



RIGHTS AND RESULTS

East and Southern Africa

Annual Report | 2016 Highlights



THE RIGHTS IMPERATIVE



1 in 51

A 15-year-old girl's risk of dying from pregnancy and childbirth (2015)

(The global average is 1 in 180)¹



640

Estimated number of new HIV infections per day among adolescent girls and young women²



25%
of women aged 20–24 have given birth by age 18 (2013)³



25%
of sexually active women would use contraceptives if they had access to them (2014)⁴



50%
More than 50% of women have experienced physical and/or sexual violence in 6 countries in Southern Africa with the highest figures (ranging from 50–86%, 2010)⁵ (35% globally (2010)⁶)

1 WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. *Trends in Maternal Mortality: 1990 to 2015*. Geneva, World Health Organization, 2015.

2 UN Joint Programme on HIV/AIDS (UNAIDS). *Global AIDS Update 2016*. UNAIDS, 2016.

3 WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. *Trends in Maternal Mortality: 1990 to 2013*. Geneva, World Health Organization, 2013.

4 UNFPA. *The State of the World Population 2014: The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future*. New York, UNFPA, 2014.

5 Genderlinks. *SADC Gender Protocol 2015 Barometer*. Genderlinks, 2015.

6 World Health Organization. *Global and regional estimates of violence against women*. WHO, 2013.



IMPROVING MATERNAL HEALTH

358,000

unintended pregnancies and 1,000
maternal deaths averted

238,000

family planning users enrolled

1.5 million

contraceptives provided

With less than 7 per cent of the global population, the region contributes close to half of new adult infections globally and is home to more than half of people living with HIV. UNFPA and UNAIDS support ten countries in integrating HIV into SRHR services as part of a commitment to prevent, test and treat HIV, sexually transmitted infections (STIs) and sexual and gender-based violence.

Results at a glance

- Supported the revision of two key African SRH policy documents – Maputo Plan of Action 2016–2030 and African Health Strategy 2016–2030.
- All countries, except for South Sudan, have launched the Campaign on Accelerated Reduction of Maternal Mortality in Africa.
- 18 countries' midwifery capacity (10 from ESAR) strengthened through training
- 8 countries received substantial support to build their midwifery workforce through UNFPA. Funding of \$75 million from Canada and Sweden bolstered midwifery services in South Sudan.
- 9 countries had their capacity strengthened in Maternal Death Surveillance and Response.

Capacity building for better family planning services

In six ESA countries with critical skills shortages, UNFPA's flagship programme, Preventing Maternal Deaths in East and Southern Africa (PreMDESA), supports training programmes for health-care providers, community health agents and clinic managers. The training builds their competences to introduce new contraceptives supplied by PreMDESA and to offer users better services and choices.

Family planning commodities: excellence in times of austerity

In times of diminishing resources to the SRH agenda, UNFPA Supplies (formerly known as GPRHCS) is finding innovative ways of maintaining leadership and quality while achieving substantial savings, coupled with prudent stewardship of resources.

On the frontline of life

Skilled birth attendance exceeds 80 per cent in five of the region's 23 countries - Botswana, Comoros, Namibia, South Africa and Swaziland. The deficit of trained birth attendants and poor midwifery care is correlated to high maternal mortality. The experience of many countries, such as Rwanda, shows that boosting the numbers of well trained and well equipped midwives reduces maternal deaths.



STRENGTHENING INTEGRATED HIV AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES

6 countries

developed guidelines on the provision of integrated sexual and reproductive health and rights (SRHR) and HIV services

3,500

health-care workers trained on the provision of quality integrated sexual and reproductive health and HIV services

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Results at a glance

- 7 countries have included the link between SRHR, HIV and GBV and a commitment to providing integrated SRHR and HIV services in existing policies and strategies.
- 2 countries have developed national plans to scale up the provision of SRHR, HIV, TB and GBV integration.
- 3 countries have developed National leadership structures to advocate for scaling up the provision of SRHR, HIV, TB and gender-based violence services.
- 10 countries have successfully piloted the provision of integrated SRHR and HIV services at 55 sites.
- SADC developed regional Minimum Standards for Integration of HIV and Sexual and Reproductive Health, with UNFPA's support.

East and Southern Africa at epicentre of HIV epidemic

UNFPA works with UNAIDS to revitalize HIV prevention in the region. At a high-level advocacy meeting at the World Health Assembly in Geneva, Ministers of Health called for increased investments in HIV prevention. Ministers also committed to set country targets on HIV prevention, during a follow-up meeting at the International AIDS Conference 2016.

UNFPA held an internal meeting to strengthen the capacity of country offices to lead on developing evidence-based HIV prevention programmes that respond to the needs of key populations, adolescent girls and young women, sex workers and men who have sex with men.

