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United Nations Population Fund
Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person’s potential is fulfilled
# List of Abbreviations

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AfriYAN</td>
<td>African Youth and Adolescents Network on Population and Development</td>
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<tr>
<td>ASRH</td>
<td>Adolescent Sexual Reproductive Health</td>
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<td>ASRHR</td>
<td>Adolescent Sexual Reproductive Health Rights</td>
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<tr>
<td>CO</td>
<td>Country Office</td>
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<td>CSE</td>
<td>Comprehensive Sexuality Education</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>EIMS</td>
<td>Education Information Management System</td>
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<td>ESA</td>
<td>East and Southern Africa</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>HIMS</td>
<td>Health Information Management System</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HTC</td>
<td>HIV Testing and Counselling</td>
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<td>IPs</td>
<td>Implementing Partners</td>
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<tr>
<td>MoET</td>
<td>Ministry of Education and Training</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoY</td>
<td>Ministry of Youth</td>
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<tr>
<td>SADC</td>
<td>Southern Africa Development Community</td>
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<td>SADC PF</td>
<td>Southern Africa Development Community Parliamentary Forum</td>
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<td>SAT</td>
<td>SRHR Africa Trust</td>
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<tr>
<td>SDC</td>
<td>Swiss Agency for Development and Cooperation</td>
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<tr>
<td>SBCC</td>
<td>Social and Behaviour Change Communication</td>
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<tr>
<td>SRHR</td>
<td>Sexual Reproductive Health and Rights</td>
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<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>SYP</td>
<td>Safeguard Young People Programme</td>
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<tr>
<td>TWG</td>
<td>Technical Working Group</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>YFHS</td>
<td>Youth Friendly Health Services</td>
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The year brought renewed energy to young people’s sexual and reproductive health in Southern Africa as we embarked on Phase 2 of our flagship Safeguard Young People (SYP) programme.

UNFPA stepped up political engagement in the region to intensify progress towards integrated youth-friendly HIV and sexual and reproductive health and rights (SRHR) services for adolescents and young people, with a strong link to comprehensive sexuality education (CSE) for in- and out-of-school youth. This strategy is at the heart of the **East and Southern Africa (ESA) Ministerial Commitment**. Since 2013, this initiative has promoted a common agenda to improve the SRHR of youth in ESA by 2020. SYP is the only programme in the region that has put the ESA Commitment into operation in full.

The African Union (AU) declared **2017 the Year of Harnessing the Demographic Dividend through Investments in Youth**. The AU states: The full realization of the sexual and reproductive health and rights of adolescents and youth will translate into the gains in health, well-being, and education needed to reap the demographic dividend for Africa.

The synergy of shared goals enabled SYP and its partners – governments, regional bodies and civil society – to work more efficiently and exceed annual targets in certain areas. For instance, SYP reached 3.6 million youth with SRHR information, which was three times more than the target. More than 6,250 teachers were trained on CSE; this is double the set target, and a boon to the multitude of students empowered with reliable information to make healthier and safer choices.

SYP was singled out as a best practice in the South African Development Community (SADC) Commission on the Status of Women (CSW) Resolution 60/2 Programme of Action on HIV, Women and Girls. SYP’s holistic approach is unique in joining the dots to address the SRHR needs of young people – including policy and laws, education, health and, critically, the agency of young people.

SYP has proved one of UNFPA’s most effective tools to meet our three transformative results over the next four years: ending unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence and harmful practices.

Phase 2 begins with the strength of four years’ worth of achievements accrued in phase 1, and renewed energy to build a healthy generation of adolescents and young people in Southern Africa.

**Dr. Julitta Onabanjo**
Regional Director
UNFPA, the United Nations Population Fund
East and Southern Africa
**Vision**

**Our vision:** All adolescents and young people in Southern Africa are healthy, productive and empowered. They are free from sexually transmitted infections, new HIV infections, unintended pregnancies, child marriage and sexual and gender-based violence (GBV).

**Our work:** SYP scales up interventions for adolescents and young people in Southern Africa using a human rights-based approach across multiple sectors, which include laws and policies, integrated HIV and SRH youth-friendly health services, comprehensive sexuality education for in- and out-of-school youth, youth participation and empowerment.

