



**REPORT OF THE SADC PARLIAMENTARY FORUM STANDING COMMITTEE
ON GENDER EQUALITY, WOMEN ADVANCEMENT AND YOUTH
DEVELOPMENT FOR THE PUBLIC HEARING HELD UNDER THE THEME
“CONSOLIDATING DEMOCRACY BY BRINGING PARLIAMENT TO THE
PEOPLE”**

Mr President, I beg to move that this Plenary Assembly do adopt the Report of the SADC Parliamentary Forum Standing Committee on Gender Equality, Women Advancement and Youth Development laid on the table on 5th December 2022.

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1.0 COMPOSITION OF THE COMMITTEE

The Committee consisted of the following Members:

1. Hon. Shally Josepha Raymond, MP, Tanzania (**Chairperson**)
2. Hon. Paula Kooper, MP, Namibia (**Vice Chairperson**)
3. Hon. Iida de Fatima da Silva Almeida Martins, MP, Angola
4. Hon. Talita Monnakgotla, MP, Botswana
5. Hon. Anne-Marie Mbilambangu, MP, DRC
6. Sen. Busisiwe Dlamini, MP, Eswatini
7. *To be advised* (Lesotho)
8. Hon Marie Jeanne d’Arc MASY GOULAMALY, MP, Madagascar
9. Hon. Roseby Gama Gadama, MP, Malawi
10. Hon Marie Joanne Sabrina Tour, MP, Mauritius
11. Hon. Maria Marta Fernando, MP, Mozambique
12. Hon. Kelly Samynadin, MP, Seychelles
13. Hon. Nkhensani Kate Bilankulu, MP, South Africa
14. Hon. Jeffrey Mulebwa, MP, Zambia
15. Hon. Goodlucky Kwaramba, MP, Zimbabwe

2.0 TERMS OF REFERENCE

The mandate of the Standing Committee on Gender Equality, Women Advancement and Youth Development is stipulated in Rule 42(a) of the SADC PF Rules of Procedure.

3.0 NUMBER OF MEETINGS HELD AND MEETING DATES

The Standing Committee on Gender Equality, Women Advancement and Youth Development held one Public Hearing on Friday, 25th November, 2022 under the theme “*Consolidating Democracy by Bringing Parliament to the People.*”

4.0 BACKGROUND

Prior to the 52nd Plenary Assembly Session, the Standing Committee on Gender Equality, Women Advancement and Youth Development had the opportunity to directly interact with SADC citizens and the citizens’ representatives in order to capture current and emerging issues which were topical, with the view to giving some relief to the citizens of SADC in light of the prevailing strained socio-economic climate. The SADC Parliamentary Forum had over the years endeavoured to promote continuous engagement between Members of Parliament and citizens of the SADC region. This was because the Forum took cognisance that democracy took multiple forms with parliamentary democracy being at the core. The holding of Public Hearings, public awareness campaigns

and roundtable meetings, therefore, was intended to enable citizens and civil society organisations to directly engage their elected representatives and raise concerns on various topics of interest.

Against this background, the Committee held a one day public hearing focusing on the thematic content which included the protection of children against sexual abuse and exploitation; the widening gender divide during economic recession; gender-based violence at home and at work; why girls dropped out of school; why women struggled to find employment; and how women were affected by practices such as Female Genital Mutilation (FGM), among others.

5.0 SUMMARY OF PRESENTATIONS

Various presentations were made before the Committee, focusing on the identified thematic areas as set out below.

