BUILDING ON LESSONS LEARNED

UNFPA Regional Interventions Action Plan for East and Southern Africa
BUILDING ON LESSONS LEARNED

UNFPA Regional Interventions Action Plan for East and Southern Africa
Acknowledgments

Appreciation goes to the evaluation manager and Regional Monitoring & Evaluation Adviser, Reginald Chima, for arranging virtual interviews with stakeholders during this difficult period of the COVID-19 pandemic. UNFPA East and Southern Africa Regional Office (UNFPA ESARO) management, Dr. Bannet Ndyanabangi and Beatrice Mutali, provided oversight and direction, while the former Regional Director, Dr. Julitta Onabanjo, and Deputy Regional Director, Justine Coulson, gave valuable feedback on the design of this evaluation. The Evaluation Reference Group (ERG) provided input at all stages of the evaluation. UNFPA ESARO staff, UNFPA country offices, regional entities, and all other partners gave virtual interviews and provided information that was central to the completion of this evaluation.
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>THE EVALUATION</td>
</tr>
<tr>
<td>4</td>
<td>WHAT IS THE RIAP?</td>
</tr>
<tr>
<td>6</td>
<td>THE ESA REGION AT A GLANCE</td>
</tr>
<tr>
<td>8</td>
<td>SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS</td>
</tr>
<tr>
<td>12</td>
<td>ADOLESCENTS AND YOUTH</td>
</tr>
<tr>
<td>15</td>
<td>GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN AND GIRLS</td>
</tr>
<tr>
<td>18</td>
<td>POPULATION DYNAMICS</td>
</tr>
<tr>
<td>21</td>
<td>CROSS-CUTTING ISSUES</td>
</tr>
<tr>
<td>25</td>
<td>KEY FINDINGS AND LESSONS LEARNED</td>
</tr>
<tr>
<td>27</td>
<td>PROGRAMME RESULTS AT A GLANCE</td>
</tr>
<tr>
<td>29</td>
<td>THE WAY FORWARD</td>
</tr>
</tbody>
</table>
An evaluation of UNFPA’s Regional Interventions Action Plan (RIAP) for East and Southern Africa was conducted in 2021 to measure 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 in the region.
The evaluation covers the period from January 2018 to December 2020. It also addresses cross-cutting areas such as gender and human rights, humanitarian preparedness, innovation, knowledge management, resource mobilization, sustainability and organizational efficiency.

Why an Evaluation?

• Assess programme effectiveness and progress
• Demonstrate impact (return on invested resources)
• Contribute to lessons learned and make recommendations for the next cycle

A Participatory Approach

Data was collected through a participatory process involving UNFPA ESARO staff, UNFPA Country Offices and partners and included data from programme monitoring, virtual interviews and surveys, as well as relevant contextual and programme information. The data was analysed using qualitative and quantitative methods to inform findings, draw lessons and map the way forward.

Meet the Evaluation Team

**Tom Mogeni Mabururu**
Team Leader and Lead in SRHS/ASRH Youth/HIV

**Eunice Njovana**
Gender Equality and Women and Girls Empowerment

**Benjamin Kaneka**
Population Dynamics

**Martin Wanjohi**
Organizational Effectiveness and Efficiency (OEE)
ESARO’s Regional Interventions Action Plan (RIAP) was developed to contribute to the achievement of various development goals and human rights, namely, to ensure adolescents’ access to sexual and reproductive health, to reduce maternal deaths and unmet needs for family planning, and to prevent harmful cultural practices such as female genital mutilation.

To design and implement the RIAP, ESARO gathered and analysed data from national surveys, relevant databases, stakeholder consultations, evaluations, meetings, and national and regional needs assessments, determining the best course of action and establishing indicators for success.

RIAP is fully aligned with and contributes to the achievement of the:
- International Conference on Population and Development Agenda
- 2030 Agenda for Sustainable Development
- African Union Agenda 2063
- UNFPA Corporate Strategic Plan, 2018-2021
- National priorities of the 23 countries of the ESA region
- 2014-2017 RIAP Evaluation Recommendations
Four Key Outcomes

Building on lessons learned from its 2014-2017 RIAP and in keeping with the UNFPA’s strategic plan as well as the national priorities and rapidly changing contexts of the 23 countries across the region, ESARO adopted the following four outcomes:

• **Sexual and Reproductive Health and Rights:** Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

• **Adolescents and Youth:** All adolescents and youth, in particular adolescent girls, are empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

• **Gender Equality and Empowerment for Women and Girls:** Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

• **Population Dynamics:** Everyone, everywhere, is counted and accounted for in the pursuit of sustainable development.

Across all four outcomes, ESARO works with multiple partners, following a participatory, gender and culturally sensitive approach and focusing on those most vulnerable, who are “furthest behind”. It also supports cross-cutting issues such as gender and human rights, innovation, knowledge-sharing, sustainability as well as emergency preparedness for countries and regions prone to disaster.

