional culture and norms and of work that is quantified and valued in the organisation.

Training

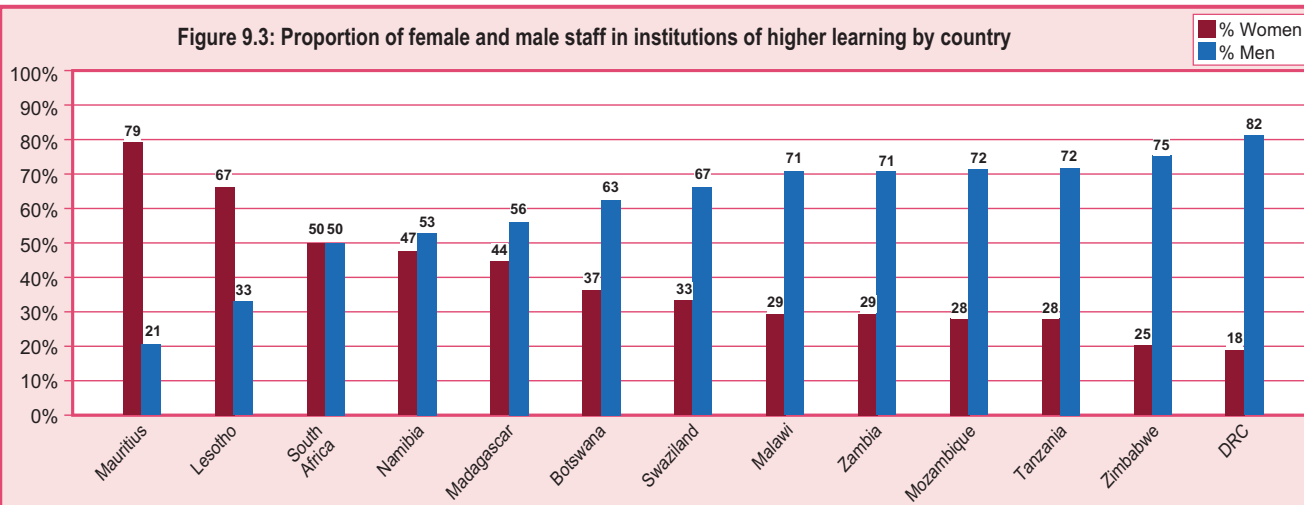
The Gender in Media Audience Study (GIME) was launched at the GEM summit in October 2010: The GIME report, covering the media studies departments of 25 tertiary institutions audited in the 13 countries, was launched at the GEM Summit in October 2010. The key findings are summarised in Table 9.4 overleaf.

Figure 9.2: Proportion of female and male staff in institutions of higher learning in Southern Africa



Male trainers are in the majority: Data provided in this audit shows that females comprise 36% of the academic staff, while males are 64% of the academic staff in the departments of journalism and media.

Figure 9.3: Proportion of female and male staff in institutions of higher learning by country



But this varies among countries: At the University of Mauritius, for example, which does not have a gender or Affirmative Action Policy, 79% of the academic staff are females. Lesotho also has a higher percentage of females (67%) than males. As evidenced

in the *Glass Ceilings: Women and men in Southern Africa media*, Lesotho had the highest proportion of female employees (73%) in the media in Southern Africa. South Africa has achieved parity in the number of female and male staff in institutions of higher

learning in Southern Africa. This country has also reached parity in its proportion of female staff in the media.³ The lowest proportions female staff is in Zimbabwe (25%) and the DRC (18%). These figures

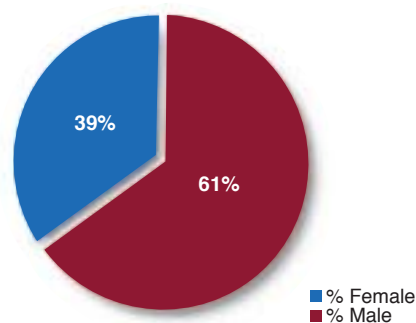
mirror the findings of the *Glass Ceilings: Women and men in Southern Africa media*. Both Zimbabwe (13%) and the DRC (22%) had the lowest proportion of female staff in the media houses surveyed.

Table 9.4: Summary of key gender indicators for institutions of higher learning in the GIME research

Institution	Staff		Students		Policies		Curriculum	
	% Female	% Male	% Female	% Male	Gender	Sexual harassment	Gender considered in curriculum review	Committee/individual responsible for gender mainstreaming
Region	36	64	61	39	28%	44%	46%	13%
Botswana								
University of Botswana	37	67	54	46	Yes	Yes	Yes	Yes
DRC								
Institut Facultaire des Sciences de L'information et de la Communication	18	82	77	23	No	No	No	No
Lesotho								
National University of Lesotho	67	33	73	27	No	No	Yes	No
Madagascar								
Antananarivo University	44	56	71	29	No	No	No	No
Malawi								
Malawi Institution of Journalism	29	71	50	50	No	No	No	No
Mauritius								
University of Mauritius	79	21	82	18	No	No	No	No
Mozambique								
Eduardo Mondlane	20	80	26	74	No	No	No	No
Higher School of Journalism	21	79	19	81	No	No	No	No
School of Journalism	38	62	28	72	No	No	No	No
Namibia								
Polytechnic of Namibia	50	50	58	42	No	No	No	No
University of Namibia	43	57	62	39	No	No	No	No
South Africa								
University of Fort Hare	43	57	57	43	Yes	Yes	No	No
University of Johannesburg	89	11	78	22	Yes	Yes	No	No
University of Limpopo	33	67	51	49	Yes	Yes	No	No
Stellenbosch University	33	67	62	38	No	Yes	Yes	No
University of Venda	60	40	47	53	No	Yes	No	No
University of Witwatersrand	75	25	69	31	Yes	Yes	Yes	No
Swaziland								
University of Swaziland	33	67	37	63	No	Yes	No	No
Tanzania								
SJMC	30	70	60	40	Yes	Yes	Yes	Yes
Zambia								
Evelyn Hone	36	64	65	35	No	No	No	No
University of Zambia	31	69	56	44	Yes	Yes	No	No
Zambia Institute of Mass Communication Education Trust	25	75	67	33	No	No	Yes	Yes
Zimbabwe								
Midlands State University	36	64	64	36	No	Yes	No	No
National University of Science and Technology	25	75	49	51	No	No	Yes	No
Harare Polytechnic	27	73	49	51	No	No	No	No

³ Glass ceilings: Women and men in Southern Africa media.

Figure 9.4: Proportion of female and male students in institutions of higher learning in Southern Africa



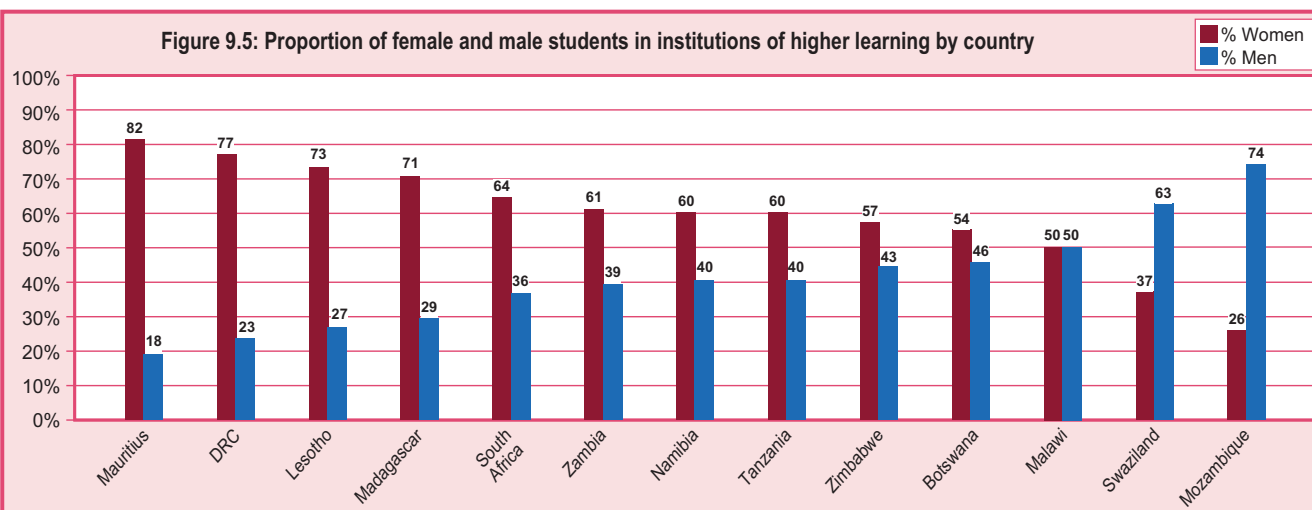
There are more women than men in media studies:

While men are the majority of the academic staff, figure 9.4 shows that the majority of the students in the departments of media education and journalism training in the 25 tertiary institutions audited are female (61% compared to 39% male students).

In many countries this is by a wide majority, but in a few women are still in the minority:

Figure 9.5 shows that ten of the countries in the sample have exceeded parity in the representation of female students. These include Mauritius (82%), DRC (77%), Lesotho (73%), Madagascar (71%), South Africa (64%), Zambia (61%), Namibia (60%), Tanzania (60%), Zimbabwe (57%), Botswana (54%), Malawi (50/50), Swaziland (37%), and Mozambique (26%).

Figure 9.5: Proportion of female and male students in institutions of higher learning by country



and Botswana (54%). MIJ in Malawi has achieved gender parity (50/50) among students. In two countries, Swaziland and Mozambique, females constitute 37% and 26% of the students in institutions offering journalism and media education and training.

The predominance of female students mirrors global trends: Statistics in the United States, for example, show that in 1977, and for the first time, women were statistically the majority of the undergraduates studying journalism. In 1978 they were about 53%, in 1984 about 59% and in 1992, about 61%.⁴ A similar trend was noted in Britain. By the 1990s the majority of trainee journalists, about 52%, were women.⁵

But large numbers of women in media education and journalism classrooms does not translate into large numbers of women in newsrooms as

demonstrated in the findings of the Glass Ceilings research that is discussed later in this chapter.⁶

Gender gaps in areas of specialisation: Female students in the School of Journalism at the University of Dar es Salaam, like those in the School of Journalism in Mozambique are highly concentrated in the Public Relations and Advertisement degree programme. Female students are 30% of the students in the degree programme in journalism, and 80% of those enrolled for the B.A. in Public Relations and Advertisement in Dar es Salaam.

There are very few institutions with policies or other special measures to achieve gender equality: Only seven (28%) of the 25 institutions in the sample have stand alone gender policies. The University of Dar es Salaam in Tanzania had a stand-

⁴ Deborah Chambers, Linda Steiner and Carole Fleming, *Women and Journalism*, Routledge, New York. 2004.76.

⁵ Deborah Chambers, Linda Steiner and Carole Fleming, *Women and Journalism*, Routledge, New York. 2004.80.

⁶ Pat Made and Colleen Lowe Morna, editors, *Glass Ceilings: Women and men in Southern African media*, Gender Links. 2009. 10-11.

alone gender policy to provide a blueprint for the attainment of gender equity in staffing at all levels, student enrolment in all faculties and departments and for mainstreaming gender in teaching, curriculum development and research. A few institutions - for example, Midlands State University (MSU) and the National University of Science and Technology (NUST) in Zimbabwe - have draft gender policies that have not been formally adopted by the institutions. At several other institutions, affirmative action policies and procedures provide the institutional guidelines for achieving gender and other forms of diversity, while some respondents pointed to a country's National Gender Policy as the guiding framework for institutional gender practice.

Almost half of the institutions have sexual harassment policies: Of the total number of institutions 44% have sexual harassment policies. The University of Botswana, National University of Lesotho, Stellenbosch University and University of Zambia are members of the Southern African Network of Higher Educational Institutions Challenging Sexual Harassment and Sexual Violence (NETSH). Institutions that did not have stand-alone policies included sexual harassment as a transgression within their Disciplinary Codes of Conduct. But, the staff and students at the institutions do not have good knowledge about the policy and its provisions.

Gender is considered in curriculum policies and processes at institutional or departmental level: According to the data gathered 46% of the institutions in the sample consider gender in curriculum review processes. Only the University of Dar es Salaam in Tanzania has a policy that stipulates gender as one of the criteria for curriculum development in all faculties and departments. In the other institutions it is voluntary. This finding does not reflect in the actual content of the courses on offer. Gender is largely absent from curricula.

Media and journalism students receive limited theoretical grounding in gender: Very few institutions in the region offer core courses on gender, or gender and the media. Gender is a core course requirement at the University of Namibia (UNAM) and at Midlands State University in Zimbabwe.

Models for mainstreaming: There are models at institutions within the region that illustrate how gender can be systematically incorporated into journalism and media education training, through institutional policy frameworks and departmental programmes. The University of Dar es Salaam's Gender Policy, the University of Namibia (UNAM's) HIV/AIDS Policy and the Polytechnic of Namibia (PON's) Pilot Project with Gender Links on mainstreaming gender into entry-level journalism education, for example, serve as models for mainstreaming gender in teaching, research and other activities of the media education and journalism training departments.

Gender missing in student and staff assessments: Gender is not incorporated as a standard in any systematic way in the journalism and media education and journalism training departments' assessments of courses. Gender is not a standard in the assessment of staff performance.

Academic research on gender, media and diversity issues could be broadened and deepened: While there are examples of students' theses and special projects on gender and media issues, as well as projects on women's representation and gender stereotypes in the media, gender and the media has not become an area of academic research and scholarship among the lecturers within the institutions' media education and journalism training departments.



Students at the Polytechnic of Namibia.

Photo: Gender Links

GMDC comes into its own



The GIME research has given fresh impetus to the Gender and Media Diversity Centre, which aims to “connect, collect and collaborate” between media development NGOs and media education institutions.

The GMDC, which is managed by GL, has entered into Memoranda of Understanding (MOUs) with five institutions of higher learning and two civil society organisation. These include the Universities of Antananarivo (Madagascar), Botswana, Limpopo (South Africa); National University of Science and Technology (Zimbabwe); Polytechnic of Namibia; African Women and Child Feature Service and International Women's Media Foundation. The MOUs provide a roadmap to guide activities between the GMDC and its partners. The MOUs guarantee buy in from the highest levels within each institution to work on gender mainstreaming. MOUs with the International Federation of Journalists (IFJ); the World Association of Christian Communication (WACC) and several institutions are in the final stages of being signed.

Over the years, the GMDC has established a physical reference library that is complemented by virtual resources stored in databases. The databases are searchable and have unique information that can be used for research, by training institutions and trainers.

Part of the GMDC vision and mission is to create a critical citizenry. The GMDC conducts seminars on topical issues to put issues gender media and diversity into the public sphere. The GMDC has worked in partnership with institutions of higher learning in country to run the seminars. In South Africa the GMDC works with civil society organisations and the mainstream media.

Partners in South Africa include *Mail and Guardian's* Critical Thinking Forum, South Africa Human Rights Commission, Media Monitoring Africa and MISA South Africa. The partnerships increase audiences and perspectives at the seminars. Also, the partners start to engage with the debates in the context of their own work. The seminars have covered thematic areas such as gender and transformative leadership; gender and the soccer world cup and gender, sex and identity.

During the last year the GMDC has harnessed the power of new media platforms such as Facebook and Twitter to promote debate and engagement on issues of gender, media and diversity. Currently the GMDC is inviting comments and suggestions on how to integrate gender into the Windhoek Declaration on Promoting Independent and Pluralistic Media.



Sarry Xoagus-Eises commenting during the GMDC Great Debate.
Photo: Gender Links

Giving equal representation to women and men by 2015



The Protocol urges Member States to take measures to promote the equal representation women in the ownership of, and 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 2007/2008 GL and GEMSA conducted the most comprehensive survey to date on women and men in Southern African media houses against the above provisions. The study covered 126 media houses and

over 23,000 employees in all the SADC countries except Angola. The results are summarised in the table. They show that:

Table 9.5: Equal representation of women and men in media houses in Southern Africa

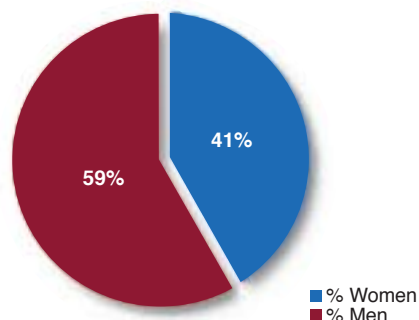
CATEGORY	REGION %		BOTSWANA %		LESOTHO %		DRC %		MADAGASCAR %		MALAWI %		MAURITIUS %		MOZAMBIQUE %		NAMIBIA %		SWAZILAND %		SOUTH AFRICA %		TANZANIA %		ZAMBIA %		ZIMBABWE %	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Percentage of employees by sex	41	59	46	54	73	27	22	78	33	67	23	77	33	67	27	73	40	60	40	60	50	50	36	64	33	67	13	87
OCCUPATIONAL LEVELS																												
Non-permanent	36	64	38	62	0	0	17	83	60	40	17	83	52	48	21	79	24	76	56	44	56	44	55	45	33	67	7	93
Unskilled	29	71	67	33	74	26	28	72	58	42	23	77	30	70	29	71	47	53	36	64	23	77	39	61	21	79	16	84
Semi-skilled	55	45	98	8	78	22	34	66	26	74	41	59	35	65	61	39	57	43	57	43	55	45	0	100	67	33	45	55
Skilled technical	45	55	32	68	45	55	23	77	17	83	31	69	22	78	19	81	42	58	50	50	51	49	25	75	54	46	18	82
Professionally qualified	31	69	28	72	57	43	15	85	46	54	15	85	40	60	28	72	33	67	21	79	42	58	38	62	37	63	30	70
Board of directors	28	72	24	76	47	53	18	83	10	90	27	73	36	64	25	75	39	61	33	67	38	62	22	78	27	73	38	62
Senior management	28	72	39	61	50	50	8	92	20	80	26	74	22	78	35	65	35	65	29	71	35	65	30	70	33	67	10	90
Top management	23	77	30	70	56	44	18	82	13	88	19	81	25	75	17	83	42	58	33	67	25	75	21	79	11	89	13	88
CONDITIONS OF EMPLOYMENT																												
Part-time	23	77	100	0	0	0	16	84	60	40	23	77	40	60	29	71	33	67	56	44	61	39	35	65	40	60	5	95
Full-time, fixed term contract	37	63	25	75	0	0	20	80	42	58	31	69	31	69	21	79	48	52	23	77	55	45	24	76	10	90	50	55
Freelance ⁷	43	57	22	78	25	75	22	78	50	50	35	65	53	47	40	60	21	79	33	67	54	46	59	41	38	62	22	78
Full-time open-ended contract	42	58	51	49	74	26	23	77	26	74	23	77	26	74	23	77	42	58	41	59	49	51	36	64	30	70	18	82
DEPARTMENTS⁸																												
Human resources	44	56	81	19	100	0	21	79	44	56	75	25	32	68	51	49	67	33	0	100	74	26	68	32	32	68	58	42
Advertising/Marketing	57	43	38	62	36	64	34	66	62	38	36	64	38	62	43	57	56	44	63	38	61	39	32	68	46	54	40	60
Finance & administration	54	46	67	33	80	20	33	67	58	42	21	79	46	54	26	74	70	30	71	29	59	41	56	44	49	51	25	75
Editorial	42	58	36	64	48	52	29	71	31	69	28	72	39	61	27	73	44	56	35	65	52	48	36	64	38	62	17	83
Design	31	69	38	62	20	80	21	79	10	90	22	78	13	87	19	81	44	56	23	77	40	60	51	49	11	89	50	50
Production	30	70	50	50	0	100	23	77	7	93	22	78	23	77	14	86	39	61	0	0	34	66	33	67	23	77	33	67
Printing & distribution	24	76	50	50	50	50	17	83	18	82	25	75	6	94	11	89	23	77	19	81	33	67	0	100	6	94	0	100
Technical/IT	16	84	0	100	0	100	9	91	0	100	6	94	16	84	3	97	5	95	3	97	23	77	30	70	17	83	0	100
POLICIES																												
Gender policy	16		20	25	25	0	0	7	40	33	7	27	0	9	21	22	0											
Sexual harassment policy	28		60	50	50	20	0	30	56	7	36	0	82	21	11	25												
Want gender policy	68		60	75	100	73	70	78	71	45	33	64	50	78	75													

⁷ The conditions of employment refers only to freelancers in the production department of the media house.