5.1 Presentation on the Protection of Children against Sexual Abuse and Exploitation by Mr Skubuja Marebe, from Afrika Tikkun

- 5.1.1 In South Africa, twenty-eight children were violently attacked each day. Three children were murdered while another three survived attempted murder, and another twenty-one suffered grievous bodily harm. Some of the cases never saw the light of day as they fell through the cracks of the porous police system.
- 5.1.2 Children were reported to be sexually assaulted, dumped in ditches, kidnapped and very often found with their bodies mutilated. South Africa was slowly becoming the worst place for children to thrive.
- 5.1.3 In theory, the South African Constitution was very particular in promoting and safeguarding children. For example, section 28 of the Bill of Rights stated that every child had the right to basic shelter, healthcare and social services. Children also had the right to be protected from maltreatment, neglect, abuse or degradation. Despite this provision, nearly thirty children met their premature fate in a very violent manner each day.
- 5.1.4 There was need for the establishment and maintenance of a Command Centre on Violence against Children (VAC) to ensure that crimes and violence against children were specifically addressed separately from Gender Based Violence.
- 5.1.5 There was need for increased funding for child protection services for organisations which solely operated to protect and safeguard children's well-being.

- 5.1.6 There was need for strengthened preventive and positive disciplinary measures to curb violence in schools. Most schools in affluent suburbs were strategically placed in resourceful communities which had visible policing by private security firms and not the South African Police, which constantly patrolled school premises and surrounding areas.
- 5.1.7 There was need to adopt comprehensive norms and standards to guide the provision of transportation for children with disabilities. School buses only had provision for one wheelchair per trip. Therefore, a bus could only carry one child on a wheelchair in a bus full of seats for able-bodied children.
- 5.1.8 In Zambia, many children were victims of sexual, physical or emotional abuse in their homes which led to high rates of psychological and emotional breakdowns and suicides.
- 5.1.9 Most victims lived with their perpetrators, who were either the guardian, parents or relatives.
- 5.1.10 Cases of abuse were rarely reported, especially where the perpetrator was a family member. If at all they were reported, cases were quickly withdrawn for various reasons. More often than not, perpetrators were released before the cases went to court.
- 5.1.11 Statistically, Zambia had one of the highest rates of child marriage in the world. Many girls in Zambia were married off before the age of eighteen as this was permitted under customary law. About 53.2 percent of the Zambia population was young. Out of this, 44 percent were married off before the age of eighteen.
- 5.1.12 The African Child-friendly Index placed Zambia at number twenty-two out of fifty-four countries with regard to the promotion of the well-being of children.
- 5.1.13 In July, 2022, Zambia enacted the *Children's Code Act, No. 12 of 2022* to reform and consolidate the law relating to children, provide for parental responsibility, custody, maintenance and provide for procedures for the treatment of children in conflict with the law, among others. The law also banned child marriage.

5.2 Presentation on Reasons Why Young Women Struggled to find Employment in the SADC Region by Ms Tsitsi Masvusvu from the Sexual Reproductive Health Rights Africa Trust (SAT)

- 5.2.1 According to the International Labour Organisation (ILO) Report with the MasterCard Foundation, there were higher unemployment rates among

young women than their male counterparts. The global proportions stood at 18.6 percent for young men and 10 percent for young women respectively. 75 percent of women were in informal employment.

- 5.2.2 Factors that hindered young women's access to employment were deeply entrenched in the social norms and values, and they acted as barriers to sustainable and secure employment. Due to these social norms, young women ended up with teenage pregnancy which in itself was an impediment in the labour market.
- 5.2.3 There were no policies to support the continuation of education by young girls and women once they dropped out of school due to pregnancy. For the majority of young women and adolescent girls, education levels remained low which meant that they could not get high paying jobs. Available jobs were in the informal sector and this made them vulnerable to sexual exploitation.
- 5.2.4 Young women and adolescent girls, especially in rural areas, lacked skills. This meant that they did not have much to contribute to the economy and ended up getting married early. The situation was worse in rural areas because they had no access to education and basic health services such as Sexual Reproductive Health and Comprehensive Sexuality Education.
- 5.2.5 Young women lacked resources and capital to set up businesses as they were considered to be a high risk group. Despite their eagerness and zeal to be self-sufficient, these women were at a disadvantage. For example, in the agriculture sector, most women were not allowed to own land and yet they spent most of their time cultivating the land.
- 5.2.6 Religion was one of the factors that affected women's access to employment. In some religions, women were not allowed to work or earn an income. Women struggled to find employment mainly in the transport, engineering construction sector and government departments.
- 5.2.7 An analysis of gender pay gap in most countries indicated that women were paid less than their male counterparts for equal work. The causes of this were systematic, meaning that they stemmed from perceptions, conscious or unconscious, that people had about the value of women's work and the types of work that women were suited for. These perceptions led to women being funneled into lower paying positions on the presumption that women did not have to work or that the work they should do related to child care, home-making or nurturing. This bias against women perpetuated the gender pay gap. There was need to narrow the gender pay gap through minimum living wages and this