The Programme Budget

The total budget for the ESARO regional programme from 2018 to 2020 was **$22,465,515**. Of the total budget, 93 per cent was spent, demonstrating a high absorption rate.

The following figure illustrates the budget allocation per outcome, with 45 per cent of funds allocated to sexual and reproductive health rights, 29 per cent to adolescents and youth, 6 per cent to gender equality and 18 per cent to population dynamics. Two per cent of the budget was used to enhance organizational effectiveness and efficiency (OEE).
Building on Lessons Learned • UNFPA Regional Interventions Action Plan for East and Southern Africa

The 23 countries in the East and Southern Africa (ESA) region are very different, one from the other, in terms of geography, socioeconomics, culture, and language. Of the 23 countries, 16 are English-speaking, four are French-speaking, and three are Portuguese-speaking. There are also countries that predominantly speak other languages, such as Amharic in Ethiopia, Tigrinya in Eritrea, Arabic in Comoros and Eritrea, and Kiswahili in the United Republic of Tanzania.

The population of the ESA region is expected to double to 1.1 billion by 2050, with young people between the ages of 10 and 24 making up over 30 per cent of the population, which is a significant number requiring education, health-care and social services for the foreseeable future. The labour supply is rapidly expanding, which presents an opportunity for accelerated economic growth and poverty reduction. Although trends show rapid growth in urbanization, most people continue to live in rural areas.

ESA countries are prone to humanitarian emergencies, such as armed conflicts and natural disasters. The scale of these emergencies is vast and requires UNFPA to invest in humanitarian preparedness and response as well as resilience-building. These fragile settings also exacerbate the risk of sexual and intimate partner violence, increasing the need for support to change negative social norms, enforce existing laws, and end harmful practices such as female genital mutilation (FGM), which has a devastating impact on girls and later as they grow to become women. Although FGM is criminalized across the region and all 23 ESA countries are States Parties to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), it has not translated into speedy behaviour changes, which reflects...
Building on Lessons Learned • UNFPA Regional Interventions Action Plan for East and Southern Africa

7

Despite marked declines, birth rates (4.8 children per woman of reproductive age) and deaths due to maternal causes remain high across the region. The adolescent birth rate in the region is double the global rate, reflecting an unmet need for contraception among girls aged 15-19 due to limited access to comprehensive sexuality education, insufficient adolescent and youth-friendly health services and persistent negative sociocultural norms. More than 50 per cent of people living with HIV in the world are from East and Southern Africa, with the majority of new infections occurring among girls and women 15 years and older. Only 45 per cent of young women and 33 per cent of young men aged 15-24 reported using a condom during their last high-risk sexual intercourse.

Inequalities in access to sexual and reproductive health services are evident, and indicators vary according to age, education, wealth and geographical location, underscoring the need for differentiated programming approaches.

In most countries, progress has been concentrated mainly in urban areas, among older or married women and women of higher education, while the poor quality of services and the frequency of humanitarian crises too often hamper positive health outcomes. Most countries are well-positioned to benefit from investments made in the empowerment, education and employment of young people — especially in countries where fertility rates are below four, and the working-age population is rising.

1,300 AIDS-RELATED DEATHS per day.

Impact of COVID-19

Travel restrictions, curfews and stay-home lockdowns to prevent the spread of COVID-19 affected UNFPA ESARO programming. For example, in-person activities, such as audits, mentorships, population census, and spot checks on contraceptive supply chains could not take place as planned.

ESARO, however, acted swiftly and adopted effective COVID-19 response strategies. It used virtual platforms for staff to work from home and to hold meetings, and conduct training. It 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. It adopted financial management policies and procedures to facilitate timely procurement and supply of required infection-prevention equipment and reproductive health commodities within the context of global supply chain constraints, and it mobilized additional resources to address the impact of the COVID-19 pandemic (a total of $43 million was raised). As a result of these approaches, ESARO achieved most of its 2020 targets.

5 COUNTRIES (Eritrea, Ethiopia, Kenya, Uganda and United Republic of Tanzania) REPORT FEMALE GENITAL MUTILATION practices, with

88.7 PER CENT recorded in Eritrea

and 74.3 PER CENT in Ethiopia.

85,637 WOMEN DIE of maternal causes every year.
4 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Through its Regional Interventions Action Plan, UNFPA ESARO worked to improve the lives of adolescents, youth, and women, especially in humanitarian settings, ensuring access to and delivery of HIV prevention and sexual and reproductive health information and services, reducing maternal mortality and harmful cultural norms and practices, and making sure no one is “left behind” in progress towards the Sustainable Development Goals (SDGs).