⁸ The statistics are inclusive of managers within these departments.

Men are the predominate employees in media houses in Southern Africa: The media sector is largely a male-dominated industry in the region with men constituting 59% of the employees in media houses

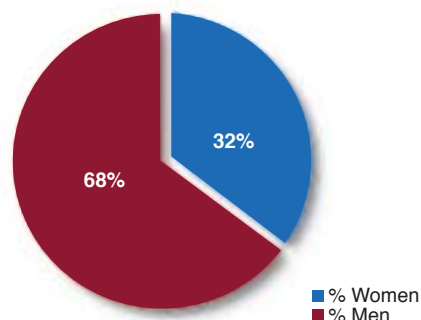
Figure 9.6: Total number of employees by sex in Southern African media houses



Only two countries have achieved the parity target: The tiny country of Lesotho has the largest percentage of women (73% women compared to 27% men) employed in media houses, followed by South Africa with equal percentages of women and men (50/50). Seychelles, with 49% women, is a close third. But these figures need to be read in context: Lesotho's media is

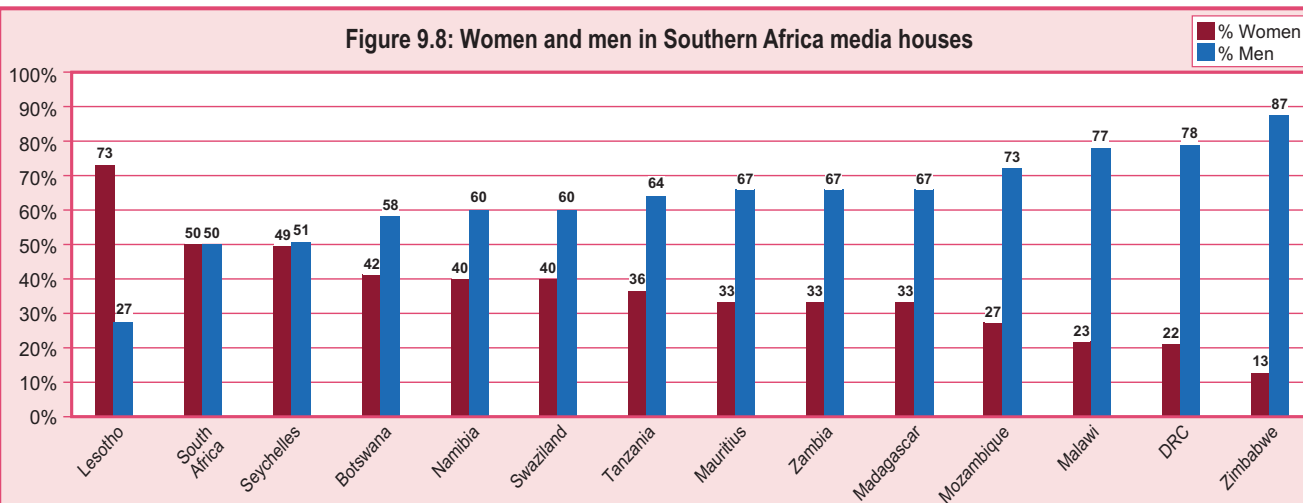
compared to 41% women. If South Africa, which constitutes 40% of the population in the region and over half the employees in the sample is excluded, the figure for women is 32%.

Figure 9.7: Total number of employees by sex in Southern African media houses (excluding South Africa)



dominated by a government ministry with a high proportion of women. In the case of South Africa, the figures were not disaggregated by race, due to the regional nature of this study. The 2006 *Glass Ceilings* report on South African newsrooms showed that black women, who constitute 42% of the population, account for only 18% of newsroom staff.

Figure 9.8: Women and men in Southern Africa media houses

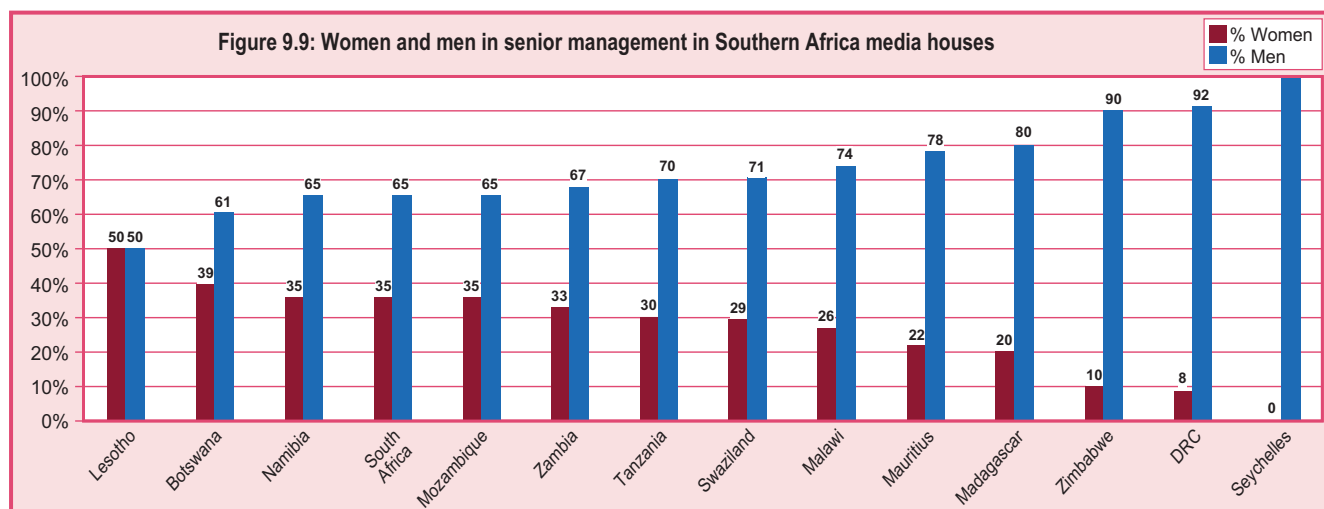


Four countries are below the one third mark: As illustrated in the graph these are Mozambique (27%); Malawi (23%); DRC (22%) and Zimbabwe (13%). The Zimbabwe figures do not include the Zimbabwe National Broadcasting Corporation (ZBC) which declined to participate, with the result that the figures are skewed towards the print media, in which women are typically less well represented than in broadcasting. However, it is a substantial sample, which even the inclusion of the ZBC would be unlikely to significantly alter.

Women constitute a third or less of boards of directors, top and senior managers: The governance structures of media houses in Southern Africa are firmly in the hands of men (72%), with women constituting only 28% of those on boards of directors. Only 23% of the top managers in media houses in Southern Africa are women. The only country in the region with 50% or more women in top management is Lesotho (56%), followed by Namibia with 42% women in top management. Only 11% of the top

managers in Zambia are women, and Seychelles, the lowest, has no women in top management. As illustrated in the graph women constituted between 20-39% of the senior managers in media houses in 10 of the 14 countries and only one, Lesotho, had 50%

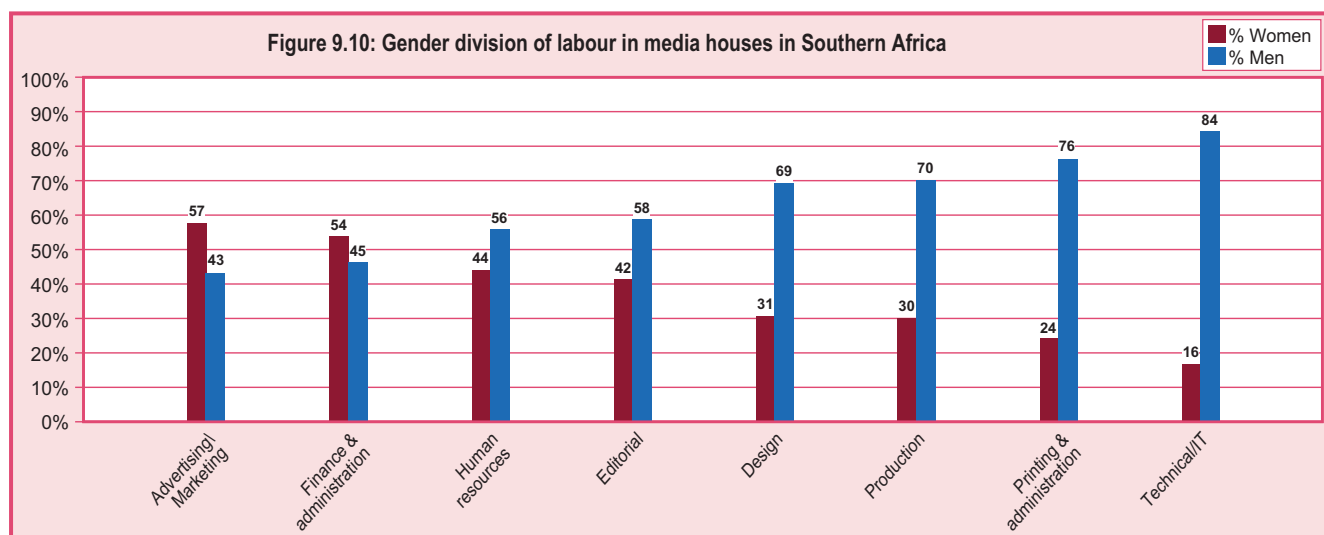
women as senior managers. On average, however, women are only 28% of those in senior management positions in the region, pointing to where they meet their first challenge of breaking into the higher echelons of media management.



Men get better working deals: Men (58%) are more likely than women (42%) to be employed in open-ended full time contracts. And, a larger majority of women in the region are semi-skilled (55% compared to 45% men) and are not professionally qualified (31% compared to 69% for men). These factors reflect a much higher level of job insecurity for women than for men in the region.

There is a gender division of labour in the work place: The graph shows that production of media

content from the beginning of the chain - reporting, editing - right through to production, printing and distribution is in the hands of men, who dominate in the editorial (58%), design (69%), production (70%), printing and distribution (76%) and technical/IT (84%) departments in the region's media houses. Women, on the other hand, are more numerous in areas considered to be "women's work" (clerical and administrative support) in the finance and administration (54%), advertising/marketing (57%) and human resources (44%) departments.



The gender division of labour in beats is still pronounced: Male journalists dominate in what are considered the 'hard beats' such as investigative/in-depth reports (80%), sports (76%) and political stories (75%). Women journalists predominate in coverage of gender equality and gender violence (71% each) and health⁹ (59%).

Male chauvinist attitudes abound and sexual harassment is a serious concern: As one male respondent in this study put it: "We expect women to be home at 6pm cooking, and not at press conferences mingling with ministers." Media women across the region complained about being treated as sexual objects in media houses and men showed little appreciation and understanding of what is meant by sexual harassment. Only 28% of media houses said they have sexual harassment policies.

But women journalists are challenging gender stereotypes in some countries. In Botswana, there is gender parity (50/50) in the coverage of sports, while women constitute 40% of sports reporters in South Africa. Women (83%) also dominate in the coverage of economics/business/finance in South Africa and in Namibia (71%). The study also found that in South Africa, there is gender balance in the coverage of entertainment/arts/culture and of gender equality.

Gender awareness in media houses is low among both women and men: Half of all the women and men surveyed thought that gender means women and men. Less than a fifth were aware that the term refers



Women make a difference: Mozambican journalist Salane Muchanga covering the Maputo floods.
Photo: Mercedes Sayague

to the socially constructed differences between women and men. Half of all those interviewed did not know the specific target set by the SADC Protocol on Gender and Development for achieving gender parity in decision-making.

But there is an appreciation that having a critical mass of women in newsrooms makes a difference: Women and men in the media gave several examples of how having women in the media, especially at a senior level, changes newsroom culture and impacts positively on coverage. Research shows that women reporters are more likely to consult female sources and that they bring fresh perspectives to media creation, a view strongly endorsed by many male media managers.

Gender in media content



The Protocol calls on Member States to encourage 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 and that challenge gender stereotypes.

The Protocol urges member states to take measures to discourage the media from:

- Promoting pornography and violence against all persons, especially women and children;
- Depicting women as helpless victims of violence and abuse;
- Degrading or exploiting women, especially in the area of entertainment and advertising, and undermining their role and position in society; and
- Reinforcing gender oppression and stereotypes.

⁹ Excludes the coverage of HIV and AIDS.

TABLE 9.6: COMPARATIVE ANALYSIS OF THE GMPS (2010), GMBS (2003) AND THE HIV AND AIDS, GENDER AND MEDIA STUDY (2006)

	GMBS	GMPS
GENERAL MEDIA PRACTICE		
		Percentage
Diversity of sources	N/A	
Single source	N/A	33
Multiple sources	N/A	67
GENDER AND THE MEDIA		
	GMBS % women	GMPS % women
Who speaks		
Overall	17	19
Private media	N/A	19
Public media	N/A	20
Community	N/A	22
Who speaks on what		
Sports	8	12
Politics	9	13
Economics	10	15
GBV	39	41
Children	39	42
Gender equality	43	46
Sex of sources by medium		
Print	N/A	18
Radio	N/A	20
Television	N/A	25
Who is seen		
Images in newspapers	N/A	27
Ages		
20 -34 years	N/A	35
35 - 49 years	N/A	37
50 - 64 years	N/A	20
65 years or older	N/A	0
Personal identity		
Percentage women	11	8
Percentage men	2	4
GENDER IN NEWSROOMS		
Who reports in which medium		
TV reporters	38	42
TV presenters	45	58
Radio reporters	34	30
Print reporters	22	25
GENDER, HIV AND AIDS AND THE MEDIA		
	2006 STUDY	GMPS
	Percentage	Percentage
HIV and AIDS coverage compared to total	3	2
Sub topics		
Prevention	40	26
General	19	37
Treatment	16	12
Care, support and rights	13	14
Impact	5	12
Function of sources		
Official and UN Agencies	42	17
Civil society and NGOs	28	18
Experts	12	17
Traditional and religious leaders	5	3
Person with AIDS	4	4
Person affected	4	41
Other	5	0

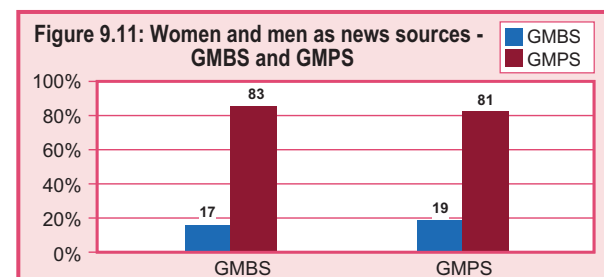
In 2003, GL and MISA, with technical support from the *Media Monitoring Project* (MMP) of South Africa conducted the *Gender and Media Baseline Study* (GMBS) study (which covered twelve Southern African countries). This study, conducted over one month and covering over 25,000 news items is the largest regional media monitoring study ever to have been conducted anywhere in the world.

Two years later, the thirteen chapters of GEMSA participated in the Global Media Monitoring Project (GMMP) which covered only a day and is therefore not as reliable, but provided a useful benchmarking tool, especially for the more aggregate numbers.

In 2006, GL as part of the MAP partnership conducted the HIV and AIDS and Gender Baseline study, extending this and the GMBS to the DRC, Madagascar and Seychelles the following year.

In 2009, GL undertook a sequel to the GMBS - the *Gender and Media Progress Study* (GMPS). This is a follow up study to measure whether or not the strategies - advocacy, training and the policy roll out process - have assisted in the transformation of some of ethical shortcomings of the media identified in the GMBS. This study was conducted in tandem with the global study (GMMP 2010) providing a further opportunity for global benchmarking. Periodic monitoring of other genres, such as advertising, tabloids and radio talk shows (see Table 9.1) has provided a wealth of data on gender in media content in Southern Africa. Table 9.6 provides a comparison of the key findings of the GMBS and the GMPS, as well as the HIV and AIDS, Gender and the Media Study.

The findings to date may be summarised as follows:



Progress in increasing women's views and voices in the media is painfully slow: Figure 9.11 shows that the proportion of women sources in the Southern African media increased by a mere two percent from 17% in the 2003 GMBS to 19% in the GMPS. This figure is the same as the regional average in the 2005 Global Media Monitoring Project (GMMP). This reflects limited and slow progress. The regional average is below the global average of women sources (24%) in the 2010 GMMP.

