



# COMESA GENDER STATISTICS REPORT Volume. 2





# COMESA GENDER STATISTICS REPORT Volume. 2

September 2024







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**ACRONYMS**

AFDB	African Development Bank
AGI	African Gender Index
AIDS	Acquired Immune Deficiency Syndrome
AUC	African Union Commission
COMESA	Common Market for Eastern and Southern Africa
COVID-19	Corona Virus Disease 2019
DHS	Demographic and Health Surveys
EAC	East African Community
ECOWAS	Economic Community of West African States
EDF	European Development Fund
EU	European Union
FGM/C	Female Genital Mutilation/Cutting
FINDEX	Global Financial Inclusion Database
FTA	Free Trade Area
GBV	Gender Based Violence
GDP	Gross Domestic Product
GGGI	Global Gender Gap Index
GLTFP	Great Lakes Trade Facilitation Programme
GNI	Gross National Income
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
IPU	Inter-Parliamentary Union
LFPR	Labour Force Participation Rate
LFS	Labour Force Surveys
MICS	Multiple Indicator Cluster Surveys
MTSP	Medium Term Strategic Plan
NSO	National Statistical Offices
OECD	Organization for Economic Cooperation and Development
SADC	Southern African Development Community
SDG	Sustainable Development Goals



SSCBTI	Small Scale Cross Border Trade Initiative
STR	SIMPLIFIED TRADE REGIME
REC	Regional Economic Community
RECAMP	Regional Enterprise Competitiveness and Access to Market Program
UNDP	United Nations Development Program
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children’s Fund
UNSC	United Nations Statistics Commission
USAID	United States Agency for International Development
UN Women	United Nations Women
WEF	World Economic Forum
WDI	World Development Indicators
WHO	World Health Organization
50MAWSP	50 Million African Women Speak Platform

# FOREWORD

Gender equality and the empowerment of women are essential pillars for the sustainable development of the Common Market for Eastern and Southern Africa (COMESA) region. As we continue to pursue the goals outlined in regional and international frameworks, such as the COMESA Gender Policy, the African Union Agenda 2063, and the United Nations Sustainable Development Goals (SDGs), reliable and comprehensive gender statistics remain a cornerstone of our efforts.

The COMESA Gender Statistics report serves as a vital resource for policymakers, researchers, and development practitioners. It provides an evidence-based foundation to monitor progress, identify gaps, and design targeted interventions aimed at achieving gender parity across all sectors. This edition of the Gender Statistics Report presents a detailed analysis of key indicators, including women's participation in economic activities, political leadership, education, and health outcomes, as well as progress in reducing gender-based disparities.

Notably, this report arrives at a critical juncture when the region faces unprecedented challenges, from economic shocks to the effects of climate change and ongoing recovery from the COVID-19 pandemic. These challenges have exacerbated existing inequalities, particularly among women and girls. The insights contained in this publication underscore the urgency of scaling up investments in gender-responsive policies and programs to ensure no one is left behind.

I wish to commend the COMESA Division of Gender and Social Affairs and the Statistics Unit for their dedicated work in compiling and analysing this crucial data. The data presented in this report are mainly from the United Nations Statistics Database on Gender Statistics, the World Bank Development Indicators as well as other credible open data sources such as COMSTAT. Their commitment to enhancing the availability and accessibility of gender statistics is an invaluable contribution to fostering evidence-based decision-making in our region.

As we move forward, let this report serve not only as a repository of data but also as a call to action for all stakeholders - governments, private sector actors, civil society, and development partners to strengthen their commitments to gender equality. Together, we can build a more inclusive and equitable future for all the people of COMESA.

**Chileshe Mpundu Kapwepwe**

**COMESA Secretary General**

**September 2024**



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The report was jointly prepared by the COMESA Gender and Social Affairs Division and Statistics Unit. The team responsible for the report included Ms. Tsige Tadele Biyazen (Senior Gender Mainstreaming Officer, Gender and Social Affairs Division), Mr. Mohamed H. Abdullahi (Migration Statistical Officer, Statistics Unit), and Ms. Ngawo Banda (Agricultural Statistician, Statistics Unit), under the leadership of Ms. Beatrice Simwapenga Hamusonde (Director, Gender and Social Affairs) and Mr. Themba Munalula (Head of the Statistics Unit).

COMESA expresses special gratitude to Member States, stakeholders, and institutions that contributed to the production of this report.

We also appreciate the contribution of the COMESA Corporate Communications, under the leadership of Mr. Mwangi Gakunga for the technical support, especially on design and layout.

# PREFACE



The demand for gender statistics has increased over the years owing to international conventions and gender mainstreaming in policies. Gender statistics and indicators integrate a gender perspective in the collection, analysis, and presentation of statistical data. Gender statistics play a key role in measuring gender gaps on the basis of agreed indicators that are relevant to the lives of women and men. It helps adequately reflect differences and inequalities in the situation of women and men in all areas of life. In addition, gender statistics assist countries, programmes, and institutions in tracking progress towards the achievement of agreed targets and goals on gender equality. This means that gender statistics can reflect a deeper understanding of women's situations and needs, thereby supporting the analysis of intersecting inequalities.

The COMESA Gender Statistics Report is a pivotal tool in our ongoing efforts to advance gender equality and empower all women and girls across the COMESA region. It provides critical insights into the status of gender parity in economic, social, and political spheres, serving as an evidence-based resource for decision-makers, researchers, and practitioners committed to fostering inclusive development.

The report will contribute to strengthening the availability of gender statistics in the region and at the national level. The report which will be produced annually will assist COMESA to track progress towards the achievement of gender equality and empowerment of women and girls in the region. Member States will also have an opportunity to share and learn good practices. It is our hope that this report will inspire actionable change and guide efforts to close gender gaps across the region. Let us use this evidence to drive policies, programs, and partnerships that will create a more equitable and prosperous future for all people of the COMESA region.

The development of this report would not have been possible without the collaborative efforts of the COMESA Directorate of Gender and Social Affairs, the Statistics Unit. We thank the development partners, particularly the European Union for their commitment to advancing the availability of gender-disaggregated data which is invaluable in our collective pursuit of equality and inclusion.

The report is available in all three COMESA official languages: English, Arabic, and French. The report is also available on the COMESA website.

**Beatrice Simwapenga Hamusonde**

**Director Gender & Social Affairs**

**September 2024**



## CHAPTER ONE: **INTRODUCTION AND BACKGROUND**



## **1.0 Introduction**

1. In the COMESA region, women and men, girls and boys have unique needs, concerns and interests, which demand recognition as well as subsequent actions. Engendering statistics is an approach used to appreciate diversity and address possible gaps, which result from gender disparities between women and men, girls and boys across communities and nations.
2. To be counted is a natural right for women, men, girls and boys as members of a given society and the world at large. This enables recognition of various situations of women and men, girls and boys.
3. Acknowledging gender diversity is the starting point of inclusive and sustainable development that does not leave any woman or man, girl or boy behind. Gender Statistics consider all individuals in society, nation or program and enable well targeted planning and budgeting – allocation of resources and services to address gaps, and unique needs and interest of these groups of people.
4. Gender Statistics assist legal and policy makers to come up with evidence based legal and policy frameworks and program interventions that enable every member of a given society to be recognized, counted and to benefit from development programmes and services equally and equitably as appropriate.
5. In this regard, the COMESA Treaty in Articles 154 and 155 recognizes status disparities between women and men in the Member States. The Treaty outlines different measures to be undertaken by Member States to ensure effective participation of women in regional economic integration as well as to ensure women benefit from development programmes both at national and regional level.
6. In cognizant of the provisions of the Treaty, COMESA has been in action to facilitate the creation of conducive policy and legal environment for the institutionalization of gender to ensure equity and equality between women and men at all levels, and social development. These have been and will remain to be the cornerstone of COMESA gender work.
7. Further, the general principle of recognizing the need for the effective participation of women in regional economic integration is elaborated in the COMESA Gender Policy and COMESA Social Charter. The Gender Policy and Social Charter outline the implication of Articles 154 and 155 of the COMESA Treaty on Gender Equality and Empowerment of Women, and Articles 110, and 143 on Health and Social Development at policy and programme levels. The Social Charter addresses issues of employment; social protection, human resource development and youth empowerment; wellbeing of the child; education, training and skills development; health care and others which are key to human development in line with the mandate of COMESA.

8. Gender Statistics have a significant role in defining the diverse needs, concerns and interests of women, men, youth and girls and boys across sectors in the region. Measuring progress towards the achievement of gender equality and empowerment of all women and girls would be impossible without collection, analysis and reporting on gender statistics across sectors. In this regard, ensuring availability of gender statistics is mandatory to identify obstacles, solutions and to measure progress towards the achievement of gender equality and empowerment of all women and girls in the region.
9. The COMESA Gender Statistics Report is a further attempt to report about women and men, girls and boys and youth in the region, using the secondary data from various sources. Thus, the data presented in this report is mainly from the United Nations Statistics Database on Gender Statistics and the World Bank Development Indicators as well as other credible open data sources. A thematic chapter on Small scale cross border trade and gender related statistics is added.
10. The report was produced by the COMESA Gender and Social Affairs Division in conjunction with the Statistics Unit. The report highlights the situation of women and men, girls and boys in different sectors, especially in social development and economic sectors in the region.
11. The thematic areas covered in the report include: population and gender gaps; economic empowerment of women and youth; maternal, child and adolescent health, and HIV and AIDS, education, training, science and technology, human rights issues, leadership, politics, and decision-making.
12. The methodology used in the development of the report was a combination of desk research from available databases as well as consultation with relevant stakeholders.

## **1.1 Demographic Characteristics of the COMESA Region**

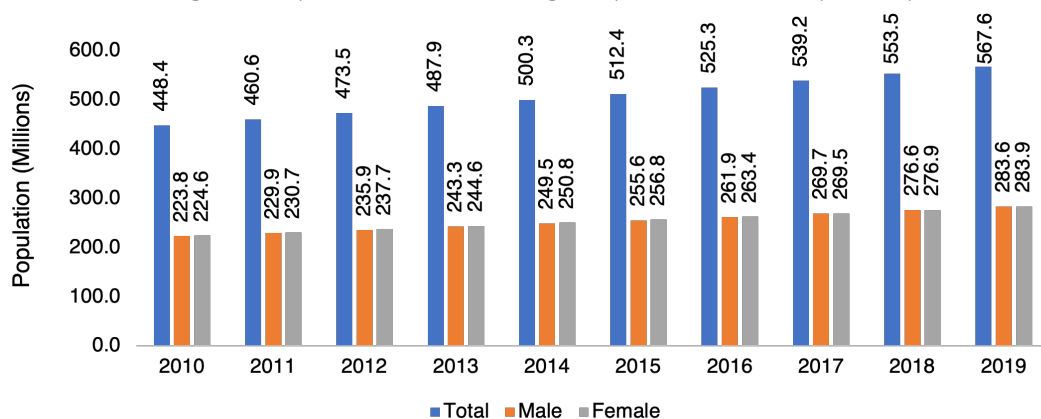
13. This section looks at the demographic characteristics of the COMESA region in terms of total population, country area, population density and composition in terms of location (Urban and Rural). In addition, it details the population by sex as well as the sex ratio of the region and gives insight into population growth rates. Moreover, the chapter looks at the age composition of the population both at regional and the proportion of youth below the age of 25 at member state level by area to see population density and where population growth is rising. The data for each country was obtained from the African Development Bank (AfDB) database and open data portal and the Gender Indicator Report produced by the World Bank.

## **1.2 Population by Area- Rural and Urban Population**

14. The total population in the region increased significantly between 2010 and 2019. In 2010, the region recorded 448.4 million people. This number has increased steadily over the years,

with 2019 recording a total population of 567.6 million people, which means that there was an increase of 119.2 million people, or 26.6 per cent from 2010 to 2019, equivalent to an average annual growth rate of 2.7 per cent. In 2019, the results indicate equal proportions of the two sexes. The male population accounted for 49.99 per cent while female population accounted for 50.01 per cent (Figure 1).

Figure 1: Population of COMESA Region by sex, 2010 – 2019 (millions)

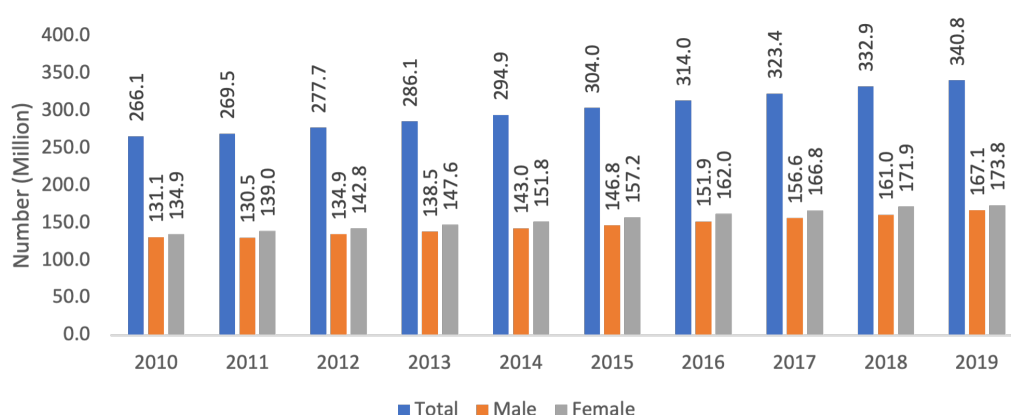


Source: COMESA Migration report

### 1.3 Working Age Population

15. The working age population (aged 15 and over) in COMESA in 2010 was 266.1 million, while in 2019 the region recorded 340.8 million people, which represents an increase of 28.1 per cent during the period under review. A difference between males and females can be observed in that the female working-age population increased by 26.7 per cent over the period 2010 to 2019, while the corresponding male growth rate was 28.8 per cent. In 2019, the results showed that the males accounted for 49.0 per cent while the females also accounted 51.0 per cent (Figure 2).