PARTNERS:

RESULTS:
Minimum standards for sexual and reproductive health
With its partners, UNFPA ESARO developed a framework to ensure minimum standards for sexual and reproductive health (SRH) were incorporated in the universal health coverage of Botswana, DRC, Eswatini, Kenya, Lesotho, Madagascar, Malawi, Namibia, South Africa, South Sudan, Zambia and Zimbabwe. An HIV prevention roadmap and scorecard were developed to accelerate HIV prevention, especially among young people. The scorecard established an accountability mechanism that the South African Development Community (SADC) can build on to accelerate progress towards the SDGs. A minimum standards document geared to parliamentarians helped with interventions in parliament and with constituents to expand SRH 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.
Removal of legal barriers to HIV prevention, treatment, and care

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. 90 per cent of the countries supported found ESARO support useful. For instance, with ESARO support, Eswatini was able to integrate HIV prevention for sex workers (SWs) and Men Who Have Sex with Men (MSM) 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.

Guidelines for improving quality of care during pregnancy, delivery and post-delivery

The RIAP raised awareness of disrespectful maternity care as one of the root causes of maternal deaths. As a result, technical support to integrate respectful maternity care into national maternal health guidelines was implemented in Ethiopia, Kenya and Zambia and into nurse and midwifery training in the United Republic of Tanzania and Zambia. To build 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.

Adoption of standard midwifery curriculum in all midwifery training institutions

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

12 COUNTRIES INCLUDE SEXUAL AND REPRODUCTIVE HEALTH SERVICES in their essential health coverage: Botswana, DRC, Eswatini, Kenya, Lesotho, Madagascar, Malawi, Namibia, South Africa, South Sudan, Zambia and Zimbabwe.

88 per cent FOUND THE MIDWIFERY TRAINING USEFUL; 2 countries ADOPTED THE MIDWIFERY CURRICULUM.
SRH and GBV integrated into national COVID-19 response and recovery plans

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.

HIV/sexual and reproductive health packages delivered

ESARO supported the development and delivery of SRH/HIV packages for adolescents and young people and key populations such as sex workers through the 2Gether4SRH and Safeguarding Young People programmes.

Increased post-abortion care and safe abortions

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. ESARO’s support led to an increase in comprehensive abortion care.

Surveillance of maternal death and response systems

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 level 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, provided guidance to countries on how to capture COVID-19 as an underlying cause of maternal death. However, only four countries have MPDSR systems that fulfil all 10 selected criteria. This shows the need to intensify the strengthening of MPDSR systems in countries.

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.

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.
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.

New contraceptives introduced

UNFPA ESARO helped increase the procurement of generic contraceptives in the ESA region from 40.9 per cent in 2019 to 44.2 per cent in 2020. 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.
5 ADOLESCENTS AND YOUTH

ESARO works to improve adolescents’ and young people’s leadership and participation, empowering them with the knowledge and skills to make informed decisions and maintain healthy sexual behaviours. It works to ensure every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

PARTNERS:

RESULTS:
Laws established to ensure access to sexual and reproductive health
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 sex and provisions for pregnant girls to return to school.

Sexual and reproductive health integrated into youth economic empowerment programmes
The ESARO RIAP demonstrated that integrating sexual and reproductive health into youth economic empowerment programmes is an effective way to improve knowledge of and access to sexual and reproductive health
services. After mapping existing programmes, ESARO and its partners developed a guidance note and training sessions which helped the World Bank integrate SRHR into its women and girls’ economic empowerment programmes and the ILO to integrate SRHR 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. ESARO 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.

Comprehensive sexuality education (CSE) standardized
UNFPA ESARO provided quality and standardized CSE for in-school and out-of-school youth, expanding reach to youth with disabilities and those living with HIV. ESARO helped countries adopt the 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 Ministries of Education and Health and shared lessons from other countries and global guidelines to generate acceptance for school-based CSE, which remains a sensitive issue.

National and regional youth networks strengthened
ESARO supported 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 train youth leaders and activists from ESA countries on how to hold governments and policy-makers 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.

YEM Initiative found that YOUTH ARE NOW TWICE AS LIKELY to access sexual and reproductive health services.

Let’s Talk! Pregnancy at the right time

80 PER CENT (12 out of 15) of ESA countries received CSE support from ESARO;
95 PER CENT found the support very useful.

1,645,564 adolescents and youth (aged 10-24) reached with TAILORED sexual and reproductive health SERVICES.
Youth-friendly health services provided

ESARO supported regional economic communities to integrate youth-friendly health services into regional guidelines and frameworks. Youth-friendly health service standards were included in the SADC sexual and reproductive health and rights strategy and scorecard and in the EAC Sexual and Reproductive Health Bill. ESARO also developed a guidance note to integrate youth-friendly health service standards into pre-service and in-service health workers’ training.

National action plans to end child marriage costed

ESARO analysed various child-marriage budgets in countries such as Mozambique, Uganda and Zambia and found that child marriage activities are often small in scale, with no clear costing methods or 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.

Menstrual health included in sexual and reproductive health

ESARO pioneered advocacy for inclusion of menstrual health as a component of SRHR at global, regional and country levels, supporting the creation of the African Coalition for Menstrual Health Management with over 600 members. Results included the development of a feature film, WOMENstruate, standards for washable and reusable sanitary towels, and policy changes, including the removal of VAT tax on menstrual health products in Kenya, Lesotho, South Africa, United Republic of Tanzania and Zimbabwe.

