SOUTHERN AFRICA GENDER 2026

BAROMETER

Voice + Choice



Menstrual, Maternal & Family Planning Health

2026 Barometer · International Day of the Girl Child · 12 October 2026

Southern Africa Gender Protocol Alliance

Mentimeter

Question: Name, Country and Organisation



#Girlchild · #PushForward4Equality

Programme



AGENDA ITEM	SESSION / FOCUS	LEAD / SPEAKER
01 Opening remarks	Moderator	Vimbayi Nyika
02 Lived experience	First-hand account on Day of the Girl Child	Rita Tiriboyi
03 Setting the scene	2026 Barometer MMFP findings Red Lights + Green Lights	Kevin Chiramba
04 Country case studies	Namibia South Africa	Veronika Haimbili Molepa Leah Sebola · Youth Action Health
05 Thematic cluster lead	SRHR Thematic Cluster	Rouzeh Eghtessadi · SAFAIDS
06 Pause & reflect	Mentimeter + Plenary	Vimbayi Nyika
07 Post-2030 Agenda	What does the evidence mean for the Post-2030 Agenda?	Kevin Chiramba
08 Call to action & closing	From evidence to action	Vimbayi Nyika

Lived Experience: The work of RIGE Bindura



#Girlchild · #PushForward4Equality

Key 2026 Barometer Findings



Kevin Chiramba
Chapter Author
Gender Links



The 2026 Barometer MMFP chapter tracks ten indicators across all 16 SADC member states, a total of 160 country indicators.
Indicators span basic sanitation (SDG 6.2.1), contraceptive prevalence, unmet need for family planning, maternal mortality (SDG 3.1.1), skilled birth attendance (SDG 3.1.2), HPV vaccination, adolescent birth rate (SDG 3.7.2), antenatal care, postnatal care within 48 hours, and media parity on SRHR coverage.



- The regional MHFPMH gender equality score is 75 out of 100 (SGDI 2026) — the third-strongest theme in the SGDI's 11-theme basket.
- But the regional average conceals a two-speed region: Seychelles (89), Mauritius (88) and South Africa (84) lead; Madagascar and Comoros sit at the floor on 62.

#Girlchild

- The 2026 picture: SADC states show real gains on menstrual health, HPV vaccination and maternal survival in several countries — but adolescent girls across the region still face a two-speed reality, with maternal mortality above 400 per 100,000 live births in three states and adolescent birth rates above 100 per 1,000 girls in seven.





- The SADC Gender Protocol is currently silent on menstrual health. The Alliance's Post-2030 SADC Gender Protocol Discussion Paper proposes a dedicated menstrual-health sub-section inside Article 26, covering VAT removal on menstrual products, education for girls AND boys, and parental involvement.



- **Red lights: four 2026 MMFP findings that demand attention.**

- 1. Only Mauritius (66) and Seychelles (42) meet the SDG maternal mortality target of 70; three states sit above 400 — DRC (547), Lesotho (478) and Madagascar (445).

- 2. The East and Southern Africa adolescent birth rate is 92 per 1,000 girls — twice the global average. Seven SADC states record above 100 per 1,000, led by Mozambique at 154.

