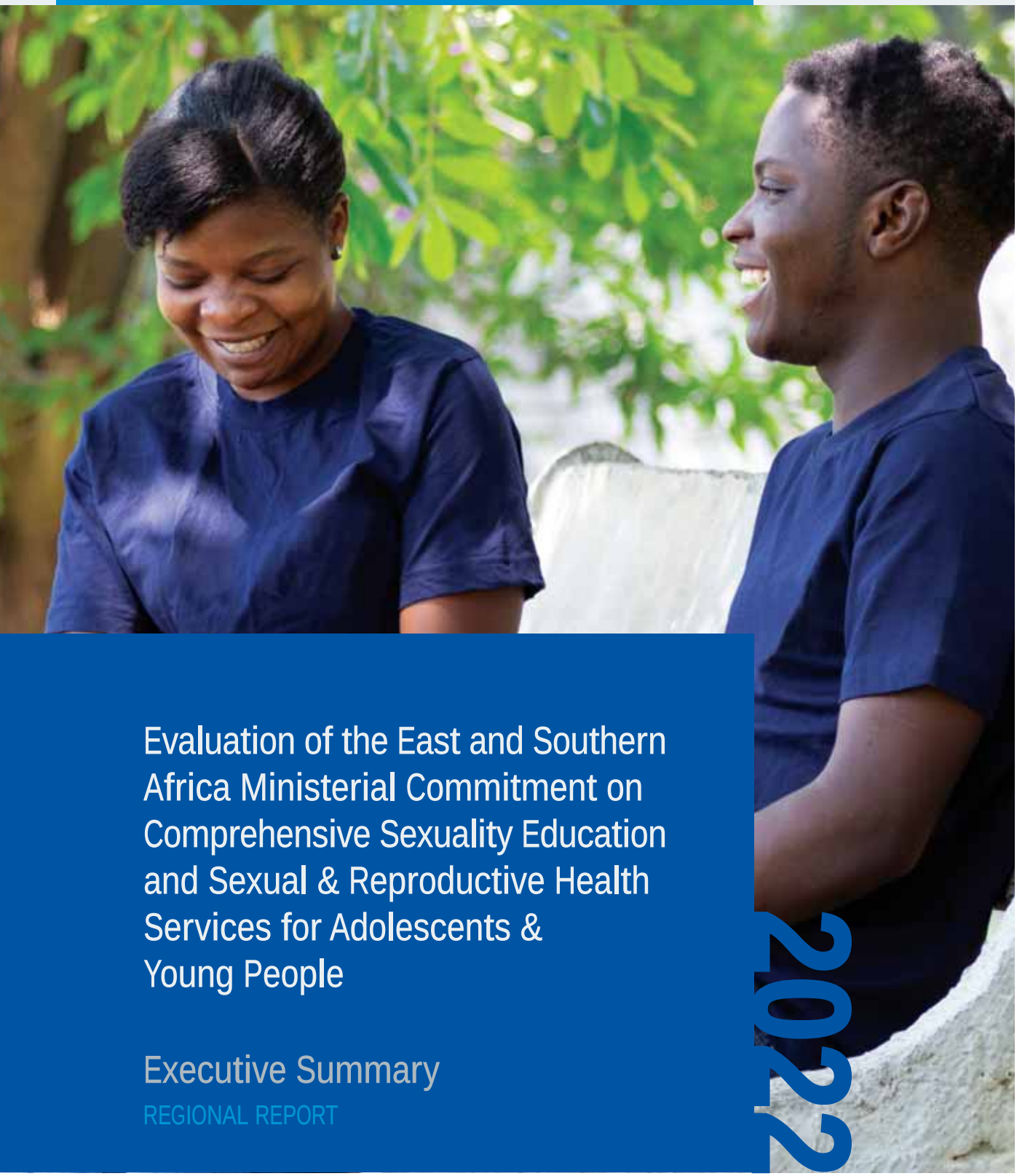

# Evaluation of the East and Southern Africa Ministerial Commitment on Comprehensive Sexuality Education and Sexual & Reproductive Health Services for Adolescents & Young People

## Executive Summary

REGIONAL REPORT

2022

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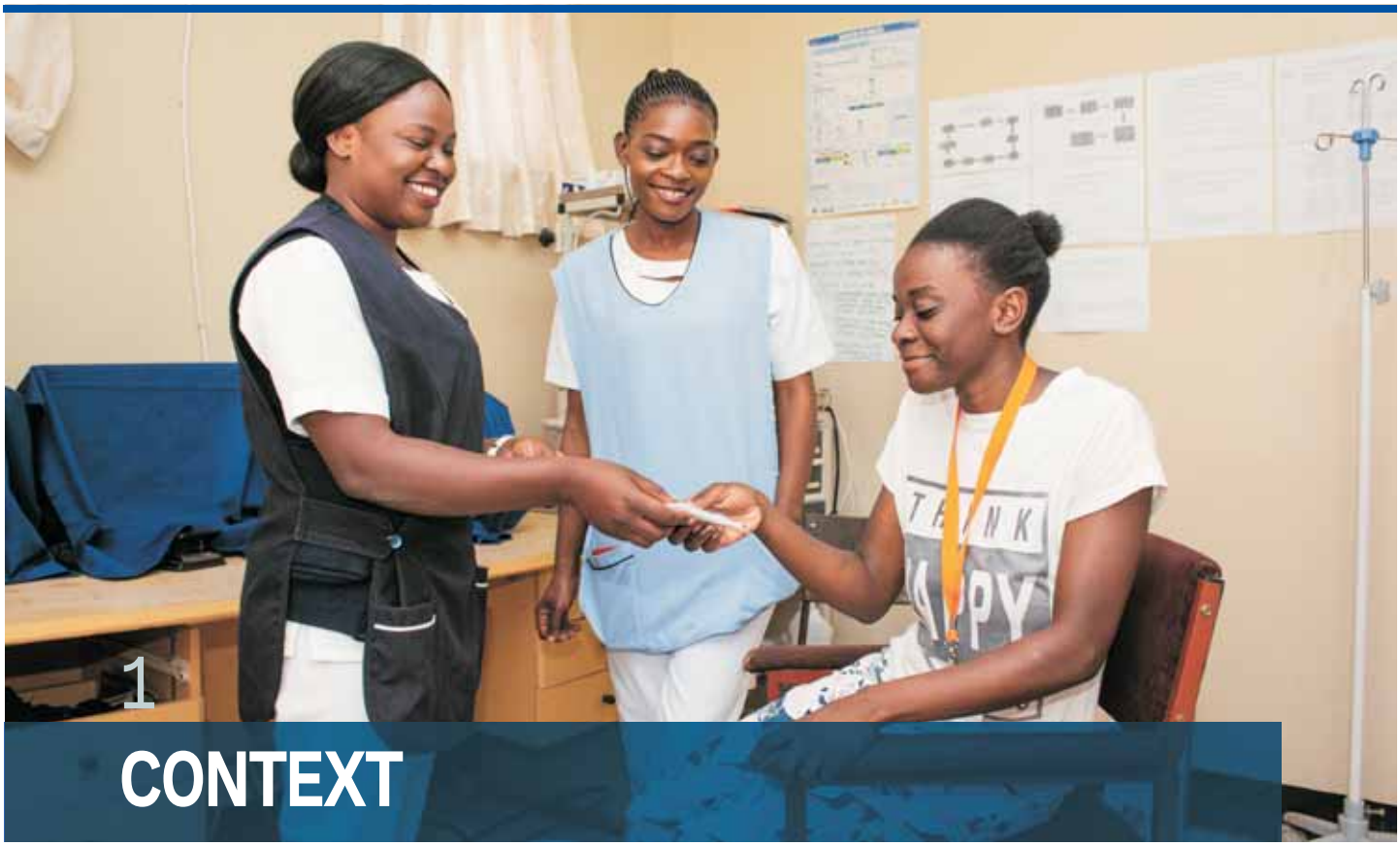

# 1 CONTEXT

In 2013, United Nations (UN) agencies, Regional Economic Communities (RECs), and other development partners under the leadership of UNESCO, initiated a process to develop the East and Southern AFRICA Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People.

