



REPORT OF THE SADC PF STANDING COMMITTEE ON HUMAN AND SOCIAL DEVELOPMENT AND SPECIAL PROGRAMMES (HSDSP) TO THE 53RD PLENARY ASSEMBLY SESSION.

THEME: “STRENGTHENING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) IN THE CONTEXT OF CLIMATE CHANGE AND EMERGENCY SITUATIONS”

Mr. President, I beg to move that this Plenary Assembly do adopt the Report of the Standing Committee on Human and Social Development and Special Programmes (HSDSP) to the 53rd Plenary Assembly Session of the SADC Parliamentary Forum, laid on the table in 4 July 2023.

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1.0 COMPOSITION OF THE COMMITTEE

The Committee consisted of the following Members:

1.	Hon. Rosie Bistoquet	Seychelles (<i>Chairperson</i>)
2.	Hon. Kassim Hassan Haji	Tanzania (<i>Vice Chairperson</i>)
3.	Hon. Luisa P. F. Damiao Santos	Angola
4.	Hon. Tshoganetso Leuwe	Botswana
5.	Hon. Ngbonda Daully Nestor	DRC
6.	Hon. Strydom Mpanza	Eswatini
7.	TBA	Lesotho
8.	Hon. Fiarovana Lovanirina Célestin	Madagascar
9.	Hon. Rachel Zulu	Malawi
10.	Hon. Ashley Ittoo	Mauritius
11.	Hon. Jerónima Agostinho MP	Mozambique
12.	Hon. Agnes Kafula MP	Namibia
13.	Hon. Desmond Lawrence Moela	South Africa
14.	Hon. Paurina Mpariwa	Zimbabwe

2.0 TERMS OF REFERENCE

The Terms of Reference of the Standing Committee on Human and Social Development and Special Programmes (HSDSP) are articulated in Rule 42 (e) of the SADC PF Rules of Procedure.

3.0 NUMBER OF MEETINGS HELD, DATE AND THEME

The Standing Committee on Human and Social Development and Special Programmes (HSDSP) convened on 9th May 2023 under the theme, “*Strengthening Sexual and Reproductive Health and Rights (SRHR) in the Context of Climate Change and Emergency Situations*”.

4.0 BACKGROUND

Over the past two decades, SADC member states had become more prone to various emergencies such as droughts, floods, conflicts, and pandemics. These emergencies have increasingly become more erratic and catastrophic – changes which were attributed to the climate change phenomenon marked by global warming, depletion of the ozone layer, and the rise of the sea level. Consequently, the emergencies had exacerbated the pre-existing SRHR challenges, including high maternal mortality, teenage pregnancy, gender-based violence, and limited access to sexual and reproductive health services.

In addition, emergencies had disrupted the healthcare services and supply chains, making it more complex to provide comprehensive SRHR services to those affected. When faced with social crises, Governments also tended to deprioritize SRHR and make regressive steps in the implementation of the right to health. The SADC region had responded to the above situation by regional policy through the “SADC Gender Responsive Disaster Risk Reduction Strategic Plan and Action Plan 2020-2030” which underscored

the need to promote gender responsiveness and ensure that the female gender was not left behind in disaster management policies.

5.0 SUMMARY OF PRESENTATION

The Committee received a presentation on ‘*Strengthening SRHR within the Context of Climate Change and Emergency Situations.*’ The presentation focused on the Minimum Initial Service Package (MISP) Readiness Assessment conducted by UNFPA and its partners. Furthermore, bearing in mind that due to the climate change phenomenon, erratic and sometimes catastrophic weather events had become common within the SADC region. Consequently, while SADC countries had disaster response plans, these plans, policies and legislative frameworks often did not incorporate plans on SRH in Emergencies (SRHiE). Thus, when disaster struck, women and young girls were disproportionately affected due to limited access to adequate SRH commodities as well as increased vulnerability to SRHR violations including sexual and gender based violence.

