

GETTING TO

ZERO

Towards
Rights and
Choices
for All by
2030



UNFPA East and
Southern Africa
in 2021





"All I want is to be able to return to school and get an education, and for my baby daughter and all the girls in the community to get an education."

Cynthia, 36, Malawi

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FOREWORD

“However long the night, the dawn will break.” This is a profound African proverb that gives a sense of light during times of darkness. As the world became more complex with layered fissures from political crises to natural disasters, the unprecedented COVID-19 pandemic’s impact continued to loom over our heads. But despite ripping the fabric of the world as we know it, it brought billions of people together into a single entity –humanity coming together with courage, hope and resolve.

2021 was a challenging year for the communities, the world, and for the millions of young women and girls in East and Southern Africa.

Despite the seemingly insurmountable obstacles that hampered our efforts in delivering a better region and a sustainable world through our Transformative Results, we rose with grit and grace to face these challenges.

Health systems strained under the weight of the pandemic, supply chains unraveled, and our programmes and services were delayed. In the middle of these health-related crossfires, women and girls became targets – vulnerable to gender-based violence and harmful practices, maternal deaths, and complications from the lack of access to family planning.

Disrupted services and increased vulnerabilities are projected to result in two million more cases of female genital mutilation and an additional 13 million child marriages within the next decade that would otherwise have been averted.

These are issues that keep us awake at night, but we now approach each daybreak with agile solutions and strengthened resolve to create ripples, deliver changes, and transform the lives of the more than 300 million women and girls in East and Southern Africa.

This is the core of the UNFPA mandate and at the heart of our work for the last year and the last half a century in the region. Through disruptions and changes, our resilience, our agility, our sense of purpose remained solid, and we rose to the challenge. We steadfastly

worked to improve the lives of adolescents, youth, and women, especially in humanitarian settings. We pushed for access to and delivery of HIV prevention and sexual and reproductive health information and services; and we strived to reduce maternal mortality and harmful cultural norms and practices. All these in cadence with the rallying cry that no one should be “left behind” as we continue our march towards the Sustainable Development Goals.

We look back at last year as transformative. In the middle of a turbulent year, we paused and took stock of our regional interventions that powered our efforts, and more importantly, we saw the emergence of our new organizational Strategic Plan, which clearly put the markers and placed the direction of our work on a high beam as we race towards meeting the Transformative Results, the regional aspirations, and the global goals.

With agility and ingenuity, we ramped up the restoration of our programmes and services from expanding family planning services at the community level to staunching the alarming rise of gender-based violence.

However, the crisis is far from over. In East and Southern Africa, 28 per cent of girls and young women have limited access to family planning. Eighty-five thousand women die of maternal causes every year. One in three women experienced gender-based violence. Half of people living with HIV in the world are from this region. The numbers are stark, but the solutions are clear.

With solidarity and support, we can transform the reality of women and girls into reachable dreams. Mitcha of Angola dreaming of becoming an activist. Grace of Uganda wishing to be a pilot. Chris of Zambia completing her law degree. Tahiana of Madagascar training to be a midwife.

This is our UNFPA dream, our community’s dream, Africa’s dream – a better world for millions of vulnerable women and girls where opportunities are not pipedreams, but rather realities.

Dr. Bannet Ndyabangi | Regional Director, a.i., UNFPA East and Southern Africa



TOWARDS RIGHTS AND CHOICES FOR ALL BY 2030



EAST AND SOUTHERN AFRICA IS HOME TO SOME

633 MILLION

PEOPLE, OF WHICH HALF ARE FEMALE

50% ARE BETWEEN THE AGE OF 10 AND 24



Ensuring rights and choices for the more than 300 million women and girls in 23 countries in East and Southern Africa

THE MULTIPLIED EFFECT

Collaborating to
Build Forward Better



Transformation is not a solo journey. We work with multiple partners to reach the most vulnerable and those "furthest behind." These partnerships also extend to the cross-cutting, interconnecting issues that profoundly impact the outcome of the Transformative Results, such as COVID-19, climate change, gender and human rights, and population dynamics.

Whether it's collaborating with faith leaders to prevent female genital mutilation, advocating for legal reforms to amend penal codes for minimum ages of consent to marriage, or training government agencies on data collection, we work with diverse stakeholders to ensure ownership and buy-in at all levels. The aim is to work with governments to influence national laws and policies in the sexual health and rights space. In this way, everyone benefits from the multiplier effect of scaled-up programmes that are adopted at national and regional levels.

We also seek to bolster non-state actors, particularly when it comes to resource mobilization. In 2021, we mapped out possible private-sector funding sources and conducted webinars on innovative financing options using the internal MyUNFPA Platform to allow peers

and country offices across the region to share information with partners on the ground.

Successful partnerships are built on results. In 2021, we undertook a rigorous review of the UNFPA Regional Interventions Action Plan (RIAP) to ensure that we build on lessons learned and develop detailed road maps for each of the Transformative Results, allowing us to accelerate our efforts to get to ZERO and to avoid costly duplication of efforts on the ground.

The result is country programmes with well-formulated results-based frameworks, theories of change, and improved monitoring and reporting systems that ensure and demonstrate results and accountability — all of which are critical to the credibility, visibility, policy dialogue, development and sustainability of partnerships and the support of UNFPA work.

Co-financing revenue mobilization beyond target

72% increase from \$119 million in 2020 to \$205 million in 2021

"YOU CANNOT BEAT A DRUM WITH ONE FINGER"

South African Proverb

THANK YOU TO OUR PARTNERS IN:

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS:

African Union, East African Community, New Partnership for Africa's Development, Southern African Development Community, UNAIDS, UNICEF, UN Women, WHO, She Decides, and other civil society organizations.

With support from UNFPA, a partnership between the Kenya Medical Supplies Authority and Coca-Cola Beverages Africa saw the roll-out of e-POD, a game-changing digital app designed to ensure that family planning commodities are delivered in the correct health facilities, in the right quantities and at the right time, thus preventing unintended pregnancy and neonatal tragedies. The e-POD app received the best innovative health supply chain solution award at the 2021 Global Health Supply Chain Summit and taps into Coca-Cola's expertise in supply chain management and distribution to improve the delivery of family planning commodities and other essential medicines and supplies to health facilities in Kenya.



Denis Mutirithia (left) takes stock of a delivery of family planning commodities received from KEMSA and procured with support from UNFPA, at Isiolo County Hospital in Isiolo, Kenya.

ADOLESCENTS AND YOUTH:

Africa Pop and Health Research Centre, Africa Scouts, African Coalition for Menstrual Health Management, African Development Bank, African Youth Adolescents Network on Population and Development (AfriYAN), Youth Connekt Africa, International Labour Organization (ILO), Restless Development, Southern Africa Development Community (SADC), UNAIDS, UNESCO, and World Bank. Our flagship Safeguarding Young People (SYP) programme is funded by the Swiss Agency for Development and Cooperation (SDC), UNFPA Supplies (formerly Global Programme on Reproductive Health Commodity Security) and the UNFPA/UNAIDS-implemented SRH and HIV Linkages Project, co-funded by the European Union and the Swedish International Development Agency.

Under the Safeguard Young People programme, UNFPA East and Southern Africa Regional Office (ESARO) launched the Climate HackLab project in May 2021 — a climate innovation project that aims to build climate resilience and generate innovative climate adaptation solutions. From the more than a hundred innovative

projects pitched by young Africans, Agripa Maposa from Zambia and Agnes Kimweri from Tanzania were selected for seed funding and incubation to turn their ideas to improve access to health supplies for women and girls in remote areas through low-carbon mobile clinics.

“UNFPA believes in offering young people the tools and skills to become change-makers and to lead on innovative solutions. Our aim is to give the next generation the best possible chance of reaching that goal.”

Angela Baschieri, Population Dynamics Policy Adviser for UNFPA East and Southern Africa

THE EMPOWERMENT OF WOMEN AND GIRLS:

African National Human Rights Institutions (NHRIs), International Rescue Committee, Men Engage Alliance, Office of the UN High Commissioner for Human Rights, Regional Working Group on Gender-based Violence, SADC, Safe Boda, UN Women, UNICEF, WHO, as well as CSOs, human rights defenders, women's rights organizations, universities, and research institutes.

Together with the United Nations Children's Fund (UNICEF) and the Government of Canada, we established a joint programme in the Eastern Cape and KwaZulu-Natal districts of uThukela, Alfred Nzo and Nelson Mandela in South Africa to empower women and girls to realize their sexual and reproductive health and rights. Before kicking off, our team conducted a detailed analysis to understand why GBV is so prevalent in the region and mapped available services by local providers. This is just one example of how we are linking funders with organizations on the ground to make a difference to rural girls who are among those left furthest behind.



Empowering Women and Girl to realize their Sexual and Reproductive Health and Rights

POPULATION DYNAMICS:

Africa Regional Collaborative Platform, African Institute for Development Policy, African Parliamentary Forum on Population and Development, African Union, Development Policy Research Unit at the University of Cape Town, EAC Parliamentary Forum, European Parliamentary Forum, Kenya Bureau of Statistics, Opportunity/ Issue-based Coalition, Pan African Parliament, Southern African Development Community, UN Economic Commission for Africa, UN Office for the Coordination of Humanitarian Affairs, US Census Bureau.



CONFLICT, CLIMATE AND COVID

Sexual Reproductive
Health Rights in a
humanitarian context





If COVID taught us anything, it's that we need to do better when it comes to serving women and girls and other vulnerable groups during times of crisis. Pregnancy and periods don't stop during emergencies and in the chaos and uncertainty that follow, women and girls are at increased risk of violence, including rape, forced marriage, and intimate-partner violence at a time when health and protection services are stretched to their limit.

Building on lessons learned during the COVID pandemic our goal is to support countries to be better prepared for the next crisis that threatens to disrupt essential health and protection services. This means improving the forecasting, maintenance and protection functions of systems, and strengthening early warning, pre-positioning, preparedness and anticipatory action. Key to this is the integration of the Minimum Initial Services Package (MISP) for sexual and reproductive health into national disaster preparedness and response plans across the region, as well as capacity-building at regional and national levels for the delivery of MISP across health, education, water, sanitation and hygiene, migration and refugee response, food security and protection sectors.

Technical support is also being provided to strengthen the capacity to generate, analyse and use data as evidence on the multiple impacts of climate, fragility, conflict and violence on sexual reproductive health for decision-making. We also aim to amplify the voice and representation of human rights institutions, women- and youth-led groups and networks in anticipating, preparing for and responding to humanitarian emergencies, including climate-sensitive and peace-responsive actions.

During COVID-19, we worked to protect our country teams and our partners on the ground while also maintaining crucial momentum in the face of travel restrictions, curfews and stay-home lockdowns to ensure that contraceptives and access to sexual reproductive health care were deemed part of essential health services. Quick action helped many health systems maintain or restore access to essential health

services, including contraceptives. UNFPA, for instance, was able to procure and deliver contraceptives and other reproductive health supplies, as well as personal protective equipment for health workers, even amid rising costs and supply chain constraints. Our technical team also developed guidelines to help countries address the impact of COVID-19 on women and men's health, sex workers, child marriage and gender-based violence, ensuring that all countries in the region will be better prepared for the next crisis. Creative partnership — such as using a ride-hailing app in Uganda to deliver contraceptives, to SMS outreach campaigns in Eswatini — also helped maintain or restore services. The SMS campaign was particularly effective as it served both as encouragement and a reminder to collect contraceptives before they ran out, and for pregnant women to attend antenatal appointments, thereby helping to avoid delivery complications and potential loss of life.

With its impact on health, lives, livelihoods and economies across the region, the COVID-19 pandemic has disrupted access to essential services, exacerbated poverty, widened inequality and exposed weaknesses in delivery systems. Women, adolescents and young people living in rural areas, with lower levels of education, fewer socioeconomic assets and informal workers and persons living with disabilities have been disproportionately affected by the pandemic. Building forward better in the region means prioritizing resilience-building at all (institutional, systems, community and individual) levels, with scaled investments in rights-based human capital development and an emphasis on leaving no one behind.

As of January 2020, over **45 MILLION** people in the region needed humanitarian assistance, and over **12 MILLION** people were recorded as being internally displaced due to conflict and climate disasters

TRANSFORMATIVE

RESULT #1

ZERO unmet need
for family planning

49 MILLION WOMEN -

One in five — do not wish
to be pregnant but are not
using contraceptives

28 % OF GIRLS
AND YOUNG WOMEN

have no access to, or
are denied access to,
contraceptives

"Contraception has never been more readily available and more effective, and yet half of all pregnancies in the world are unintended."