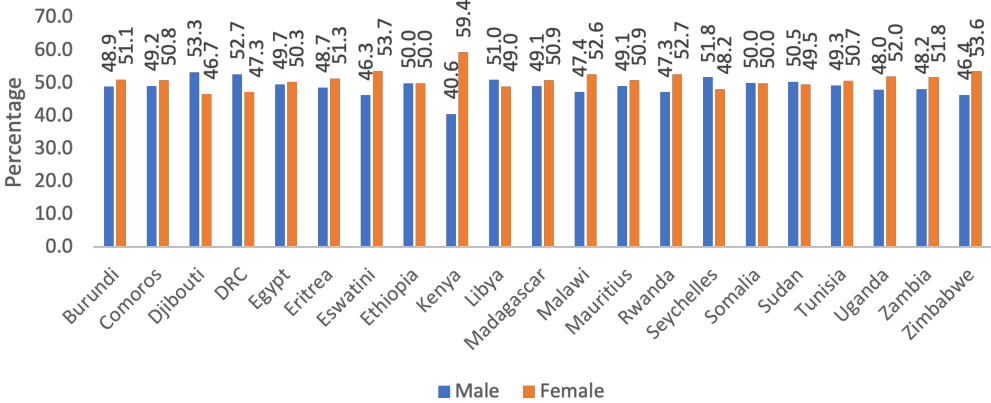
Figure 2: Working-age population in COMESA region, by sex, 2010–2019 (millions)



Source: COMESA Migration report

16. In 2019, the results indicated that Kenya, Eswatini and Zimbabwe had the highest number of females working age population at 59.4, 53.7 and 53.7 per cent respectively comparing to other member states. The results also show that Burundi, Comoros, Egypt, Eritrea, Madagascar, Malawi, Mauritius, Rwanda, Tunisia, Uganda, and Zambia had higher female proportion of working population than the male between 50.3 to 52.6 per cent (Figure 3).

Figure 3: Per cent distribution of working-age population in COMESA region, by country and sex 2019 (Per cent)

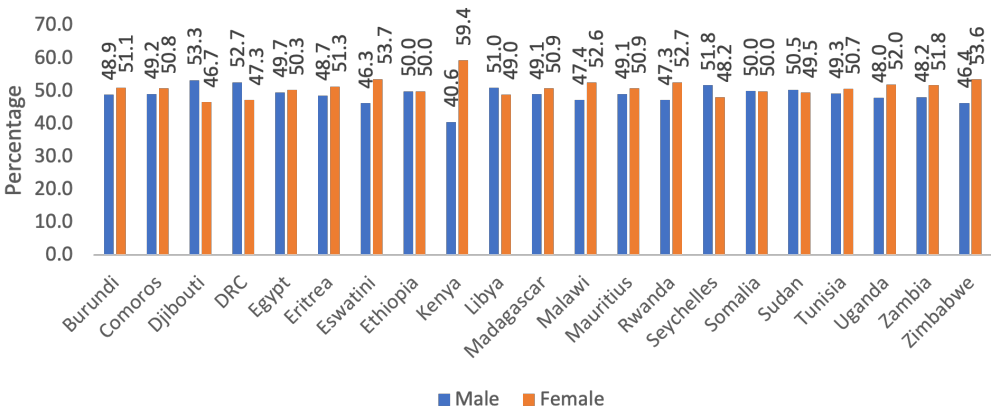


Source: COMESA Migration report

#### 1.4 Population by Age and Sex

17. The figure 4 depicts the COMESA distribution by age and sex in 2020. The results indicated that the largest age group is infant aged 0-4, in this age group male children exceeded female children in the same age range by 1 per cent.

Figure 4: COMESA Population Distribution by age and sex, 2020

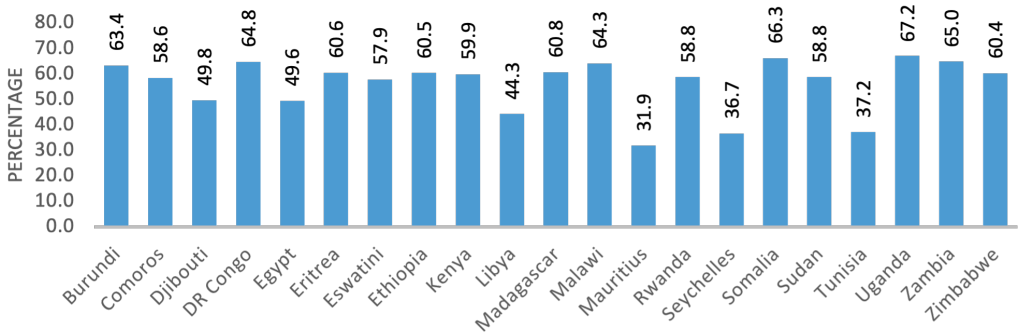


Source: African Development Bank AfDB Socio-economic database, November 2021.

18. In 2020, there were around 60 per cent population aged 0-25 years in COMESA member

countries such as Burundi, DR Congo, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Somalia Uganda, Zambia and Zimbabwe. In Comoros, Djibouti, Egypt, Eswatini, Libya, Rwanda, and Sudan the population aged 25 years and younger amounted to approximately 40 to 60 per cent. On the other hand, in Mauritius, Seychelles, and Tunisia the proportion of total population less than 25 years were less than 40 per cent as of the same year. The COMESA region is made up mostly of a youthful population, fifty-six per cent (56 per cent) of the population is under the age of 25. (Figure 5).

Figure 5: Proportion of total population less than 25 years in 2020 in COMESA Member States



Source: Gender Indicators Report Database, 2021





## CHAPTER TWO: **ECONOMIC EMPOWERMENT OF WOMEN AND YOUTH**



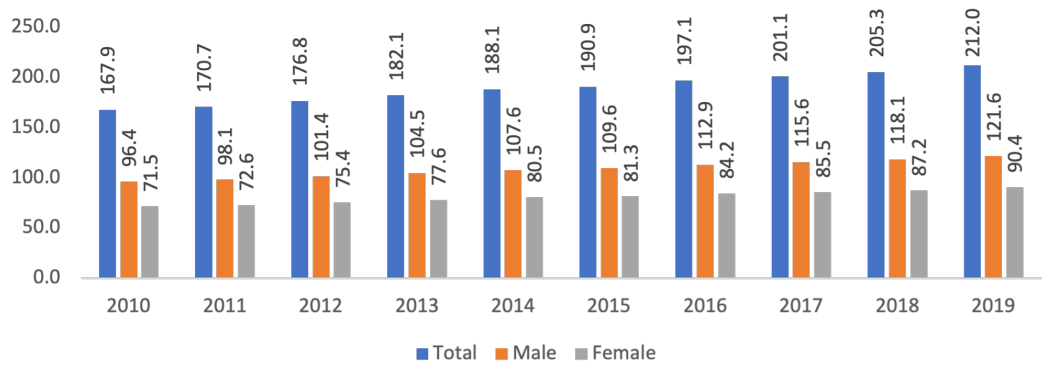
## **2.0 Women Economic Empowerment**

19. Reducing economic inequalities among women and the youth is one of the many steps towards gender equality, poverty reduction, inclusive and sustainable economic growth. This section looks at women's participation in the labour force (the sum of employed and unemployed persons) as well as in the businesses and financial sectors. It highlights the rate of participation of women and men in the business sector (primary, secondary, tertiary, and Quaternary) except agricultural sector by looking at the participation of women in business and participation at various levels of the value chains. Lastly, Women and youth economic empowerment initiatives undertaken by COMESA are highlighted.
20. The targets of the COMESA Gender and Social Development Reporting Guidelines on this thematic area of women economic empowerment are listed below:
  - i. Reduce 2013 women unemployment rate by 2 per cent per cent annum;
  - ii. By 2030 achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value;
  - iii. Reduce poverty among women by at least 50 per cent.

### **2.1 Labour Force Participation Rate**

21. The labour force as defined by ILO comprises all persons of working-age who furnish the supply of labour to produce goods and services during a specified time-reference period. It refers to the sum of all persons of working-age who are employed and those who are unemployed. It constitutes the total of all persons of working-age who are present in the country for measurement as usual or non-usual resident.
22. The COMESA region recorded 167.9 million people of labour force in 2010 while in 2019 the region recorded 212.0 million people, which represents an increase of 26.3 per cent. The population of females in the labour force in 2010 was 71.5 million while in 2019 it increased to 90.4 million, and the population of males in the labour force increased from 96.4 million in 2010 to 121.6 million in 2019. The number of females in the labour force increased by 26.4 per cent, while that of males increased by 26.1 per cent. In 2019, men in labour force in the COMESA region accounted for 57.4 per cent of the total labour force compared to 42.6 per cent for females.

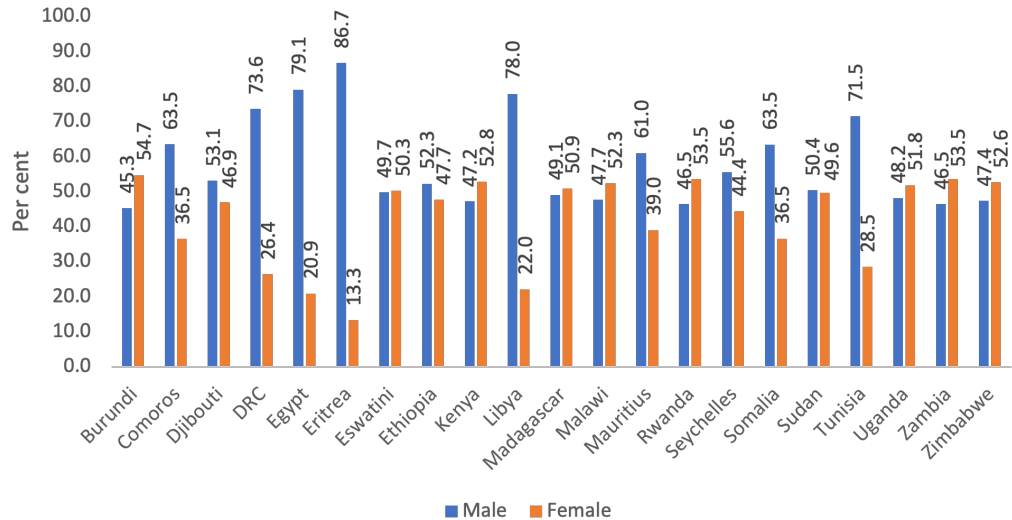
Figure 6: Labour force in COMESA region, by sex, 2010–2019 (millions)



Source: COMESA Migration report

23. The distribution of labour force in 2019 by country and sex within COMESA show that Burundi Rwanda, and Zambia had the highest proportion of females in the labour force, at 54.7 per cent in Burundi while Rwanda and Zambia at 53.5 per cent. The results further indicated that the countries Kenya, Zimbabwe, Malawi, Uganda, Madagascar, and Eswatini, had relatively higher per cents of females than males in their distribution of labour force at 53.5, 52.8, 52.6, 51.8, 50.9, and 50.3 per cent respectively. The lowest per cent of females in the labour force within each country was recorded in Eritrea at 13.3 per cent (Figure 7).

Figure 7: Per cent distribution of labour force in COMESA region by country and sex distribution 2019 (Per cent)

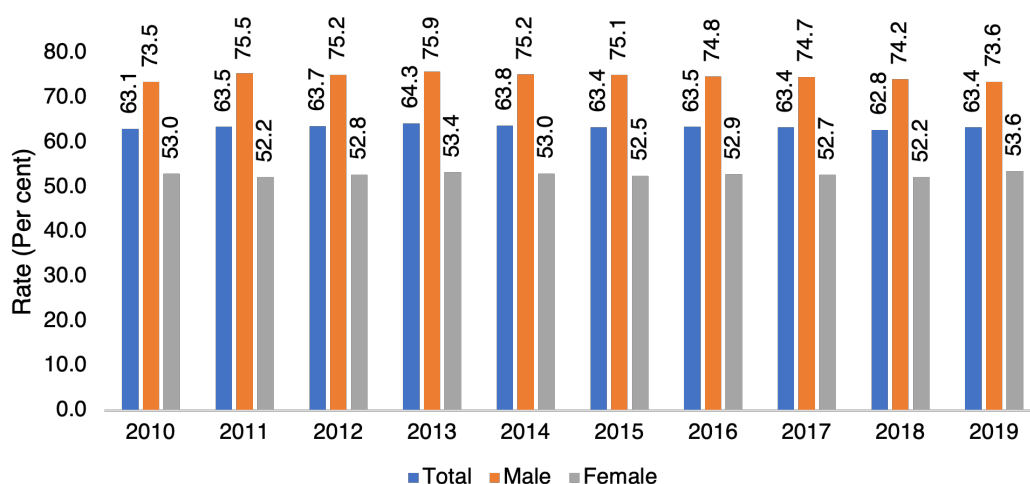


Source: COMESA Migration report

## 2.2 Female Labour Force Participation Rate

24. The labour force participation rate (LFPR) expresses the labour force as a per cent of the working-age population (ILO). It gives an indication of the size of the supply of labour available to engage in the production of goods and services, relative to the working-age population.
25. The LFPR for the region in year 2010 was 63.1 per cent with males having a higher participation rate of 73.5 per cent, while that of females was 53.0 per cent. Throughout the ten-year reporting period, the males LFPR was consistently higher than that of female's rate. In 2019 male participation rate was 73.6 percent while female labour participation rate was 53.6 percent (Figure 8).