To help inform the Commitment, a diagnostic report was commissioned by UNESCO to surface major data trends regarding adolescent and youth health and education needs in the region. Following the release of the report, in December 2013, the political process to create the Commitment was met with success as 20[1;2] ministers of education and health signed onto the new ESA Ministerial Commitment. Through the ESA Commitment, governments thus committed themselves to work together for the good of adolescents and young people to deliver Comprehensive Sexuality Education (CSE) and Sexual and Reproductive Health (SRH) services.

1 Angola, Botswana, Burundi, DRC, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe.

2 Rwanda did not officially endorse the commitment as their ministers of education and health were unavailable for the December 2013 meeting, however, they were part of the ESA commitment process and actively participated in the coordination and reporting on the commitment.

2

# PURPOSE AND SCOPE OF THE INDEPENDENT EVALUATION

In 2020, an external independent evaluation was commissioned by the United Nations agencies partners[3] supporting implementation. The purpose of the evaluation was to assess the processes and achievements made through the ESA Commitment efforts and draw lessons to inform the rationale for the extension of the ESA Commitment to 2030 to align with Agenda 2030. The evaluation was intended to be forward looking and provide information on the nature, extent and where possible, the effect of the ESA Commitment to the sexual and reproductive health and rights of adolescents and young people in East and Southern AFRICA. The evaluation aimed to also provide a baseline for a possible extension of the Commitment beyond 2020.

The evaluation covers the entire implementation period of the Commitment from 2013-2020 and aimed to generate knowledge and evidence to inform the rationale for the extension of the ESA Commitment to 2030 in line with ***"Transforming our world: the 2030 Agenda for Sustainable Development" (Agenda 2030).***

The evaluation assesses progress made in achieving the 2015 and 2020 targets of the ESA Commitment ***Regional Accountability Framework (RAF)***, as well as processes such as the efficacy of the multi-sectoral mechanisms at country and regional levels established to drive the Commitment. The evaluation was guided by the 9 targets and 22 indicators that make up the RAF for the Commitment as developed by the Technical Coordinating Group (TCG) and approved by the commitment countries for reporting purposes. The ESA Commitment targets and indicators include a combination of population-based indicators; policy and service indicators including resource mobilization and coordination, as well as indicators related to alignment and partner collaboration to drive progress on the Commitment objectives. Together they form a benchmarking system to assess improvement of the legal and policy environment in countries, political commitment, resources, and effective services and programming.

3 The evaluation was supported by UNESCO, UNAIDS, UNFPA, UNICEF, WHO, and MIET AFRICA.

At country level, Ministerial efforts to drive implementation to reach ESA Commitment targets are supported by several UN agencies, INGOs/CSOs and youth groups. In each country, the constellation of UN agencies and partners, and the lead UN agency in the framework of the One UN approach differ. The evaluation took a flexible and adaptive approach in collaborating with different constellations of ESA Commitment partners in each country ensuring a wide variety of stakeholders were consulted.

The evaluation has a **strong learning objective** to ensure that evidence and knowledge are generated from the different country experience, and that lessons learned are identified at different levels, with an emphasis on collecting promising practices. ***'Promising Practices'*** are those that have helped a specific country make progress on the ESA commitment strategies to some effect. They are not yet best practice as the results have not be validated, or scaled up in countries or across countries - criteria required to be referred to as a "Best Practice".


SARSVY2020 - Team Zimbabwe
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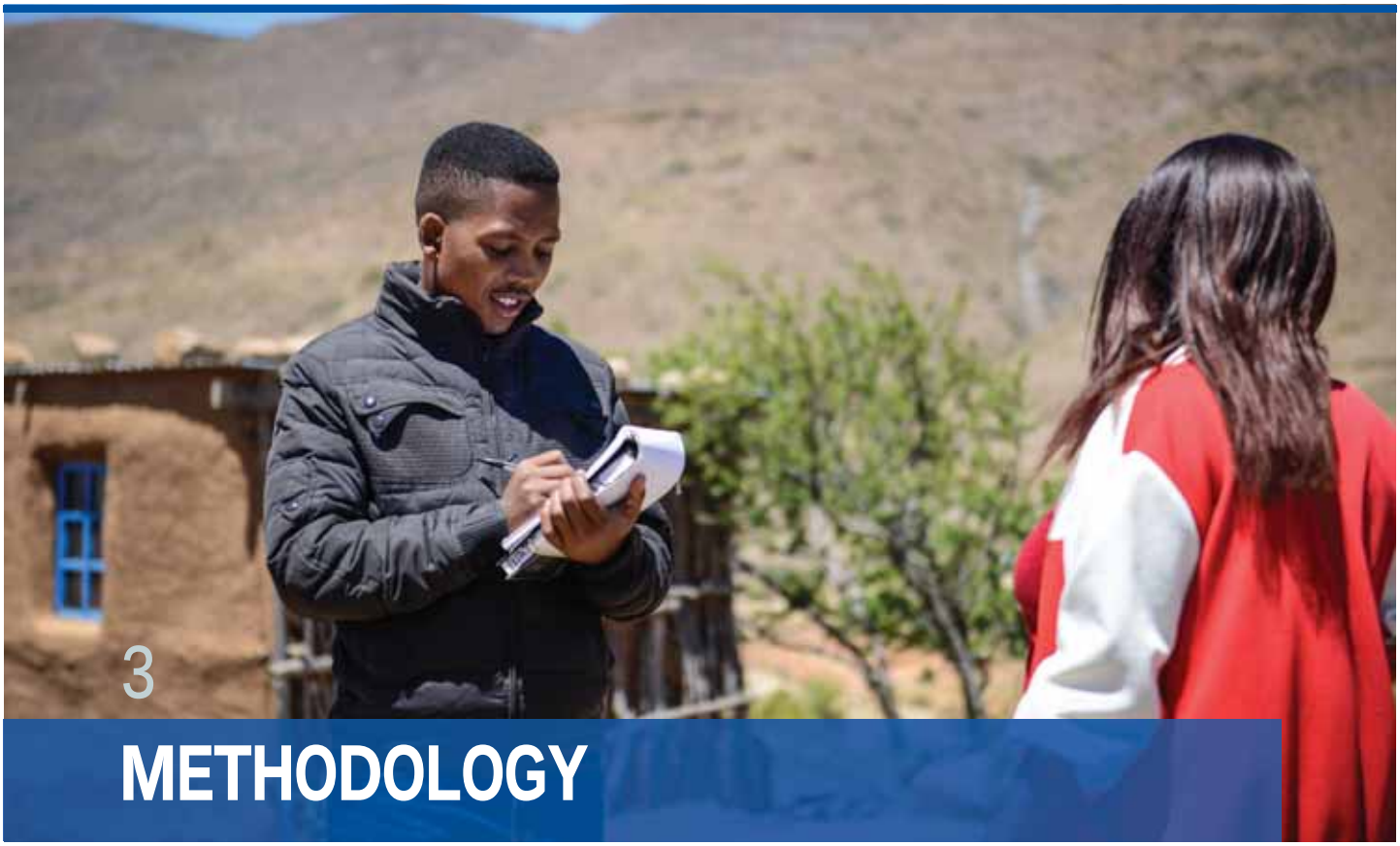