UNFPA developed an advocacy and communication strategy to advocate with policy and decision makers to develop and implement programmes that fast track the reduction in new HIV infections in the region.



SHAPING THE FUTURE OF YOUNG PEOPLE

811,000

out-of-school young people reached with social behaviour change communication and CSE programmes

80.8 million

condoms distributed to young people

1.5 million

adolescents and youth reached with sexual and reproductive health services

17,000

teachers trained in the delivery of comprehensive sexuality education in collaboration with UNESCO

Results from the Safeguard Young People (SYP) programme

Young people make up the largest and fastest growing proportion of the population in the region. If they can realize their potential, this youth population 'bulge' could be an opportunity to advance the continent's social and economic capital. UNFPA is committed to fulfill the human rights of young people, including access to integrated sexual and reproductive health (SRH) services and information.

Results at a glance

- A review of laws, policies and framework on adolescent SRHR in 23 countries was validated.
- A Model Law to Eradicate Child Marriage and Protect Those Already in Marriage was adopted by the SADC Parliamentary Forum in June 2016.
- The Comprehensive Sexuality Education (CSE) for Out-of-School Young People Regional Resource Package was finalized and has been adapted and adopted by three countries.
- More than 14 million young people were reached with messages on sexual and reproductive health through innovative channels such as Tune Me, other social media platforms and the SYP music album.
- The Africa Adolescents and Youth Dashboard was updated with new indicators and data: dataforall.org/dashboard/unfpa/ay_africa/

Empowering young people to drive change

UNFPA is supporting countries to implement the East and Southern Africa Ministerial Commitment on comprehensive sexuality education (CSE) and sexual and reproductive health services for adolescents and young people.

Since 2014 our flagship programme, Safeguard Young People (SYP), has promoted and improved adolescent sexual and reproductive health and rights in Southern Africa. The review of the first phase 2014-2016 found results exceeded targets, which led to renewed funding for the second phase of the programme 2017-2019. To advance the participation of young people in decisions that affect them, more than 3,900 young leaders have been trained through the Africa Youth and Adolescents Network on Population and Development (AfriYAN) on human rights and advocacy and 6 new national chapters were established in 2016.

UNFPA is completing an assessment of adolescent and youth-friendly health service delivery in the region and drafting regional guidelines for institutionalizing and scaling up training for health-care providers.

PreMDESA is developing a regional strategy to increase demand for and access to sexual and reproductive health services among young people with disabilities.



INNOVATION ACCELERATOR

2,400

young people participated in boot camps and information sessions in Kenya, Rwanda and Uganda

275

innovative ideas have been submitted

16

start-ups in the pipeline – 4 already launched

In 2016, UNFPA set up a business accelerator to join the innovation ecosystem and tap into young entrepreneurs' creativity for advancing SRH.

Results at a glance

- Innovation challenges have been launched in 3 countries, and will generate 16 solutions by 2017.
- The initiative has received coverage by 57 media outlets across 3 countries. Through social media, more than 2 million people have been reached and more than 250,000 people directly engaged.
- 17 boot camps and information sessions have been organized, engaging over 2,400 youth.
- Winners in Kenya include: 'Jump Arena', a mobile game covering SRH information; 'Sophie Bot', an artificial intelligence-powered chatbot that answers questions on SRH; 'Imara TV', a crowdsourcing platform of youth-generated video content on sexuality; and 'Sex eLimu', an app for deaf youth to access educational content on SRH in Kenyan Sign Language.

Solutions for young people, by young people

The Innovation Accelerator provides young entrepreneurs with seed funding, mentorship and training to develop creative solutions to pressing youth-related SRH issues. Funded by UK Aid, our first accelerator cycle kicked off in Kenya in June 2016. The challenge was to link young people with information and services on SRH. Four innovations have been generated. Two more challenges have since been launched in Uganda and Rwanda.

What is an accelerator?

Accelerators are intensive programmes of mentorship and training to support businesses in the start-up phase. Accelerators end with a public pitch event or 'demo day', at which prototypes are presented to potential investors and implementers to facilitate them being scaled-up. The main features are,

- an application process that is open to all yet highly competitive;
- provision of pre-seed investment;
- focus on small teams, not individual founders; and
- fixed-term support with training and mentoring.



HEALTH AND DIGNITY IN TIMES OF CRISIS

445,000

women and girls used SRH services, including post-rape treatment, provided by UNFPA

82,000

dignity kits given to women and girls, pregnant and nursing mothers in Sudan, Swaziland and Uganda to meet their basic hygiene needs

1,357,000

people impacted by humanitarian crises were reached with sexual and reproductive health services

During conflict, natural disasters and other emergencies, sexual and reproductive health needs are easily overlooked – yet these needs are often staggering. UNFPA across East and Southern Africa works closely with governments, UN agencies, community-based organizations and other partners to ensure that reproductive health is integrated into emergency responses.