needed to be backed up by universal social protection which must be extended to workers in both informal and formal sectors.

- 5.2.8 According to UN Women, world over, women only made 77 cents for every dollar earned by men and there was a lifetime inequality of income between men and women with more women retiring into poverty.

5.3 Presentation on Why Girls Drop out of School by Ms Foster Mafiala from Sexual Reproductive Health Rights Africa Trust (SAT)

- 5.3.1 Poverty was one of the reasons why girls dropped out of school. Young girls were taken out of school because of financial factors. Due to poverty, many girls were married off and ended up getting pregnant while they were still very young. Girls were also employed as domestic workers to earn income for their families.

- 5.3.2 There were religious and traditional beliefs that educating a girl child was a waste of resources. The sad reality was that some parents still harboured such beliefs.

- 5.3.3 Access to Comprehensive Sexuality Education, SRH services, contraception and anti gender-based violence measures could help keep girls in school. The majority of the girls dropped out of school due to teenage pregnancy. The promotion of sexual reproductive health rights would ensure that girls were knowledgeable about their bodies. The silence on SHR services and Comprehensive Sexuality Education ought to be broken because it was the young women and girls who faced the consequences of not accessing these services.

- 5.3.4 Period poverty was one of the challenges that made girls drop out of school. There were many cases where adolescent girls were unable to continue with school because of the lack of sanitary wear.

5.4 Presentation on how Practices such as Female Genital Mutilation affects the Lives of Women

- 5.4.1 Female Genital Mutilation (FGM) was a social phenomenon that was deeply rooted in Africa's social, cultural and religious facets. FGM was a sequence of procedures carried out on the genitals of females of different ages, including the total or partial removal of the female external genitalia or other injuries to the female genital organs for non-medical reasons. Other versions of FGM included the practice of labia elongation where girl children had their genitalia pulled out and extended with the sole purpose of giving their male partners greater sexual satisfaction.

- 5.4.2 The practice was predominantly practiced in Africa, Asia and Australia. In Southern Africa, the practice was not prevalent. However, about 10 percent and 0.3 percent of girls in Tanzania and Uganda respectively were victims of FGM. Research and data collection revealed that the prevalence was higher in the two countries. Generally, Southern Africa had very few cases of FGM compared to other parts of the continent. This notwithstanding, a case of FGM was a case too many. Further, there was no empirical evidence or data on the practice of FGM within Southern Africa. It was reported that some communities in South Africa, Zimbabwe and Zambia practiced FGM but there was no data to support this.
- 5.4.3 Young people made up about 60 percent of the population in Africa. It was estimated that about 68 million girls were at risk of undergoing FGM by 2030.
- 5.4.4 The practice violated child rights as it was mostly carried out on minors. Traditional circumcisers, who frequently served important roles such as birth attendants, carried out the procedures. FGM only served to damage healthy and normal female genital tissue and interfered with the natural functions of girls' and women's bodies.
- 5.4.5 FGM had psychological effects including depression, anxiety, Post Traumatic Stress Disorder (PTSD) and loss of self-esteem. It also caused scar tissue and increased the risk of child-birth complications such as difficult delivery, excessive bleeding and caesarian section births. It also increased the number of newborn deaths. A recent study found that compared to women who had not been subjected to FGM, those who had undergone FGM faced a significantly greater risk or requiring a Caesarian section, an episiotomy and an extended hospital stay, and also suffering post-partum haemorrhage.