3

# METHODOLOGY

## The evaluation generated regional-level findings to reflect the experiences of each Member State.

In-depth national-level evidence was collected through **10 country case studies** purposefully selected in the ESA region: Mozambique, DRC, Eswatini, Malawi, Mauritius, Tanzania, Uganda, Zambia, South Africa and Rwanda. Through the case studies, the evaluation **engaged different stakeholder groups** targeted by the RAF, and in particular regional partners, governments, UN agencies, donors, INGOs, CSOs, academia and rights bearers. Data collection was done by the international evaluation team (which included a youth evaluator) at global and regional level, and by youth evaluators for the 10 country case studies (with a mentor from the evaluation team).

### Approach and evaluation questions

The evaluation took a mixed method approach to assess progress against processes and outcome indicators of the RAF since 2013. It focused on progress made by countries in relation to the Commitment, and especially the nine targets of the Commitment, the sub-indicators of each target and the milestones of the RAF. In conformity with the Terms of Reference (ToRs) for the Evaluation, the evaluation focused on 5 criteria as articulated in the revised 2019 Organisation for the Economic Co-operation and Development (OECD), Development Assistance Committee (DAC) plus an additional criterion to respond to the forward looking nature of the evaluation (OECD, 2019): *Relevance, Coherence, Effectiveness, Efficiency, Sustainability, and Emerging issues.*

### Data collection methods

The evaluation used a mixed methods approach combining qualitative and quantitative data collection methods to gather different types of information from diverse sources that are complementary and mutually reinforcing. Specific data collection methods included: 1) Stakeholder Mapping; 2) Document Review (Desk study), 3) Regional online survey (all 21 countries), 4) Online regional in-depth interviews (key informant interviews), complemented by global-level interviews such as UN agencies headquarters and regional stakeholders; 5) 10 in-depth country case studies (including key informant interviews and focus groups with beneficiaries and

other stakeholders at country level), and an 6) Online key informant interviews at global, regional and country level (beyond the desk and case study countries).

Qualitative and quantitative data analysis was iterative throughout the data collection period, data sources were anonymized and summaries were collated in English in a comprehensive data extraction matrix. Triangulation of results was done in order to guarantee the reliability and robustness of findings. The results were summarised by evaluation question for further analysis and interpretation. Data quality assurance was done independently by the evaluation lead throughout the course of the data collection.

## 3.1 Risks, limitations and mitigation measures

As anticipated, the COVID-19 pandemic heavily affected data collection in terms of availability of respondents, access and movement restrictions, and adherence to timelines (given the limited availability of partners and respondents over the period).

While the team attempted to engage a broad variety of stakeholders through the TCG, securing participation of some stakeholders, particularly at country level was difficult. As such, local evaluators were only able to meet with youth leaders, rather than youth beneficiaries of CSE or AYFHS.



4

# EVALUATION FINDINGS

## 4.1 Relevance and coherence

### 4.1.1 ESA Commitment influence on the development of national and regional ASRHR laws, policies, and strategies

#### At country level

The ESA Commitment has **increased political will and engagement on SRHR** related to A&Y at the country level. The ESA Commitment influenced the development of new national and regional ASRHR laws, policies, and strategies by heightening attention regionally, and within countries to specific thematic issues including **child marriage** and the **education rights of pregnant learners**. Countries with legal and policy frameworks already in place used the ESA Commitment to advance implementation by developing national strategies and implementing guidelines on SRHR. Significant developments in programming included the design and roll-out of new CSE interventions and programmes for early and unintended pregnancy, including **UNESCO's Our Rights, Our Lives, Our Future (O3)** programme and the **UNFPA's Safeguard Young People (SYP)** programme. **Challenges remain** in harmonising laws to align to national commitments, especially related to the age of consent to sex, marriage, and access to SRH services such as family planning commodities.

#### At regional level

The ESA Commitment's placement within the RECs added gravitas to the Commitment, giving legitimacy and pressure for the achievement of targets by the Member States. **SADC and the EAC however do not have the same level of resources, especially staff**, dedicated to the monitoring of the Commitment and support towards its implementation. Raising the level of progress review to include finance ministries would further emphasise the endorsement by SADC and EAC, and heighten the pressure on countries to commit the necessary financial resources for A&Y interventions.


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### At global level

The ESA Commitment preceded the SDGs and paved the way for governments within the region to consolidate reporting on adolescent and youth health, education, and gender equality outcomes, which supported subsequent reporting on the SDGs. This was particularly relevant to **SDG 3** on **'Good Health and Well-being'**, which covered Adolescent and Youth Friendly Health Services (AYFHS), Early and Unintended Pregnancy (EUP), and HIV prevention, **SDG 4** on **'Quality Education'**, which covered CSE, and **SDG 5** on **'Gender Equality'**, which address Child Early and Forced Marriage (CEFM) and School-Related Gender based Violence (SRGBV).

### Relevance to the needs of adolescents and young people

The ESA Commitment **accelerated legal and policy developments that strengthened A&Y SRHR** in some areas. Countries have focused on creating an enabling environment in the areas of CSE, AYFHS and EUP. Other critical topics such as child marriage, and the elimination of HIV and GBV among youth has other regional and international political drivers that played a more influential role thematically (e.g. UNAIDS Fast-Track to Accelerate the Fights against HIV and to End the AIDS Epidemic by 2030; UN Global Programme on Child Marriage; AU campaign on Ending Child Marriage; Girls not Brides).

## 4.1.2 Meaningful Adolescent and Youth Engagement

The ESA Commitment involved young people in the regional coordination mechanisms through youth networks (AfriYAN and Y+). Despite participation of these networks and a few other youth organizations in Commitment activities at country and regional levels, representation of adolescents and youth was narrow. **The absence of other representative networks in the region limited broader engagement of diverse youth organisations** in countries that are not affiliated with AfriYAN. As an inter-governmental commitment, the role of civil society, and youth, in particular, has not been well defined. Resources have not been set aside to ensure diverse youth engagement, which in turn has limited accountability to youth as rights-holders of the Commitment. The Commitment should be expanded to include new modalities of engaging with youth, not only as beneficiaries, but also as full partners in all aspects of the design, implementation and monitoring of progress on the ESA Commitments.

### 4.1.3 Inclusion of human rights related to SRH, HIV, and youth

The ESA Commitment includes human rights language, and indicators to monitor implementation of strategic interventions (including the removal of barriers to access), and strengthening of the legal and policy environment. It does not however emphasise and advocate for the protection and fulfilment of human rights among young people more broadly. A renewed Commitment, in keeping with the Agenda 2030 of Leaving No One Behind promise, must do more to purposefully engage with, and include attention to the needs of all young persons in all their diversity, including LGBTQI+, and other marginalised and vulnerable youth.