**Where we work:** Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

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- Contraceptive use among young people (age 15-24): **18%**
- Child marriage: **9% married by age 15; 37% married by age 18**
- Adolescent birth rate: **105 per 1,000 girls**

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Youth aged 15-24 who have comprehensive correct knowledge of HIV/AIDS

**Female:** 32.3%

**Male:** 41%

HIV testing behaviour among sexually active young people in the last 12 months

**Female:** 25.6%

**Male:** 19.4%

Proportion of female population aged 15-24 who have ever experienced sexual violence

**27.1%**

---

SYP addresses young people’s needs by:

- Improving policy, legal and programming environments;
- Increasing young people’s knowledge and skills, to adopt protective sexual behaviours;
- Increasing access to and quality of youth-friendly sexual and reproductive health services; and
- Promoting youth empowerment and meaningful participation in decision-making processes.

2017 KEY RESULTS

- 3.6 million in- and out-of-school young people reached with SRHR information
- 1.3 million youth accessed integrated HIV/SRH services
- 6,256 teachers trained in CSE
- 105 youth networks supported
- 2,566 youth network members’ capacity built in SRHR, leadership and advocacy skills
- 4,230 school teachers trained in CSE
- 2,819 service providers trained in YFHS
- 774 health service delivery points strengthened
Key Country Results 2017

Zambia
1.4 million young people reached with SRH information

Zimbabwe
376,104 youth accessing sexual and reproductive health services

South Africa
175,000 young people reached with family planning information

Enabling Policy Environment
7 countries endorsed national policies and strategies on ASHRH

Botswana
national strategies developed for both teenage pregnancy and adolescent health

Namibia
240 frontline duty bearers trained in GBV

Malawi
295,300 young people accessed SRH services in the six SYP districts

Swaziland
271 secondary schools rolled out comprehensive life skills curriculum

Lesotho
15,000 out-of-school youth reached with CSE

2 countries adopted policies on teenage pregnancy
Malawi
Namibia

2 countries adopted strategies to prevent child marriage
Malawi
Zimbabwe
ADVOCACY, LAW AND POLICY ENVIRONMENT
Advocating For Youth Issues

The legal and policy environment may support or limit young people’s realization of their SRHR. SYP works with governments, parliaments and policymakers, as well as regional organizations such as SADC Secretariat and SADC Parliamentary Forum (SADC PF), to improve laws and policies that impact young people’s SRHR and harmonize them in line with international human rights treaties signed by countries. SYP also engages with civil society, traditional and faith-based leaders, and youth activists to advance the SRHR of young people.

2017 REGIONAL HIGHLIGHTS

• Supported SADC Secretariat to develop and adopt the CSW Resolution 60/2 Programme of Action on HIV prevention for women and girls, in collaboration with other UN agencies.

• Contributed to the SADC PF Mahé Declaration on HIV prevention for women and girls, which commits its 14 member countries to address root causes of HIV transmission among women and young girls by reducing poverty and ensuring access to quality health services and information.

• Worked with SADC PF to develop a Gender Responsive Oversight Model to monitor the commitments pledged in the Mahé Declaration, in collaboration with other UN agencies.

SADC Protocol on Children and Youth Rights. SYP and civil society organizations submitted to the SADC Secretariat a draft proposal for the development of an SADC protocol on children and youth, which was informed by the findings of the UNFPA review of laws and policies.

SADC PF 5-year Youth Development Programme. SYP supported the elaboration of the programme, which proposes key interventions in SRHR, education, empowerment and employment, inspired by the potential for a demographic dividend for Southern African countries.

SADC model law on eradicating child marriage and protecting those already in marriage. SYP disseminated the Model Law via international platforms and fora, and collaborated with SADC PF and Girls Not Brides on the SADC Model Law Toolkit which was designed to facilitate the adoption and domestication of the Model Law.

COUNTRY HIGHLIGHTS

In Malawi, SYP worked with the Ministry of Gender to adapt the SADC Model Law on Ending Child Marriage to the local context for future law reform. Traditional chiefs and civil society organizations discussed the Model Law in meetings. A By-Law Framework is to be developed to assist district and chiefs’ councils with enforcing provisions against child marriage.