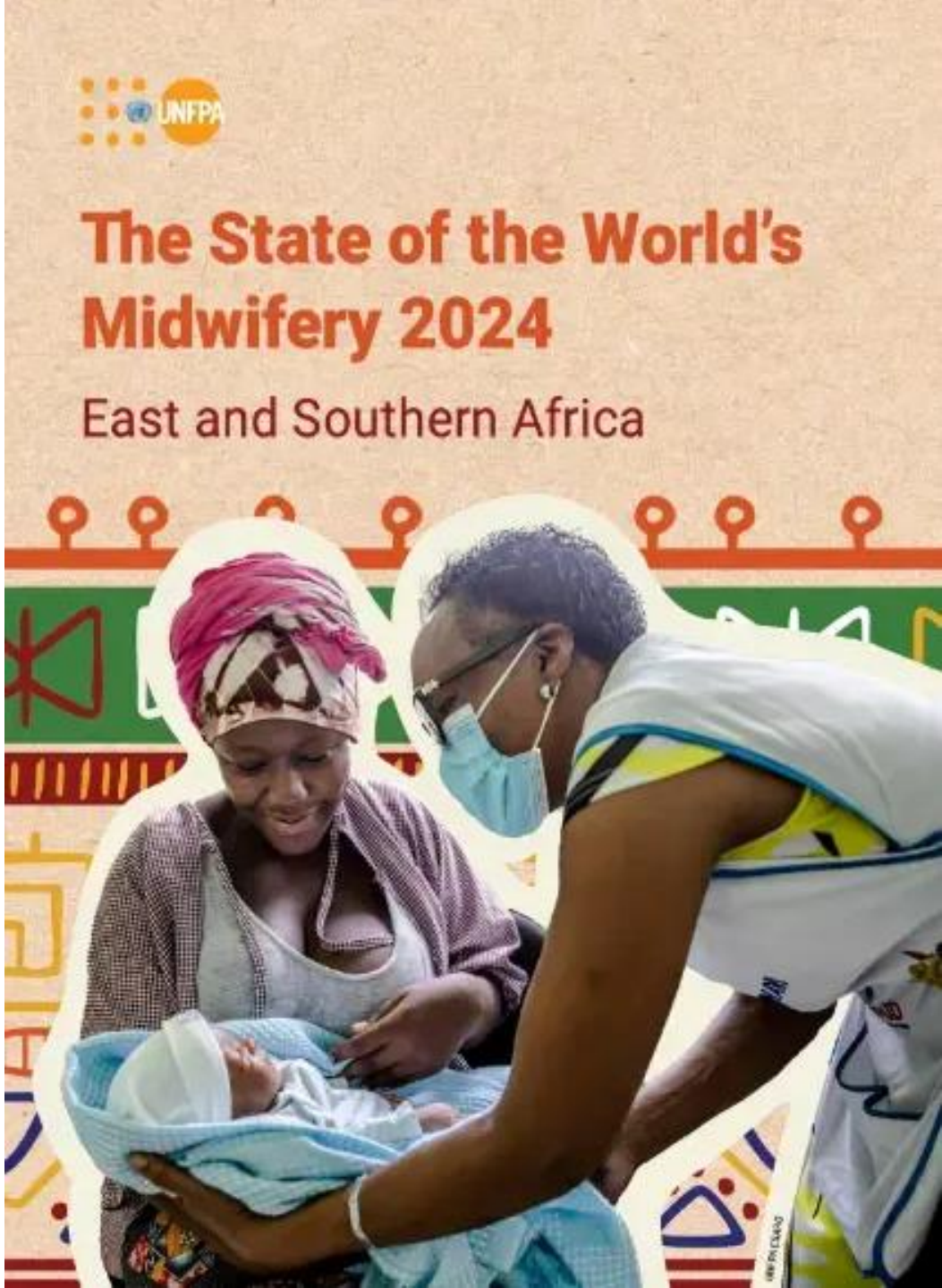
- 3. The 20 January 2025 US foreign aid freeze cost SADC MMFP: ~US$335 million lost at UNFPA; DREAMS shut down; Gavi 2026-30 replenishment closed US$2.9 billion short.

- 4. Postnatal care within 48 hours remains the weakest link — only three in ten mothers receive a postnatal check in the region.

- **Green lights: 2026 MMFP findings worth celebrating.**

- **HPV vaccination: fifteen of sixteen SADC states have introduced HPV vaccination; four new introductions in 2025 (Angola, Comoros, Madagascar, Namibia).**

- **Menstrual health reform has moved from fringe to norm: South Africa's Sanitary Dignity Framework (2019) reached ~4 million learners in 2025-26; Namibia zero-rated sanitary pads (effective Jan 2023);**
- **Zimbabwe's Education Amendment Act (2020) requires state-provided sanitary materials in schools;**





#Girlchild

- There is strong momentum for adolescent girls in 2026.
- Four SADC states introduced HPV vaccination this year to protect girls from cervical cancer.
- South Africa's Sanitary Dignity Framework reached 4 million learners in 2025-26.
- The region's menstrual-health reform agenda has moved from the fringe to the norm.