Figure 9.12: Women as news sources - GMBS and GMPS comparison

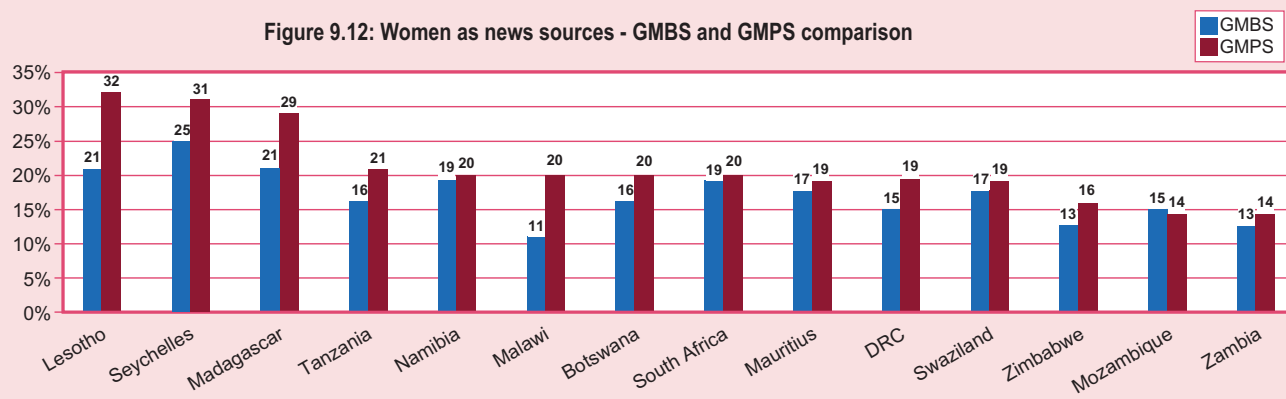


Table 9.7: Variation in women sources by country

Country	GMBS % women sources 2003	GMPS % women sources 2010	Variance
Lesotho	21	32	11
Malawi	11	20	9
Seychelles	25	31	6
Tanzania	16	21	5
Botswana	16	20	4
DRC	15	19	4
Zimbabwe	13	16	3
Mauritius	17	19	2
Madagascar	21	23	2
Regional	17	19	2
Swaziland	17	19	2
Namibia	19	20	1
Zambia	13	14	1
South Africa	19	20	1
Mozambique	15	14	-1

There are significant variations between countries:

Figure 9.12 shows that there are significant variations between countries, from 32% women sources in Lesotho to 14% in Zambia.

Countries making rapid strides show that change is possible:

The variance chart (Table 9.7) shows that only one country (Mozambique) has slipped backwards with regard to the proportion on women sources. Lesotho and Malawi, two small conservative countries, have made significant gains of 11% and 9% respectively. The 4% increase in the DRC from 15% to 19% is also encouraging, considering that gender and media work in the country is relatively new.

Countries lagging behind have a lot to answer for:

At the bottom end of the scale, countries like

Mauritius, Namibia, South Africa and Zambia that have strong democracies, as well as vibrant gender and media networks, have a lot to answer for. Media in these countries tend to be resistant to external monitoring, believing that while they have the right to watch the rest of society, they themselves are beyond reproach. It is inexcusable that countries in which there has been progress on every other front in relation to the SADC Gender Protocol should lag so sadly behind on giving voice to women in the media.

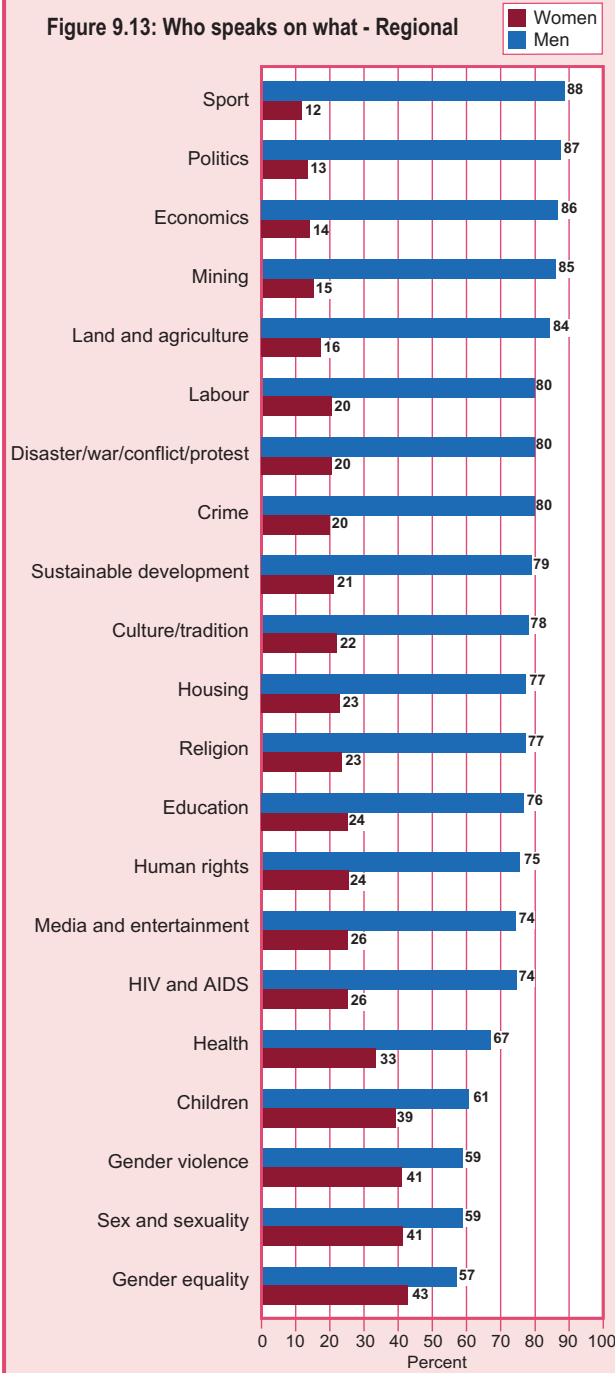
Community media leads the way: While there was little difference in the performance of private media (19% women sources) and public media (20% women sources) community media (22% women sources) shows hopeful signs that forms of media that are closest to the people can also be more responsive.



Community media @ work in Swaziland.

Photo: Trevor Davies

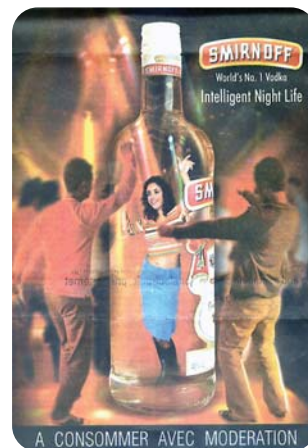
Figure 9.13: Who speaks on what - Regional



Women's views and voices have increased in the hard beats: Another positive sign is that the proportion of women sources went up in hard beats that have been the focus of media advocacy and training. For example, the proportion of women sources in sports increased from 8% to 12%; in politics from 9% to 13%; and in economics from 10% to 15%. Women's views still tend to be most heard on topics such as gender violence, children and gender equality. It is noteworthy however, that there is still not a single topic code in

which women's view predominate. Even in the topic code of gender equality men (54%) had more to say than women (46%).

Advertising is a major source of blatant gender stereotypes: As part of its Mirror on the Media series GL in 2006 carried out a study on *Gender and Advertising* covering four countries (South Africa, Mauritius, Zimbabwe and Zambia). Overall, women constituted 41% of all subjects (those featuring in the adverts as voices and or images) in the advertising monitoring compared to the regional average of



19% news sources in the GMMP (2005). The higher proportion of women in advertisements than as news sources is, however, not a measure of greater gender sensitivity in this area of media practice, but a reflection of the fact that advertising still relies heavily on women's physical attributes as a marketing ploy as illustrated in the examples.



Awards provide examples of gender awareness

As part of its campaign to promote gender aware reporting that conforms to the journalistic principles of balance, truth, fairness, challenging stereotypes and prompting debates, GL, MISA and GEMSA run gender and media awards every two years. A sampling of winners in the 2010 GEM Summit and Awards shows an increasing variety of stories that challenge gender stereotypes and set new agendas.

“Life lived in limbo”, Tanya Farber, South Africa: The article is about the gender dimensions of the xenophobia.

The journalist was in her third trimester of a pregnancy and wanted to create awareness of what it was like for women in the refugee camps who were pregnant, or who had to give birth in those conditions. She travelled to the camps to find such women, and on seeing that she was heavily pregnant herself, they spoke openly to her.

“Feminist motherhood”, Sheena Magenya, Namibia: As a feminist and a new mother, the issue of feminist motherhood became an important topic of discussion for the writer and many people, who had thought that motherhood would shake her out of her feminist activist persona. She comments that “being a mother has made me an even fiercer and feistier female because I have been presented with the opportunity and the task to participate in raising a new generation of men with the qualities that feminists and feminism advocate for”. At the end, she notes that “the idea that as a woman I make a better child-minder than a man is outdated, and men should have bigger if not equal hand to play in raising their children beyond giving them a name...it is about time that the term ‘father’ loses its ceremonial purpose and gains a functional one”. The article makes the reader think and questions traditional and conventional wisdom. “It is well written, easy and makes delightful reading” said one of the judges.

“Rape in marriage”, Melini Moses, South Africa: It is not often that a rape survivor is willing to speak openly about her ordeal. It is even rarer in cases where a woman has allegedly been raped by her husband. Being of Muslim faith where you are encouraged to deal with matters privately also reduces the chances of such a case becoming public. But one woman decided to break the silence and the journalist takes us on a journey through an emotional interview lasting several hours. This report talks about the emotional turmoil she went through, the questions she asked herself, the social stigma attached to such cases, and her fight

QUICK FACTS

- 119 entries, 82 by women, 37 by men in 9 categories.
- Submissions from 13 countries.
- Winners from four countries: DRC, Lesotho, Madagascar, Malawi, Mauritius, Namibia, South Africa, Zambia and Zimbabwe.
- 12 women won awards and two men won.
- Two newsrooms were awarded for institutional excellence.

to make sure no other woman in that situation simply sits back and accepts it. She boldly opened a case of rape against her now ex-husband. The journalists further probes how likely it is for justice to be served.

“A difficult step for women”, by Fanjaniaina Saholiarisoa Alida, Madagascar

The article is about women in politics and decision making. The writer supports her arguments with statistical data and questions whether her country will attain the 50/50

representation of women by 2015 as stipulated in the 2008 SADC Protocol on Gender and Development. She looks at some of the reasons why women do not make it in politics even when electoral systems favour their participation. One judge summed up the comments and said “good use of diverse sources and good structure”.

Radio Talk show: Zeenat Abdool, South Africa:

The journalist submitted three stories on Female Genital Mutilation, male circumcision and *hijaab* (headscarf), *nikaab* (face veil) and terrorism. The talk shows are very interesting and deal with issues that are not often talked about. Abdool gets special mention for her work and her interest in covering such gender issues.



Zvevanhurume ne vanhukadzi (Shona for, about women and men), Emmanuel Nkomo, Zimbabwe:

This talk show explores the issue of HIV and AIDS. What is interesting is that the journalist goes out and talks to a person living with HIV and has started a support group. Unlike other stories on HIV that leave listeners drained, this one in particular is interesting constructive. It profiles how she came to discover her status and the challenges she faced. It traces the growth of the support group, encourages positive living and the importance of healthy eating. “This is a clean and smart effort of educating the public about HIV and AIDS. There are diverse voices and offers valuable messages and insights. It is an “I” Story that offers the community an opportunity to see through her,” the judges said.

Coverage of gender violence



The Protocol calls on Member States 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: Yet the media has a huge potential role to play in changing attitudes, perceptions, and mindsets where gender violence is concerned. Over the last decade, GL has conducted training workshops with the media in 12 SADC countries and all nine provinces of South Africa. GL and GEMSA have trained gender activists on strategic communications making use of the Sixteen Days of Activism campaign that extends from International Day of No Violence Against Women on 25 December to Human Rights Day on 10 December.

Monitoring reveals common patterns:

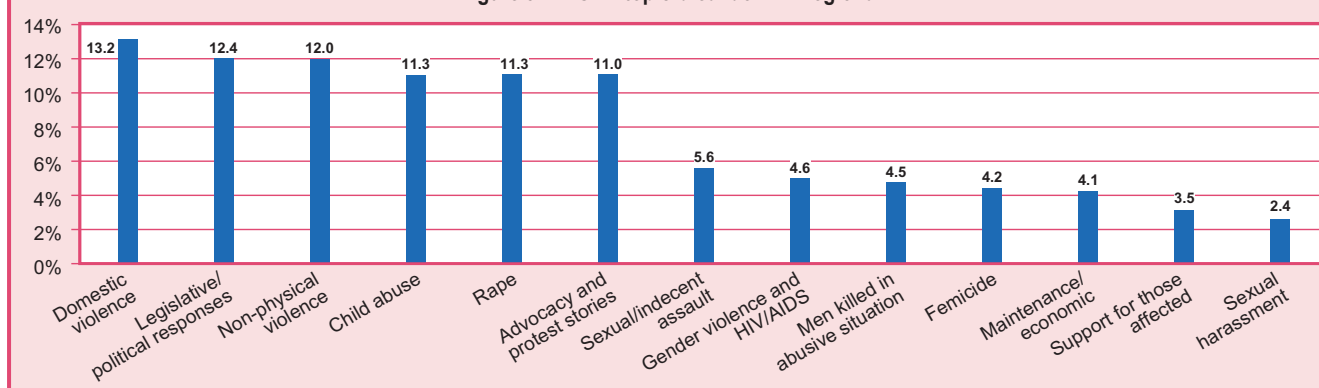
Coverage of gender violence has been monitored in the regional and global studies. GL has also worked with GEMSA chapters in conducting periodic monitoring of the Sixteen Days of Activism campaign. Key findings emerging from these studies are that:

- To the extent gender issues are covered, gender violence tends to get more coverage. In the GMBS, gender specific issues constituted 2% of all coverage, with GBV constituting half of this or 1% of the total.



- However, gender violence is often treated as relatively minor compared to other kinds of crime.
- Certain types of gender violence get much higher coverage, e.g. sexual assault.
- There is very little coverage of where those affected can get help.
- There is very little coverage of those who protest against gender violence.
- Much of the source information is from the courts. This has a heavy male bias.
- The voices of those affected are not heard.
- Experiences of women are often trivialised.
- Coverage is often insensitive, for example in the use of images, names etc that could lead to secondary victimisation.
- Women are often portrayed as victims rather than survivors.
- Women are often portrayed as temptress (asked for it to happen).
- Men are portrayed as being unable to control their sexual urges.
- There is a tendency to exonerate the perpetrators.
- There is a tendency to sensationalise.
- Most gender violence stories are written by men/ court reporters.

Figure 9.14: GBV topic breakdown - Regional



The GMPS devotes a whole chapter to coverage of gender violence: Figure 9.14 shows that domestic violence (13.2%) receives the highest proportion of coverage, while sexual harassment (2.4%) is the lowest. At 3.5% support for those affected is also a low priority in media coverage.

Tabloids often sensationalise gender violence: In 2007, as part of its Mirror on the Media series, GL conducted a study on the emergence of tabloids in the region. Out of 178 newspapers in ten countries, 37 (or 20%) are regarded by media analysts in those countries as tabloid both in form and content. GL con-

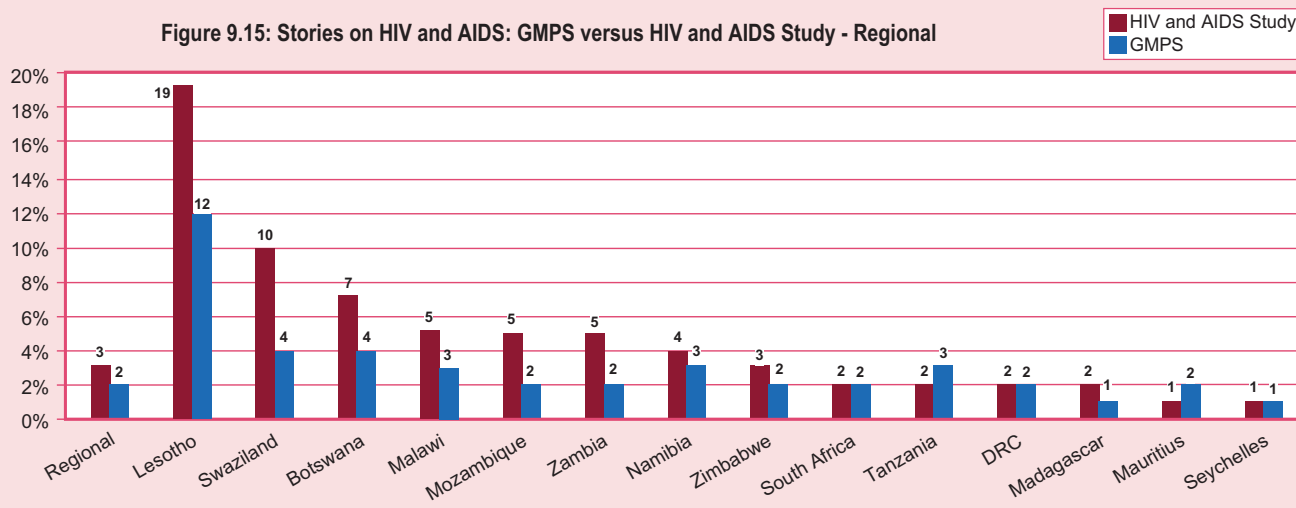
ducted an in-depth study of gender and tabloids in the three countries with the highest density of such publications (South Africa, Mauritius and Tanzania).

The study found that women constitute 25% news sources in tabloids and 35% of all images. While "ordinary" women are more likely to feature in tabloids, the study found that blatant gender stereotypes are far more numerous in these publications. Often, these concern gender violence. Typical headlines in tabloids are like the one in *Uwazi* (24 June 2007): "*Aibu Tupu! Wanaume wachapana makonde, mwanamke aingia uvunguni kujiokoa, suala laripotiwa polisi* - Shame! Two men fight over a woman while she hides underneath the bed!"



Gender, HIV and AIDS and the media

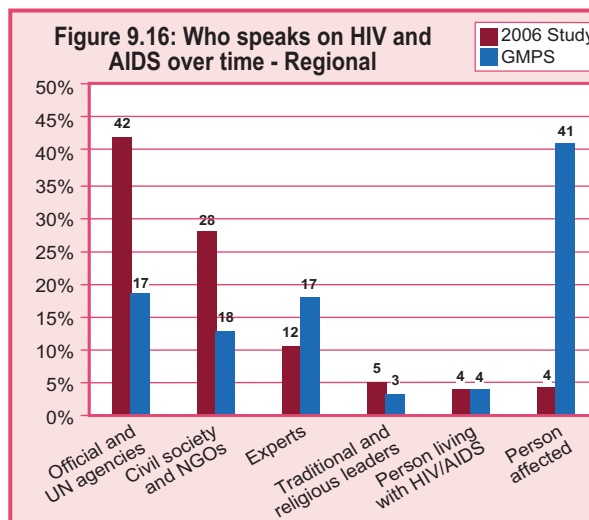
Figure 9.15: Stories on HIV and AIDS: GMPS versus HIV and AIDS Study - Regional



Coverage of HIV and AIDS is still low: Figure 9.15 shows that despite being the region most affected by HIV and AIDS, the proportion of overall coverage dropped from 3% to 2% between the HIV and AIDS and gender study in 2006 and the GMPS. There is a drop in HIV and AIDS coverage in all countries, except for Tanzania, Mauritius and Seychelles. The drop may reflect the HIV and AIDS "fatigue" that the media frequently complains about.