5.1 Unpacking the Minimum Initial Service Package for SRHiE

- a) The presentation underscored that the MISP was an initiative directed towards ensuring that countries in the East and Southern Africa (ESA) region had a minimum initial service package for SRH in emergencies. Essentially, the MISP was based on the findings obtained through the MISP Readiness Assessment conducted by UNFPA to determine the readiness of countries in the ESA region to provide comprehensive SRH services in emergencies.
- b) Over and above that, the MISP provided a framework for structured and targeted SRH interventions while simultaneously identifying key areas that required further investment. Pursuant to the foregoing, the MISP was anchored on seven key objectives, namely:
 - i. Ensuring the health cluster identified the organization to lead the MISP for SRH.
 - ii. Prevention of sexual violence and responding to the needs of survivors.
 - iii. Prevention and reduction of morbidity and mortality due to HIV and other STIs.
 - iv. Prevention of excess maternal and new-born morbidity and mortality.
 - v. Prevention of unintended pregnancies.
 - vi. Planning for comprehensive SRH services integrated into primary healthcare as soon as possible.
 - vii. Ensuring that safe abortion care was available to the full extent of the law in health centres and hospitals.
- c) The Committee learnt that the MISP was thus a response to the perceived weaknesses of the disaster management and disaster risk reduction institutional and legislative frameworks. These

weakness included weak coordination mechanisms, limited integration of SRHiE in disaster response plans and limited SRH services and products provided during emergencies.

5.2 Regional Perspectives on SRH in Emergency Situations

- a) The Committee gained insight into the regional perspectives on the MISP readiness for countries in the ESA region. In so doing, the Committee noted that the strength of most countries lay within the availability of laws and policies on disaster management and risk reduction, national health preparedness and response plans and mechanisms, coordination mechanisms and warehousing facilities.
- b) However, the Committee was alerted to the fact that while the positive outcomes were evident, there were also concealed weaknesses which compromised the effectiveness of these systems and frameworks.
- c) Pertaining to the legislative landscape around the intersection between SRH and MISP, it was highlighted, much to the dismay of the Committee, that the majority of countries in the ESA region:
 - i. Lacked a robust legislative environment that supported SRH in Emergencies.
 - ii. Had, in countries that had a legislative environment supporting SRH in emergencies, limited integration of SRH/MISP into relevant national policies and laws,
 - iii. Had limited evidence of laws that provided for an integration of SRH and Disaster Risk Management (DRM) in Emergencies.
 - iv. Had limited incorporation of SRH in National Health Preparedness and Recovery plans.
 - v. Had limited and in some instances, weak national and sub-national coordination mechanisms for SRH in emergencies.
- d) As regards the institutional framework, the Committee also learnt that that most countries had limited capacity (equipment, facilities, supplies, financial resources and qualified staff) to provide comprehensive SRH services in emergencies. It was further underscored that the institutional frameworks in most countries were under funded, incapacitated and lacked the required technical expertise to adequately prepare, respond and recover from disaster shocks while simultaneously promoting and protecting SRH.
- e) Moreover, the Committee was alerted to the knowledge that most countries in the SADC region had emergency health

facilities that lacked confidential and safe spaces which compromised the privacy of patients and/or survivors.

- f) This situation was compounded by the limited availability of supplies and commodities for clean delivery and immediate new born care where access to a health facility was not possible or unreliable. Consequently, in emergency situations, maternal and infant morbidity and mortality was unacceptably high.
- g) With reference to inclusivity, the Committee was informed that there was a general lack of adequate Information, Education and Communication material in the relevant languages accessible to all persons. This militated against the fundamental principles of inclusivity and accessibility of basic SRH services in the context of emergency situations.
- h) Impliedly therefore, the Committee observed that such a situation compromised the basic humanitarian needs and rights of affected populations, especially girls and women. Additionally, the Committee became alive to the fact the limitations highlighted above also disproportionately affected the marginalised and underserved communities and populations, including person with disabilities.

6.0 RECOMMENDATIONS

Pursuant to the foregoing deliberations, the Standing Committee on Human and Social Development and Special Programmes:

Cognisant of the Constitutional and sacrosanct mandate to objectively legislate, represent, oversight and budget placed upon Parliamentarians of the SADC region,

Reaffirming that in discharging this mandate, Parliamentarians are obliged to protect and promote the enjoyment of human rights, including SRH, irrespective of physical, geographical and socio-economic environment,

Concerned that due to the evident and ever-imminent threat of climate change in the SADC region, erratic weather events had become more apparent, catastrophic and more complex to predict, prepare for, respond to and/or recover from,

Further concerned that these catastrophic events have increasingly threatened the full and effective promotion, protection and enjoyment of the fundamental human rights, including SRH, during emergencies,

Observing that these catastrophic events have also disrupted the SRH commodity supply chains,

Acknowledging that young girls and women continued to bear the brunt and suffer the protracted burden of disaster response and recovery, yet they were not adequately capacitated to effectively respond,

Encouraged that most countries in the SADC region have disaster management frameworks and National Health Preparedness plans that provide for the capacitation of communities to be able to prepare for, respond to and recover from disasters,