Digital solutions adopted to ensure 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. For instance, 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 (https://amaze.org/za/myamaze/safeguard-young-people-programme-5313-2/) aimed at young people aged 10-14 years address sexual and reproductive health and life skills topics. They can be 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 were translated into French, Portuguese and Kiswahili.
ESARO works to advance gender equality and to empower all women and girls, with a focus on ensuring sexual and reproductive rights in development and humanitarian settings, ending gender-based violence and harmful practices against women and girls, and removing barriers to health and education for women and girls.

PARTNERS:
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.

RESULTS:
National human rights institutions strengthened
UNFPA helped governments advance sexual and reproductive health and rights laws, strengthening the capacity of national human rights institutions (NHRIs) to advance gender equality and the empowerment of women and girls. Case studies on how NHRIs in Kenya, Madagascar, Namibia, South Africa and Uganda provided guidance and key lessons to other countries on the advancement of SRHR.

PUBLIC INQUIRY HELD in Malawi TO CHANGE THE MINIMUM AGE OF MARRIAGE from 15 years to 18 years.
Cross-border programmes established to help end female genital mutilation

During and post COVID-19, ESARO supported 16 cross-border initiatives addressing the response to female genital mutilation, providing information on the drivers of female genital mutilation in different countries as well as the application and enforcement of laws to accelerate its elimination by 2030.

Improved systems for documenting gender-based violence

ESARO supported a number of countries, including Burundi, Madagascar, Mozambique, Mauritius, South Africa, South Sudan, Zambia and Zimbabwe, 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.

Access to essential services ensured during the COVID-19 pandemic

During the COVID-19 pandemic, 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.

**UNFPA IS AN “INFLUENTIAL VOICE ON THE ISSUE OF CROSS-BORDER FGM”.

**THE ESA REGION IS THE HIGHEST PERFORMING REGION OF THE SPOTLIGHT INITIATIVE.

**ALTHOUGH THE COVID-19 PANDEMIC WAS NOT ANTICIPATED, IT WAS QUICKLY FLIPPED INTO AN OPPORTUNITY TO SHINE A SPOTLIGHT ON GENDER-BASED VIOLENCE AS A PANDEMIC WITHIN A PANDEMIC.**

National guidelines developed on clinical management of rape

ESARO supported 16 countries in the ESA 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 to ensure the care and treatment of girls and women who experience gender-based violence.
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 CSO sector service providers, strengthening government capacity to actively use these modules to bridge the gap between international commitments on ending and responding to gender-based violence and the reality on the ground.

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 on country responses to gender-based violence.

Men engaged in sexual and reproductive health

In recognition of the importance of men’s involvement in sexual and reproductive health, UNFPA ESARO worked 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.

Reproductive health-care services provided to marginalized and excluded groups

ESARO supported 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 supported 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 marriage or who have had children.

THE URGENCY OF ENCOURAGING BOYS AND MEN TO TAKE RESPONSIBILITY FOR THEIR OWN HEALTH AND THAT OF THEIR PARTNERS IS GAINING MOMENTUM.
UNFPA ESARO works to make sure everyone, everywhere, is counted and accounted for in the pursuit of sustainable development. It focuses on building the capacity of national population data systems to map inequalities and to inform interventions in times of humanitarian crises, improving the responsiveness and impact of policies and programmes to make sure no one is left behind.

PARTNERS:

DATA CAN MAKE A DIFFERENCE: THE KEY IS TO BETTER COLLECT, ANALYSE AND DISSEMINATE QUALITY, TIMELY AND DISAGGREGATED DATA TO DRIVE INFORMED DECISION-MAKING.
RESULTS:

Vital statistics generated and published
ESARO improved national population data systems and ensured vital statistics were generated and published in Botswana, Eswatini, Ethiopia, Kenya, United Republic of Tanzania, Zambia and Zimbabwe. ESARO also advocated for improvements in marriage and divorce records as components of Civil Registration Systems.

Populations at risk of climate change or natural disasters mapped
Collecting data about people most at risk during humanitarian situations and natural disasters is critical to informing effective emergency responses. During cyclone Idai in Malawi, Mozambique and Zimbabwe and the COVID-19 pandemic, ESARO equipped countries with the requisite knowledge to map populations at risk of natural disasters and humanitarian emergencies. It also provided technical support to the National Bureau of Statistics Office in South Sudan to generate modelled population estimates.

Census/demographic and health survey microdata made available to the public
UNFPA developed global and national population data platforms in five countries: Angola, Madagascar, Malawi, Mozambique and Kenya to integrate and illustrate census, survey and administrative data sets, satellite imagery, boundaries and indicators.