When women do not have access to contraception or knowledge, or health services, the result is often pregnancy. An estimated 49 million sexually active women in East and Southern Africa do not have access to modern contraception or family planning services. More than half of these are young women. Consequently, adolescent pregnancy rates in the region are twice the global average at 92 births per 1,000 girls (UNFPA, 2021).

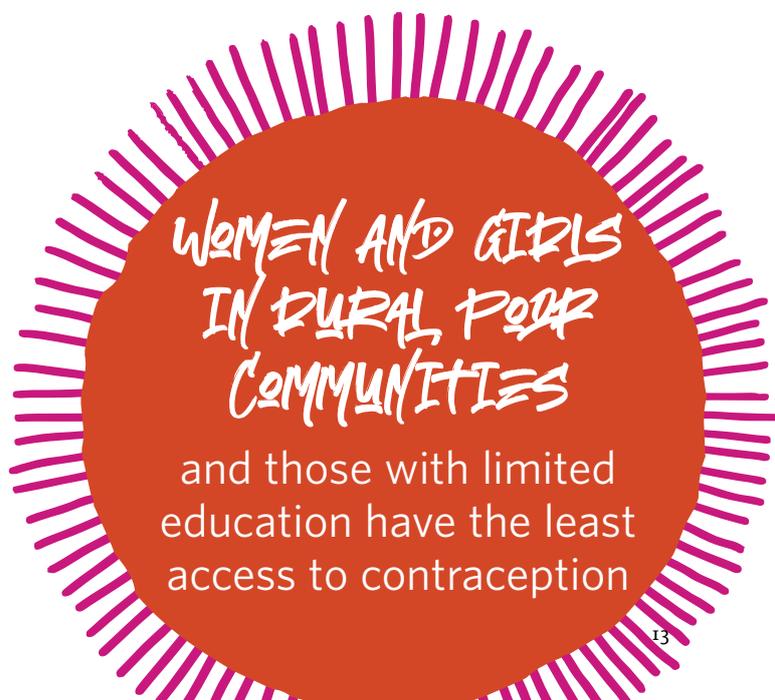
Together with our partners, we devote considerable resources to understanding why this is and then working with governments, civil society and non-governmental organizations to remove the obstacles that prevent women and young people from accessing life-changing contraception and other sexual health services.

A large part of this effort is directed at enhancing supply chain management and systems to ensure that rural women and girls — often forgotten by policymakers — are better served. Practically speaking, this means helping to ensure that the right contraceptive mix is purchased and paid for (often by working with centralized procurement departments, which have their own challenges) and then delivered to the right place at the right time, even to remote corners of the continent with limited infrastructure. These are invariably government facilities as private health care is beyond most adolescents' financial reach. Once the stock has arrived, a second obstacle needs to be overcome: stigma and discrimination.

Parts of Africa remain deeply conservative, and young people fear being judged by service providers, especially in rural areas, where health-care workers also tend to be community members. This is why we invest in people and youth-centred health care; training community health workers to deal sensitively with youth, women and other key populations at risk, such as sex workers and members of the LGBTQI community. It also means working with facilities to provide feedback and encouraging ways to better serve this key population, such as by aligning clinic opening times with school timetables.

This counts for little though if young people aren't aware that the services are freely available and that they have a right to access them. For this reason, UNFPA champions comprehensive sexuality education — also known as sex education — for youth in and out of school.

The evidence is clear: children who are taught about their bodies and how to protect themselves and their partners have more agency and are significantly less likely to experience unwanted or unplanned pregnancy and, therefore, less likely to put themselves at risk by seeking illicit abortions or compromise their futures by having to drop out of school. Unless they are extremely fortunate or entrepreneurial, many teenage mothers will be at the mercy of a male breadwinner for much of their lives, setting up an environment in which gender-based violence and inter-generational poverty flourish.



While this work relies on innovative finance solutions and project planning and programmes, it is also about advocacy. A well-stocked, accessible, convenient youth-friendly clinic will be less effective if outdated laws and policies prevent young adolescents from accessing the facilities. For example, many countries still require parental consent to treat or prescribe medication to youth under the age of 18. Since sexual debut tends to happen well before their 18th birthday, young girls tend not to seek help as they do not want their parents to find out that they are sexually active. In this instance, parents usually find out when the pregnancy begins to show. Our policy is to work at national, regional and local levels — always with the beneficiaries or those most affected — to ensure tailored programmes and

responses to meet the specific needs of those most affected.

As a result of our efforts, and those of our partners at all levels, to promote rights-based family-planning programmes, the total fertility rate in the region has declined to 4.2 children from 5.9 in 1994. Today, one in three women uses modern family planning methods compared to one in 10 in 1994, and 39 per cent of women who are married or in a relationship use modern contraception compared to 37 per cent in 2017. At the same time, the region saw its population increase from 312 million in 1994 to 633 million in 2021, leading to an increase in the demand for modern contraception and all other sexual reproductive health services.

“The solution to so many of the world's biggest challenges is the realization of the full rights and potential of women and girls. This is often extinguished by early unintended pregnancy, usually as a failure to access suitable contraception.”

UNFPA, State of the World Population, 2022



Makatleho Rapapa

**HA KOALI,
LESOTHO**

When a high school teenager with a sexually transmitted infection (STI) visited a clinic at Ha Koali in Berea district Lesotho, Nursing Officer Makatleho Rapapa knew exactly what she had to do: “The fact that she had an STI showed that she was already [having] sex,” Ms. Rapapa said. “During counselling, I showed her different types of contraceptives, and she opted for Sayanna Press. She preferred it as she would not have to miss school or ask her parents to [allow her to] visit the health facility regularly.”

By providing the girl with counselling and information services, contraceptives, and treating her STI, the clinic provided integrated sexual and reproductive health-care services, as recommended under the 2gether 4 SRHR programme, the UNFPA-supported regional intervention with the goal of improving the sexual and reproductive health and rights of all people, with a particular focus on adolescent girls, young people and key populations in East and Southern Africa. Lesotho is one of ten countries implementing the 2gether 4 SRHR programme, funded by the Swedish International Development Cooperation Agency (SIDA).

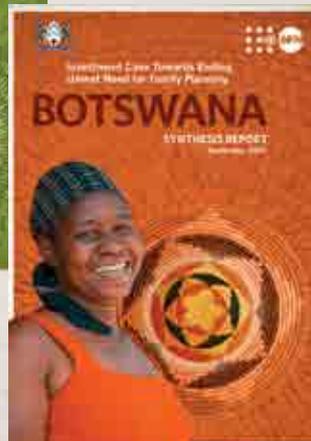
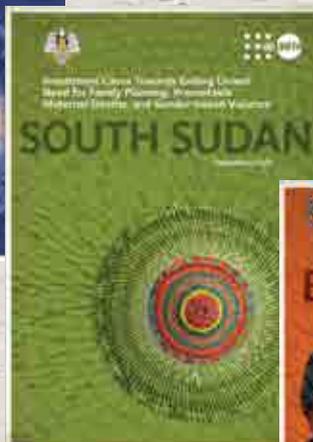
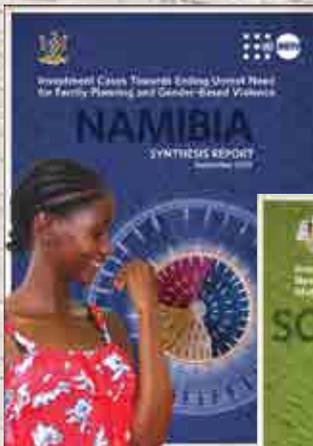
© UNFPA Lesotho/Violet Maraisane

Preventing teenage pregnancy is also about preventing:

- **Loss of life.** Girls aged 15-19 years are twice as likely to die during childbirth than women over the age of 20 as their bodies have not yet formed.
- **Serious illness.** Pregnant adolescents also face higher risks of eclampsia, puerperal endometritis and systemic infections than adults.
- **Mutilation or death from illicit or unqualified abortions.** Sexually active adolescent women in sub-Saharan Africa have abortions at far higher rates than do all women of reproductive age (Bankole, 2020).
- **Thwarted potential.** In many countries, laws, policies and social stigma prevent teenage mothers from returning to school after giving birth.
- **Gender-based violence.** Girls who fall pregnant and cannot participate in the formal economy due to a lack of skills risk being dependent on (usually) male breadwinners, giving them very few options should the relationship become abusive.
- **Child marriage.** Families who cannot afford to feed an additional mouth may force pregnant girls into

marriage. New data from UNPD affirms that most births among girls under 18 take place in a marriage or union, in many cases within seven months of the marriage, indicating that pregnancy was a driving factor towards child marriage.

- **Poverty.** Households headed by single, older, less educated women are among the poorest in the region. Lack of participation in the formal economy means fewer job opportunities, lower wages, an inability to save for retirement and consequent dependency in old age.
- **Social injustice and development failures.** When individuals can exercise real informed choice over their health, bodies, and futures, they can contribute to more prosperous societies and a more sustainable, equitable and just world. Preventing unintended pregnancy is linked to female participation in the formal economy, which has been shown to accelerate economic growth and leverage the demographic dividend that comes from having a youthful population in which the working-age population outnumber dependents (the elderly and the very young).



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THE INVESTMENT CASES

FOR ENDING UNMET NEED FOR FAMILY PLANNING, PREVENTABLE MATERNAL DEATHS, AND GENDER-BASED VIOLENCE

Influencing policy change is about presenting evidence — specifically, evidence that promoting and ensuring sexual reproductive health and rights for all is not just good for individuals but for communities and societies.

Our technical and advocacy team produced and commissioned technical reports aimed at policy and decision-makers in 2021. Each takes a deep-dive approach to provide context-specific recommendations and technical support for policymakers intent on increasing prosperity for all by 2036.

PRIORITY ACTIONS

**in ending unmet
need for family
planning**



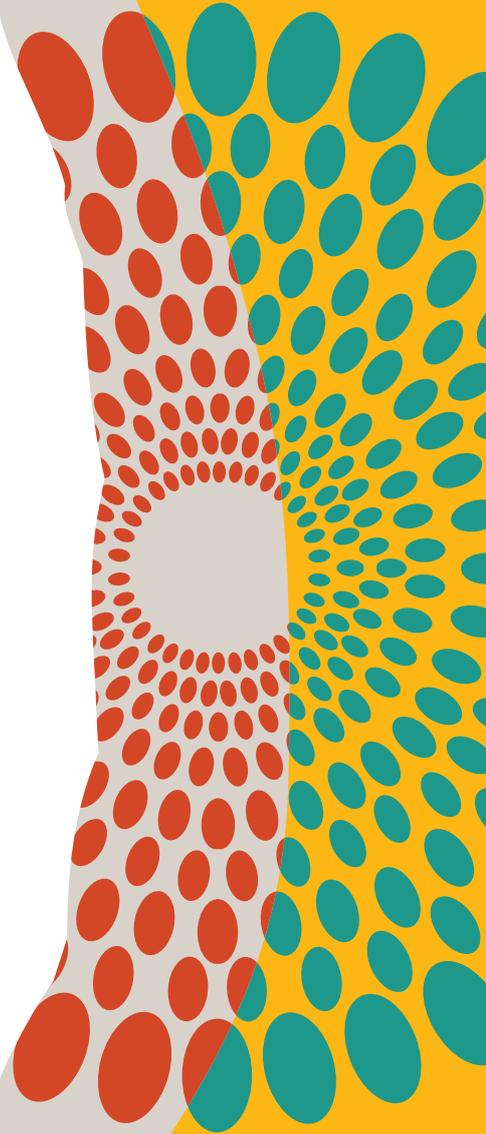
a. It's not a goal if you can't measure it

With our partners, UNFPA ESARO — our regional office — developed a framework to ensure minimum standards for sexual and reproductive health were incorporated in the universal health coverage of Botswana, the Democratic Republic of Congo (DRC), Eswatini, Kenya, Lesotho, Madagascar, Malawi, Namibia, South Africa, South Sudan, Zambia and Zimbabwe. An HIV prevention road map and scorecard were developed to accelerate HIV prevention, especially among young people. A minimum standards document geared to parliamentarians helped with interventions in parliament and with constituents to expand sexual reproductive health services. ESARO also provided technical assistance and financial resources to the East African Community to develop the Sexual and Reproductive Health Bill to ensure adolescents have access to sexual and reproductive health services.

b. Breaking down stigma and discrimination - one law at a time

ESARO helped remove laws and policies presenting barriers to HIV prevention, treatment and care through the 2Gether4SRH, Safeguard Young People programmes and UN joint HIV programme. Thanks to UNFPA ESARO support, Eswatini was able to integrate HIV prevention for sex workers and men who have sex with men in the Global Fund grant; Ethiopia strengthened its National Strategic Plan for HIV, Condom Strategy and Condom programming; Uganda established national guidelines for SRH/HIV service provision for key populations, and South Sudan developed a comprehensive condom programme. For Madagascar, Mauritius and Seychelles, ESARO supported the development of national policy and strategy for HIV and AIDS and STIs. Despite these efforts, HIV programming for key populations is still a challenge in countries with a conservative policy environment.