However, **concerned** that these frameworks, plans and policies were silent on the intersections between SRH, climate change, and disaster risk reduction as well as provisions to promote and protect the full enjoyment of SRHiE;

NOW THEREFORE, the Committee recommends to the 53rd Plenary Assembly to:

- i. **Urge** SADC Member States to purposely and continuously pursue the respect, protection and promotion of all fundamental human rights irrespective of the state of the physical, geographical and socio-economic environment. This must include the respect, protection and promotion of SRH in Emergency situations.
- ii. **Call upon** Parliamentarians in SADC Member States to advocate for the ratification, domestication and/or adoption of the various international, continental and regional frameworks such as the Sendai Framework for Disaster Risk Reduction (2015-2030), the Africa Regional Strategy for Disaster Risk Reduction (2016-2030), the SADC Disaster Risk Reduction Strategic Plan (2018-2030) and the SADC Gender Responsive Disaster Risk Reduction Strategic Plan and Action Plan (2020-2030). These frameworks are anchored on a rights and gender-based approach to disaster management, despite being implicit on SRHiE.
- iii. **Implore** Parliamentarians in SADC Member States to progressively review and reform their domestic legislative and institutional frameworks to incorporate the evident and inextricable interlinkages between SRH, climate change and disaster management with a particular and deliberate focus on the promotion and protection of SRH in Emergencies.
- iv. **Encourage** Parliamentarians to urge SADC Member States to strengthen inter-country coordination by adopting the good practices outlined in the SADC Regional Disaster Risk Reduction Framework. This framework aims to strengthen disaster risk reduction capacities within SADC Member States by promoting coordination, information sharing, capacity building, and the implementation of disaster risk reduction measures at the regional, national, and community levels.

- v. **Implore** Parliamentarians to encourage SADC Member States to adopt a bottom-up approach to disaster management with a particular focus on young women, girls, traditional and religious leaders.
- vi. **Urge** SADC parliamentarians to step up advocacy for Member States to allocate adequate financial resources required to strengthen disaster response while, in the same vein ensuring that there are adequate SRH commodities. This must include financial support for the provision of the Minimum Initial Service Packages for SRH in Emergencies and the establishment of one-stop centres for provision of SRH kits during emergencies.
- vii. **Call upon** SADC Member States, in conjunction with the higher and tertiary education sector and relevant partner organisations to develop disaggregated data collection tools necessary to conduct community-based vulnerability assessments. The findings from these assessments will allow for relevant and targeted interventions, including the provision of SRH commodities during emergencies.
- viii. **Draw the attention** of SADC Member States to the reality of the growing interlinkages between SRH, Climate Change and disaster risk reduction which have disproportionately affected women and girls.
- ix. **Urge** SADC PF to develop guidelines or minimum norms for the promotion and protection of SRH in Emergencies.

7.0 CONCLUSION

In the ultimate, the intersections between SRH, climate change and disaster management require urgent attention from the SADC Member States. In particular, evidence suggests that women and girls bear the brunt to the growing extreme weather events, yet the laws, policies and frameworks provide limited protection and do little to promote the enjoyment of their fundamental human rights, including SRH. It is, therefore, imperative that SADC Member States take urgent steps to ensure the mainstreaming of SRHiE in disaster risk reduction frameworks, laws and policies. The Committee commends the SADC PF Secretariat, under the leadership of the Secretary General, for facilitating such a crucial discussion.

Hon. Rosie BISTOQUET
CHAIRPERSON

Munashe TOFA
COMMITTEE SECRETARY

8.0 APPENDICES

Appendix I: List of Officials

1.	Ms Boemo Sekgoma	SADC PF secretariat
2.	Clare Musonda	SADC PF Secretariat
3.	Ms Agnes Lilungwe	SADC PF Secretariat
4.	Ms. Paulina Kanguatjivi	SADC PF Secretariat
5.	Mr Ronald Windwaa	SADC PF Secretariat
6.	Mr Moses Magadza	SADC PF Secretariat
7.	Mr Raj Khooblall	SADC PF Secretariat
8.	Ms Lorenda Bois	SADC PF Secretariat
9.	Mr Denis Gondwe	Malawi
10.	Ms Akhona Dlomo	South Africa
11.	Mr Mompoleki Mosheti	Botswana
12.	Ms Mutombo Yemweru	DRC
13.	Mr Munashe Tofa (Zimbabwe)	Committee Secretary

Appendix II: Resource Person

1.	Mr Matthias Gakwerere	UNFPA
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