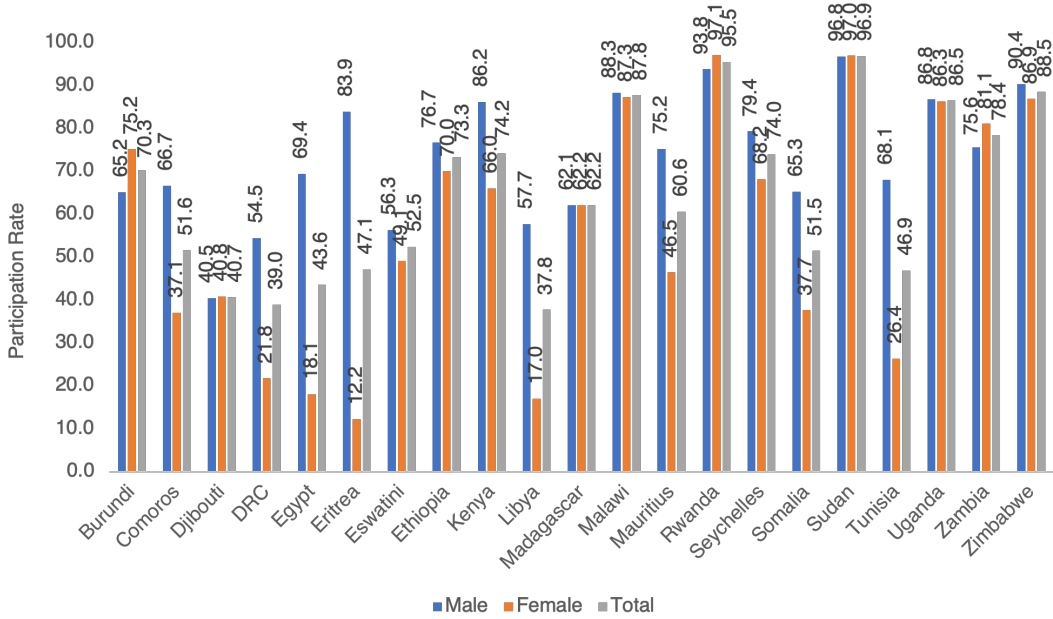
Figure 8: LFPR in COMESA region by sex, 2010- 2019 (percent)



Source: COMESA Migration report

26. The findings of the per cent distribution of LFPR in the COMESA region by country, total and sex in 2019 in each member State indicated that Sudan and Rwanda recorded the highest per cent of LFPR at 96.9, and 95.5 per cent respectively compared to the remaining member states in 2019. The results further show that Sudan recorded the highest participation rate for males and females at 96.8 and 97.0 per cent respectively whereby Rwanda recorded the participation rate of females at 97.1 per cent. In addition, the lowest participation rate in females were recorded in Eritrea, Libya, Egypt, DRC, and Tunisia, which were less than 30 per cent (Figure 9).

Figure 9: Per cent distribution of labour force participation rate in COMESA region by country, total and sex 2019 (Per cent)



Source: COMESA Migration report

27. Table 1 shows the ratio of female to male labour force participation rates in the region from 2010 to 2019. The results indicated that Burundi, Rwanda and Zambia the relationship was higher than 100 per cent over the period under review. This means that there is gender parity in labour force participation or even a higher share of women participating in the labour market than men in the above mentioned countries. The results also indicated that Djibouti, Madagascar, an Sudan that the relationship was close to 100 per cent over the period. The results also showed that the relationship is less than 50 per cent in DRC Congo, Egypt, Eritrea, Libya, and Tunisia.

**Table 1: Ratio of female to male labour force participation rate (per cent) (modelled ILO estimates)**

Country	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Burundi	115.9	115.8	115.8	115.7	103.2	115.6	115.5	115.4	115.4	115.4
Comoros	52.5	52.7	52.9	53.1	53.2	53.4	53.6	55.6	55.6	55.6
Djibouti	99.9	99.9	99.9	100.0	100.0	100.1	100.1	100.2	100.3	100.8
DRC	42.2	33.8	33.8	33.8	33.8	34.0	35.2	35.2	35.2	40.0
Egypt	26.6	26.5	26.6	26.7	26.9	26.0	26.0	25.7	25.6	26.0
Eritrea	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5
Eswatini	94.3	87.2	87.2	87.2	83.3	87.2	83.8	87.2	87.2	87.2
Ethiopia	89.7	89.6	89.4	89.3	89.2	89.2	89.1	89.0	89.0	91.3
Kenya	76.6	76.6	76.6	76.6	76.6	76.6	76.6	76.6	76.6	76.6
Libya	29.5	29.5	29.5	29.5	29.5	29.5	29.5	29.5	29.5	29.5
Madagascar	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Malawi	99.7	99.7	99.8	102.3	99.9	99.9	100.0	100.1	95.4	98.9
Mauritius	58.5	58.1	58.5	60.6	60.6	62.6	61.3	61.3	61.8	61.8
Rwanda	103.5	103.5	102.7	103.0	103.2	103.5	103.8	104.0	104.3	103.5
Seychelles	85.9	85.9	85.9	85.9	85.9	85.9	85.9	85.9	85.9	85.9
Somalia	57.7	57.7	57.7	57.7	57.7	57.7	57.7	57.7	57.7	57.7
Sudan	100.0	100.5	100.5	100.4	100.4	100.4	100.3	100.3	100.3	100.2
Tunisia	38.7	38.7	38.7	38.7	38.7	38.7	38.7	38.7	38.7	38.7
Uganda	99.1	95.5	96.3	93.4	100.8	93.5	94.6	99.4	99.4	99.4
Zambia	70.3	71.6	112.8	101.4	101.5	101.8	105.6	101.6	105.4	107.3
Zimbabwe	95.8	94.7	95.8	95.8	96.9	96.1	96.1	96.1	96.1	96.1
COMESA	72.0	69.2	70.2	70.3	70.5	69.9	70.7	70.6	70.4	72.8

Source: COMESA Migration report

## 2.3 Women in Formal Employment

28. Historically, participation in the formal economy has been one of the most important routes to women's empowerment and increased gender equality. At a global level, participation in the formal economy has been widely recognized as an important vehicle for raising the status of women and promoting gender equality between women and men. Participation in formal sector employment has been probably the most important route to empowerment for women and to increased gender equality in high income countries. The regular wages and salaries, relative job security, prospects for promotion, supplementary benefits and regulated working conditions that characterize formal employment offer a range of potential benefits for women and girls (Cotter et al, 2001).

**Table 2: Wage and Salaried Workers (per cents) and gender gap (per cent points) by country and sex, 2013 and 2019**

Country	2013			2019			Gender Gap male-female (pp)	
	Total	Female	Male	Total	Female	Male	2013	2019
Burundi	15.4	12.2	18.8	14.2	9.6	19.2	6.5	9.7
Comoros	40.5	28.9	48.3	41.6	31.2	48.9	19.4	17.7
DR Congo	18.4	8.9	27.4	20.5	10.5	30.0	18.5	19.5
Djibouti	61.4	54.3	65.9	65.6	58.1	70.4	11.6	12.3
Egypt	61.1	52.0	63.5	69.6	68.6	69.8	11.5	1.2
Eritrea	12.6	12.4	12.6	13.8	13.8	13.8	0.2	0.0
Eswatini	66.9	60.0	73.1	64.9	58.8	70.4	13.1	11.5
Ethiopia	11.8	9.1	14.1	15.9	13.4	18.0	5.0	4.6
Kenya	43.5	34.4	51.8	50.7	42.8	58.4	17.4	15.6
Libya	64.6	66.4	63.7	61.7	64.7	60.2	-2.6	-4.5
Madagascar	10.8	7.9	13.6	12.2	10.4	13.9	5.7	3.5
Malawi	38.7	33.0	43.9	37.9	31.1	44.3	10.9	13.2
Mauritius	79.2	84.5	76.1	80.5	86.5	76.8	-8.4	-9.6
Rwanda	28.8	19.7	38.4	33.7	23.7	44.4	18.7	20.8
Somalia	8.1	3.8	9.3	8.3	3.1	9.9	5.5	6.8
Sudan	43.9	33.0	47.4	45.7	36.5	48.9	14.5	12.4
Tunisia	72.1	81.4	69.1	74.8	85.7	71.4	-12.3	-14.3
Uganda	20.8	14.5	26.7	22.7	16.8	28.3	12.2	11.5
Zambia	21.4	11.8	30.3	26.5	17.8	34.5	18.5	16.7
Zimbabwe	33.8	24.6	43.2	31.3	20.4	42.4	18.6	21.9

Source: Gender Indicators Report WDI 2021

## 2.4 Women Participation in Financial and Business Sectors

29. According to the COMESA Gender and Social Development Reporting Guidelines, the following are some of the targets on this thematic area:

- i. Increase the participation of women entrepreneurs (women owned micro-small-medium-scale enterprises) to affordable credit, financial services, and their participation in agriculture value chains and markets by at least 30 per cent to enhance their capacity and encourage formalization and growth of businesses;
- ii. By 2030 double the agriculture productivity and the incomes of women small-scale food producers through secure and equal economic rights, including the rights to own and inherit property, access to ownership and control over land, inputs, natural resources, sign a contract, save, register and manage a business and own and operate a bank account; and
- iii. At least 20 per cent of women in rural areas have access to and control productive

assets, including land and grants, credit, inputs, financial services and information.

## 2.5 Economic Empowerment through Financial Inclusion

30. Generally, the per cent of women 15 years and older holding an account in a financial institution has increased between 2014 and 2017 of some selected member states with available data. When compared to men holding accounts at financial institution or with a mobile money service provider, the per cent of women with bank accounts is still lower than that of men but the gap is narrowing.

Figure 10: Account ownership at a financial institution or with a mobile-money-service provider (per cent of population ages 15+) for selected Member States\*

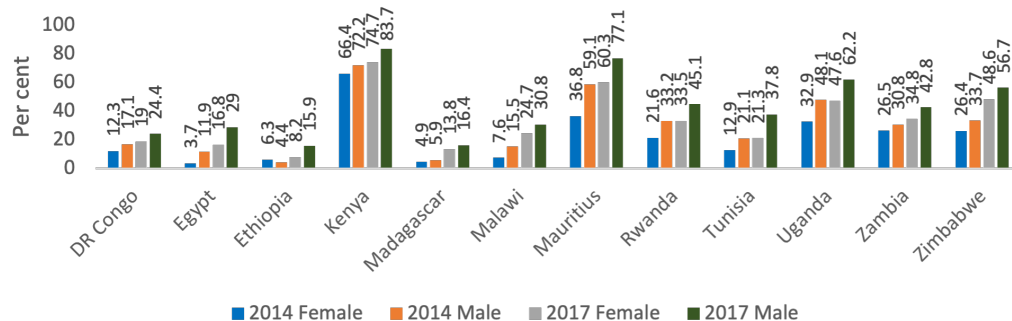


Source: Gender Indicators Report WDI 2021

## 2.6 Digital Payments

31. The use of digital platforms to make or receive digital payments is growing in the region especially between 2014 and 2017. Males aged 15 years and over dominate the digital space over women, highlighting the gender disparity in use of this medium. Less women have mobile phones and access to internet especially in the rural areas. Economies in Eastern Africa and Southern Africa seem to dominate this digital payment space of note are Kenya, Mauritius and Uganda, where the per cent of males using digital platforms exceeded fifty per cent of the population in 2017.

Figure 11: Made or received digital payments in the past year, female and male (per cent age 15+) for selected Member States\*



Source: Gender Indicators Report, WDI, 2021

## 2.7 COMESA Women Economic Empowerment Initiatives

### 2.7.1 The 50 million African Women Speak (50MAWSP) digital platform

32. The 50MAWS platform content is designed to help women entrepreneurs to prosper in their business. The content available on the platform covers the following broad areas: business services, market information, and access to finance, capacity building, social services, and success stories. Specifically, this content provides relevant information on business registration processes, immigration information for cross border traders, legal aid, financial services/products (financial services providers and their products targeted to women), market access information, import and export requirements, learning modules for entrepreneurship, financial literacy and women empowerment initiatives as well as e-resources.
33. The number of platform users in 21 COMESA Member States was 98,476 as of 30 June 2023. With continuous publicity and marketing of the platform, capacity building for women, and partnerships with various organizations and stakeholders, the targeted number of 50 million women to participate on the platform will eventually be achieved (Table 3).