5.5 Testimony on Stigma and Freedom from Fear – Being HIV Positive Leads to Abuse: How Living Positively Impacted the Life of Peggy Ruze

Being HIV positive entailed that Ms Peggy Ruze had no peace of mind because society had much to say. Stigma and discrimination was a big problem because people her age started to shun her. As a result, she isolated herself in fear of being stigmatised and discriminated against. She even stayed away from school for fear of being mocked by her peers. As far as society was concerned, Anti-Retroviral Treatment or ART was a curse.

At eighteen, she met a young man whom she fell in love with. When their relationship became serious, Peggy considered disclosing her status to her fiancé but was afraid of losing him. Society and her family disclosed her status to her fiancé who confronted her about it. When she admitted to being HIV positive, he

ended the relationship and peddled lies about how he had been seduced by Peggy. No one wanted to be in a relationship with her after that. Instead of shielding and protecting her, Peggy's family stigmatised and discriminated against her, and as a result she defaulted on her treatment.

Peggy started counselling sessions at the Rosaria Memorial Trust and regained her confidence and self-esteem. She no longer feared and had the courage to stand up for herself and fight for her rights as a citizen with goals to achieve.

6.0 COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

Against the background of the presentations received, the Standing Committee on Gender Equality, Women Advancement and Youth Development:

1. **AWARE** that children had the right to be protected from maltreatment, neglect, abuse or degrading treatment;
2. **ACKNOWLEDGING** that there was need for increased funding for organisations which solely operated to protect and safeguard children's well-being;
3. **RECOGNISING** that there was need for strengthened preventive and positive disciplinary measures to curb bullying or violence in schools;
4. **NOTING** that there was need to adopt comprehensive norms and standards to include provision for transportation for children with disabilities;
5. **AWARE** that factors that hindered young women's access to employment were deeply entrenched in the social norms and values which acted as barriers to employment that had security and was sustainable;
6. **DEEPLY CONCERNED** that there were no policies to support the continuation of education by young girls and women once they dropped out of school;
7. **REALISING** that young women in rural areas lacked skills, resources and capital to start businesses and were considered to be a high risk group by lending institutions;
8. **ACCEPTING** that there was need to narrow the gender pay gap through minimum living wages to be backed up by universal social protection extended to workers in informal and formal sectors;
9. **NOTING** that poverty was one of the reasons why girls dropped out of school;

10. **REALISING** that access to Comprehensive Sexuality Education, SRH services, contraception and anti gender-based violence measures could help keep girls in school;
11. **SADDENED** that many girls dropped out of school because of lack of sanitary wear or “period poverty”;
12. **CONCERNED** that Female Genital Mutilation (FGM) was a social phenomenon that was deeply rooted in Africa’s social, cultural and religious facets;
13. Further **CONCERNED** that there were communities in South Africa, Zambia and Zimbabwe that practiced FGM but there was no empirical evidence or data to support this;
14. **APPALLED** that FGM was mainly carried out on minors and was a violation of their rights;
15. **REGRETTING** that FGM had psychological effects including depression, anxiety, Post Traumatic Stress Disorder (PTSD) and loss of self-esteem;

The Committee now, therefore, recommends to the 52nd Plenary Assembly to:

1. **APPEAL** to SADC Members States to increase funding for child protection services and to organisations which solely operate to protect and safeguard children.
2. **URGE** National Parliaments to strengthen preventive and positive disciplinary measures to curb violence in school, especially with regard to bullying
3. **URGE** Member States to adopt comprehensive norms and standards to guide the provision of transportation for children with disabilities as they are among the most vulnerable groups in the region
4. **ENCOURAGE** National Parliaments to reform legislation relating to children and create awareness through increased sensitisation of national laws. Enact legislation that criminalises the practice of getting children on the pretext of enrolling them in school and using them in domestic work; ban child marriage and abuse of children; and ban the withdrawal of reported cases of sexual abuse and exploitation until they are heard by a competent court of law.
5. **APPEAL** to Member States to formulate policies and laws that eliminate the different hurdles that young women face when seeking employment.

