

REGIONAL INTERVENTIONS ACTION PLAN FOR EAST AND SOUTHERN AFRICA 2018-2021

Summary

Working with and for women and young people will take a central place in the implementation of the regional interventions, 2018-2021, in the UNFPA East and Southern Africa region. The East and Southern Africa regional office will support regional organizations, institutions and networks as well as country offices and national governments with the aim to: (a) empower women and youth, girls and boys, with skills to fulfil their potential, think critically, negotiate risky situations, express themselves freely and contribute to development; (b) provide access to quality integrated sexual and reproductive health information and services that are youth-friendly and gender-sensitive; (c) uphold the rights of women and young people, specifically adolescent girls, to grow up healthy and safe; (d) encourage women and young people to participate fully in design, planning, implementation, monitoring and evaluation of development and humanitarian programmes; and (e) leave no one behind in national development plans, policies and programmes.

The East and Southern Africa regional office will apply advocacy and policy dialogue, knowledge management, capacity building, and partnership and coordination strategies, based on its comparative advantage and key lessons learned from the regional interventions action plan, 2014-2017.

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I. Situation analysis

- 1. UNFPA East and Southern Africa region encompasses 23 countries, representing 561 million persons. The regional policy context provides an enabling environment for the implementation of the Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014, including the realization of reproductive rights. UNFPA supported the development of the Addis Ababa Declaration on Population and Development in Africa beyond 2014, which is aligned to the 2030 Agenda for Sustainable Development. It also places more emphasis on issues core to the UNFPA mandate, such as the demographic dividend, the sexual and reproductive health and rights needs of young people, including comprehensive sexuality education and access to adolescent and youth-friendly health services, as well as sexual and reproductive health and integration of HIV prevention.
- 2. The UNFPA East and Southern Africa regional office has supported the African Union Commission in the implementation, review and revision of the three major continental policies that are relevant to the Programme of Action of the International Conference on Population and Development (ICPD), under the umbrella of the African Union Agenda 2063; the Maputo Plan of Action on Sexual and Reproductive Health and Rights 2016-2030; the Africa Health Strategy 2016-2030; and the Catalytic Framework on the Ending AIDS, TB and Malaria (2016). The development of other thematic policy and legal frameworks, commitments and initiatives complement this groundwork, such as the African Youth Charter (2006); the Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African (ESA), (endorsed by 21 countries in 2013); the Southern African Development Community Parliamentary Forum (SADC-PF) Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage (2016); and the 29th African Union Summit (2017), "Harnessing the Demographic Dividend through investments in Youth".
- 3. The UNFPA partnership with and support to regional economic communities has been instrumental in creating a regional political impetus for the Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014, and ensuring that the commitments of the International Conference on Population and Development are infused in regional and national policy instruments. However, challenges remain in the implementation at national level and the translation of these policies into measurable results that would capitalise on the opportunities, address remaining challenges and achieve universal access to sexual and reproductive health. These implementation challenges are compounded by an unstable context determined by increased risk of humanitarian emergency in several countries in the region.
- 4. With 32.4 per cent of adolescents and young people between 10 and 24 years old, the population in East and Southern Africa is expected to grow to 1.1 billion by 2050. Despite marked declines, fertility rates remain high across the region, with an average of 4.8 children per woman of reproductive age. However, most of the countries display demographic and economic profiles favorably positioning them to benefit from the demographic dividend, if the necessary investments are made in the empowerment, education and employment of young people. This is particularly the case in the nine countries that reached an early dividend stage, with fertility rates below four and the share of working-age population rising.
- 5. The regional maternal mortality ratio declined from 918 per 100,000 live births in 1990 to 407 per 100,000 live births in 2015, which represents a 56 per cent reduction. This is higher than the 44 per cent reduction observed at global level. However, 85,637 women still die of maternal causes every year in this region alone. This is partially explained by the fact that only 56 per cent of deliveries are attended by skilled personnel in the region (including 13 countries with rates above 70 per cent). Progress was made in family planning,

with 35 per cent of women using modern contraceptives in the region and two thirds of married women reporting their need for family planning satisfied with modern methods in seven countries. However, inequalities in access to sexual and reproductive health services are evident and indicators vary according to the age, education, wealth and geographical location. In most countries, progress has been largely concentrated in urban areas, among older and/or married women and women of higher education, while the poor quality of services and humanitarian crisis too often hampers positive health outcomes.

- 6. More than a third (37 per cent) of young women aged 20-24 years are married as children in East and Southern Africa. The adolescent birth rate in the region is 110 births per 1,000 women, which is double the global rate. Adolescents face significantly higher rates of maternal morbidity, including obstetric fistula. Adolescent fertility reflects unmet need for contraception among girls aged 15-19 years, due to limited access to comprehensive sexuality education, adolescent and youth-friendly health services and persistent negative socio-cultural norms.
- 7. More than 50 per cent of the people living with HIV in the world are from East and Southern Africa. The annual mortality related to AIDS translates to over 1,300 deaths per day. Of all adults living with HIV in the region, 59 per cent are women, and the majority of new infections in East and Southern Africa occur among girls and women 15 years and older (56 per cent). Only 45 per cent of young women and 33 per cent of young men aged 15-24 report using a condom during their last high-risk sexual intercourse. Ending the epidemic of AIDS by 2030 (Sustainable Development Goal target 3.3) requires increased efforts to develop prevention interventions for the most affected groups: youth, in particular adolescent girls and young women, as well as other key populations. Considering that over 90 per cent of HIV incidence is through sexual transmission, and mainly through heterosexual contact, efforts to ensure sexual and reproductive health will continue to be substantially undermined if the HIV epidemic is not addressed. This also calls for scaling up effective existing efforts to integrate HIV and sexual and reproductive health services.
- 8. Women in the region remain vulnerable to violence, and the risk of sexual and intimate partner violence is exacerbated in humanitarian settings. Five countries in East Africa recognize and report the existence of female genital mutilation practices (FGM), with the highest percentages recorded in Eritrea and Ethiopia (88.7 and 74.3 per cent respectively). Available data shows that between 15 per cent and 32 per cent of women in East and Southern Africa report having experienced physical violence by their intimate partner in the year preceding the survey. This shows a pressing need for increased investment in the prevention and response to violence, including supporting efforts to change negative social norms, enforce existing laws, develop multi-sectoral responses to reach Sustainable Development Goal targets 5.2 and 5.3, and eliminate all forms of violence against women, including harmful practices.
- 9. Finally, 11 of the 23 East and Southern African countries are at high to very high risk for humanitarian emergency in the coming years, which translates into increased sexual and reproductive health risks. A recent example of this is the 2015-2016 El Niño-related drought, which affected over 16 million people, including four million women of childbearing age, of whom 700,000 were pregnant women. The scale of such emergencies is vast, and requires UNFPA to invest in humanitarian preparedness and response as well as resilience-building targeting the most vulnerable women, girls and youth in fragile settings in order to ensure they are not "left behind".

II. Lessons learned

10. The regional interventions are guided by several evaluations and assessments and benefited from numerous consultations with: regional economic communities; development partners; UNFPA country offices through the 2017 regional leadership meeting and the East and Southern Africa regional office review and advisory committee; civil society organizations; academia; private sector; young people and United Nations agencies as part of the regional United Nations Development Group mechanism. Lessons learned, which are structured by the modes of engagement, illuminate key lessons learned and good practices identified during these consultations that were instrumental in shaping the focus of the regional interventions action plan, 2018-2021.

A. Advocacy and policy dialogue

- 11. The findings from the partnership assessment clearly confirm that the strength of the regional office is linked to its position at the crossroads of global and country-level interventions. Its capacity to 'bring the African voice to the global dialogues' is appreciated. Key lessons learned from the aforementioned evaluations include:
 - (a) The current policy context, determined by progress at regional level, but also challenged in some countries on specific, sensitive issues related to sexual and reproductive health and rights, shows that advocacy and capacity building interventions are required for harmonising national policies with global and regional frameworks and addressing persistent political sensitivities around sexual and reproductive health and rights, especially with regard to adolescents' sexual and reproductive health, including comprehensive sexuality education and youth access to services, women's empowerment and programming for marginalised groups; and
 - (b) Engaging with the African Union and regional economic communities on advocacy and policy dialogue has multiplier effects and the use of regional frameworks was effective in influencing national laws, policies and practices. For example, the Southern African Development Community Parliamentary Forum (SADC-PF) Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage (2016) guided the public hearings to inform legal reform in Zimbabwe. In addition, engaging with the African Union in the development and implementation of the Maputo Plan of Action and the Campaign on Accelerated Reduction of Maternal, newborn and child Mortality in Africa led to an increase in national budget on Mother and Child Health in Uganda in 2014-2106; the Campaign on Accelerated Reduction of Maternal, newborn and child Mortality in Africa was also instrumental in the decision to raise the legal age for marriage from 16 to 18 years in Malawi, as well as in the increase in the number of midwives trained in Uganda and Zambia. Finally, following a communiqué from the East Africa Legislative Assembly to national parliaments, countries of the East African Community established a budget line for sexual and reproductive health in their national budgets, which was a result of advocacy efforts by UNFPA.
 - (c) Strengthening engagements with Regional Economic Communities and building the capacities of civil society organisations on advocacy, including by providing them with relevant evidence-based advocacy tools, was expressed as a critical need by our partners that requires more investments by UNFPA.

B. Knowledge management

12. Stakeholder engagement at the outset of research and data generation is essential for evidence uptake, as was illustrated by the involvement of all the regional economic communities, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Ford Foundation and African Youth and Adolescents Network (AfriYAN), in the adolescent and youth sexual and reproductive health laws and policies analysis. Looking ahead, there is a need to ensure evidence is systematically translated into action by strengthening the capacity of governments to use evidence to drive implementation of programmes, and developing focused and action-oriented analysis of evidence, notably through various policy and programme briefs and specialised technical assistance. In this regard, there is a need to

mobilise the technical expertise required to leverage timeously the analyses generated on the demographic dividend, so that they can be integrated in national development planning as well as developing advocacy tools based on the adolescent sexual and reproductive health and rights laws and policies mapping. Developing a more robust evidence uptake strategy would also respond to this concern.

13. Another key strength of the East and Southern Africa regional office is related to its presence in 22 countries and its capacities to facilitate South-South exchanges by providing opportunities to adapt and scale up existing good practices. For example, in 2016 the East and Southern Africa regional office facilitated the involvement of Zambian stakeholders in training midwives in Botswana to insert implants. Looking ahead, the development of a knowledge management action plan would enable the provision of tools and systems, including to better monitor and track the results of South-to-South learning and capacity building efforts.

C. Capacity building

- 14. Efforts of UNFPA to build national capacities to deliver sexual and reproductive health and rights services take many forms, all guided by a concern to maximise impact. For example, through training of trainers and development of comprehensive sexuality education tools and guidelines, more than 18,000 teachers were trained in 2015 and 2016; the essential services package and the Guidelines on Gender-Based Violence Interventions in Humanitarian Settings (2005) provided additional skills to the countries to plan and implement a multi-sectoral approach to gender-based violence prevention and response and to develop training material for in-service training of youth-friendly services.
- 15. Internally, experience of the East and Southern Africa innovation network hints at the key role that communities of practice play in building capacity and stimulating engagement of staff around specific thematic areas. Strengthening capacity of UNFPA staff in the region in various thematic and programmatic matters contributes to increased effectiveness in programme delivery. Examples include the training on sexual and reproductive health and rights in the Universal Periodic Review in 17 countries; continuous capacity building on communications leading to improved visibility of UNFPA; capacity building on resource mobilization in ten countries, in addition to strategic training for senior managers, has contributed to outstanding resource mobilization results in East and Southern Africa (25 per cent of total corporate co-financing revenue recorded in 2015).
- 16. Looking ahead, there is a need to (a) scale up capacity building efforts, particularly on innovation, youth, comprehensive sexuality education and sexual and reproductive health and rights/HIV integration; and (b) better measure and showcase the results of the training efforts of the East and Southern Africa regional office. The tracking system to measure the results of family planning training that was put in place through the Preventing Maternal Deaths in East and Southern Africa programme will provide interesting lessons to develop improved training monitoring tools that could be used in other programmes, while enhanced synergy between our monitoring and evaluation and communication systems would better showcase the human impact of our capacity building efforts. Lastly, the graduation of several countries to middle-income country status and the associated decrease in sexual and reproductive health and rights funding calls for the development of upstream technical assistance modalities in specific middle-income countries, through the creation of the multicountry expertise hub in Johannesburg.

D. Partnership and coordination

17. An assessment of partnerships revealed that brokering relationships regionally, at multiple levels, is one of the major recognised strengths of the East and Southern Africa regional office. Key lessons learnt are: (a) establishing partnerships with multiple stakeholders (civil society organizations, regional economic communities, academia, and donors) is central to delivering efficiently on the other modes of intervention - advocating for policy change, building capacities for better service delivery and managing knowledge to scale up and innovate; (b) partnering with other United Nations organizations, through joint interventions or pooling resources and technical expertise, increases the effectiveness

and the impact of advocacy efforts. For example, the HIV/sexual and reproductive health and rights integration project, delivered jointly with the Joint United Nations Programme on HIV/AIDS (UNAIDS), enabled the development of guidelines on integration by the Southern African Development Community, while the joint programme with United Nations Children's Fund (UNICEF) on Child Marriage contributed to the Southern African Development Community Parliamentary Forum (SADC-PF) Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage (2016); and (c) the brokering role of the regional office between stakeholders who were previously not connected, such as regional economic communities, non-governmental organizations and governments, is effective and appreciated, not only because partnering with regional economic communities has a multiplier effect as it impacts on national laws and policies, but also because those multi-stakeholder partnerships strengthen non-state actors in the region. For example, UNFPA acted as a broker between the African Institute for Development Policy (AFIDEP) and national governments around the demographic dividend.

18. Looking ahead, partners recommended that UNFPA expand its brokering role to the next level and leverage its positioning at country, regional and global levels to connect regional and local partners to global knowledge and platforms. Other key evaluative recommendations are that the East and Southern Africa regional office should continue to broaden the range of its partners and leverage other initiatives, such as DREAMS on youth issues or research partners working regionally; and to develop a comprehensive partnership strategy, a regional economic communities engagement strategy, and to map research partners to ensure a more systematic approach to creating and monitoring partnerships, avoid over-reliance on single implementing partners, and define processes to ensure consistency in their engagement modalities.

III. Proposed interventions

The design of the regional action plan takes place within a rapidly changing political, security and development aid environment. The goals and targets of the International Conference on Population and Development, 2030 Agenda for Sustainable Development, African Union Agenda 2063, UNFPA strategic plan, 2018-2021, the relevant national priorities of 23 countries, as well as the evaluation evidence of the regional interventions, 2014-2017, provide the basis for the regional interventions action plan, 2018-2021. The East and Southern Africa regional office and strategic partners identified all four outcomes of UNFPA strategic plan, 2018-2021 as relevant to our work in the region. The regional interventions action plan, 2018-2021 is based on the principle of realization of human rights and aims to follow a participatory, gender and culturally sensitive approach, seeking to build the capacity of rights holders and duty bearers to improve the quality of life of the people in East and Southern Africa. Across all outcome areas, the regional interventions action plan will (a) execute strategic interventions that focus on ensuring benefits for those that are "furthest behind"; (b) support ideation, prototyping and piloting of innovative approaches throughout each thematic area to achieve greater programme efficiency; the established East and Southern Africa innovation network will serve as a forum to share new ideas, develop proposals and pilot initiatives for scaling up throughout the region; (c) prioritize support to multi-country interventions and interregional cooperation; and (d) mainstream disaster mitigation, emergency preparedness and strengthening resilience, specifically for countries and regions prone to disaster. UNFPA will be working with multiple partners through their frameworks for improved emergency preparedness and scaled up actions on resiliencebuilding, such as the African Union's Climate Change Strategy, the Southern Africa Subregional Framework of Climate Change Programmes of the Southern African Development Community, the Disaster Risk Reduction and Management Strategy of the East African Community, and the Strategic Framework to Support Resilient Development in Africa of the regional United Nations Development Group.