**Table 3:50MAWSP User Statistics, June 2023**

Country	F	M	Total Users	Country	F	M	Total Users
Burundi	1,333	1,176	2,509	Malawi	1,493	1,882	3,375
Comoros	62	50	112	Mauritius	91	78	169
Djibouti	605	671	1,276	Rwanda	1,237	1,284	2,521
DR Congo	4,896	7,701	12,597	Seychelles	251	150	401
Egypt	1,711	3,352	5,063	Somalia	52	132	184
Eritrea	20	14	34	Sudan	105	236	341
Eswatini	610	485	1,095	Tunisia	418	334	752
Ethiopia	3,076	5,224	5,530	Uganda	4,813	5,676	10,489
Kenya	20,323	20,258	40,581	Zambia	2,191	1,713	3,904
Libya	76	103	179	Zimbabwe	2,692	2,841	5,533
Madagascar	922	909	1,831				
				COMESA	56,686	41,790	98,476

Source: 50MAWSP Google Analytics accessed on 30<sup>th</sup> June 2023

Figure 12: 50MAWSP User Statistics by age group, December 2022



Source: 50MAWSP Google Analytics accessed on 30<sup>th</sup> June 2022

## 2.7.2 Small-Scale Cross Border Trade Initiative (SSCBTI)

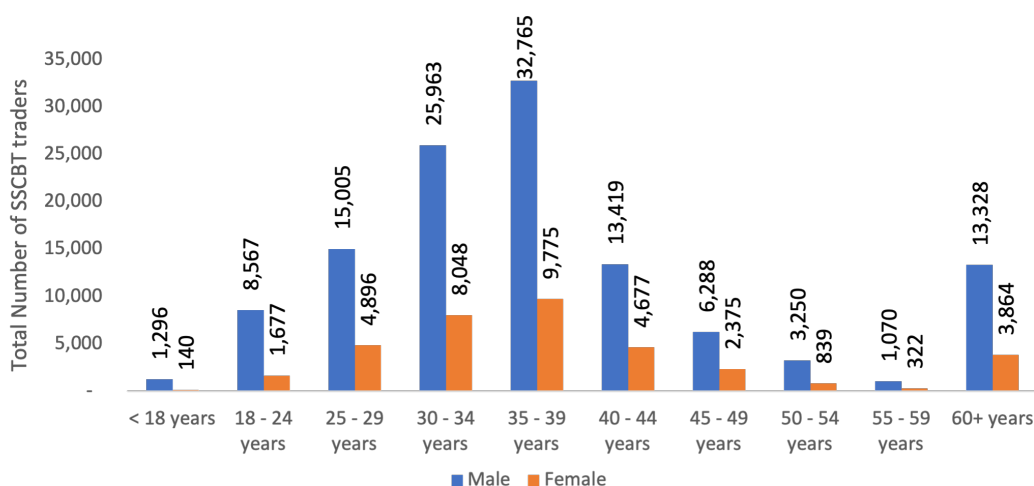
34. COMESA developed a Regional Programme called the Small-Scale Cross-Border Trade Initiative (SSCBTI) to facilitate trade across borders for five years (2018-2022). The initiative is funded by the EU under European Development Fund (EDF). The SSCBTI builds on existing initiatives at national and regional levels to promote and facilitate small-scale cross-border trade flows, increased security, formalization of businesses, and higher incomes for small-scale cross-border traders through implementing effective policy and governance reforms, institutional capacity building, improved border infrastructures, and better data collection and monitoring. The programme is implemented in five (5) selected borders. The borders are between Zambia and Malawi, Tanzania and Zambia and between Ethiopia and Kenya. These are:-

- i. Mwami/Mchinji between Zambia and Malawi;
- ii. Kasumbalesa between Zambia and DRC;
- iii. Chirundu between Zambia and Zimbabwe;

- iv. Tunduma/Nakonde between Tanzania and Zambia; and
- v. Moyale between Ethiopia and Kenya.

35. Monthly data is available for Zambia from the period October 2019 to September 2020. Below is an example of the type of data that collected. Figure 10 shows that during the time period depicted the total number of male traders exceeded the female traders in all age groups and made up 77 per cent of SSCB traders whilst women made up 23 per cent in the age group 35-39. Women were adversely affected by COVID-19 during the period.

Figure 13: Gender Disaggregated SSCBT data by age, sex and number of traders, Zambia, Oct 2019 to Sep 2020



Source: Zambia's Small Scale Cross Border Trade Survey Report ,2019.

## 2.7.3 Great Lakes Trade Facilitation Project (GLTFP)

36. The World Bank is supporting COMESA to implement the Great Lakes Trade Facilitation Project (GLTFP). The objective of the Project is to facilitate cross-border trade by increasing the capacity for commerce and reducing the costs faced by traders, especially small-scale and women traders, at targeted locations in the border areas.
37. The Project is implemented at 12 borders between DRC, Rwanda and Uganda. The project consists of components that are executed at the national level while others are executed at the regional level to provide for sharing experiences and best practices. COMESA Secretariat's focus is on implementation of policy and procedural reforms and capacity building to facilitate cross-border trade in goods and services, communication and monitoring. The follow-up project is implemented in Burundi and DRC.

## 2.7.4 Regional Enterprise Competitiveness and Access to Market Programme (RECOMP)

38. COMESA in its commitment to private sector development, has made valiant efforts to

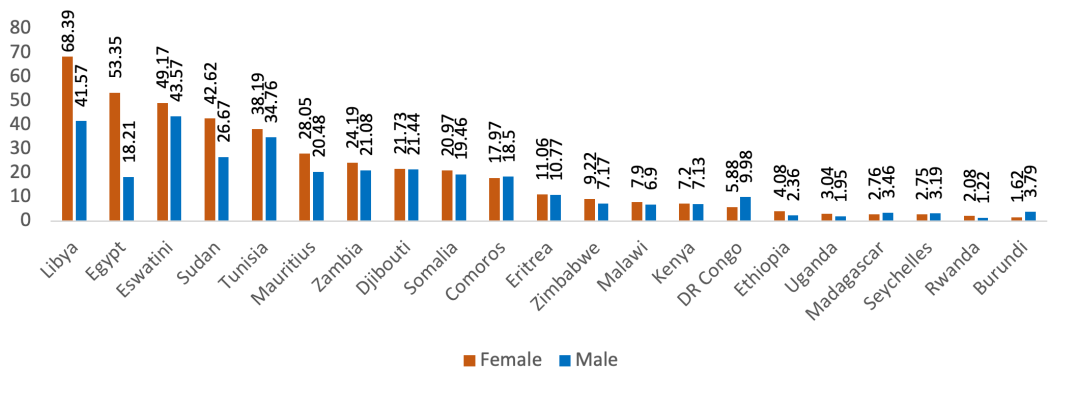
increase the participation of women in the agriculture value chains under the CAADP, and private sector in the regional integration process. Different mechanisms including policy and institutional measures are in place to defy limitations faced by women to equitably participate and benefit from the regional and continental market opportunities. One of the initiatives COMESA is implementing is the Regional Enterprise Competitiveness and Access to Market Program (RECAMP) with support from the European Union (EU) under European Development Fund (EDF).

39.
- The overall objective of the RECAMP is to contribute to the deepening of regional economic integration in the COMESA region through increased private sector participation in sustainable regional and global value chains of Horticulture; leather, leather products; and agro-processing products.

## 2.8 Youth Unemployment Rate

40.
- Africa has a very youthful population; this is also reflected in the COMESA region where almost 56 per cent of the population is below the age of 25. It is projected that there will be 1.3 billion youth by 2030 (UNSD,2020). This global trend has particular significance to Africa, because Africa has the largest concentration of young people in the world.
41.
- The female youth unemployment rate varies widely across the region, the highest rate of female youth unemployment is in Libya and Egypt, these countries also have the widest gap between female and male unemployment, meaning more females than males are unemployed in this age group. The lowest rates are found in Burundi and Rwanda. Typically, male youth unemployment rate is lower than for female youths except in Rwanda, Uganda, Ethiopia, Zimbabwe, Malawi Eritrea, Somalia Mauritius and Zambia.

Figure 14: Youth Unemployment Rate (per cent of labour force ages 15-24)



Source: Gender Indicators Report, WDI, 2021



## CHAPTER THREE: MATERNAL, CHILD AND ADOLESCENT HEALTH, AND HIV/AIDS

### 3.0 Introduction

42. This section looks at regional data on maternal, child and adolescent health by analysing maternal mortality ratios, proportion of births attended by skilled health workers, and the survival of under-five children. In addition, the section looks at adolescent health, incidence of malaria and TB as well as the prevalence of HIV and AIDS in the region.

### 3.1 Maternal Health

43. A mother's well-being has a direct impact on her children's well-being. When mothers do not receive adequate care during pregnancy and their health issues are not attended to this has an adverse impact on the children under their care. For new-borns, survival is directly linked to a mother's health during pregnancy (WHO, 2019). Inadequate maternal and child health care results in a myriad of problems that adversely affect the family. Poor maternal health hurts women's productivity, their families' welfare, and socio-economic development.
44. Maternal and child health programmes in the region should focus on addressing identified problems, clarifying policy and program alternatives and identifying cost-effective health-related Maternal and Child Health Care program interventions that are likely to reduce maternal and child morbidity and mortality.

#### 3.1.1 Maternal Mortality Ratio

45. The COMESA Gender and Social Development Reporting Guidelines on the area of maternal health has the target of reducing 2013 maternal mortality rates (MMR) by at least 50 per cent by 2023 – the deadline for the first 10 years' implementation period of the African Union Agenda 2063.

**Table 4: Changes in Maternal Mortality Ratio per 100 000 live births between 2013 and 2017**

Country	2013	2014	2015	2016	2017	per cent Change
Burundi	591	576	568	558	548	-7 per cent
Comoros	302	293	285	279	273	-10 per cent
DR Congo	514	500	490	481	473	-8 per cent
Djibouti	256	256	247	246	248	-3 per cent
Egypt	40	39	39	38	37	-8 per cent
Eritrea	540	530	518	498	480	-11 per cent
Eswatini	432	434	435	436	437	1 per cent
Ethiopia	498	472	446	422	401	-19 per cent
Kenya	364	358	353	346	342	-6 per cent
Libya	58	63	70	73	72	24 per cent

<b>Madagascar</b>	394	378	363	348	335	-15 per cent
<b>Malawi</b>	396	381	370	358	349	-12 per cent
<b>Mauritius</b>	60	70	73	67	61	2 per cent
<b>Rwanda</b>	308	291	275	260	248	-19 per cent
<b>Seychelles</b>	55	55	54	54	53	-4 per cent
<b>Somalia</b>	893	878	855	865	829	-7 per cent
<b>Sudan</b>	349	333	320	308	295	-15 per cent
<b>Tunisia</b>	46	46	46	45	43	-7 per cent
<b>Uganda</b>	401	394	387	381	375	-6 per cent
<b>Zambia</b>	254	242	232	222	213	-16 per cent
<b>Zimbabwe</b>	509	494	480	468	458	-10 per cent

Source: WDI Gender Indicators Report, 2021

46. In the period under review MMR fell for eighteen of the twenty-one COMESA Member States. Eswatini, Libya, and Mauritius had MMR that increased from 2013 levels. Libya and Mauritius MMR levels are still both below or close to the SDG threshold target of 70 per 100, 000 deaths. In 2017, five countries reported MMR below 70 per 100,000 namely Egypt (37), Libya (72), Mauritius (61), Seychelles (53), and Tunisia (43). Countries in southern and eastern Africa have consistently been making strides in reducing the MMR and the table above shows an improvement in that fewer mothers are dying during childbirth.
47. Although there is improvement in the number of women dying due to childbirth, two Member States Burundi and Somalia still have more than 500 women per 100,000 live births dying from childbirth.
48. There has been a notable reduction in maternal mortality rate for several Member States. For instance, in 2017, the following countries had notable MMR reductions namely Rwanda and Ethiopia (19 per cent respectively), Zambia (16 per cent), Madagascar and Sudan (15 per cent respectively), Eritrea (11 per cent) and Zimbabwe and Comoros (10 per cent each). The reduction in MMR over time can be attributed to increasing numbers of women who are now seeking skilled care during childbirth in health facilities.

### 3.1.2 Antenatal Visits

49. Another important measure is the number of antenatal visits an expectant mother has during her pregnancy. Having access to prenatal or antenatal care during pregnancy can help identify any underlying problems both direct and indirect before it is too late. Most maternal deaths are preventable with timely management by a skilled health professional working in a supportive environment. Table 5 shows the per cent of women (adult and adolescent) who had at least one antenatal visit by a skilled health care worker.