## Promising practices:

- **Cutting-edge policy** making strengthen country capacity to implement ASRH intervention sustainably like the Tanzania's National Accelerated Investment Agenda for Adolescent Health and Wellbeing
- **REC leadership on ASRH advances implementation** of the ESA Commitment adds gravitas to the issues and offers engagement of multiple sectors including health, education and finance ministries in Member States
- **Multi-partner campaigns and initiatives catalyse implementation** of ASRH interventions such as the Global Programme to End Child Marriage and "Let's Talk" Regional Campaign to Reduce Early and Unintended Pregnancy.

## Lessons learned:

- **Expanding implementation of the ESA Commitment** must be done with broad meaningful adolescent and youth engagement if it is to be sustained locally in countries.
- **Leave no one behind** must necessary mean reaching ALL youth in all their diversity. Hard to reach youth needs have not received sufficient attention through ESA Commitment priorities thus far.

## 4.2 Effectiveness

### Policies, strategies and legal frameworks

**A review of the 21 ESA Commitment countries revealed that 13 countries have legal frameworks on access to youth friendly services** (with one in progress), and access to comprehensive sexuality education (10 countries), whilst three were still in progress.

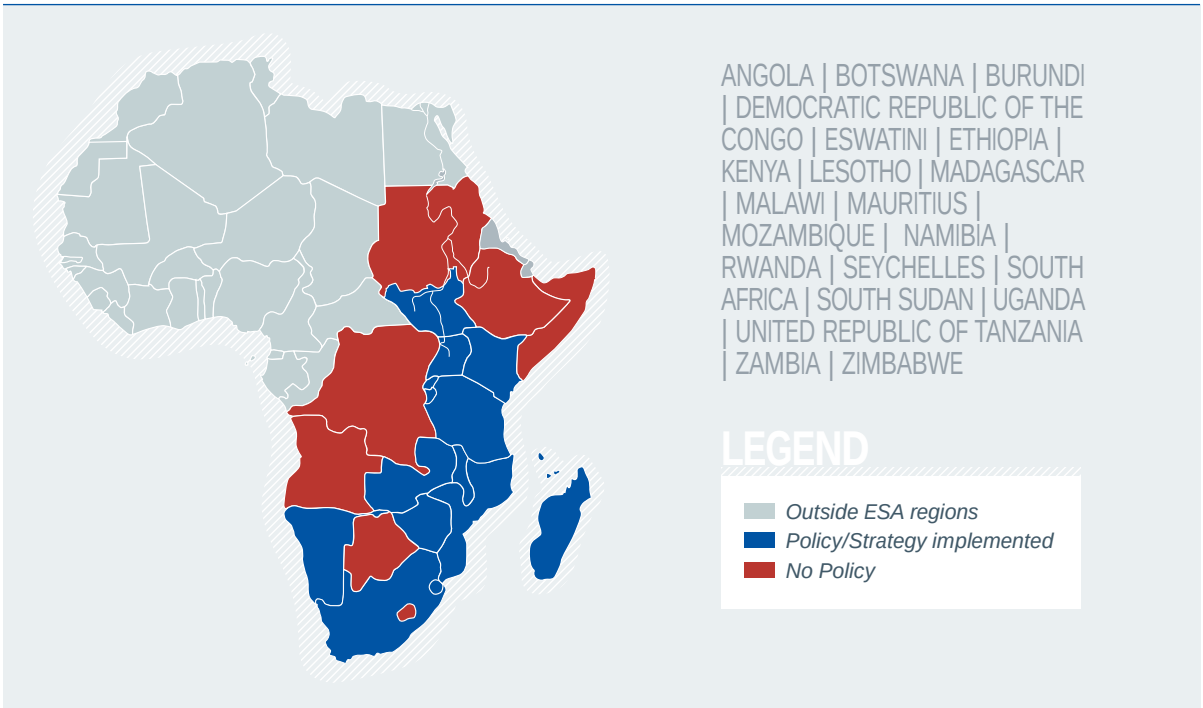
**Eight countries have legal frameworks on teenage pregnancy, with two in progress**, and 11 countries have laws on gender-based violence, with two in progress. 10 countries had legal frameworks on child marriage, with one in progress.

**By 2018, 16 countries[4] were recorded as implementing a national policy/strategy on pregnant learners**, with only Ethiopia, DRC, Botswana, Angola and Lesotho not having a national policy or strategy on pregnant learners[5].

4 Burundi, Eswatini, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe.

5 Burundi, Eswatini, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe.

**Figure 1.**
Number of countries implementing a national policy/strategy on pregnant learners




*Map: ESA Commitment Charts • Created with Datawrapper*

In spite of these positive steps, **progress on indicators fell short of addressing underlying factors driving gender inequality**, including harmful social norms, poverty and the perceived value of girls in different communities. This was partly attributed to the absence of RAF indicators on the drivers of gender inequality, as well as on the social determinants of health

**School related gender based violence (SRGBV) was a focus for 18 out of 21 countries**[6] reporting education sector policies related to GBV in 2018, up from 11 in 2014 and 12 in 2015.

Beyond, direct policy influencing, **stakeholders committed to implementing the ESA policy measures have broadened their scope to involve journalists and the media** to communicate messages and build community support for ASRHR interventions.

6 All countries had, except for Botswana, Burundi and DRC.

## New HIV infections

Eastern and southern AFRICA remains the region most heavily affected by HIV but has made the strongest progress against the HIV epidemic since 2010 with new HIV infections declining by 43% overall from 2010 to 2020 (UNAIDS epidemiological estimates, 2021 accessed through Global AIDS Update, ***2021 - Confronting Inequalities Lessons for pandemic responses*** from 40 years of AIDS; page 242; in https://aidsinfo.unaids.org/).

However, UNICEF data in 2017[7] indicated HIV prevalence among young women (15 to 24 years) as double that of young men in the ESA region (3.4% compared to 1.6).

**Figure 3.**
New HIV infections among females and males aged 15-24 years (2013-2019)

**Females**

| Country | 2013 | 2019 |
|---|---|---|
| Angola | 6.0K | 5.16K |
| Botswana | 3.1K | 2.25K |
| Burundi | 1.0K | 195 |
| DRC | 7.0K | 3.76K |
| Eswatini | 3.6K | 1.62K |
| Ethiopia | 4.2K | 2.86K |
| Kenya | 15.0K | 9.07K |
| Lesotho | 4.4K | 2.14K |
| Madagascar | 500 | 652 |
| Malawi | 11.0K | 5.85K |
| Mauritius | 100 | 59 |
| Mozambique | 38.0K | 28.36K |
| Namibia | 2.1K | 1.31K |
| Rwanda | 1.5K | 1.08K |
| South Africa | 99.0K | 60.87K |
| South Sudan | 3.0K | 3.45K |
| Uganda | 20.0K | 10.91K |
| Tanzania | 20.0K | 14.87K |
| Zambia | 19.0K | 20.15K |
| Zimbabwe | 13.0K | 5.72K |