Sexual and reproductive health and rights

- The East and Southern Africa regional office will focus on evidence-based policy dialogue and advocacy, harmonizing and standardizing protocols, guidelines and legal frameworks at the regional level for sexual and reproductive health and HIV/AIDs prevention, as well as on a policy framework on generic contraceptives and other reproductive health medicines, with particular attention to adolescents, women and key populations. It particularly emphasizes improving quality and ensuring equal access to care so that no one is "left behind" in progress made on relevant targets of the Sustainable Development Goals. The formal collaboration of the regional office with regional partners such as the African Union, the New Partnership for Africa's Development, and the Southern African Development Community, including through their role as implementing partners, is an advantage in pushing the sexual and reproductive health and HIV prevention agenda forward. The regional entities such as the economic communities will be supported to strengthen the policy environment and the national adaptation of sexual and reproductive health and HIV programmes. Furthermore, the regional office will continue to be represented at various regional and sub-regional level technical working groups operationalizing the African Union Africa Health Strategy 2016-2030.
- 21. The East and Southern Africa regional office will further provide technical assistance to UNFPA country offices, regional entities and national governments in the areas of:
 - (a) quality and equitable access to sexual and reproductive health and HIV prevention among adolescents and young people, disadvantaged women including those in humanitarian contexts, through evidence-based planning and system building, including initiatives to strengthen the reproductive, maternal, newborn, child, and adolescent health (RMNCAH) workforce and maternal death surveillance and response; and
 - (b) logistic supply management for forecasting, procuring and monitoring reproductive health medicines, regional harmonization and regulation, innovation for enhanced efficiency and effectiveness, and advocacy for domestic resource allocation. The related interventions will focus on leveraging the power of UNFPA Supplies (the UNFPA thematic programme dedicated to expanding access to family planning) to maximize use of limited resources and build country-driven sustainability for universal access to human rights based family planning and reproductive health care.

Youth and adolescents

Building on results of the regional interventions, 2014-2017, the regional office will continue to work with the African Union Commission, the regional economic communities, the Parliamentary Forum of the Southern African Development Community, the East African Legislative Assembly, and relevant United Nations organizations for further endorsement of the harmonized legal framework, advocacy for acceleration of implementation of the East and Southern Africa Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health for adolescents and young people, dissemination of regional studies to inform national level policies and implementation of guidelines in the region. Interventions focusing on strengthening advocacy and capacity of parliamentarians, regional economic communities, and youth organizations on laws and policies on adolescent and youth sexual and reproductive health and rights, and in supporting capacities for in-country implementation will be scaled up. Signature actions in this intervention area will be supporting countries to (a) adopt and/or domesticate the model law on Eradicating Child Marriage and Protecting Children Already in Marriage of the Southern African Development Community; (b) align national legislation to international and continental instruments on adolescent and youth sexual and reproductive health and rights and; (c) ensure validation of regional guidance on adolescent and youth friendly health services. The regional interventions action plan will coordinate and leverage other existing initiatives such as DREAMS to ensure maximum coverage, and will build upon the experience and expertise of relevant regional stakeholders to improve and scale up expected results.

- 23. In collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and relevant civil society organizations and under the auspices of the East and Southern Africa Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health for adolescents and young people, the regional interventions action plan will also increase its focus on the institutional capacity to implement, monitor and report on quality, comprehensive sexuality education both in- and out-of-school. This will entail ensuring the institutionalization of comprehensive sexuality education in pre- and in-service training institutions for teachers in the region, building strong monitoring and evaluation systems to generate evidence around teacher/facilitator effectiveness, and learning and behavioural outcomes of young people.
- 24. Strengthening the referral mechanisms between comprehensive sexuality education and adolescent and youth-friendly health services and measuring these linkages will also be a priority. The interventions action plan will continue to improve social and behaviour change communication activities including TuneMe and other innovative approaches, also using mobile and information and communication technologies. The interventions action plan will pay particular attention to the integration of asset building, including life skills, health education and economic empowerment models within supported programmes by UNFPA in partnerships with regional and continental organizations. The interventions action plan will also target, when possible, young people with disabilities in line with the principle of leaving no one behind. Finally, the interventions action plan will continue its support to strengthen youth participation, through regional level coordination and capacity strengthening of young people and youth networks in policy, decision-making, programming, and international, regional and national development fora.

Gender equality

- 25. The East and Southern Africa regional office will provide technical support to countries in the development of action plans on sexual and reproductive health and rights recommendations of the universal periodic review to enable the integration of human rights in sexual and reproductive health and gender-based violence laws, policies and programmes. To this end, UNFPA will (a) support capacity building interventions of UNFPA staff and partners to integrate reproductive rights and gender-based violence effectively in laws, policies and programmes; (b) conduct capacity building of regional economic communities to strengthen the implementation of and adherence to international agreements, national legislation and policies for gender equality and reproductive rights; and (c) provide technical assistance to periodic scans of regional frameworks on reproductive rights and gender-based violence laws and policies.
- 26. The regional office will further provide technical assistance for the development, dissemination and implementation of multi-sectoral essential services standards on gender-based violence, and will strengthen strategic partnerships with the African Union, regional economic communities, faith-based organizations, men's and boys' networks, and parliamentarians on positive social norms change. In particular, the interventions action plan will support (a) the roll-out of the gender-based violence essential service package and the guidelines for clinical management of rape; (b) availability of gender statistics through capacity building on gender-based violence data collection; (c) documentation of good practices on sub-regional strategies for female genital mutilation abandonment to enable evidence-based regional capacity building consultations; and (d) establishment of an innovative regional network that will translate violence against women prevention evidence into action in the region, by providing policy-makers and civil society organizations with rigorous evidence and supporting them to develop actionable policy and programme recommendations.

Population dynamics and data availability

- 27. The regional interventions will focus on strengthening capacities at national and regional levels to ensure that relevant population and geospatial data and information are produced to inform advocacy, policy and programmes related to the achievement of the Sustainable Development Goals and the Programme of Action of the International Conference on Population and Development through:
 - (a) promoting the utilization of new technology (information and communication technology, satellite imagery) and innovative approaches to ensure successful implementation of the 2020 round of population and housing censuses and to inform risk mitigation strategies, including multi-country preparedness and response strategies;
 - (b) supporting the implementation of the African Programme for Accelerated Improvement of comprehensive Civil Registration and Vital Statistics (APAI-CRVS); as well as population surveys and administrative data;
 - (c) advocating for data disaggregation, mapping and small area estimation as well as demographic projection to address inequalities by ensuring adequate identification and localization of the persons "left behind"; and
 - (d) supporting regional centres of excellence, regional institutions and initiatives such as the Strategy for Harmonization of Statistics in Africa (SHaSA) and the African Symposium for Statistical Development (ASSD) to foster knowledge management and South-South cooperation.
- 28. The second core element of this outcome focuses on mainstreaming demographic intelligence to improve the relevance and effectiveness of development policies and programmes. The overall objective of demographic intelligence is to inform policy interventions and to guide strategic investments in youth and women with the transformative and multiplier effect of harnessing the demographic dividend, fostering social cohesion and sustaining peace. Young people and women constitute the majority of the population affected by insecurity and displacement; at the same time, they are key players in nurturing stability and peacebuilding. Interventions in the policy area to harness demographic dividend will empower youth and women, contributing to inclusive economic growth and potentially fostering social cohesion. Interventions will include:
 - (a) advocacy at national, regional and global levels with various stakeholders to strengthen commitments to harnessing the demographic dividend and achieving the Programme of Action of the International Conference on Population and Development and to facilitate the integration of these issues in national and sectoral development frameworks. A particular focus will be on advocacy and partnership with the African Population Experts Committee of the African Union specialized technical committee on Health, Population and Drug Control (STC-HPDC) as the institutional setting for the monitoring and reporting of the Addis Ababa Declaration on Population and Development. Similarly, the regional office will support regional economic communities, especially Southern African Development Community and East African Community, in following the Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014 and the Sustainable Development Goals;
 - (b) knowledge generation and management to capitalise on increasing national and regional experience while availing international expertise and knowledge. An important aspect of this intervention will be the development of a knowledge strategy and supporting the establishment of a regional hub for capacity development and South-South cooperation on population and development; and
 - (c) building and strengthening partnership and coordination with data communities, data ecosystem, United Nations organizations, academic and research institutions and policy makers.

IV. Action plan management, resource mobilization, partnerships and monitoring and evaluation

Programme management

- 29. The regional director, with support from the management team, is responsible for overseeing the development, implementation, monitoring and evaluation of the regional interventions action plan, 2018-2021, thereby applying the principles of integrated and participatory approaches. The regional director ensures that the implementation of the regional interventions is aligned to global strategies, corporate accountability and security framework,; and responsive to thematic priorities and initiatives. At the technical level, the regional interventions will seek to work closely with the regional United Nations Development Group members to accelerate the implementation of programmatic frameworks, including the regional middle-income countries strategy and the regional resilience framework; and the implementation of regional joint programmes targeting specific sub-regions (Great Lakes and Horn of Africa) as well as specific thematic joint programmes, particularly around HIV/AIDS, that were developed between 2015 and 2017.
- 30. The regional office will develop a technical assistance strategy outlining the three modalities of integrated technical and programming support to country offices and their linkages with the results and selected countries as per the regional interventions action plan results and resources framework. The technical support modalities under the regional interventions action plan include: (a) facilitation of knowledge exchange through South-South cooperation; (b) support between country offices whereby the findings of the UNFPA regional skills mapping exercises will be applied; (c) brokering of technical support by qualified regional institutions and vetted consultants; and (d) direct provision of support by the regional office through desk review, organization of regional capacity building workshops and in-country capacity building missions, with a particular focus on identified cluster of countries, i.e. middle-income countries, countries participating in regional noncore funded programmes, humanitarian settings and fragile countries.

Resource mobilization and partnerships

- 31. The achievement of the regional interventions action plan, 2018-2021, proposed results will be dependent upon mobilizing resources to cover the programme funding gap and building strategic partnerships for advocacy, visibility, innovation and implementation. The catalysts for change in the East and Southern Africa regional interventions action plan, 2018-2021, will be to:
 - (a) Further develop partnerships with all partners of the Development Assistance Committee of the Organisation for Economic Co-operation and Development present locally and regionally for development and humanitarian programmes with a focus on building up a strong network with regional humanitarian partners in Nairobi (hub for the Great Lakes and Horn of Africa);
 - (b) Mobilize resources from multilateral partners including the European Development Fund of the European Union; the European Civil Protection and Humanitarian Aid Operations (ECHO); international financial institutions, the African Development Bank, World Bank, Islamic Development Bank; and international financing organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and UNITAID;
 - (c) Intensify efforts to mobilize domestic resources supporting UNFPA country offices in their negotiations with East and Southern African governments for additional

- contributions to UNFPA core and non-core budgets, with special attention to designated resource mobilization engines;
- (d) Increase outreach to non-traditional partners at country and regional levels for South-South cooperation, sourcing innovative solutions, and multilateral funding focusing on China, Brazil and countries of the Gulf Cooperation Council;
- (e) Create new partnerships with the private sector, particularly in Kenya and South Africa, and target value added partnerships for advocacy, visibility, innovation and fundraising;
- (f) Expand strategic partnerships with key political, scientific and operational partners, including the African Union and the New Partnership for Africa's Development; the regional economic communities (East African Community (EAC), Intergovernmental Authority on Development (IGAD), the Indian Ocean Commission (IOC) and Southern African Development Community (SADC)); United Nations partners (H6; the Office of the United Nations High Commissioner for Refugees (UNHCR); the International Labour Organization (ILO); the World Food Programme (WFP), and the International Organization for Migration (IOM)), (international) non-governmental organizations, academia, research institutes, health professional associations, and foundations in East and Southern Africa.

The success of the resource mobilization and strategic partnerships strategy of the regional interventions action plan, 2018-2021, will be intrinsically linked to the enhancement of the quality of regional and country offices' proposals and reports; continued monitoring of impact of non-core resources; and intensified communication with all partners and increased UNFPA visibility.

- 32. The regional office will maintain strong inter-agency collaboration at the regional level, including through the participation of the regional director in the regional United Nations Development Group as well as the leadership of UNFPA in the implementation of the business operations strategy agenda and the overall programmatic quality assurance of and support interventions to the 22 United Nations country teams.
- 33. Effective communication is a corporate priority and a critical element of the strategic plan. Media and communication interventions were initiated in the regional interventions action plan, 2014-2017. However, the current regional development context requires the adoption of an effective, bold and timely communication agenda. The region needs to be more creative and innovative in communicating its results in order to advance the mandate of the organization. In view of limited media and public attention to our mandate, more effective approaches are needed to frame and position our issues within the current development landscape and public sphere. The positions and opinions of critical stakeholders to the UNFPA mandate also require careful scanning, monitoring and strategic influence.
- 34. Targeting messages to specific audiences (e.g. parliamentary groups, opinion leaders and influential groups, United Nations system partners, donors and other key development partners) is critical to facilitating conversations with various partners. In addition, the robust use of sound arguments and messages backed by solid evidence, and personal testimonies would help achieve media and social change. Within the regional interventions action plan, 2018-2021, greater emphasis will be placed on digital communication for broader public reach and creative utilization of data and brand journalism for effective storytelling, disseminating results. These will contribute to the nurturing of positive opinions and informed positions of strategic partners at regional level to the mandate of UNFPA.

Monitoring, review and evaluation

35. The implementation of the regional interventions action plan, 2018–2021, will be monitored and evaluated, guided by the relevant UNFPA procedures and guidelines and by the principles of results-based management while using a human rights-based approach to programming. Distinction will be made between situation monitoring (i.e. monitoring of progress towards achieving the regional and national goals to which the regional

interventions action plan contributes) and performance monitoring (i.e. monitoring and evaluation of the activities of the East and Southern Africa regional interventions action plan 2018–2021).

- 36. Situation monitoring relies on routine monitoring and data collection mechanisms at regional and national levels, and on the studies and surveys included in the results and resources framework. Performance monitoring includes the following monitoring and evaluation tools and activities:
 - (a) A midterm review will be undertaken in quarter four of 2019 to assess achievements and shortcomings as well as to identify strategies for the remaining programme period; whereas at the end of the cycle, an end-line evaluation will be conducted to assess the effectiveness, efficiency, impact, relevance, coherence and sustainability of the regional interventions. Feedback on good practices and lessons learned will serve as a guide for the formulation of subsequent regional interventions action plans, as well as for advocacy and resource mobilization (see Table 1 for the costed evaluation plan);
 - (b) The monitoring of the regional interventions action plan results and resources framework will be based on an approved set of indicators and milestones. The UNFPA corporate strategic information system will be used to collect data for each indicator and milestone on a quarterly basis. Monitoring of financial performance will be conducted using the global programming system and its related reporting tools. The regional monitoring and evaluation advisor and the programme coordination unit will ensure the quality and validity of data and information entries in the strategic information system and the global programming system respectively, whereas the regional office management will ensure the utilization of performance data for resource allocations, design of risk mitigating measures and changes in implementation modalities, if necessary;
 - (c) Monitoring and oversight visits will be conducted regularly by the regional office. Government stakeholders, regional economic community representatives, civil society and external development partners, including donors, may be invited to participate in planned monitoring visits.
- 37. Lastly, the East and Southern Africa regional office remains strongly committed to compliance with audit standards and processes. It will therefore continue to (a) conduct periodic on-site reviews and spot checks of financial records of the strategically selected implementing partners; (b) invest in further building its own capacity and that of its implementing partners and country offices in planning and budgeting, financial management, procurement processes, record keeping, monitoring and evaluation, data collection and reporting processes; (c) systematically monitor audit observations and implement appropriate actions; and (d) conduct annual reviews of its internal control mechanisms, including fraud and risk assessments.

