



14 July 2025

United Nations Population Fund

UNFPA strategic plan, 2026-2029

(DP/FPA/2025/9)

Annex 4

Global and regional programmes

6. East and Southern Africa Regional Programme (2026-2029)

Table of Contents

I.	Programme rationale.....	2
II.	Programme priorities and partnerships	4
A.	Output 1. Data, analysis and foresight	5
B.	Output 2. Laws, policy and accountability.....	6
C.	Output 3. Leveraging financing and investment	6
D.	Output 4. Gender equality, enabling social norms and youth empowerment.....	7
E.	Output 5. Quality of care and services	8
F.	Output 6. Preparedness and humanitarian action	8
G.	OEE1. Improved programming for results.....	9
H.	OEE2. Optimized management of resources	9
I.	OEE3: Expanded partnerships and strategic communication for impact	9
III.	Programme and risk management.....	10
IV.	Monitoring and evaluation	10
Annexes		
	Annex: Results and resources framework for the East and Southern Africa regional programme (2026-2029)	12

I. Programme rationale

1. The East and Southern Africa (ESA) region, comprising 23 countries, and home to approximately 717 million people as of 2025¹, projected to reach 1.1 billion by 2050, is characterised by striking contrasts and complex, multi-layered realities. While some countries have made significant strides in reducing maternal mortality and unmet need for family planning, others continue to report some of the highest rates globally. Nearly 60 per cent of Africa's population lives in the region, marked by a youthful demographic: 32 per cent is aged 10-24 years and the median age is 19.7 years. The region's trajectory towards achieving Agenda 2030 and Agenda 2063 hinges on investments in youth and women's potential.
2. The ESA region is among the most unequal globally, facing a polycrisis of economic instability, health emergencies, conflicts and climate change. Seven of the world's most unequal countries are in Southern Africa. Inequality, evident in the Gini coefficient and Gender Inequality Index, highlights the urgent need for inclusive human capital development, especially for women, adolescents, youth, and persons with disabilities. An estimated 10-15 per cent of the population are people with disabilities, and they are often excluded from services, particularly sexual and reproductive health and rights (SRHR), and are vulnerable to violence and discrimination.
3. Young people in the ESA region face layered and intersecting vulnerabilities. In 2023, they accounted for 27 per cent of the region's 450,000 new HIV infections. The region has the world's second-highest adolescent birth rate (92 births per 1,000 girls aged 15-19 years), and one in three women aged 20-24 years was married before age 18. Economic hardship drives many into transactional sex, increasing the risk of unsafe abortions and sexually transmitted infections. High rates of youth not in education, employment, or training, particularly among young women, reinforce cycles of vulnerability, ranging from 17 per cent in Seychelles to 36 per cent in Zimbabwe. Only 24 per cent of the region's population had internet access in 2023, deepening exclusion for rural and female youth. Mental health challenges, such as depression, anxiety, and self-harm, are also on the rise, now ranking among the leading causes of death and disability for young people in the ESA region.
4. While maternal mortality has decreased by 55 per cent since 2000, ESA still reports the second-highest ratio globally of 270 deaths per 100,000 live births in 2023, and approximately 61,000 maternal deaths occur annually, mostly preventable. Fertility remains high at 4.1 births per woman, with many countries averaging 3-5 births. The contraceptive prevalence rate is at 33 per cent for all women but only 11 per cent for adolescent girls (15-19 years). Unmet need for family planning remains high at 20 per cent, with significant inter-country and intra-country variations and disparities among age groups with the rate as high as 42 per cent for unmarried girls (15-19 years), 29 per cent for unmarried women (20-24 years) and 25 per cent for married women (15-24 years). ESA is also the global epicentre of HIV, with 20.8 million people living with HIV (52 per cent of the global total), and 60 per cent of new infections occurring among women and girls aged 15-49 years. Though HIV incidence has declined in many countries, it has stagnated or resurged in others. Shifting funding and rising anti-SRHR movements threaten recent gains, undermining access to comprehensive sexuality education, SRHR information and services, and the rights of vulnerable populations including people living with HIV.
5. Gender-based violence (GBV) remains a critical concern in the ESA region, driven by entrenched gender inequality, harmful social norms, and patriarchal systems. Poverty, inadequate legal enforcement, and limited access to essential services heighten the vulnerability of women and girls, while conflict, displacement, and climate-related crises further exacerbate the risks they face. With 24 per cent of women reporting intimate partner violence in the past 12 months in 2023, this continues to contribute to the increased risk of unintended pregnancies and HIV infection. Adolescent girls and young women are especially vulnerable to sexual exploitation, including rape. Only 4 in 10 GBV survivors seek any form of help, and only 6 per cent report their cases to authorities. Among girls aged 15-19 years, fear of stigma and discrimination further deters them from seeking support. Despite some progress, harmful practices, such as child marriage and female genital mutilation (FGM) remain prevalent, with 30 per cent of children married before age 18 in 2023 and FGM rates as high as 83 per cent in Eritrea and 65 per cent in Ethiopia.
6. Health financing in ESA remains inadequate, with only one-third of countries meeting the recommended public expenditure of \$86 per capita per annum for providing essential primary care. This situation, worsened by crises like COVID-19 and declining aid, has weakened SRHR service delivery, increasing out-of-pocket costs and straining SRHR ecosystems in both development and humanitarian contexts.