In Zimbabwe, Parliament held public hearings on child marriage. The Senate thematic committee and Parliamentary portfolio committees on health, gender, justice and legal parliamentary affairs discussed the SADC Model Law on Child Marriage. Lawmakers then drafted an amendment to the marriage bill, addressing child marriage, to be debated in 2018.

In Namibia, under the SYP umbrella, UNFPA participated in drafting the sections on adolescent girls, young women, condoms and key populations in the National Strategic Framework on HIV. SYP supported the National Study on Child Marriage conducted by the Ministry of Gender Equality and Child Welfare. UNFPA assisted with the training of 41 parliamentarians and 31 parliamentary staff on SRHR; they in turn organized six regional community hearings around adolescent SRHR. Parliament tabled three motions on ASRHR, including on teenage pregnancy, child marriage and menstrual health management.
KNOWLEDGE
Comprehensive Sexuality: A Tool for Healthy Living

In 2017, renewed interest and investment in Comprehensive Sexuality Education (CSE) occurred in the region. The ESA Ministerial Commitment translates into concrete action to provide quality CSE to youth in Southern Africa, whether in or out-of-school.

In collaboration with UNESCO, Ministries of Education and other partners, SYP applies a holistic and multipronged strategy to scale up CSE:

- Build political will.
- Ensure adequate policies and laws are in place.
- Develop teaching tools, such as CSE curricula, online training packages for teachers, manuals for out-of-school youth, and for primary, secondary and tertiary education levels.
- Equip teachers to use the new tools and deliver quality CSE.
- Institutionalize CSE at all levels, including at teachers' training colleges and in education degrees at universities.
- Use social media, apps, radio and music to channel information on SRHR to young people.

The growing numbers of teenage pregnancies, school dropouts, drug use, date rape, and social, sexual and reproductive health issues like STIs and HIV, are indicators that many youth are equipped to cope. CSE can help young people by providing them with correct information, challenging them to look at their own attitudes and behaviours, and helping them to develop the skills they need to adopt healthy behaviours and to stay safe – now and in the future. (Source: UNFPA CSE Manual for Out-of-School Young People)

COUNTRY HIGHLIGHTS

ZAMBIA. To assess knowledge gained by learners, CSE became an examinable subject. A total of 41,330 teachers were trained in CSE nationwide and approximately 1.98 million learners from grades 5 to 12 received quality CSE. In addition, 1,470 head teachers and health staff were orientated on CSE management, to facilitate referrals from schools to health facilities.

LESOTHO. With SYP support, school inspectors and all teachers (totalling 1,390) from grades 5 to 8 nationwide were trained in CSE. The teachers trained then imparted life skills and CSE to 31,170 learners.

BOTSWANA. 69 schools in the SYP focus districts of Gantsi and Bobirwa gained teachers trained to deliver CSE to learners. At national level, training on CSE benefitted an additional 58 teachers, including 30 trainers of trainers.

In the classroom

6256 teachers trained in SYP districts in 8 countries in 2017

- UNFPA ESARO, under the umbrella of SYP, developed content for online training on CSE for tertiary institutions. Pre-testing will take place in 2018.
- In-person and online CSE teacher training packages were distributed in SYP countries.
- UNFPA, UNESCO and GIZ pooled resources to ensure wider training of teachers using the online CSE training tool developed during the first phase of SYP.
During Phase 1, SYP developed two CSE training manuals for out-of-school young people and for young people living with HIV. In Phase 2, the focus is on disseminating the manuals and training of facilitators. In addition, SYP makes innovative use of social media platforms, apps, radio shows, music, and traditional ceremonies to share SRHR information.

UNFPA ESARO supported SYP countries in adapting and adopting the Regional CSE Out-of-School resource package, the CSE programming guide and the iCAN Package for young people living with HIV.

Six countries have adopted and adapted the resource package.

