

TRANSFORMING LIVES

UNFPA EAST AND SOUTHERN AFRICA

ANNUAL REPORT 2017





“We are achieving strong results in guaranteeing sexual and reproductive health and rights for girls, women and youth in the region, but we need to do so much more.”

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Transforming Lives



They were lively and lovely, and they moved me close to tears. The Angolan teenaged girls I met told me about their dreams and the barriers they face to achieving what is simply normal elsewhere – finishing primary school, graduating from high school, protecting themselves from unplanned pregnancy and HIV, being safe from male aggression, living and loving in peace and harmony, and having a better future than their parents.

No matter how often I hear these stories, I still feel frustrated about the slow pace of change in redressing unfairness and inequalities in society. At the same time, I am re-energized in my faith in our work. We are achieving strong results in guaranteeing sexual and reproductive health and rights for girls, women and youth in the region, but we need to do so much more.

This year ends our Regional Programme Action Plan 2014-2017, which has focused on women and young people as our priorities. We are closing this phase with a slew of impressive achievements, in line with the Sustainable Development Goals (SDGs) – especially Goal 3 on Health, Goal 4 on Education and Goal 5 on Gender Equality.

All of our Country Offices have a strong youth programme, which ranges from Innovation Accelerators for young social entrepreneurs to comprehensive sexuality education.

In Southern Africa, which has the world's highest rates of HIV infection, we have invested heavily in the integration of HIV and sexual and reproductive health services, a proven strategy to maximize efficient use of resources and achieve better results.

Our DFID-funded flagship programme Preventing Maternal Deaths in East and Southern Africa (PreMDESA) ensured provision of family planning to 3.4 million users and training of more than 6,000 providers on a wider choice of contraceptives.

Simmering conflict in the Great Lakes region and floods and drought in Southern Africa required a quick and sustained response from UNFPA. We provided health care and support for the most vulnerable – pregnant women, mothers, girls and survivors of gender-based violence – in humanitarian settings. We strengthened midwifery services across the region, especially in war-torn South Sudan.

Looking forwards, UNFPA's new Strategic Plan 2018-2021 reflects our commitment to excellence and to achieving transformative results – ending unmet need for family planning, ending preventable maternal deaths, and ending violence and harmful practices against women.

Our new Regional Programme is aligned to the SDGs and to the African Union's 2063 Roadmap for the continent's socioeconomic transformation, which emphasizes women and youth as drivers of development.

We are inspired in our work by the words of our new Executive Director, Dr. Natalia Kanem: "This is a pivotal moment for UNFPA. Our mandate has never been more relevant, our goals more ambitious, or the environment in which we work more complex. The new transformative results adopted with the new Strategic Plan are ambitious aims. We need to be bold, focused and resourceful in forging ahead. And we need the ideas, insights, energy and innovation that every staff member brings."

There is a wonderful synergy operating in East and Southern Africa (ESA) towards a future built on equality, inclusiveness and universal enjoyment of rights.

The future is here. Our commitment to the rights of women and young people in ESA is unflinching, now more than ever. Hand in hand with our partners, stakeholders and beneficiaries, we shall continue to transform the lives of women and girls in the region.

Dr. Julitta Onabanjo
Regional Director
UNFPA East and Southern Africa



"Our mandate has never been more relevant, our goals more ambitious, or the environment in which we work more complex. We need to be bold, focused and resourceful in forging ahead."

Saving Mothers' Lives



Right to a safe birth

Each year, 88,000 women die due to complications in pregnancy and childbirth in East and Southern Africa (ESA). The ESA region has the world's second worst maternal mortality ratio, at 455 deaths per 100,000 live births. A woman has on average 4.5 children in her lifetime.*

Yet the region has made huge strides towards achieving healthy pregnancies and safe births for all women. Eight in ten pregnant women had at least one antenatal care visit and nearly six in ten births were attended by skilled health personnel. But, while coverage of services expands, inequality in access persists. Our priority at the start of 2017 was

*Source: SWOP 2017

to deliver sexual and reproductive health and rights (SRHR) information and services to underserved communities through a multipronged strategy. We aimed to ensure that health workers are competently trained and able to provide effective care; essential medicines are available; SRHR services are accessible to the poor; and quality data and information enable evidence-based decision-making, accountability and resource allocation.

88,000
mothers die in East and
Southern Africa every
year during pregnancy
and childbirth



Commitment to SDGs

At policy level, the Africa Health Strategy (2016-2030), Maputo Plan of Action (2016-2030) and the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) indicate the continent's political commitment to Sustainable Development Goal 3.1 – reducing maternal mortality by 2030.

Midwives save lives

UNFPA generated evidence on the state of the midwifery workforce in the region, examining the availability, accessibility, acceptability and quality of sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) workforce in 21 countries in the region. Regional capacity building of midwives was conducted for 21 countries in the region; this included discussion of the findings of the report, plans for its in-country dissemination, and sensitization on the medicalization of FGM.

Between 2014 and 2016, the midwifery workforce grew in 12 countries. It doubled in Uganda, Kenya and Eritrea and increased substantially in Malawi, Ethiopia, Botswana, Madagascar and Comoros. Improving midwifery is our key strategy to ensure access to quality services for all and a reduction in maternal deaths and morbidity.



