

DRIVING CHANGE in East and Southern Africa

East and Southern Africa has made impressive gains in the reproductive health of its people. Yet, as we count these achievements, we must ensure we maintain the momentum to achieve the new Sustainable Development Goals. With 521 million people, the region's reproductive health challenges are vast: maternal mortality and morbidity, HIV infection, low contraception use, early marriage, teen pregnancy and gender-based violence, underpinned by gender inequality. Also, gains are quickly reversed during conflict and humanitarian crises. There is no time to lose. The Action Plan 2014-2017 of UNFPA East and Southern Africa Regional Office (ESARO) sets out the strategies and targets to accomplish our vision.



Where we work

UNFPA East and Southern Africa Regional Office (ESARO) works to improve the lives of women, adolescents and youth in the region. Through 23 Country Offices coordinated by the Regional Office in Johannesburg, South Africa, we build national capacity to develop transformative policies and analysis; forge partnerships with regional, political and technical entities; ensure quality and accountability of our programmes and mobilize resources for our work.

The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its former frontiers or boundaries.



Make change happen

US\$99 million UNFPA's regional programme in East and Southern Africa for 2014-2017 requires US\$99 million.

US\$25 million Of this, US\$25 million will meet the pressing humanitarian needs of women and girls.

US\$31 million 31 per cent of UNFPA's programme remains unfunded, equivalent to US\$31 million.

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Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled



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East and Southern Africa Region



DRIVING CHANGE



UNFPA's strategic focus and approaches



Every young
person's
potential is
fulfilled

A cost-effective investment
For every additional dollar invested
in contraception the cost of
pregnancy-related care (including
HIV care for women and newborns)
IS REDUCED BY US\$1.47

*Singh S, Darroch JE and Ashford LS, *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*, New York: Guttmacher Institute, 2014

THE FUTURE STARTS NOW

WHAT WE DO

Providing integrated services;

- Support the **integration of quality services** for sexual and reproductive health and HIV for efficient use of resources.
- Strengthen **emergency obstetric** and neonatal care.
- Ensure a steady supply of **contraceptives**, including for people living with HIV and with disabilities.
- Prevent and manage **gender-based violence**.
- Curb sexual transmission of **HIV**.

Empowering adolescents;

- Expand **youth friendly SRH services** to protect adolescents from sexually transmitted infections including HIV, unplanned pregnancy and unsafe abortion.
- Develop curricula for **comprehensive sexuality education** for young people in and out of school.
- Nurture **youth leadership**.
- Advocate to include youth **in policies and programming** and to protect girls from early marriage, female genital mutilation and gender-based violence.

The world's next bold challenge, the Sustainable Development Goals (SDGs), will require intensified momentum. Our Action Plan 2014-2017, both ambitious and realistic, links sexual and reproductive health, gender equality, human rights and development, which underpin the SDGs.

Advancing gender equality;

- Promote **legal and policy reforms** through advocacy, sharing best practices and building capacity.
- Help develop national strategies for **gender-based violence** prevention and provision of services for survivors, especially during humanitarian emergencies.
- Support interventions that tackle male socialization, the root cause of gender inequality, following the UNFPA Africa regional framework for **working with men and boys**.

Linking data to action;

- Build national capacity to collect and use disaggregated population data and to carry out **census** and household surveys.
- Foster better understanding of evidence-based population dynamics, including population growth, migration, urbanization and **demographic dividend**, essential for adequate planning.
- Use reliable data to advocate for reproductive health services for **people with disabilities and other vulnerable groups**.

US\$76

the annual cost of providing every woman of reproductive age in sub-Saharan Africa with a **total package of care**

US\$400

pays for one fistula repair surgery - **and restoration of a woman's dignity.**

US\$10

Feeds a fistula patient in hospital for two weeks



Making every birth safe

Our strategy for maternal health includes: voluntary family planning, antenatal care, skilled attendance at birth, quality emergency obstetric care, and maternal deaths surveillance and response.

We see progress in the region. Rwanda, Ethiopia, Malawi and Angola, among others, are making headway towards reducing maternal mortality. But we must do better in both outreach and funding. Among 23 countries, 17 have high maternal mortality rates (300 or more deaths per 100,000 live births). An estimated 64,000 women died in childbirth in the region in 2013. Skilled birth attendance remains below 50 per cent in seven countries. Less than one third of women aged 15-49 use contraception.