Table 1: Costed evaluation plan

Evaluation title	Purpose of the evaluation	Timeline	Estimated cost (\$)	Source of Funding	Evaluation partners
East and Southern Africa regional interventions action plan midterm review	Assessment of the progress towards achieving regional interventions outputs	December 2019	25,000		
East and Southern Africa regional interventions action plan evaluation	Assessment of the relevance, effectiveness, efficiency and sustainability of the UNFPA East and Southern Africa regional interventions action plan to provide evidence of overall programme performance and achievement of planned results and to inform the development of new programme quality support and assurance	December 2020	90,000	Regular resources	Country offices, programme division and evaluation office
Joint United Nations regional programme on sexual and reproductive health and rights/HIV and sexual and gender- based violence integration midterm evaluation	Midterm evaluation to be undertaken to assess progress, gaps, risks and challenges to integration	December 2019	100,000	Other	Country offices, UNAIDS,
Joint United Nations regional programme on sexual and reproductive health and rights/HIV and sexual and gender- based violence integration end of project evaluation	End of project evaluation to be undertaken to determine achievements, gaps and future direction for sexual and reproductive health and rights integration	December 2021	100,000	resources	UNICEF and WHO
SYP (Safeguard Young People Programme) - end of phase review	Assessment of the relevance, effectiveness, efficiency and sustainability of the SYP programme and its progress against the result framework	December 2019	150,000	Other resources	SDC, country offices, RECs and other key stakeholders

Annex 1. Results and resources framework

Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality

rights, and ger	1	Impact indicators	Baseline 2017	Target 2021		
1) Maternal mo	rtality ratio fo	or the East and Southern Africa region	407	202		
		ern African countries with an adolescent birth rate of less than 90/1,000 women	11	15		
	2017	Botswana, Burundi, Comoros, Eritrea, Ethiopia, Mauritius, Namibia, Rwanda, Seychelles, South Africa and Swaziland				
Countries: 2021 Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Mauritius, Namibia, Rwanda, Seychelles, South Africa, and Zimbabwe						
		ations Programme on HIV/AIDS (UNAIDS) fast-track countries ¹ in the East and Southern Africa region with a HIV least 75 per cent from 2010 to 2021	0	13		
	2017	None				
Countries:	2021	Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Uganda, Tanzania, Zan	nbia and Zimb	oab we		
4) Number of I age 18	East and South	ern African countries reporting less than 30 per cent of women aged 20-24 years who were married or in a union before	11	17		
	2017	Angola, Botswana, Burundi, Lesotho, Kenya, Mauritius, Namibia, Rwanda, Seychelles, South Africa and Swaziland.				
Countries:	2021	Angola, Botswana, Burundi, Comoros, Democratic Republic of Congo, Lesotho, Kenya, Madagascar, Mauritius, Namib South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.	ia, Rwanda, S	Seychelles,		
		adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive ts, free of coercion, discrimination and violence	health service	es and		
		Outcome indicators	Baseline 2017	Target 2021		
1) Number of I	East and South	ern African countries with skilled birth attendance rate above 75 per cent	13	16		
Countries	2017	Botswana, Burundi, Comoros, Democratic Republic of Congo, Lesotho, Mauritius, Malawi, Namibia, Rwanda, Seychel Swaziland and Zimbabwe	les, South Afr	ica,		
Countries:	2021	Botswana, Burundi, Comoros, Democratic Republic of Congo, Lesotho, Mauritius, Malawi, Mozambique, Namibia, Rw Africa, Swaziland, Tanzania, Uganda and Zimbabwe	anda, Seyche	lles, South		
2) Number of I	East and South	ern African countries that have reduced unmet need for family planning by 50 per cent	0	15		
Countries	2017	None				
Countries: 2021 Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Ugand						

¹ 16 countries in the East and Southern Africa region are identified as a UNAIDS fast-track country. Angola, Democratic Republic of Congo and South Sudan will not be prioritized in the regional interventions action plan, 2018-2021 based on the high incidence/prevalence rates of the other 13 countries.

3) Number of F	Fact and Souther	rn African countries with a modern contraceptive prevalence rate of at least 50 p	er cent			8	17
3) INUMBER OF I	2017	Botswana, Kenya, Malawi, Lesotho, Namibia, South Africa, Swaziland and Zim				U	17
Countries:	2021	Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Tanzania, Uganda, Zambia and Zimbabwe		, Namibia, R	wanda, South	Africa, Swaz	iland,
1) Proportion o	of Joint United N	Nations Programme on HIV/AIDS (UNAIDS) fast-track countries providing com	bination preve	ention option	to at least	Δ.	100
90 per cent of p	people at risk (a	dolescent girls and young women and key populations)				0	100
Countries:	2017	0					
	2021	Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Af				nbia and Ziml	oab we
*		rn African countries with at least 50 per cent of primary health care facilities pro	viding integra	ated sexual a	nd	0	8
eproductive he	ealth services					U	U
Countries:	2017	0					
	2021	Botswana, Lesotho, Malawi, Namibia, Swaziland, Uganda, Zambia and Zimbab					_
		ern African countries that have domesticated policy instruments (guideline, strate	gies, bills) on	sexual and r	eproductive	0	11
ealth and HIV		l Economic Communities					
Countries:	2017	0					
Countries:	2021	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar					
Output 1: Enh	2021 nanced nationa	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar and regional capacities to develop and implement policies and programmes				eproductive l	health and
Output 1: Enh	2021	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar and regional capacities to develop and implement policies and programmes	s that prioriti	ize access to	sexual and r		
Output 1: Enh	2021 nanced nationa	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar and regional capacities to develop and implement policies and programmes				Target 2020	health and Target 2021
Output 1: Entrights informated in Number of r	2021 nanced national ation and service regional entities	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
Output 1: Endinghts information 1) Number of references and and a	2021 nanced nationa nation and service regional entities reproductive he	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines	s that prioriti	ze access to Target	sexual and r	Target	Target
Output 1: Entrights information 1) Number of recorder sexual and the East and Sout	2021 nanced national nation and service regional entities reproductive he hern Africa	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines alth and HIV	Baseline 2017	Target 2018	Target 2019	Target 2020 3	Target 2021
Output 1: Enhights informa O Number of ror sexual and the cast and Soutesional office	2021 nanced national nation and service regional entities reproductive her hern Africa e (ESARO)	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines	Baseline 2017	Target 2018	Target 2019	Target 2020 3	Target 2021
Output 1: Entrights informa 1) Number of refor sexual and regional office support focus	2021 nanced nationa ation and service regional entities reproductive her hern Africa e (ESARO) es on ² :	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines alth and HIV Economic Commission for Africa, Intergovernmental Authority on Developm	Baseline 2017	Target 2018	Target 2019	Target 2020 3	Target 2021
Output 1: Entrights informa 1) Number of refor sexual and regional office support focuse 2) Number of F	2021 nanced national ation and service regional entities reproductive he. hern Africa e (ESARO) es on ² : East and Souther	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines alth and HIV Economic Commission for Africa, Intergovernmental Authority on Development African countries that have supportive, costed adolescent and youth sexual	Baseline 2017	Target 2018	Target 2019	Target 2020 3	Target 2021
Dutput 1: Entrights information sexual and sexual and sexual and sexual office support focused. Number of End reproductive	regional entities reproductive he hern Africa e (ESARO) es on ² :	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines alth and HIV Economic Commission for Africa, Intergovernmental Authority on Development African countries that have supportive, costed adolescent and youth sexual gies in place that are up-to-date	Baseline 2017 0 nent, and Sout	Target 2018 1 thern African	Target 2019 2 Developmen 6	Target 2020 3 t Community	Target 2021 3
Dutput 1: Entrights information of record and sout regional office support focuses. Number of End reproductive ESARO support	regional entities reproductive he hern Africa e (ESARO) es on ² : East and Souther we health strategoort focuses on:	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines alth and HIV Economic Commission for Africa, Intergovernmental Authority on Development African countries that have supportive, costed adolescent and youth sexual gies in place that are up-to-date Botswana, Democratic Republic of Congo, Lesotho, Kenya, Mozambique, Na	Baseline 2017 0 nent, and Sout	Target 2018 1 thern African	Target 2019 2 Developmen 6	Target 2020 3 t Community	Target 2021 3
Dutput 1: Enhanced in the production of Foundation of Foun	regional entities reproductive her Africa e (ESARO) es on ² : East and Souther to cuses on: East and Souther to cuses on:	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines alth and HIV Economic Commission for Africa, Intergovernmental Authority on Development African countries that have supportive, costed adolescent and youth sexual ries in place that are up-to-date Botswana, Democratic Republic of Congo, Lesotho, Kenya, Mozambique, Natura African countries that positively address laws and/or policies presenting	Baseline 2017 0 ment, and Sout 2 amibia, Ugano	Target 2018 1 thern African 4 da and Tanza	Target 2019 2 Developmen 6 nia	Target 2020 3 t Community	Target 2021 3
Dutput 1: Enhanced in the productive services of Fund reproductive ESARO support for	regional entities reproductive her Africa e (ESARO) es on ² : East and Souther to cuses on: East and Souther to cuses on:	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines alth and HIV Economic Commission for Africa, Intergovernmental Authority on Development African countries that have supportive, costed adolescent and youth sexual gies in place that are up-to-date Botswana, Democratic Republic of Congo, Lesotho, Kenya, Mozambique, Na	Baseline 2017 0 nent, and Sout	Target 2018 1 thern African	Target 2019 2 Developmen 6	Target 2020 3 t Community	Target 2021 3
Dutput 1: Enhights information of received and south egional office upport focused Number of End reproductive ESARO support focused Number of Esarriers to HIV ex with men)	regional entities reproductive he hern Africa e (ESARO) es on ² : East and Souther we health strategort focuses on: East and Souther prevention, tre	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines alth and HIV Economic Commission for Africa, Intergovernmental Authority on Development African countries that have supportive, costed adolescent and youth sexual gies in place that are up-to-date Botswana, Democratic Republic of Congo, Lesotho, Kenya, Mozambique, Natura African countries that positively address laws and/or policies presenting atment and care to at least one key population (sex workers or men who have	Baseline 2017 0 ment, and Sout 2 amibia, Ugano 0	Target 2018 1 thern African 4 da and Tanza	Target 2019 2 Developmen 6 nia 6	Target 2020 3 t Community 8	Target 2021 3
Dutput 1: Entrights information of regional office support focuse 2) Number of Fund reproductive ESARO support focuse of Esarciers to HIV sex with men ESARO suppose ESARO suppose of Esaro suppo	regional entities reproductive he hern Africa e (ESARO) es on ² : East and Souther we health strategort focuses on: East and Souther prevention, tre	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzar land regional capacities to develop and implement policies and programmes ces Output indicators that have harmonized and standardized at least two regional policy guidelines alth and HIV Economic Commission for Africa, Intergovernmental Authority on Development African countries that have supportive, costed adolescent and youth sexual ries in place that are up-to-date Botswana, Democratic Republic of Congo, Lesotho, Kenya, Mozambique, Natural African countries that positively address laws and/or policies presenting atment and care to at least one key population (sex workers or men who have	Baseline 2017 0 ment, and Sout 2 amibia, Ugano 0	Target 2018 1 thern African 4 da and Tanza	Target 2019 2 Developmen 6 nia 6	Target 2020 3 t Community 8	Target 2021 3

² The East and Southern African countries reflected in the results and resources framework under East African Community output indicator were identified by the regional baseline assessment of 94 relevant indicators that ESARO conducted in Q1-2017, which included specification if support by the regional office was required for each output indicator.

5) Number of East and Southerr other reproductive health medic	African countries that have policy instrument on generic contraceptives and	3	6	8	10	12
ESARO support focuses on:	Botswana, Comoros, Kenya, Malawi, Namibia, Swaziland, Tanzania, Uganda	and Zamhia				
ESAKO support focuses on:	Partners	and Zamora	Indica	tive regular	resources (do	llare)
Implementing partners:	None		463,899	466,117	475,609	478,509
implementing partners.	Swedish International Development Cooperation Agency, Department for Inte	rmational			esources (dol	
Donors:	Development (DFID), PACKARD, Maternal Health Thematic Fund donors, U donors, UNFPA Learning Fund	JBRAF	maic	auve omer 1	esources (uoi	1418)
Other strategic partners:	African Union Commission, African Union, Pan African Parliament, Southern Development Community, Southern African Development Community-Parliament, Southern African Development Community-Parliament, Southern African Development (NEPAD), East African Community-Parliament, New Partnership for Africa's Development (NEPAD), East African Community-Parliament, New Partnership for Africa's Development (NEPAD), East African Community-Parliament, New Partnership for African Community-Parliament, New Parliament, Ne	1,312,485	1,320,748	1,334,953	1,339,916	
Output 2: National capacities are settings	strengthened to deliver quality integrated sexual and reproductive health services a	nd informati	on, in particul	ar for adolesce	ents and in hui	manitarian
.,	Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of East and Southerr used by all midwifery training in	African countries that have adopted standard midwifery curriculum that is assistitutions	9	9	10	11	15
ESARO support focuses on:	Angola, Botswana, Burundi, Lesotho, Malawi and Rwanda					
	African countries that have integrated Minimum Initial Service Package etric neonatal care, gender-based violence, HIV prevention) in the pre-service s and doctors	0	2	4	6	7
ESARO support focuses on:	Ethiopia, Kenya, Lesotho, Rwanda, South Sudan, Uganda and Zambia					
3) Number of East and Southerr and Response systems in place t	African countries that have robust and resilient Maternal Death Surveillance hat fulfil all ten selected criteria	5	6	9	10	12
ESARO support focuses on:	Angola, Burundi, Eritrea, Madagascar, Namibia, Rwanda and Zimbabwe					
	African countries that are providing comprehensive HIV/sexual and specific population groups, disaggregated by (i) adolescents and young people; on	0/0	2/2	4/4	6/6	8/8
ESARO support focuses on:	Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Swaziland and Z	imbabwe				
	Partners		Indica	tive regular	resources (do	ollars)
Implementing partners:	None		356,846	361,923	367,853	370,530
Donors:	Swedish International Development Cooperation Agency, Department for Inte Development (DFID), UNFPA Supplies donors and UBRAF donors	ernational	Indic	ative other r	esources (dol	lars)
Other strategic partners:	African Union Commission, African Union, Pan African Parliament, Southern	A C.:	760,000	860,000	860,000	860,000