© UNFPA Mozambique/Mbuto Machili



c. Setting standards - saving lives

ESARO helped identify gaps in midwifery curricula and worked to standardize midwifery competencies in at least 11 countries by establishing a pool of vetted consultants to provide countries with access to quality-assured technical assistance; providing technical support to update the midwifery curriculum for Zambia and Rwanda; supporting advocacy for the adoption of the standard curriculum in Angola and supporting the evaluation of the basic midwifery curriculum in Burundi. During the COVID-19 pandemic, ESARO compiled and distributed 120 training videos to 15 countries to improve the quality of maternal health care.

d. Establishing links for an integrated response

During COVID-19, ESARO helped countries integrate sexual and reproductive health into their national disaster and emergency humanitarian preparedness response plans. Missions were conducted in Ethiopia, where humanitarian needs were identified and a national response plan developed; in Zambia, where maternal and child health coordinators and provincial nursing officers were trained; and in Kenya, during floods, droughts and the COVID-19 pandemic. Training was also conducted in Mozambique and Madagascar.

e. Increasing post-abortion care and safe abortions

Unsafe abortion, one of the potential consequences of unintended pregnancy, is one of the leading causes of maternal death. Accordingly, ESARO strengthened the capacity of countries to provide post-abortion care and safe abortion within the confines of existing law, including through training of trainers on values and attitude transformation, leading to an increase in comprehensive abortion care.

UNSAFE ABORTION

- Each year, an estimated 73.3 million abortions take place globally
- Around 45 per cent of all abortions are unsafe (WHO, 2020)
- Unsafe abortion is one of the leading causes of the more than 800 maternal deaths occurring each day (UNFPA, 2022)
- Almost all unsafe abortions take place in developing countries. While over half of all unsafe abortions occur in Asia, the risk of dying from an unsafe abortion is highest in Africa
- In sub-Saharan Africa, more than three-quarters (77 per cent) of abortions are estimated to be unsafe — that is, they are done by an untrained person, done using a non-recommended method or both (Guttmacher Institute, 2020)
- Unsafe abortion hospitalizes about 7 million women a year in developing countries and costs an estimated \$553 million per year in post-abortion treatment
- Reducing unintended pregnancies, and therefore the need for unsafe abortion allows health systems to allocate resources towards comprehensive sexual and reproductive health services, including maternal and newborn health — investments that yield positive impacts across the board
- Rates of unintended pregnancy tend to be lower in countries with more liberal abortion laws (i.e., countries in which abortion is allowed on socioeconomic grounds or on request) than in those with more restrictive laws (where abortion is prohibited altogether or where it is only allowed to save a woman's life or preserve a woman's physical or mental health)

f. Improved procurement, distribution and delivery of contraceptives

ESARO strengthened the supply chain for contraceptives, supporting training and South-South collaboration in managing inventory and tracking supplies from shipment, clearance, and warehousing to last-mile distribution, including in humanitarian settings and across borders. While challenges were noted in warehousing capacity as well as legal barriers restricting adolescents from accessing contraceptives in some countries, 92 per cent rated the support useful or very useful.

Since 2008, contraceptives provided through the UNFPA Supplies programme have averted:

89 MILLION
unintended pregnancies

26.8 MILLION
unsafe abortions

227,000
maternal deaths

1.4 MILLION
child deaths



g. Providing access to PPE and reproductive health kits during COVID-19

During the COVID-19 pandemic, ESARO supported 13 countries to develop emergency procurement plans to ensure PPE and other emergency supplies. These were combined with reproductive health and family planning kits, ensuring the continued delivery of sexual reproductive health services during the pandemic.

h. Total market approach to contraception, STI test kits

When challenges in family planning were identified in a study covering 10 countries, ESARO supported a regional symposium on adopting a total market approach to accessing sexual and reproductive health supplies and services, such as condoms and STI test kits. ESARO provided training, supported South-South learning, helped develop national roadmaps and established Technical Working Groups including government, private sector, civil society and development partners to map the markets, forecast and quantify contraceptive needs and develop procurement and distribution plans.



Pregnancy and childbirth complications are the

LEADING CAUSE OF DEATH

AMONG GIRLS AGED 15-19 YEARS GLOBALLY

i. New contraceptives introduced

Expanding the mix of available contraceptives is part of our work to ensure that women and girls have a choice of contraceptives to suit their circumstances and preferences. Working with the Procurement Services Branch, ESARO conducted webinars and developed advocacy materials on the benefits of generic contraceptives, leading to the adoption of generic contraceptives by governments and acceptance of new or lesser-used products such as Levoplat and DMPA Self Injection. This work to reduce barriers to contraceptives was particularly helpful when international supply chains were disrupted during the COVID-19 pandemic. Even with UNFPA assistance and working with ingenious partnerships on the ground, the strain on health systems and supply chain disruptions saw the procurement of generic contraceptives in the region revert to pre-2019 levels at 39 per cent, down from 44.2 per cent in 2020.

j. Creating an enabling legal environment

Significant progress was made in 12 countries in establishing laws that allow adolescents below 18 years to access sexual and reproductive health services and information. ESARO continued to support and promote the Model Law on Eradicating Child Marriage, reviewing national laws and policies related to marriage and developing child programmes that give effect to the law. The model law was used to inform the development of a Sexual Offences and Domestic Violence Bill Act in Eswatini, a National Child Marriage Elimination Strategy and Prevention and Combat of Premature Unions Act for Mozambique, and a Marriage Bill and a Children

Code Bill for Zambia. Seven countries (Comoros, Eswatini, Lesotho, Malawi, Mozambique, Namibia and Zambia) used the Model Law. Technical briefs were also developed for decision-makers, law drafters and human rights defenders to improve laws and policies on the age of consent to sexual activity, the criminalization of consensual close-in-age sex and provisions for pregnant girls to return to school.

k. Making the link between sexual and reproductive health and economic empowerment

Integrating sexual and reproductive health into youth economic empowerment programmes improves knowledge of and access to sexual and reproductive health services. After mapping existing programmes, together with our partners, we developed a guidance note and training sessions that helped the World Bank integrate SRHR into its women and girls' economic empowerment programmes and the International Labour Organization integrate sexual reproductive health rights into its "decent jobs" initiative. A pregnancy costing tool that assesses the impact of pregnancy and parenthood on young people was used in the Youth Enterprise Model (YEM) initiative to sensitize young people to make informed choices on protective sexual behaviour. We also supported Youth Connekt Africa, a platform that connects young people to socioeconomic empowerment opportunities, as well as YEM in Uganda for youth to gain business skills and access sexual and reproductive health information and services. Youth in Uganda are now twice as likely to access sexual and reproductive health services as a result.



**CHRISTABEL
MWEWA**

**MTENDERE,
ZAMBIA**

As a high school student, Christabel Mwewa had always been ambitious and sociable. She loved to learn, particularly history and had an affinity for making friends. Everything changed when, at age 16, she learned she was pregnant. Suddenly the studious teenager felt stigmatized. It was as though no one saw a future for her anymore.

“After I found out I was pregnant, the people in my community thought that I just dropped out of school and started spreading rumours saying that because I have a child now, I won’t go back to school,” she said. But Christabel was fortunate – with UNFPA’s support, she was able to return to school after having her baby. Now 18, Christabel is still in school and dreams of practising law to help others and support her child’s education. With support from the UNFPA Supplies Partnership, the flagship family planning programme of UNFPA, Christabel was able to access a long-acting contraceptive method to ensure that another unplanned pregnancy does not derail her goals: “I am glad that I have control over when I can have children because I can finish my education and find a job. And whatever my child needs, I’ll be able to provide for her.”



I. Equipping youth with the knowledge they need to make life-changing decisions

It is a sensitive issue in many countries. Still, comprehensive sexuality education (CSE) is a proven tool in helping young people gain agency over their bodies and, by extension, their futures. Knowing how pregnancy occurs and what you can do to avoid it is essential to prevent girls from dropping out of school due to unwanted pregnancy. Keeping girls in school for two years longer has been shown to boost economic growth as it improves women's chances of participating in the formal economy. In 2021, we continued to help countries adopt and implement a standardized CSE package. In a few countries (such as Burundi and Seychelles), the adaptation of the CSE package was country-led and owned and helped to solidify out-of-school youth CSE. ESARO also engaged health and education ministries and shared lessons from other countries and global guidelines to generate acceptance for school-based CSE.

m. Nothing for them, without them - national and regional youth networks strengthened

We support national youth networks, such as the East and Southern Africa Regional African Youth Adolescents Network on Population and Development (AfriYAN), to set up country chapters, train young people and participate in regional and global forums to voice the needs and concerns of youth. ESARO also supported the Youth-Led Accountability Model 2.0 (YLA-2.0) to equip youth leaders and activists from the region to hold governments and policymakers accountable for their commitment to adolescent SRHR and gender equality. Young people were also supported to undertake South-South learning through in-country missions from DRC, Lesotho and Botswana to Kenya, Madagascar, and Mauritius, respectively. ESARO support also led to a comprehensive review of National Youth Councils in the SADC region and the development of the SADC youth programme.



In October 2021, we organized a four-day national orientation workshop for the new cohort of the 2021-2024 Youth Advisory Panel (YAP) programme to induct youth leaders to UNFPA mandate areas and their role as advocates for

adolescents and youth health. Recruited from UNFPA priority districts, including national advocates, 23 vibrant young people are representatives from various youth-serving institutions, civil society organizations and citizen interest groups.

n. Digital solutions adopted to ensure wider access to comprehensive sexuality education

The TuneMe mobile site increased young people's knowledge of protective sexual behaviour and linked them to SRH/HIV services. Live in seven countries (Botswana, Eswatini, Lesotho, Malawi, Namibia, Zambia and Zimbabwe), TuneMe continues to expand and has informed the development of a starter pack on m-Health. During the COVID-19 pandemic, content on "Coronavirus and You" was added to the platform to raise awareness among young people. The animated AMAZE videos aimed at young people aged 10-14 years address sexual and reproductive health and life skills. They are used by teachers, out-of-school CSE facilitators, peer educators and parents to support the delivery of in- or out-of-school CSE through face-to-face or remote learning modalities. They are tailored to the specific social and cultural contexts of the ESA region and are available in English, French, Portuguese and Kiswahili.