**Table 5: Per cent of women (age 15–49) attended at least once during pregnancy by skilled health personnel**

Country	Year	Data Source	Women aged 15-49										Women aged 15-19
			National	Area		WIQ						Adoles- cents	
				Rural	Urban	Poorest	Second	Middle	Fourth	Richest			
Burundi	2017	DHS 2016-2017	99	99	100	98	99	100	100	99			
DR Congo	2018	MICS 2017-2018	82	77	90	69	81	85	90	95	82		
Comoros	2012	DHS-MICS 2012	92	91	95	88	90	94	96	94	90		
Djibouti	2012	Other NS 2012	88	66	95								
Egypt	2014	DHS 2014	90	89	93	84	87	91	93	96	94		
Eritrea	2010	Other NS 2010	89	84	97	79	81	90	95	98			
Ethiopia	2019	DHS (Mini) 2019	74	70	85	46	72	77	78	95	73		
Kenya	2015	MIS 2015	94	92	96	89	94	93	97	98			
Libya	2007	Other NS 2008	93										
Madagascar	2018	MICS 2018	85	84	92	71	83	88	94	99	83		
Malawi	2017	MIS 2017	98	98	98	97	97	98	99	98			
Rwanda	2020	DHS KIR 2019-2020	98	98	98	96	97	98	99	100	99		
Sudan	2014	MICS 2014	79	75	91	62	74	78	92	97	81		
Somalia	2019	Health and Demographic Survey 2020	31	35	49	12	17	33	44	56	30		
Eswatini	2014	MICS 2014	99	98	99	99	99	98	98	99	98		
Tunisia	2018	MICS 2018	95	96	95	97	94	93	96	97			
Uganda	2018	MIS 2018-19	95	95	96	96	94	96	93	98	94		
Zambia	2019	DHS 2018-2019	97	96	99	94	96	97	99	100	98		
Zimbabwe	2019	MICS 2019	93	92	96	89	92	94	96	96	94		

**Source:** UNICEF 2021 \* Countries with data available

50. In Table 5, above depicts expectant women who have had at least four antenatal visits shows that in most countries except Tunisia (84 per cent), Egypt (83 per cent), Eswatini (76 per cent) and Zimbabwe (72 per cent), the per cent of women having at least four visits' plummets by almost half, meaning that most women in the region are not having multiple antenatal visits under the supervision of a skilled healthcare professional. The majority of the countries reported that 20 to 60 per cent of expectant mothers have had at least four antenatal visits by a skilled health care professional or at a health care facility.

## 3.2 Child Health

51. Child Health is an important indicator to monitor as children are the future. Healthy children grow into healthy adolescents and adults. Health and survival of children is greatly affected by maternal health during the fertile years. Measures like under five mortality and infant mortality are an indication of the likelihood of survival of future generations. Research points to the fact that child survival is closely associated with health and well-being of mothers.

### 3.2.1 Neonatal, Under Five and Infant Mortality Rates

52. The COMESA Gender and Social Development Reporting Guidelines on the area of child mortality has as the following targets:
- i. Reduction of 2013 Neo-natal and under-5 child mortality rates by at least 50 per cent;
  - ii. Neonatal mortality rate is defined as the number of neonates dying before reaching 28 days of age, per 1,000 live births in a given year;
  - iii. Infant Mortality Rates is defined as the number of infants dying before reaching one year of age, per 1,000 live births in a given year; and
  - iv. Under-five Mortality Rates (UMR) is defined as the probability per 1,000 that a new-born baby will die before reaching the age of five.

### 3.2.2 Neonatal Mortality

53. In 2019, neonatal mortality rates ranged from 37 per 1000 live births in Somalia to 7 in Libya. Two countries had neonatal mortality rates below 10 per 1000 live births namely Libya and Seychelles (7 and 9). Data in Table 6 shows that nine Member States namely Mauritius, Egypt, Tunisia, Rwanda, Eritrea, Eswatini, Malawi, Uganda and Madagascar had neonatal mortality rates between 10 and 20 per 1000 live births (10,11,12,16,18,18,20,20, and 20 respectively). Member States, Kenya, Burundi, Zambia, Zimbabwe, Sudan, DRC and Ethiopia had rates between 20 and 29 neonatal mortality rates per 1000 live births (at 21,21, 23, 26, 27, 27 and 28 respectively). Somalia and Comoros had rates of 37 and 30 neonatal mortalities per 1000 live births respectively.



**Table 6: Neonatal Mortality rate, total (per 1,000 live births)**

Country	2015	2016	2017	2018	2019
Burundi	23	23	22	22	21
DR Congo	30	29	29	28	27
Comoros	33	32	31	31	30
Djibouti	34	33	32	31	31
Egypt	13	12	12	12	11
Eritrea	19	19	19	18	18
Ethiopia	32	31	30	29	28
Kenya	23	22	22	22	21
Libya	8	7	7	7	7
Madagascar	22	21	21	21	20
Mauritius	9	9	9	10	10
Malawi	23	22	21	20	20
Rwanda	18	17	17	16	16
Sudan	29	29	28	28	27
Somalia	40	39	38	38	37
Eswatini	20	19	19	19	18
Seychelles	6.5	8.7	9.7	14.5	7.9
Tunisia	12	12	12	12	12
Uganda	22	22	21	21	20
Zambia	25	24	24	24	23
Zimbabwe	28	27	27	26	26

Source: World Bank Development indicators, 2021 Vital statistics report, Seychelles, 2023

### 3.2.3 Infant Mortality and Under-Five

54. In 2019, total infant mortality rates in the region ranged from 74 to 10 per 1000 live births. Sixteen Member States had infant mortality rates above 25 per 1000 live births namely Somalia, DRC (66) Djibouti, Comoros, Zambia, Sudan, Burundi, Eswatini, Zimbabwe, Ethiopia, Madagascar, Uganda, Kenya, Malawi, Eritrea and Rwanda (26). Five countries were below 25 per 1000 live births namely Libya, Seychelles, Mauritius, Tunisia and Egypt (17). These five countries have managed to reach the SDG target of for infant mortality rates which is 25 deaths per 1000 live births. The rest of the countries in the region are well on their way towards that goal as there has been a region wide reduction in infant mortality rates from 2015 levels. In terms of infant mortality by sex, there were statistically less female infant mortalities than male infant mortalities in the region in 2019.

**Table 7: Infant Mortality Rates by sex per 1000 live births in 2019**

Country	Infant Mortality Rate			Under-5 Mortality Rates		
	Female	Male	Total	Female	Male	Total
Somalia	68	79	74	111	123	117
DR Congo	60	72	66	78	91	85
Djibouti	44	53	48	52	62	57
Comoros	44	53	48	58	68	63
Zambia	39	46	42	57	66	62
Sudan	36	45	41	53	63	58
Burundi	36	44	40	52	61	56
Eswatini	34	43	39	45	54	49
Zimbabwe	34	43	38	50	59	54
Ethiopia	31	42	36	45	56	51
Madagascar	33	40	36	46	55	51
Uganda	30	37	33	41	51	46
Kenya	29	35	32	39	47	43
Malawi	27	34	31	37	46	42
Eritrea	26	35	30	35	46	40
Rwanda	24	29	26	31	38	34
Egypt	16	19	17	19	22	20
Tunisia	13	16	14	15	18	17
Mauritius	13	16	14	14	18	16
Seychelles	11	13	12	13	15	14
Libya	9	11	10	10	13	12

**Source:** World Bank Development indicators, 2021

55. In 2019, data for COMESA Member States showed that the under-five mortality rates in the region had reduced from 2015 levels, meaning that countries are moving towards the regional and global targets albeit slowly. Under-five mortality ranged from 117 per 1000 live births in Somalia to 12 in Libya. Five Member States namely, Libya (12), Seychelles (14), Mauritius (16), Tunisia (17) and Egypt (20) had the lowest under-five mortality rates in the region and beat the target of 25 deaths per 100 live births in the under 5 age group. Sixteen Member States had rates above 25 deaths per live birth, namely, Rwanda (34), Eritrea (40), Malawi (42) Kenya (43), Uganda (46), Eswatini (49), Madagascar (51), Ethiopia (51), Zimbabwe (54), Burundi (56) Djibouti (57), Sudan (58), Zambia (62), Comoros (63), Congo DR (85) and Somalia (117) under-five deaths per 1000 live births.
56. Table 7 also depicts the under-five mortality rate for female and male children per 1000 live births. The trends show that male under-five mortality rates are higher than female under-five mortality rates in all countries.

### 3.3 Adolescent Health: Adolescent Fertility Rate

57. The adolescent birth rate, which is defined as the annual number of births to women aged 15–19 years per 1,000 women in that age group, is also referred to as the age-specific fertility rate for women aged 15–19. It provides a basic measure of reproductive health focusing on a vulnerable group of adolescent women. Globally, approximately 12 million girls aged 15–19 years (both married and unmarried) become pregnant and at least 777,000 girls less than 15 years give birth each year in developing regions.
58. It is widely agreed that complications of pregnancy and childbirth for this age group are a leading cause of death, with unsafe abortions also being a major factor. Their children are also more vulnerable as they are more likely to have low birth weight due to inadequate nutrition and anaemia. Gender-based violence, early marriage and other traditional practices contribute to early childbearing by adolescent girls. Globally, early childbearing often results for women in higher total fertility, lost development opportunities, limited life options, and poorer health.

**Table 8: Adolescent fertility rate (births per 1,000 women ages 15–19) 2015–2019**

Country	2015	2016	2017	2018	2019
Burundi	58	57	56	55	54
Comoros	69	67	65	64	63
DR Congo	126	125	124	123	121
Djibouti	20	19	19	18	18
Egypt	55	54	54	53	52
Eritrea	56	54	53	51	49
Eswatini	78	77	77	75	74
Ethiopia	71	69	67	65	63
Kenya	80	77	75	74	73
Libya	6	6	6	6	6
Madagascar	114	112	110	108	106
Malawi	137	135	133	132	132
Mauritius	27	26	26	25	25
Rwanda	40	39	39	39	39
Seychelles	62	62	62	61	60
Somalia	104	102	100	98	95
Sudan	70	67	64	61	58
Tunisia	8	8	8	8	8
Uganda	124	121	119	116	113
Zambia	127	123	120	118	117
Zimbabwe	95	91	86	83	80

Source: World Bank Development indicators, 2021

59. Table 8 above shows that the adolescent fertility rate was above 100 per 1000 live births in five countries, namely Malawi, Congo DR, Zambia, Uganda and Madagascar. Adolescent fertility rates are high in sub-Saharan Africa than other regions; this may be due to early child marriages and cultural norms. The region registered a seven per cent reduction in the adolescent fertility rate since 2015. Reducing high adolescent fertility rates means that many young women will not face the risks of maternal death and disability and less infants will be born underweight or die early due to poor antenatal care or other complications associated with adolescent pregnancies. Ten countries had rates between 50 and 100, namely, Somalia (95), Zimbabwe, Eswatini, Kenya, Ethiopia and Comoros, Sudan, Burundi and Egypt. Six countries had adolescent fertility rates below 50, Libya, Tunisia, Djibouti, Rwanda, Mauritius and Eritrea.

### 3.4 HIV and AIDS Prevalence and Access to Anti-Retroviral Drugs

#### 3.4.1 Prevalence of HIV/AIDS

60. HIV remains a global health crisis, of the 680,000 estimated deaths in 2020, almost 100,000 were children below the age of fifteen and over a third were women aged 15 years and above (UNAIDS, 2021). Generally, adolescent girls and young women face gender-based inequalities, exclusion, discrimination, and violence, which put them at increased risk of acquiring HIV and AIDS.
61. The COMESA Gender and Social Development Reporting Guidelines have the following targets on HIV prevention:
- i. Reduce the 2013 incidence of HIV/AIDs, Malaria and tuberculosis (TB) by at least 80 per cent;
  - ii. 90 per cent of men and women have access to combination prevention and sexual and reproductive health services and
  - iii. Universal access to treatment for women, men, children living with HIV.

**Table 9: Women's share of population aged 15+ living with HIV/AIDS in COMESA Member States\*, 2015-2020**

Country	2015	2016	2017	2018	2019	2020
Burundi	58.6	59.1	59.4	59.7	60.0	60.2
Comoros	55.9	56.2	56.1	56.3	56.2	56.2
DR Congo	71.1	71.2	71.2	71.2	71.3	71.3
Djibouti	56.0	55.8	55.7	56.0	56.3	56.5
Egypt	20.1	20.4	20.7	21.0	21.2	21.4
Eritrea	59.2	59.2	59.3	59.4	59.6	60.0
Eswatini	62.6	62.5	62.4	62.3	62.3	62.3
Ethiopia	62.0	62.1	62.2	62.3	62.5	62.6

<b>Kenya</b>	62.9	63.2	63.5	63.8	64.1	64.3
<b>Libya</b>	28.8	29.0	29.2	29.4	29.6	29.7
<b>Madagascar</b>	46.5	46.5	46.6	46.6	46.7	46.8
<b>Malawi</b>	63.1	63.4	63.6	63.8	64.0	64.3
<b>Mauritius</b>	30.4	30.3	30.3	30.4	30.5	30.7
<b>Rwanda</b>	60.9	61.1	61.3	61.6	61.8	62.0
<b>Somalia</b>	48.2	48.8	49.4	50.0	50.5	51.0
<b>Sudan</b>	49.2	48.9	48.7	48.4	48.2	47.8
<b>Tunisia</b>	35.0	35.8	36.5	37.2	37.9	38.5
<b>Uganda</b>	61.0	61.4	61.7	62.0	62.3	62.5
<b>Zambia</b>	60.5	60.7	60.9	61.2	61.5	61.8
<b>Zimbabwe</b>	59.5	59.7	59.9	60.0	60.2	60.4

Source: UN Gender Statistics

62. Table 9 shows proportion of women aged 15 years and above living with HIV/AIDS in the region. In 2020, over 50 per cent (53.5 per cent) of the population aged 15 to 49 years living with HIV in twenty of the 21 COMESA Member States are women. In Congo DR, the prevalence of HIV among women is at 71 per cent. The lowest rate is in Egypt with 21.4 per cent of the 15 year and older population is comprised of women, other countries that had a prevalence rate less than 40 per cent were Tunisia, Mauritius and Libya. Fifteen Member States recorded HIV/AIDS prevalence rates between 40 to 65 per cent, see Table 9.