Digital census techniques and good practices shared
ESARO strengthened the capacity of the national statistics offices to prepare and conduct population censuses, moving from paper-based to digital-based techniques, with the Computer Assisted Personal Interview (CAPI) method for data collection using hand-held devices (tablets). ESARO also conducted an independent peer-monitoring mission involving a number of countries to observe the digital population census in Kenya and better prepare for their own censuses using the lessons learned from their peers.

ESARO helped 10 countries to GATHER AND ANALYSE DATA FROM DIGITAL CENSUSES, namely Comoros, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia and Zambia.

Demographics assessed and used to strengthen national development plans and policy
With support from ESARO, 19 countries conducted national demographic-dividend profiles. These offered important advocacy insights on the importance of investing in social policies and sexual reproductive health and rights to harness the demographic dividend in the region. The results of these studies have supported countries in integrating demographic dynamics, such as issues of gender and youth, into national development plans, population policies and budget processes.
SDG indicators mapped and analysed

UNFPA ESARO strengthened the capacity of census managers and SDG focal points from governments to use digital census, including generation of indicators, small area estimation and geo-spatial analysis, to monitor development progress and present findings in a way that promotes wider use. In 2019, eight countries (Botswana, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, Zambia) had completed the 2020 round of census and were provided with technical support to produce estimates on a subset of SDG indicators for monitoring.

Regional parliamentarians engaged as key agents of change

ESARO supported regional parliamentarian networks and forums to advance policy, legislation, financing and oversight of sexual and reproductive health and rights. It helped demystify various technical issues and keep development issues on the agenda at country, regional and continental levels. ESARO mobilized 20 parliamentarians from the ESA region to participate in a Gender Working Group to address gender-based violence and supported the development of a statement between youth and parliamentarians which was shared with countries to inform the development of country action plans. The work with parliamentarians ensured sexual and reproductive health issues were discussed in parliament, included in policy statements and provided with the necessary funding.

Development progress assessed

ESARO produced national reports on progress made towards the 2030 Development Agenda and the International Conference on Population Development Agenda. These reports were based on timely and accurate granular data sets that fed into the High-Level Forum on Sustainable Development. ESARO also helped galvanize efforts and commitments to strengthen the demographic dividend in the region, producing the Operational Guide for Implementing and Monitoring the Addis Ababa Declaration on Population and Development (AADPD) Beyond 2014, indicators mapped to AADPD commitments, and the national AADPD+5 review report guideline.

ESARO mobilized 20 parliamentarians from the ESA region to PARTICIPATE IN A GENDER WORKING GROUP to address gender-based violence.
Gender and Human Rights

Gender and human rights perspectives were well integrated into the ESARO’s Regional Interventions Action Plan (RIAP) at all stages – design, implementation, and monitoring. ESARO analysed relevant data on sexual and reproductive health and rights, HIV and gender indicators, including gender-based violence, child marriage and teen pregnancy, female genital mutilation, among other harmful gender practices, and HIV incidence and vulnerability among girls and boys and men and women. The RIAP focused on reaching vulnerable populations such as adolescent girls, youth and women, including those living with HIV, those with disabilities and those in hard-to-reach areas.

ESARO has a roving gender specialist dedicated to humanitarian preparedness and response and a disability specialist supporting disability programming. ESARO also increased country office awareness of and sensitivity to sexual exploitation and abuse, sharing guidelines on protection from sexual exploitation and abuse, and training gender focal points.

Humanitarian Emergencies

ESARO provided extensive support for countries to reach those most affected by humanitarian emergencies, such as the cyclone disasters in Malawi, Mozambique, and Zimbabwe. This support was directed at the specific needs of countries and depended on the type of emergency. A humanitarian unit helped ESA countries respond to humanitarian emergencies, mobilizing resources and personnel, ensuring the availability of supplies, and collaborating with other programmes.

UNFPA’S HUMANITARIAN UNIT HELPS THE ESA REGION RESPOND TO HUMANITARIAN EMERGENCIES AND HAS RAISED UNFPA’S PROFILE AS A HUMANITARIAN AGENCY.
ESARO worked to prevent and address gender-based violence and harmful practices in humanitarian settings, mobilizing funding and carrying out gender assessments on the impact of COVID-19 on gender equality and women’s empowerment with recommendations for the recovery process. The additional funding helped countries set up gender-based violence hotlines, train police officers, establish support shelters, and produce radio messaging.

ESARO supported countries to reach affected populations and spark discussions on sexual and reproductive health and COVID-19, using the existing TuneMe platform and a youth-led regional mobile site to share “Coronavirus and You” content geared to adolescents and young people.

ESARO also monitored emergency supplies on a monthly basis, connecting countries facing stock outs to countries with over-stock.

Innovation

ESARO places innovation at the core of its work. So far, the ESA region has exceeded its target for developing innovative activities, with 36 innovations from over 12 countries, mainly in the East African subregion.

The region is contributing innovative ideas and best practices globally and gaining momentum in implementation, ownership, and sustainability. For example, TuneMe, an m-Health platform, has not only reached millions of young people with sexual and reproductive health information in Southern Africa but has also been adopted for use by the government of Zambia to provide information about the COVID-19 pandemic.