6. **ENSURE** that Member States, in accordance with the 2030 Agenda, work tirelessly to eliminate the gender gaps that exist in the labour market by ensuring that young women access different commodities and services, especially loans and capital for entrepreneurship.
7. **URGE** Member States to support re-entry policies that seek to improve education opportunities for girls and young women who fall pregnant while in school
8. **APPEAL** to Member States to consider heightening Comprehensive Sexuality Education programmes and Sexual Reproductive Health services in schools as this will contribute to the reduction in teenage pregnancy
9. **APPEAL** to Member States to put appropriate programmes and policies to ensure that every girl child in school has access to free sanitary wear.
10. **URGE** Member States to formulate stiffer laws to govern how judicial systems in the region handle cases of sexual harassment and sexual exploitation and establish special courts to deal with cases of sexual exploitation in a fast track manner
11. **ENCOURAGE** Member States to formulate programmes and associations that will train young women in entrepreneurial skills to enable them earn income for empowerment and increase development programmes for young women
12. **URGE** Member States to be attentive to youth creativity and innovation. Member States should invest highly in technical vocational education and training (TVET) institutions
13. **ENCOURAGE** Member States to enhance coordination and dialogue with different stakeholders such as civil society organisations (CSOs), women's rights organisations, the youth, especially adolescent girls for a unifying voice to end the practice of Female Genital Mutilation. Further **ENCOURAGE** Member States to collaborate very seriously with religious and traditional leaders on issues around Female Genital Mutilation. National Parliaments should enact laws to address FGM with regard to the protection, prevention and prosecution of perpetrators of FGM
14. **CALL upon** Member States to continue raising awareness against discrimination and stigma against people living with HIV/AIDS.

7.0 CONCLUSION

The Committee is hopeful that the opportunity to interact directly with the citizens of the SADC region has bolstered confidence in the benefits of parliamentary engagement with Members of Parliament at national and regional level. Further, the Committee is aware that there is need for more meaningful engagement with the citizens of the region, particularly that the Forum is in the process of transforming into a consultative and deliberative SADC Regional Parliament. Furthermore, the Committee is of the view that actively engaging the youth in sustainable development efforts is critical to achieving sustainable, inclusive and stable societies.

The Committee wishes to express its gratitude to all the SADC citizens who attended the Public Hearing and especially those who interacted with the Members of the Committee on the various socio-economic ills that the region is facing in the current climate. The Committee also thanks the Secretary General and the Secretariat for the support and guidance rendered to it during the hearing. The Committee is also indebted to the resource persons for their presentations and testimonies on the various thematic issues of focus.

8.0 APPENDICES

Appendix I – List of Officials

Ms Boemo Sekgoma, Secretary General
 Ms Yapoka Mungandi, Director – Administration, Finance and Human Resources
 Ms Clare Musonda, Director – Corporate Governance
 Ms Betty Zulu, Committee Secretary/Rapporteur – GEWAYD
 Mrs Sharon Muteto Nyirongo, Committee Secretary/Rapporteur – FANR
 Ms Paulina Kanguatjivi, Assistant Procedural Officer and Coordinator
 Mr Ronald Windwaai, Webmaster
 Ms Agnes Lilungwe, Executive Assistant to the Secretary General

Appendix II –Presenters

Mr Makananelo Makape – Regional Psychosocial Supportive Initiative (REPSSI) in partnership with the Nelson Mandela Children’s Fund and Afrika Tikun
 Ms Tsitsi Masvusvu – Sexual Reproductive Health Rights Africa Trust (SAT)
 Ms Foster Mafiala – Sexual Reproductive Health Rights Africa Trust
 Ms Peggy Ruze – Sexual Reproductive Health Rights Africa Trust
 Ms Lisa Mawuwa from the Southern Africa Youth Forum (SAYoF)
 Professor Ezra Chitando – World Council of Churches Southern Africa
 Ms Grace Uwizeye – United Nations Population Fund