Safe Birth Even Here: in Tanzania's refugee camps

In Tanzania, we work in three camps
hosting more than

350,000

refugees from neighbouring countries.

UNFPA support has contributed to a

70%

reduction in maternal deaths in
these three camps.

Our **Safe Birth Even Here** campaign gives visibility to the high rate of maternal deaths in emergency situations and advocates for services for women and girls in humanitarian settings. In times of conflict, women and girls are exposed to trauma, malnutrition and disease, and are deprived of health services and cut off from their support systems. Working under difficult conditions, UNFPA and its local partners step in to provide life-saving, quality SRH services during emergencies.

In Tanzania, we work in three camps hosting more than 350,000 refugees from neighbouring countries. Our interventions have reduced maternal deaths in the camps by 70 per cent. No maternal deaths were recorded between July and November 2017, and deliveries with skilled birth attendants are nearly universal. When women are at their most vulnerable, UNFPA is right there at their side.

Our Results

Preparing the next generation of midwives

- 805 midwives were trained in 5 countries (Burundi, the DRC, Ethiopia, South Sudan and Zambia)

Raising the professional status of midwives

- Midwifery associations in 5 countries (Ethiopia, Burundi, Malawi, Rwanda and Zambia) developed a budgeted strategic plan

Strengthening midwifery skills

- Supported training programmes for midwives in 16 countries*

Reinforcing midwifery in health systems

- 4 countries (Zambia, Ethiopia, Malawi and Rwanda) incorporated a midwifery workforce in their Human Resources for Health plans

Midwives have been unsung heroes for too long



Yewobdar Lisanework was 12 years old when her mother nearly bled to death while giving birth to her tenth child. "I prayed to God then and there to give me a profession that would save mothers' lives, and God granted my wish - I became a midwife," says Yewobdar, who brings 32 years of experience to the UNFPA-supported Investing in Midwives Programme in Ethiopia.

On May 13, International Day of the Midwife, Yewobdar's work for maternal and newborn health was recognized with a national Midwives 4 All Award. On acceptance of the award, she said: "This is an award for all midwives in Ethiopia, who have been unsung heroes for too long."

**"I prayed to God then
and there to give me a
profession that would save
mothers' lives."**

*Burundi, the DRC, Ethiopia, Eritrea, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe.

Spotlight on South Sudan

South Sudan's four-year-long conflict makes it a difficult place in which to work, but also a place where our work is most needed: only two in ten births are assisted by skilled attendants, and fewer than one woman in ten uses any

contraceptive method. (Source: SWOP 2017) Against all odds, UNFPA and its partners have managed to improve midwifery services substantially. Canada and Sweden are major funders of this programme.

Midwife power in numbers

Results achieved by 30 midwives deployed in UNFPA-supported health facilities in South Sudan

272,060

pregnant women
received antenatal care



6,835

users of modern
family planning services



10,830

deliveries assisted



476

students mentored



Our Results

- 30 nursing and 42 midwifery students graduated in Maridi and Juba
- A tutor's manual was developed for the midwifery curriculum
- 29 health professionals, from OB-GYNs to midwives, received scholarships to study in neighbouring countries
- 36 associate clinicians are in training and working at the Juba Teaching and Military Hospitals



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Reducing Inequality in Access to Family Planning



Right to choose

Rights-based family planning – the ability to choose when and how many children to have – is a matter of human rights, health, gender equality, and economic prosperity. Family planning cuts across the Sustainable Development Goals, particularly Goal 3 on Health, Goal 4 on Education and Goal 5 on Gender Equality.

We work in a region with a diverse family planning landscape. Fertility ranges from 6.4 children per woman in Burundi to below replacement level in Mauritius. Unmet need for contraception varies from a low of 10 per cent in Zimbabwe to a high of 38 per cent in Angola. Everywhere, our goal is to ensure everyone who wants to use contraception can access

Our Results

Preventing Maternal Deaths in East and Southern Africa

In 2017, the DFID-funded PreMDESA programme:

- Provided family planning to **3.4 million** users
- Reached **551,850** new users of family planning
- Helped avert **2,420** maternal deaths
- Helped avert **913,900** unintended pregnancies
- Saved **US\$37 million** in health costs in 10 countries



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a modern method. Yet, more than 10 million unintended pregnancies occurred in ESA in 2017 (FP2020).

In times of reduced funding, we found creative ways of maintaining leadership, quality of commodities and prudent management of resources. The result is good progress towards the FP2020 goal. Unmet need for modern contraception in ESA has dropped by more than 3 per cent since 2012 – by far the largest change of any FP2020 region.

“Our goal is to ensure everyone who wants to use contraception can access a modern method.”

Our Results

- 80 per cent of UNFPA-supported health facilities stock between 3 and 5 types of contraceptives
- More than 90 per cent of clients interviewed by our staff in the majority of ESA countries expressed satisfaction with the services.
- UNFPA provided commodities worth US\$28 million to 15 ESA countries.
- UNFPA provided an additional US\$14.5 million through PreMDESA, representing 42 per cent of UNFPA global expenditure on commodities.

“If I follow cultural norms, I am not supposed to practice family planning. But I decide for myself and my husband supports me.”