¹ Projected estimates – UNDP Population Projections

7. Humanitarian crises further exacerbate vulnerabilities. By October 2024, 71.4 million people in ESA required humanitarian assistance – 1 in 10 people – including 14.1 million internally displaced persons and 5.2 million refugees. Nearly 48 million people faced crisis-level food insecurity. The ESA region hosts over 20 per cent of the world's forcibly displaced population, with displacement driven by conflict, economic instability, and climate shocks. Protracted conflict in the Eastern Democratic Republic of Congo, Cabo Delgado in Mozambique and the Horn of Africa continue to disrupt access to essential SRHR services, weakening health systems and undermining resilience. About one-third of the world's most climate-vulnerable countries are in ESA, frequently experiencing cyclones, heatwaves, droughts and floods that disproportionately affect women, youth, and the elderly. Climate change increasingly intersects with SRHR, GBV and demographic dynamics. Projections show that in the most pessimistic scenario in which emissions rise, temperatures rise more than 4°C by end of century, compared to pre-industrial levels, and global cooperation on climate change falls: cases of intimate partner violence Sub-Saharan Africa will triple from 48 million in 2015 to 140 million by 2060. Yet few countries in ESA have integrated SRHR into nationally determined contributions, national adaptation plans, or climate change gender action plans.

8. Weak data ecosystems continue to constrain effective programming in the ESA region. Despite progress in digital censuses, Demographic Health Survey (DHS), Multiple Indicator Cluster Surveys (MICS), and common operational datasets for humanitarian programming, the generation of SRHR and GBV indicators from administrative data systems remain fragmented and underfunded. Inadequate statistical capacity and limited data disaggregation hinder evidence-based planning and response, leaving major gaps in understanding and addressing the needs of marginalized groups.

9. Despite a challenging environment, the ESA Regional Programme (2022-2025) has made notable progress. The region mobilized \$515 million – exceeding its \$400 million target – with 9 per cent from the private sector and other non-traditional sources of funding. Investment cases and budget analyses supported financing for SRHR in 18 countries. Collaboration with ministries and UN agencies in 20 countries advanced SRHR integration into universal health coverage (UHC). Supply chains improved SRH commodity access in 23 countries, and midwifery coverage rose from 2.5 per 10,000 to 3.2 per 10,000. Innovation was mainstreamed in 19 countries through interventions like AI for midwifery training and drone delivery of SRH supplies. A regional innovation initiative supported 120 youth- and women-led solutions, including anti-FGM technologies and climate resilience tools. Fifteen countries integrated the Minimum Initial Service Package (MISP) for SRHR into disaster risk reduction plans. Over the past five years, ESARO, recognized as the UNFPA climate hub, has scaled up efforts to integrate climate change into SRHR as a key megatrend. Through regional coordination and technical support, 15 countries have been supported in integrating SRHR, GBV and harmful practices into national adaptation plans and nationally determined contributions (NDCs) – nine of them explicitly incorporating International Conference on Population and Development (ICPD) priorities. In collaboration with other regional offices, ESARO led the conduct of the global review of the NDCs to assess the integration of SRHR and gender issues in current national climate policies of 119 countries, and progress made since the first NDC submission; and developed and applied innovative tools like the Resilient Futures module and climate change vulnerability assessments. ESARO mobilized \$2.1 million in climate finance from the Africa Climate Change Fund (ACCF), Zonta, and the International Development Research Centre (IDRC) Canada to advance gender-transformative climate adaptation and youth engagement in Kenya, Madagascar, Mozambique, South Sudan and Zambia.