Young people must learn to deal with physical and emotional changes, new romantic and sexual feelings, and making responsible decisions on their own about sex, protection, reproduction and parenthood. (from CSE Manual for Out-of-School Young People)

COUNTRY HIGHLIGHTS

LESOTHO. The CSE Manual for Out-of-School Young People was validated and 32 master trainers were trained in its delivery. SYP partners reached 15,000 young people with out-of-school interventions on CSE.

MALAWI. 106 initiation counsellors who deal with sexuality and gender constructs were engaged on how to integrate CSE into traditional rites of passage for adolescents.

SOUTH AFRICA. Eight community-based organizations were trained and mentored to organize 48 inter-generational dialogues on SRHR, HIV and GBV.

SWAZILAND. 34,000 girls were reached with SRH messages during the Umhlanga National Reed Dance.
YOUTH RADIO UNTWISTS FACTS
Yarona FM, a radio station popular among youth in Botswana, broadcast 29 episodes of the talk show Don’t get it twisted. Linked to the CSE curriculum at schools, topics covered health, unhealthy relationships, gender issues, prevention of gender-based violence, and prevention of pregnancy and sexually transmitted infections.

Sista2Sista Clubs:
Creating safe spaces for young women in Zimbabwe
In 2017, 23,570 Sista2Sista members completed at least 75 per cent of the sessions, exceeding the annual target by 29 per cent. Sista2Sista mentors issued 6,190 referrals for SRH, HIV and GBV services. Of the referrals to AYFHS, 67 per cent were for HIV testing and 30 per cent for family planning, cervical cancer screening, HIV support groups and STI screening.

Pointing to the programme’s protective effect, significantly, Sista2Sista clubs have low rates of the following:

- Members falling pregnant (0.3 per cent)
- Members being sexually abused (0.08 per cent)
- Members getting married early (less than 1 per cent)
From abused wife to self-reliant entrepreneur

Marvelous Zendera, 22, was depressed and suicidal. She had found the courage to leave an abusive, polygamous husband and return to her father’s home with her two-year-old son, but life looked bleak. There were few jobs available in the village of Richmond, Makonde, in Zimbabwe’s Mashonaland West province. Her mother had died and Marvelous, unprepared to raise a child, felt lonely and hopeless. “At that point, I seriously thought of taking my own life. I was thinking, if I can’t take care of myself, how can I take care of my baby?” she says.

Married at age 19 and pregnant soon after, she had endured physical and emotional violence as her husband took on new wives. “I stayed in the marriage because I was told that’s how marriage is. At one point I asked myself, why I am hanging on? I might catch HIV and die. What for? Let me just leave.”

Her lifeline was Makaite Maoyise, a mentor of the Richmond Sista2Sista Club, who encouraged Marvelous during counselling sessions to talk about her problems and feelings.

Considering the health risks of a polygamous marriage, Maoyise suggested going to the local clinic to be screened for HIV, other sexually transmitted infections and cervical cancer. She did so, found she was in good health and learned how to remain healthy.

Next, Marvelous joined the Sista2Sista Club, where she found peer support and learned to take care of herself and her baby, as well as basic financial and entrepreneurial skills, and how to plan for her future.

With help from the club, Marvelous now runs a successful kitchen garden, a small business specializing in tomatoes.

Marvelous plans to diversify into sewing school uniforms for local children. “My future now looks bright,” she says. Her goal is to provide for her child and her father, and to send her younger siblings to school.
HEALTH SERVICES
What are youth-friendly SRH services?

Services that are equitable, accessible, acceptable, appropriate and effective for young people. A holistic, youth-friendly health-care package of services includes:

- Universal access to accurate sexual and reproductive health information;
- A range of safe and affordable contraceptive methods;
- Youth-sensitive counselling;
- Quality obstetric and antenatal care for all pregnant women and girls;
- Prevention and management of sexually transmitted infections, including HIV.

Adolescents and young people face many barriers in accessing sexual and reproductive health services, ranging from the judgmental attitudes of staff towards sexually active unmarried youth, inconvenient opening times and locations, lack of privacy, fear of lack of confidentiality, to costs.

SYP works with Ministries of Health and other partners to bridge this gap - involving young people; developing policies and guidelines; training staff; equipping facilities; connecting health centres with schools, communities and social media; and, crucially, making SRH services available to young people who are marginalized or hard to reach.