Elizabeth Ayumpou Balang, 23, a teacher from South Sudan, didn't plan her first pregnancy at 18 years, but she started using modern contraception in order to finish her degree.



Our Work

Market analysis for accurate targeting

A study was conducted on a Total Market Approach (TMA) for modern contraceptives in 10 countries*. TMA is an effective tool of redress for inequalities in access to family planning by reaching users, wherever they are, with the method they want and can afford - whether free, subsidized or at a fair market price.

Strengthening supply chains to reach those left behind

Supply chain management systems were assessed in 21 countries to improve tracking of family planning commodities from port of entry to service delivery points, for enhanced security and accountability.

A feasibility study was conducted on cross-border supply chain management, to share commodities across the six East African Community countries.

Capacity of supply chain managers and logisticians was built in 16 countries.

Building capacity to raise quality of services

6,300 healthcare providers were trained in 8 countries - Angola, Botswana, Burundi, the DRC, Kenya, Lesotho, Rwanda and Tanzania - on rights-based family planning services that emphasize choice.

Increasing use of modern contraceptives

Two regional studies examined the experiences, methods and best practices of task-shifting in family planning, and the barriers to and motivation for using modern contraception, based on qualitative data collected in Zimbabwe and Kenya, and regional secondary analyses of DHS data.

Providing commodities to expand choice and access

A situational analysis of generic contraceptive use was carried out, showing the significant savings that can be achieved with use of generics.

SADC regional discussion was initiated on the local manufacturing of condoms.

*Botswana, the Democratic Republic of the Congo, Kenya, Lesotho, Madagascar, Namibia, Swaziland, Tanzania, Uganda and Zimbabwe.

Better Health and Empowerment for Young People



emphasizing the rights and needs of all girls and young women. We looked at laws and policies that enable or impede SRHR for youth. We provided manuals, training and advocacy for comprehensive sexuality education. Our social media and innovation projects are driven by young people, who find fresh and fun ways to inform others about sexual and reproductive health.

Ensuring the rights of those most left behind

To become healthy and productive adults, the region's youth require health, education, jobs, and to be empowered to make informed reproductive health choices and to lead healthy sexual lives.

In 2017, our priority was to reach the groups most often left behind - young persons with disabilities, youth in humanitarian situations, out-of-school youth and migrants - while

Our Results

- 1.16 million young people in and out of school reached with SRHR information
- 1.75 million young people accessed SRH services
- Six countries adopted the UNFPA Regional Resource Package on Comprehensive Sexuality Education (CSE) for Out-of-School Young People
- 19,650 teachers trained to deliver CSE
- 1,200 schools with teachers trained on CSE
- 3 million young people gained SRHR information through the app TuneMe.org, social media and the Safeguard Young People (SYP) music project
- 800,000 young people reached with SRH information and services and business training

1.75 million
young people accessed
sexual and reproductive
health services



Mercy finds her value

"I have learned that attending school decreases our risk of falling pregnant," says Mercy Shikapwasha, 14, a Zambian student. Since her high school rolled out Comprehensive Sexuality Education, Mercy and her classmates have embarked on an empowering journey of self-discovery.

Mercy learned that girls have equal value to boys, and about gendered expectations and

stereotypes. After school, domestic chores used to be her sole responsibility, but now they are shared with her brother.

Mercy also feels more confident and secure in the company of boys. "I feel empowered to know that I have the right to report sexual harassment," she says. "I have learned it is my right to decide about my life, and I make my decisions based on my value."

Our Work

Supporting legal reform to protect young people's rights

Many old laws, some dating back as far as the nineteenth century but valid still today, are not aligned with contemporary treaties and commitments on SRHR that are signed by ESA countries, and thus do not allow young people the full enjoyment of their rights. A large-scale review of laws and policies on adolescent SRHR in 23 countries was the basis for developing a harmonized regional legal framework that recommends legislative reforms needed to protect young people's sexual and reproductive rights.

Improving services for young people

Adolescents and young people require health services suited to their needs. Interviews with 146 health facility managers and staff and with 969 young clients enriched an assessment of adolescent and youth-friendly health services in 12 ESA countries. The assessment informed a regional guidance on competency-based education in adolescent health for healthcare providers.

Our flagship programme Safeguarding Young People (SYP) embarked on its second phase 2017-2019 with renewed funding of \$8.1 million from the Swiss Agency for Development and Cooperation (SDC).

Quality data on young people

The Regional Office launched the Africa Adolescents and Youth Dashboard with 35 indicators on ASRHR: dataforall.org/dashboard/unfpa/ay_africa/

In partnership with the Danish Refugee Council, ESARO participated in a multi-country research project on the drivers and needs of young migrants in Nairobi, Tunis, Cairo and Beirut.

Strong regional programmes for young people

UNFPA supported the SADC Parliamentary Forum in the development of a five-year youth development programme integrating key concepts of the demographic dividend.

UNFPA collaborated in the development and adoption of the SADC Programme of Action to implement CSW Resolution 60/2 with a focus on strengthening HIV prevention for women and girls.