But there is a dramatic increase in the views and voices of those affected: The extent to which official and UN officials (42%) predominated as sources on HIV and AIDS emerged as a major concern in the 2006 study. The 2010 GMPS shows that while Persons Living with HIV and AIDS still only comprise 4% of total sources, those affected shot up from 4% to 41%, while official and UN sources dropped to 17%. This is a positive

Figure 9.16: Who speaks on HIV and AIDS over time - Regional



reflection on the Media Action Plan on HIV and AIDS and Gender that stressed the importance of those most affected being at the frontline of speaking out.

Progressive practice is evident in many media houses: The positive impact of MAP, as measured through the annual awards for good institutional

practice, as well as qualitative monitoring, is evident in many media houses. These have challenged stereotypes in the work place through speaking openly about HIV and AIDS and starting support programmes for staff. They are also helping to reduce the stigma around the pandemic in the rest of society through “positive talk” programmes. Base FM in Namibia is a case in point.

Regional: Summit urges media to “get in step”

The Fourth Southern African Gender and Media (GEM) Summit in October 2010 coincided with the launch of the Africa Decade on Women in Nairobi. The second since the adoption of the SADC Gender Protocol in August 2010, this summit placed all the gender and media research and advocacy work under the spotlight. Under the banner, *Gender, Diversity, Media and Change*, the summit called on the media to “get in step” with the march to gender equality.

In a strongly worded statement targeted, among others, at the All Africa Editors Forum meeting in Mali, participants decried the tabloidisation of the media; weak ethical practices and blatant violation of the rights of women that continues to occur, often unchallenged, in the media.

During the three day summit convened by Gender Links (GL), the Media Institute of Southern Africa (MISA) and the Gender and Media Southern African (GEMSA) Network, delegates protested an article in *Noticias*, a Mozambican newspaper identifying a 16 year old girl who had a failed abortion down to her name, home and school.

Noting that it is highly unlikely a man would be treated in the same way, the summit compared such secondary

victimisation in the media to “throwing acid in the face of the young woman.”

The summit also strongly condemned the Ugandan tabloid newspaper *The Rolling Stone* for seeking out purported Ugandan homosexuals on face book and featuring them in a front page article entitled “100 pictures of Uganda's Top homos leak.” This occurs against the backdrop of the controversial Anti-homosexuality Bill seeking to ban homosexuality in the East African nation.

The 130 GEM summit delegates, who include East African and international observers, condemned the gross abuse of new media to infringe the rights of the individuals concerned. “The personal damage to those affected is incalculable,” noted the delegates, who include a representative from the International Federation of Journalists (IFJ). “This is gutter journalism at its worst.”

Expressing disappointment at the slow rate of change within the media and its editorial content, regulators, analysts, trainers and media practitioners warned that the media is failing to comply with the provisions of the SADC Gender Protocol.

Citing the gender gaps in media education (GIME); media houses (Glass Ceiling Study) and media content



Kubi Rama and Loga Virahsawmy at the Fourth Gender and Media Summit.

Photo: Trevor Davies

(GMPS) the summit delegates noted that: "These findings beg the question of what we really understand by freedom of expression, democracy and citizen participation" delegates to the GEM summit stated. "While more blatant forms of censorship may be subsiding, our media daily silences large segments of the population, notably women."

The delegates from 20 countries said the gender disparities in the news occur within a broader framework of lack of diversity in media ownership and "armchair" journalism which results in the media seeking out a few

voices of authority: often men. The GMPS shows that 67% of stories in the Southern African media are based on single sources.

Recommendations from the summit included the need for media regulators to adopt gender codes of practice that translate into policies in newsrooms. "Our media is only as good as citizens demand a better, more responsive media," the Summit stated. "Our gathering, the SADC Protocol on Gender, and African Decade for Women has strengthened our resolve to *Score a goal for gender equality* by working to achieve the 2015 targets."

Attitudes are shifting

Attitude survey is broadened: From June 2010 to May 2011, Alliance partners administered a gender attitudes questionnaire to 1 624 respondents in 14 SADC countries (up from 693 respondents the year before) as part of Monitoring and Evaluation. As a result of lessons learned last year, the data is disaggregated by sex, age and education level. Women constituted 58% and men 42% of the sample. Over half of the respondents (both women and men) were aged between 30 and 50 years. The majority of respondents (a little over 50% in the case of both women and men) had tertiary or vocational

training. A small proportion of men and women had attended adult literacy programmes.

How the survey works: In addition to the background information section, the questionnaire includes 15 statements pertaining to gender relations in public and private life. For this analysis, a strongly agree/agree score of less than 50% was deemed non-progressive; 50 - 75% progressive and more than 75% strongly progressive if the statement in question enforced progressive views on gender relations. The reverse applies if the statement in question is regressive.

Table 9.8: Results of the Gender and Opinion Survey

Statement about gender relations	Percentage in Strongly agree/Agree category			Overall assessment
	Women	Men	Overall	
People should be treated the same whether they are male or female	95.7	93.8	94.8	Strongly progressive
Men should share the work around the house with women such as doing dishes, cleaning and cooking	87.8	82.4	85.5	Strongly progressive
Gender means women and men	87.2	87.4	87.4	Strongly progressive
A woman can refuse to have sex with her husband	76.6	66.4	72.4	Progressive
A woman should obey her husband	74.4	87.9	79.9	Non Progressive
Sisters should obey brothers	51.9	63.9	56.9	Non-Progressive
Children belong to a man and his family	26	35.2	29.7	Progressive
A woman needs her husband's permission to do paid work	35.1	45	39.2	Progressive
If a woman works she should give her money to her husband	23.4	32.6	27.2	Progressive
If a man has paid Lobola (bride price) for his wife, he owns her	18.3	22.3	19.9	Strongly progressive
A man should have the final say in all family matters	17.8	29.6	22.6	Strongly progressive
If a wife does something wrong her husband has the right to punish her	15.1	21.9	14.5	Strongly progressive
If a man has paid Lobola (bride price) for his wife, she must have sex when he wants it	11.2	18.9	17.8	Strongly progressive
There is nothing a woman can do if her husband wants to have girlfriends	9.6	10	9.5	Strongly progressive
If a man beats a woman it shows he loves her	2.8	7	4.7	Strongly progressive

Progressive gender attitudes dominate: Table 9.8 shows that, of the 15 questions on gender relations, nine received strongly progressive responses; four a progressive and only two a non-progressive response. The latter concerned women obeying their husbands

and sisters obeying their brothers (still perceived as the norm). The strongly progressive opinions include the definition of gender to include both men and women and the fact that men and women should be treated equally. The majority of respondents disagreed with

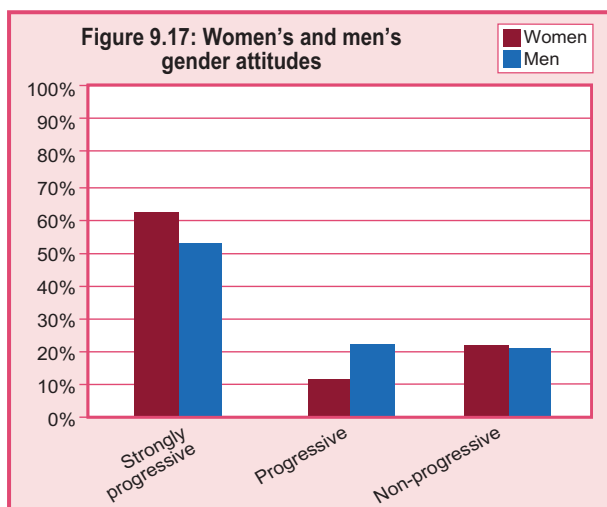


Women in Zimbabwe march against wife beating.

Photo: Gender Links

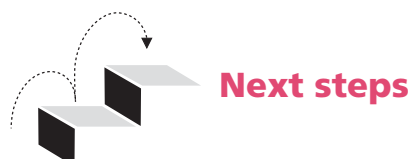
violence against women in marital unions. Only 22.6% of respondents agreed that the man should always have the final say in family matters. Only 17.8% of respondents agreed that if a man has paid lobola he can have sex when he wants. 72.4% of respondents agreed that it is possible for a woman to refuse sex with her husband. Only 4.7% of respondents agreed that beating up of a woman by her partner is a sign of love while only 14.5% of participants agreed that a husband has the right to punish his wife when she has wronged him.

Slightly less progressive views prevail on economic forms of violence such as women needing to seek permission to work and being expected to hand over all income to their husbands. 39.2% of respondents agreed that a woman should seek permission from her husband to do paid work while 27.2% agreed that a woman should hand over her income.



Women more progressive than men: Figure 9.17 shows that when the scores for all the answers by each participant are summed up, 63.6% of women held strongly progressive views compared to 53.9% in the case of men.

Disaggregating data by county: Although the results draw from a sizeable sample across the region, not all countries were adequately represented; thus it is not possible comment on the results by country. The survey will be further expanded in 2012 to ensure that results can be analysed by country and by gender.



Key strategies for moving forward with the gender and media work include:

- A hard look at what is working and what is not:** The 2010 Gender and Media Summit, on the theme “*Taking Stock: Gender, Media, Diversity and Change*” provided a crucial forum for taking a hard look at why change in the media is progressing at a snails pace, and what needs to be done to meet the 2015 SADC Gender Protocol targets. This is contained in the ninth *Gender and Media Diversity Journal*, by the same name.
- A clear conceptual framework:** In order to be effective, we need to understand who our targets are. Clearly the producers of news are at the heart of the matter. But they work within legal and policy frameworks that create or negate an enabling environment for transformation. Media ownership - state, private, community - has a bearing on responsiveness to change, as well as strategies for advocating change. Change is not just about the media; but those who are well placed to shape the news (e.g. women decision-makers and activists) as well as citizens and news consumers who should aspire to be shapers of news!
- Broadening the approach:** While it is understandable that advocacy efforts to date have focused specifically on the gender deficiencies in the media, as we move forward there is need to situate these within broader debates on human rights, media diversity, ethics and professionalism in the media, growing markets and media sustainability. This approach will not only help to overcome some of the resistance that is apparent in some quarters, but also foster the notion that gender awareness is not just a matter of being politically correct: it is also enlightened self interest.

- **Engaging with media regulatory authorities:** Until recently media regulatory authorities have largely been excluded from gender and media debates. The specific references to gender and media regulation in the Protocol, as well as engagements with this sector leading up to the Fourth GEM Summit in October 2010 have brought an important new stakeholder on board in the ongoing policy and advocacy efforts.

What governments can do

- Pledging to mainstream gender in all information, communication and media laws.
- Pledging statutory regulatory authorities, and encouraging self-regulatory authorities, to use whatever leverage they have at their disposal, especially in relation to publicly funded media, to ensure gender accountability. This could include requiring gender balance and sensitivity in institutional structures as well as editorial content part of licensing agreements, as well as annual reports stating progress in this regard.
- Pledging to ensure that gender will be mainstreamed in all publicly funded media training institutions, and encouraging privately funded media training institutions to follow suit.

- **Deepening the engagement with media decision-makers:** Many of the policy changes that need to take place will continue to be at newsroom level. The *Glass Ceilings* report provides a major impetus for this work.

- **Focusing on specific targets:** The COEs for gender in the media, as well as gender in media education, provide a roadmap for attaining the targets of the SADC Gender Protocol.

- **Taking a fresh look at training:** There have now been several different approaches to gender and media training in the region. The specific references to training in the Protocol provide a powerful tool for holding media training institutions, many of which are state funded, accountable. The pioneering work by the Polytechnic of Namibia on mainstreaming gender into media education needs to be replicated across the region, in line with this provision in the Protocol. GIME strengthens the hand of those calling for curriculum reform. Gender now needs to be embedded into the criteria for excellence in media training.

- **Foregrounding citizens and consumers:** The Gender and Media Audience Research (GMAS) that

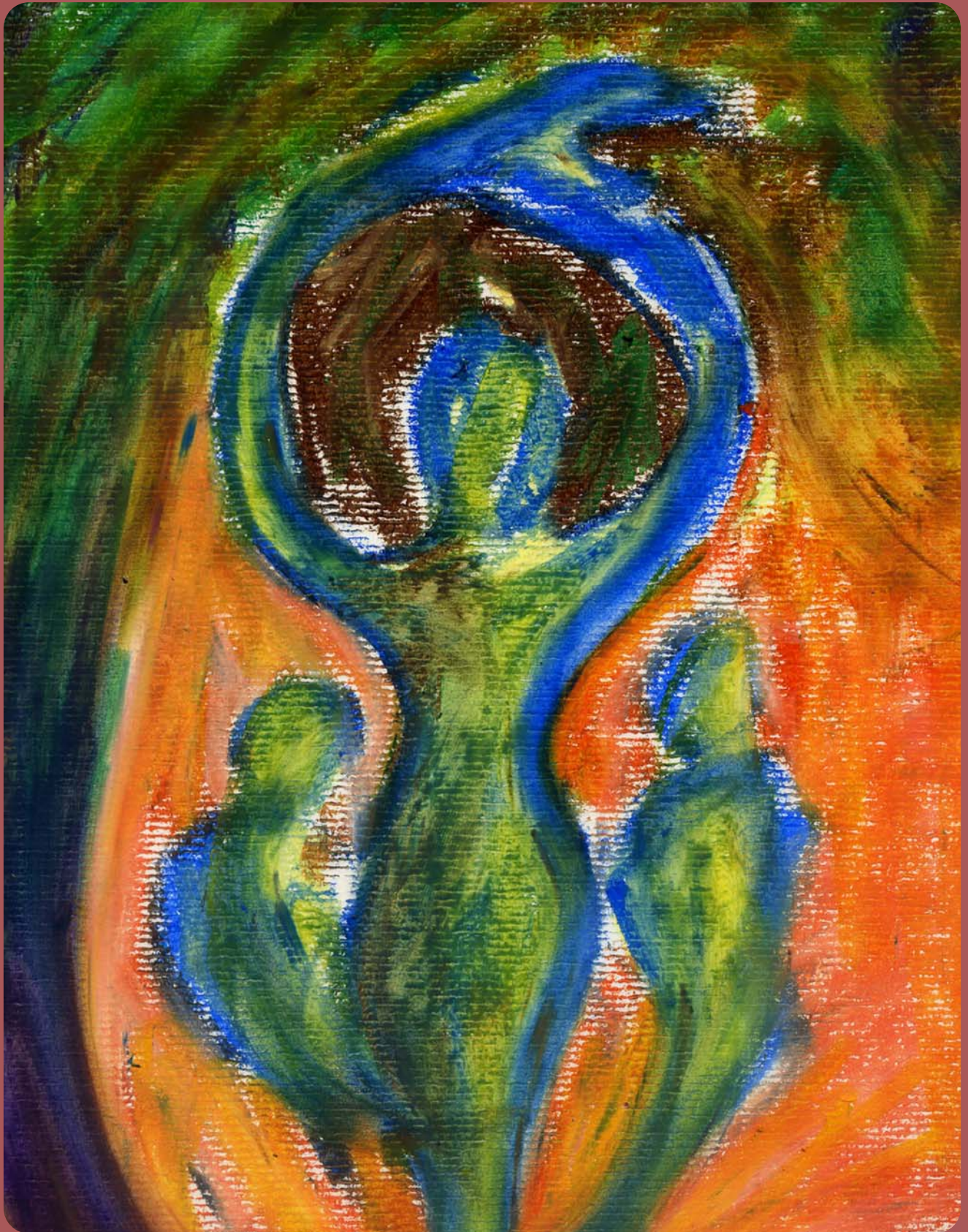
GL, MISA and GEMSA undertook in 2006 and media literacy place a new focus on the power of consumers while the work by GEMSA in raising media alerts shows how this muscle can be flexed.

- **New areas of research:** While making an enormous contribution to gender and media discourse, the GMMP and GMBS have also highlighted the limitations of focusing solely on the news when it comes to highlighting gender imbalances in the media. The Mirror on the Media project has opened new areas of enquiry, such as radio talk shows, advertising and tabloids. There is need to broaden research to include other genres and areas of media operation such as community media.

- **Media activism:** Among the most valuable contribution of gender and media networks has been in organising campaigns like the Sixteen Days of Activism on Gender Violence in which activists help the media to create gender aware content. Practical tools like the use of IT and the GEM Commentary Service that literally provides “fresh views on every day news” to busy editors get us out of the theory and into the action. Studying the different strategies that GEMSA chapters have employed, honing in on these and adapting them was an important focus of the 2010 GEM Summit.

- **ICTs** Support and resources for ensuring that women have greater access to and can use NICTS for their own empowerment and to conduct gender justice campaigns is a key priority. This should include support and resources for gender and media networks, especially their efforts to use ICTs in cost effective, dynamic ways that increase access and applications; contributing to better e-governance, citizenship participation and policy responsiveness, especially for and by women.

- **Coordination and reflection:** While partnerships, networks, and “networks of networks” have been a the core of the progress made so far in the region, these are also demanding and at times lead to confusion about roles, responsibilities and ownership of specific programmes and projects. There is need to set aside time and resources for coordination, governance, effective institution building and reflection. In particular, moves by the GMDC to formalise partnerships strengthens the institutional home for the many activities, writing, research, debates and seminars that will continue to be generated in the long road ahead to achieving a society in which - to borrow the GEMSA slogan - “every voice counts” and we can “count that it does.”