UNFPA’S MOBILE HEALTH SITE, TUNEME, IS ACCESSIBLE TO ADOLESCENTS WITHOUT WI-FI AND WAS FEATURED AS A GLOBAL BEST PRACTICE ON SUSTAINABILITY.

The iAccelerator programme launched in 2016 and implemented in four countries (Kenya, Rwanda, Uganda and United Republic of Tanzania) supports start-ups pursuing innovative solutions for sexual and reproductive health, such as Imara TV in Kenya and mScan in Uganda. Imara TV has reached over 1.3 million youth through over 150 videos in the form of series and short films. mScan is a portable and easy-to-use ultrasound scanning device for health workers aimed at providing maternal health services in areas with inadequate infrastructure.

13 countries integrated gender-based violence in their NATIONAL COVID-19 RESPONSE AND RECOVERY PLANS.
UNFPA contributed to the online data portal, Africa UN Data for Development Platform, which brings together timely statistical data and evidence on the 2030 Agenda across all African countries, providing the best possible evidence-based policy action to accelerate the SDGs, strengthen collaboration, avoid unnecessary duplication, and track progress.

**Partnerships and Resource Mobilization**

To support its work, ESARO maintains a comprehensive and up-to-date database on resource mobilization and partnerships, enabling it to keep track of and share funding opportunities and proposal statistics. It mapped out possible private-sector funding sources and conducted webinars on innovative financing focusing on the private sector. Its MyUNFPA Platform allows peers and country offices across the region to share information.

ESARO and its country offices exceeded targets for RESOURCE MOBILIZATION for each of the three years from 2018 to 2020.

**Knowledge Management and Communications**

South-South learning and knowledge exchange is highly valued, and during the period under review, ESARO generated and shared evidence-based knowledge and good practices across all four outcomes, including on adopting laws related to sexual and reproductive health, ensuring respectful maternity care, conducting demographic analysis and censuses, distributing contraceptives, fostering comprehensive sexuality education curricula, and integrating sexual and reproductive health services and information into essential health packages.

**Sustainability**

Extensive capacity building at all levels – policy and strategy development, programming, technical aspects of SRHR, gender, population dynamics and operational – helped ensure programme sustainability. This capacity building was delivered through training, mentorships, webinars, South-South learning and knowledge exchange among government, civil society, youth leaders, service providers and UNFPA programmatic focal persons. It was reinforced with the strategic frameworks and guidelines produced and aligned to the mandates of the institutions. ESARO also contributed to the establishment of coalitions and platforms advocating for sexual and reproductive health and rights, adolescents and youth, and gender equality. These long-term coalitions and the results achieved through the regional programme will likely be sustained beyond the programme period.

The Accelerator Programme has raised the profile of UNFPA and created new opportunities for partnerships and revenue generation that employ and empower young people.

Partnerships increased 68 per cent from 25 in 2018 to 42 in 2020.
The visibility of UNFPA in the ESA region was enhanced through multiple communications tools and channels, including social media, web stories, newsletters, publications, videos and international conferences, such as the Nairobi Summit. ESARO maintained a WhatsApp group with country office communication focal points for efficient internal communication, exchange of ideas and assistance. ESARO further conducted missions to countries to capture professional images and stories, thereby enhancing the quality of media content from the field.

**Organizational Efficiency**

Despite the impact of COVID-19, ESARO was able to enhance the quality and efficiency of its regional and country programmes and business operations in the ESA region. ESARO training, knowledge-sharing, policies, action plans and quality assurance ensured that all issues and thematic areas were properly integrated and rolled out.

Country programmes had well-formulated results-based frameworks, theories of change, and improved monitoring and reporting, which is fundamental for reducing duplication, ensuring and demonstrating results and accountability, which in turn are critical to the credibility, visibility, policy dialogue, development and sustainability of partnerships and the support of UNFPA work.

The RIAP was designed in an integrated manner, leveraging synergies across all four outcome areas, ensuring efficiency in terms of optimizing resources and maximizing the effectiveness of programmes. Constant communication and sharing of experiences helped identify best practices and resolve challenges, resulting in improved programmatic and operational results.

In 2018, the MALAWI COUNTRY PROGRAMME was RATED THE BEST GLOBALLY out of 16, closely followed by Burundi.

Country offices scored an average of 75 PER CENT for OPERATIONAL EXCELLENCE in 2020 (up from 54 per cent in 2018).
KEY FINDINGS AND LESSONS LEARNED

ESARO’s RIAP considered the needs of 23 East and Southern African countries, regional bodies and hard-to-reach, vulnerable populations.