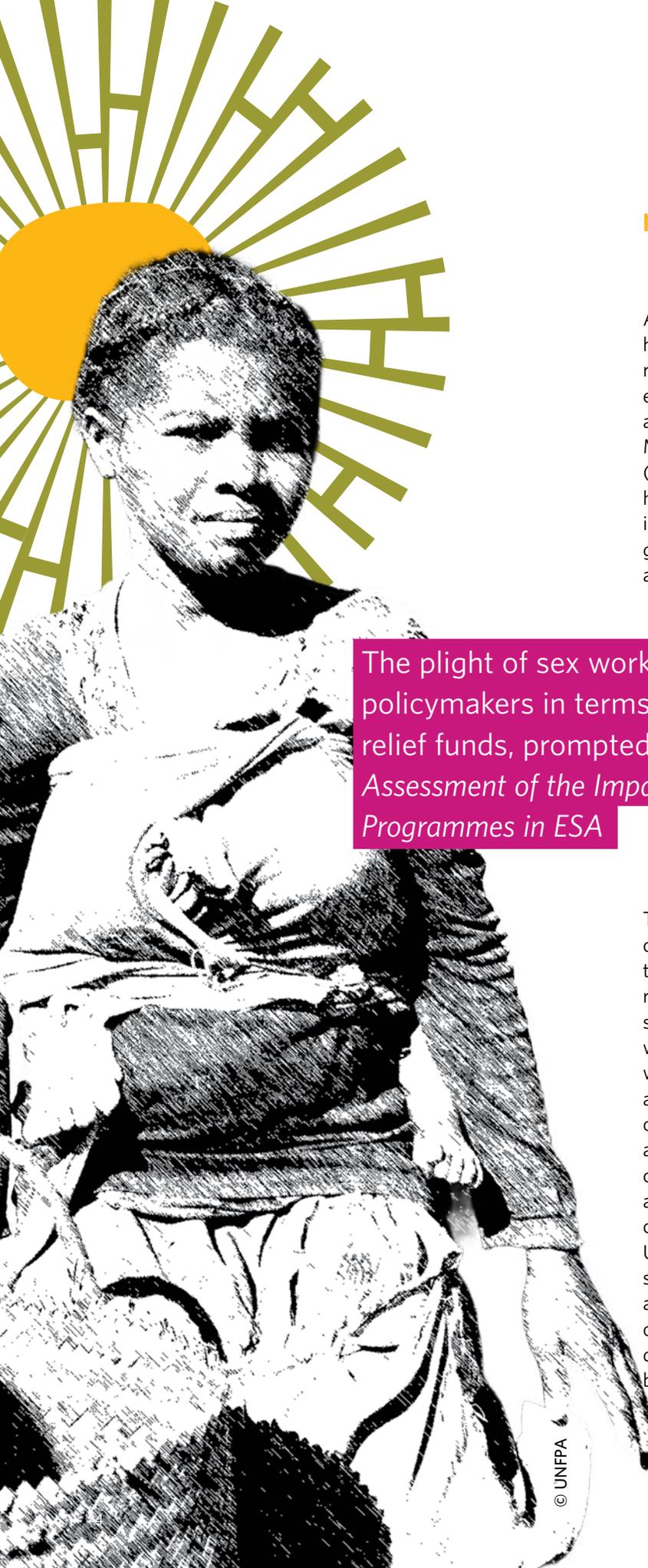
TuneMe was recognized as a **BEST-PRACTICE DIGITAL SOLUTION** for HIV prevention among young people and adapted as one of the WHO's M-Health tools

o. Menstrual health included in sexual and reproductive health

To be cared for and supported during their menstrual periods, girls, women and other people who menstruate need information and education free of stigma and taboo. They need to be able to consult a competent and caring educator, health worker or social worker, their peers, a parent or even a community leader when they have menstrual health and other related challenges. By championing the inclusion of menstrual health as a component of sexual reproductive health rights, we highlight the plight of girls who lack access to hygienic sanitary products and safe facilities to change and wash menstrual supplies safely and in privacy, especially in humanitarian settings. Together with the African Coalition for Menstrual Health Management and other partners, we convened the second African Symposium on Menstrual Health in May 2021, bringing together

717 participants from 75 countries worldwide, most of them from Africa. Our advocacy efforts have produced standards for washable and reusable sanitary towels and policy changes, including the removal of VAT on menstrual health products in Kenya, Lesotho, South Africa, the United Republic of Tanzania and Zimbabwe.

Trans people and nonbinary individuals who have the reproductive organs necessary to become pregnant also experience menstruation cycles and consequently, are at risk of unintended pregnancy, often through sexual violence or coercion or transactional sex in the face of workplace discrimination. Many prefer not to seek help for fear of ridicule or stigma. We use the term 'all people who menstruate' to acknowledge and include transgender people in our quest to #LeaveNoOneBehind.



p. Reproductive health-care services provided to marginalized and excluded groups

At UNFPA, we actively include sexual and reproductive health care for marginalized and excluded groups in regional programmes to ensure no one is left behind. For example, ESARO supported Madagascar in developing a national disability action plan and provided support to Mozambique in developing an adolescent programme (Rapariga Biz) focused on the sexual and reproductive health of vulnerable adolescent girls and young women in remote communities, as well as girls with disabilities, girls out of school, girls from poor households and those already in a marriage or who have had children.

The plight of sex workers who were largely neglected by policymakers in terms of allocating emergency COVID relief funds, prompted UNFPA to publish *A Rapid Scoping Assessment of the Impact of COVID-19 on Sex Worker Programmes in ESA*

The study found that the impact of COVID-19 containment measures was greater than the impact of the pandemic itself on sex workers' livelihoods, human rights and health. Lockdowns worsened criminalization, stigma, discrimination and violence towards sex workers, and increased exclusion from services. It was also found that sex worker HIV programmes are more effective if they combine prevention, community systems strengthening, peer education and microplanning, strengthened partnerships and coordination, and that sex workers are better protected and have better health outcomes if they have social capital and are connected to organizations. This is why UNFPA advocates for the inclusion of sex workers in social protection and humanitarian relief programmes and continues to champion the decriminalization of sex work and other efforts to reduce stigma and discrimination while providing support for community-based and community-led service delivery.



STELA VARELA

**MITCHA
NEIGHBOURHOOD,
LUBANGO, ANGOLA**

© UNFPA Angola/ Carlos Cesar

"I have had doors closed in my face many times, but my desire to bring knowledge to young people and adolescents in order to avoid unwanted pregnancy has no end," said Stela Varela, 28, an activist for the Youth Support Centre (CAJ) and a beneficiary of the Safeguard Young People (SYP) programme.

Stela applies the knowledge she has acquired in her seven years as an activist in her neighbourhood of Bairro da Mitcha, on the outskirts of the city of Lubango, in the province of Huíla. Helping her community — especially girls and young women — fills her with pride.

The biggest difficulty she faces is a lack of willingness among women to discuss the challenges of unintended pregnancy. It is not uncommon for her to be rejected when approaching a community to raise awareness on the negative effects of teenage pregnancy, for instance, or for mothers to refuse to let their teenaged daughters attend her behaviour change lectures.

While a lack of information and education may be the root cause that limits parents from being able to talk openly with their teenaged children about sexual and reproductive health, Stela remains undeterred. "I'm not going to give up on the girls. Getting them to participate in my lectures is my biggest challenge," she said.

Angola has one of the highest teenage pregnancy rates in the world. With a contraceptive prevalence rate of 14 per cent and an unmet need for family planning among

girls aged 15-19 of 43 per cent, teenage pregnancies continue to be taboo. This is the reason for the silence she experiences from the families she approaches in Mitcha's neighbourhoods.

Underlying factors for the high rate of teen pregnancies include limited knowledge of family planning, inadequate availability of commodities, limited access to skilled health workers, and insufficient household resources allocated to sexual and reproductive health. Teen pregnancy increases the existing vulnerability of girls, as pregnancy is often an impediment to continuing education, exemplified by the low literacy rates of only 37 per cent for young women aged 15 to 24.

The country has 10 million girls and women of reproductive age and, although 75 per cent of girls attend primary school, this proportion drops to around 16 per cent at secondary education level, which coincides with the age of first menstruation. High fertility rates and high levels of teenage pregnancy increase the risk of maternal mortality. In this context, behaviour change interventions are key to empowering young women and men to make better decisions to protect themselves. The SYP programme in Angola will reach 60,000 youths with training on sexual and reproductive health, trauma resilience and job skills, while providing an enabling environment by strengthening medical posts and training for health professionals.

Working with SYP

Through UNFPA's Safeguarding Young People (SYP) programme, sponsored by the Netherlands and implemented in partnership with the Government of Angola, Stela participates in youth empowerment sessions with girls aged between 11 and 23 years old at schools. The programme was designed to address the sexual and reproductive health needs and reproductive rights of adolescents and youth.

SYP empowers adolescents and youth to lead healthy lives, protect themselves from sexually transmitted infections (STIs) including HIV, unwanted pregnancy, unsafe abortion, early marriage, GBV and harmful practices. SYP promotes inclusion, gender equality norms and protective behaviours.

"My biggest dream as an activist is to be able to see these girls have a better future, graduate, have a good academic background, get married and set up their homes," says Stela.

TRANSFORMATIVE RESULT #2

ZERO maternal
deaths

85,637 WOMEN

in East and Southern Africa
die of maternal causes every
year, accounting for **66%** of all
maternal deaths globally

RESULT

to reduce maternal mortality
to 70 per 100,000 live births by 2030

In East and Southern Africa, a woman's chance of surviving childbirth depends largely on geography. Nowhere are regional differences in skills, resources and infrastructure more keenly felt than in the quality of care administered to pregnant women, mothers and infants. In South Sudan, for example, almost 1,500 out of every 100,00 women die each year in childbirth, compared to 61 in Seychelles, and 119 in South Africa. While the latter two compare favourably with the global average of 211, it is still staggeringly high compared to the single figures reported in The Netherlands and New Zealand (World Bank, 2017).

WHILE THE MORTALITY RATIO IN THE REGION HAS DECLINED 50 PER CENT FROM 848 DEATHS PER 100,000 IN 1994 TO 391 PER 100,00, IT IS STILL AMONG THE HIGHEST IN THE WORLD.

While our responses are tailored to the differing needs of each country in the region, we focus on the two things that have the ability to save the lives of mothers: competent, well-trained midwives and respectful maternity care. This is only possible when sexual reproductive health services are included in primary health care and Universal Health Coverage, which is why our advocacy efforts focus on expanding and establishing partnerships to end preventable maternal deaths. ESARO's 2018 survey of maternal and perinatal death and surveillance response (MPDSR) systems covered 20 ESA countries and informed an action plan to improve these systems and develop a database with resources, supplies, quality of care, preparedness for gender-based violence, post-abortion care and safe abortion. Training for ministries of health at regional and country levels introduced MPDSR into midwifery pre-service training in Burundi, Eritrea, Eswatini,

Ethiopia (where the need was greatest), Madagascar, Mozambique, South Sudan and Zambia. This support enabled some countries to introduce verbal autopsy, improve maternal and perinatal deaths notification and, during the COVID-19 pandemic, provide guidance to countries on how to capture COVID-19 as an underlying cause of maternal death. So far, four countries have MPDSR systems that fulfil all 10 criteria.

Skilled midwives hold the key to achieving zero preventable maternal deaths

When midwives are well trained, adequate in number, and appropriately supported to provide a better quality of care, they can avert about two-thirds of preventable maternal and newborn deaths. Unfortunately, in many underserved communities with high maternal and neonatal deaths, significant gaps remain in the availability of these essential health workers, falling well short of the World Health Organization's minimum recommendation of 4.2 midwives per 1,000 people.

The number of births assisted by a skilled attendant more than doubled from

42% TO **80%**
IN 2002 IN **2018**



Respectful care

Disrespectful maternity care is one of the root causes of maternal deaths. Making health systems generally more women- and girl-friendly includes ensuring the availability of products, providers and places of care. In the past few years, we have provided technical support to integrate respectful maternity care into national maternal health guidelines in Ethiopia, Kenya and Zambia and into nurse and midwifery training in the United Republic of Tanzania and Zambia. To build the capacity of countries during the COVID-19 pandemic, ESARO (in partnership with WHO) conducted virtual training to improve the quality of maternity care and set up a virtual e-Learning and m-Learning platform as part of our mission to strengthen non-discriminatory, people-centred approaches to deliver integrated quality information and services across the life cycle.



Michelle Simukayi, a third year nursing and midwifery student at Lewanika College of Nursing and Midwifery, demonstrates the neonatal resuscitation process.

ZAMBIA HAS MADE SIGNIFICANT STRIDES IN THE PAST TWO DECADES TO

IMPROVE MATERNAL AND NEWBORN HEALTH OUTCOMES.

The maternal mortality rate dropped nearly 300% in 16 years from 729 deaths for every 100,000 live births in 2002, to 278 deaths per 100,000 in 2018.

This is largely thanks to upgrades to midwifery programmes. With support from UNFPA, Lewanika College of Nursing and Midwifery, upgraded its Enrolled Nursing/Midwifery Programme to the Registered Nursing/Midwifery Programme in 2016, and introduced the Direct Entry Midwifery Programme two years later to increase the number of trained midwives across the country.

With financial support from the Maternal Health Trust Fund (MHTF), UNFPA procured and delivered training models for use in the skills lab, as well as textbooks and other ICT equipment for use by students at the school. UNFPA is also providing scholarships for in-service student midwives. Since 2018, 215[GS1] midwives supported by UNFPA have graduated from the school, and are currently serving in Western Province, including in hard-to-reach communities.



Michelle Simukayi
MONGU, WESTERN PROVINCE,
ZAMBIA

© UNFPA Zambia

“Growing up in a remote village, I witnessed my grandmother, a traditional birth attendant, assisting women and girls to deliver babies. She would perform these deliveries at home, using local herbs to try and address complications,” said Michelle Simukayi, a third-year student at Lewanika College of Nursing and Midwifery in Western Province.

“Many mothers and their newborns lost their lives during pregnancy and delivery. This made me sad. I was determined to become a midwife to save the lives of women and girls in remote rural areas.”