"Isabella"

Anushka Virahsawmy



CHAPTER 10

Implementation

Articles 32-36



From research to action: 2010 Gender Protocol Barometer launch in Malawi.
Photo: Colleen Lowe Morna

KEY POINTS

- 13 out of 15 countries have signed the SADC Gender Protocol. Botswana and Mauritius are the only two countries that are still to sign.
- Eight countries (up from two last year) have ratified the Protocol. One more is required for it to come into full force.
- SADC Gender/Women's Affairs Ministers have come up with a roadmap for implementing the SADC Gender Protocol, drawing on work done by the Southern Africa Gender Protocol Alliance on costing of the Protocol.
- 14 SADC countries have some sort of gender policy, again with the exception of Madagascar. However, most are dated. Namibia has updated its national gender action policy and is busy developing a plan aligned to SADC Gender Protocol targets.
- 14 SADC countries have integrated gender responsive budgeting initiatives into the budgeting processes; there was no information available for Madagascar.
- The civil society Southern African Gender Protocol Alliance continues to grow in visibility and impact but needs to strengthen country and sector work.
- An education and care work these clusters have been added, as have a men's sector and faith based organisations.
- With the identification of a country focal network in Angola, national level structures have been identified in all SADC countries.
- Awareness of the SADC Gender Protocol has increased from 46% to 54% as gauged by the knowledge quiz administered around the SADC region. There is need to step up advocacy work in the lead up to 2015.
- Pressure is mounting for action on gender and climate change: an area in which the Protocol is silent.

Protocols are the cornerstones of the SADC regional integration agenda. They are legally binding on those state parties that have ratified them, providing a framework for accelerating and strengthening policy, legal and other measures in SADC Member States. They set regional norms and standards for enhancing measurable change in the lives of SADC citizens.

For their part, civil society and citizens have a duty to shape the SADC development agenda and closely monitor its implementation. Article 23 (1) of the SADC Declaration and Treaty states that: "SADC shall seek to involve fully, the people of the Region and non governmental organisations in the process of regional integration". It also calls for cooperation and for member states to support people-led initiatives which contribute to the objectives set out in the SADC Treaty, especially around closer links between and among communities, associations and people in the SADC region.

While only one more country is required to ratify the Protocol for it to come into force, it is important that all SADC countries deposit their instruments of ratification with the SADC Secretariat. This will signify that, as a region, SADC has committed not only to upscale its efforts to achieve gender equality, but it will be duty-bound to do so, and to report accordingly. This would set into motion a peer review process around achieving the 28 targets set out in the Gender Protocol and also provide a strong basis for effective monitoring and implementation by all stakeholders.



Articles 32-36 are grouped under "final provisions". These cover:

- The remedies that citizens are entitled to should they feel that 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 time frames, 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 twelve months notice.
- Ways in which amendments can be made to the Protocol.
- Signature of the Protocol.
- Ratification; entry into force within thirty 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.
- The depositing of the instrument with the Executive Secretary of SADC who shall register.

Three years since the signing of the Protocol in 2008, this chapter assesses progress with regard to signing and ratification on the eve of the August 2011 Summit in Angola, as well as the gender management systems put in place at national level, since these are key for implementation. A new and important question asked in the count down to 2015 is the extent to which national gender policies and action plans have been aligned to the targets of the Protocol and budgets designated for its implementation.

With civil society organisations an active part of the process in all countries, this chapter includes a brief analysis of the structure and achievements of the Southern Africa Gender Protocol Alliance, a "network of networks" that has strengthened its modus operandi over the past year, especially at country level.

The network worked closely with national governments and the SADC Secretariat in the campaign leading up to signing. Since then it has complemented governments' efforts in popularising the key provisions of the Protocol as an instrument that citizens can use to claim their rights. Members of the Alliance have also applied the Protocol in their work.

Baseline data on knowledge of the key tenets of the Protocol as part of monitoring and evaluation of the work of the Alliance across the region shows that there is now a fairly high level of awareness of the existence of the Protocol, but more needs to be done. This survey is ongoing and will be presented with each issue of the annual Barometer.

Signing



Article 39 provides that the Protocol shall be duly signed by the authorised representatives of Member States.

Botswana and Mauritius have still not signed: In August 2008, 11 out of the 15 SADC countries signed the Protocol. Madagascar followed suit soon after, Malawi eventually signed in October 2009 bringing the total number to 13 countries. On the eve of the August 2011 Heads of State summit, Botswana and Mauritius have still not signed the Protocol. Mauritius is uncomfortable with the affirmative action clauses that it says contradict its Constitution. Botswana says that the provisions of the Protocol are too obligatory, and the government is wary of signing up

to commitments that it may not be able to deliver on. Pressure from civil society to get governments to sign the Protocol is strong in both countries. Indeed, civil society groups in both countries have done country barometers and monitor their governments against the provisions of the Protocol that for the most part their government subscribe to. As reflected by the many case studies from these two countries in the regional barometer, the Protocol is at work in Botswana and Mauritius even though it has not been signed!

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 10.1: Legal progress of the Protocol

COUNTRY	SIGNED	RATIFIED	DEPOSITED INSTRUMENTS
Angola	✓	✓	✓
Botswana	✓		
DRC	✓	✓	✓
Lesotho	✓	✓	✓
Madagascar	✓		
Malawi	✓		
Mauritius			
Mozambique	✓	✓	✓
Namibia	✓	✓	✓
Seychelles	✓	✓	✓
South Africa	✓		
Swaziland	✓		
Tanzania	✓	✓	✓
Zambia	✓		
Zimbabwe	✓	✓	✓

Eight out of 13 countries that signed have ratified. Progress towards ratifying the Gender Protocol picked up considerably in late 2010/2011. Table 10.1 shows details of progress as at 27 July. Angola, Lesotho, Mozambique, Namibia, Seychelles, United Republic of Tanzania and Zimbabwe) have ratified the Protocol and seven of these have deposited instruments with the SADC Secretariat. DRC is yet to so. If nine (or two thirds of 13) ratify the Protocol, it will enter into force meaning only one more ratification is required. Zambia and South Africa are both at advanced stages of taking the necessary steps for ratification.

Source: GL with information from the SADC GU.

South Africa debates ratification

South Africa is close to ratifying the Protocol. The country played a pivotal role in the adoption of the Gender Protocol in South Africa in 2008. It has strong constitutional guarantees of gender equality. South Africa ranks first with regard to women's representation in politics. The country recently set up Ministry of Women, Children and People with Disabilities (formerly Office of the Status of Women).

Nonhlanhla Mkhize, Director-General (DG), Department of Women, Children and People with Disabilities (DWCPD) and Ranji Reddy, the Chief Director of (Women Empowerment and Gender Equality (WEGE) presented



Colleen Lowe Morna CEO, Gender Links, Dr Nkosazana Zuma Minister of Home Affairs and Magdeline Madibela, Head of SADC Gender Unit launching the 2010 Barometer in South Africa.
Photo: Gender Links

the case for ratification of the Protocol in the Department on 22 June 2011.

During the debate, it surfaced that the Protocol had been submitted to the State Law Advisors for scrutiny to ascertain any possible conflict with the domestic laws of the country. They confirmed that the Protocol is not in conflict with any laws of the country. One MP asked what would if Botswana and Mauritius failed to sign the Protocol. The Chairperson noted that a two thirds majority have signed and that it only remains for one more country to ratify so that the Protocol goes into force.

Mkhize noted that SADC colleagues are concerned as to why South Africa has not yet ratified as the country is well ahead in addressing gender equality. The Department noted that it had a lot of information and instruments to use as Monitoring and Evaluation tools.

The opposition Democratic Alliance acknowledged that ratifying the Protocol is important and asked if any more consultations were required.

The Department indicated that responses from the State Law Advisors would shortly be finalised and presented to the Committee the following week. The DA requested a report of consultations on the Protocol to date. The Southern African Gender Protocol Alliance assisted the Department with reports on the canvassing of the Protocol in South Africa, including village level workshops.

Excerpt from: <http://www.pmg.org.za/report/20110622-department-southern-african-development-community-sadc-protocol-gend-0>

It is imperative that all SADC countries deposit their instruments of ratification to signify that, as a region, SADC has committed not only to upscale its efforts to achieve gender equality, but it will be duty-bound to do so, and to report accordingly. This would

set into motion a peer review process around achieving the 28 targets set out in the Gender Protocol and also provide a strong basis for effective monitoring and implementation by all stakeholders.

Implementation at national level



The Protocol states that state parties shall ensure the implementation of the Protocol at the National level. They shall also ensure that national action plans, with measurable time frames are put in place, 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 tool developed: In April 2009 the SADC Gender Unit developed a SADC Gender and Development Protocol Monitoring Tool (SGMT). This tool is being used by all Member States to provide updates on progress made towards the achievement of the 28 targets of the Gender Protocol.

Country reports submitted late: Member states are required to submit reports annually and a comprehensive report every two years. Most countries submitted their 2010 reports late. These are being synthesised into a regional report to be presented to Heads of State in August 2011.

Costing high on the agenda: In February 2011, the Southern Africa Gender Protocol Alliance, SADC Gender Unit and UN Women hosted an expert group meeting on costing the implementation of the 28 Protocol targets.



What is not counted doesn't count!
Tanzanian gender budget expert Mary Rusimbe at the costing workshop.
Photo: Colleen Lowe Morna

The meeting agreed on a process for aligning the national gender policy/action plans to the Protocol; identifying key gaps and action points for meeting the 2015 targets; devising an overarching plan that identifies actions, cost implications, who is responsible and timeframes.

States beginning to align their gender policies and action plans to the Gender Protocol: A tracking exercise soon after the expert group meeting shows that there are opportunities and entry points for alignment.

Table 10.2 overleaf shows that:

- 14 SADC countries have gender integrated in national development plans, with the exception of Madagascar which is a post conflict fragile state.
- 14 SADC countries have some sort of gender policy, again with the exception of Madagascar. However, most are dated. Namibia is currently redraft its national gender action plan.
- Generally, gender action plans are not aligned to the SADC Gender and Development Protocol is a systematic way. Most are not aligned at all but address the same broad sector of governance, constitutional and legal rights, economic justice, education, health, HIV and AIDS and so forth.
- Botswana, South Africa and Zimbabwe Gender Action Plan are somewhat aligned to the SADC Gender Declaration of 1997.
- Lesotho Gender Action Plan has the closed alignment with the SADC Gender and Development Protocol.
- 14 SADC countries have integrated gender responsive budgeting initiatives into the budgeting processes; there was no information available for Madagascar.

- The most significant upcoming regional meeting through which to flag the importance of costing implementation of the SADC Gender Protocol at national level is the Heads of State Summit in Angola (August 2011).
- The ratification process is also another strategic entry point. As lobbying for ratification intensifies, it is strategic to raise awareness on the issue of costing implementation of the protocol provisions.
- For the eight countries that have completed internal consultative process, including the five that have deposited Instruments of Ratification, there is more pressure to implement the Protocol provisions, therefore strategic that those countries begin the costing exercise.
- The budget cycles present an opportunity. It is important that costing be done before the new fiscal year so that budget provisions are made and included into the overall budget beforehand.

SADC gender ministers have agreed to a roadmap for implementation:

The SADC Gender Unit hosted a SADC Gender Programme review meeting for the SADC Gender/Women's Affairs ministries in Windhoek in June 2011. Gender Ministers agreed that there is need for a systematic approach for implementing the Protocol at both regional and national levels. At regional level, the Secretariat has initiated a process to draft a regional plan of action. In addition, the Secretariat and partners in the Alliance have agreed to devise a standardised framework and process for reviewing, aligning and costing the national action plans. A regional workshop to develop the Regional Action Plan has been scheduled for September 2011. Figure 10.1 provides a snapshot of the roadmap agreed upon.

Figure 10.1: Roadmap to equality

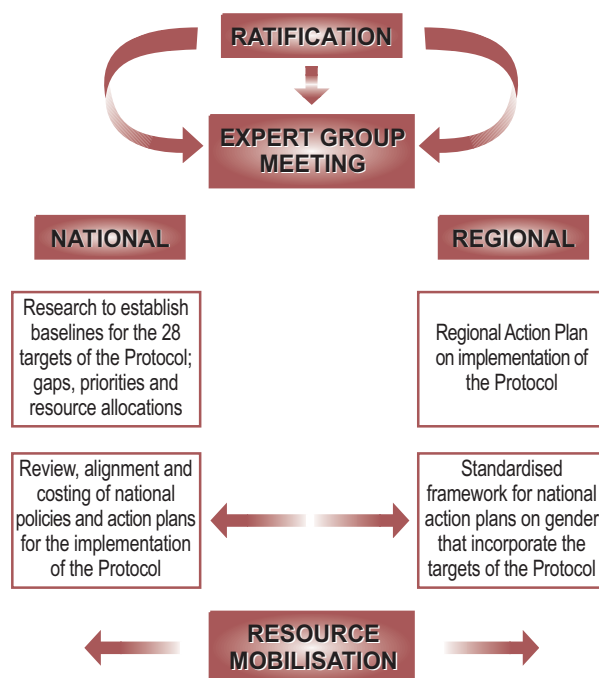


TABLE 10.2: COUNTRY MAPPING OF NATIONAL GENDER POLICIES, PROCESES AND ALIGNMENT TO PROTOCOL

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 to work from?	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, a gender budgeting initiative was introduced in 2000. A UNIFEM programme in support of the Ministry of Finance in mainstreaming gender in budgeting processes.	The 2011 SADC Head of State Summit is being held in Luanda this year. Ratification of SADC Gender Protocol.
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 society lead effort to address GRB.	BOCONGO - feeding into gvt. processes. National Budget Cycle - civil society strategic position. The Protocol Policy development - embed the protocol provisions.
DRC	Minister of Gender, Women and Children.	Yes.	Yes.	Not certain.	No.	TBC.	Presidential and National Assembly Elections, November 2011. Advocacy around MDG 3.
Lesotho	Ministry of Gender, Youth Sports and Recreation.	Yes.	Yes.	Yes.	Yes.	TBC.	Ratification of the Protocol; Advocacy around MDG3; Local government elections 2011.
Madagascar	No. Changes parent ministry depending on government in place. Currently Gender under the Ministry of Population.						Changing political landscape. Elections; Advocacy around MDG3.
Malawi	Yes. Ministry of Gender, Child Welfare and Community Services.	Yes, 1996 -1999.	Yes, March 2000. Covering 2000 - 2005 only.	Yes, 2005 - 2008.	Yes.	Yes, government driven initiatives. Donor influence CIDA.	Ministry of Finance Strategic Plan Review of Gender National Policy - lapsed in 2005. Ratification of the Protocol. Local government elections, 2011.

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 to work from?	Upcoming process/entry points
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 SADC Gender Protocol.
Mozambique	Ministry of Women and Social Action.	Yes.	Yes.	Yes, addressing gender-based violence.	No.	Yes, a joint civil society and government initiative.	Advocacy around MDG 3.
Namibia	Yes, Ministry of Gender Equality and child welfare.	Yes.	Yes, adopted 1997.	Yes, Local Government Gender Action Plan.	No.	Yes, a process has begun with donor funding and government.	Process of reviewing and updating of National Gender policy.
Seychelles	Gender Secretariat/ia Dept of Social Development.		Yes.	Yes.	Need alignment.		Presidential Elections, May 2011.
South Africa	Yes. Ministry of Women, Youth and People with Disabilities.	Yes, not to a large extent.	Yes, adopted 2000.	Yes, plans addressing gender-based violence.	No, but acknowledges SADC Declaration.	Yes, was a strong civil society led process that has now lost momentum.	Local government elections. Advocacy around MDG 3.
Swaziland	No. But there is a Swaziland Committee on Gender and Women's Affairs in the Ministry of Home affairs.	Not certain.	Yes.	Yes, local government gender draft strategy.	No.	Not that can be identified.	Advocacy around MDG 3; Ratification of Protocol.
Tanzania	Yes. Ministry of Community Development, Gender and Children.	Yes, MKUKUTA I and II.	Yes, adopted in 2004.	Yes, national strategy around the implementation of national gender policy.	No.	Yes, a strong civil society led process.	Constitutional Review of discriminatory law. Revision of national gender policy.
Zambia	No. Gender in Development Division.	Yes, to some extent.	Yes, adopted in 2000.	National Action Plan on Gender-Based Violence (2008-2013).	No, but has similar targets.	Yes, as of the beginning of 2011, the national GRB was launched in conjunction with UNIFEM (UN Women).	Local elections. SADC Gender Protocol Ratification process.
Zimbabwe	Yes. Ministry of Women Affairs gender and Community Development.	Yes.	Yes, adopted August 2004 and currently undergoing review.	Yes, 2004.	Yes, aligned to SADC Declaration.	Policy reviews, Capacity building initiatives. Budget Analysis processes and feedback Sectoral budgeting process	Gender Policy Review Constitutional drafting process. Strong engagement and buy-in with policy makers. Ratification of the Protocol. Presidential Elections. Annual Budget Process - Fiscal year

Mobilising resources for implementation identified as key. As per the roadmap in Figure 10.1, Ministers have agreed to call on the international co-operating partners to support the implementation of the SADC Gender Protocol so that the 28 targets of this Protocol, that provide specificity to MDG 3 (gender equality) are attained by 2015.



Namibia sets the pace on aligning national gender policies and action plans with the SADC Gender Protocol and assessing the cost implications.

Namibia provides a best practise for other Member States to emulate. The country has updated and aligned its national gender policy and action plan with the SADC Gender Protocol, and clustered actions into six key areas - rights, education and the girl child, economic justice, governance, media and information and implementation. Government ministries and stakeholders will meet in August to finalise the plan and identify priority actions. They will also identify what aspects of the plan can be paid for from existing resources and which require additional resource allocations. This is an important tool for gender responsive budgeting.

Gender responsive budgeting in the Western Cape

For the past four years, the Western Cape province's Department of the Premier has been coordinating the production of gender budget statements. In the first year the focus was on gender equality and youth development. In the second year the focus was extended to integration of people with disabilities, and in the third year to child development. The fourth year retained all four foci.

Each of the province's departments is required to produce a set of gender budget statements in respect of selected budget sub-programmes. Each department *must* cover the sub-programme that is allocated the largest sum of money in the given budget year. In addition, they are requested to produce statements for any other sub-programmes that they see as promoting gender equality, youth development, integrated of people with disabilities, or child development.

The statements are developed by the government officials responsible for the selected sub-programmes using a standard format. The approach of a standardised format for relatively brief statements was chosen so as not to impose a large additional burden on the officials concerned. This approach also ensured that the composite document is not lengthy.

The format asks for the sub-programme name, the situation that it addresses in the province's population (with gender, youth, disability and child aspects highlighted), the planned activities relevant for gender, youth, disability and children, the budget allocation, about three indicators, with targets, by which they will measure their performance, and a brief description of any non-budget challenges encountered. The Depart-

ment of the Premier provides feedback and guidance to the line department officials on their draft statements. Once finalised, the statements are compiled into a single document that is tabled in the provincial parliament on or near the day the main budget is tabled.