### **3.4.2 Access to Anti-Retro Viral Drugs**

63. HIV Treatment of people living with HIV is critical not only for the survival of the women, and men living with HIV but also as a prevention measure for new infections. Consistent use of ARVs leads to suppression of viral loads which maintains the health and limits the transmission of the virus.

#### **64. The COMESA guidelines have the following targets under this thematic area:**

- i. Reduce 2013 proportion of deaths attributable to HIV/AIDS, Malaria and TB by at least 50 per cent;and
- ii. Access to Anti-Retro viral (ARV) drugs is 100 per cent for all eligible women, men and children including pregnant women.

65. Table 10 depicts access to ARV drugs in the region for women and men living with HIV/AIDS from 2015 to 2020. Access to ARVs improved for both men and women, over the stated time period. The data also shows that the per cent of women with access to ARVs is higher than that of men in fourteen of the listed Member States (see Table 10). In 2020, DR Congo, Djibouti, Eritrea and Ethiopia despite having more females than males living with HIV/AIDS,

more men than women were accessing ARVs. In Madagascar, Mauritius and Sudan, access to ARVs for both males and females was very low.

**Table 10: Access to anti-retroviral drugs, by sex (per cent) in COMESA Member States, 2015-2020**

Country	2015		2016		2017		2018		2019		2020	
	F	M	F	M	F	M	F	M	F	M	F	M
<b>Burundi</b>	62	43	76	53	88	62	94	71	98	79	98	82
<b>Comoros</b>	32	37	43	28	45	35	48	45	60	55	63	60
<b>DR Congo</b>	26	27	31	40	45	50	53	63	63	83	74	98
<b>Djibouti</b>	25	26	30	31	38	31	43	35	28	32	31	35
<b>Egypt</b>	23	17	28	21	36	28	43	34	41	39	38	45
<b>Eritrea</b>	60	65	61	70	70	64	72	64	73	66	75	73
<b>Eswatini</b>	72	63	83	71	93	78	95	80	98	87	98	94
<b>Ethiopia</b>	64	61	69	69	72	71	74	73	77	78	80	81
<b>Kenya</b>	69	55	79	61	84	67	82	67	86	72	91	77
<b>Libya</b>	55	54	60	57	63	58	72	65	72	46	67	42
<b>Madagascar</b>	6	4	8	5	8	7	12	9	16	12	16	12
<b>Malawi</b>	68	57	75	65	81	73	87	79	88	81	89	83
<b>Mauritius</b>	13	21	15	20	17	21	17	21	20	20	21	21
<b>Rwanda</b>	80	70	87	79	90	82	92	85	93	89	96	92
<b>Somalia</b>	30	19	35	23	41	27	45	31	49	35	53	39
<b>Sudan</b>	9	11	12	14	16	18	19	20	21	24	23	25
<b>Tunisia</b>	25	19	27	22	28	22	30	25	33	28	34	31
<b>Uganda</b>	62	48	69	55	78	65	78	67	93	82	96	86
<b>Zambia</b>	62	59	63	61	67	61	74	68	79	73	84	80
<b>Zimbabwe</b>	71	61	78	65	87	76	83	70	94	86	96	92

Source: World Bank Development Indicators-UNAIDS estimates 2021



## CHAPTER FOUR: EDUCATION, TRAINING, SCIENCE AND TECHNOLOGY

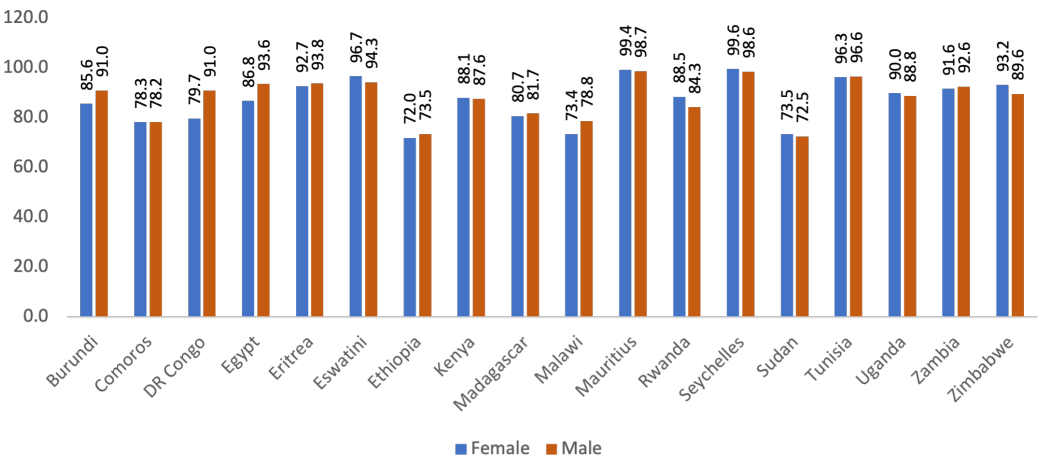
4.0 Introduction

66. This section of the report looks at literacy of youth and adults, the access of women and men to education at primary, secondary and tertiary levels in terms of gross enrolment Gender Parity Index (GPI). It also highlights female share of graduates in different areas of specialization and their access to training in science and technology. Empowering women and youth have a positive impact on society in the following ways: increasing the lifetime earnings of girls/women dramatically, national growth rates rise, child marriage rates decline, child mortality rates fall, maternal mortality rates fall and child stunting drops. (it will be better to show some figures from Member States here).
67. SDG Goal 4 focuses on quality education which is inclusive and equitable to promote lifelong learning opportunities. Achieving inclusive and quality education for all reaffirms the belief that education is one of the most powerful and proven vehicles for sustainable development. This goal ensures that all girls and boys complete free primary and secondary schooling by 2030. It also aims to provide equal access to affordable vocational training, to eliminate gender and wealth disparities, and achieve universal access to a quality higher education (UNDP, 2021).

4.1 Youth Literacy Rates

68. In the region, in 2018, in the 15-24-year age group, literacy rates are almost at par for both males and females. The male youth literacy rate is slightly higher than for females except in Seychelles, Mauritius, Eswatini, Zimbabwe, Uganda, Kenya, Rwanda and Sudan where it is higher. Seychelles, Mauritius and Eswatini are almost at 100 per cent youth literacy. This could be due to improved Education policies and access to education in the countries in the region. The youth literacy rate in Comoros, Ethiopia, Malawi and Sudan is below 80 per cent for both females and males.

Figure 15: Youth Literacy rate, population 15-24 years per cent, 2018 for selected member states



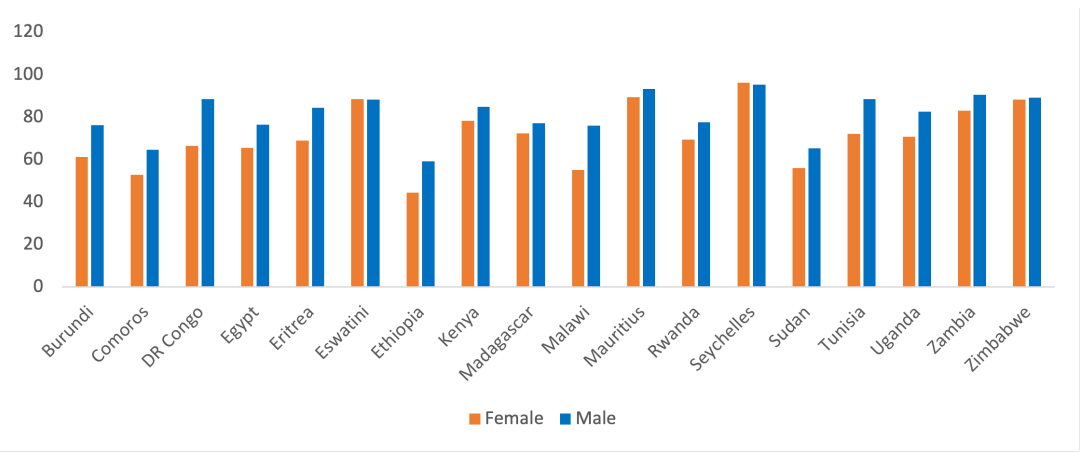
Source: Gender Indicators Report, 2021



4.2 Adult Literacy

69. In the older age group from 25- 64 years, the female adult literacy rate is significantly lower than the male literacy rate in most of the COMESA Member States except for Seychelles and Eswatini where the adult literacy rate for females is higher than that of males. The adult literacy rate for females is lower than 60 per cent in in Comoros, Ethiopia, Malawi, and Sudan. The details are in figure 16 below.

Figure 16: Adult Literacy rate, population 25-64 years per cent, 2018



Source: Gender Indicators Report, 2021



## CHAPTER FIVE: **HUMAN RIGHTS ISSUES**

## **5.0 Introduction**

70. The development of gender law, informed by international and regional perspectives, has resulted in the improvement of the rights of women. These include: The United Nations Convention on the Elimination of All Forms of Discrimination against Women and the Protocol on the Rights of Women in Africa. These two instruments create progressive mechanisms for advancing the rights of women in both public and private spheres, but still need to be implemented at local level for courts to offer victims with remedies.
71. Equality before the law is key to the protection of women's human rights. However, many African women still experience discrimination due to traditional beliefs and non-protection of their human rights in areas such as marriage, inheritance, land and property ownership.
72. This section highlights quantitative statistics on issues on violence against women, FGM and child labour and child marriages. Violence against women is found in all countries to varying degrees. A number of factors can increase the risk of violence against women and girls. These include witnessing or experiencing violence in childhood, low levels of education, limited economic opportunities, substance abuse, attitudes that tolerate violence, and limited legislative frameworks for preventing and responding to violence (UN, 2015).
73. In a bid to foster gender equality in the region and eliminate all forms of violence and social norms and practices the COMESA Secretariat's Gender and Social Affairs Division have outlined and defined targets on which Member States should report, to measure and compare the situation of human rights issues in relation to women and men. The targets are outlined below:
- i. Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality, protection of women and girls' human rights and empowerment of women and girls at all levels;
  - ii. End all forms of political, legal or administrative discrimination against Women and Girls by 2023;
  - iii. Reduce 2013 levels of violence against women and Girls by at least 20 per cent;
  - iv. Reduce by 50 per cent all harmful social norms and customary practices against women and girls, such as child marriage and female genital mutilation, and those that promote violence and discrimination against women and girls;and
  - v. End all forms of violence, child labour exploitation, and human trafficking by when?
74. The human rights issues depicted in this section of the report are on aspects and countries where comparable quantitative data were available.

## **5.1 Female Genital Mutilation/Cutting**

75. Female Genital Mutilation or cutting FGM/C consists of all procedures that involve partial

or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2017). FGM is recognized internationally as a violation of the human rights of girls and women. It shows deep rooted inequality between the sexes and constitutes an extreme form of discrimination against women and a girl child. The practice violates the females' right to health, security and treatment and the right to life when the procedure ends in death. FGM is carried out for a variety of cultural reasons in various parts of the world. The most common being it is culturally acceptable and a social norm that better prepares a girl for married life. In December 2012, the UN General Assembly adopted a resolution on the elimination of FGM1 as it is a global concern.

76. Table 11 shows the prevalence of FGM/C practice in the region by area and wealth quintile. The practice is commonly carried out in Somalia and Djibouti. The lowest incidence is in Kenya which also had the highest disapproval rating for the practice as well. In Kenya it is more prevalent in the rural areas and higher prevalence amongst the poorer households. In Somalia and Djibouti, the practice is very commonly carried out across the area and wealth quintiles.

**Table 11: FGM/C prevalence among girls and women aged 15 to 49 years by residence and wealth quintile in Selected COMESA Member States**

Country	FGM prevalence among girls and women (per cent)	FGM prevalence among girls and women aged 15 to 49 years, by residence and wealth quintile (per cent)							Ref year	Data source
		Residence		Wealth quintile						
		Urban	Rural	Poor-est	Sec-ond	Mid-dle	Fourth	Rich-est		
Djibouti	94	94	98	97	94	94	93	96	2012	PAP FAM 2012
Egypt	87	77	93	94	92	87	70	93	2015	Health Issues Survey (DHS) 2015
Eritrea	83	80	85	89	84	83	75	86	2010	Population and Health Survey 2010
Ethiopia	65	54	68	65	69	69	57	69	2016	DHS 2016
Kenya	21	14	26	40	18	17	12	26	2014	DHS 2014
Somalia	99	99	99	99	99	100	99	100	2020	S H D S 2020
Sudan	87	85	87	88	81	90	92	82	2014	M I C S 2014

**Source:** UNICEF global databases 2021, based on DHS, MICS and other nationally representative surveys

77. Table 12 shows that there is still some support for the continuation of FGM/C amongst population aged 15 to 49 years in the countries where the practice is still prevailing in the region. The backing for discontinuation of the practice is highest among women and girls than boys and men of the same age group in Egypt and Kenya. Disapproval for the practice is highest in Kenya followed by Ethiopia and Eritrea, Egypt and Somalia had the lowest incidence of opposing support for FGM/C in the region.