Obstetric fistula, a childbirth injury, afflicts hundreds of thousands of women and girls. As lead agency of the Campaign to End Obstetric Fistula, UNFPA provides medical supplies and equipment, training and funds for fistula prevention, treatment and social reintegration.

The persistence of maternal deaths signals health systems that are failing to meet women's essential needs. Through staff training and provision of equipment, UNFPA strengthens health systems and ensures quality care.

Political will is key: UNFPA has secured regional commitment to provide comprehensive sexuality education for young people and expand youth-friendly reproductive health services.

UNFPA ESARO concentrates its HIV & AIDS work in 12 countries with infection rates over 8 per cent.

In seven countries, UNFPA pioneers one-stop centres that integrate reproductive health and HIV services – a more efficient use of resources.

In 2013, UNFPA supported fistula treatment for 8,400 women.

By 2017, with UNFPA technical guidance, 21 countries will have a gender-based violence response integrated in their sexual and reproductive health programmes.

Adopting new technology: poor women in Kenya and women with obstetric fistula in Tanzania receive vouchers via mobile phone to pay for transport to clinics.

Counting the people: Comoros, the Democratic Republic of the Congo, Eritrea, Madagascar and South Sudan will be supported to undertake a census.

With 1.3 billion condoms supplied to the region in 2014, UNFPA is a key agent of sexual health and family planning.



Top 10 donors to UNFPA East and Southern Africa 2014

Rank	Donor	Contribution**
1	UN inter-organizational transfers*	23.3 million
2	United Kingdom	13.3 million
3	Norway	8.4 million
4	European Commission	6 million
5	Japan	3.3 million
6	Netherlands	2.5 million
7	United States of America	2.3 million
8	Sweden	1.5 million
9	World Bank	1 million
10	Ireland	0.7 million
	Total	total 62.3 million

**Revenue in US\$

US\$11

Provides one year of contraceptive supplies and services for a woman in the developing world.

UNFPA implementing partners in ESA:

The African Union and its Regional Economic Communities
 Government
 Parliamentarians
 Academia
 INGOs and NGOs
 Private sector



"Looking at East and Southern Africa post-2015, I see it brimming with the energy of women and youth at the centre of their individual and social development. I see the resilience of people battered by conflict. I see the growing ranks of people and governments taking a firm stand against maternal deaths, gender-based violence and disempowerment of women. I see our young people growing up safely and reaching their full potential, free from the risks of teenage pregnancy and child marriage.

"I am painfully aware of the magnitude of needs, the scarcity of funding, and the large numbers of people we still need to reach to ensure they enjoy sexual and reproductive health and rights. We have a strong Regional Action Plan 2014-2017 in place and unique local and regional partnerships, coupled with the skills, experience and vision needed to take on these challenges and bring change. With adequate funding, we can deliver measurable progress in the post-2015 agenda."

- **Dr. Julitta Onabanjo**, ESARO Regional Director

UNFPA in humanitarian crises

Ensuring dignity and reproductive health

Humanitarian crises spell disaster for reproductive health. Provision of contraceptives and medical supplies is disrupted. Clinics close or are inaccessible. People flee for their lives. Gender-based violence worsens. When the humanitarian response unfolds, UNFPA ensures the reproductive health and rights of refugees and internally displaced people are met and not neglected.

UNFPA supports coordination for improved delivery of services by fielding midwives, gynaecologists and gender-based violence specialists, by supplying contraceptives, maternal and newborn medical supplies and post-rape kits, and by training health staff and community health workers.

Many women and girls risk sexual violence either when fleeing or in temporary settlements. UNFPA works with humanitarian actors to organize care for survivors and prevent gender-based violence during emergencies.

The needs are staggering: 2.8 million internally displaced persons in the DRC and 1.6 million in South Sudan. The conflict in Burundi has resulted in 190,000 refugees. Ethiopia hosts over 700,000 refugees, Kenya 551,000 and Uganda 422,500. A quarter of these are women of childbearing age. Our work during emergencies is critical. However, UNFPA's life-saving humanitarian interventions are chronically and severely underfunded.