She observed how the lives of pregnant women in her village in Shibuyunji District of Central Province were at risk due to limited access to information and long distances to health facilities and decided to do something about it. After completing high school, she began researching the topic of maternal deaths and came across a book, *Sellers’ Midwifery*, by Pauline McCall Sellers. It changed the course of her life.

While studying full-time, she also provides information and services to women, young people, and newborn babies at Lewanika General Hospital. Here, her experience has made her aware of the diverse challenges faced by nurses and midwives in the call of duty, especially in remote rural facilities. She remains optimistic about her chosen career and looks forward to completing her studies so that she can begin saving lives in earnest.

IN PRAISE OF MIDWIVES

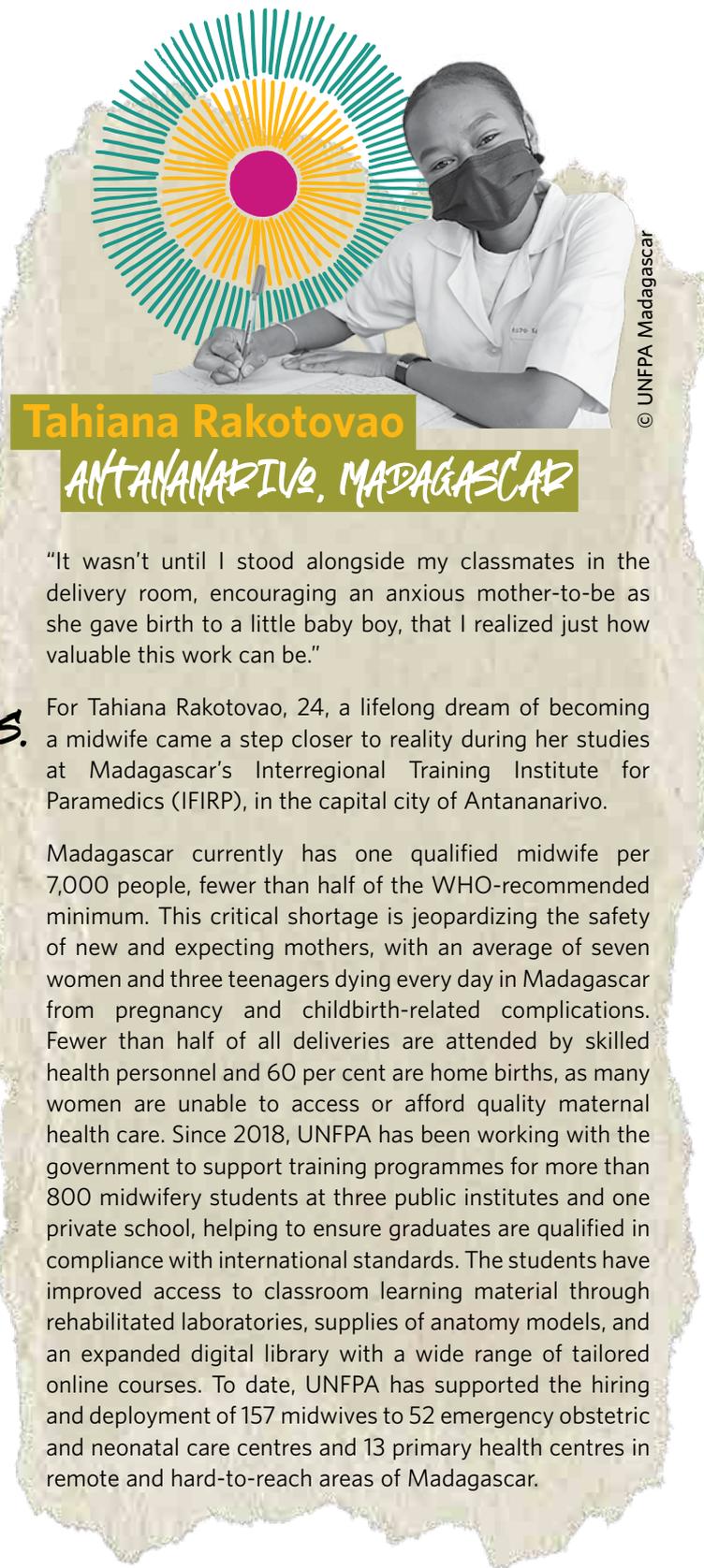
The 2021 State of the World's Midwifery report affirms that if we increase the number of midwives and the quality of care they provide, we will save an estimated 4.3 million lives a year by 2035. Universal coverage of midwife-delivered interventions by 2035 would avert 67 per cent of maternal deaths.

Such achievements depend on midwives gaining better education and training, along with comprehensive and supportive workplace regulation. They must have a greater role in professional leadership and governance, and scope to use their unique experience to drive advancements in health policies and service delivery.

MIDWIVES OFTEN WORK UNDER EXTRAORDINARY CIRCUMSTANCES.

They may walk miles to reach women or open space in their own homes to help them safely give birth. They have faced increasing pressure during the COVID-19 pandemic, and heightened inequalities in their workplaces. Often short on protective gear, and with less access to vaccines than other health-care workers, midwives have put their own lives at risk serving others.

Such dedication is an invaluable resource, yet too many health systems depend on it without commensurate backing of midwifery as a profession. Failure to do so will short-circuit ambitions to reach the goal of zero preventable maternal deaths by 2030.



Tahiana Rakotovoao

ANTANANARIVO, MADAGASCAR

"It wasn't until I stood alongside my classmates in the delivery room, encouraging an anxious mother-to-be as she gave birth to a little baby boy, that I realized just how valuable this work can be."

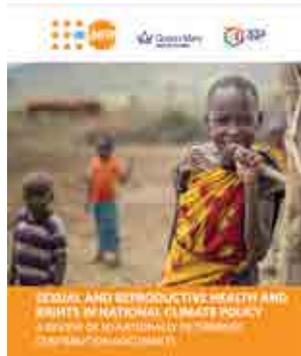
For Tahiana Rakotovoao, 24, a lifelong dream of becoming a midwife came a step closer to reality during her studies at Madagascar's Interregional Training Institute for Paramedics (IFIRP), in the capital city of Antananarivo.

Madagascar currently has one qualified midwife per 7,000 people, fewer than half of the WHO-recommended minimum. This critical shortage is jeopardizing the safety of new and expecting mothers, with an average of seven women and three teenagers dying every day in Madagascar from pregnancy and childbirth-related complications. Fewer than half of all deliveries are attended by skilled health personnel and 60 per cent are home births, as many women are unable to access or afford quality maternal health care. Since 2018, UNFPA has been working with the government to support training programmes for more than 800 midwifery students at three public institutes and one private school, helping to ensure graduates are qualified in compliance with international standards. The students have improved access to classroom learning material through rehabilitated laboratories, supplies of anatomy models, and an expanded digital library with a wide range of tailored online courses. To date, UNFPA has supported the hiring and deployment of 157 midwives to 52 emergency obstetric and neonatal care centres and 13 primary health centres in remote and hard-to-reach areas of Madagascar.

What's climate got to do with it?

UNFPA has been instrumental in making the connection between climate change and the impact on maternal and neonatal health.

- Heat and air pollution are linked to higher rates of miscarriage, preterm birth and poorer neonatal outcomes.
- Increased poverty and food insecurity, driven by climate-related loss of livelihoods, also impacts maternal mortality.
- Global heating impacts the patterns of vector-borne diseases, such as malaria, with negative outcomes such as maternal illness and low birth weight.
- Access to fresh and clean water has implications for maternal health care and is required for safe births and pregnancies. The negative impacts of salinized water intake on pregnancy outcomes have also been documented.
- Women and girls play a critical role in ensuring families have safe and clean water, and in providing the family care functions, they often deprioritize their own SRHR needs.



In 2021, UNFPA, in collaboration with Queen Mary University of London, published a review and systematic content analysis of sexual and reproductive health and rights references and related thematic areas in the Nationally Determined Contribution Documents (NDCs) of 50 countries. Nationally Determined Contribution documents or Intended Nationally Determined Contributions are some of the most central and globally representative climate policy documents.

Submitted every five years, they reflect the national climate plans of countries that have ratified the Paris Agreement and indicate their voluntary commitment to meet the agreed goals.

National climate policies play a key role in determining responses to climate change, including plans to build adaptive capacity and resilience. The evaluation of national climate policies with a specific focus on health, including sexual and reproductive health and rights issues, can provide important information on gaps and areas of potential improvement to ensure healthy and resilient communities.

The report concluded that while six out of the 50 NDCs included references to aspects of SRHR, there is scope for greater and more meaningful inclusion of the full range of SRHR. Maternal health was the most commonly cited area of SRHR, with access to family planning services, gender-based violence, and people living with HIV also referenced. Gender-based violence represents a key intersection of SRHR and climate change as it is known to increase during times of stress and scarcity and following disasters, yet only one of the NDCs reviewed made reference to GBV.



MERHAWIT GEBREMEDHIN

**SHIRE, TIGRAY,
ETHIOPIA**

© UNFPA Ethiopia

“When the conflict broke out, I was two months pregnant. We were forced to flee and walk for days under the blazing sun to reach safety and protection,” said Merhawit Gebremedhin, who is from Dansha in Western Tigray, the Ethiopian region that has been caught up in conflict since November 2020.

Merhawit was an accountant and had saved up to give her baby a safe, loving home and a promising start, a dream shattered by war.

“You never know when life is going to turn its back on you. I left everything I had worked so hard for behind to save my life and that of my baby. This is all I have,” she told UNFPA, pointing to a few belongings in a bag.

Today, the 23-year-old lives with her husband in a school in the town of Shire. It is one of the many temporary shelters established to host people and families displaced by the crisis. Across Tigray, it is estimated that more than 1,900,000 people have been internally displaced and are now living in congested and sub-standard collective centres, including schools and churches.

With her baby due any day now, she is preoccupied with one thought: What will become of her child?

“I think about my situation day and night. How am I going to keep my baby alive with no income and living in such gruelling conditions?”

Maternal health at risk

Nearly eight months of conflict have taken a serious toll on health facilities across the region. Today, only 59 per

cent are functional, and only four are able to perform surgical procedures for pregnant women experiencing complications, such as Caesarean sections, blood transfusions and other emergency obstetric care.

“I was really scared to give birth in Dansha. What if I got sick, or I needed an operation? What would I do then?”

Many facilities have seen extensive infrastructure damage, and others have been looted for medical equipment and supplies.

“Before the conflict, there were five primary hospitals around this area and now all of them have collapsed,” said Dr. Berhane Tesfay, the medical director of Suhul Hospital in Shire. Those hospitals that are still operational, like Suhul, are overwhelmed. “We are saturated. The service demand, especially in maternal health, is appalling.”

“We have gone from 260 to 600 deliveries per month. Complications have doubled. Our C-section procedures have increased from two to four or five per day since the conflict erupted,” said Berhe Weldu, a UNFPA-supported midwife providing support at Suhul Hospital.

“We are losing all the gains on reducing maternal mortality. In this hospital, we have gone from losing six women per year to 15 in just seven months of conflict. And we don’t know how many have died in their homes or on their way to a health centre,” Dr. Berhane said.

Building back the capacity to save lives

In addition to Suhul Hospital, UNFPA is supporting 38 facilities across Tigray. Each faces serious challenges.

“We are doing the impossible every day to ensure services are available to save lives,” said Berhe, one of 20 midwives UNFPA has deployed so far.