Ensuring young people with disabilities are not left behind

Young persons with disabilities often face discrimination and denial of sexual and reproductive health information and services. Under the PreMDESA project, UNFPA commissioned a situational analysis of the 23 ESA countries and case studies from Kenya,

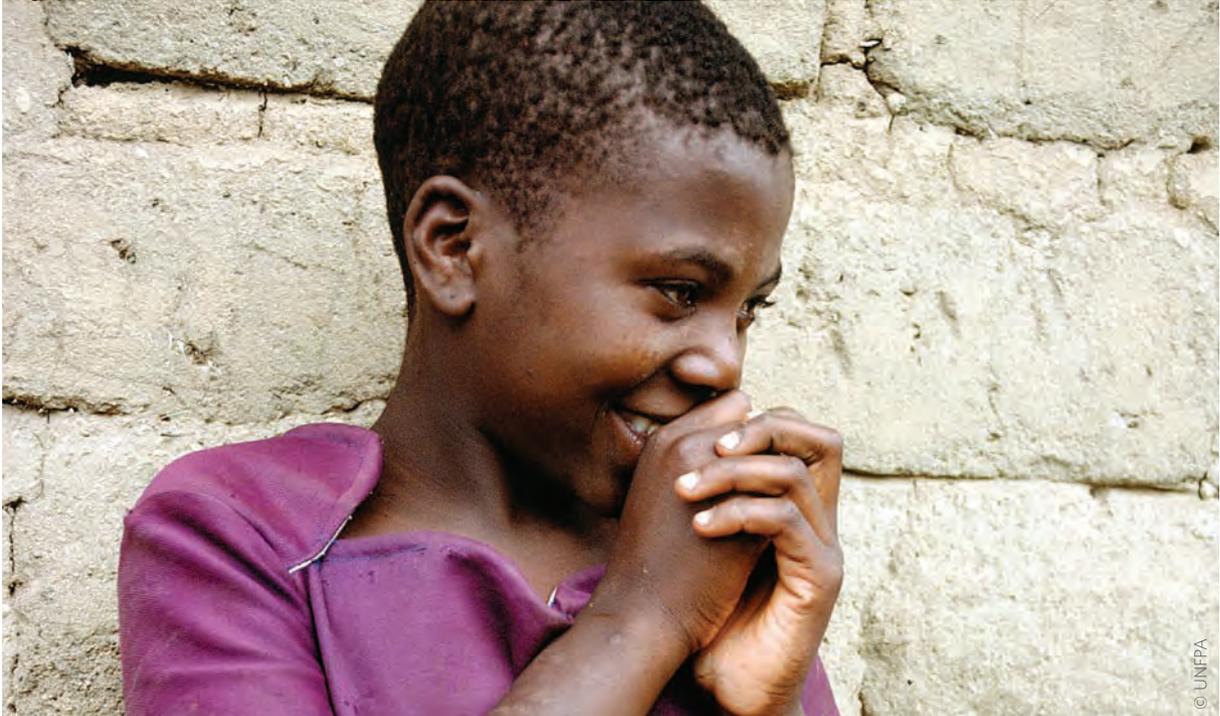
Malawi, South Africa and Uganda, which were discussed in two regional consultative meetings. The evidence and insights collected informed the development of regional strategic guidance to protect the SRHR of young persons with disabilities.



"We are on our phones all the time. What better way to reach youth with messaging on adolescent sexual and reproductive health than on social media platforms?"

Nofundo Mlilo, 17, a Zimbabwean peer educator trained by Safeguard Young People programme.

Tapping into the Health Innovation Ecosystem



As a youth-serving organization, UNFPA must 'think young' and work with the young. Our new Innovation Accelerator spurs young entrepreneurs to find practical and creative solutions to engage their peers around sexual and reproductive health and rights.

We partner with local startup accelerators (organizations that help entrepreneurs develop their ideas into viable ventures) to run boot camps for young entrepreneurs, help them refine their proposals, select winners, bring expert mentoring, and provide technical and financial resources to turn their bright ideas into sustainable businesses.

Since June 2016, four Innovation Accelerators Challenges took place in Kenya, Rwanda,

Uganda and Tanzania. As a result, 19 social businesses are up and running. Among them:

- **Kenya - Sex Elimu:** A web and mobile-based application that provides sexual and reproductive health information in Kenyan Sign Language to more than 2,500 users.
- **Uganda - Stre@mline:** A tool for health workers to manage complex data on patients. Two health facilities in Kisiizi use it to manage 60,000 patient records.
- **Rwanda - Girl District:** A comic book series on sexuality education and prevention of risky behaviour for teenage girls.
- **Tanzania - Harakati za Lucy:** A 3D animation series about male engagement in SRH, early marriage and early pregnancies.



1 Year



4 Countries



19 startups

2,700

young people supported through boot camps and info sessions to understand SRH challenges and develop innovative solutions

800

ideas for social businesses addressing SRH challenges submitted by young people

\$160,000

disbursed in seed funds for prototyping innovative solutions

19

youth-owned social enterprises successfully accelerated and launched in the market

Uganda

- Three startups operating since May 2017
- Four additional startups operating since October 2017

Rwanda

- Four startups operating since May 2017



Kenya

- Four startups operating since December 2016

United Republic of Tanzania

- Four startups operating since August 2017

Girl District: Rwanda's new friend for girls and boys

"Break the awkward" is the tagline of Girl District, a comic book series that talks about sex and sexuality and helps adolescents make positive decisions about their lives. Girl District was one of the four winners of the UNFPA 2017 Innovation Accelerator Challenge in Rwanda.