10. With data systems improved through support to digital censuses in 19 countries and DHS/MICS surveys in 20 countries. The programme also contributed significantly at the continental level. It supported the African Union (AU) Campaign for Accelerated Reduction in Maternal Mortality (CARMMA+), the AU Continental Strategy on Education, Health and Well-being, the Southern Africa Development Community (SADC) Protocol on Youth, adoption of the AU Convention on Ending Violence Against Women and Girls (AUCEVAWG), and the ESA Ministerial Commitment focused on promoting nationally contextualised comprehensive sexuality education (CSE) and access to SRH services for adolescents and young people, contributing to institutionalization of CSE in tertiary education systems across 10 countries, and reaching over 23 million learners, including youth with disabilities.

11. Key lessons from the evaluation of the Regional Programme (2022-2025) include the importance of generating and using data-driven insights for translating SRHR policies and commitments into practice; integrating data, innovation, and partnerships to reach marginalized populations; applying a human rights-based approach to tackle harmful social norms and accelerating access towards universal SRHR; leveraging regional bodies and joint programming (UNFPA, WHO, UNICEF, UNAIDS) for advocacy and resource mobilization; and sustaining the strategic leadership of UNFPA through data driven insights, high quality knowledge products, purposeful partnerships and clear articulation of its value addition.

12. Consultations with regional stakeholders, including women-led and youth-led organizations, persons with disabilities and other representatives of marginalized groups, underscored several strategic priorities: enhancing youth engagement across the programme cycle; increasing domestic resource mobilization through stronger engagement with national treasuries; promoting South-South cooperation for knowledge exchange; deepening collaboration with the AU, the Regional Economic Commission (REC) and the United Nations Economic Commission for Africa (UNECA); integrating SRHR into national peace and development frameworks including UHC, primary health care (PHC), and, national disaster preparedness and response plans; addressing the gendered impact of climate change; and strengthening humanitarian diplomacy to ensure access to life-saving services, including SRH-MISP in fragile settings.

13. Moving forward, the ESA regional programme is well-positioned to offer tailored and differentiated support to countries, regional and continental institutions, aiming to improve SRHR policy, financing, delivery, and measurement ecosystems. It will also support translation of SRHR commitments and policies into services by providing technical support for scaling up high-impact flagship programmes, informed by the elaborate ESAR Futures Papers. Opportunities include leveraging continental and regional frameworks like the Maputo Protocol, CARMMA+, AUCEVAWG, the East African Community (EAC), and SADC SRH and youth strategies; advancing sustainable SRHR financing and policy implementation; expanding youth-responsive policies, legislation, and services; and scaling digital and AI-driven innovations including SRH self-care solutions.

II. Programme priorities and partnerships

14. The ESA region is defined by its complexity and diversity – spanning a wide spectrum of development contexts, demographic trends, and socio-political realities. While some countries have made remarkable strides in reducing maternal mortality and unmet needs of family planning, others continue to grapple with some of the highest rates globally. The region is home to both rapidly growing youth populations and ageing cohorts, though with significantly lower numbers of ageing populations. Many countries are also navigating intersecting challenges, including climate vulnerability, conflict, and recurrent humanitarian crises. These contrasts call for a differentiated, evidence-based, and agile approach – one that is deeply attuned to each country’s unique risks, needs and transformative opportunities.

15. Reaffirming the vision of universal access to SRHR and the three transformative results, the ESA Regional Programme acknowledges that progress over the past 15 years has been insufficient to meet the Sustainable Development Goals (SDG) – particularly those on health, gender equality, climate action and peace (SDGs 3, 4, 5, 10, 13, 16, 17) – as well as the ICPD30 commitments, the Addis Ababa Declaration on Population and Development (AADPD), and the AU Agenda 2063.

16. The Regional Programme envisions enabling UNFPA and its partners to accelerate the implementation of the ICPD Programme of Action and advance progress toward the UNFPA Strategic Plan three transformative results. It reinforces the regional office’s role in driving change at scale through thought leadership, policy influence, technical support, and the scaling-up of high-impact flagship programmes. It emphasizes tailored, context-specific programmatic support and cross-country collaboration through South-South cooperation and knowledge exchange. The programme leverages innovation and seeks to translate global SRHR and GBV commitments into meaningful, measurable progress at the country level.