**Males**

| Country | 2013 | 2019 |
|---|---|---|
| Angola | 2.7K | 1.83K |
| Botswana | 1.3K | 717 |
| Burundi | 500 | 66 |
| DRC | 1.9K | 820 |
| Eswatini | 1.0K | 462 |
| Ethiopia | 1.4K | 744 |
| Kenya | 5.6K | 2.7K |
| Lesotho | 1.7K | 683 |
| Madagascar | 500 | 368 |
| Malawi | 3.6K | 1.44K |
| Mauritius | 200 | 118 |
| Mozambique | 17.0K | 10.74K |
| Namibia | 1.0K | 429 |
| Rwanda | 1.0K | 263 |
| South Africa | 36.0K | 17.87K |
| South Sudan | 1.5K | 1.41K |
| Uganda | 6.6K | 3.0K |
| Tanzania | 8.7K | 5.16K |
| Zambia | 6.8K | 5.82K |
| Zimbabwe | 5.3K | 1.79K |

*Table: ESA Commitment Charts • Created with Datawrapper*

7 UNICEF. Children and AIDS: statistical update. UNICEF 2017. Available from: https://data.unicef.org/ wp-content/uploads/2017/11/ HIVAIDS-Statistical-Update-2017.pdf

**Figure 4.**
Percentage of females and males aged 15-24 years who have comprehensive HIV prevention knowledge

**Females**

| Country | 2013 | 2019 |
|---|---|---|
| Angola | 42.0% | 32.5% |
| Burundi | 44.5% | 52.4% |
| DRC | 18.6% | 18.6% |
| Eswatini | 49.1% | 49.1% |
| Ethiopia | 23.9% | 24.3% |
| Kenya | 56.6% | 56.6% |
| Lesotho | 37.6% | 37.6% |
| Madagascar | 22.9% | 22.9% |
| Malawi | 44.2% | 41.1% |
| Mozambique | 30.2% | 30.8% |
| Namibia | 61.6% | 61.6% |
| Rwanda | 52.6% | 64.6% |
| South Africa | 25.3% | 9.8% |
| South Sudan | 9.8% | 40.1% |
| Uganda | 38.1% | 42.6% |
| Tanzania | 40.1% | 46.3% |
| Zambia | 41.5% | 42.6% |
| Zimbabwe | 56.4% | 46.3% |

**Males**

| Country | 2013 | 2019 |
|---|---|---|
| Angola | 48.3% | 31.6% |
| Burundi | 46.5% | 54.9% |
| DRC | 24.9% | 24.9% |
| Eswatini | 50.9% | 50.9% |
| Ethiopia | 34.2% | 39.1% |
| Kenya | 63.7% | 63.7% |
| Lesotho | 30.9% | 30.9% |
| Madagascar | 25.5% | 25.5% |
| Malawi | 51.1% | 44.3% |
| Mozambique | 51.8% | 30.2% |
| Namibia | 51.1% | 51.1% |
| Rwanda | 47.4% | 64.3% |
| South Africa | 23.2% | 39.6% |
| Uganda | 39.5% | 40.6% |
| Tanzania | 46.7% | 46.6% |
| Zambia | 46.7% | 40.6% |
| Zimbabwe | 51.7% | 46.6% |

*Table: ESA Commitment Charts • Created with Datawrapper*

## Comprehensive sexuality education

Comprehensive knowledge about HIV/AIDS is essential to dramatically reduce the transmission of HIV virus since it allows people to have and implement correct information about sexual transmission of HIV and prevention methods (Zegeye, Anyiam, *et al,* 2022). Despite efforts, the coverage of comprehensive knowledge of HIV/AIDS in sub-Saharan AFRICA is low with "less than 50% of young people demonstrat(ing) accurate knowledge about HIV prevention and transmission" (Machawira, Castle & Herat, 2021).

More than half (14[8] out of 21) of ESA Commitment countries had achieved some integration of CSE in the school curriculum in either primary or secondary school, or both, with at least five[9] of them including CSE as a standalone and examinable component of the curriculum in either primary or secondary school or both.

8 DRC, Ethiopia, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda and Zambia.

9 Malawi, Namibia, South Africa, Swaziland and Uganda.

CSE continues to be high on the priority list for the majority of countries in the region, over 80% of reporting countries recorded having a CSE framework during the lifetime of the commitment.

**All 21 countries reported offering pre and in-service SRH and CSE training for teachers, health, and social workers in 2018**[10]. Additionally, 11 countries had a comprehensive policy to manage adolescent pregnancy whilst in school.

**Seven**[11] **of the countries were still in the process of integrating CSE** at the time of this report, with Uganda in the pilot phase. By 2018, **18 of the 21 ESA Commitment countries**[12] had a CSE strategy or framework for youth out of school however, the achieved result was still less than 50% of the target.