	Development Community, Southern African Development Community-Parlian Forum, New Partnership for Africa's Development (NEPAD), East African Co (EAC), East African Legislative Assembly (EALA), International Planned Par Federation (IPPF), United Nations agencies, World Bank, John Snow, Inc. (JSI), Organization of African First Ladies against HIV/AIDS (OAFLA), Profe Bodies	ommunity renthood essional				
Output 3: National capacities including in humanitarian set	are strengthened to effectively forecast, procure, distribute and track the delings	elivery of sex	cual and rep	roductive hea	alth commodi	ities,
metuding in numamearian sec	Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
including last mile tracking, for	African countries using functional logistics management information system, forecasting and monitoring contraceptives, essential medicines and supplies	10	12	15	18	19
ESARO support focuses on:2) Number of East and Southern procurement plan available	Angola, Botswana, Burundi, Comoros, Democratic Republic of Congo, Kenya African countries with a preparedness sexual and reproductive health	, Lesotho, M	adagascar and	d Namibia 13	17	18
ESARO support focuses on:	Angola, Botswana, Comoros, Kenya, Mozambique, Namibia, Rwanda and Tara African countries that have adopted total market approach in allocation of commodities	nzania 0	4	6	8	10
ESARO support focuses on:	Botswana, Democratic Republic of Congo, Kenya, Lesotho, Madagascar, Swa	ziland, Tanza	ania, Uganda,	Zambia and	Zimbabwe	
4) Number of countries with ger procurement	nerics constituting 50 per cent of their total public sector contraceptive	0	1	2	3	4
ESARO support focuses on:	Ethiopia, Madagascar, South Sudan and Zimbabwe					
	Partners		Ind	icative other r	esources (dolla	ars)
Implementing partners:	Southern African Development Community, East African Community, Univer Rwanda, University of Nairobi	Ů				
Donors:	Swedish International Development Cooperation Agency, Department for International Development (DFID) and UBRAF donors					
Other Strategic Partners:	African Union Commission, African Union, Pan African Parliament, Southern Development Community, Southern African Development Community-Parliament, Southern African Development Community-Parliament, Southern African Development (NEPAD), East African Community-Parliament, New Partnership for Africa's Development (NEPAD), East African Community-Parliament, Southern Planned Parliament, Southern Planned Parenthood Federation (IPPF), Joint United Nations Programme on H (UNAIDS), United Nations Children's Fund (UNICEF), World Bank, John Sm. (JSI), Organization of African First Ladies against HIV/AIDS (OAFLA), Community Parliament, New York, New	mentary ommunity, rnational IV/AIDS ow, Inc.	1,554,196	1,564,277	1,576,264	1,584,610

Outcome 2: Every adolescent contexts	and youth, in particular adolescent girls, is empowered to have access to see	xual and rep	roductive he	alth and rep	roductive rig	hts, in all
Contests	Outcome indicators				Baseline 2017	Target 2021
	(aged 15-24 years) in East and Southern African region who say they used a concer, of those who have had sex with such a partner in the last 12 months	dom the last t	ime they had	sex with a	48	70
	15-24 years) in the East and Southern African region who are involved in decision	on making for	contraceptiv	e use	88	95
3) Proportion of youth aged (15-24) in the East and Southern African region who report having been tested for HIV in the last 12 months and received results					29	50
	5-24 years) in ten selected East and Southern African countries (Kenya, Madagas a, South Africa, Zambia) not in education, employment or training	scar, Mozamb	ique, Malawi	, Rwanda,	19	10
Output 4: The legal and police rights	y environment at regional and national levels is improved to address adoles	cents' and yo	oung people's	s sexual and	reproductive	health and
	Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
	1) Number of East and Southern African countries that have adopted the model law on child marriage of the Southern African Development Committee (Southern African Development Community)			3	4	5
	ESARO support focuses on: Malawi, Mozambique, Tanzania, Z	Zambia and Z	imbabwe			
	n African countries that have laws that allow adolescents below the age of 18 oductive health services and information	4	5	6	8	10
	ESARO support focuses on: Botswana, Malawi, Rwanda and Z	ambia				
3) Number of Regional Econor health services for adaptation b	nic Communities that have validated regional standards for youth friendly y Member States	0	0	0	1	2
•	ESARO support focuses on: East African Community and Sout	hern African	Development	Community		
4) Number of East and Souther marriage	n African countries with a costed national action plan on addressing child	3	4	5	6	8
_	ESARO support focuses on: Ethiopia, Kenya, Madagascar, Sou	ıth Sudan and	Zimbabwe			
	Partners				resources (de	
Implementing partners:	To be determined through competitive selection and/or capacity assessment		124,422	124,782	126,259	126,729
	Swiss Agency for Development and Cooperation, Department for International		Indic	cative other r	resources (do	lars)
Donors:	Development (DFID), European Union, UNFPA Learning Fund, Global Affai Swedish International Development Cooperation Agency, Gates Foundation, and Johnson					
Other strategic partners:	Regional Economic Communities, Southern African Development Communities, Parliamentary Forum, East African Legislative Assembly (EALA), United Natural Children's Fund (UNICEF), World Health Organization, International Planner Parenthood Federation (IPPF), Girls Not Brides, Save the Children, and Afric Commission	ations d	781,855	838,500	898,500	908,500

Output 5: Adolescents and yo	ung people are empowered with capabilities and skills to make informed de	cisions and 1	maintain hea	lthy sexual be	ehaviours	
	Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of East and Souther	African countries that have integrated asset building and/or economic					
empowerment strategies within	the UNFPA supported youth programme, especially in child marriage	2	5	8	10	14
programmes.						
	ESARO support focuses on: Botswana, Kenya, Malawi, Rwand	a, Swaziland	, Tanzania, Za	ambia and Zin	nbabwe	
	n African countries that adopted the regional resource package on	2	5	8	10	14
comprehensive sexuality educa						17
	ESARO support focuses on: Angola, Botswana, Lesotho, Moza	mbique, Nan	nibia, Swazila	nd and Zimba	bwe	
	n African countries with comprehensive sexuality education institutionalized in	10	15	18	21	21
pre-service and in-service teach						
	ESARO support focuses on: Angola, Botswana, Burundi, Nami		ique and Rwa	ında	1	
· ·	n African countries that have adopted and launched TuneMe - adolescent	5	7	9	10	11
sexual and reproductive health	<u> </u>			_		
	ESARO support focuses on: Ethiopia, Lesotho, Rwanda, Swazi	land and Tan				
	Partners		Indica	tive regular	resources (do	llars)
Implementing partners:	Praekelt Foundation, SAfAIDS, and others, if needed, to be determined through	gh	181,534	183,917	186,453	189,130
	competitive selection and/or capacity assessment	¬ 1	ŕ	·	,	,
D	Swiss Agency for Development and Cooperation, Packard Foundation, Coca C		Indic	ative other r	esources (dol	ars)
Donors:	Foundation, Rockefeller Foundation, Gates Foundation, Johnson and Johnson Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	, and the				
	United Nations Educational, Scientific and Cultural Organisation (UNESCO),	Laint				
	United Nations Programme on HIV/AIDS (UNAIDS), UNDP, United Nations		1.025.050	1 022 000	0.4.4.000	054.000
Other strategic partners:	Fund (UNICEF), Girls Not Brides, International Labour Organization, British		1,025,050	1,032,000	944,000	854,000
Other strategic partners.	Save the children, DREAMS Innovation Challenge, Regional Economic Com					
	and African Union Commission	mumues				
Output 6: Functional systems	are in place to improve adolescents' and young people's leadership and par	ticination in	nrogramme	nlanning im	nlementation	and
evaluation in development an		ticipation in	programme	piummg, m	ришении	unu
e, araution in de (cropinent an		Baseline	Target	Target	Target	Target
	Output indicators				2020	
1) Nl CF 1.C 1	-	2017	2018	2019	2020	2021
	n African countries with functional national youth networks advocating for				2020 18	2021
1) Number of East and Souther adolescent sexual and reproduc	n African countries with functional national youth networks advocating for tive health and rights	2017 15	2018	2019		
adolescent sexual and reproduc	n African countries with functional national youth networks advocating for tive health and rights ESARO support focuses on: Angola, Ethiopia, Lesotho and Sw	2017 15	2018	2019		
adolescent sexual and reproduce 2) Number of East and Souther	African countries with functional national youth networks advocating for tive health and rights ESARO support focuses on: Angola, Ethiopia, Lesotho and Swan African countries that have integrated adolescents and youth participation in	2017 15	2018	2019		
adolescent sexual and reproduc	African countries with functional national youth networks advocating for tive health and rights ESARO support focuses on: Angola, Ethiopia, Lesotho and Swan African countries that have integrated adolescents and youth participation in response	2017 15 aziland 0	2018 16	2019 17 7	9	20
adolescent sexual and reproduce 2) Number of East and Souther	African countries with functional national youth networks advocating for tive health and rights ESARO support focuses on: Angola, Ethiopia, Lesotho and Swan African countries that have integrated adolescents and youth participation in	2017 15 aziland 0	2018 16	2019 17 7	9	20

	Partners		Indica	tive regular ı	resources (do	lars)
Implementing partners:	To be determined through competitive selection and/or capacity assessment		181,394	183,656	185,700	188,221
Donors:	Swiss Agency for Development and Cooperation, Swedish International Development Cooperation Agency, Gates Foundation, Johnson and Johnson, Denmark	lopment	Indica	ative other re	esources (doll	ars)
Other strategic partners:	United Nations Educational, Scientific and Cultural Organisation (UNESCO), United Nations Programme on HIV/AIDS (UNAIDS), Southern African AIDS Office of the United Nations High Commissioner for Human Rights (OHCHR Children, AfriYAN, AY+, YAPs, any other youth network relevant to the sco	Trust,), Save the	309,496	310,288	285,331	261,944
Outcome 3: Gender equality,	the empowerment of all women and girls, and reproductive rights are advar	iced in deve	lopment and	humanitaria	n settings	
	Outcome indicators ³				Baseline 2017	Target 2021
	mutilation joint programme countries in the East and Southern African region the undergone female genital mutilation	at achieve a	40 per cent red	luction of	0	75
Countries: 2017 2021	None Ethiopia, Kenya and Uganda					
2) Number of East and Southern rights and gender equality	African countries with functional and compliant tracking and reporting mechan	isms on sexu	al and reprod	uctive	10	23
Countries: 2017 2021	Burundi, Kenya, Malawi, Namibia, Rwanda, South Africa, Swaziland, Tanzar All East and Southern African countries	nia, Uganda	and Zambia			
Output 7: National human rig	hts protection systems are strengthened to advance gender equality and em	powerment	of women and	d girls		
	Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
	African countries with an action plan for the implementation of the universal ns on sexual and reproductive health and rights	1	4	9	14	20
ESARO support focuses on:	Angola, Botswana, Burundi, Democratic Republic of Congo, Ethiopia, Kenya, Zambia	Lesotho, M	adagascar, Rw	anda, Swazila	and, Tanzania	and
	Partners		Indica	tive regular ı	resources (do	lars)
Implementing partners:	Country Offices and National Human Rights Institutions		142,703	143,303	145,765	146,548
Donors:	Identified by donor mapping exercise		Indica	ative other re	esources (doll	ars)
Strategic partners:	Regional Economic Communities and United Nations organizations, particula	rly Office	0	50,000	50,000	50,000

- 3

³ When the regional interventions action plan was developed, data to measure indicators 5.2.1 and 5.2.2 of the Sustainable Development Goals on *Proportion of ever-partnered women and girls aged 15+ subjected to physical, sexual, or psychological violence by a current or former intimate partner in the previous 12 months as well as the <i>Proportion of women and girls aged 15+ subjected to sexual violence by persons other than an intimate partner in the previous 12 months,* were available from DHS from only eight countries - this made it difficult to define a baseline and relevant targets. Through the regional interventions, 2018-2021 ESARO commits to support countries to set the baseline for monitoring Sustainable Development Goals target 5.2.

		of the United Nations High Commissioner for Human Rights (OHCHR)					
		city to prevent and address gender-based violence and harmful practices is	improved in	developmen	nt and human	itarian conte	exts at
national and 1	regional levels	Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of o		border initiatives for female genital mutilation abandonment within the East	1	4	6	8	10
	port focuses on:	Eritrea, Ethiopia, Kenya and Uganda					
		African countries with a functional national gender-based violence					
	anagement system		4	8	12	16	19
	port focuses on:	Angola, Botswana, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambi Zimbabwe	ique, Namibia	a, Rwanda, S	waziland, Tan	zania, Zambia	a and
3) Number of l	East and Southern	African countries with national clinical management of rape guidelines	7	11	13	15	17
ESARO supp	port focuses on:	Burundi, Democratic Republic of Congo, Ethiopia, Madagascar, Mozambique	, Namibia, S	outh Sudan, S	waziland and	Uganda	
	twork of research tion operationaliz	ers, civil society organizations and policy makers to upscale violence against	No	No	Yes	Yes	Yes
		African countries that have implemented the Essential Services Package	4	9	14	19	21
,	ort focuses on:	Burundi, Comoros, Democratic Republic of Congo, Lesotho, Madagascar, Son	uth Sudan and	d Swaziland			
**		Partners			ative regular	resources (do	ollars)
Implement	ing partners:	Sonke Gender Justice- Equality Now		125,703	126,303	128,765	129,548
Do	nors:	European Union, Department for International Development (DFID) and UNF Learning Fund	FPA	Indic	cative other r	esources (dol	lars)
Strategic	c partners:	ŭ			1,016,200	1,018,142	1,023,042
Outcome 4: E	vervone, evervw	here, is counted, and accounted for, in the pursuit of sustainable developme	ent				
	, , , , , , , , , , , , , , , , , , ,	Outcome indicators				Baseline 2017	Target 2021
		African countries that produce <i>domesticated</i> sustainable development indicatoral principles of official statistics	rs with full di	saggregation,	, in	0	20
	2017	None					
Countries:	2021	All East and Southern African countries, excluding Eritrea, Democratic Reput	olic of Congo	and South Su	udan		
2) Number of linternational st		African countries that have conducted a Population and Housing Census in the	2020 round	of censuses as	s per	6	16
	2017	Comoros, Ethiopia, Lesotho, Madagascar, Mozambique and Swaziland					
Countries:	2021	Potewana Purundi Comeros Demogratia Papublic of Congo Ethiopia Konya Lasotha Madagascar Malawi Mauri					oique,
2) Number of l	Fact and Southern	African countries that have achieved 80 per cent birth registration and 50 per c	ent death reg	istration		3	13
3) Number or							

	2021	Burundi; Botswana, Ethiopia, Lesotho, Kenya, Mauritius, Namibia, Mozambio Zimbabwe	que, Rwanda	, Seychelles, S	South Africa	, Swaziland and	d
		thern African countries that have developed national strategies and programmes that	incorporate t	the findings of	f the	4	23
national demog						•	20
Countries:	2017	Kenya, Rwanda, Uganda and Zambia					
	2021	All East and Southern African countries					
Output 9: Na	tional popu	lation data systems have the capacity to map inequalities and inform intervention					
		Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of l registration rec		thern African countries that generate and publish vital statistics based on civil and death)	6	9	10	12	15
ESARO sup	port focuses	on: Democratic Republic of Congo, Ethiopia, Lesotho, Madagascar, Malawi, Swa	aziland, Tanz	ania, Zambia	and Zimbab	we	
	2) Number of East and Southern African countries that map populations at risk of climate change or natural disasters at national and sub-national level				5	8	13
ESARO sup	port focuses	Botswana, Burundi, Democratic Republic of Congo, Lesotho, Kenya, Madag Tanzania, Zambia and Zimbabwe	ascar, Malav	vi, Mozambiq	ue, Swazilan	d, South Sudai	1,
3) Number of I through REDA		thern African countries that made their census micro-data available to the public	5	7	9	10	12
ESARO sup			ozambique a	nd Namibia			
		thern African countries that have developed or updated their National Statistical onal frameworks ShASA and Africa Data Consensus	0	3	5	7	12
ESARO sup	port focuses	son: Botswana, Burundi, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Nan	mibia, Rwan	da, Swaziland	l, Uganda and	d Tanzania	
		delines issued by UNFPA supported Regional Centres of Excellence on data	0	0	2	3	4
ESARO sup	port focuses	son: Centres of Excellence on data - South Africa and Rwanda and expanding to E	thiopia, Ken	ya and Ugand	la		
		Partners		Indica	itive regular	resources (do	llars)
Implementing	g partners:	CELADE, Union for African Population Studies (UAPS), WITS University; African Population and Health Research Center (APHRC), University of Nairobi and Maker University	n rere	513,110	517,153	527,554	531,234
Donoi	rs:	Department for International Development (DFID), Gates Foundation; African Development and UNFPA Learning Fund	elopment	India	eative other	resources (dol	lars)
Other strategic	c partners:	United Nations Economic Commission for Africa, Africa Symposium on Statistical Development; African Development Bank, United Nations Children's Fund (UNICE United Nations Statistics Division, Regional Economic Communities and World Ba	EF),	345,861	679,265	581,260	582,058