The Regional Assessment of Adolescent and Youth-Friendly Health Services in the 23 countries of East and Southern Africa was completed, including the validation of national reports. The findings informed the development and validation of a Regional Guidance on YFHS. The Regional Assessment also informed the Regional Guidelines for health-care workers to be adopted by SADC, East African Community (EAC) and Common Market for Eastern and Southern Africa (COMESA). Zimbabwe and Swaziland used the Regional Assessment in the update of their national ASRHR policies and strategies.

**Pregnancies averted through SYP Programme**

<table>
<thead>
<tr>
<th>Country</th>
<th>2016</th>
<th>2017</th>
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<tr>
<td>Botswana</td>
<td>72,000</td>
<td>75,000</td>
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<tr>
<td>Lesotho</td>
<td>68,000</td>
<td>70,000</td>
</tr>
<tr>
<td>Malawi</td>
<td>525,000</td>
<td>555,000</td>
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<tr>
<td>Namibia</td>
<td>66,710</td>
<td>72,649</td>
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<tr>
<td>South Africa</td>
<td>1,795,000</td>
<td>1,824,000</td>
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<tr>
<td>Swaziland</td>
<td>59,000</td>
<td>75,000</td>
</tr>
<tr>
<td>Zambia</td>
<td>349,000</td>
<td>370,000</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>509,000</td>
<td>525,000</td>
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Regional Assessment of AYFHS

The assessment, conducted in collaboration with International Planned Parenthood Federation Regional Office, was a review of AYFHS in 23 countries in East and Southern Africa. The findings will guide health authorities in improving the quality and range of services provided for adolescents and young people.

Health facilities
- More than 75 per cent of facilities had educational materials available on contraception, STIs, safer sex and condom use, but less than 38 per cent had materials on mental health, male circumcision, drug and alcohol abuse, and post-exposure prophylaxis.
- Most facilities had weak linkages between management and peer educators.
- 65 per cent had a policy on free or affordable services for adolescents.
- 49 per cent had a child protection policy in place.
- 81 per cent collected age- and sex-disaggregated data.

Health providers
- 64 per cent were trained in AYFHS.
- 69 per cent knew about laws on informed consent and services for young people.
- Reasons given for why certain services were not available to young people: young age (51 per cent), need for parental consent (43 per cent), need for spouse/partner consent (27 per cent), and being unmarried (13 per cent).

Exit clients
- 93 per cent expressed satisfaction with the services provided.
- Most clients had learned about the facility from relatives and friends, and not from adult outreach workers or peer educators.

Recommendations
- Reduce legal and policy barriers to young people’s access to services, such as requiring parental or spousal consent, expected age and marital status of client, and sexual orientation.
- Put in place policies and guidelines on issues of equity and non-discrimination.
- Provide funding for community engagement, adult outreach and young peer educators.
- Strengthen rights awareness for young clients from marginalized and key populations.
- Implement age-disaggregated national health management information systems.
- Promote young people’s leadership in AYFHS.
COUNTRY HIGHLIGHTS

NAMIBIA. 1,822 young people accessed SRH/HIV integrated services. Indicators on adolescents were integrated in the Health Management Information System, with UNFPA support.

SOUTH AFRICA. With SYP support, 40 clinics in 3 focus districts improved their service delivery. By the end of 2017, 31 clinics met the five AYFHS quality standards and had provided services to some 17,000 young users.

SOUTH AFRICA. 540,000 adolescents accessed SRH services, 600 peer educators were trained in AYFHS, and 500 Condomize! champions learned management skills and condom promotion.

Young People With Disabilities

In the spirit of leaving no one behind and as part of the regional youth programme, with funding from DFID, UNFPA ESARO commissioned research to improve access to and demand for SRH services for young people living with disabilities in East and Southern Africa. The research informed the development of Regional Strategic Guidance.