Appendix III – Observer Organisations

Administracao Municipal de Ombadja, Angola
 African Youth Parliament, Botswana
 Botho University, Botswana
 GIZ BW, Botswana
 SRHR Africa Trust, Botswana
 Afriyan, Comoros
 AU Volunteer, DRC
 Southern Africa Youth Forum (SAYoF), DRC
 New Hope, DRC
 APHRC, Kenya
 Technical University of Kenya
 UNFPA, Kenya
 Together 4 Society, Kenya
 UNAIDS, Lesotho
 Safe Haven Foundation, Lesotho
 National University of Lesotho
 Ministry of Local Government, Lesotho
 Ministry of Finance, Lesotho
 Community Based Social Entrepreneurship Initiative, Lesotho

Ministry of Information, Communication, Science, Technology, Innovations,
 Lesotho
 SheHive, Lesotho
 Mosepele Foundation Development Forum, Lesotho
 The People's Matrix, Lesotho
 Afro-Green, Malawi
 Nkhata Bay District Youth Network, Malawi
 Ministry of Health, Malawi
 Malawi Human Rights Youth Network
 UNESCO, Malawi
 Parliament of Malawi
 The Registered Trustees of Mthunzi Trust, Malawi
 YOFONAT, Malawi
 Youth Network, Malawi
 Youth Action Movement, Malawi
 Malawi Network of AIDS Service Organisation
 Youth Forum for National Transformation, Malawi
 Green Girls Platform, Malawi
 Zatonse Youth Club, Malawi
 Halley Movement, Mauritius
 Kuyenda Collective, Mozambique
 HOPE M Network, Mozambique
 Pan African University, Mozambique
 University of Namibia
 Electoral Commission of Namibia
 Apex Development Initiative, Nigeria
 United for a Purpose Brigade, Seychelles
 SRHR Africa Trust, South Africa
 SAfAIDS, South Africa
 Nelson Mandela Children's Fund, South Africa
 University of Pretoria, South Africa
 University of the Witwatersrand, South Africa
 Tswelopele South African Movement, South Africa
 World Trade Organisation, Switzerland
 Gender Perspective, Tanzania
 TGNP Network, Tanzania
 Champion of People Well-Being, Tanzania
 St John's University, Tanzania
 Parliament of Tanzania
 WiLDAF, Tanzania
 Muhimbili University of Health and Allied Sciences, Tanzania
 University of Dar-es-Salaam, Tanzania
 Open Mind, Tanzania
 Ministry of Justice, Tanzania
 Helping Hand Foundation, Tanzania
 Femme International, Tanzania

Financial Sector Deepening, Zambia
Levy Mwanawasa Medical University, Zambia
Centre for Health Action and Research in Zambia
Step to Care, Zambia
Hivos, Zambia
Zambian Network of Young People Living with HIV
Youth Action, Zambia
Youth for Inclusive Growth and Safe Environment, Zambia
University of Africa, Zambia
Centre for Research, Consultancy and Advocacy on Gender Based Violence,
Zambia
Network of African Peace Builders, Zambia
University of Zambia
Zambia National Traditional Counsellors Association
Gender Division, Cabinet Office, Zambia
Generation Alive, Zambia
Teach for Zimbabwe
Ministry of Youth, Zimbabwe
Precious and Priceless, Zimbabwe
SRHR Africa Trust, Zimbabwe
Plan International, Zimbabwe
University of Zimbabwe
National AIDS Council
Zimbabwe National Organisation of Associations and Residents Trust, Zimbabwe
Women and Girls Development Trust, Zimbabwe
Destiny Mission Organisation, Zimbabwe
Southern Africa Partnerships for the Prevention of Conflict, Zimbabwe
Say What, Zimbabwe
Cultiv8 Africa, Zimbabwe
National Association of Youth Organisation, Zimbabwe
Youth Network Connect, Zimbabwe