Output 10: Demographic	intelligence is mainstreamed at national and regional levels to improve the resp	onsiveness a	and impact of	ICPD relate	ed policies and	i
programmes						
	Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of East and So	thern African countries that generate national profiles on demographic dividend	12	15	18	23	23
ESARO support focuse	s on: Angola, Botswana, Ethiopia, Madagascar, Rwanda, South Sudan and Swazil	and				
	thern African countries generating sub-national mapping of Sustainable tors under UNFPA commitment	0	3	8	14	23
ESARO support focuse	son: Botswana, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Rwanda and Sou	th Sudan				
	on situation analysis) for national development strategies and poverty reduction	4	7	12	17	23
ESARO support focuse	son: All East and Southern African countries, excluding Kenya, Rwanda, Uganda	and Zambia	(baseline)			
	liamentarian networks/forums supported in their engagement in ICPD advocacy re producing an annual report	1	3	3	4	4
ESARO support focuse	Regional Economic Communities (Southern African Development Commun (COMESA), East African Community) Parliamentary Forum; African Parlia African Parliament					African Pan
	thern African countries that produce a national report of the ICPD and Sustainable mentation to feed into the High level Forum on Sustainable Development	4	8	14	18	23
ESARO support focuse	son: Botswana, Burundi, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Rwand	a, South Sud	an, Zambia ar	nd Zimbabwe	;	
	Partners		Indica	tive regular	resources (do	llars)
Implementing partners:	African Institute for Development Policy (AFIDEP), African Population and Healt Research Center (APHRC); and Wits University	h	571,406	580,565	585,801	592,427
ъ	Description of the second of t		Indic	ative other r	esources (doll	ars)
Donors:	Department for International Development (DFID) and UNFPA Learning Fund					,
Other strategic partners:	African Union, African Development Bank, UNDP, World Bank, United Nations Economic trategic partners: Commission for Africa, Regional Economic Communities, Parliamentarian Forum; National Statistics Organizations, Ministry of Economic/Planning		366,944	370,749	546,882	550,984

OEE Output 1: Enhanced quality and efficiency of regional office and country offices' programmes and business operations in East and Southern Africa									
	Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021			
1) Proportion of country pr	ogrammes rated "satisfactory" by the Periodic Review Committee	79 ⁴	100	100	100	100			
2) Number of UNFPA East quantify savings	and Southern African country offices that implement BOS and are able to	12	20	21	21	21			
3) Proportion of country pr	ogramme evaluations that are rated as "good" by the Evaluation Office	100	100	100	100	100			
4) Number of East and Sou excellence dashboard of ES	thern African country offices that score at least 75 per cent at the operational SARO	5	10	15	21	21			
	thern African country offices that engage in innovation activities including: establishing partnerships for innovation; piloting and transitioning to scale of	5	7	10	13	16			
	Partners	'	Indicative regular resources (dollars)						
Strategic Partners:	UNFPA East and Southern African Country Offices, relevant headquater units, I United Nations Development Group and Development Operations Coordination (DOCO)		60,000	60,000	123,000	80,000			
OEE Output 2: Enhanced	l visibility of and resources for Regional Office and Country Offices' program	mes in East	and Souther	n Africa					
	Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021			
1) Total amount of funding (cumulative ESARO and 2	secured in East and Southern Africa Region of at least \$ 350 million 1 country offices)	3525	82	169	261	358			
2) Number of regional soci social media engagement (al media packages disseminated that meet targets in social media reach and cumulative)	75 ⁶	25	50	75	100			
	Partners	1	Indicative regular resources (dollars)						
Strategic partners: SABC, IPS, ThisisAfrica.com, allafrica.com, Mail & Guardian, Country Offices, Private sector companies, headquarter branches				80,000	55,000	75,000			
			2018	2019	2020	2021			
	Total regular r		2,801,017	2,827,718	2,907,759	2,907,876			
	Total other r		7,465,869	7,992,027	8,045,332	7,965,054			
		Total:	10,266,886	10,819,745	10,953,091	10,872,930			

⁴ 11 out of the 14 new country programme document (CPD) submissions received a satisfactory rating in the period 2014-2017 (excluding CPD extensions) ⁵ 352 million dollars mobilized in the period 2014-2017

⁶ 75 social media packages were disseminated in the period 2014-2017

Annex 2. Theory of change

Impact indicators **IMPACT:** Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality

Outcome indicators

OUTCOME 1: 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

Output indicators

OUTPUT 1: Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to SRHR information and services

OUTPUT 2: National capacities are strengthened to deliver quality integrated SRH services and information, in particular for adolescents and in humanitarian setting

OUTPUT 3: National capacities are strengthened to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, including in humanitarian settings

Strategic interventions

Advocacy and policy dialogue

- Strengthen accountability vis a vis global and regional frameworks
- Reduce legal barriers to accessing sexual and reproductive health and rights/HIV information and services, including for adolescent girls and key populations e.g. need for third party authorisations, such as from parents
- Foster national ownership and domestic investments in sexual and reproductive health e.g. increased national budgets for SCM, capacity building etc.
- Meaningfully involve programme beneficiaries and civil society in developing, monitoring and reviewing health plans and programmes
- Promote the use of selected cost-effective catalytic solutions to common challenges, e.g. increased use of generics, cross-border supply chain solutions

Capacity development

- Provide/facilitate technical assistance to countries to develop interventions, incl. on supply chain
 management and youth-friendly services that specifically target vulnerable groups and underserved
 populations (e.g. 'first time young mothers', urban poor, adolescents and youth)
- Facilitate regional training in support of new tools, evidence, standards for improved skills, performance and management of the health workforce (especially midwives, community health workers/volunteers and other health care cadres), including their status, deployment, and benefit packages to deliver quality and integrated sexual and reproductive health and HIV services
- Provide technical assistance and track progress for improved quality integrated SRH/HIV and sexual and gender-based violence services, including MISP, EmONC, MDSR, YFHS and fistula repair (incl. midwives and community health workers)
- Provide technical assistance and support countries to integrate SRHR/HIV/SGBV services in NDPs
- Provide financial and technical support to countries for improved SCM (forecasting of SRH commodities) at national, sub-national and SDP levels, including availability of modern contraceptive choices and condoms for prevention of HIV, STIs and unintended pregnancies
- Provide technical assistance to countries for improved HIS and monitoring systems for key SRHR/HIV/SGBV indicators

Knowledge management

- Commission research to answer policy and programming questions identified in the field
- Identify and disseminate effective and innovative interventions and facilitate scale-up, incl. through South-South cooperation
- · Analyse and share programme results to increase UNFPA visibility

Partnership and coordination

- Forge partnerships to attain global commitments, including with UKAID (incl. on FP2020), PMNCH, H6, HHA, IHP+, Global Fund and PEPFAR
- Partner with RECs, AU and NEPAD to institutionalise catalytic interventions, e.g. MDSR, use of generics, cross border supply chain solutions, etc.
- Forge partnerships with service providers promoting innovative solutions to disseminate information and optimize services, incl. those using ICT

Problem statement:

Girls and women still do not have equal access to basic SRH/HIV information and services. They also face additional negative health impacts of gender inequality, which is increased with the disruption of social support during humanitarian crisis

Risks:

- Changing political landscape with growing opposition towards sexual and reproductive health and reproductive rights, including from emerging new religious movements
- Political, financial and social instability
- Humanitarian crises (conflicts and natural disaster)

Assumptions:

- Significant support and advocacy from national governments, civil society, programme beneficiaries
- Peace and security will be maintained

Risks:

- Global funding constraints and inadequate local resources to significantly impact on the lives of beneficiaries
- Inadequate existing national capacities in some countries to respond to challenges (incl. limited human resources and financial capacities)

Assumptions:

- Skills shortages will be mitigated by integration of services, use of technology and innovation, as well as South-South cooperation.
- Partnerships for development will formulate cross-border and multicountry solutions
- Ability to identify new funding sources, including domestic resources

Contribution from other outcomes

- Outcome 2: adolescents and young people demand their rights in relation to SRH/HIV and relevant policies are put in place at regional/national levels
- Outcome 4: Mapping vulnerable groups and people most at risk, and data availability for SDG 3

Impact indicators

IMPACT: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality

Outcome indicators

OUTCOME 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts

Output indicators

OUTPUT 4: The legal and policy environment at regional and national levels is improved to address adolescents' and young people's sexual and reproductive health and rights

OUTPUT 5: Adolescents and young people are empowered with knowledge and skills to make informed decisions and maintain healthy sexual behaviours

OUTPUT 6: Functional systems are in place to improve adolescents' and young people's leadership and participation in programme planning, implementation and evaluation in development and humanitarian contexts

Strategic interventions

Advocacy and policy dialogue

- Evidence based advocacy to influence laws, policies and strategies
- Continuous engagement with Africa Union, Regional Economic Communities, government
 officials and other stakeholders to influence laws and policies and enhance adolescents and young
 people uptake of integrated SRH/HIV services and information
- Advocate for scaling up and institutionalizing comprehensive sexuality education both in and out
 of school (Fast and Southern Africa Commitment)
- Evidence based advocacy with traditional and cultural gate keepers to transform harmful social norms and community practices, such as child marriage

Capacity development

- Strengthen technical capacity to improve comprehensive sexuality education coverage and quality, with a focus on curricula, pedagogy, monitoring and evaluation
- Strengthen the capacities of teachers, traditional, religious and cultural leaders/initiators/parents on comprehensive sexuality education and health providers on AYFHS by supporting the development, dissemination and implementation of regional guidance and training materials
- Strengthen structures, memberships and capacities of AfriYAN East and Southern Africa, through
 advocacy on adolescent sexual and reproductive health and rigths and new modalities for
 leadership and meaningful participation, including in humanitarian efforts
- Provide technical support in the area of adolescent sexual and reproductive health and rights to key stakeholders including African Union Commission, RECs, UN and country offices

Knowledge management

- Technical support to strengthen regional and country M&E systems to enable disaggregation of data and capture and report on adolescents and youth sexual and reproductive health and rights status
- Support research and evidence generation including documentation and dissemination of effective and innovative approaches, including on the deomgraphic dividend
- Support innovation, including use of mobile technology (e.g. TuneMe), and of social and other media (e.g. music mroject, Facebook, Twitter)
- Identify and promote scale up of effective interventions, such as asset building and economic youth empowerment programmes including the Youth Enterprise Model (YEM) and the Innovation Accelerator

Partnership and coordination

- Engage in strategic partnerships and collaborations including under the framework of the ESA Commitment and other joint programs on adolescents and youth, notably with the AU, SADC, EAC, COMESA, IGAD as well as UN and CSO partners, SDC, the private sector and other donors
- Engage in strategic partnership with private sectors as well as regional organizations for advocacy, visibility, innovation and fundraising
- Ensure participation of young people in key international and regional platforms to influence

Problem statement:

Several obstacles are in place at legal, policy, societal and structural level which impede adolescents' and youth's fulfillment of their potential, affecting, in particular, adolescent girls. Therefore, young people have less opportunities to make informed choices for their sexual and reproductive health and

Risks:

- Persistent socio-cultural norms translating into political and legal barriers and resistance of traditional, religious and cultural gatekeepers
- Political, financial and social instability
- Humanitarian crises including conflicts and natural disasters

Assumptions:

- Successful advocacy and coalition building creating an enabling political and socio-cultural environment at both regional and national level
- Youth Friendly Services are in place
- Adolescents and youth have access to quality education and economic opportunities
- Multi-sectoral partnerships are functional
- UNFPA Country Offices have enough resources to support key interventions at country level.

Risks:

- Lengthy processes to be followed while engaging with AUC and RECs
- Reduced financial resources and difficulties in mobilizing of additional resources for youth programming
- Challenges in establishing and/or strengthening strategic partnerships

Assumptions

- Institutionalized partnership with AUC and RECs
- Functional Regional processes for UN Joint Programming on young people
- Successful resource mobilization
- Human resources for technical assistance further sustained.

Contribution from other outcomes

- Outcome 1: Integrated youth friendly health services; HIV prevention
- Outcome 3: Gender equality and social norms change.
- Outcome 4: Demographic Dividend through targeted investments in young people, including social entrepreneurship

Impact ndicators

IMPACT: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality.

Outcome indicators

OUTCOME 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings

Output indicators

OUTPUT 1: National human rights protection systems are strengthened to advance gender equality and empowerment of women and girls

OUTPUT 2: Multi-sectoral capacity to prevent and address gender-based violence and harmful practices is improved in development and humanitarian contexts at national and regional levels

Strategic interventions

Advocacy and policy dialogue

- Engagement with AU, RECs, Pan African Parliament, Governments, Men and Boys Networks, CSOs, FBOs to influence laws and policies for gender equality
- Advocate for the integration of gender equality and reproductive rights, into the development of human rights standards and accountability frameworks
- Advocate for the establishment of social accountability mechanisms for addressing gender-based violence, female genital mutilation and reproductive rights of women, marginalized and key populations
- Advocate for the implementation of existing laws and the institutionalization of policies and programs that engage men and boys
- Advocate for gender-based violence response and action in the earliest stages of humanitarian response by a wide range of humanitarian actors

Capacity development

- Develop the capacities of regional and national human rights protection systems to track the implementation of reproductive rights recommendations, including the capacities of National Human Rights Institutions
- Support the development of comprehensive frameworks to address the most pervasive forms of violence against women and girls and other harmful practices affecting their SRH and reproductive rights, including female genital mutilation and child, early and forced marriage
- Support the implementation and monitoring of Essential Services Package on GBV (including FGM) prevention and response, with emphasis on the health sector response and SRH/FP services.
- Develop skills and tools for the integration of gender-based violence prevention and response
 actions into country-level contingency, preparedness and response plans
- Implement a wide-reaching, multi-faceted capacity development strategy for significantly increasing the pool of available actors who can effectively address GBV in humanitarian contexts

Knowledge management

- Support implementation of Minimum Standards for GBV response in humanitarian contexts
- · Identify and upscale successful prevention interventions, including those engaging men and boys
- Support the up scaling of innovations, incl. mobile technology for gender-based violence and female genital mutilation alerts and reporting
- Act as a knowledge broker and build partnerships between regional policy makers and researchers to operationalise research findings and upscale interventions that work

Partnership and coordination

The Programme will continue to support regional high level partnerships with various stakeholders (AUC, RECs, Pan African Parliaments, Men and Boys Networks, religious leaders and community leaders including women's group at community level) to promote and coordinate positive social norm transformation

Problem statement:

Persistence of traditional practices that are harmful to girls and women, such as FGM; restrictions in access to education and employment by girls and women; and endemic GBV at family and community-levels are recognised as major barriers to development in the ESA region.

Risks:

- Slow implementation of gender equality laws and policies
- Humanitarian crises including conflicts and natural disasters
- Social and cultural gender norms persist and reinforce negative patriarchy

Assumptions:

- Strong national human rights institutions
- Institutionalized partnership with AUC and RECs
- Successful resource mobilization efforts
- Human Resources for technical assistance further sustained.

Risks:

- Shrinking civil society space;
- Limited Human, technical and financial resources;
- Legislation and policies not implemented;
- Service providers are not able to reach survivors;

Assumptions:

- Men and boys strategies are implemented
- Participatory and transparent human rights reporting processes
- Functional UN Joint Programming on GBV and FGM

Contribution from other outcomes

Outcome 1: Integrated SRH services package includes GBV and FGM

Outcome 2: synergies with young people programmes for empowering boys and girls to live free of violence.