"We grew up believing that the more ignorant you are about sexual and reproductive health and rights, the purer you are, but really you need to know as much as possible to make the best decisions," says co-founder Uwase Alonga Dominique.

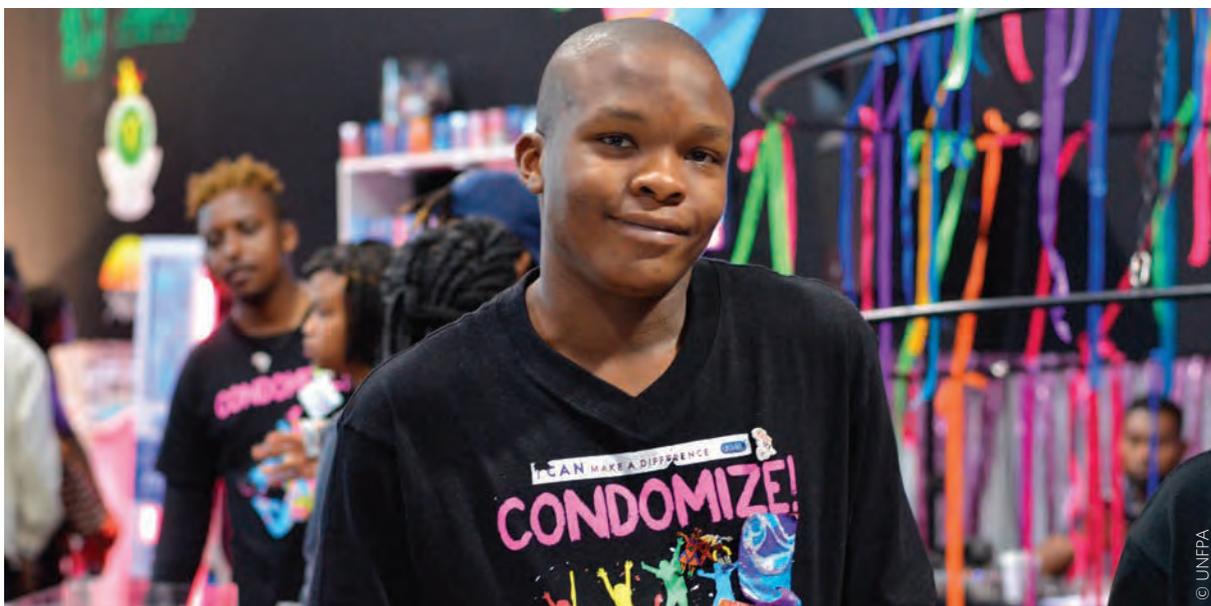
Fun, informative and entertaining, Girl District is grounded in real life situations.

"We want it to be real. We want to talk to a girl who goes home to a stepfather who may be molesting her or a girl who has just started dating," says Dominique.

Girl District is coupled with a mentorship programme in schools.



Revitalizing HIV Prevention



Right to Access

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 all people living with HIV.

In 2016, at the High Level Meeting on AIDS, the world committed to reducing new HIV infections by 75 per cent by 2020. Promisingly, new infections in the ESA region decreased by 29 per cent between 2010 and 2016. Worryingly, an estimated 4,000 new infections occur each week among adolescents and young women, while new infections among key populations are significantly higher than among the general population.

Also in 2016, the region adopted an ambitious roadmap to revitalize HIV prevention and meet the 2020 target. Together with UNAIDS, we assisted countries in fast tracking the prevention agenda to reduce new HIV infections.

In 2017, the final year of implementation of the Joint UNAIDS/UNFPA Linkages Project to strengthen the provision of integrated SRHR/HIV and SGBV services in 10 ESA countries, the project focused on documenting and sharing information on best practices through visits, regional consultations and two knowledge-sharing workshops. UNFPA received more than US\$2.85 million for the Linkages Project, with support from the Government of Sweden.

19.4 million
living with HIV

790,000
new infections per year

420,000
AIDS-related deaths per year



Source: UNAIDS 2017

Our Work

HIV prevention

UNFPA and UNAIDS co-hosted a regional consultation on HIV prevention. Countries were sensitized on setting targets for HIV prevention and commitments were obtained on setting national and sub-national targets for HIV prevention.

Global Coalition on HIV Prevention

Fourteen countries were mobilized to participate in the Global Coalition on HIV Prevention and the development of a 100-day roadmap. We supported the launch of the Global Coalition in Geneva and mobilized ministers, National AIDS Council directors and NGOs to participate. We took part in three country assessments to inform the development of the Roadmap for the Global Coalition and to strengthen the national HIV Prevention Response. We also guided UNFPA Country Offices on convening national consultations to develop roadmaps for HIV prevention.

Reducing new HIV infections

UNFPA and UNAIDS provided support to the SADC Secretariat in the development of regional guidance for national target setting to reduce new HIV infections among adolescent girls, young women and their male partners, and key populations; and condom provision. SADC Ministers of Health adopted a score card to track progress in meeting targets.