Results at a glance

- 2,008 service providers trained on the Minimum Initial Service package, including emergency obstetrical care, gender-based violence case management and clinical management of rape survivors.
- 82,000 people affected by crises were reached with family planning services.
- \$894,000 in emergency funding provided to Kenya, South Sudan, Swaziland, Uganda and ESARO strengthened UNFPA's humanitarian preparedness, response and resilience building.
- With \$3.5 million from the UN Central Emergency Response Fund (CERF) to Burundi, Kenya, Rwanda, South Sudan and Tanzania, UNFPA boosted its response to the South Sudan and Burundi conflicts and refugee situation.

El Niño emergency

Extreme weather conditions and conflict flashpoints required massive humanitarian responses in 2015 and 2016. Drought and floods associated with El Niño brought food insecurity, malnutrition, and loss of livelihoods across the region. As communities struggled with food insecurity and deepening poverty, UNFPA ensured that reproductive health needs were not overlooked in the humanitarian response. With emergency funding, UNFPA developed a regional El Niño response plan and implemented minimum preparedness actions on El Niño/La Niña in 11 priority countries. UNFPA mandate areas have been integrated into the Regional Interagency humanitarian response action plan.

Violence in South Sudan and Burundi

UNFPA ensured that those most vulnerable in these crises received adequate health-care, including antenatal, safe delivery and post-partum care; family planning; and protection and support against gender-based violence.

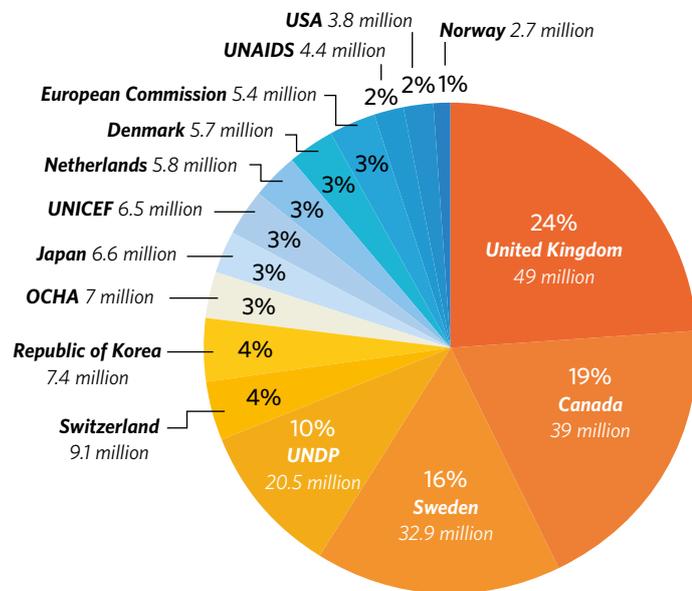
UNFPA's work in South Sudan benefitted from the provision of additional emergency funds and staff deployment. UNFPA participated regularly at the Humanitarian Coordination Team meetings and convenes the Gender-Based Violence Area of Responsibility.

RESOURCES

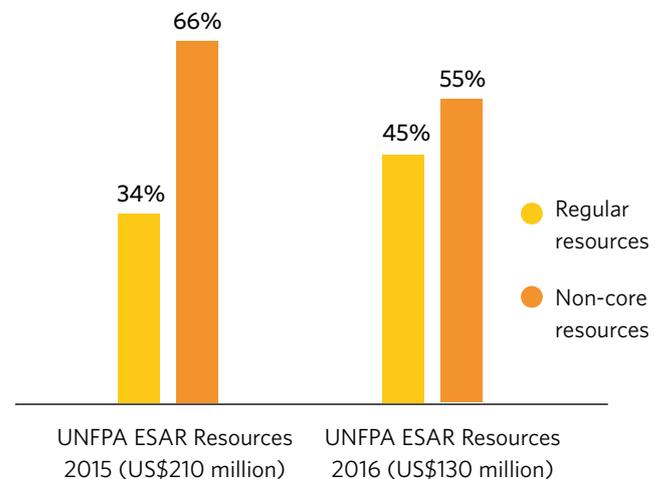
Ambitious goals, ambitious targets

In 2015, UNFPA in East and Southern Africa managed US\$210 million in donor funding to carry out its mission and programmes. Two thirds of this was non-core funding mobilized by the Regional Office and the 23 Country Offices in the region. In 2016, UNFPA administered US\$130 million for its interventions in ESA, 45 per cent of which stemmed from regular resources and 55 per cent from non-core financing. In addition, UNFPA built strong relationships with a wide range of new strategic partners in ESA. We sincerely thank the 35 donors that allowed us to advance the agenda of the International Conference on Population and Development (ICPD), especially the top 15 donors that contributed to 98 per cent of our overall non-regular resources (see chart below).

Top 15 non-core funding donors, 2015-2016 (in US\$)



Resources



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