17. Guided by the 2024 ESA Futures Papers for each of the four UNFPA Strategic Plan outcomes, the Regional Programme is anchored in a 25-year foresight framework that identifies key drivers of change, emerging good practices, and potential future scenarios. The analysis highlights two core transformative drivers – social dynamics and technological advancements – which shape the programme’s long-term orientation and underscore the central role of adolescents and youth in driving sustainable change. Insights from the independent evaluation of the UNFPA support to adolescents and youth emphasized the need for integrated, youth-led approaches that address intersecting vulnerabilities. These findings have directly informed the design of the Regional Programme, ensuring that adolescents and youth are meaningfully integrated across all relevant outputs.

18. The programme is grounded in a commitment to tailored, country-specific support, delivering six interrelated and mutually reinforcing outputs. These are aligned with the Strategic Plan and guided by the evidence-based ESA Futures Papers, which form the foundation for the Regional Programme Action Plan and its targeted approach. To reduce maternal mortality, countries in high-risk categories receive tailored interventions based on bottleneck analyses using the WHO Availability, Accessibility, Acceptability and Quality (AAAQ) framework, the Obstetric

Transition model,² and the *Start with Her* strategy. Family planning strategies are guided by the m-CPR S-Curve³ and the UNFPA rights-based approach tool, with targeted and context-specific support. For GBV and harmful practices, the AAAQ-based bottleneck analyses inform the differentiated support required for each country. Population change and data strategies were guided by demographic profiles, evidence needs for policy and programming that ensure that the most marginalized population groups are identified. Joint regional programming for the three transformative results will systematically integrate HIV, prioritizing countries likely to experience disruption in HIV prevention interventions with declining external funding. Additionally, the design of the Programme is strongly informed by evaluative evidence from corporate and regional evaluations. Key lessons from evaluations – such as the independent evaluation of the UNFPA support to adolescents and youth, the evaluation on population dynamics and data, and the joint evaluation of the UNFPA/UNICEF Global Programme to end child marriage – shaped outputs on youth leadership, data systems and addressing harmful norms. Findings from evaluations on humanitarian action and the previous regional programme (2022-2025) further emphasized the need for data-driven, rights-based and gender-transformative approaches, guiding the integration of innovation, partnerships and advocacy throughout the programme.

19. Aligned with the ICPD Programme of Action and the UNFPA Strategic Plan, 2026-2029, the Regional Programme supports implementation of global, continental, and regional frameworks – including Agenda 2030, Africa Union Agenda 2063, 2024 quadrennial comprehensive policy review (QCPR), UN 2.0, and UN80 reform. It aligns with and contributes to the strategies of the AU, REC and subregional bodies, including the SADC, the Intergovernmental Authority on Development (IGAD), EAC, and the International Conference on the Great Lakes Region (ICGLR). It also partners with the SADC Parliamentary Forum and UNECA. The programme will further tap into global and regional expertise from the Global Emergency Response Team, thematic knowledge hubs, and technical networks. Collaboration with centres of excellence, academic partners, private sector, development partners, non-state-actors, civil society organizations, especially women and youth movements, will ensure context-responsive and technically sound interventions. UNFPA will continue to contribute to collective results under the United Nations Sustainable Development Cooperation Frameworks (UNSDCFs), working closely with resident coordinators, UN country teams and regional collaborative platforms.

A. Output 1. Data, analysis and foresight

By 2029, strengthened data systems, demographic analysis and foresight to inform laws, policies, systems and programmes related to sexual and reproductive health, gender-based violence, climate action and other related development sectors for women, girls, young people and persons with disabilities.

20. The ESA Regional Programme positions demographic intelligence as a catalytic enabler for advancing SRHR, preventing gender-based violence (GBV and harmful practices), and addressing adolescent pregnancy, while promoting equitable human capital development and the demographic dividend. The evaluation of the UNFPA support to population dynamics and data (2014-2022), highlighted significant gaps in data ecosystems, which has provided the impetus for this output. The programme will enable partners to better understand and respond to megatrends such as migration, climate change, urbanization, and shifting age structures, while anticipating emerging risks through futures thinking and foresight tools.

21. The programme will promote a strong culture of evidence-based decision-making at national and regional levels, in partnership with National Statistics Offices, civil society, research institutions, the AU, REC and the UN system. Through joint programming and innovative collaborations with development finance institutions, the programme will support countries in forecasting trends, identifying at-risk populations, and ensuring that no one is left behind.