Integrating SRHR/HIV

UNFPA and UNAIDS supported Kenya, South Africa, Swaziland and Uganda to undertake a situational analysis on SRHR/HIV and GBV integration. UNFPA, UNAIDS and the Department of Epidemiology at Johns Hopkins

University supported the production of a special supplement of the BMC Journals on SRHR/HIV Integration in sub-Saharan Africa. The process began in 2017 and publication was anticipated in 2018.

Our Results

Revitalized the HIV prevention programme in 14 countries through developing national roadmaps to strengthen HIV prevention as part of the Global Coalition process on HIV prevention.

15 countries supported to set national condom targets, in line with global targets adopted at the High Level Meeting on HIV/AIDS to prevent HIV, STIs and unintended pregnancies.

2 countries (Namibia and Swaziland) were supported with preparation of Global Fund concept notes, resulting in investments of US\$37 million and US\$47 million respectively, for HIV prevention for adolescent girls and young women, key populations and strengthening health systems to provide integrated services

- Supported 439 facilities providing integrated health services (up from 129 in 2016)
- 9 countries updated their National SRHR/HIV Integration Strategies
- 4 countries updated their National HIV Strategic Plans to incorporate SRHR services
- 6 countries developed curricula on SRHR/HIV Integration for health-care workers
- 9 case studies were developed to share experiences on SRHR/HIV Integration

Ending Gender-Based Violence and Harmful Practices



of gender-based violence (GBV). We improve services, raise awareness, and build capacity among governments and civil society around these issues.

FGM advocacy and training

- Developed cross-border and intercountry programmes on FGM.
- Government midwifery focal points and UNFPA staff from 20 ESA countries were trained on a joint approach to end FGM medicalization.
- Engaged with 200 Members of the Pan-African Parliament on elimination of FGM.

GBV prevention and care

100 staff members and partners in Ethiopia, Namibia and Zambia were trained to use the Essential Services Package for Women and Girls Subject to Violence, which guides the response of the health, social services, police and justice, and governance sectors.

Right to feel safe

Gender-based violence and persistent harmful practices result from a universal fact - gender inequality. For this reason, UNFPA's regional strategy prioritizes building national capacity and accountability in realizing women's and girls' rights - in other words, turning policies and pledges into real action and change.

Our main areas of work are elimination of female genital mutilation (FGM) and child marriage, and prevention and management

FGM prevalence

31 per cent

of girls aged 15-19 years
(2004-2015)



Child marriage

36 per cent

girls married by
age 18 (2008-2016)



Source: SWOP 2017

A brighter future for Mozambican girls

The UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage and the Rapariga Biz/Action for Girls programme work with families, communities, schools and health services to protect girls from early marriage and guarantee their right to education and equality.

- 109,000 girls participated in asset building and life skills programmes
- 12,350 girls were supported to continue their schooling
- 284,900 people were reached through media and 667 people participated in discussions to promote gender-equitable norms
- 533 service delivery points implemented guidelines for adolescent and girl-friendly services
- 1,613 schools improved the quality of education for adolescent girls



Our Results

Legal protection of girls against early and forced marriage gains ground

In 2016, we worked with our partners to develop the **SADC Model Law to Eradicate Child Marriage** and Protect Those Already in Marriage. We worked to make it a reality in 2017, developing a toolkit for advocacy and adoption of the Model Law. Mozambique, Tanzania and Zimbabwe began the process of domesticating the Model Law.

The Global Programme to Accelerate Action to End Child Marriage, launched by UNFPA and UNICEF in 2016, promotes the right of girls to marry only after reaching the age of 18 years. In 2017, the programme engaged with critical influencers and decision-makers and partnerships were established with the African Union, the global network *Girls Not Brides*, NGOs, faith-based organizations, academia and the private sector.

Monitoring the Realization of Sexual and Reproductive Rights

The **Universal Periodic Review** (UPR), a mechanism to assess the human rights record of UN Member States, is a powerful tool to enhance visibility and advocacy around sexual and reproductive health and reproductive rights. UNFPA builds national capacity to include SRHR in the Review and to monitor national follow-up of UN recommendations.

“The girl who undergoes FGM is the same girl who is taken out of school early to marry. And this is the same girl who dies before she reaches age 20, giving birth to her third unplanned child.”

Nafissatou J. Diop, UNFPA Senior Adviser speaking at the African Union High Level Panel on Gender Equality and Women’s Empowerment.

Accountability Through Data and Demographic Intelligence



Right to be counted

Having reliable, quality data on populations is a pre-requisite for good governance, effective planning and accountability.

UNFPA's work on data and statistics focused on capacity-building for the production of quality population and geospatial data to inform advocacy, policy and programming; improving the quality of paper and digital censuses through training and provision of tablets; supporting diagnostics on the demographic dividend (DD) to guide policy interventions and investments in youth and women; and nurturing a new generation of statisticians and demographers to drive the data revolution in the region.

Mozambique and Swaziland enumerated their populations in 2017 as part of the 2020 round

of censuses. Importantly, Swaziland's was a digital census.

Comoros, Ethiopia and Madagascar were supported by UNFPA with census preparation.

Lesotho released the full results of its 2016 digital census.