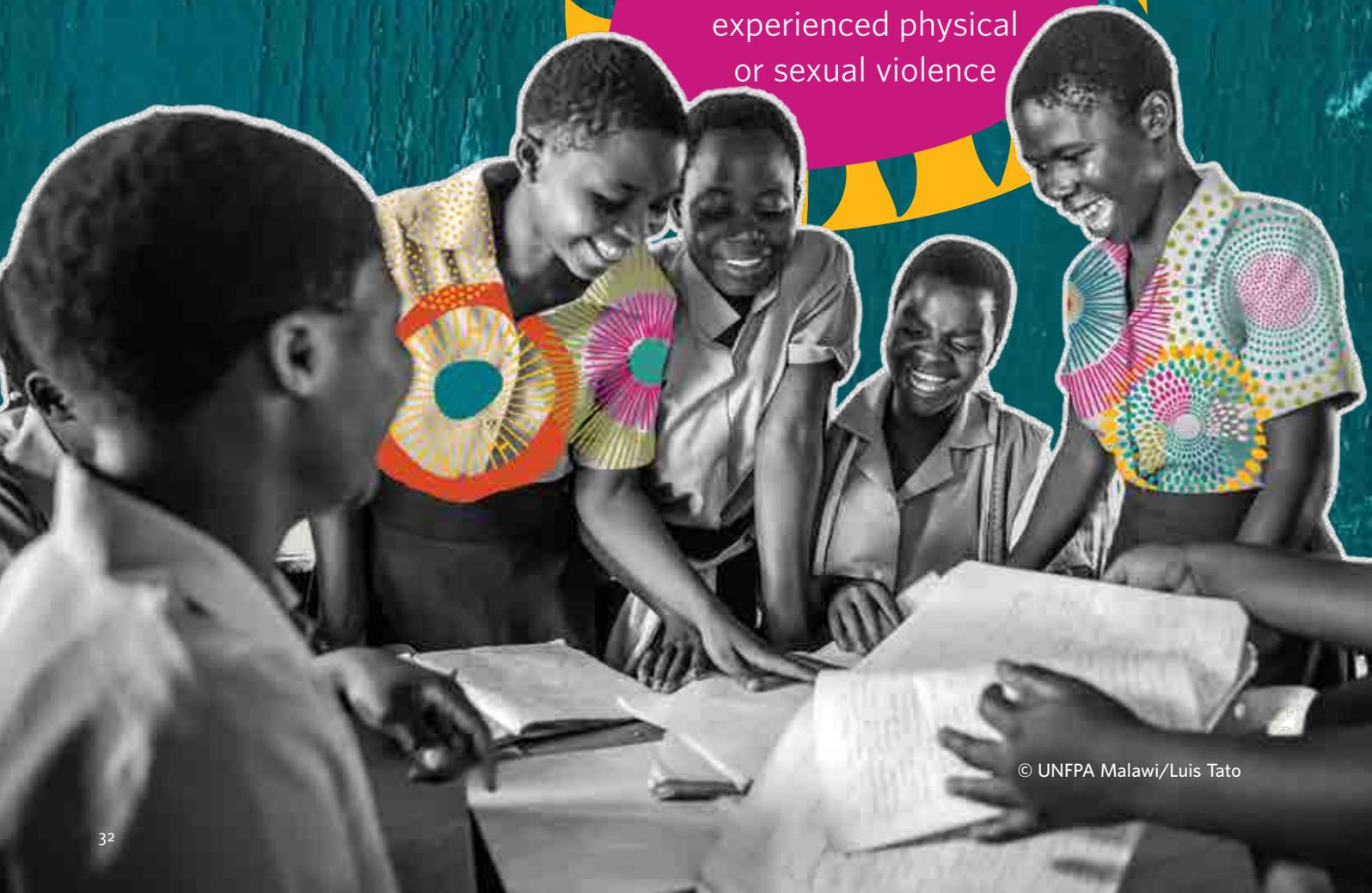
UNFPA is set to deploy 60 more midwives and also plans to scale up the provision of medical supplies and equipment. Seven maternity waiting homes — which provide pregnant women room and board in close proximity to a health facility — and seven mobile health teams are also being established to meet sexual and reproductive health needs in the region.

Health workers have not lost hope: “Every time I can save a life or help someone like Ms. Merhawit, I feel really proud of what I do. We won’t stop until we can ensure every childbirth is safe again in Tigray.”

TRANSFORMATIVE RESULT #3

ZERO gender-based
violence and related
harmful practices

ONE IN THREE -
the number of women
in the region who have
experienced physical
or sexual violence





5 COUNTRIES (Eritrea, Ethiopia, Kenya, Uganda and the United Republic of Tanzania)

REPORT FEMALE GENITAL MUTILATION practices, with **88.7%** recorded in Eritrea and **74.3%** in **Ethiopia**

While gender-based violence affects women and children of all ages, in East and Southern Africa, adolescents and young women are particularly at risk. Harmful practices, including female genital mutilation and child marriage, have significant consequences on agency and bodily autonomy, impacting women's health and their right to choose when, if and how many children they wish to bear.

The good news is that thanks to significant advocacy at national level and working with partners on the ground, gender-responsive legislation and policies are increasing in reach and momentum. In sub-Saharan Africa, around 65 per cent of countries have laws specifically criminalizing domestic violence. Legislation is, however, often limited in scope and coverage or is not enforced. Across countries, domestic violence legislation varies greatly in scope and applicability. Only 37 per cent of the sub-Saharan African countries have laws covering physical, sexual, psychological, and

economic violence. Quality integrated and multisectoral prevention responses aimed at preventing GBV, female genital mutilation and child marriage continue to evolve. Data from the World Bank (2017) show that globally, 112 countries do not criminalize marital rape. On average, only four in 10 women exposed to violence sought help, and only 6 per cent sought help from police, lawyers, religious leaders or health professionals. In most countries with available data, fewer than 10 per cent of adolescent girls aged 15 to 19 years who experienced forced sex sought professional help.



9% of girls aged 20 to 24 years are married before the age of 15 while **35%** are married before the age of 18

PRIORITY INTERVENTIONS

to ending GBV and all harmful practices



© UNFPA Kenya/Luis Tato

a. National action plans to end child marriage costed

After months analysing national budgets allocated to ending child marriage in countries such as Mozambique, Uganda and Zambia, our regional team found that activities aimed at preventing child marriage are often small in scale, lack clear costing methods and are not linked to national development plans. ESARO developed guidelines to help inform national budgeting processes for child-marriage action plans and provided technical support to countries to review and develop costed national action plans on ending child marriage.

b. National human rights institutions strengthened

We help governments advance sexual and reproductive health and rights laws, strengthening the capacity of national human rights institutions to advance gender equality and the empowerment of women and girls. Case studies on effective interventions in Kenya, Madagascar, Namibia, South Africa and Uganda provided guidance and key lessons to other countries on the advancement of sexual reproductive health and rights.



**Kenathata
Moisaakamo**
SELOKOLELA,
BOTSWANA

© UNFPA Botswana



Kenathata Moisaakamo was too ashamed to tell her parents that she had started menstruating because of her peers' stories that periods indicate when a girl becomes sexually active. At her school in the small settlement far from the capital city, Gaborone, Kenathata, now 13, had learned briefly about menstruation in class. Because she had never had a conversation with anyone in her family to prepare her for her first period, she felt scared and embarrassed and decided to keep it to herself. To cope with the bleeding, she cut a piece of cloth from an old t-shirt.

So, it was a relief when her older sister, Ogaufi, asked about the bloodstains on her clothes during her third monthly cycle. Even though the conversation was awkward, it meant that her sister would help her get sanitary pads and inform her mother of her needs going forward. Another hurdle awaited though. Fearing that she might be ridiculed by her peers if they found out she was menstruating, she pretended to be sick in the first few months while having her period. She skipped school.

In their community, menstruation and sexuality are considered taboo and because of this, their family has never had open conversations on these topics, said her sister, Ogaufi.

"Menstruation is still considered a secret that is hardly discussed. When I got my first period I was also ashamed of informing my mother. And when I finally told her, she only warned me against playing with boys as it would 'get me pregnant'," Ogaufi said.

Why the shame and secrecy surrounding periods?

The two sisters are not alone in experiencing this. Many girls in Botswana have their first period before their parents talk to them about it. This is because periods have long been associated with shame, secrecy and misinformation, largely due to the prevailing conservative cultural attitudes. It means that girls are afraid to inform their parents or guardians when they start menstruating. As a result, they don't get the assistance they need to manage their menstrual health right from the start.



© UNFPA South Africa/Volume Photography

Ayanda Makayi

JOHANNESBURG, SOUTH AFRICA

Engaging men to end gender-based violence

"I am on a journey to explore what makes a man in a climate of gender-based violence. And I am worried about how I am going to raise my son," said Ayanda Makayi, one of the South African artists raising their voices to end gender-based violence in the documentary, *What Makes a Man*, by MTV Shuga in collaboration with UNFPA and Meta (formerly Facebook),

Ayanda Makayi, actor and influencer, reflects on his upbringing and the man he has come to be: "We, as humans, need to re-evaluate our culture and take the good from it, and leave out the negatives that don't seem to help in creating a healthy society."

MTV Shuga in partnership with UNFPA, hopes to change the narrative of gender-based violence in East and Southern Africa. The partnership is supported by the UNFPA and UNICEF Joint Programme on empowering women and girls to realize their sexual and reproductive health and rights in South Africa. It is also funded by the UNFPA regional flagship Safeguard Young People (SYP) programme.

Although filmed in South Africa, its message will resonate across countries and continents, as GBV is a global phenomenon.

c. Cross-border programmes established to help end female genital mutilation

Cutting sessions are often conducted in hiding and across borders to evade legal consequences. During and post COVID-19, ESARO supported 16 cross-border initiatives to help put an end to female genital mutilation.

d. Shining a collective spotlight on gender-based violence

Burundi, Madagascar, Mozambique, Mauritius, South Africa, South Sudan, Zambia and Zimbabwe were among the countries assisted by UNFPA to set up national systems to collect, analyse and disseminate data on gender-based violence as part of the Spotlight Initiative. The Spotlight Initiative is an unprecedented global effort to invest in gender equality and women's empowerment as a precondition and driver for achieving the SDGs. It leverages the expertise of UNFPA, UNICEF, UNDP and UN Women, ensuring results that they could not necessarily achieve on their own.

e. National guidelines developed on clinical management of rape

ESARO supported 16 countries in the region to develop and implement national guidelines on the clinical management of rape, which were mainstreamed into countries' national gender-based violence prevention and response mechanisms. Several health practitioners received training in the correct care and treatment of girls and women who experience gender-based violence.

In seven countries in the East and Southern Africa region, about 20 per cent of people aged 15 to 24 years reported that they had experienced sexual violence from an intimate partner. Sexual violence against early adolescents aged 15 years and below is highest in the conflict and post-conflict countries of the DR Congo, Mozambique, Uganda and Zimbabwe. Women and girls with disabilities are estimated to be up to 10 times more likely to experience sexual violence, with a range of 40 to 68 per cent of girls with disabilities below 18 experiencing sexual violence. Fewer than 10 per cent of adolescent girls aged 15 to 19 who experienced forced sex asked for professional help, due to fear, stigma, discrimination and a lack of services.



RUTH

**ABIM DISTRICT,
NORTHERN UGANDA**

Fourteen-year-old Ruth (not her real name) dreams of becoming a pilot, but last year she discovered her mother's plans to marry her off — to a man more than twice her age. This spelled disaster for her aspirations, as girls who marry while in school usually fall pregnant and drop out, ending their education and jeopardizing their health.

"I was at home reading my books when a certain man came, and my mother welcomed him. Then she told me, 'this is your husband'. She wanted two goats and a little money from him. But I refused," Ruth said.

I didn't want to get married nor pregnant and risk suffering complications of teenage pregnancies, like fistula. I need to continue my education.

A primary five pupil and a member of the Agile Empowerment and Livelihood for Adolescent (ELA) club in Agule village, in Morulem parish in north-eastern Uganda, Ruth resisted.

"I told her I am just 14-years-old and so young to get married. I didn't want to get married nor pregnant and risk suffering complications of teenage pregnancies, like fistula. Besides, I need to continue with my education."

Furious that her daughter was disobeying her, Ruth's mother sent her away from the house. Ruth found support at the home of Medesta Adero, an Agile ELA club mentor.

Just like many ELA clubs across Uganda, the Agile club empowers adolescent girls by providing them with life skills, including sexual and reproductive health information on topics such as teenage pregnancy, child marriage, menstrual hygiene, family planning, and prevention of gender-based violence. The clubs also teach livelihood skills, including financial literacy and provide support to business start-ups.

According to Pamella Alanyo, Programme Officer at BRAC Karamoja sub-regional office, the girls are empowered holistically, including with leadership skills.

The girls build self-esteem. They are mentored to become more confident, to stand out and resist.

"It is from this kind of participation that the girls build self-esteem. They are mentored to become more confident, to stand out and resist, and to speak to fellow peers, parents, and the community on the challenges that girls face when they are not protected from abuse," she said.

At the Agile club, Ruth works to speak to her peers in the community. "We create awareness about the dangers of child marriage, and teach other girls how to make sanitary pads, among other livelihood skills," she said.

"My dream is to become a pilot. I am going to study hard. I will be a powerful and great woman in future to fight child marriage, defilement, teenage pregnancies and gender-based violence," she said.

In 2021, a total of 300 clubs were formed, hosting 11,000 vulnerable girls in the Karamoja sub-region. They learned livelihood skills, such as tailoring and selling household items and food. In December, 1,750 adolescent girls aged 14-24 graduated from 70 clubs across Uganda, following a 12-months empowerment programme.