- For better planning and resource utilization, criteria to support countries could include (i) economic classification of countries by income level, (ii) performance in key adolescent, gender and sexual and reproductive health and rights indicators; (iii) maturity of the country programme and operational efficiency; and (iv) risk of humanitarian crisis.
- Joint programming with other UN agencies contributed to the achievement of the regional programme results.
- ESARO played a critical role in connecting global and regional frameworks, laws and guidelines to countries, for instance, in the areas of sexual and reproductive health and universal health coverage, HIV prevention, midwifery training, and the prevention of early marriages and teenage pregnancy.
- ESARO helped establish coalitions and platforms advocating for sexual and reproductive health rights, adolescents and youth and gender equality, and these are likely to be sustained well beyond the regional programme period.
- ESARO integrated humanitarian preparedness and response into development programming, an approach that enabled the programme to focus on sexual and reproductive health and gender issues during humanitarian emergencies to address long-term challenges and offer an opportunity to strengthen the development-humanitarian-peace nexus.
- ESARO has a lean, skilled and experienced staff and leadership that has created a conducive work environment. Still, additional resources will be required to address changing focus areas and to support non-English-speaking country offices.
- ESARO maintained the lead in innovation in UNFPA globally. However, innovation activities appear to have been concentrated in a few countries, with the majority being left behind.
• ESARO has established strong partnerships at regional and continental levels. However, some of the regional partners have weak capacity and regional processes take time to translate strategies into action at country level.

• Lessons learned from the RIAP cross-border initiatives, such as the cross-border female genital mutilation initiative, demonstrated a niche for UNFPA to address emerging sexual and reproductive health needs among border communities and people moving across borders.

• ESARO’s support to countries during various humanitarian emergencies and the COVID-19 pandemic strengthened the response to SRHR/HIV/GBV needs of affected populations, especially women and young people.

• UNFPA ESARO enhanced capacities for national population data systems to map inequalities and inform humanitarian response. However, ESARO has inadequate capacity to meet the increasing demand from regional partners and countries for analysis of large volumes of data to support the “Leaving no one behind” agenda and strengthen gender, human rights and social inclusion.
1. ESARO’s regional programme spans 23 countries with interventions at the crossroads of country-level and global initiatives, bringing “an African voice to global dialogues.”

2. Youth start-ups from 12 countries in the ESA region developed 36 innovations on adolescent sexual and reproductive health and rights thanks to support from UNFPA’s Innovation Accelerator Programme.

3. When COVID-19 restrictions led to an increase in gender-based violence, teen pregnancy, and child marriage, ESARO called for the inclusion of comprehensive sexual and reproductive health services in ESA countries’ essential health services packages.

4. **Cross-border practices in female genital mutilation.**
   - Cutting sessions are often conducted in hiding and across borders due to fear of the law.
   - During and post COVID-19, ESARO supported 16 cross-border initiatives to help put an end to female genital mutilation.

5. ESARO’s regional programme reached three million young people aged 10 to 24 across seven countries with accurate and age-appropriate sexual and reproductive health information to reduce teen pregnancies and HIV incidence and promote safer behaviours.

6. **Tune Me** ([tuneme.org](http://tuneme.org)) is a mobile site adolescents can easily access without Wi-Fi.
   - Part of the UNFPA m-health portfolio, TuneMe is considered a best practice in sustainability and will be expanded globally.
   - Zambia’s ministries of Health, and Youth Sport and Child Development adopted TuneMe to provide access to youth-friendly information on COVID-19 and curb infections.

7. **Improving the Census**
   - ESARO helped countries move from paper-based to digital-based census techniques, using tablets to collect and process data.
   - Census results were released in record time, and in countries like Malawi and Mozambique were used to promote informed decision-making during humanitarian crises.

8. **My World, My Life, My Body**
   - ESARO empowers adolescents and young people to make informed choices and adopt protective sexual behaviour.
   - ESARO supported 12 countries to improve their comprehensive sexuality education for out-of and in-school youth and produced the AMAZE series of animated videos. ([https://amaze.org/za/](https://amaze.org/za/))

9. Data can make a difference. Timely, quality, disaggregated data drives informed decision making and leaves no one behind. UNFPA ESARO works with ESA countries to improve their national data systems so everyone, everywhere, is counted and accounted for in the pursuit of sustainable development.

10. ESARO’s Youth Enterprise Model in Uganda helps young people gain business skills and understand the impact of pregnancy and parenthood. As a result, youth are now as likely to access sexual and reproductive health services.

11. ESARO helped 13 countries integrate gender-based violence in their national COVID-19 response and recovery plans, including support to gender-based violence hotlines, police officer training, shelters, and radio messaging.

12. ESARO’s promotion of the Model Law to End Child Marriage led to a public inquiry in Malawi to change the minimum age of marriage from 15 years to 18 years.
THE WAY FORWARD
Working with and for women and young people will continue to play a central role in the RIAP, as ESARO seeks to empower women and youth, girls and boys, with the skills they need to fulfil their potential, think critically, negotiate risky situations, express themselves freely and contribute to their own development, and that of their country.