The provincial parliament has taken an interest in the statements. When considering the second year's statements, the Public Accounts Committee decided that they would like to see not only these statements recording "plans" at the beginning of the budget year,

but also a report on what was actually achieved in the selected sub-programmes at the end of the budget year. Accordingly, for the past two years, the Department of the Premier has coordinated a further exercise in which the officials responsible for each of the selected sub-programmes must complete an evaluation form on sub-programme performance. The evaluation form mimics the format of the original budget statements in asking about changes in the situation, whether planned activities were performed (and, if not, why not), whether the budget was spent as planned, whether targets were achieved, and what was done about the reported challenges.



Feedback from officials suggests that the exercise has raised awareness of officials about these issues. It has also given new encouragement to officials who were already advocates for these issues but had felt that they were lone voices in the wilderness. In some cases, it seems that the exercise might have stimulated changes in spending, and also improvements in the degree of collection of sex-disaggregated data.

The SADC Gender Protocol targets are being mainstreamed in other identified regional priorities.

The SADC Gender Unit is championing mainstreaming of key Gender Protocol provisions in all its other interventions with member states. For example in the area of gender based violence, a SADC Framework for Mainstreaming Gender within the SADC Peace and Security Architecture is in its finalisation stages; aligning the regional Africa UNiTE campaign which builds on the policy commitments of the African countries in particular Article 4 of the Solemn Declaration on Gender Equality in Africa and the SADC Protocol on Gender and Development, specifically Articles 20 to 25 on Gender Based Violence; and SADC Strategy to address sexual violence against women and girls, particularly in conflict and post conflict situations.

The SADC Gender Unit reported a great improved in their funding base compared to the past when

SADC Deputy Executive Secretary for Finance and Administration, Emilie A. Mushobekwa is the first woman appointed at top management level in the SADC Secretariat.

there was no Protocol. This is because the donors are now very receptive of the Protocol. For example the European Union has made funds available to the SADC Gender Unit to undertake a regional study on gender-based violence which will find out where the region stands on this front, and what preventive mechanisms can be put in place. This is a huge project for the Gender Unit, and they will be exploring possible partnerships with CSOs in undertaking the project.

The SADC Gender Unit reported to Ministers an excellent working relationship with the Alliance:

In its report to the June meeting, the SADC Gender Unit said it had maintained a good working relationship with the Gender Protocol Alliance. The Head of SADC Gender Unit shares copies of the Alliance annual barometers and newsletters with specific UN agencies in New York in particular UNIFEM, UNAIDS, UNDP, and UNFPA.

2010 Barometer received at SADC House

In a first for the Southern African Gender Protocol Alliance, the SADC Executive Secretary Tomaz Salomão received the 2010 Barometer at a ceremony at SADC House attended by staff and senior officials of the SADC Secretariat host country Botswana. The following are excerpts from his remarks:

“This is an important collaboration that SADC embraces since monitoring and evaluation remains one of the priorities of SADC necessary to track progress made by Member States in the implementation of gender commitments. The results of this barometer are therefore instrumental to our development agenda. The fact that we already have an update tells us two things. First, the clock is ticking and the time for implementation is now! And second the citizens of this region are working hand in hand with governments to independently gauge progress made in implementing the gender commitments as an accountability measure; true partnership for development. As you are aware, governments submit their reports to Secretariat every year. The Barometer is derived from country shadow reports that include a “citizen score card”. The production of shadow reports is an international practice necessary for checks and balances of the situation on the ground and it is indeed a welcome development for SADC.

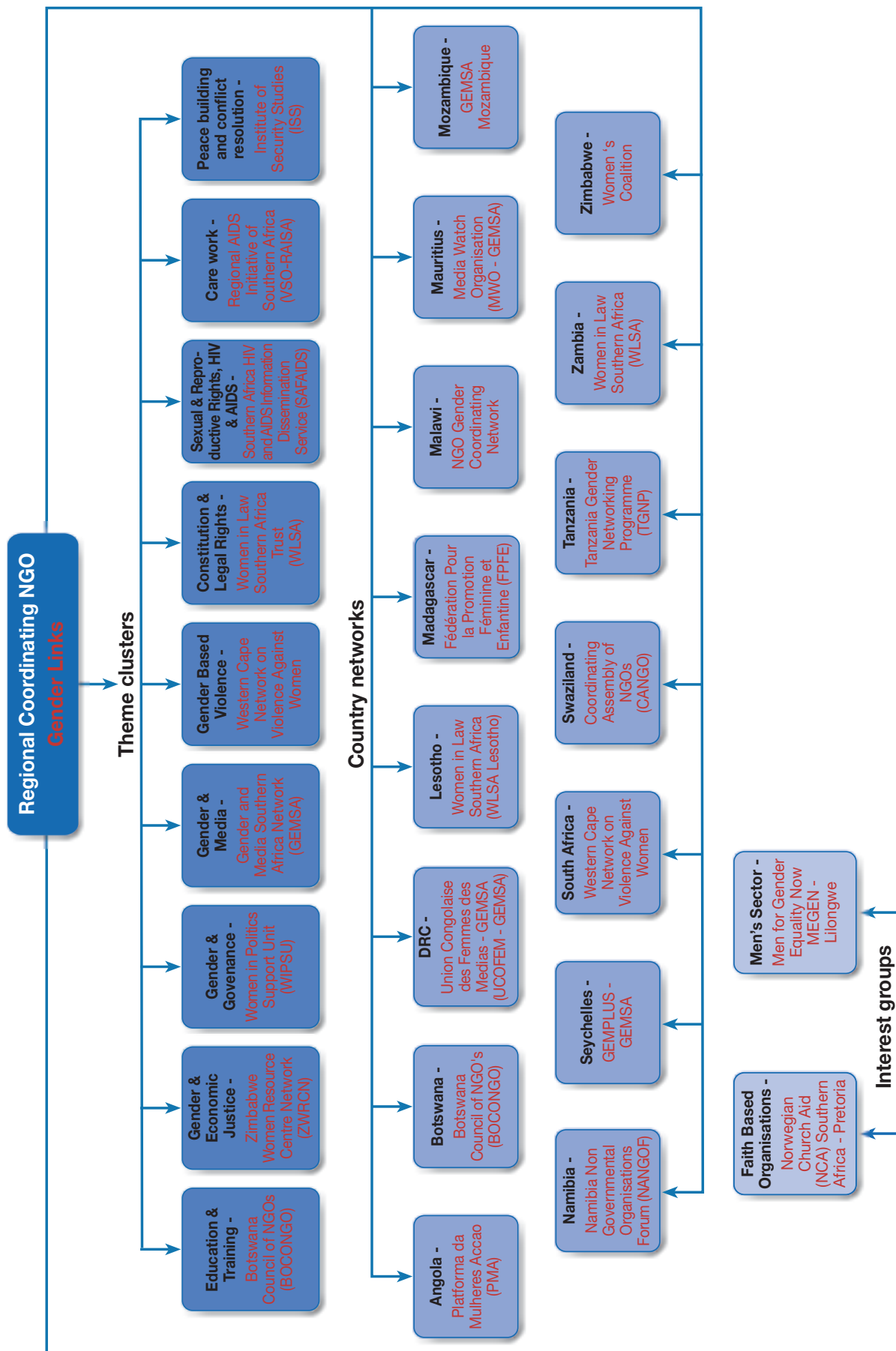
As SADC, we value our partnership with civil society as our work truly complements each other. As per the Regional Integrated Development Strategy (RISDP), close collaboration with partners including civil society is one of the pillars of our success towards regional

integration. As children of the Obama generation, I would like to encourage us all to join hands in saying: “yes we can” achieve equality between women and men!”



SADC Executive Secretary Tomaz Salomão launches the 2010 Barometer at SADC House.
Photo: Gender Links

Figure 10.2: How the Southern Africa Gender Protocol Alliance works:



Actions by civil society

The Southern Africa Gender Protocol Alliance, a regional network brought together by the Gender Protocol campaign, has played a key role in pushing the gender equality agenda forward.

Beyond signing the overall strategies of the Alliance are to:

- Mobilise for the ratification of the Protocol.
- Raise awareness on the content and process of the Protocol at national and regional levels.
- Strengthen meaningful coordination of the Protocol campaign, including through thematic clusters.
- Develop indicators and evaluate progress towards achieving targets and benchmarks in the Protocol.
- Develop the skills set of Alliance members to apply for a successful campaign.
- Document and evaluate the campaign.

Key successes in 2010/2011

At a glance:

- A broad based, credible, relevant and cutting edge network working to promote gender equality in the Southern Africa whose work is recognised by SADC and the SADC Council of NGOs.
- Rapport with most SADC governments on the role and significance of civil society.
- A strong catalyst for mobilising the women's movement in SADC.
- A well thought through strategy, from adoption, to ratification to implementation, with a new focus on alignment of national action plans with the Protocol and costing its provisions.
- As part of its watch dog role the SADC Gender Protocol Alliance has strengthened monitoring and evaluation mechanisms including collecting case studies from the ground.

Organising and mobilising - coalition building at country level: This period has seen a considerable strengthening of the institutional base of the Alliance. As per tradition the Alliance held its annual meeting in August 2010 in Windhoek Namibia ahead of the SADC Heads of State Summit. This meeting marked a watershed in its emphasis on organising at country level. Partners identified appropriate coordinating bodies in each country - some gender theme groups of national NGO networks (e.g. in Malawi); others existing coordinating structures for women's NGOs (e.g. in Zimbabwe). In March 2011, the Alliance Steering Committee (comprising country and theme coordination structures) met in the wings of the Gender Justice and Local Government Summit. Country coordinating structures identified and met with researchers from



Signing MOU with BOCONGO: From Left: Colleen Lowe Morna, CEO Gender Links (which coordinates the Alliance), Gabriel Tsuaneng and Chigedze Chinyepi both from BOCONGO, the focal network of the Alliance in Botswana.

Photo: Mukayi Makaya

their countries to work on the country barometers that provided the source material for the regional barometer. They also started mapping theme focal points at country level who will champion the various targets of the Protocol. These country networks came together as reference groups for the researchers working on the Barometer. They also assisted in the citizen score card exercises in each country. Memoranda of Understanding have been signed between Gender Links (GL) as the coordinating body, and ten national NGO networks. More are expected at the Alliance annual meeting in Johannesburg in August 2011 ahead of the Heads of State Summit scheduled to take place in Luanda, Angola.

Angola has also come on board with Platform da Mulheres Accao (Women's Platform For Action), coordinating the local Alliance Network. This brings to 15 national Alliance networks in the making. More leg work needs to be done to ensure that national networks are strengthened. The SADC Heads of State Summit provides an auspicious opportunity to forge meaningful links in Angola, a country where the Alliance has up to now been weak.



Theme clusters cut across borders: The Alliance now has nine theme clusters: Constitutional and Legal Rights (coordinated by Women in Law Southern Africa- WLSA); Governance (coordinated by Women in Politics Support Unit - WIPSU); Education (coordinated by the Botswana Council of NGOs, BOCONGO); Economic justice (coordinated by the Zimbabwe Women's Resource Centre and Network - ZWRCN); Gender violence (coordinated by the Western Cape Network on Violence Against Women; Health, HIV and AIDS (coordinated by Voluntary Services

Overseas Regional AIDS Initiative - VSO-RAISA); Peace and security (coordinated by Institute for Security Studies - ISS) and Gender and Media (coordinated by the Gender and Media Southern Africa Network - GEMSA). Other interest groups soon to come on board include Faith Based Organisations and other Men's Networks. A Global Network, CIVICUS has also expressed in partnering with the Alliance in the global agenda. GL has signed MOUs with seven theme clusters.

Peace building and conflict resolution organises regionally and nationally: The Southern Africa Gender Protocol Alliance led by the Institute and Security Studies (ISS) as the Peace and Security theme cluster leader is on the way to building a gender movement round peace building and conflict resolution in SADC. Three countries have already taken the bold initiative - DRC, Malawi and Zimbabwe.

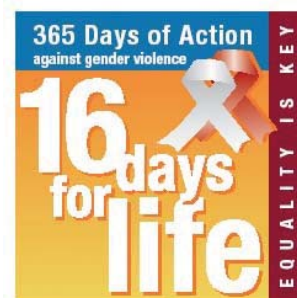
- In February 2011, ISIS in partnership with the Women's Coalition of Zimbabwe that leads Alliance work in Zimbabwe held a gender workshop with the security services there.
- On 1 June 2011 Malawi took the initiative to establish their national working group on gender peace and security. NGO Gender Coordination Network (NGOGCN), country focal point for the Alliance coordinated the meeting attended by about 31 participants representing the Malawi Defence Force, Malawi Police, Ministry of Gender, Human Rights Commission, UNFPA, as well as civil society and media representatives.
- On 18 June the DRC launched their national working group on gender peace and security coordinated by the Coalition of Women for Peace and Development. There were approximately 45 participants drawn from civil society, government departments and the military.

The gender based violence cluster met in February 2011 to discuss institutional mechanisms and conduction an evaluative meeting of National Action Plans/ Strategies to End Gender Based Violence. This took place in the context of the regional UNiTE campaign and SADC

Protocol on Gender and Development which we anticipate will help galvanise the civil society movement. The cluster's main emphasis aimed at reviewing the role of the governments' gender machinery in implementing the Action Plans and find ways of aligning them to the SADC Gender Protocol provisions. The meeting provided an opportunity for all countries to take stock of where they are now and what still needs to be done and devise ways forward and get a regional overview of the status of gender based violence interventions in SADC. See Chapter 5 on Gender Based Violence. In the future, emphasis will be placed on devising a strong monitoring and evaluation process learning from the GBV indicators pilot project as a possible model.

VSO-RAISA takes on leadership of the care work cluster: In March 2011 VSO-RAISA agreed to lead the care work cluster. VSO-RAISA has been working with GEMSA in lobbying governments to adopt stand alone policies for those who care for People living with AIDS in line with protocol provisions.

Governance cluster meeting, re launching the 50/50 campaign: At the time of writing the Women in Politics Support Unit (WiPSU) in its capacity as the regional Governance theme cluster leader of the Southern Africa Gender Protocol Alliance was preparing to hold a governance cluster meeting in Harare, Zimbabwe on 4 August 2011. This will culminate in a high profile re-launch of the 50/50 women in decision making campaign the next day, 5 August 2011. The re-launch of the 50/50 campaign comes on the backdrop of a regression noted in the last few elections since the signing of the SADC Gender Protocol in 2008 both at national and local government levels. Many countries have already missed the mark. This therefore calls for a revamp of the 50/50 campaign to rack in some gains before the SADC Protocol on Gender and Development 2015 deadline of 50% women in decision-making positions. The regional Governance cluster meeting will bring together national governance cluster focal points of the Alliance. The cluster will use the opportunity to review the action plan and foreground a robust 50/50 campaign as one of the priority areas.



Cheryl Hendricks (right) of the Institute of Security Studies; and Kurayi Konayi of VSO-RAISA.
Photo: Colleen Lowe Morna

Zambia: Faith-based organisations get with the action

The work of the Gender Protocol Alliance to broaden partnerships through a meeting with faith-based organisations on 7-9 October 2009 is beginning to bear fruit. The Alliance is targeting faith-based organisations as a network within SADC countries to be strengthened to help support the Alliance work at country level. For example the Christian denominations including Christian Council of Zambia (CCZ), Evangelical Fellowship of Zambia (EFC), and the Zambian Episcopal Conference (ZEC) have come together to form an Alliance of churches for gender equality with the support of the Norwegian Church Aid (NCA).

WILSA did a gender audit in 2007/8 to find out the level of gender awareness in the churches. The audit revealed stark gender gaps but also identified potential for change. The major gap identified by the audit was that the majority of church members are women but men are firmly in leadership positions and are policy makers.

One of the major denominations in Zambia, CCZ started to mainstream gender in all church activities including training of the clergy in the denomination's Bible College. Gender is now integrated in the syllabus of CCZ theological college. Other denominations like the EFC have followed suit and are also integrating gender in the syllabus of their Seminary. The United Church of Zambia (UCZ) is working on a gender policy and has conducted gender clinics for bishops, clergy and the lay leaders on gender awareness. The reports from these workshops are being used to develop handbook for training. The church's gender policy will be out by first quarter of 2011. All members of the Alliance of churches are working on their own gender policies.

Women from the faith-based organisation are one of the major clusters of the women's movement in Zambia. There are plans to invite them to attend the Alliance meetings coordinated by NGOCC. The church has proven



Rosemary Nsofu, a reverend in Zambia, speaks on the importance of the SADC Protocol.
Photo: Colleen Lowe Morna

to be one of the best entry points for any community development work including popularisation of the Protocol. The women in the church are already in groups and are very loyal to the church. UCZ is targeting all self-help women's groups in the communities to mainstream gender and HIV/AIDS in group work using the provisions of the Gender Protocol.

These village level micro-finance groups are trained to save and lend to each other. The members of the groups are from all churches and denominations. UCZ started working with women's groups since 2006. These women are economically empowered and trained in leadership skills. Some of the women in groups are so confident and feel they can contest and be elected during local council elections. Some of the men have started joining the groups. The Alliance is formally inviting the NCA, a long term partner and funder, to lead a Faith Based Organisation (FBO) cluster within the coalition to strengthen coordination in this sector.

The Alliance is now the official representative of the Gender Sector in the SADC Council of NGOs and forms part of the steering committee. The case study of the Alliance lobbying process was shared during the SADC CNGO fifth civil society forum in which over 140 NGO participants were present. The Gender Protocol Alliance began its engagement with SADC CNGO as observer and has been requested to assist in gender mainstreaming of NGO coalition's programmes. This has opened the opportunity for the Alliance process and case study materials to be used to inform similar campaigns for social change in the region. The SADC Council of NGOs has invited the Alliance to represent

the gender sector within this broad umbrella that lobbies the regional body on a range of issues from poverty reduction, to climate change, to support for fragile states. The Alliance clusters are also being mainstreamed within all SADC CNGO sectors such as peace and security sector.

Measuring and advocating change through the 2010 Gender Protocol Barometer: GL and Alliance partners launched the 2010 regional Gender Protocol Barometer in 11 countries, 10 within the Southern African Development Community (SADC) region, as well as in New York during the Commission on the Status of Women (CSW) annual meeting.