**Figure 5.**
Provision of life skills-based HIV and sexuality education by country (2018)


*Chart: ESA Commitment Charts • Created with Datawrapper*

10 ibid

11 Angola, Botswana, Kenya, Rwanda, South Sudan, Uganda and Zimbabwe.

12 Angola, Botswana, Burundi, DRC, Eswatini, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia and Zimbabwe.

**Figure 6.**
Percentage of ESA countries with a CSE strategy or framework for out of school youth

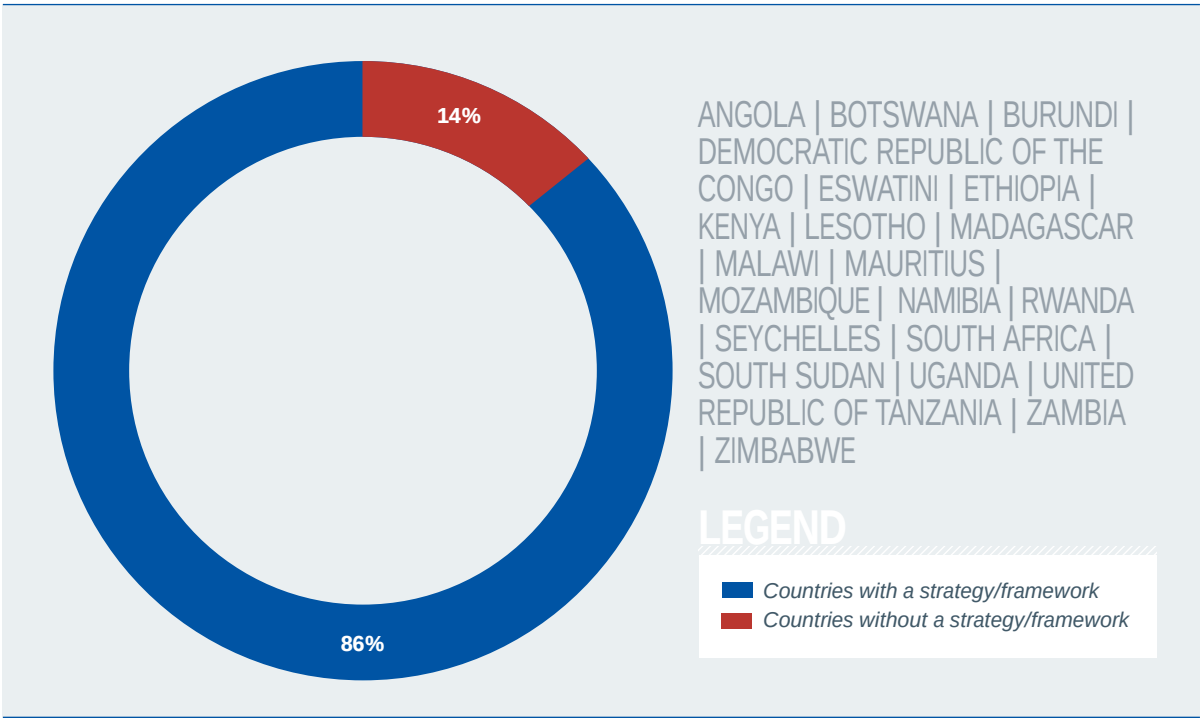


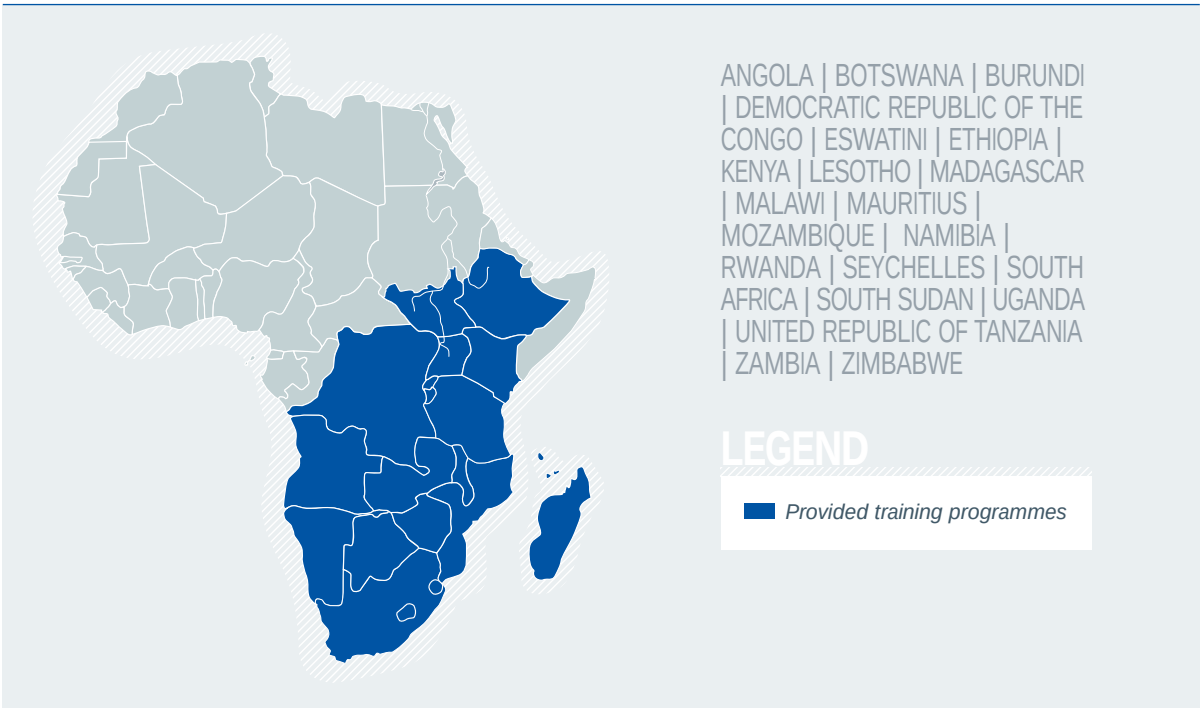

*Chart: ESA Commitment Charts • Created with Datawrapper*

## Youth friendly health services

By 2018, all countries were providing training on youth friendly health services[13] but despite the self-reported high levels of coverage, a TCG meeting in 2018 surfaced that AYFHS were still 'fragmented, poorly coordinated and uneven in quality'.

Countries encountered challenges related to inadequate domestic funding and sensitivity around certain topics like sexuality education and the age of consent for adolescents to be allowed to access SRH services.

**Figure 7.**
Countries that provide pre- and in-service training on adolescent and youth friendly services




*Map: ESA Commitment Charts • Created with Datawrapper*

## Early and unintended pregnancy

Over the Commitment period, increases in EUP were recorded in Ethiopia, Uganda, Tanzania, and Zambia, with Tanzania recording the biggest increase (3.9%). DRC, Burundi, Lesotho, Malawi, Rwanda and Zimbabwe made progress in reducing adolescent pregnancy.

All countries fell significantly short of the targeted 75% reduction in early and unintended pregnancy in adolescent girls.

13 United Nations Population Fund East and Southern AFRICA & International Planned Parenthood Federation AFRICA Region (2017). Assessment of Adolescents and Youth-Friendly Health Service Delivery in the East and Southern AFRICA Region. Johannesburg and Nairobi, UNFPA, United Nations Population Fund and IPPF, International Planned Parenthood Federation.

**Figure 8.**
Percentage of adolescent girls who have begun child bearing by age 19 years (2013-2019)

| | 2013 | 2019 |
|---|---|---|
| Angola | n/a | 35.5 |
| Burundi | 9.5 | 8.3 |
| DRC | 27.2 | 23.4 |
| Eswatini | 17.4 | n/a |
| Ethiopia | 12.1 | 12.5 |
| Kenya | 18.1 | n/a |
| Lesotho | 19.7 | 17.8 |
| Madagascar | n/a | 34.7 |
| Malawi | 30.4 | 29.0 |
| Mozambique | 37.5 | n/a |
| Namibia | 18.5 | n/a |
| Rwanda | 6.1 | 5.2 |
| South Africa | n/a | 15.6 |
| South Sudan | 30.6 | n/a |
| Uganda | 23.8 | 24.8 |
| Tanzania | 22.8 | 26.7 |
| Zambia | 28.5 | 29.2 |
| Zimbabwe | 24.2 | 21.6 |

*Baseline data missing for Angola (survey predates the ESA Commitment significantly), Botswana (survey predates the ESA Commitment significantly), Madagascar (no survey with relevant data), Mauritius (no survey with relevant data), Seychelles (no survey with relevant data), and South Africa (survey predates the ESA Commitment significantly). Endline data missing for Botswana (no survey post-1988 DHS), Eswatini (no survey post-MICS 2014), Kenya (no survey post-DHS 2014), Mauritius (no survey with relevant data), Namibia (no survey post-DHS 2013), and South Sudan (no survey post-MICS 2010).*

*Map: ESA Commitment Charts • Created with Datawrapper*

## Child marriage

**To prevent and mitigate child marriage, 16 countries[14] established programmes** by 2018, and began changing their laws accordingly.

**Seven ESA countries had set the legal age of marriage as 18 years without exceptions** (DRC, Kenya, Rwanda, Uganda, Botswana, Malawi, Eswatini), while 12 countries set the legal age as 18 with exceptions that included permission with parental consent (Burundi) or after review and approval by a Minister of Justice (Ethiopia)[15]. Seychelles, Tanzania and South Africa still permitted marriage below the age of 18.