The strength of the RIAP is linked to ESARO’s presence in 23 countries and its position at the crossroads of global and country-level interventions, where it “brings the African voice to the global dialogues.” Another key strength of the ESA regional office is its capacity to facilitate South-South exchanges and broker relationships regionally, such as among regional economic communities, NGOs and governments. Its partnerships with diverse stakeholders ensure ownership and buy-in, resulting in a multiplier effect as programming impacts national laws and policies and strengthens non-state actors in the region.

Looking ahead, UNFPA ESARO will explore opportunities for cross-border programming across all outcome areas of the regional programme and invest in capacity-building for strategic regional partners and platforms that are key for enhancing the development agenda and connecting global and regional frameworks to countries.

ESARO will continue to respond to the challenges posed by a large youth population through the development of policies and strategies that ensure universal access to family planning information to all women and men; promote universal education, particularly for females beyond primary education; and enhance economic development, particularly in the rural areas.

ESARO will also provide leadership in mainstreaming innovation in country programmes across the region and help establish the resources needed to create greater impact and sustainability of results.

Many lessons were learned from the COVID-19 pandemic to ensure the continued delivery of services. ESARO will explore opportunities to integrate these good practices across all its programming.

While there has been progress, much remains to be done. Based on the 2018-2020 review period, the following recommendations were made to improve and guide the way forward.
Key Recommendations

Develop a differentiated framework of support for increased efficiency

ESARO should develop a differentiated framework of support to countries that allows interventions to be planned in the most efficient manner. For instance, countries may be grouped according to (i) economic classification by income level, (ii) performance in key SRHR, ASRH and gender indicators; (iii) maturity of the country programme and operational efficiency; and (iv) risk of humanitarian crisis.

Review functions, resources, and skill sets for greater impact and sustainability

ESARO should ensure functions within the country offices are appropriately structured and adequately resourced with the staff and skill set needed to increase effectiveness and ensure the sustainability of capacity-building initiatives. In particular, the communication function should be fully leveraged, resourced and integrated from the outset of strategic and programmatic levels to ensure quality communications products and increased visibility of ESARO impact. Sufficient resources should be allocated to results-based management and monitoring, and regional programme management should be reviewed to ensure strategic focus and efficient use of knowledge, expertise and resources. In addition, ESARO should consider either exposing staff to learning other official languages used in ESA countries or implementing a policy to recruit bi- or multi-lingual staff in the future.

Integrate and mainstream innovation in programmes in all the country offices in the region

ESARO should ensure all ESA countries fully implement UNFPA’s global strategy on innovation and integrate and mainstream innovation in their programmes to ensure that no country is left behind.

Develop a result framework with realistic and measurable output results

ESARO should consider defining output results that can be fully achieved through implementation of its planned activities to increase accountability. The output results should also include ESARO work at regional level and contributions to global level more comprehensively.

Strengthen key regional partnerships and platforms and connect global and regional frameworks to countries

UNFPA should build the capacities of regional partners that are strategic to its agenda, such as SADC, EAC and others, to leverage their platforms for advocacy, increasing country use of global and regional frameworks and normative guidance.

Explore opportunities for cross-border programming across all outcome areas

UNFPA should identify cross-border programming needs across all outcome areas bringing together a few countries to address common sexual and reproductive health rights and gender issues arising from movement of people across borders in the region.
Integrate good practices from the COVID-19 pandemic response

Lessons learned from the successful adaptation of programming to the COVID-19 pandemic and the continuity of service delivery offer an opportunity to improve overall programming.

Strengthen resources to meet demand for population data generation and analysis

With UNFPA being considered a “go-to agency” for data analysis, ESARO should increase the capacity of the population and development unit to meet the significant demand for data generation and analysis. This could include fellowship and internship schemes, recruitment of junior demographers and statisticians to support data analysis, and integrating funding for data analysis needs within donor-funded sexual and reproductive rights and health programmes.

Advocate legislation and policy to prevent child marriages

ESARO should continue to promote the use of the SADC Model Law on Child Marriage, focusing on the four countries with over 30 per cent child marriage prevalence (Angola, DRC, Madagascar and Zimbabwe). ESARO should also promote the establishment of laws allowing adolescents below 18 years of age to access sexual and reproductive health services and information.

Integrate sexual and reproductive health and rights into youth economic empowerment programmes

ESARO should support the scale-up of SRHR integration into youth economic empowerment programmes in ESA countries, expanding its collaboration with other UN agencies and development partners.

Raise awareness of the link between sexuality education and SRHR service uptake among young people

UNFPA should generate more evidence of the positive correlation between comprehensive sexuality education and other forms of life-skills education and the uptake of SRHR/ HIV/GBV services, and support the development of strategies that ensure sexuality education is reaching marginalized adolescents and young people.

Prioritize partnerships with the women’s movement in the region

It is recommended that UNFPA reach out and nurture 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.

Take the lead on knowledge-sharing to end gender-based violence

UNFPA ESARO should lead discussions on what it will take to end gender-based violence, female genital mutilation and other harmful practices. It should explore innovative approaches and strategies and map out the necessary actions and partnerships to achieve zero GBV.
Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.