- The SADC Pooled Procurement Services (SPPS) could save up to 40% on contraceptive and maternal-health commodity costs regionally. Four SADC states have moved to the WHO single-dose HPV schedule since 2023 — Zambia, Zimbabwe, South Africa and Lesotho. These policy moves respond directly to the 2025 external financing shock and point toward a domestic-financing-led path to 2030.

Namibia: Dream Decide Lead — youth peers and digital referrals in Ohangwena

CASE STUDY

01

What happened

The Ohangwena Region records the highest adolescent pregnancy rates in Namibia. Vero, a WOSSO fellow, found that fear, stigma and distance from clinics were keeping young women away from contraception.

02

The intervention

The Empowering Youth for Improved Contraceptive Access initiative built a youth-led peer-education network, mentor-fellows and sensitised Ministry of Health and Education staff on youth-friendly services.

03

The digital turning point

A digital referral app matched young people to the nearest friendly contraceptive provider. Peer-educator uptake rose; young women who would not have gone to a clinic now have a route in.

What this case shows

Youth-led, digital-first SRHR interventions reach young women that formal services cannot. The model is replicable in every high-ABR SADC district.



South Africa: Youth Action Health ·from knowledge to choice

CASE STUDY

01

What happened

In Capricorn District, Limpopo, learners at M.E. Makgato High School are rewriting what youth-led SRHR looks like, through structured peer advocacy rather than one-off assemblies.

02

The intervention

Molepa Leah Sebola and the Youth Action Health team found that the national Sanitary Dignity Implementation Framework exists on paper but is delivered inconsistently at the district level. Supplies are sometimes late or insufficient; distribution without comprehensive menstrual education is incomplete.

03

The turning point

The programmatic response: SRHR dialogues, ZAZY clubs' in schools, dignity packs, and direct engagement with the Capricorn District Department of Education's HIV/AIDS and Life Skills Coordinator.

What this case shows

The project trained learner-support agents and life-orientation teachers rather than relying on one-off interventions.



Reflections from the SRHR Thematic Cluster Lead

Rouzeh Eghtessadi · SAFAIDS

Knowledge for action: The power to make a difference!

Plenary: Reflections, Questions and Comments on the Chapter



Mentimeter

Can menstrual health be our gateway to the harder SRHR conversations in SADC — comprehensive sexuality education, safe abortion, gender-diverse SRHR — or are the asks still too politically contested?
Vote: 1. Gateway strategy or 2. Direct advocacy on each issue separately.

#ChangetheMap · #Girlchild



#PushForward4Equality · #Post2030

- What the evidence means for the Post-2030 Agenda
- Article 26 of the SADC Gender Protocol is currently silent o menstrual health and limits SRHR to maternal mortality, men and SRH needs, and hygiene/sanitation/nutrition.
- The Alliance's Post-2030 Discussion proposes:
- A dedicated menstrual-health sub-section inside Article 26
- VAT removal on menstrual products across all 16 member states
- An adolescent-SRHR sub-section covering teenage pregnar and return-to-school rights for teen mothers
- Explicit provision for cervical cancer and HPV vaccination
- Commitment to Abuja-Declaration-level domestic health budgets





Call to action:

1. Push SADC to formally mandate the Protocol review by the end of 2026
2. Scale SA's SDIF, Zimbabwe's Education Amendment Act and Namibia's VAT reform regionally
3. Share local evidence with the SRHR Thematic Cluster — country progress becomes regional pressure

#Girlchild · #PushForward4Equality · #Post2030

Thank you!

25 YEARS OF SERVICE
GENDER LINKS FOR EQUALITY AND JUSTICE

Southern Africa Gender Protocol Alliance