Outcome 4: GBV data collection systems and analysis

Impact indicators

IMPACT: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality.

Outcome indicators

OUTCOME 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

Output indicators **OUTPUT 1:** National population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis

OUTPUT 2: Demographic intelligence is mainstreamed at national and regional levels to improve the responsiveness and impact of ICPD related policies and programmes

Strategic interventions

Advocacy and policy dialogue

- Advocacy at national and regional levels for a data revolution to meet the demands of the 2030
 Agenda that would involve strengthening existing and emerging mechanisms such as SHaSA,
 APAI-CRV, Africa Data consensus
- Support the review of ICPD beyond 2014 Framework and SDGs for further action by African Union Commission organizations, such as STC-HPDC, REC, as well as other accountability stakeholders including parliamentarian, youth-led and civil society organizations
- Advocacy with National Statistical Offices and other data stakeholders for disaggregation of data
 and analysis of demographic disparities, social and economic inequalities affecting access to
 sexual and reproductive health
- Use demographic dividend analysis to lobby for increased focus on empowerment of adolescents and youth, with special attention on young women and marginalized populations

Capacity development

- Produce and disseminate reliable ICT-enabled population census and survey data identify those
 left behind by conducting integrated analysis and using national and sub-national population,
 health and gender data
- Link demographic dividend analysis to national planning and budgeting processes to facilitate the translation of evidence into actions addressing the needs of most vulnerable and those left behind
- Embed the analysis of population trends and needs within policies, programmes and advocacy
- Strengthen data collection, analysis and dissemination in humanitarian situations through revision
 of guidelines and tools such as MISP calculator and data guideline

Knowledge management

- Develop and strengthen a regional knowledge hub and centre of excellence that would provide a platform for data sharing and analysis among countries in the region
- Conduct qualitative research to triangulate data and better identify causal factors and mechanisms
 explaining why some populations are left behind
- Track donor and domestics financial resources flows for population activities
- Promote South-South and triangular cooperation to drive knowledge exchange and scale-up of innovative approaches and good practices

Partnership and coordination

- Strengthen collaboration with United Nations agencies, data partners and other key stakeholders
 including on census, civil registration and vital statistics and surveys
- Establish and strengthen strategic partnership with academia, research institutions, think tanks and UN Agencies, including for more robust data generation methods during humanitarian

Problem statement:

In spite of an increase in population censuses and surveys in the region there is a major deficiency in the availability and utilisation of disaggregated data and demographic insight to drive inclusive and human right based development in line with ICPD agenda and the 2030 agenda.

Risks

- Insufficient resources allocated to the population and development agenda, which might decrease further in case of humanitarian crises
- Political instability may delay census undertakings

Assumptions

- Investments of countries in building capacities to increase the availability of data (SDG 17.18)
- The 2020 censuses round will not be delayed

Risks.

- Constraints on sampling may affect quality of disaggregated indicators in some countries and hamper the identification of those left behind
- Low coverage of administrative data, especially registrations and data from CRVS in most countries

Assumptions:

- There will be improved national infrastructure investments including on ICT
- Government leadership in driving the 2030 Agenda, incl. to build efficient SDGs accountability and reporting mechanisms

Contribution from other outcomes

Outcome 1: Data will inform policies and targeted investments in health systems

dividend advocacy for empowerment of youth Outcome 3: Functional national

Outcome 2: Demographic

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Annex 3. Resource mobilization plan

Output	Indicators	Funding gap (dollars)	Key actions	Time frame	Potential donors	Focal point		
1	 Number of regional entities that have harmonized and standardized at least two regional policy guidelines for sexual and reproductive health and HIV Number of East and Southern African countries that have supportive adolescent and youth sexual and reproductive health policies in place Number of East and Southern African countries that positively 	2,200,000	1. Funding available from the Swedish International Development Cooperation Agency till end 2017 to support implementation of the Linkages project.	Q1, 2018	Swedish International Development Cooperation Agency; Gates	SRH practice manager; HIV advisor; FP advisor		
	 address laws and/or policies presenting barriers to HIV prevention, treatment and care to at least one key population (sex workers or men who have sex with men) Number of countries that have put in place guideline on respectful maternity care as per the World Health Organization/White Ribbon Alliance standard Number of East and Southern African countries that have policy instrument on generic contraceptives and other reproductive health medicines 		2. Joint United Nations Regional Proposal on sexual and reproductive health and rights/HIV and sexual and gender-based violence integration currently under development with the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund and the World Health Organization for consideration by the Swedish International Development Cooperation Agency.	I on Ir and Grantion E inted inted ealth E income Ir Grantied E interest E in		Irish Government European Union; Department for	Government; European Union; Department for International	
			3. Proposal to be submitted to the European Union for consideration. 4. Additional resources will be mobilized to support efforts in more countries through submitting concept notes, and budgets to potential donors on sexual and reproductive health and rights/HIV and through advocacy efforts that amplify research from the linkages project and the Joint United Nations regional proposal.	Q3, 2018	David and Lucile Packard Foundation; Netherlands; Global Affairs Canada; African Development Bank and Chinese Government			
			5. Develop a proposal for supporting countries to respond to respectful maternity care through programmes focussing on midwifery, maternal death surveillance and response and fistula.	Q3, 2018				

			6. Develop proposal to support local manufacturing of generic reproductive health medicines, contraceptives and condoms for submission to potential donors.	Q3, 2018		
2	 Number of East and Southern African countries that have adopted standard midwifery curriculum that is used by all midwifery training institutions Number of East and Southern African countries that have integrated minimum initial service package (clean delivery, emergency obstetric and neonatal care (EmONC), gender-based violence, HIV prevention) in the pre-service curriculum for midwives, nurses and doctors Number of East and Southern African countries that have robust and resilient maternal death surveillance and response systems in place that fulfil all 10 selected criteria Number of East and Southern African countries providing 	1,900,000	1. Funding available from the Swedish International Development Cooperation Agency till end 2017 to support implementation of the linkages project.	Q1, 2018	Swedish International Development Cooperation Agency; Gates Foundation; Irish Government; European Union;	Akinyele Dairo, SRH practice manager; Innocent modisaotsile, HIV advisor; Ramatu Daroda, FP advisor,
	comprehensive HIV/sexual and reproductive health package for adolescent girls and young women Number of East and Southern African countries providing comprehensive HIV/sexual and reproductive health package for at least 1 key population		2. Joint United Nations regional proposal on sexual and reproductive health and rights/HIV and sexual and gender-based violence integration currently under development with the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund and the World Health Organization for consideration by the Swedish International Development Cooperation Agency.		Department for International Development; David and Lucile Packard Foundation; Netherlands:	
			3. Proposal to be submitted to the European Union for consideration.		and Global Affairs Canada	
			4. Additional resources will be mobilized to support efforts in more countries through submitting concept notes, and budgets to potential donors on sexual and reproductive health and rights/HIV and through advocacy efforts that amplify research from the linkages project and the joint United Nations regional proposal.	Q3, 2018		

3	 Number of East and Southern African countries using functional logistics management information system, including last mile tracking, for forecasting and monitoring contraceptives, essential medicines and supplies Number of East and Southern African countries with a preparedness sexual and reproductive health procurement plan 	2,400,000	5. Develop a proposal for supporting countries to respond to respectful maternity care through programmes focussing on midwifery, maternal death surveillance and response and fistula. 1. Develop concept notes and budget for potential donors on logistics management information system, including last mile tracking, for forecasting and monitoring contraceptives, essential medicines and supplies	Q3, 2018 Q3, 2018	Gates Foundation, Department for International Development	Ramatu Daroda, FP advisor,
	 available Number of East and Southern African countries that have adopted total market approach in allocation of sexual and reproductive health commodities Number of countries with generics constituting 50 per cent of their total public sector contraceptive procurement 		2. Develop concept notes and budget for potential donors on developing, implementing and monitoring sexual and reproductive health preparedness procurement plans to respond to humanitarian emergencies in the East and Southern African region.		Development	
			3. Develop a comprehensive proposal to support countries to strengthen supply chains that are responsive to the total market approach.			
			4. Develop proposal to support regional partners to undertake pooled procurement, monitoring prices and procurement patterns to procure generics reproductive health medicines, contraceptives and condoms for submission to potential donors.			
4	 Number of East and Southern African countries that have adopted the model law on child marriage of the Southern African Development Committee Number of East and Southern African countries that have laws that allow adolescents below the age of 18 years to access sexual and reproductive health services and information Number of Regional Economic Communities that have validated 	2,437,000	1. Develop a concept note for the promotion of adolescents sexual and reproductive health and rights informed by the 23 countries laws and policy review and related legal framework. A minimum of 3 years programme.	Q3, 2018	Swedish International Developmen t Cooperation Agency;	Renata Tallarico, SYP coordinator
	regional standards for youth friendly health services for adoption by Member States		2. Promote at any meeting and suitable occasion the dissemination of the proposal on the expansion of Safeguard Young People to East Africa already	When suitable througho	Global Affairs Canada;	

	Number of East and Southern African countries with a costed national action plan on addressing child marriage		developed.	ut the 4 years	Swiss Agency for Developmen t and	
			3. Present the legal and policy environment component of Safeguard Young People at a donor meeting attended by traditional donors, as well as private sector.	Q3, 2018	Cooperation; Japan; Australia; Nordic countries;	
			4. Support Swiss Agency for Development and Cooperation in rolling out bilateral meeting with fellow donors to promote scale up and expansion of Safeguard Young People to East Africa.	Accordin g to requests of support by SDC	Denmark; Department for International Developmen t; David and Lucile	
			5. Integrate some elements of Safeguard Young People in other regional office proposals such as the linkages proposal.	At any given opportuni ty	Foundation;	
5	 Number of East and Southern African countries that have integrated asset building and/or economic empowerment strategies within the UNFPA supported youth programme, especially in child marriage programmes. Number of East and Southern African countries that adopted the regional resource package on comprehensive sexuality education 	2,698,000	1. Disseminate to donors the documentation of Youth Enterprise Model to stimulate interest for funding to scale up the model to other countries.	At any given opportuni ty	David and Lucile Packard Foundation; Johnson and	Renata Tallarico, SYP coordinator
	for out-of-school youth Number of East and Southern African countries with comprehensive sexuality education institutionalized in preservice and in-service teacher training colleges Number of East and Southern African countries that have adopted and launched TuneMe - adolescent sexual and reproductive health and rights mobisite		2. Develop a proposal on Youth Enterprise Model and iAccelerator in order to show synergies with the strategy of the African Development Bank on job creation and the demographic dividend in collaboration with the British Council.	Q1, 2018	Johnson; Coca Cola Africa Foundation; Deutsche Gesellschaft für	
			3. Develop a proposal in collaboration with Coca Cola Foundation for strengthening the business and enterprises element of Youth Enterprise Model in Uganda and scale up to other countries.	Q1, 2018	International e Zusammenar beit;	

			4. Present the comprehensive sexuality education and social and behaviour change communication component of Safeguard Young People at a donor meeting attended by traditional donors, as well as private sector.	Q3, 2018	Swedish International Developmen t Cooperation Agency;	Maria Bakaroudis, CSE specialist
			5. Integrate the youth friendly health service element of Safeguard Young People in other regional office proposals such as the linkages proposal based on the evidence generated with the assessment on youth friendly health services.	At any given opportuni ty	Global Affairs Canada; Swiss Agency for Developmen	Maja Hansen, programme specialist, A&Y
			6. Develop a proposal specifically to address the sexual and reproductive health and rights needs of young people with disabilities to be informed by the situation analysis and the regional strategy being developed with support from Department for International Development.	Q1, 2018	t and Cooperation; Department for International Developmen t; Rockefeller Foundation; Denmark; and Netherland	Maria Bakaroudis, CSE specialist
6	 Number of East and Southern African countries with functional national youth networks advocating for adolescent sexual and reproductive health and rights Number of East and Southern African countries that have integrated adolescents and youth participation in humanitarian preparedness and response 	847,274	1. Develop small grant proposals for support to youth participation in collaboration with the African Youth and Adolescents Network	Q1, 2018	Royal Danish Embassy, Pretoria; Global Fund; and	Maja Hansen, programme specialist, A&Y
			2. Youth participation to be included into proposal for 3rd phase of Safeguard Young People programme to be submitted in 2019	2019	Swedish Internationa I Developme nt Cooperation Agency, Zambia Office	

7	Number of East and Southern African countries with an action plan for the implementation of the universal periodic review recommendations on sexual and reproductive health and rights	150,000	1. Mapping of potential donors	Q2, 2018 TBD	TBD	Seynabou Tall, gender advisor
			2. Integrate the universal periodic review in sexual and reproductive health and rights and Youth funding proposals East and Southern Africa			
			3. Develop a comprehensive proposal in collaboration with the Office of the United Nations High Commissioner for Human Rights			
8	 Number of operational cross-border initiatives for female genital mutilation abandonment within the East and Southern African region Number of countries in East and Southern Africa with a reduced prevalence of female genital mutilation among girls 15-19 Number of East and Southern African countries that have 	2,200,000	Integrate regional cross borders and other regional priorities to eliminate female genital mutilation in the 3 rd phase proposal of the female genital mutilation joint programme	Q1, 2018	European Union; Department for Internationa	
	implemented the essential services package (ESP)		Identification of potential donors and organization of teleconferences and meeting to develop portfolio of projects & development of funding proposals	Q2, 2018	l Developme nt; gender, human rights and culture branch of UNFPA; Canada; and	
9	Number of East and Southern African countries that generate and	1,534,737	Develop proposal for funding on innovative	Q2, 2018	African	Richmond
	publish vital statistics based on civil registration records (birth and death)		census (information and communication technology and Satellite Imaging Census)		Development Bank; Swedish International Development Cooperation	Tiemoko, population d ynamics policy advisor

			2. Develop Joint proposal with the United Nations Children's Fund, United Nations High Commissioner for Refugees, United Nations Economic Commission for Africa for civil registration and vital statistics		Agency; Gates Foundation; Danish International Development Agency; and Canada	
10	 Number of East and Southern African countries that undertake demographic assessments (demographic dividend study or population situation analysis) for national development strategies and poverty reduction strategies Number of East and Southern African countries generating sub- 	1,949,937	 Develop joint proposal with UNFPA programme division and Eastern Europe and Central Asia regional office proposal on 2nd demographic dividend. Organize regional resource mobilization for 	Q3, 2018 onwards	World Bank; African Development Bank; Canada;	
	national mapping of Sustainable Development Goals indicators under UNFPA commitment Number of East and Southern African countries that produce a		demographic dividend targeting countries		Department for International	
	Number of East and Southern African countries that produce a national report of the International Conference on Population and Development and Sustainable Development Goals implementation to feed into the High level Forum on Sustainable Development		3. Develop concept note and strategy on capacity development in data analysis and small area estimation		Development; South Korea; and French Development Agency	
			4. Develop proposal for capacity building for young statisticians			
			5. Develop funding proposal in line with the sustainability strategy of iAccelerator			
			6. Develop with the centre of excellences resource mobilization strategies for Sustainable Development Goals data.			
			7. Co-organize with CoE and Africa Center of Statistics (United Nations Economic Commission for Africa) donor meeting for data revolution in support of the Sustainable Development Goals.			