**Table 12: Support for the discontinuation of FGM/C among population aged 15 to 49 years in Selected COMESA Member States**

Country	Girls and women opposing the continuation of FGM (per cent)			Boys and men opposing the continuation of FGM (per cent)		
	Per cent	Ref year	Data source	Per cent	Ref year	Data source
Djibouti	51	2006	MICS 2006	-	-	-
Egypt	38	2015	Health Issues Survey (DHS) 2015	28	2015	Health Issues Survey (DHS) 2015
Eritrea	82	2010	Population and Health Survey 2010	85	2010	Population and Health Survey 2010
Ethiopia	79	2016	DHS 2016	87	2016	DHS 2016
Kenya	93	2014	DHS 2014	89	2014	DHS 2014
Somalia	19	2020	SHDS 2020	-	-	-
Sudan	53	2014	MICS 2014	64	2010	SHHS 2010

**Source:** UNICEF global databases 2021, based on DHS, MICS and other nationally representative surveys

– Data not available

## 5.2 Child Labour

78. Child labour is a violation of child human's rights as it is exploitation of children. Child Labour has negative effects on child development, health and school attendance, retention and progression A child is considered to be involved in child labour under the following conditions: (a) children 5–11 years' old who, during the reference week, did at least one hour of economic activity or at least 28 hours of household chores, or (b) children 12–14 years' old who, during the reference week, did at least 14 hours of economic activity or at least 28 hours of household chores. Incidence of total child labour is highest in Ethiopia 45 per cent, followed by Madagascar (37 per cent) and Burundi at 31 per cent. In Comoros, Zimbabwe, the total child labour rate is 28 per cent for both countries. The data in table 13 also shows that in Burundi, Comoros, DR Congo, Ethiopia, Rwanda and Uganda, the girl child labour rate is higher than their male counterparts.

**Table 13: Incidence of Child Labour in selected Member States, 2012-2019**

Country	Child labour (per cent)+ (2012-2019)*			Data Source
		Sex		
	Total	Male	Female	
Burundi	31	30	32	Demographic Health Survey 2026-17
Comoros	28	25	32	Demographic and Health Survey 2012
DR Congo	15	13	17	Multiple Indicator Cluster Survey 2017-2018
Egypt	5	6	4	Demographic and Health Survey 2014
Eswatini	8	8	7	Multiple Indicator Cluster Survey 2010
Ethiopia	45	51	39	National Child Labour Survey 2015
Madagascar	37	38	35	Multiple Indicator Cluster Survey 2018
Malawi	19	20	19	Multiple Indicator Cluster Survey 2013-14
Rwanda	19	17	21	Integrated Household Living Conditions Survey 2013-14
Sudan	18	20	16	Multiple Indicator Cluster Survey 2014
Tunisia	2	3	1	Multiple Indicator Cluster Survey 2011-12
Uganda	18	17	19	National Labour Force Survey 2016-17
Zambia	23	23	23	Labour Force and Child Labour Survey 2012
Zimbabwe	28	33	22	Multiple Indicator Cluster Survey 2019

Source: UNICEF global databases, 2021, based on DHS, MICS and other nationally representative surveys.

### 5.3 Child Marriage

79. The table 14 shows the incidence of child marriages in the region between 2014 and 2020 amongst Member States where there is data available. Table 14 (needs here the number of the Table) shows that child marriage is still prevailing in the region. In four Member States (Malawi, Eritrea, Ethiopia, and Madagascar) the incidence of child marriage is over 40 per cent. In Somalia, Uganda, Zimbabwe, Sudan, Comoros and DR Congo child marriage ranges from 29 – 39 per cent. In Burundi and Kenya, child marriage is at 19 and 23 per cent respectively. Tunisia, Djibouti, Eswatini and Rwanda have the lowest incidences of child marriage ranging from 2 to 7 per cent respectively.

**Table 14: Incidence of Child Marriages for selected Member States, 2014-2020**

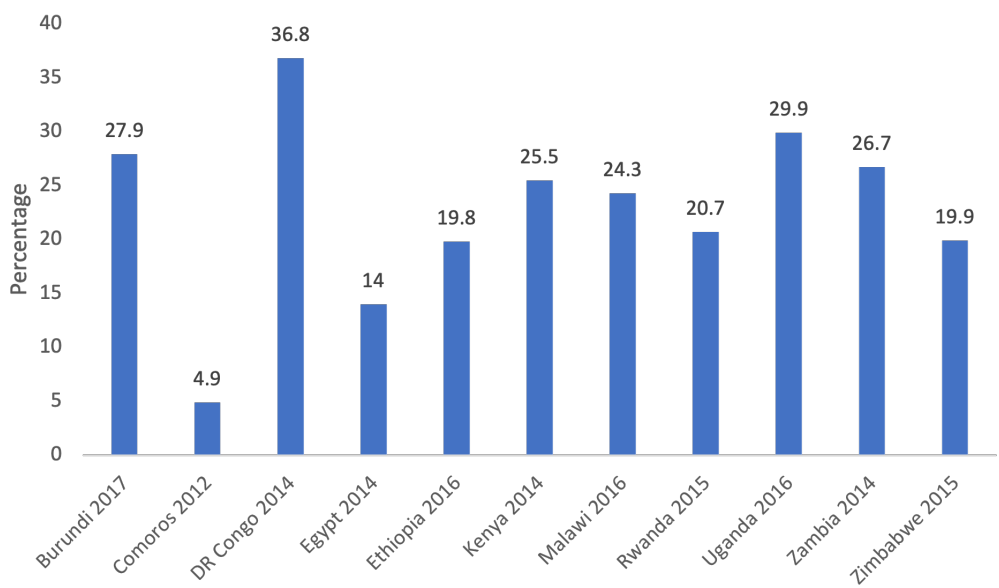
Country	Child marriage (per cent) 2014–2020						
	Female				Male		
	Mar- ried by 15	Mar- ried by 18	Ref year	Data source	Mar- ried by 18	Ref year	Data source
Burundi	3	19	2017	DHS 2016-17	1	2017	DHS 2016-17
Comoros	10	32	2012	DHS 2012	12	2012	DHS 2012
DR Congo	8	29	2018	MICS 2017-2018	6	2018	MICS 2017-18
Djibouti	1	5	2012	PAPFAM 2012	-		
Egypt	2	17	2014	DHS 2014	0	2009	Survey of Young People 2009
Eritrea	13	41	2010	EPHS 2010	2	2010	EPHS 2010
Eswatini	1	5	2014	MICS 2014	1	2014	MICS 2014
Ethiopia	14	40	2016	DHS 2016	5	2016	DHS 2016
Kenya	4	23	2014	DHS 2014	3	2014	DHS 2014
Madagascar	13	40	2018	MICS 2018	12	2018	MICS 2018
Malawi	9	42	2015	DHS 2015	7	2015	DHS 2015
Rwanda	0	7	2015	DHS 2014-15	1	2015	DHS 2014-15
Somalia	17	36	2020	SDHS 2020	6	2020	SHDS 2020
Sudan	12	34	2014	MICS 2014	-		
Tunisia	0	2	2018	MICS 2018	0	2018	MICS 2018
Uganda	7	34	2016	DHS 2016	6	2016	DHS 2016
Zambia	5	29	2018	DHS 2018	3	2018	DHS 2018
Zimbabwe	5	34	2019	MICS 2019	2	2019	MICS 2019

**Source:** UNICEF global databases, 2021, based on DHS, MICS and other nationally representative surveys

## 5.4 Violence against Women

80. Violence against women and children is found in all countries to varying degrees though data is not readily available. Many factors can increase the risk of violence against women and children. These include witnessing or experiencing violence in childhood, low levels of education, limited economic opportunities, substance abuse, attitudes that tolerate violence, and limited legislative frameworks for preventing and responding to violence. Some countries (figure 17) still have attitudes that justify violence against women for whatever reason and the perception that violence against women is justified is higher amongst females in most countries where data is available.

Figure 17: Proportion of women subjected to physical and/or sexual violence in the last 12 months (per cent of women aged 15-49)



Source: Gender Indicator Report WDI 2021

81. In the countries where data is available, women who have experienced violence in the last twelve months’ ranges from 36.8 per cent in DRC in 2014 to 4.9 per cent in Comoros. This means that over a third of women aged 15-49 years residing in DRC have experienced violence in the last twelve months of their lives. Other countries with high incidences of violence against women are Uganda, Burundi, Zambia Kenya and Zimbabwe.

5.5 Perception on Wife Beating amongst Adolescents

82. The data in Table 15 shows that some countries in the region still perceive the act of wife beating as justifiable and acceptable. The data shows that comparatively a higher per cent of adolescent females in Somalia, Burundi, DRC (75 per cent, 63 per cent and 60 per cent) respectively, feel it is justified. The reasons why a husband is justified in beating his wife ranges from wife burning his food, arguing with the husband, leaving home without informing the husband, child neglect and refusal of sexual relations. Adolescent males in the same countries agreed on the justifications for wife beating albeit to a lesser degree. With regards to the attitude of boys and men towards wife beating, the data shows that in comparison to women and girls over the same time period, men are less accepting of the practice than their female counterparts in fourteen countries where data is available.



**Table 15: Justification of wife-beating among adolescents both female and male (per cent) in some Member States\*(2014-2020) \*\***

Country	Male	Female	Data Source
Burundi	48	63	DHS 2016-17
Comoros	29	43	DHS 2012
DR Congo	52	60	MICS 2017-18
Egypt	-	46	DHS 2014
Eritrea	60	51	PHS 2010
Eswatini	29	32	MICS 2014
Ethiopia	33	60	DHS 2016
Kenya	37	45	DHS 2014
Madagascar	30	41	MICS 2018
Malawi	24	21	DHS 2015-16
Rwanda	24	45	DHS 2014-2015
Somalia	-	75	MICS 2006
Sudan	-	36	MICS 2014
Tunisia	22	14	MICS 2018
Uganda	53	58	DHS 2016
Zambia	32	47	DHS 2018
Zimbabwe	49	54	DHS 2015

**Source:** UNICEF global databases, 2021, based on DHS, MICS and other nationally representative surveys.

\* \*\*There was no data available for Djibouti, Libya, Mauritius and Seychelles



## CHAPTER SIX: LEADERSHIP, POLITICS AND DECISION- MAKING

## **6.0 Introduction**

83. This section looks at women in politics, leadership and decision-making roles in the COMESA region. Equitable representation in the areas of politics, leadership and decision making, at all levels in politics, business, and academia is vital to the realization of gender equality and women empowerment in the region. Despite forming at least half the electorate in most countries, women continue to be underrepresented as candidates for public office and leadership roles outside of social arenas. Decision making encompasses different dimensions of power and it plays a critical role in control, access and distribution of resources among different sectors of any given population.

## **6.1 Women in Political Leadership**

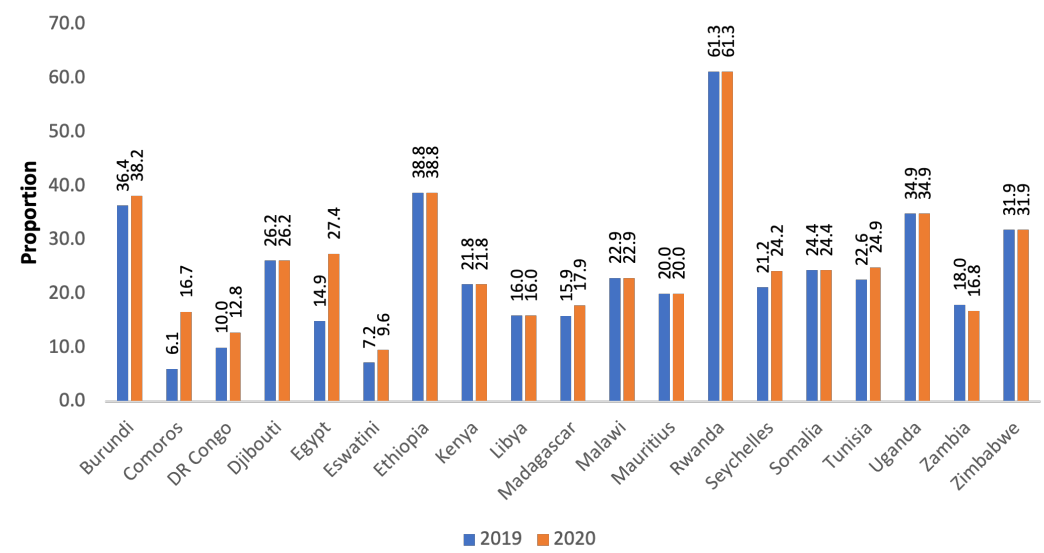
84. Women's equal participation in local and national government including parliament, cabinet and judiciary is not only a matter of justice and democracy but also a prerequisite for women's interests to be considered. Accordingly, the COMESA Gender Policy and other regional legal frameworks call on Member States to take measures to ensure women's equal access to and full participation in all levels of power structures and decision-making. The COMESA Gender and Social Development Reporting Guidelines have the following targets for these thematic areas:

- i. Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life;
- ii. At least 30 per cent of all elected officials at local, regional and national levels are Women as well as in judicial institutions, academia, and business firms;
- iii. Increase gender parity in decision making positions at all levels to at least 50-50 between Women and Men.