The clubs are facilitated by BRAC Uganda, with support from UNFPA, and with funding from the Austrian Development Agency, European Union Spotlight Initiative, and Swedish Embassy, under the United Nations Joint Programme on Gender-Based Violence.

f. Ensuring access to essential services during the COVID-19 pandemic

ESARO helped 13 countries integrate gender-based violence into their national COVID-19 response and recovery plans, including support for gender-based violence hotlines, police officer training, shelters, and radio messaging. Additionally, UNFPA ESARO ramped up gender-based violence services in hard-to-reach places, supporting GBV mobile clinics, mobile one-stop centres, e-justice services and mobile courts to fast track GBV cases. In Zimbabwe and Uganda, for example, mobile one-stop centres ensured that essential services and dignity kits remained accessible to women and girls.

g. Roll-out of essential service package for women and girls subjected to violence

ESARO advocates for essential health services to include sexual and reproductive health services, which are often overlooked, with staggering consequences, notably a rise in unintended pregnancies, higher risk of maternal death, and increases in child marriage and gender-based violence. ESARO trained and equipped government workers to roll out effective multisectoral responses to violence against women and girls using the Essential Service Package provided to all women and girls who have experienced gender-based violence. The training included health, youth, police, justice, one-stop centres and community service providers, strengthening government capacity to actively use these modules to bridge the gap between international commitments to ending and responding to gender-based violence and the reality on the ground.

h. Model law on gender-based violence developed

ESARO assessed existing gender-based violence laws and supported the development of a regional model law on gender-based violence that will cover 16 countries to promote accountability for country responses to gender-based violence.

i. Partnerships with the women's movement prioritized

We recognizes the importance of reaching out and nurturing new partnerships with the women's movement, recognizing their key implementation, advocacy and watchdog role in motivating governments to play their part in ending gender-based violence, female genital mutilation and other harmful practices.





DEBORAH NASSANGA KAMPALA, UGANDA

What if girls and women who are at risk of or have survived female genital mutilation (FGM) could receive help and support right when they need them? This challenge led to a Ugandan team creating a mobile app to link FGM survivors and at-risk girls with services in real-time. The multilingual app, Axces mobile, has earned social entrepreneur Joseph Mulabbi and his team of developers a runner-up prize in UNFPA's FGM Hacklab. His inspiration for Axces Mobile comes from a deeply personal experience:

"While at school, a friend (from the Sabyin tribe in Kapchorwa, Eastern Uganda) lost her sister at the age of 16 after she underwent FGM. With the nearest health centre over 20 km away, and with a poor road network, the girl bled to death while being rushed to hospital.

"When I read about the FGM HackLab, I had a flashback to what I had witnessed years back. I tasked myself to do something to help girls and women access services when they need them. My solution had to be one that is very simple in terms of cost and ease of use, even for those with no access to smartphones or the Internet."

The national prevalence rate for FGM in Uganda is just 0.3 per cent, yet in the six districts where it is practised, the rate is much higher. In Kapchorwa, 13 per cent of girls and women undergo FGM, according to the 2017 Female Genital Mutilation/Cutting survey report by the Uganda Bureau Of Statistics and UNICEF.

Axces Mobile enables the user to make a toll-free call to a community volunteer (village volunteer agent) to report incidences of FGM. The agent then identifies the type of service required and connects the survivor with a service provider.

Fellow Ugandan innovator Deborah Nassanga and her team created an app based on her personal experience of a family member who underwent FGM. Her innovation, HERStory! enables girls and women to report FGM anonymously.

The FGM Innovation HackLab, a youth-led initiative, was launched in September 2021 by UNFPA East and Southern Africa Regional Office, in partnership with the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation and the Spotlight Initiative Africa Regional Programme.

More than 100 innovative ideas on how to address FGM were received from young people in 18 countries across Africa.

"THIS IS NOT JUST ABOUT WINNING. IT IS ABOUT YOU HAVING THE COURAGE TO COME TOGETHER TO FIND A SOLUTION TO THIS CRISIS."

The overall winner of the hacklab was Nigerian team Family360, whose SmartRR mobile application also helps survivors of female genital mutilation access services. The winning teams received seed funding of \$50,000 and mentorship support.

j. Men engaged in sexual and reproductive health

In recognition of the importance of men's involvement in sexual and reproductive health, UNFPA ESARO works with the Men Engage Alliance to involve men in the removal of harmful cultural practices, including gender-based violence, child marriage, and female genital mutilation.

k. Using data to identify and help those most at risk

Our activities highlighted the need for more innovative approaches to data collection and disaggregation in the

region. Helping governments to gather better quality, disaggregated, intersectional data for decision-making, monitoring and evaluation of GBV programmes is a key priority going forward.

l. Harnessing the power of technology to defeat child marriage

In Mozambique, Uganda and Ethiopia, the UNFPA-UNICEF Global Programme to End Child Marriage in East and Southern Africa has successfully used digital tools to reach millions of young people with information on child marriage, GBV and COVID-19. Young people also exchange ideas and receive support through social media, text messages and helplines.

DATA FOR DEVELOPMENT

WATCH THIS SPACE

The first step to leaving no one behind is to ensure that everyone, everywhere, is counted and accounted for

The timely availability of data, statistics, and evidence to guide decision-making towards attaining SDGs, and universal SRHR is therefore critical to our work. Our vision is to become the go-to UN 'data agency' for all aspects of data related to SRHR. This means moving beyond our focus on population and housing census to include population vulnerability dashboards and an overall population data platform for sustainable development.

Since we rely heavily on government partners in the region to provide population data, our focus will include boosting national statistical data capacity in line with the Paris Declaration principles to meet the evolving needs of the data ecosystem to allow for the advanced curation and use of disaggregated and georeferenced population data to guide targeting and inclusion of marginalized, vulnerable and underserved populations





YENSEN NYIRENDA

**MZUKUZUKU,
MZIMBA DISTRICT,
MALAWI**

© UNFPA Malawi

On her 16th birthday, Yensen Nyirenda was getting ready to be married. Her marriage was hastily arranged after her family discovered that she was pregnant and, as per local custom, she had to go and live with her husband. When she was 15, Yensen fell in love with a boy aged 17. Their flirtation soon led to her becoming pregnant. During the first days of their marriage, all seemed to be going well. However, within a few months, things took an ugly turn when her husband started abusing her physically.

“His change of character was so sudden,” says the now 18-year-old mother of one. “He would come home drunk and beat me, saying I should go back to my parents.”

Yensen’s husband didn’t have a reliable occupation and he survived by doing menial labour. With no stable income, and with pressure piling on him to take care of his new family, he started drinking excessively.

Nor could she return to her parents’ home as her in-laws had paid a bride price for her.

“In our culture, it is a disgrace to the family, and the community to walk away from marriage when you are a girl or woman,” she says. “You are treated as an outcast or a person of loose morals. That’s why I decided to stay (in the marriage).”

The beating and verbal harassment continued for months, until a Spotlight Initiative mentor and a mothers’ group in the area got wind of what was happening to Yensen.

Together with a team from the social welfare department, they visited Yensen and had a meeting with her in-laws and husband. The team stressed that Yensen was too young to be married and it constituted a crime to keep her as someone’s wife. Afraid of consequences, the in-laws relented. Now, Yensen is back in school. In the afternoon, she takes part in the safe space sessions implemented by the Spotlight Initiative in her village. Safe spaces are places where women and girls can receive information and access services that promote healing and empowerment.

Despite having moved on from the marriage, it hasn’t been easy for Yensen to juggle the roles of motherhood and student. Her peers at school believe she should stay at home and take care of her child.

SPOTLIGHT INITIATIVE HELPS TO END CHILD MARRIAGE

Yensen’s story is all too common. In 2021, the Mzimba South District Social Welfare Office managed to withdraw 188 children from child marriages, out of 320 verified child marriages in the district.

And Spotlight Initiative mentors have been working with government officials, helping them withdraw girls from early marriages. Led by UNFPA, the Safe Space Model forms part of activities under the Spotlight Initiative being implemented by the United Nations, the Government of Malawi, civil society organizations and other partners, with support from the European Union. The model aims to increase the capacity of mentors on safe space mentoring, for greater uptake of sexual and reproductive health and gender-based violence services.

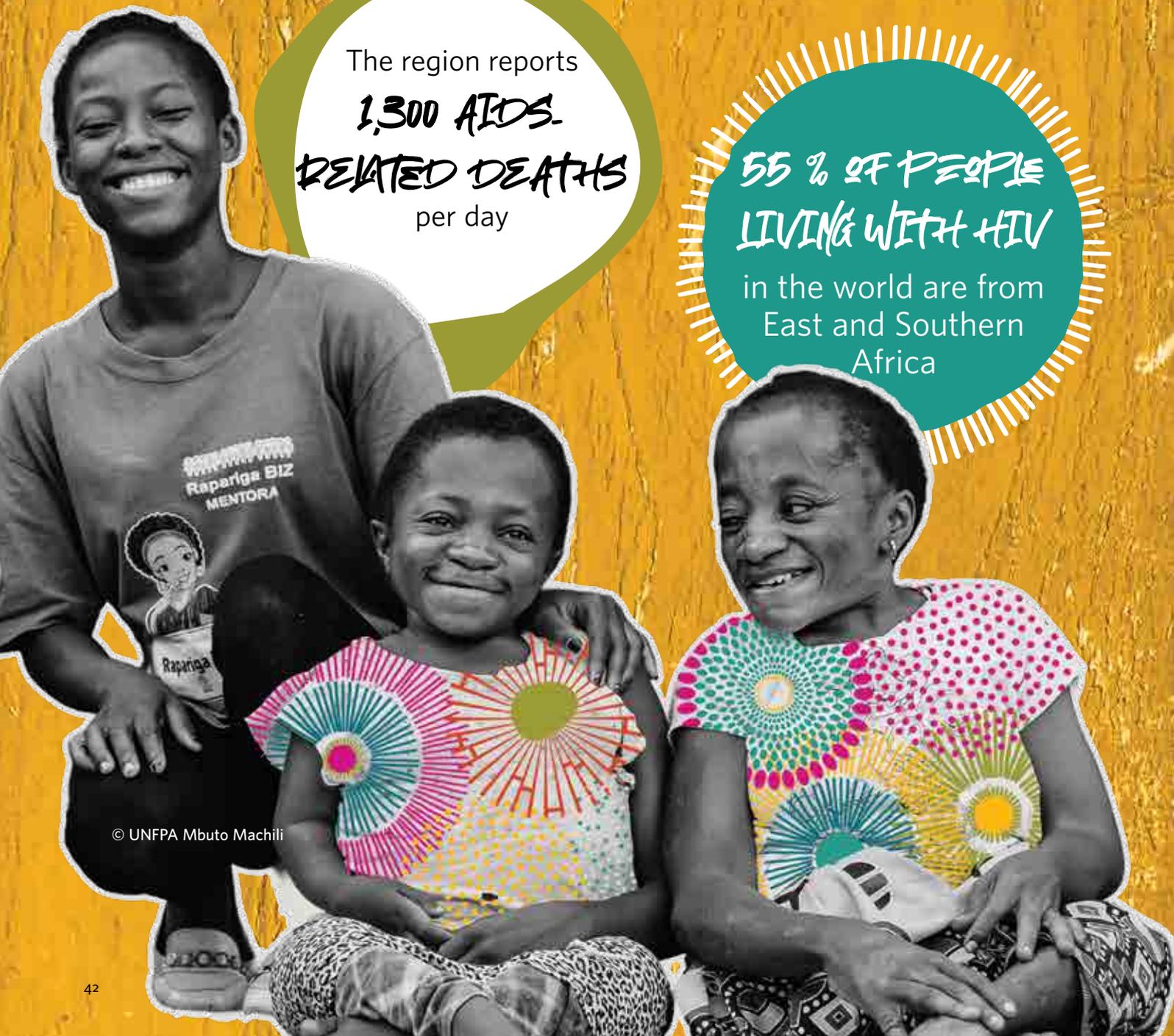
REGIONAL RESULT

ZERO sexual transmission of HIV

The region reports
1,300 AIDS-RELATED DEATHS
per day

**55 % OF PEOPLE
LIVING WITH HIV**

in the world are from
East and Southern
Africa



Key populations and their sexual partners accounted for 32% of new infections in 2020

East and Southern Africa, which accounts for less than 8 per cent of the world's population, remains the epicentre of HIV, with 20.7 million people living with HIV. This represents 55 per cent of the number of people living with HIV in the world. Fifteen of the top 28 countries in the world with HIV infections are in the region. Of the 15 countries, eight — Botswana, Eswatini, Lesotho, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe — have the highest prevalence rate in the world, ranging from 11 per cent to over 26 per cent among adults.