Annex 4. Partnership plan

#	Partners ted Nations	Cate		C Thematic area	Contribution of partner	Expected result	Key indicators	Why this partner?
1	International Labour Organization (ILO)	X	X	Asset building, economic empowerment, youth employment	Leveraging on each other's comparative advantages to strengthen integration of sexual and reproductive health and rights and economic empowerment programming and support resource mobilization efforts to support income generating interventions for young people.	A programme is funded to address sexual and reproductive health and rights and economic empowerment and asset building.	Number of East and Southern African countries that have integrated asset building and/or economic empowerment strategies within the UNFPA supported youth programme, especially in child marriage programmes.	ILO is the leading United Nations agency for support to governments, social partners and the multilateral system to address the youth employment challenge and promote decent work for youth at national, regional and global level, a key area of investment for countries that are developing and implementing their demographic dividend roadmaps.
2	Office of the United Nations High Commissioner for Human Rights (OHCHR)		X	Adolescent sexual and reproductive health and rights Access to reproductive health commodities Advocacy on human rights of key populations including humanitarian situation Human Rights	commodities and sexual and reproductive health rights, particularly of key populations and in	Raising awareness in the region on sexual and reproductive health and rights as a human right issue to complement the efforts of UNFPA Increased access to reproductive health commodities Policy and legal environment to protect the rights of key populations improved Increased protection of women and girls in humanitarian settings UNFPA staff and partners are skilled to engage in universal periodic review processes (reporting, developing sexual and reproductive health and rights	Number of East and Southern African countries that have policy instrument on generic contraceptives and other reproductive health medicines Number of East and Southern African countries that positively address laws and/or policies presenting barriers to HIV prevention, treatment and care to at least one key population Number of East and Southern African countries that have domesticated Regional Economic Committees policy instruments on sexual and reproductive health and HIV	OHCHR is the leading advocate for human rights in the United Nations system and therefore plays a key role on issues relating to access to medicines, including generics and the rights of key and most vulnerable populations. The partnership was already established through joint human resources workshops for East Africa facilitated by both offices. This will continue and other

					universal periodic review recommendations	recommendations' action plans and implementation of action plans.)	Number of East and Southern African countries that have laws that allow adolescents below the age of 18 years to access sexual and reproductive health services and information Number of East and Southern African countries with an action plan for the implementation of universal periodic review recommendations on sexual and reproductive health and rights	opportunities for collaboration will be seized.
3	Joint United Nations Programme on HIV/AIDS (UNAIDS)	X	X	Prevention of HIV amongst adolescents, youth and key populations	Coordination of HIV prevention efforts for adolescents, youth and key populations	HIV prevention in the East and Southern African region reinvigorated through monitoring progress to the targets of the High-Level Meeting on Ending AIDS Coordinated and expanded actions for the implementation of HIV prevention interventions	Number of East and Southern African countries that have supportive adolescent and youth sexual and reproductive health policies in place Number of East and Southern African countries that positively address laws and/or policies presenting barriers to HIV prevention, treatment and care to at least one key population (sex workers or men who have sex with men) Number of East and Southern African countries providing comprehensive HIV/sexual and reproductive health package for adolescent girls and young women Number of East and Southern African countries providing comprehensive HIV/sexual and reproductive health package for at least one key population. Proportion of youth aged (15-24) in the East and Southern African region who report having been tested for HIV in the last 12 months and received results	UNAIDS is the key United Nations entity responsible for coordinating the United Nations response to HIV. The partnership was already established in the previous years and it has been proven highly strategic.
4	UNDP		X	Access to medicines and HIV prevention amongst key populations Youth economic empowerment	UNDP has a strong programme on access to medicines and working with governments in the East and Southern African region on access to medicines. UNDP has worked with UNFPA on	Incorporation of the focus on access to reproductive health medicines and commodities as part of broader initiatives to improve access to medicines Improved human rights programme that responds to the needs of key	Number of East and Southern African countries that have policy instrument on generic contraceptives and other reproductive health medicines Number of East and Southern African countries providing comprehensive	UNDP has a large programme focussing on access to medicines in the East and Southern African region. UNDP is also the co-lead organisation with UNFPA on

					the development of the men who have sex with men implementation toolkit and the sex workers implementation toolkit guidelines.	populations in the East and Southern African region.	HIV/sexual and reproductive health package for at least one key population	the HIV prevention needs of key populations.
5	United Nations Economic Commission for Africa (UNECA) collaboration		X	Collaboration for civil registration and vital statistics	The United Nations Economic Commission for Africa hold the secretariat and convenes meetings with the United Nations Children's Fund (birth registration) and World Health Organization (death registration and causes of death)	Improved civil registration and vital statistics systems in the region universal birth registration and available vital statistics	Number of East and Southern African countries that generate and publish vital statistics based on civil registration records (birth and death)	This is an existing partnership to support the civil registration and vital statistics in Africa. The members of the core group on civil registration and vital statistics are major stakeholders.
6	United Nations Educational, Scientific and Cultural Organization (UNESCO)	X	XX	Comprehensive sexuality education East and Southern African Commitment	Co-leading of East and Southern African Commitment implementation	Promoting comprehensive sexuality education and youth friendly health services in the region through ensuring compliance in relation to the East and Southern African Commitment	Number of East and Southern African countries that adapted the regional resource package on comprehensive sexuality education for out-of-school youth Number of East and Southern African countries with comprehensive sexuality education institutionalized in pre-service and in-service teacher training colleges	The partnership was already established through joint efforts in operationalizing the East and Southern African Commitment on comprehensive sexuality education and youth friendly health services. The partnership is key for the monitoring of progress of the stated targets.
7	United Nations Children's Fund (United Nations Children's Fund)	X	X	Sexual and reproductive health and rights/HIV HIV prevention Supply chain management Implementation of maternal and newborn health intervention Child marriage	Coordination of activities around child marriage and HIV prevention under the umbrella of the Global Programme on Child Marriage and RATESA as well as technical support on integration of sexual and reproductive health and rights/HIV and maternal health, and supply chain.	Improved coordination and quality of regional interventions on child marriage and HIV prevention leading to improved health outcomes for newborns, adolescents, mothers and key and most vulnerable populations. Improved coordination and implementation of the programme to eliminate female genital mutilation in four East and Southern African countries	The partnership with United Nations Children's Fund cuts across all indicators	United Nations Children's Fund is the lead United Nations agency on prevention of mother - to - child transmission (PMTCT) with support from UNFPA on preventing new HIV infections, and unintended pregnancies. United Nations Children's Fund is also the lead United Nations agency

				Female genital mutilation	Lastly, the partner of the joint programme to accelerate the elimination of female genital mutilation			together with UNFPA on the prevention of HIV amongst adolescents. The partnership was already established in the previous years and it has been proven highly strategic. United Nations Children's Fund is also a core member of H6 aiming to reduce maternal mortality
8	United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)	X	X	Data and information for sexual and reproductive health /HIV/ gender-based violence for humanitarian programming	Avail data and information	Improved resource mobilization and programming in humanitarian setting	Number of East and Southern African countries with a preparedness sexual and reproductive health procurement plan available	UNOCHA is the lead agency for coordination of humanitarian issues
9	United Nations Office on Drugs and Crime (UNODC)	X	X	Sexual and reproductive health and rights/HIV; and HIV prevention	Prevention of HIV amongst young people, adolescents and key populations including incarcerated populations in relation to people who use drugs and other harmful substances such as alcohol	Coordinated and expanded actions for the implementation of HIV prevention interventions	Number of East and Southern African countries providing comprehensive HIV/sexual and reproductive health package for adolescent girls and young women Number of East and Southern African countries providing comprehensive HIV/sexual and reproductive health package for at least one key population	The United Nations Office on Drugs and Crime is the lead United Nations organization in working with incarcerated populations and people who use drugs and other harmful substances.
10	United Nations Entity for Gender Equality and the Empowerment of Women (UNWomen)	X	X	Gender-based violence	Multi sectoral approach for gender-based violence prevention and response	Improved quality of gender-based violence services and coordination	Number of East and Southern African countries that have implemented the essential services package	Partnership has been established at headquarters, regional and country levels.
11	World food Programme (WFP)		X	Support supply chain management Resilience building	Provide logistics including warehousing, transportation and distribution	Improved access to availability of medical supplies and equipment	Number of East and Southern African countries using functional logistics management information system, including last mile tracking, for	World Food Programme has a robust logistics system in place in a number of countries

							forecasting and monitoring contraceptives, essential medicines and supplies	
12	World Health Organization (WHO)		X	Sexual and reproductive health and rights/HIV Maternal health standardization and normative guidance Increased access to medicines Adolescent health services	Technical support on Adolescents Health Services and integration of sexual and reproductive health and rights/HIV, maternal health and quality assurance, including setting of normative standards for services and commodities	Improved quality of information related to youth friendly health services following the alignment to the World Health Organization standards as well as improved quality of sexual and reproductive health and rights/HIV, maternal health services and commodities.	The partnership with World Health Organization cuts across all indicators	World Health Organization is the lead United Nations agency on setting normative standards regarding clinical care and commodities. The partnership was already established in the previous years and it has been proven highly strategic.
Don	ors							
13	China	X		Build capacity for local manufacturing of reproductive health medicines and other commodities	Financial and technical support	Increased availability and affordability of reproductive health medicines and other commodities	Number of countries with generics constituting 50 per cent of their total public sector contraceptive procurement	China has technical expertise in generic production and willingness and affordable technology
14	Global Affairs Canada	X		Maternal health (midwifery, fistula)	Financial support to regional programme on maternal health	Increased quality maternal and newborn care	Number of countries with a guideline on respectful maternity care in place Number of East and Southern African countries that have adopted standard midwifery curriculum that is used by all midwifery training institutions	Global Affairs Canada is an established partner supporting maternal health particularly midwifery programme
15	European Union (EU)	X		Integrated sexual and reproductive health and rights/HIV and maternal health services	The European Union was a keen partner of the sexual and reproductive health and rights/HIV Linkages project and has expressed an interest in continuing to support interventions of this nature. Support for sexual and reproductive health/gender-based violence humanitarian programming and resilience building	Increased access to quality integrated sexual and reproductive health and rights/HIV and gender-based violence services including in humanitarian settings.	Cuts across a number of indicators reflected on sexual and reproductive health and rights/HIV integration.	The European Union was a keen funder of the linkages project and committed to building on these investments to scale up sexual and reproductive health and rights/HIV integration. The European Union has and is financing sexual and reproductive health-genderbased violence humanitarian interventions through the

							European Civil Protection and Humanitarian Aid Operations.
16	Deutsche Gesellschaft für Internationale Zusammenarbe it (GIZ)	X	East and Southern African Commitment	Support to the implementation of the East and Southern African commitment on comprehensive sexuality education and youth friendly health services	Increased progress towards reaching the targets set by the East and Southern African Commitment.	Number of East and Southern African countries that adapted the regional resource package on comprehensive sexuality education for out-of-school youth Number of East and Southern African countries with comprehensive sexuality education institutionalized in pre-service and in-service teacher training colleges	GIZ has already mobilized resources for a programme on comprehensive sexuality education in support to the East and Southern African Commitment hence there is need to coordinate efforts.
17	Irish Government	X	HIV prevention	Financial and technical support	Improved availability of commodities	Number of East and Southern African countries providing comprehensive HIV/sexual and reproductive health package for adolescent girls and young women and at least one key population	It has a track record in supporting HIV prevention
18	Netherlands Government	X	Sexual reproductive health rights	Financial and technical	Increased access to quality integrated sexual and reproductive health and rights/HIV and sexual and gender-based violence services	Cuts across a number of indicators reflected on sexual and reproductive health and rights/HIV integration.	Netherlands is a traditional supporter of sexual and reproductive health and rights
19	Swiss Agency for Development and Cooperation (SDC)	X	Safeguard Young People – all outcomes	Financial and political support to regional interventions related to the areas of interest.	Increased financial resources to expand the reach of the regional youth programme (Safeguard Young People)	Directly supporting output 4 and 5 indicators	Institutional partnership. They are the main donor for the Safeguard Young People programme running till 2019
20	Swedish International Development Cooperation Agency (SIDA)	X	Integrated services including youth friendly health services and comprehensive sexuality education for in- and out- of school	Financial support to a joint United Nations regional programme on sexual and reproductive health and rights/HIV integration in the East and Southern African region.	Increased access to quality integrated sexual and reproductive health and rights/HIV and sexual and gender-based violence services, and increased financial resources to expand the reach of the regional youth programme (Safeguard Young People)	Cuts across a number of indicators reflected on sexual and reproductive health and rights/HIV integration.	SIDA has been supporting the implementation of the linkages project and now they have shown interest in supporting youth work through a more integrated and holistic programme.

21 Reg	UKAid/ Department for International Development (DFID)	X		Adolescent sexual and reproductive health and rights Supply chain management, sustainability and total market approach Support for gender-based violence in emergencies programming Information and communication technology-enabled census and census using satellite imageries	Financial support to regional interventions related to the areas of interest. Financial and technical support to regional interventions to strengthen supply chain management, sustainability, total market approach and acute emergencies and resilience building Financial support in census taking in complex contexts	Increased financial resources to expand the reach of the regional youth programme (Safeguard Young People) Rationalization of supply chains so that subsidized and commercial commodities reach target audiences and increase domestic investments in funding own interventions. Improved prevention and protection of most vulnerable populations from gender-based violence in emergencies	See indicators relating to output 1.3 Number of East and Southern African countries that have adapted and launched TuneMe - adolescent sexual and reproductive health and rights mobisite Number of countries supported to conduct the 2020 round of census	Institutional partnership. They have been supporting the youth programme under PreMDESA. Partnerships established and functional on supply chain management and total market approach as well as genderbased violence in emergencies programming.
22	Common Market for Eastern and Southern Africa (COMESA)		X	Policy development and harmonization	Provide regional platform for harmonization of policies for sexual and reproductive health/HIV and gender-based violence, including in humanitarian situations	Legal and policy environment in East and Southern Africa is improved in relation to sexual and reproductive health and rights	Number of East and Southern African countries that have domesticated policy instruments (guideline, strategies, bills) on sexual and reproductive health and HIV of the Regional Economic Communities.	Institutional partnership; regional community responsible for policy development and harmonization
23	East African Community (EAC)		X	Policy development and harmonization East and Southern African Commitment Adolescent sexual and reproductive health and rights incl. laws and policies Comprehensive sexuality education Adolescent health services	This is a strategic partner to promote regional interventions in East Africa.	Legal and policy environment in Eastern Africa is improved in relation to sexual and reproductive health and rights/HIV and gender-based violence	Number of East and Southern African countries that have domesticated policy instruments (guideline, strategies, bills) on sexual and reproductive health and HIV of the Regional Economic Communities. Number of East and Southern African countries that have laws that allow adolescents below the age of 18 years to access sexual and reproductive health services and information Number of Regional Economic Communities that have validated regional standards for youth friendly health services for adaptation by Member States	