Exclusion, discrimination and denial of sexual and reproductive health services are all too common in the lives of young people with disabilities in Africa. Laws, policies and attitudes often fall short of protecting their sexual and reproductive health and rights.
YOUTH EMPOWERMENT
Young people are at the centre of the SYP programme. As activists, advocates and drivers of change. SYP aims to tap into their potential, invest in their education and health, equip them with knowledge and skills, foster their meaningful participation in civic life, and address the inequalities that can frustrate their aspirations. SYP creates opportunities for effective participation that enable young people to take charge of their lives.

UNFPA’s rights-based approach to development and to sexual and reproductive health promotes the right of young people to participate in decision-making processes that impact on their lives.

REGIONAL HIGHLIGHTS
SYP organized a regional workshop on Strengthening youth leadership, advocacy and engagement in the implementation of the AU Roadmap on the Demographic Dividend, the AU Agenda 2063 and Agenda 2030 in the ESA region, with the participation of 25 members of Africa Youth and Adolescents Network on Population and Development (AfriYAN) and Y+ Programme for Young People Living with HIV, from across the region.

AfriYAN leaders were supported to participate in and contribute to the outcomes of key platforms around the ESA Commitment, demographic dividend, civic participation, HIV and AIDS, and human rights.

UNFPA ESARO led the regional consultation on Youth, Peace and Security, in collaboration with other UN agencies, as a follow-up to Security Council Resolution 2250 on Youth, Peace and Security. The report of the consultation will feed into the Global Report, which is to be submitted to the UN Security Council in 2018.

COUNTRY HIGHLIGHTS
SYP supported a number of activities led by national AfriYAN chapters, youth advisory committees, and national and district youth networks. These ranged from a dialogue with adolescent girls and young women around Global Fund funding in Botswana, to a national Youth Symposium on entrepreneurship in Zambia.

MALAWI. The National Youth Network, established with SYP support, developed a tool to map youth networks and organizations, indicating their location, activities, and gaps identified. Exceeding five-fold the SYP target of supporting nine networks in 2017, 49 youth networks (one national, six district and 42 Traditional Authority-based networks) were revitalized. Their activities include facilitating access to YFHS. Some 1,550 network members were trained in advocacy and leadership skills for SRHR.

ZIMBABWE. SYP supported district youth assembly meetings on the demographic dividend, conducted by the Zimbabwe Youth Council; a High Level Advocacy Meeting on Sexual and Reproductive Health, HIV and AIDS for Students in University, and a Youth Investment and Inclusive Economic Growth Conference focusing on the demographic dividend.
Our regional coordination mechanisms provide effective direction and strategic guidance through annual regional meetings and national coordination groups.

The **Regional Programme Steering Committee** includes Principal Secretaries and/or Directors from the three main line ministries involved with SYP (health, education and youth), SADC representatives and young people from SYP countries. It provides strategic direction to the Programme and aligns it to regional and national priorities.

The **Annual Technical Coordination Meeting** brings together key implementing partners, UNFPA Country Offices and the Regional Office, and the main donor (SDC) to agree on operational plans and modalities of the Programme.

**Technical Working Groups** coordinate SYP activities in each country, ensuring synergy with other existing initiatives.

The web-based data management application **DevInfo Monitoring** (Di-Monitoring) strengthens the SYP monitoring, evaluation and reporting systems.

A regional training workshop on DevInfo for SYP focal points and implementing partners took place in Johannesburg in 2017.

With SYP support, the Africa Adolescents and Youth Dashboard had a third update. New features were added to allow users to download data in Microsoft Excel, download trend graphs as images, and perform geographic analyses by overlaying two or more indicators. See [www.dataforall.org/dashboard/unfpa/ay_africa/](http://www.dataforall.org/dashboard/unfpa/ay_africa/)

UNFPA ESARO commissioned the Demography and Population Studies Programme at Witwatersrand University (Wits) to update the Status Report on Adolescents and Young People in Sub-Saharan Africa: Opportunities and Challenges. For each of the 35 indicators featured in the dashboard, the report will analyze how countries are performing, how countries and regions compare, and trends on progress, priorities and needed interventions.

Since it was launched in 2013, SYP has built a strong foundation of partners and allies. In 2017, the programme was reinforced by new strategic partnerships with regional groups and non-government organizations.
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