**Figure 9.**
Changes in percentage of women aged 20-24 years who were first married or in a union before 18 years (2013-2019)

| Country | 2013 | 2019 |
|---|---|---|
| Angola | - | 30.3% |
| Burundi | 20.4% | 19.0% |
| DRC | 37.3% | 29.1% |
| Eswatini | 5.3% | – |
| Ethiopia | 41.2% | 40.3% |
| Kenya | 29.9% | - |
| Lesotho | 17.3% | 16.4% |
| Madagascar | - | 40.3% |
| Malawi | 49.6% | 42.1% |
| Mozambique | 48.2% | 52.9% |
| Namibia | 6.9% | - |
| Rwanda | 8.1% | 5.5% |
| South Africa | - | 3.6% |
| South Sudan | 51.5% | - |
| Uganda | 39.7% | 34.0% |
| Tanzania | 36.9% | 30.5% |
| Zambia | 31.4% | 29.0% |
| Zimbabwe | 30.5% | 33.7% |



*Baseline data missing for Angola (survey predates the ESA Commitment significantly), Botswana (survey predates the ESA Commitment significantly), Madagascar (no survey with relevant data), Mauritius (no survey with relevant data), Seychelles (no survey with relevant data), and South Africa (survey predates the ESA Commitment significantly). Endline data missing for Botswana (no survey post-1988 DHS), Eswatini (no survey post-MICS 2014), Kenya (no survey post-DHS 2014), Mauritius (no survey with relevant data), Namibia (no survey post-DHS 2013), and South Sudan (no survey post-MICS 2010).*

*Table: ESA Commitment Charts • Created with Datawrapper*

14 Angola, Eswatini, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe.

15 African Union, 2018

**Decreases in the prevalence of child marriage were concentrated among girls aged 15-17 years**, however, no significant progress was experienced in reducing the prevalence of marriage among girls younger than 15, according to a multi-country study including data from Kenya, Rwanda, Zambia, Namibia, Lesotho, Tanzania, Madagascar, Burundi, Uganda, Malawi, Comoros, Zimbabwe[16].

### Promising practices:

- **SADC provides leadership and guidance** on creating a legal environment to end child marriage through the SADC Model law on child marriage. Support from UNFPA facilitate guidance to countries on how to implement the low in national contexts.
- **Rwanda improves CSE results** through new Curricula and Girls' Rooms for Menstrual Hygiene Management.
- **Uganda sees results** by institutionalising CSE in a National Sexuality Education Framework.
- Joint programming in **Mozambique reduces EUP and Child Marriage** by meeting in intersectional needs of AGYW.

## 4.3 Efficiency

### In-country coordination

Most countries had (or created during the period) national structures in different forms that facilitated coordination, whilst inclusion of the ESA Commitment RAF in reporting processes increased government accountability around SRHR for A&Y. Collaboration between health and education ministries in-country was reported as being weak in some countries, with gaps were reported in the responsiveness of monitoring and evaluation systems in some countries.

### Regional coordination

Coordination at the regional level has resulted in effective reporting on the Commitment from education ministries at the SADC level, a successful launch of two regional programmes, and the sustained political prioritisation of ESA Commitment targets in all countries. Regional coordination through the TCG, the High-level group (HLG), and Civil Society Organization (CSO) Engagement Mechanism also brought together CSOs and provided a platform for youth movements to directly engage with decision-makers on their advocacy priorities. The leadership of UN agencies in facilitating technical support for the Commitment unlocked resources for regional and national campaigns, as well as coordination for the gathering of country-level data. However, SADC and the EAC reported having inadequate human resources and financial support to fulfill their coordination role for the Commitment; this gap was particularly stark in the EAC.

### Resource planning and mobilisation

By the end of 2014, **5 countries reported having a costed, multi-sectoral plan in place for delivery on the ESA Commitment** targets, 2 others were in the process of developing them, while an additional 2 had completed planning but were to cost their plans.

By 2018, the number of **countries that had mobilised additional human and or financial resources extended to 12** at the close of 2018[17], up from 9 countries in 2015[18]

17 Young People Today, 2018.
18 Young People Today 2015.

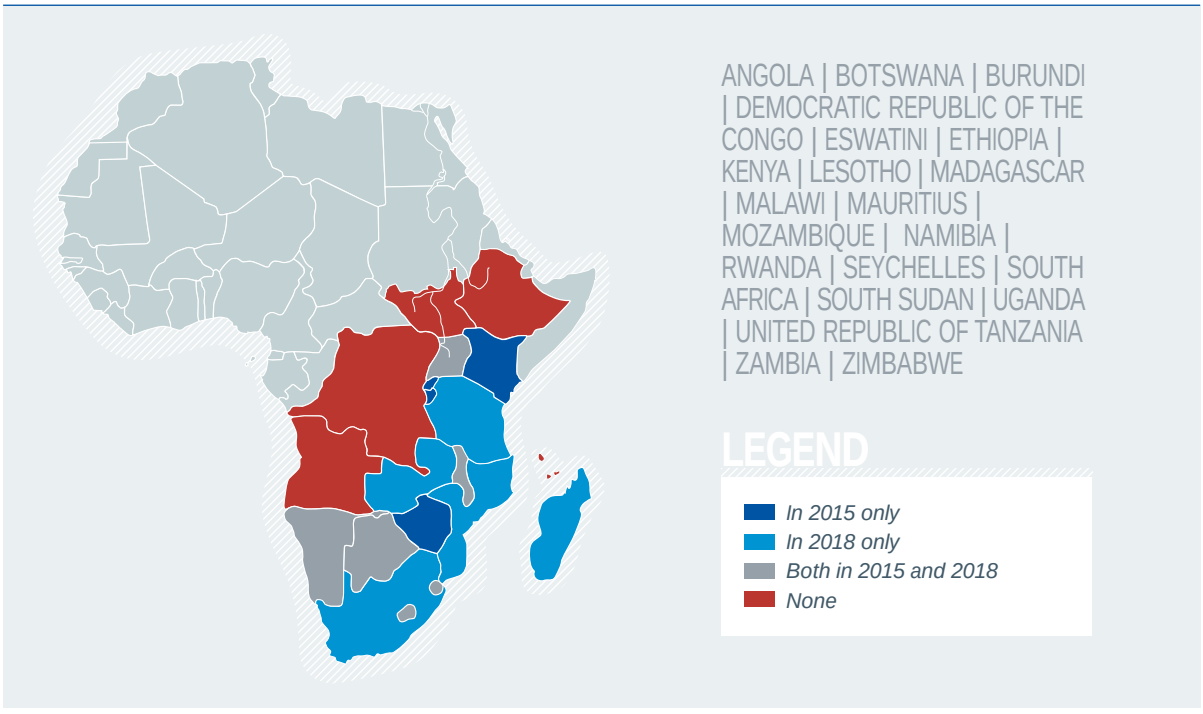
**Funding increases were largely attributed to improved domestic resourcing**, as well as bilateral, UN and Global Fund support[19]. In spite of these positive steps, funding for CSE was reported as still being inadequate and largely donor driven, which in turn created dependencies that affected the sustainability of CSE projects and the ability of governments and CSOs to coordinate interventions effectively[20].

With regards to funding sources, **there was reported donor-dependency in-country**, and where domestic resources were available, there was weak budget-tracking. Hesitancy from governments was reported to allocate 'new money' towards the Commitment's activities, as they opted to maintain existing budget priorities in health and education, under the assumption that Commitment activities would receive support in existing priority areas. This made it difficult to track budget allocations towards ESA Commitment targets.

## Opposition

**Opposition to CSE and SRHR was recorded across the region** and affected the efficiency of commitment implementation in several countries. This opposition was often countered by civil society collectives taking initiative to clarify alignment of CSE with national development priorities.