Demographic Dividend diagnostics carried out in Botswana, Namibia, Rwanda, Swaziland and Zimbabwe; and Angola started the process.

Year of Harnessing the Demographic Dividend The African Union declared 2017 the Year of Harnessing the Demographic Dividend Through Investments in Youth. UNFPA was a key partner in many of its activities.

Our Results

- 7 countries in ESA launched the African Union Roadmap on Harnessing the Demographic Dividend Through Investments in Youth.
- 3 countries – Namibia, Swaziland and Zambia – included the Demographic Dividend in their national policies.
- 21 young African statisticians and demographers gained hands-on experience working on Swaziland's first digital census.
- 9 population censuses and 20 surveys were made publicly available on a regional data platform (IMIS).
- Some 200 Members of Parliament participated in seminars on DD issues.
- Staff of national statistical offices from 8 countries were trained on analysis of census data.

Health and Dignity in Times of Crisis



Right to safety

Through 2017, food insecurity, drought and conflict ravaged the Horn of Africa and the Great Lakes region. South Sudan saw a worsening ethnic conflict with deliberate targeting of civilians. Overall, humanitarian needs grew but funding slowed or ceased for emergencies in Burundi, the DRC, Ethiopia, Rwanda, South Sudan and Tanzania.

Maximizing the use of funds, UNFPA provided health care and support for the most vulnerable, from mobile clinics to safe spaces; antenatal, safe delivery and post-partum care; family planning; and training of providers to deliver SRH and GBV services.

Horn of Africa/Great Lakes

26.5 million people in crisis

11.6 million internally displaced people

4 million refugees

Uganda hosts nearly **1 million** refugees

3.8 million internally displaced people in the DRC

1.9 million IDPs in South Sudan

Our Results

People in humanitarian settings reached in ESA in 2017:

Reached with all types of SRH services	1,950,983
Reached with all types of GBV services	1,158,609
Reached with Dignity Kits	126,275
UNFPA-assisted safe deliveries	108,801
Reached with family planning services	563,019

Reform for Stronger Results



“To serve the people we support and the people who support us, we must be nimble and effective, flexible and efficient. And we must do so keenly aware of our obligation to live up to the values of the United Nations Charter,” said the UN Secretary-General in September 2017, outlining his broad and bold reform agenda to strengthen the UN.

UN reform translates into strong national ownership and government leadership, more transparency, reduced duplication, increased coherence of planning, and better delivery and reporting of results.

Delivering as One

At both national and regional level, UNFPA drives the UN *Delivering as One* agenda to make operations more effective and efficient. With

20 ESA countries implementing this agenda, the UN development system in the region is becoming more transparent, results-oriented and accountable. Through its leadership positions in the programme and operations committees of the Regional UN Development Group (UNDG), the UNFPA Regional Office is *Delivering as One*.

Streamlined business operations

The reform agenda encourages UN country teams to develop a Business Operations Strategy (BOS) to improve planning and decision-making, while reducing duplication of functions, and administrative, operating and transaction costs. BOS is proving to be an effective money- and labour-saving tool. UNFPA has taken a lead role in the UNDG Operations Management Committee (OMC), which assists country offices with developing their BOS. The region is well on track to achieve its goal of 20 BOS - compliant countries.

BOS achievements in ESA

15 countries are implementing BOS -

Botswana, Comoros, Ethiopia, Kenya, Lesotho, Malawi, Madagascar, Mozambique, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

5 countries are in the process of developing BOS -

Angola, Burundi, Eritrea, Namibia and South Sudan

An innovative tool developed by the Swaziland Country Office reduced the BOS formulation process at country level. UN staff in Eritrea and Namibia were trained to use this tool in their cost-benefit analysis.

Partnerships for Accelerated Implementation of ICPD



Effective partnerships that embrace diverse perspectives and employ wide expertise are needed to accelerate implementation of the International Conference on Population and Development Programme of Action. In 2017, we worked with a wide range of partners to complement capacities and to be able to reach those who are furthest behind.

SRHR/HIV partnerships

UNFPA coordinated the development of a US\$45 million Joint UN Programme on SRHR/HIV Integration 2018–2021, with funding from SIDA. The programme will combine the efforts of UNAIDS, UNFPA, UNICEF and WHO to ensure that all people can exercise their SRH rights and access quality integrated SRHR/HIV and SGBV services.

UNFPA partnered with UNAIDS and UNDP to support SADC to develop a Key Populations Strategy for the region. UNFPA and UNAIDS also supported SADC to develop an HIV score card to track progress in meeting prevention targets, and guidance for countries on target setting on adolescent girls and young women, key populations and condoms.

H6 partnership

As the technical arm of the Global Strategy for Women's, Children's and Adolescents' Health, the H6 partnership (WHO, UNICEF, UNFPA, UNAIDS, UN Women and the World Bank) helps countries strengthen their health systems, information and services. Since 2016, H6 has intensified its collaboration with the Democratic Republic of the Congo, Ethiopia, Tanzania, Zambia and Zimbabwe.