Table 10.3 Launches of the regional barometer

COUNTRY	DATE	REGIONAL BAROMETER	COUNTRY BAROMETER	KEY GUEST SPEAKER
Namibia- regional (Heads of State)	August 2010	✓		Matrine Bhuku Chuulu, Regional Coordinator, WLSA attended by all civil society groupings in SADC because it was parallel to the Heads of State
Lesotho	September 2010	✓		Hon. Minister of Gender Mathabiso Lepono
Zimbabwe	October 2010	✓		Dr S J Utete Masango, Permanent Secretary Min of Women Affairs, Gender and Community Development
Zambia	October 2010	✓		Vincent Mbumwe, Information Specialist - Ministry of Gender, Education
Botswana	October 2010	✓	✓	Dr Tomaz Salomão Executive Secretary, SADC Secretariat
Mauritius	October 2010	✓	✓	Hon. Maya Honoomanjee; Minister of Health and Quality of Life
South Africa (Pretoria)	November 2010	✓		Hon. Nkosazana Dlamini Zuma, Minister of Home Affairs
Malawi	December 2010	✓	✓	Chairperson of the NGO Gender Coordinating Network (NGOGCN)
South Africa - regional (Johannesburg)	February 2011	✓		Magdeline Mathiba Madibela, Head of SADC Gender Unit
New York (CSW)	February 2011	✓		Loga Virahsawmy, Director of Mauritius and Francophone offices, Gender Links
Madagascar	February 2011	✓	✓	
Mozambique	March 2011	✓		Colleen Lowe Morna, Chief Executive Officer, Gender Links

Source: Gender Links 2011.

Table 10.3 gives a breakdown of where the launches took place. Three regional launches took place: in Namibia during the Heads of States Summit; in Botswana at the SADC HQ with the SADC Executive Secretary in attendance, and in Pretoria ahead of the beginning of the Sixteen Days of Activism Campaign. Four countries launched country Barometer reports during the launch of the regional Barometer: namely Botswana, Mauritius, Malawi and Madagascar. A total of 423 attended the launches, 282 (66.7%) females and 141 (33.3%) males.

Costing and implementation: GL and ZWRN which leads the economic justice cluster partnered with UN Women and the SADC Gender Unit in convening the expert group costing meeting mentioned earlier in this chapter. The country barometers this year, that probed resource allocations, provide rich source material for the next step: the alignment of country policies and action plans to the Protocol; identification of gaps, actions and resource requirements. This process, being piloted in Namibia, is a key next step in deepening work at county level, as well as collaboration between governments and civil society.

Reviving the women's movement

"The SADC Protocol Alliance led and coordinated by Gender Links is a best practice as it has demonstrated that through a coordinated, collective and proactive evidence based strategy governments have no alternative but to respond to the advocacy for a more focused and deliverable strategy to achieve the gender equality commitments made over the years." - *Mid Term Review of the GL DFID Governance and Transparency Fund grant*.

The roadmap and experiences to promote gender equality since the Beijing Plus Ten process has demon-

strated the power of civil society to promote legal and policy reform through a consistent, persistent, collective and proactive strategy, in this case coordinated by Gender Links. GL has provided the political space for coalition building, sharing of experiences, best practices of like-minded women's rights and development organisations that came together to maximise their knowledge, expertise and experiences to contribute to a regional process that culminated into the adoption of the SADC GAD protocol in 2008.

The Alliance is strengthening the women's movement by holding governments accountable as part of the monitoring and evaluation process of the SADC GAD



Elsie Alexander talks to Judith Mtsewu.

Photo: Colleen Lowe Morna

Protocol. The experience demonstrated that a clear strategy, strong leadership, governance and management structures that promoted constructive engagement, strong solidarity through development of partnerships that assisted identify new and innovative strategies, opportunities, and comparative advantage

(Excerpt from an article on coalition building by Elsie Alexander, University of Botswana)

in order to address the numerous challenges that hamper the achievement of the gender equality.

The SADC GAD Protocol is a unique policy and legal instrument as it embraces all the relevant international and regional instruments that have been signed and ratified by most SADC governments and it has measurable indicators and targets that facilitates the monitoring and evaluation of achievements and challenges. It is evident from the regional and national barometer reports that SADC countries are at different levels and have a long way to go to realise the goal of gender equality in the various sectors.

A milestone achievement is that it has revived the power of the women's movement in region by initiating a advocacy common agenda through ownership of the process as well as meaningful and active participation. The lessons learnt and experiences will make a long term difference to the gender agenda in the region and globally as the SADC GAD Protocol is unique, best practice and advocacy model to be shared and replicated globally.

But there are still many challenges: The effectiveness of the work of the Alliance is highly dependent on robust national structures since GL merely plays a regional coordination role and does not have a presence in all countries. GL is rectifying this issue through signing MOUs with the gender structures of the in-country NGO coalitions instead of individual organisations, such as NGO CC in Zambia, NGO GCN in Malawi, and Women's Coalition of Zimbabwe. But some countries have capacity challenges; e.g. there is no full time gender person at BOCONGO.

Measuring impact: knowledge of the SADC Protocol on Gender and Development

There has been a concerted campaign to increase knowledge on the SADC Gender Protocol Barometer at national, provincial/regional, local and ordinary citizens' levels. During 2010/2011, GL through its programme work conducted 140 village meetings were held in 13 countries reaching a total of 2973 people. Of these 1547 (52%) were women and 1426 (48%) male. The breakdown of meetings per country is Botswana 14, DRC 1, Lesotho 14, Madagascar 15, Malawi 2, Mauritius 16, Mozambique 3, Namibia 17, South Africa 16, Swaziland 3, Tanzania 4, Zambia 19 and Zimbabwe 16.

Following the adoption of the SADC Protocol in August 2008, GL designed a short quiz to gauge citizen's knowledge of aspects of the Protocol. This quiz is on the Alliance website. It is also

administered at different events including village workshops and Barometer launches. The 2010 Barometer contained the results of the first analysis of the quiz, used in this second round as a bench mark. Thanks to lessons learned in 2010, the results of the quiz have been disaggregated by sex. Some countries were not represented well enough for the data to be disaggregated by country. This dimension will be added in 2011.



Reviewing the provisions of the Protocol in Lusaka, Zambia.

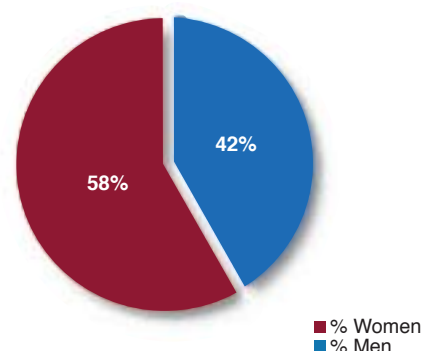
Photo: Colleen Lowe Morna

Table 10.4

COUNTRY	WOMEN		MEN	
	N	%	N	%
MAURITIUS	29	96.7	1	3.3
ZIMBABWE	89	84.8	16	15.2
SOUTH AFRICA	210	76.6	64	23.4
LESOTHO	187	73.3	68	26.7
DRC	76	71.0	31	29.0
TANZANIA	41	54.7	34	45.3
MALAWI	181	47.8	198	52.2
SWAZILAND	28	44.4	35	55.6
ZAMBIA	135	43.4	176	56.6
BOTSWANA	78	39.2	121	60.8
MOZAMBIQUE	12	37.5	20	62.5
NAMIBIA	8	36.4	14	63.6
TOTAL	1 086	58.8	779	41.2
GRAND TOTAL	1 865			

Source: Gender Links.

Table 10.4 shows the number of forms collected by country. The majority (311) of the forms were from Malawi and were collected through the village level workshops conducted by the SADC Protocol Alliance. The forms from Zambia, South Africa, Lesotho, Botswana, Zimbabwe, Mozambique, Mauritius, Namibia and Madagascar were completed by local government councillors during gender mainstreaming training workshops conducted by the nationally based GL field officers. The sample comprised 1865 participants: 58.2% (1086) women and 42.8% (779) men.

Figure 10.3: Women and men who responded to the quiz**Table 10.5: Socio-demographic characteristics of participants**

Sex	Age						Educational attainment					
	Below 30 years		30-50 years		Above 50 years		Secondary school		Tertiary/Vocational		Adult literacy	
	N	%	N	%	N	%	N	%	N	%	N	%
Female	268	30	496	55.5	129	14.4	137	16.3	659	78.4	45	5.4
Male	235	37.5	315	50.2	77	12.3	89	14.7	472	78.1	43	7.1

Source: Gender Links.

Table 10.5 shows that the majority of participants were in the 30-50 year age group. 55.5% of women and 50.2% men who completed the protocol knowledge quiz were in this age group. The least proportion of men and women were in the over 50 years age group. The table shows that the participants had achieved different levels of education: 78.4% of the women and 78.1% of the men had attended vocational or tertiary education. 16.3% women and 14.7% men had attended secondary school. Only 5.4% of the women and 7.1% of the men had attended adult literacy programmes.

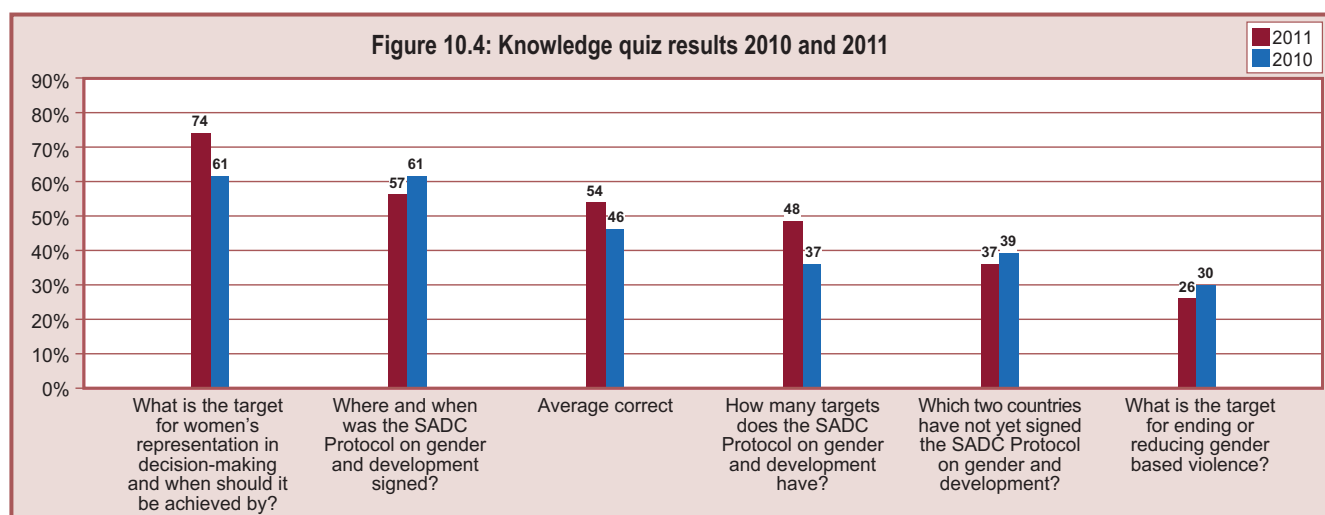
Knowledge of different aspects of the Protocol

Apart from the introductory socio-demographic section of the questionnaire an additional five questions are posed as follows:

1. Where and when was the SADC protocol on gender and development signed?

2. Which two countries have not yet signed the SADC protocol on gender and development?
3. How many targets does the SADC protocol on gender and development have?
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 gender based violence?

Although the questions have multiple choice answer options, only one of the provided answers for each question is the correct one. This analysis groups the answers selected by participants into only two possible outcomes: either correct or incorrect. The proportion of participants who correctly respond to each of the questions will be used to assess and conclude the level of knowledge and awareness around a specific question.

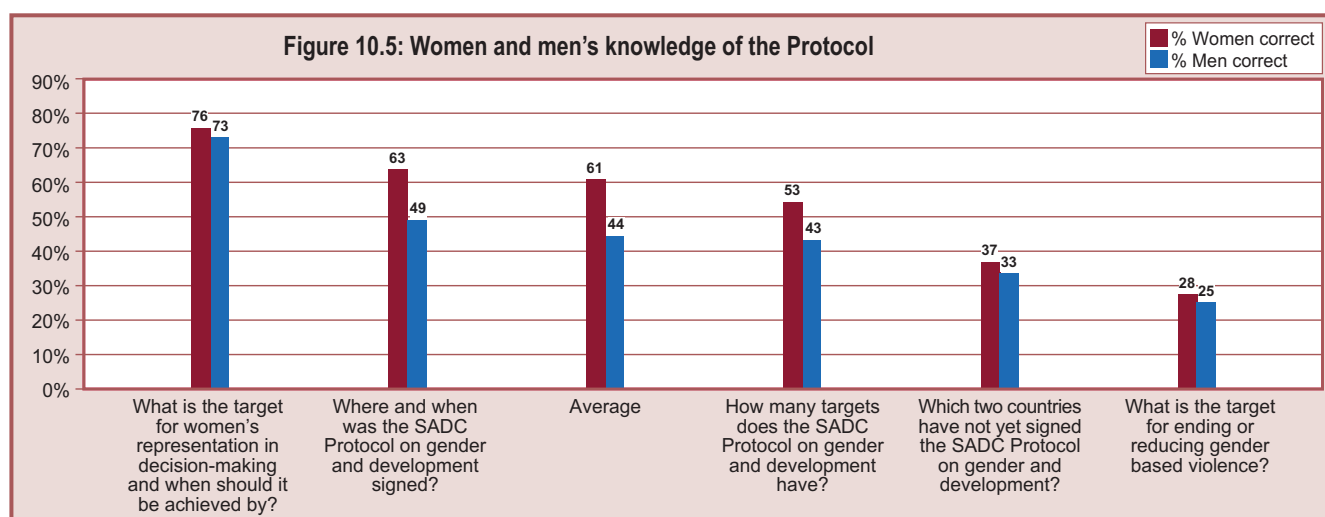


Source: Gender Links 2011.

Figure 10.4 shows a similar pattern in both 2010 and 2011, with the area in which there is most knowledge is the target for women in decision-making, and the least the target for ending or reducing gender based violence. On a positive note, the overall average of correct questions has improved from 46% in 2010 to 54% in 2011. In the best known area (decision-making) 74% are now aware of the parity target, compared to

61% last year. There is also an increase in those who know how many targets the Protocol has (from 37% to 48%). But slight declines in knowledge in the other areas is cause for concern. It is especially disappointing that in both years the target of halving gender violence by 2015 is not well known. This points to the need for the GBV target to be centred much better in GBV campaigns.

Knowledge by sex



Source: Gender Links 2011.

Figure 10.5 shows that a higher proportion of women than men gave the correct answers in all cases for all questions. Women (63%) were especially more knowledgeable than men (49%) on when and where the

Protocol was signed. But like men the target that women are least aware of is that for reducing or ending GBV.

Climate change is hot on the agenda



Saquina Mucavele.

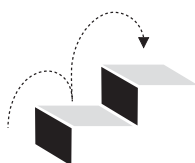
Photo: Colleen Lowe Morna

During the launching of the 2010 Barometer, Alliance partners in Mozambique pointed out that the SADC Gender Protocol is silent on sustainable development and climate change. Speaking at the meeting in March 2010, Saquina Mucavele advocated that the Alliance begin a campaign on gender and climate change leading to an addendum. Mucavele will form part of the Alliance delegation to the Heads of State meeting in Luanda, Angola.

At their meeting in Windhoek in October Gender Ministers noted the importance of integrating gender into climate policies as women and men contribute differently to the causes of climate change. Women and men are also differently affected, and, react differently to the impacts of climate change. They stated that women should not be viewed as mere victims only but most importantly as agents of coping and survival strategies. Hence addressing the gender dimensions of the causes of climate change is critical in order to reveal underlying power relations and to analyse the gender implications of mitigation strategies and solutions.

Gender/Women's Affairs Ministers plan to give inputs into a position paper that SADC Member States have prepared for the 17th Conference of the Parties to the UN Framework Convention on Climate Change to be held in Durban on the 28 November to 9 December 2011. *(Adapted from report of the SADC Gender/Women's Affairs Ministers meeting held in Windhoek, 2nd June 2011)*

In the absence of provisions on gender and climate change in the SADC Gender Protocol nor any other sub-regional instrument, civil society led by the Southern Africa Gender Protocol Alliance is concerned that interventions will be ad hoc and piecemeal. There is therefore a need to begin thinking of ways of addressing this in a coherent and systematic way.



Next steps

- **Accountability begins at home.** While it is important to hold governments to account, civil society organisations also need to account for what they have been doing. There are several examples throughout the Barometer of actions on the ground aimed at advancing the gender protocol. In that regard the Alliance continues to do well. However there are some challenges experienced.
- **National coordination depended on institutional structures of coordinating partner organisations.** The success of the programme depends on strong institutional structures of partners and members of the Gender Protocol Alliance both at regional and country level. More work needs to be done to strengthen the organising mechanisms at country level.
- **Moving into implementation mode:** Even as the ratification campaign intensifies, there is need to intensify the initiatives aimed at implementation identified in this chapter including aligning of national action plans with the targets of the Protocol, identifying gaps; actions and resource allocations.
- **Putting in place innovative strategies towards the attainment of the 28 targets** as per the SADC Protocol on Gender and Development including the 50/50 gender parity target.
- **In countries undergoing political transitions,** the rapid dissemination of information about the Protocol to ensure that it begins to be used as the basis of its lobbying efforts for a new constitution for the country.

- **Concerted campaigns** built around the findings of the Barometer, to ensure significant progress in all the areas in which there are still gaps by 2015.
- **Full implementation of the monitoring and evaluation plan** agreed by governments and independent verification of this by civil society including an updated and online database of resources, and tracking mechanisms and the annual publication of this Barometer.
- **Workshops on the progress barometer at national level** to continue to fill information gaps at country level and help guide actions to be taken on the best strategies for filling the gaps identified.
- **Capacity building** for civil society in its actions, namely lobbying of political elites to advance the country towards the goals of gender and for the government and political parties in the formulation,

implementation, monitoring and evaluation of policies for integrating gender in development.

- **Being open to strengthening of the Protocol itself:** As the Protocol is canvassed, weaknesses have emerged within the instrument itself. This is not surprising as an instrument of this kind is adopted through compromise and consensus. However, like the Constitution of a country, protocols and similar instruments are amended in light of experience. For example, the SADC Declaration on Gender and Development has an addendum, added later on violence against women and children. A hot button global concern that is not well reflected in the Protocol is climate change. Momentum is increasing for an addendum to the Protocol on this issue. While ministers are reluctant to advocate additions when they are so far behind on the existing commitments, they are under pressure to be proactive on this front.



2015, yes we can!