**Figure 10.**
Number of countries that have identified/mobilized financial resources for the implementation of the ESA Commitments




*Map: ESA Commitment Charts • Created with Datawrapper*

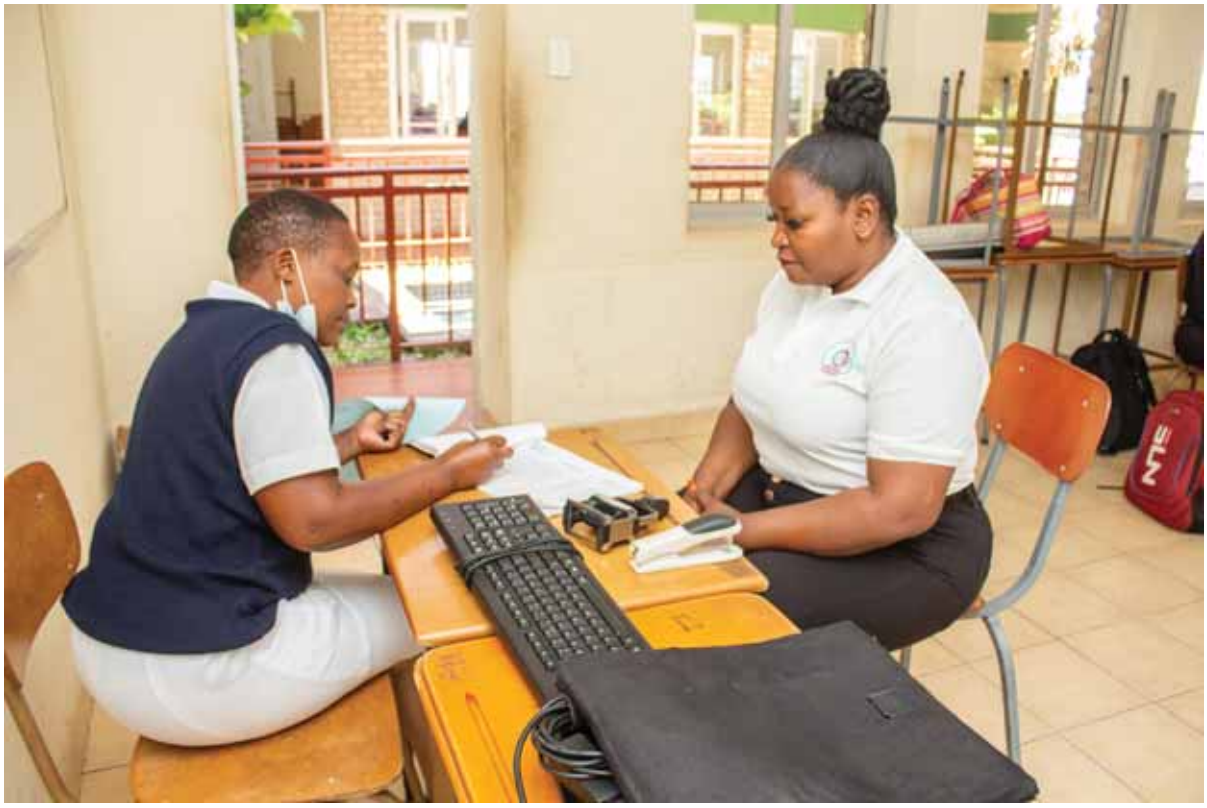
19 Young People Today, 2019.
20 APHRC, 2019.

## 4.4 Sustainability

The integration of the ESA Commitment priorities in national policy and development frameworks, and the set-up/use of national coordination mechanisms on adolescent health, were seen as testimonies of national ownership and sustainability. In practice, levels of national ownership of the ESA Commitment by governments are mixed across the region. Coordination issues at the interface between ministries, and siloed ways of working remain, leading to inefficiencies.

The dissemination, implementation, and enforcement of significant policy and legal changes at subnational levels remained limited among service providers and local decision-makers, whilst the focus on policy and structural changes instead of interventions has limited discussions on scalability.

Few strategies for domestic resource mobilisation were reported and the COVID-19 pandemic has highlighted the sustainability gaps of youth programming in view of domestic funding being re-directed to mitigate the effects of the pandemic, health and education service disruption.



5

# KEY CONSIDERATIONS FOR ADVANCING THE ESA COMMITMENT

## 5.1 Relevance and coherence recommendations

1. **Create a robust engagement mechanism for young people's participation.**

   ESA Commitment coordination and implementation should be conducted in a way that promotes young people's rights, recognises their agency and dynamics, builds youth-adult partnerships, and prioritises the most marginalised and vulnerable adolescents.

2. **Increase accountability at regional and country level by grounding the results framework within a Theory of Change**

   The implementation of the ESA Commitment should follow a common ToC to further unite programming for A&Y, and establish a common results framework as an overarching measurement tool across the Commitment's thematic priorities.

3. **Balance support and engagement of RECs**

   Support for the EAC and SADC should be proportionally balanced to ensure effective coordination of ESA Commitment implementation in both sub-regions; a more integrated approach can serve to revive political commitment and coordination efforts.

4. **Pitch the ESA Commitment at a higher political level, and with renewed narratives**

   Bringing all adolescent and youth-focused stakeholders together, beyond health and education, will create a more coherent implementation strategy that is also more relevant to population dynamics and youth policy priorities within the ESA region.

## 5.2 Effectiveness

### 5. Use and test innovation with strong documentation of best practices.

Criteria based assessment of specific ESA Commitment interventions is helpful and should be expanded, particularly to better understand the effectiveness of teacher training and materials on the quality of CSE implementation.

### 6. Ensure further disaggregation of data

Data collection needs to be strengthened at country level and conducted at regular intervals, beyond self-reported quantitative data.

### 7. Conduct a robust study on implementation modalities for CSE at country level

A robust study (e.g. RCT; longitudinal study) should be conducted to explore the relationship between stand-alone and integrated delivery, examinations versus assessments, topic dosage, teaching methodologies, and cost-effectiveness amongst others.

## 5.3 Efficiency recommendations

### 8. Strengthen ESA Commitment coordination and accountability

The coordination mechanisms available need to be strengthened, and where necessary, recreated to meet the needs of ESA Commitment oversight and leadership, which includes incorporating the contributions and reporting of CSOs in the next RAF, with resources availed for periodic reporting of stakeholders beyond country governments.

### 9. Improve the quality of teaching and learning materials

The most recent teaching and learning materials need to be shared and continuously updated as evidence increases on what works for specific groups of young people and contexts. In instances where teacher training materials and learner resources are unavailable, priority must be given to the development or adaptation of such materials.

### 10. Improve domestic, regional and global resource mobilization

Commitment priorities need to be integrated within government development planning processes and budget discussions, as well as in the financial considerations of non-state actors like CSOs and private sector implementers.

### 11. Strengthen referral linkages between schools and health facilities

CSE needs to be explicitly linked with referral to a broader range of the SRH services, including the creation of confidential reporting and referral systems to manage SRGBV, and strengthening referral linkages between schools and health facilities.

## 5.4 Sustainability recommendations

### 12. Expand implementation of promising practices to increase the scale and coverage of interventions

Identified model approaches need to demonstrate that they can be brought to scale-both within the country where they are being implemented, and eventually beyond, as best practice if they prove successful at scale.

### 13. Develop and report on a composite youth indicator for youth well-being

A much broader set of youth development indicators that constitute a composite indicator on youth well-being should be introduced to keep in tandem with broader regional aspirations for youth development, and in line with calls for the involvement of a wider range of stakeholders in framing, owning and driving the next ESA Commitment.

### 14. Fast-track review, harmonization and implementation of laws and policies

ESA Commitment countries that are lagging behind need to fast-track changes in laws and policies related to child marriage, school-related gender-based violence, re-entry of pregnant learners and age of consent for access to services.

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