Great Lakes Strategic Framework

The border areas of Burundi, the DRC, Rwanda, Tanzania and Uganda remain unstable, with regional causes that require a regional approach. Consequently, the UN launched a Great Lakes Strategic Framework, structured in six pillars, that combines cross-border political advocacy with development efforts. UNFPA and UNICEF lead on pillar 4 – Youth and Adolescents. UNFPA and UN Women lead on pillar 5 – Gender and Sexual and Gender-Based Violence. The Framework's initial focus is on the Eastern DRC.

ESA Ministerial Commitment

Since 2013, this initiative brings together Ministries of Education and Health, as well as other partners, with a common agenda and 10 key targets to improve the SRHR of youth in the region by 2020. With UNFPA support, remarkable progress was achieved in 2017 towards the targets for delivering comprehensive sexuality education, eliminating

child marriage, and expanding HIV prevention for adolescents.

Open for new business

One of UNDG's strategic priorities for 2017 was to develop effective, efficient joint business models and innovative business practices. We worked with new private sector partners in specific activities consistent with UNFPA's aims, policies and mandate.

In Kenya, UNFPA and global company Unilever joined forces in a campaign to change the health behaviour of communities, starting in Migori County, which has very high child and infant mortality rates. The joint partnership between the Kenyan government, county authorities, Unilever's Lifebuoy soap, AMREF and UNFPA involves the training of health volunteers, who in turn educate new mothers on the importance of delivering at a clinic, and of hand washing with soap, especially during the critical neonatal period.

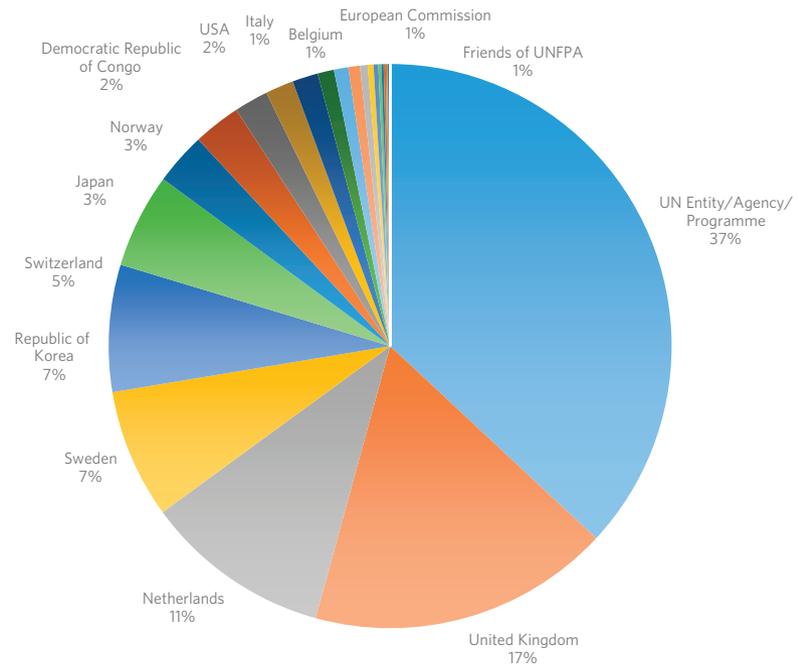


Resources – Ambitious Goals, Ambitious Targets

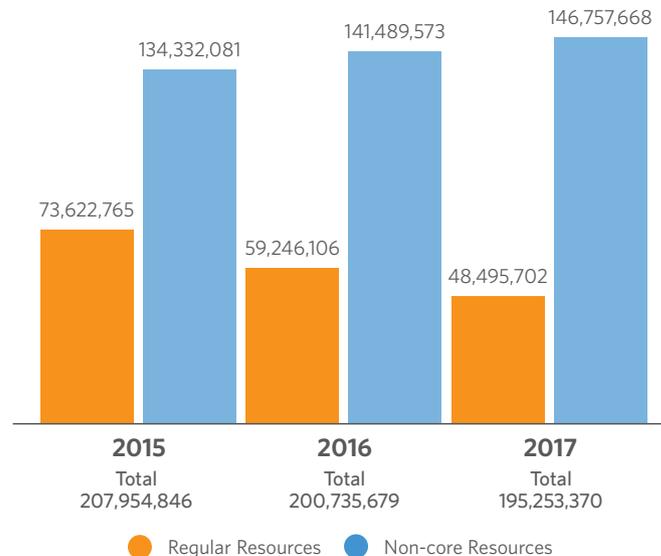
In 2017, UNFPA East and Southern Africa managed programmes totalling more than US\$195 million. Of this amount, US\$48.4 million was UNFPA regular resources, including contributions from 16 ESA countries. US\$146.7 million was non-core funds, including funds mobilized by ESA countries and the Regional Office, as well as global UNFPA donor programmes and thematic trust funds.

With more than 800 staff members in the region, UNFPA is committed to operational excellence in managing its resources through prudent planning, monitoring and reporting to increase efficiency and financial accountability.

Co-financing Donors in East and Southern Africa 2016-2017



UNFPA ESA Region Total Resources





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

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United Nations Population Fund, East and Southern Africa Regional Office

9 Simba Road, PO Box 2980, Sunninghill, South Africa

Tel: +27 11 603 5300

Web: esaro.unfpa.org

Twitter: @UNFPA_ESARO

Facebook: UNFPA East and Southern Africa Regional Office