Photo: Vincent Galathwe

Annex 1

SADC GENDER PROTOCOL 2011	
MAIN PROVISIONS	SPECIFIC TARGETS TO BE ACHIEVED BY 2015
ARTICLES 4 - 11: CONSTITUTIONAL AND LEGAL RIGHTS	
Provides for all Constitutions in the region to enshrine gender equality and to give such provisions primacy over customary law. All laws that are discriminatory to women are to be repealed. It also provides for equality in accessing justice, marriage and family rights and the rights of widows, elderly women, the girl child, women with disabilities and other socially excluded groups.	1. Endeavour to enshrine gender equality and equity in their Constitutions and ensure that these are not compromised by any provisions, laws or practices.
	2. Review, amend and or repeal all discriminatory laws.
	3. Abolish the minority status of women.
ARTICLES 12-13: GOVERNANCE (REPRESENTATION AND PARTICIPATION)	
Provides for the equal representation of women in all areas of decision-making, both public and private and suggests that this target be achieved through Constitutional and other legislative provisions, including affirmative action. It further stipulates that Member States should adopt specific legislative measures and other strategies, policies and programmes to ensure that women participate effectively in electoral processes and decision-making by, amongst others, building capacity, providing support and establishing and strengthening structures to enhance gender mainstreaming.	4. Endeavour to ensure that 50% of decision-making positions in all public and private sectors are held by women including through the use of affirmative action measures.
ARTICLE 14: EDUCATION AND TRAINING	
This article provides for equal access to quality education and training for women and men, as well as their retention at all levels of education. It further provides for challenging stereotypes in education and eradicating gender based violence in educational institutions.	5. Enact laws that promote equal access to and retention in primary, secondary, tertiary, vocational and non-formal education in accordance with the Protocol on Education and Training and the Millennium Development Goals.
	6. Adopt and implement gender sensitive educational policies and programmes addressing gender stereotypes in education and gender based violence.
ARTICLES 15-19: PRODUCTIVE RESOURCES AND EMPLOYMENT, ECONOMIC EMPOWERMENT	
This Article provides for the equal participation of women in economic policy formulation and implementation. The article has provisions and targets on entrepreneurship, access to credit and public procurement contracts, as well as stipulations on trade policies, equal access to property, resources and employment.	7. Ensure equal participation by women and men in policy formulation and implementation of economic policies.
	8. Conduct time use studies and adopt policy measures to ease the burden of the multiple roles played by women.
	9. 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.
	10. Review national trade and entrepreneurship policies, to make them gender responsive.
	11. With regard to the affirmative action provisions of Article 5, introduce measures to ensure that women benefit equally from economic opportunities, including through public procurement process.
	12. Review all policies and laws that determine access to, control of, and benefit from, productive resources by women.
	13. Review, amend and enact laws and policies that ensure women and men have equal access to wage employment in all sectors of the economy.

BAROMETER CITIZEN SCORE CARD

PROGRESS DATA 2010	INDICATORS GOING FORWARD	SCORE OUT OF TEN		
		2009	2010	2011
✓ Most SADC constitutions have non-discrimination clauses and 12 provide for non-discrimination based on sex. Nine provide for gender equality. ✓ Six constitutions have claw back clauses. ✓ Only two Constitutions address the contradictions between customary law and customary practices that undermine women's rights.	✓ Increase in the number of countries that include sex as a grounds for discrimination. ✓ Increase in the number of countries that include gender equality in their Constitutions. ✓ Number of countries that ensure that Constitutional provisions are not undermined by any other law or practice.	6	0	6
✓ In each country (details in report) there is still discriminatory legislation to review.	✓ Number of countries that review and eliminate all discriminatory practices.	6	6	6
✓ Very few countries have specific legislation to do so; examples are Zimbabwe (Legal Age of Majority Act 1982) and Namibia (Married Persons Act). These laws are in any case undermined by customary law.	✓ Number of countries that specifically abolish the minority status of women, and ensure that this is not undermined by customary law.	6	6	6
Parliament: The average representation of women in both houses across the region is 24%. This ranges from 7% in Botswana and the DRC to 44% in South Africa. Local government: The average representation of women at the local level is 29.7%. This ranges from 1.2% in Angola to 58% in Lesotho. 58% (the highest) to 6,4% (the lowest). Cabinet: The average representation of women in cabinet is up to 22% from 21.4% in 2009; this ranges from 41% in South Africa to 12% in Mauritius. President/prime minister: There are no women heads of state. Malawi and Zimbabwe have women deputy presidents and Mozambique has a woman prime minister. Public service: Comprehensive data is not available. For the eight countries for which data could be obtained, this ranged from close to parity in Botswana to less than one fifth in Malawi. Private sector and other areas of decision-making: Comprehensive data not available. Affirmative action has been applied in all the five countries that have made substantial progress, but this does not cover all areas of decision-making within the countries. Cases are: South Africa (voluntary party quota; Employment Equity Act); Namibia (legislated and voluntary at local level); Mozambique and Angola (voluntary party quotas) Lesotho (local government electoral law).	✓ Number of countries that make a concerted effort and achieve gender parity in parliament.	5	5	5
Primary: Equal enrolment of girls and boys in all countries except Angola and DRC where girls constitute 46% of total enrolment. Secondary: Gender gap is narrowing in all countries; more girls than boys in Lesotho; but girls only 36% in the DRC and 44% in Tanzania, Mozambique, Malawi and Angola. Tertiary: Equal proportions of women and men in Swaziland; in Seychelles (58%), Namibia, Mauritius, South Africa; Botswana and Zambia there are more women than men. In Madagascar, Lesotho, Angola, Malawi, Mozambique, Tanzania and DRC women are less than men (26% in DRC, the lowest)	✓ Number of countries that attain gender parity at all levels of education.	7	7	6
The proportion of women in the teaching service ranges from 70% in Lesotho to 20% in the DRC; men predominate as principals; women predominate in the arts and men in the sciences and technical subjects; while there have been some reviews of curriculum gender stereotypes abound. GBV in schools is high.	✓ Progress towards achieving gender parity in school administrations. ✓ Progress towards achieving gender parity in subjects. ✓ Changes to school curricula.	6	6	5
Women comprise 25% of decision-makers defined as minister/ deputy minister/permanent secretary of finance; economic permanent secretary/DG; governor and deputy governor of the reserve bank. This ranges from Swaziland (40%) to Mauritius (none).	✓ Number of countries that achieve gender parity in economic decision-making.	4	4	4
Only South Africa, Malawi and Madagascar have conducted such studies; little evidence of policy measures flowing from these.	✓ Number of countries that have done time use studies.	5	4	3
Ad hoc initiatives mostly focus on micro finance, for example, eg in Mauritius the National Women Entrepreneur Council; Tanzania the National Micro Finance policy gives guidelines on achieving gender equality; SA various funds for micro finance.	✓ Number of countries that have policies and laws to promote women's participation in economic decision-making.	5	5	5
Most policies are gender blind with a few exceptions; eg Zambia Trade and Industrial policy recognises that women remain marginalised in the professional work place and private enterprise; proposes steps for addressing this.	✓ Number of countries that review trade and entrepreneurship policies from a gender perspective.	4	4	4
Only South Africa has a Preferential Public Procurement Act that provides for redressing historical imbalances including gender. The Mauritius Public Procurement Act refers to "community and end user participation" without specifically referring to women.	✓ Number of public procurement acts and procedures that specifically mention gender equality.	5	5	4
Comprehensive information is difficult to access; data obtained shows a range from 11% land ownership in Seychelles to 25% in DRC and Tanzania. In Botswana women are 46% of landowners but holdings are smaller. In Tanzania women land holdings are about one third the size of those of men.	✓ Number of countries that review laws and extent to which these promote parity in ownership.	5	5	4
Women earn, on average, 50% to 70% of men's earnings in the SADC region.	✓ Number of countries that have ratified the ILO conventions and conventions 100 and 101. ✓ Completed audit of current labour legislation.	6	6	6

MAIN PROVISIONS	SPECIFIC TARGETS TO BE ACHIEVED BY 2015
ARTICLES 20-25: GENDER BASED VIOLENCE	
This article makes provision for the implementation of a variety of strategies, including enacting, reviewing, reforming and enforcing laws, aimed at eliminating all forms of gender based violence, and trafficking. There are specific stipulations for the provision of a comprehensive package of treatment and care services for survivors of gender based violence, including the access to Post Exposure Prophylaxis and the establishment of special courts to address these cases. There are specific provisions on human trafficking. A section which provides for monitoring and evaluation sets targets and indicators for reducing gender based violence levels by half by 2015.	14. Enact and enforce legislation prohibiting all forms of gender-based violence.
	15. Ensure that laws on gender based violence provide for the comprehensive testing, treatment and care of survivors of sexual assault.
	16. Review and reform their criminal laws and procedures applicable to cases of sexual offences and gender based violence.
	17. Enact and adopt specific legislative provisions to prevent human trafficking and provide holistic services to the victims, with the aim of re-integrating them into society.
	18. Enact legislative provisions, and adopt and implement policies, strategies and programmes which define and prohibit sexual harassment in all spheres, and provide deterrent sanctions for perpetrators of sexual harassment.
	19. Adopt integrated approaches, including institutional cross sector structures, with the aim of reducing current levels of gender based violence by half by 2015.
ARTICLE 26: HEALTH	
This article provides for the adoption and implementation of policies and programmes that address the physical, mental, emotional and social well being of women with specific targets for reducing the maternal mortality ratio and ensuring access to quality sexual and reproductive health services.	20. Adopt and implement legislative frameworks, policies, programmes and services to enhance gender sensitive, appropriate and affordable quality health care.
	21. Reduce the maternal mortality ratio by 75%.
	22. Develop and implement policies and programmes to address the mental, sexual and reproductive health needs of women and men; and
	23. Ensure the provision of hygiene and sanitary facilities and nutritional needs of women, including women in prison.
ARTICLE 27: HIV AND AIDS	
This article covers prevention, treatment care and support in relation to HIV and AIDS.	24. Develop gender sensitive strategies to prevent new infections.
	25. Ensure universal access to HIV and AIDS treatment for infected women, men, boys and girls.
	26. Develop and implement policies and programmes to ensure the appropriate recognition, of the work carried out by care-givers, the majority of whom are women; the allocation of 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.
ARTICLE 28: PEACE BUILDING AND CONFLICT RESOLUTION	
This provides for the equal representation of women in conflict resolution and peace building processes as well as the integration of a gender perspective in the resolution of conflict in the region.	27. 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.
ARTICLES 29 - 31: MEDIA, INFORMATION AND COMMUNICATION	
This article provides for gender to be mainstreamed in all information, communication and media policies and laws. It calls for women's equal representation in all areas and at all levels of media work and for women and men to be given equal voice through the media. The Protocol calls for increasing programmes for, by and about women and the challenging of gender stereotypes in the media.	28. Take measures to promote the equal representation of women in ownership of, and 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.

BAROMETER CITIZEN SCORE CARD

PROGRESS DATA 2010	INDICATORS GOING FORWARD	SCORE OUT OF TEN		
		2009	2010	2011
Nine SADC countries have legislation on domestic violence; only seven have specific legislation that relates to sexual offences. Three countries have no specific legislation – Angola, Madagascar and Zambia.	✓ Number of specific GBV laws per country; measure change in laws periodically.	6	5	6
Only SA has included the provision of comprehensive treatment and care, including Post Exposure Prophylaxis (PEP) to survivors of sexual assault to reduce chances of contracting HIV and AIDS. In Botswana, Mauritius, Namibia, Zambia this is included in policies but not law thus its less enforceable. Seychelles provides for health workers only. PEP in most countries is not well known or accessed.	✓ Number of laws that have clauses that provide for comprehensive testing, treatment and care.	6	6	6
Only 5 countries (Lesotho, Namibia, SA, Tanzania, Zimbabwe) have sexual offences legislation.	✓ Number of countries with sexual offences acts.	6	6	5
12 Southern Africa countries have signed the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (Palermo Protocol). Six countries have specific laws on human Trafficking - Madagascar, Mauritius, Mozambique, Swaziland, Tanzania and Zambia. This is an increase from 4 last year. In South Africa and Zimbabwe, trafficking is provided for in Sexual Offences Legislation. Malawi is receiving technical support from the IOM to develop legislation.	✓ Number of countries with specific legislative provisions to prevent human trafficking and provide holistic services. ✓ Number of people reintegrated into society. ✓ Number of cases that have been prosecuted (for those that have laws). ✓ Number of new countries that adopt legislation or add human trafficking provisions to their legislation.	5	5	5
Ten SADC countries have legislative provisions for sexual harassment; mostly in labour laws. Mauritius has a Sex Discrimination Act. In Botswana, Mozambique, Namibia, South Africa and Zimbabwe, this is covered under labour law. In Tanzania, sexual harassment is covered in Penal Code and Sexual Offences Act.	✓ Number of countries with sexual harassment legislation, policies and strategies.	5	5	5
14 SADC countries have adopted and are implementing National Action Plans/Strategies/ Response to End Gender Based Violence. Most SADC countries are moving away from Sixteen to 365 Day Action Plans to End GBV. However plans lack specific targets and indicators; effective monitoring mechanisms. Data on GBV is sporadic and unreliable. A pilot project to develop GBV indicators is underway in South Africa, Mauritius and Botswana.	✓ All countries to develop country specific National Action Plans. ✓ Effectiveness of NAPS as measured by countries that have already adopted GBV National Action Plans. ✓ Extent of GBV, and reduction each year as measured through the GBV indicators study.	6	6	6
In 2001/2002 only South Africa and Zimbabwe fulfilled their commitment to allocate 15% of government expenditure to health. Lesotho, Mozambique and Swaziland achieved about half of the 15% target; Botswana achieved 10,45%.	✓ All SADC countries to have gender sensitive and aware health policies that address issues of access and quality.	6	6	6
Maternal mortality varies widely from 28 per 100 000 in Mauritius to 1140 per 100 000 in DRC.	✓ Number of countries, especially those with high levels, that achieve the 7% reduction in maternal mortality.	6	6	6
Only three Southern African countries have a contraceptive usage rate of over 60%; SA is highest at 65% Zimbabwe was second, with 58%; Angola lowest at 5%.	✓ Percentage of people accessing and using contraceptives. ✓ Gender disaggregated data according to type of contraceptive.	6	6	5
Total coverage of sanitation facilities varies from 100% in Seychelles, Mauritius to 15% in Madagascar; urban coverage is generally better than rural coverage.	Number of countries that achieve 100% sanitation coverage.	5	5	5
Four of the 15 countries have a prevalence rate of over 15%, while 4 have a prevalence of 4% or less. The highest prevalence is in Swaziland (26%) and lowest in Madagascar and Mauritius (2%). With the exception of Mauritius and Seychelles where HIV is mostly driven by drug use, women in SADC have a higher prevalence rate than men. This is highest in Angola (61% women compared to 39% men). Mauritius at 68% had the highest percentage of women aged 15-24 with comprehensive knowledge of HIV and AIDS (UNGASS 2010 Country Reports), followed by Seychelles (67%) and Namibia (65%). The lowest comprehensive knowledge of HIV and AIDS: Angola (7%), DRC (15%) and Lesotho (18%).	✓ Percentage reduction of HIV and AIDS in each country and reduction in the gender gap. ✓ Increase in comprehensive knowledge of HIV and AIDS.	6	6	6
✓ Access to ARVs ranges from 3% in Madagascar to 95.2% in Seychelles. At least nine countries score above 50% access. There is little gender disaggregated data on access to treatment.	✓ Number of countries that achieve universal access for women and men and gender disaggregated statistics to track/ensure this progress.	7	6	7
A GEMSA audit based on remuneration; logistic and material support; training and professional recognition; psychological support and gender considerations rated the policy of one SADC country (Namibia) as excellent; Botswana, Tanzania; Zimbabwe as good; Swaziland; South Africa as fair; Zambia and Malawi as mediocre; Lesotho, Mozambique, Mauritius and DRC as poor.	✓ Development of a model policy/checklist on care work. ✓ Number of countries that meet the standards of the model policy.	6	4	5
✓ There are no special measures to ensure women's representation and participation in the sector. ✓ With 24% women in defence force and 21% in the police force, SA leads the way.	✓ Extent to which gender parity considerations are taken into account in Madagascar and in all peace processes.	4,5	4	4
Media houses: The Glass Ceiling in Southern African newsrooms study by GL found that women constitute 41% of media employees; 32% if South Africa is excluded. This ranges from 70% in Lesotho to 13% in Zimbabwe. Women constitute less than 25% of those on the boards of governors, as top and senior managers in the media. Sources: The Gender and Media Progress Studies (GMPS) showed that the proportion of women sources in the news had increased by a mere 2% to 19% since the baseline study conducted in 2003.	✓ Number of media houses that achieve gender parity at all levels. ✓ Progress towards attaining gender parity in news sources.	4	4	4
2009 Total = 154 / 280 x 100 = 55%		2010 Total = 152 / 280 x 100 = 54.3%		
		2011 Total = 153 / 280 x 100 = 54.6%		

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)** that is introduced for the first time in this Barometer.

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 are 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

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
Political power 'Agency'	Public sector		Administrative, scientific and technical
			Members of parliament
			Cabinet ministers
			Higher courts judges
	Civil society		Members of local councils

data for these. These are areas that the Southern African Gender Protocol Alliance hopes to address these gaps in future years.

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 Zambia, 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



Encompasses

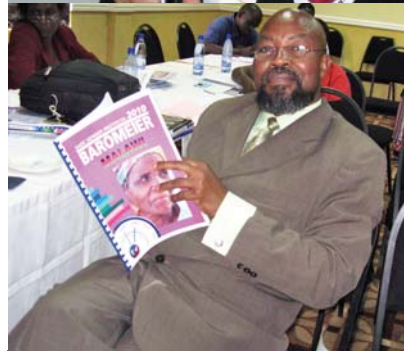
commitments made in all regional, global and continental instruments for achieving gender equality.

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.





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Botswana Office

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.

By the 2011 Heads of State Summit, 13 countries had signed, and eight countries had ratified the Gender Protocol. One more country is needed in order to reach the two-thirds majority required to make the Protocol enforceable. Five countries that signed the Gender Protocol have not yet ratified it. The clock is ticking to 2015 when governments have 28 targets that they will have to account for. In keeping with the Alliance slogan: "The Time is Now" this 2011 Barometer provides a wealth of updated data against which progress will be measured by all those who cherish democracy in the region. This year we introduce the SADC Gender and Development Index (SGDI) to benchmark progress. While there are several challenges, the successes to date strengthen our view that change is possible.

"Yes we can!"