22. To achieve this output, the programme will: (a) strengthen population data systems, including digital censuses, civil registration and vital statistics (CRVS), surveys, early warning systems and routine administrative data systems, especially for GBV and SRH, by integrating geospatial, real-time, and disaggregated data; (b) enhance

² <https://healthynewbornnetwork.org/resource/2023/maternal-mortality-stillbirths-and-neonatal-mortality-a-transition-model-based-on-analyses-of-151-countries/>

³ The mCPR S-Curve refers to the modern Contraceptive Prevalence Rate (mCPR) trajectory over time and is a key concept used in family planning programmes to describe how contraceptive use typically increases in countries as access and demand grow. The "S-curve" is named for the S-shaped pattern that the mCPR tends to follow.

institutional capacity within UNFPA and partners to use advanced data analytics (e.g., geospatial modelling, intersectional analysis, hotspot mapping) to inform gender-responsive, disability-inclusive, and youth-centred programmes on SRHR, HIV, and GBV; (c) support countries in building climate data infrastructure with a gender lens and develop a practical handbook to guide country offices and stakeholders in scaling up integrated SRHR and climate change interventions; (d) strengthen regional research and foresight capacity, develop strategic knowledge products for country offices, and promote South-South knowledge exchange to elevate the region's data narratives globally and build the case for sustained SRHR and GBV investments; (e) provide strategic policy support, integrating population dynamics and megatrends into national and regional development planning through evidence based dialogues and technical engagement with global and continental policy platforms, and countries enhanced capacity to provide demographic intelligence for the Common Country Assessments (CCAs) and UNSDCF; and (f) advance demographic dividend strategies, supporting countries to apply tailored approaches that connect population structures to inclusive development pathways, depending on national contexts and transition stages.

B. Output 2. Laws, policy and accountability

By 2029, improved formulation, integration, and implementation of laws, policies and programmes related to sexual and reproductive health and reproductive rights, as well as prevention of and response to gender-based violence and harmful practices against women, girls and young people.

23. Learning from evaluative evidence, the programme recognizes that legal and policy environments grounded in human rights, gender equality, and accountability are fundamental to ensuring sustainable SRHR and GBV outcomes. In a region marked by deep structural inequalities, entrenched gender norms, widespread GBV, and increasing climate-related and humanitarian risks, robust and inclusive laws and policies must be matched by effective implementation, enforcement, and accountability mechanisms.

24. The Programme will partner with regional and subregional bodies – including the AU, REC and the SADC Parliamentary Forum – to strengthen institutional capacities and ensure regional and continental commitments translate into national-level legal and policy reforms and support the tracking and domestication of regional SRHR commitments. It will engage parliamentarians, faith leaders, and other influencers to counteract disinformation and foster sustained political commitment. The Regional Office will continue to engage key partners, including UNICEF, WHO, UN-Women, UNDP, UNAIDS, the World Bank and regional development banks, to advocate for stronger financing commitments and coherent multisectoral strategies.

25. To achieve this output the programme will: (a) provide thought leadership and technical guidance to support countries in integrating comprehensive SRHR, GBV/harmful practices prevention, and population dynamics into national legal and policy frameworks, particularly UHC, PHC, climate adaptation and emergency preparedness plans; (b) strengthen the capacity of policy-makers and legislators including the AU, REC, SADC Parliamentary Forum and other regional partners to operationalize regional commitments into laws, service delivery standards, and equitable financing policies, with emphasis on accountability, service readiness, and rights-based approaches; (c) lead strategic advocacy and communication efforts to counter anti-gender and anti-SRHR narratives, promote inclusive implementation of the ICPD Programme of Action and AADPD@10; (d) strengthen the capacity of women and youth-led organizations and expand youth participation in policy design, monitoring and accountability processes; (e) coordinate with UN partners to strengthen normative frameworks, joint accountability mechanisms and human rights reporting processes (including UPR and CEDAW reviews); and (f) enhance the participation of women and youth in peacebuilding frameworks and humanitarian response systems, aligned with the inter-agency minimum standards for GBV in emergencies and multi-sectoral, survivor-centred service provision, including mental health and psychosocial support.