24	East African Legislative Assembly (EALA)	X	Child marriage adolescent sexual and reproductive health and rights comprehensive sexuality education demographic dividend	This is a strategic partner to promote regional interventions with parliamentarians in Eastern Africa.	Legal and policy environment in Eastern Africa is improved in relation to sexual and reproductive health and rights/HIV and gender-based violence	Number of East and Southern African countries that have laws that allow adolescents below the age of 18 years to access sexual and reproductive health services and information	
25	International Conference on the Great Lakes Region (ICGLR)	X	Policy development and harmonization	Provide regional platform for harmonization of policies for sexual and reproductive health/HIV and gender-based violence, including in humanitarian situations	Legal and policy environment in Great Lakes Region is improved in relation to sexual and reproductive health and rights	Number of East and Southern African countries that have domesticated policy instruments (guideline, strategies, bills) on sexual and reproductive health and HIV of the Regional Economic Communities.	
26	Intergovernme ntal Authority on Development (IGAD)	X	Policy development and harmonization	Provide regional platform for harmonization of policies for sexual and reproductive health/HIV and gender-based violence, including in humanitarian situations	Legal and policy environment in the Horn of Africa is improved in relation to sexual and reproductive health and rights	Number of East and Southern African countries that have domesticated policy instruments (guideline, strategies, bills) on sexual and reproductive health and HIV of the Regional Economic Communities.	
27	Southern African Development Community (SADC)	X	Policy development and harmonization East and Southern African Commitment Adolescent sexual and reproductive health and rights incl. laws and policies Comprehensive sexuality education Adolescent health services	Provide regional platform for harmonization of policies for sexual and reproductive health/HIV and gender-based violence as well as humanitarian situation	Legal and policy environment in Southern Africa is improved in relation to sexual and reproductive health and rights	Number of East and Southern African countries that have domesticated policy instruments (guideline, strategies, bills) on sexual and reproductive health and HIV of the Regional Economic Communities. Number of East and Southern African countries that have laws that allow adolescents below the age of 18 years to access sexual and reproductive health services and information Number of Regional Economic Communities that have validated regional standards for youth friendly health services for adaptation by Member States Number of East and Southern African countries that have adapted the model law	Institutional partnership; regional community responsible for policy development and harmonization

	on child marriage of the Southern African Development Community.
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#	Partners (alphabetical order)		tego M		Thematic area	Contribution of partner	Expected Result	Key Indicators	Why this partner?
28	Southern African Development Community Parliamentary Forum (SADC PF)	X			Child marriage Adolescent sexual and reproductive health and rights Comprehensive sexuality education Demographic dividend	This is a strategic partner to promote regional interventions with parliamentarians in Southern Africa.	Legal and policy environment in Southern Africa is improved in relation to sexual and reproductive health and rights	Number of East and Southern African countries that have laws that allow adolescents below the age of 18 years to access sexual and reproductive health services and information Number of East and Southern African countries that have adapted the model law on child marriage of the Southern African Development Community Number of East and Southern African countries with a costed national action plan on addressing child marriage	
Reg	ional institutions				_	•			
29	Africa Parliamentaria n forum on population and development	X			ICPD Advocacy	Advocacy for increased allocation of resources to sexual and reproductive health and other ICPD issues	Report on Countries commitment to and implementation of ICPD beyond 2014 Framework of Action Issue	Number of Regional Parliamentarian Networks supported in their engagement in ICPD advocacy and implementation who are producing an annual report	Institutional partnership.
30	African Union (AU)				African Union Commission child marriage campaign Female genital mutilation	This is a strategic partner to promote interventions at continental level in the area of child marriage and female genital mutilation.	Increased support towards country commitments on ending child marriage and the elimination of female genital mutilation.	Number of East and Southern African countries that have adapted the model law on child marriage of the Southern African Development Community Number of East and Southern African countries with a costed national action plan on addressing child marriage	Institutional partnership.
31	African Union Commission (AUC)			-	X Advocate for continental commitment	Provides a platform for establishing continental commitments, frameworks and monitoring domestication. This is a	Legal and policy environment in Southern Africa is improved in relation to sexual and reproductive health and rights	Number of East and Southern African countries that have domesticated policy instruments (guideline, strategies, bills) on sexual and reproductive health and	Institutional partnership; continental institution responsible for making commitments and monitoring accountability

				Youth participation and demographic dividend	strategic partner to promote interventions at continental level in the area of demographic dividend and youth participation.	Increased support towards country commitments related to the demographic dividend and investing in young people	HIV of the Regional Economic Communities. Number of East and Southern African countries that have laws that allow adolescents below the age of 18 years to access sexual and reproductive health services and information Number of countries in East and Southern African with a reduced prevalence of female genital mutilation among girls 15-19	
32	New Partnership for Africa's Development (NEPAD)			X Implementation of African Union commitments and frameworks	Facilitate implementation and monitoring	Improved access to sexual and reproductive health/HIV services	Number of East and Southern African countries that have domesticated policy instruments (guideline, strategies, bills) on sexual and reproductive health and HIV of the Regional Economic Communities.	Technical arm for operationalization of African Union commitments
Priv	ate sector							
33	Gates Foundation	X	X	HIV prevention and young people Geocoded Census and satellite imageries capacity building	Financial and technical support	Improved availability of commodities Data availability	Number of East and Southern African countries providing comprehensive HIV/sexual and reproductive health package for adolescent girls and young women and at least one key population Number of countries supported to conduct the 2020 round of census	It has a track record in supporting HIV prevention including condom programming. Previously supported AYA
34	David and Lucile Packard Foundation	X	X	Youth Enterprise Model (YEM)	Financial and technical support to regional interventions related to the Youth Enterprise Model.	Increased financial resources to expand the reach of the Youth Enterprise model and additional support in resource mobilization for scale up of the model.	Number of East and Southern African countries that have integrated asset building and/or economic empowerment strategies within the UNFPA supported youth programme, especially in child marriage programmes.	Institutional partnership. They have been financially supporting the youth enterprise model.
35	Praekelt Foundation	X		m-Health/TuneMe	Technical assistance and capacity building for sustainability of TuneMe	TuneMe is functional and sustainable in the countries where it was launched	Number of East and Southern African countries that have adopted and launched TuneMe - adolescent sexual and reproductive health and rights mobisite	The partnership was already established in the previous regional programme as a tripartite partnership with Ford Foundation.

36	Rockefeller Foundation	X	X			Youth and economic empowerment	Financial and technical support	Financial support for integrated adolescent sexual and reproductive health and rights and youth economic empowerment programmes	Number of East and Southern African countries that have integrated asset building and/or economic empowerment strategies within the UNFPA supported youth programme, especially in child marriage programmes.	The Rockefeller Foundation has a proven record of funding asset building programmes for young people
37	South Africa- based multinationals corporations		X	X		Sexual and reproductive health and rights Gender equity Youth empowerment Data	To be assessed according to each partner's added value: financial, in-kind, training of their staff on sexual and reproductive health and rights, leveraging, etc.	A new partnership model developed with the private sector in Southern Africa and financial support mobilized from them	Specific: at least 5 private sector companies based in South Africa provide support to UNFPA programmes in Southern Africa	South Africa is a resource mobilization engine for UNFPA and the Southern Africa region shall actually be recognized as such. Developing partnerships with the private sector is key for mobilizing resource for middle-income countries
38	Various social enterprises hubs	X				Economic empowerment and innovation	Support to economic empowerment interventions for young people especially in the area of social enterprises in the area of sexual and reproductive health and rights	Integrated economic empowerment and asset building in youth programmes – especially social enterprise.	Number of East and Southern African countries that have integrated asset building and/or economic empowerment strategies within the UNFPA supported youth programme, especially in child marriage programmes.	To explore the opportunity to work in social enterprises for economic empowerment of youth – matching Youth Enterprise Model with the iAccelerator – it is important to partner with organizations that have expertise in this area of work.
Inte	rnational non-gove	rnn	nent	tal o	rga	nizations and academia/	research institutions		1	I
39	African Institute for Development Policy (AFIDEP)			X		Demographic dividend	Technical support to countries on demographic dividend	Policy brief on demographic dividend; Country demographic dividend profile	Throughout all outcome 4 indicators	The African Institute for Development Policy is a think-tank and established partner in research on demographic dividend
40	African Sex workers Alliance (ASWA)	X				Implement tools and guidelines on sex workers for prevention of HIV	Provides access to networking and opportunities to reach out to sex work organizations	Increased operationalization of tools and guidelines on sex workers for prevention of HIV	Number of East and Southern African countries that positively address laws and/or policies presenting barriers to HIV prevention, treatment and care to at least one key population (sex workers or men who have sex with men)	The African Sex workers Alliance is the main NGO for sex workers in the region

								Number of East and Southern African countries providing comprehensive HIV/sexual and reproductive health package for sex workers	
41	African Youth and Adolescents Network (AfriYAN), AY+ and Young African Professionals (YAP)	X	X	X	Youth participation and empowerment; Comprehensive sexuality education; Demographic dividend	This partner is strategic in improving youth participation in programmes of UNFPA for a greater reach of beneficiaries but also for more targeted programmes	The African Youth and Adolescents Network is key in giving young people the opportunity to contribute to the achievement of the Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014 in countries as well as at regional and international level.	Number of East and Southern African countries with functional national youth networks advocating for adolescent sexual and reproductive health and rights Number of East and Southern African countries that have integrated adolescents and youth participation in humanitarian preparedness and response.	The African Youth and Adolescents Network was established by UNFPA in 2005 and it was reinvigorated in 2014. Due to the fact that young people represent a very dynamic population segment there is need to continue engaging with the network
42	AMREF	X		X	Support capacity building on midwifery, sexual and reproductive health	Quality of training and monitoring	Improved capacity at national level for quality human resources for health	Number of East and Southern African countries with skilled birth attendance rate above 75 per cent	Established partnership at various levels (national, regional and global)
43	African Population and Health Research Center (APHRC)			X	Demographic dividend and ageing	Technical support and joint resource mobilization	Methodology for 2 nd demographic dividend and aging & capacity building of staff and partners	Throughout all outcome 4 indicators	With its technical leadership in research on population issues, this partner will lead the work on demographic dividend and aging
44	British Council		X	X	Asset building/economic empowerment / youth employment	Joint resource mobilization efforts to support income generating interventions for young people.	A programme is funded to address sexual and reproductive health and rights and economic empowerment and asset building.	Number of East and Southern African countries that have integrated asset building and/or economic empowerment strategies within the UNFPA supported youth programme, especially in child marriage programmes.	The British Council has proven experience in working with young people in the continent supporting economic empowerment initiatives which include social enterprises and innovation hubs.
45	Confederation of African	X		X	Capacity building for member midwifery	Serve as a regional network for national midwifery association	Improved standard of midwifery education, regulation and accreditation in the continent	Number of East and Southern African countries that have adopted standard	The Confederation of African Midwives is gaining recognition in their effort to

	Midwives (CONAMA)				associations, Advocacy and networking			midwifery curriculum that is used by all midwifery training institutions	provide regional platform for networking and capacity building for midwives
46	Equality Now	X		X	Female genital mutilation and human rights network	Multi sectoral approach for female genital mutilation elimination	Capacity building on reported female genital mutilation cases	Number of countries in East and Southern African with a reduced prevalence of female genital mutilation among girls 15- 19	New partnership (2016) with a lot of potential to strengthen the multi sectoral approach for female genital mutilation elimination.
47	Girls Not Brides (GNB)	X	X		Child Marriage	Support technically the efforts on child marriage in the continent.	Enhanced support to the African Union campaign on child marriage.	Number of East and Southern African countries that have adapted the model law on child marriage of the Southern African Development Community Number of East and Southern African countries with a costed national action plan on addressing child marriage	The organization is already involved in supporting the African Union campaign to end child marriage. Hence the regional office has already been coordinating efforts with Girls not Brides in the area of child marriage.
48	International Confederation of Midwives (ICM)	X		X	Global partner for setting standardizing on midwifery competencies	Evidence and knowledge sharing, standardizing midwifery education	Set international standard for midwifery competency	Number of East and Southern African countries that have adopted standard midwifery curriculum that is used by all midwifery training institutions	The International Confederation of Midwives is a global key organization recognized for setting standards for required competency by midwives
49	International Planned Parenthood Federation (IPPF)	X	X	X	Comprehensive sexuality education Adolescent health services Partner in FP2020	Joint technical support to regional and continental activities. Technical support in meeting FP2020 commitment	Increased advocacy efforts at continental level to promote the Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014 Increased access to sexual and reproductive health services	Number of East and Southern African countries that have reduced unmet need for family planning by 50 per cent Number of East and Southern African countries with a modern contraceptive prevalence rate of at least 50 per cent Number of Regional Economic Communities that have validated regional standards for youth friendly health services for adaptation by Member States	Established partnership, the International Planned Parenthood Federation is present in all countries at the community level
50	Jhpiego			X	Support strengthening of human resources for maternal health	Quality of pre-service and in-service training	Improved capacity at national level for quality human resources for health	Number of East and Southern African countries that have adopted standard midwifery curriculum that is used by all midwifery training institutions	Established partnership at various levels (national, regional and global)

51	Regional Inter- Agency Task Team on Children Affected by AIDS (RIATT)	X			Network of organizations working on sexual and reproductive health and rights	The network is a very good resource to share and receive information on initiatives on sexual and reproductive health and rights in East and Southern African.	Increased opportunity for knowledge sharing in the area of sexual and reproductive health and rights.	Proportion of youth aged (15-24) in the East and Southern African region who report having been tested for HIV in the last 12 months and received results	The regional office has been working with the Regional Inter-Agency Task Team on Children Affected by AIDS in the area of HIV prevention and sexual and reproductive health and rights. They have a strong link with EAC and SADC Secretariat.
52	Southern African AIDS Trust (SAT)	X			Youth participation/ African Youth and Adolescents Network	Partnering to strengthen capacity of the African Youth and Adolescents Network.	Strengthen capacity of the African Youth and Adolescents Network	Number of East and Southern African countries with functional national youth networks advocating for adolescent sexual and reproductive health and rights	The Southern African AIDS Trust is the secretariat of the African Youth and Adolescents Network hence partnership is essential to support capacity strengthening of the African Youth and Adolescents Network
53	Safaids	X			Partnership to strengthen communication for HIV; and TuneMe	Evidence based research and communication Moderation of content and chats for countries	Strengthened evidence based programming for HIV Chats and content of TuneMe quality assured	Number of East and Southern African countries that positively address laws and/or policies presenting barriers to HIV prevention, treatment and care to at least one key population (sex workers or men who have sex with men) Number of East and Southern African countries that have adapted and launched TuneMe - adolescent sexual and reproductive health and rights mobisite	Lead civil society organization on research and communication on HIV in the region. TuneMe; the partnership is needed to support localization of the platform to ensure ownership.
54	Southern African Federation of the Disabled	X	X	X	Sexual and reproductive health and rights and disability	Technical support to regional activities related to youth with disabilities and sexual and reproductive health and rights.	Improved policy environment in support of youth with disabilities vis a vis sexual and reproductive health and rights.	Number of East and Southern African countries that adapted the regional resource package on comprehensive sexuality education for out-of-school youth Number of Regional Economic Communities that have validated regional standards for youth friendly health services for adaptation by Member States	As we engaged with the work on young people with disabilities, it is important to establish a robust partnership with a regional organization working in the field.

55	Save the Children		X	X	Comprehensive sexuality education and humanitarian	Joint resource mobilization efforts to support the implementation of the East and Southern African Commitment.	Funds will be mobilized to improve coverage of comprehensive sexuality education in the region, including in humanitarian settings.	Number of East and Southern African countries that adapted the regional resource package on comprehensive sexuality education for out-of-school youth Number of East and Southern African countries with comprehensive sexuality education institutionalized in pre-service and in-service teacher training colleges	Save the Children and UNFPA have already initiated discussions around partnering on work related to sexual and reproductive health and rights in humanitarian settings. The partnership should be also covering comprehensive sexuality education.
56	Sonke Gender Justice Network	X			Men and boys network	Engaging men and boys for gender equality	Bring men and boys on board for gender equality and social norms transformation	Throughout all outcome 3 indicators	Strong partnership with the regional office since 2009. Work on faith-based organizations, gender-based violence and HIV prevention and response. The network has members in all East and Southern African countries.
57	Union for African Population Studies (UAPS)	X			Population dynamics	Knowledge management and dissemination	Disseminate through journal articles and conference research findings to inform programme.	Throughout all outcome 4 indicators	The Union for African Population Studies is the only continental scientific forum on population and development
58	Universities (Witwatersrand, Cape Town and Nairobi)			X	Data analysis	Capacity building in data analysis	Improved capacity of East and Southern African countries in data analysis and dissemination; and demographic dividend profiling	Throughout all outcome 4 indicators	Existing partnership

R: Reach M: Resource mobilization

B: Brainpower **C:** Conducive environment