## **6.2 Women in Politics: Members of Parliament and Ministerial Positions**

85. Women unfortunately, still have limited access to positions of political leadership. While there has been progress in many member states in increasing the numbers of women in elected posts, both at local and national levels, women are still less likely to occupy executive branch posts or key cabinet positions. Many women around the world still lack basic human rights and face discrimination and gender-based violence. The world's parliaments are no exception. With a global average of 25.8 percent women, (up from 18 percent in 2015), most parliaments are still male-dominated, and women Members of Parliament are often under-represented on decision-making bodies. It has been noted that there is a fundamental link between democracy and a genuine partnership between men and women in the management of public affairs. As such, equality in political leadership is necessary for gender-responsive policy-making, peace, and security (IPU, 2021).

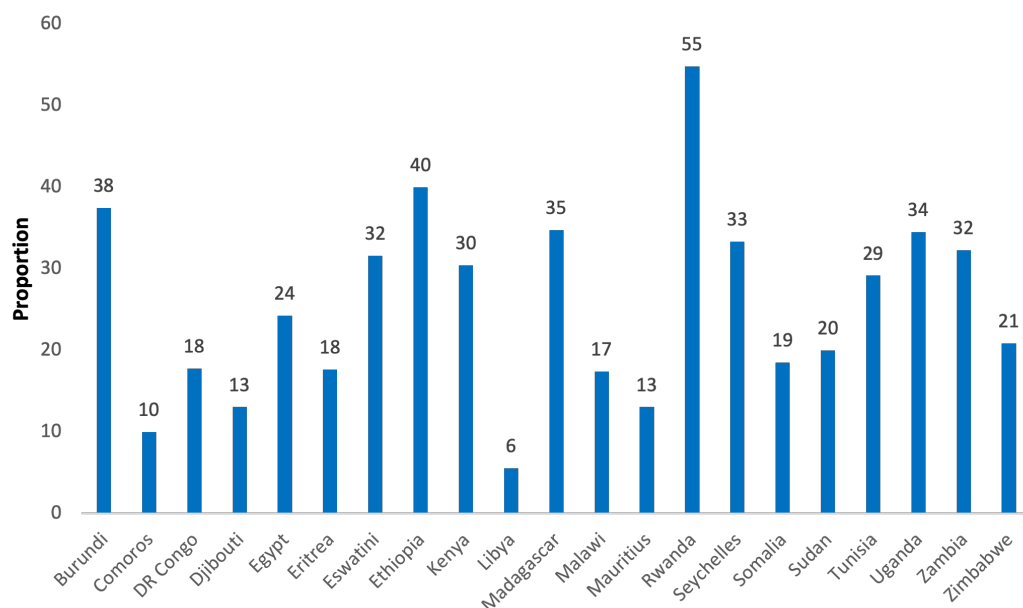
Figure 18: Proportion of seats held by women in national parliaments (per cent) in 2019 and 2020



Source: Gender Indicators Report Database, 2021

86. Figure 18 shows the proportion of parliamentary seats held by women in national parliaments in 2019 and 2020. The trend shows that the proportion of seats held by women in national parliaments increased in all countries except Zambia between 2019 and 2020. In 2020, five countries exceeded the 30 percent threshold of MP seats to be held by women. These countries are Rwanda, Ethiopia, Burundi, Uganda, and Zimbabwe with 61.3 percent, 38.8 percent, 38.2 percent, 34.9 percent, and 31.9 percent respectively.
87. Notable increases in representation were seen in Comoros which rose to 16.7 percent from 6.1 percent the previous year, also noteworthy is the improvement in female representation in Egypt increasing to 27.4 percent from 14.9 percent the previous year. Zambia exhibited a slight decline in representation and was the only country to do so. Egypt, Djibouti, Tunisia, Somalia, Seychelles, Malawi, Comoros and Mauritius are in the range of 20 per cent to 27 per cent female representation. The remaining countries are below 20 percent representation with Eswatini being the lowest at 9.6 percent representation in 2020.

Figure 19: Proportion of women in ministerial level positions (per cent) in 2020



Source: Gender Indicators Report Database, 2021

88. COMESA Gender reporting guidelines has a target threshold that at least 30 per cent of all elected officials at local, regional and national levels should be women as well as in judicial institutions, academia, and business firms. With regards to ministerial positions held by women in the region, fig 19 shows that in 2020, nine Member States had achieved this goal. This is an increase from four countries in 2015. Rwanda (54.8 per cent), Ethiopia (40 per cent) Burundi (37.5 per cent) are the top three followed by Madagascar, Uganda, Seychelles, Zambia, Eswatini and Kenya. Tunisia and Egypt are well on the way to attaining the threshold.

89. Equitable participation in ministerial positions still remains a challenge, as eight member states are still below 20 percent representation of women in ministerial positions in the region. Notable are Libya and Comoros with 5.6 per cent and 10 per cent representation. However, progress is being made in the area of reporting by Member States as all Member States had data available.

### 6.3 Women in Leadership: Directors, Business Owners and Sole Proprietors

90. Women tend to occupy leadership roles in certain social circles that focus on women and gender issues. Unfortunately, they mostly remain under-represented in organizations that do not focus on women and gender-related issues. This is evident in table 16 below, which shows the proportion of female and male Directors, business owners, and sole proprietorships in selected Member States where data was available. The period under review is for 2018.

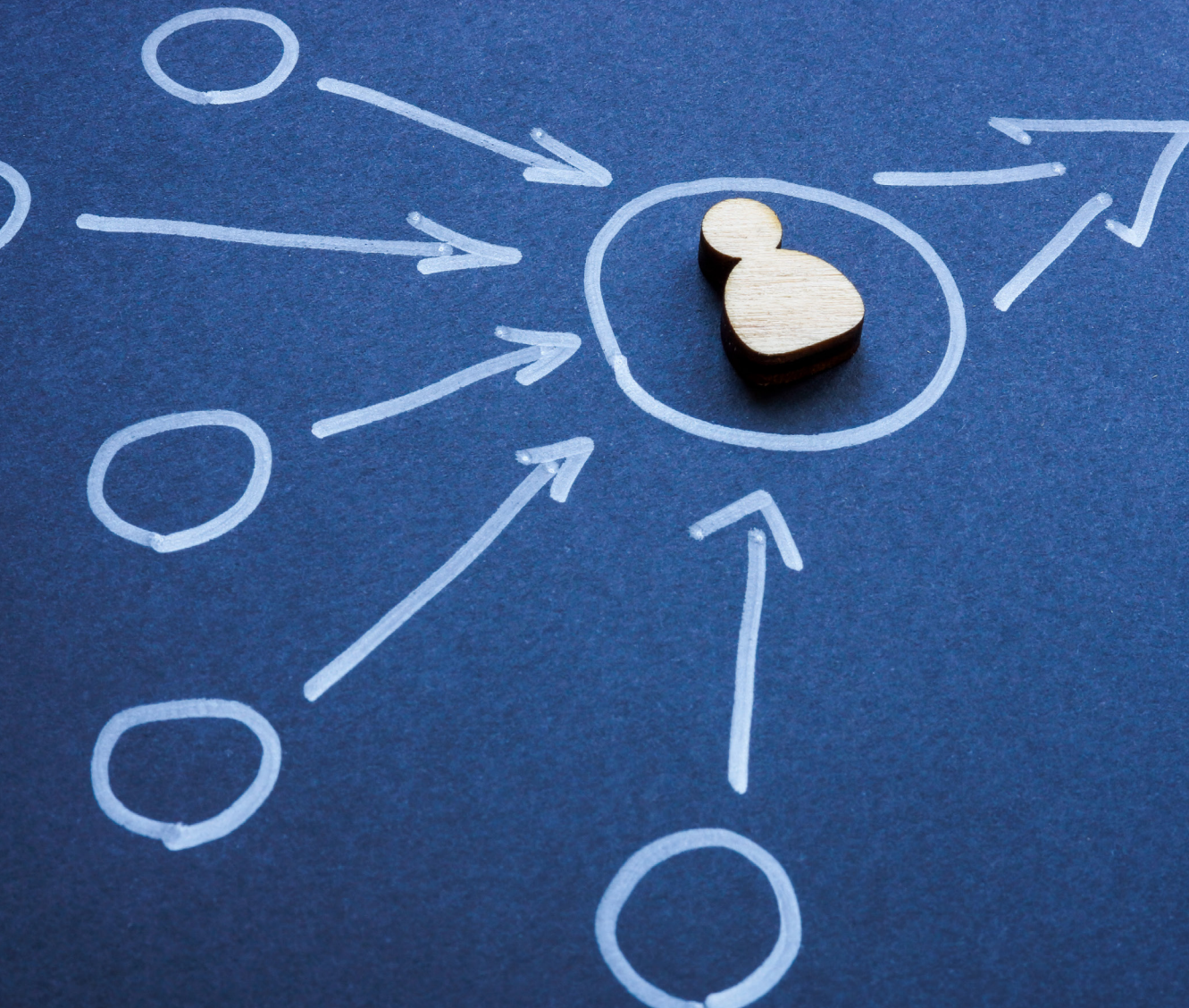
91. In the private sector, women remain under-represented in business management, corporate decision-making, and business ownership. Registered Business owners and Sole Proprietorships are still predominantly male and Male Directors outstrip Female directors three to one in the selected countries.

**Table 16: Women in Leadership: Directors, Business Owners and Sole Proprietorship, 2018 in selected Member States**

	Directors		Business Owners		Sole Proprietors	
	Female (per cent)	Male (per cent)	Female (per cent)	Male (per cent)	Female (per cent)	Male (per cent)
Mauritius	23.5	76.5	19.9	80.1	33.3	66.7
Rwanda	26.2	73.8	---	---	41.6	58.4
Zambia	21.3	78.7	21.8	78.2	24.7	75.3
Ethiopia	---	---	---	---	36.2	63.8

Source: Gender Indicators Report, WDI 2020





## CHAPTER SEVEN: **CONCLUSION & RECOMMENDATIONS**

## 7.0 Conclusion

92. The 2020/21 COMESA Gender Statistics Report was produced by the COMESA Gender and Social Affairs Division in collaboration with the Statistics Unit. The report presents the situation of women and men, girls, and boys in different sectors, especially in social development and economic sectors in the region. It is expected that the information in the report can assist policy formulation, program design, and decision-making, research at the Member States level to accelerate progress toward the achievement of gender equality, accountability, and empowerment of all women and girls in the regional economic integration processes.
93. Ensuring the availability of gender-sensitive data requires recognition of the importance of evidence-based gender-disaggregated data for Right Based policy reform and planning. It is also important to design a gender-sensitive policy and implementation framework measure that encourages and forces a system that helps to design gender-responsive data collection and analysis tools for the production of gender statistics for all developmental sectors in the national statistics authorities of the Member States.
94. In order to effectively implement such policy measures, it is important to change the mind-set of policymakers and statisticians towards gender concepts which mainly deal with ensuring equity for men and women in development programs and facilitating equal participation and enjoying available benefits by men and women of a given society.

## 7.1 Recommendations

95. COMESA Treaty in Articles 154 and 155 recognizes status disparities between women and men in the Member States. The Treaty outlines different measures to be undertaken by Member States to ensure the effective participation of women in regional economic integration as well as to ensure women benefit from development programs both at the national and regional levels.
96. The COMESA Gender Statistics Report is an attempt to report about women and men, girls and boys, and youth in the region, using secondary data from various sources. The report can assist policy formulation, program design, and decision-making at the regional as well as Member States level to accelerate progress towards the achievement of gender equality and empowerment of all women and girls in the regional economic integration processes.
97. Thus, the Member States shall:
  - i. Ensure the availability of gender-sensitive data requires recognition of the importance of Gender-disaggregated data for people-focused policy reform and planning;
  - ii. Design a gender-sensitive policy measure that encourages and forces a system that helps to design and gender-responsive data collection and analysis tools for the production of gender statistics for all developmental sectors in the national statistics



- authorities of the Member States;
- iii. Change the mind-set of policymakers and statisticians towards gender concepts which mainly deal with ensuring equity for men and women in development programs and facilitating equal participation and enjoying available benefits by men and women of a given society;
  - iv. Ensure the availability of gender statistics is mandatory to identify obstacles, solutions and to measure progress towards the achievement of gender equality and empowerment of all women and girls in the region;
  - v. Promote women's participation in the labour force (the sum of employed and unemployed persons) as well as in the businesses and financial sectors; and
  - vi. Periodically review and update national gender statistics and submit reports to the Secretariat so that regional data can be compiled and published on the COMESA website, and the Gender Statistics reports can be published using data directly sourced from Member States in a harmonized format.

### **COMESA SECRETARIAT**

98. To enable Member States to collect harmonized and comparative gender statistics, there is need for the Secretariat to:
- i. Collaborate with COMESA member states on gender statistics;
  - ii. Create a database on the data collection process;
  - iii. Build the capacity of COMESA Members State, staff and different stakeholders to on gender statistics;
  - iv. Engage all the necessary participants in various sectors, fostering enhanced cooperation between the Ministry of Gender, National Statistics Offices (NSOs) and other sectors on the collection and documentation of gender statistics; and
  - v. Devise frameworks that will harmonize the design and definitions of relevant gender related indicators based on international recommendations and best practices. This should be done through the Gender and Social Affairs Division and the Statistics Unit.

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