Around the world, the COVID-19 pandemic has reversed some of the hard-won gains in the global HIV response. In East and Southern Africa, which is home to more than half of all people living with HIV, the impact of COVID-19 has been especially severe, limiting access to HIV treatment, and disrupting sexual and reproductive health services, including HIV. In a region where HIV remains the single largest source of - (life-years-lost) particularly among young people and people of reproductive age, getting the HIV programme back on track is critical to meeting the Transformative Results and the SDGs.

Despite significant progress in reducing new infections, East and Southern African countries, like the rest of the world, failed to meet their 2021 HIV targets. While COVID-19 contributed negatively to primary prevention, mainly through service disruptions and economic challenges, the fact is that investment in primary prevention by national governments and donors is insufficient, comprising less than 15 per cent

of total HIV investment. Outdated legal and policy environments that require third-party authorization for accessing sexual and reproductive health services continue to deny many adolescent girls and young women the information and services they need to stay healthy and HIV-free. In addition, punitive laws, policies and practices affecting key populations block their access to HIV-related services.

This is particularly true for laws and policies that criminalize sex work and same-sex relationships. Critically, most ESA countries have not put in place systems to systematically implement large-scale primary prevention. Most national programmes lack national prevention frameworks that define population and location priorities; national and subnational prevention targets against which programmes are implemented; evidence-informed design of services and demand creation; and defined service packages and standard operating procedures. These are key target areas for UNFPA ESARO going forward.

WOMEN COMPRISE THREE IN FIVE NEW HIV INFECTIONS AMONG ADULTS IN THE REGION.

while females between 15 to 24 years old are 2.6 times more likely to acquire HIV than their male peers. HIV prevalence among sex workers in Lesotho is estimated to be over 70% compared to 26% of the adult population.

Two in five new HIV infections are among youths aged 15 to 24 years

PRIORITY INTERVENTIONS

to ending Sexual
Transmission of
HIV





In support of UNAIDS, the lead UN agency on the prevention of HIV/AIDS, UNFPA has drawn up a framework to guide HIV prevention in the decade of action. Developed in 2019/2020 by UNFPA ESARO following a broad participatory process, it is an advocacy-driven, stakeholder-led, multi-sectoral, collaborative approach that is fully aligned with the priorities of the Global HIV Prevention Coalition and existing and emerging normative guidance, including the UNFPA Strategic Plan 2018-2021 and the 2016-2021 UNAIDS strategy towards ending AIDS.

The Framework sets out the priority commitments and actions to be taken by UNFPA offices to help countries in East and Southern Africa scale up the five HIV global prevention pillars. Within the UN Division of Labour, UNFPA is uniquely placed to take the lead on three of them, namely adolescent girls, young women and their male partners; key populations of sex workers, men who have sex with men, and transgender people; and condom programming.

THANKS TO OUR FLAGSHIP PROGRAMMES

Safeguard Young People Programme (SYP), 2gether 4 SRHR Programme, and SRHR and HIV Linkages Project — we were able to move the needle on all of these goals in 2021.

In addition to the development and delivery of SRH/HIV packages for adolescents and young people and key populations, we made progress in the following key areas:

a. Removal of legal barriers to HIV prevention, treatment, and care

With our support, Eswatini was able to integrate HIV prevention for sex workers and men who have sex with men in the Global Fund grant; Ethiopia strengthened its National Strategic Plan for HIV, Condom Strategy and Condom programming; Uganda established national guidelines for SRH/HIV service provision for key populations, and South Sudan developed a comprehensive condom programme. For Madagascar, Mauritius and Seychelles, ESARO supported the development of a national policy and strategy for HIV and AIDS and STIs. Despite these efforts, HIV programming for key populations is still a challenge in countries with a conservative policy environment.

b. Upping the ante on empowering more adolescents and young people

In November 2021, we were delighted to announce the long-awaited expansion of the Safeguard Young People (SYP) programme to Angola, Mozambique, Rwanda and the United Republic of Tanzania. Since 2013, the programme has been implemented in eight Southern African countries, namely, Botswana, Eswatini, Lesotho,

Malawi, Namibia, South Africa, Zambia, and Zimbabwe. The flagship programme, the first of its kind, strengthens national responses for the sexual and reproductive health and rights of adolescents and young people in the region.

Thanks to financing from UNFPA, the Embassy of the Kingdom of the Netherlands and the Swiss Agency for Cooperation and Development, the programme has been expanded for three years in Rwanda and the United Republic of Tanzania, and for five years in Angola and Mozambique.



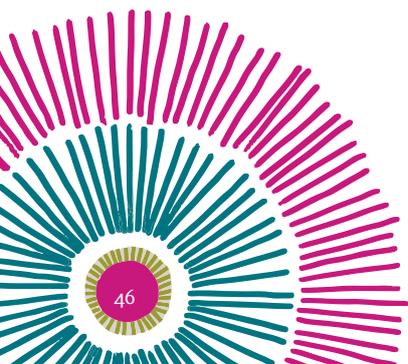
UNFPA's flagship SYP programme reaches almost **8 MILLION YOUNG PEOPLE** via 15,000 youth network members and 31,000 comprehensive sexuality education teachers at over **800** service delivery points.

c. Addressing stigma and discrimination against key populations

There is also an urgent need to assist countries in tailored responses to priority populations. The widespread criminalization of homosexuality and sex work has resulted in a paucity of data upon which to base programme decisions. Our continued efforts to advocate for legal and policy provisions are intended to prevent stigma and discrimination and encourage the integration of services that include mental health and welfare services and support regarding alcohol and other substance abuse. Priority actions include supporting the scale-up of the comprehensive package of HIV, sexual reproductive health and sexual gender-based violence services for key populations and strengthening social contracting mechanisms.

d. Reinvigorating condom programming

In 2021, we published an exhaustive guide to sustainable condom programming in a bid to help ministries of health navigate the impact of the changing funding landscape on social marketing organizations. In East and Southern Africa, social marketing organizations bridge the consumer gap between those who rely on free condoms and those who can afford to pay for commercially priced brands. Changes in the donor landscape have forced these organizations to take a more sustainable approach by either recovering more of their costs, collaborating on regional levels to achieve economies of scale or transitioning to commercially viable social enterprises. To avert the potential risks posed by changes in the funding status quo, UNFPA ESARO consulted widely before drawing up a detailed road map to ensure a smooth transition in condom programming; protecting gains made in HIV prevention and family planning by strengthening national stewardship of condom programmes, demand creation, and last-mile distribution of condoms beyond health facilities.



In 2020, HIV claimed the lives of 310,000 people, and 670,000 people acquired HIV in East and Southern Africa. An estimated 58 per cent of these infections were among women and girls

e. Prioritized Interventions for combination HIV prevention

Building on the success of the Linkages programme, 2gether 4 SRHR is a comprehensive regional programme with applied learning in ten countries, funded by the Regional SRHR Team of Sweden. The programme aims to improve the sexual and reproductive health and rights of all people in East and Southern Africa, particularly adolescent girls, young people and key populations, by promoting an integrated approach to sexual reproductive health, HIV and gender-based violence.

The integration of HIV, SRHR, and GBV services into health systems across such a diverse region is extraordinarily challenging, pulling together the unique strengths and contributions of UNAIDS, UNFPA, UNICEF and WHO and relying on the power of partnerships and collaborations at every level and across multiple disciplines. Initiatives to strengthen and integrate health systems have to be highly context-specific, considering the uneven distribution of skills, resources and infrastructure, and sufficiently robust to withstand any regime change. It also means expanding the HIV prevention mandate to include groups that have not traditionally been a focus of HIV prevention, such as older women of reproductive health age of 25 to 49 years and clients of female sex workers who remain vulnerable to the epidemic. Technical support and the sharing of good practice are, therefore, key to encouraging and assisting partners working towards an integrated approach to sexual reproductive health.

In Lesotho, with the support of the 2gether 4 SRHR programme, the Ministry of Health and Ministry of Education & Training, adolescents and young people are empowered with knowledge about their sexual reproductive health rights and how to access quality services, through the Interactive Media Peer Assistance and Coaching for Teens (IMPACT) project. This innovative project enables trainee nurses from the country's nursing schools to interact with learners in 12 high schools in 3 districts around sexual reproductive health and rights. The highly interactive sessions use innovative electronic/mobile interactive approaches to dispel myths, improve knowledge and empower high school learners.



HIV IS A MAJOR CONTRIBUTOR TO MATERNAL DEATHS

IN AT LEAST FIVE COUNTRIES, MORE THAN 10% OF ALL MATERNAL DEATHS ARE ESTIMATED TO BE AIDS-RELATED.

BUILDING MOMENTUM TO BUILD FORWARD BETTER

Towards rights
and choices for
all in 2030





One of the single biggest undertakings in 2021 was the work we did to conduct a critical review of our strategy to achieve the UNFPA Transformative Results in the region, looking specifically at how best to accelerate progress towards ending the unmet need for family planning, preventable maternal death, gender-based violence and all harmful practices, and the HIV pandemic by 2030.

This work included an evaluation of UNFPA's Regional Interventions Action Plan (RIAP) for East and Southern Africa which measured progress on four themes - Sexual and Reproductive Health and Rights, Adolescents and Youth, Gender Equality and Empowerment of Women and Girls, and Population Dynamics across 23 countries.

The deep dive into imagining a future beyond COVID is captured in Futures II, a living document that considers what needs to be done to get to ZERO by harnessing the power of people and partnerships to protect the most vulnerable and realize the hopes and dreams of generations of women and girls across the continent.

RINGING THE CHANGES IN 2022 AND BEYOND:



Picking up the pace - mitigating the impact of COVID-19 on women, girls and key populations.



Harnessing the demographic dividend - investing in women and youth for the future.



Mainstreaming innovation - encouraging, rewarding and funding innovative ideas that clear underlying bottlenecks and speed up delivery in key areas.



Heeding early warnings - focus on anticipatory approaches based on forecasting, established action plans and pre-arranged financing to speed up humanitarian aid in crises situations.



Applying a climate lens to sexual reproductive health - develop and apply methodologies for climate vulnerability assessments tailored to SRHR, gender, GBV and marginalized populations.



Walking the talk on climate change - limiting the carbon footprint of programming.



Generating and curating better data for development - delivering more accurate up-to-date data to help policymakers take programmes to scale.



Financing, not funding - building capacity to access innovative financing solutions.



Championing disruptive technology - finding sustainable solutions that drive behaviour change and delivery.



Extending the holistic approach to sexual reproductive health rights by including mental health.



Focusing on the new SRHR needs for the elderly in the face of the growing ageing population in the region, especially among women over 50.



Accelerating actions to close inequality gaps - blending efforts across the humanitarian-development-peace nexus to find more sustainable pathways out of poverty.

2021 AT A GLANCE



22

Countries engaging adolescents and youth (aged 10-24), including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies



10

Countries using a functional logistics management information system, including "reaching the last mile", for forecasting and monitoring essential medicines and supplies, including decision-making around sexual and reproductive health commodities



14

Countries facing humanitarian crises. Rapid assessments of the affected populations, including pregnant women were conducted in all 14



11

Countries having a recommended number of Emergency Obstetric and Newborn Care (EmONC) facilities according to minimum standards



15

Countries generating publicly available population estimates/projections to at least 2050 based on the last round of censuses at national and sub-national levels



15

Countries applying the minimum standards for the prevention of and response to gender-based violence in emergencies



8

Countries carrying out costed supply chain management strategies



9

Countries developing a costed national action plan to address harmful practices



10

Countries implementing a national mechanism or strategy to deliver out-of-school comprehensive sexuality education in accordance with international standards



17

Countries committing to end child marriage



1,491

Communities developing advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms that affect women and girls



817

Communities making public declarations to eliminate harmful practices, including child, early and forced marriage and female genital mutilation, with support from UNFPA



17,534

Disabled women and girls subjected to violence accessing the essential services package



973,680

Girls at risk of or affected by child marriage receiving, with support from UNFPA, prevention and/or protection services and care related to child marriage



1,853,936

Marginalized girls accessing life skills programmes to promote health and create social and economic assets



4,162

Women and girls living with obstetric fistula who received treatment during the year with the financial support from UNFPA





UNFPA

TOWARDS RIGHTS AND CHOICES FOR ALL BY 2030