C. Output 3. Leveraging financing and investment

By 2029, leveraged, expanded and diversified partnerships, financing and social protection systems towards sexual and reproductive health and gender equality and the empowerment of women, girls and young people

26. The Regional Programme aims to strengthen the financial foundations for SRHR and GBV in ESA by enhancing domestic resource mobilization, expanding access to innovative financing mechanisms, including climate

financing and integrating SRHR into broader financing, insurance and social protection systems. In the face of shifting donor priorities and declining external funding, these strategies are vital to safeguarding progress and ensuring the sustainability of SRHR investments. Using the 2025 funding shift analysis across 23 countries and the ESA Futures Papers, the programme has identified immediate and long-term measures for building financial resilience. Country support will be differentiated and guided by an annual financing capacity classification tool. In middle-income countries, the programme will capitalize on existing relationships and the preceding work of the middle-income countries hub to unlock private-sector engagement, promote corporate social responsibility and shared value approach and support regulatory frameworks that enable health insurance schemes to cover SRHR services. This complements the efforts of WHO, UNDP, UNICEF, UNAIDS, UN-Women, the World Bank and regional development banks in financing health and gender-responsive social protection.

27. To achieve this output the programme will: (a) provide policy and technical support to ministries of finance, planning and health to strengthen SRHR budgeting, improve expenditure tracking, and increase domestic financing for integrated SRHR and GBV services, particularly within UHC and PHC frameworks; (b) promote blended and innovative financing mechanisms, including the Match Fund, Development/Social Impact Bonds, and COMPACT commitments; (c) deepen partnerships with other UN agencies, IFIs, foundations, the private sector and philanthropic organizations, mobilizing resources and aligning investments to address gaps in SRHR financing; (d) support countries with technical advice for the integration of SRHR and GBV into social protection schemes, including national health insurance and financial risk pooling mechanisms, to reduce out-of-pocket spending and expand coverage for vulnerable populations; (e) enhance country-level access to climate finance by providing targeted technical support to strengthen proposals for multilateral climate funds, such as the GCF and the Adaptation Fund; and (f) advance UN-wide financing coordination, including support for Integrated National Financing Frameworks, to enable countries to align financial strategies with their development priorities and SDG commitments.

D. Output 4. Gender equality, enabling social norms and youth empowerment

By 2029, strengthened capacities of individuals, communities and institutions to empower young people, women and girls to address gender discrimination and harmful gender and social norms to achieve bodily autonomy, agency and reproductive rights of all people in their diversities and all contexts (including humanitarian settings)

28. This output focuses on transforming social norms, empowering young people and women, and amplifying the voices of those most affected by exclusion and inequality. Evidence from the joint evaluation of the UNFPA/UNICEF Global Programme to End Child Marriage and the evaluation of the UNFPA support to gender equality and women's empowerment emphasized the need for programmes that tackle harmful social norms and strengthen multisectoral, survivor-centred services and this informed interventions under this output. The programme prioritizes adolescent girls and young women, who face disproportionate risks of sexual violence, early and unintended pregnancy, HIV infection, and exclusion. A particular emphasis will be placed on addressing sexual exploitation, abuse, and harassment, especially in humanitarian settings. Efforts will be informed by regional flagship programmes, including the Spotlight Initiative, Safeguard Young People, 2gether4SRHR, and AU campaigns, such as Positive Masculinity and Ending Violence Against Women and Girls. The programme will also focus on expanding gender-transformative, age-appropriate, and nationally contextualized comprehensive sexuality education (CSE), as well as building life and digital skills among youth, including those with disabilities or living with HIV. Key partnerships will be strengthened, including with UN-Women, UNICEF, UNAIDS, Parliamentarians and the Council of Traditional Leaders in Africa (COTLA), WCARO and ASRO.

29. To achieve this output the programme will: (a) strengthen capacity of women- and youth-led organizations and organizations for persons with disabilities, regional and cross-regional networks of service providers, champions and influencers and build capacity for grassroots movements that promote bodily autonomy, challenge discriminatory norms, and counter organized opposition to SRHR; (b) promote adoption and scale-up of evidence-based GBV/harmful practices prevention programmes, in collaboration with regional and continental actors, ensuring inclusion and survivor-centred approaches; (c) support accountability mechanisms for advancing SRHR and gender equality, ensuring inclusive participation and leadership of women, youth and persons with disabilities in policymaking, programme monitoring and accountability mechanisms; (d) expand innovative, multisectoral GBV/harmful practices services, including mental health and psychosocial support, leveraging digital and non-

digital platforms, especially in humanitarian and climate-affected settings; and (e) strengthen partnerships and collaboration with regional institutions and networks, including the AU, to promote progressive SRHR, GBV and youth policies and programmes, including nationally contextualized CSE adoption and implementation.

E. Output 5. Quality of care and services

By 2029, strengthened the capacity of systems, institutions and communities to provide high-quality, resilient, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices against women, girls and young people.

30. The Regional Programme will support countries in delivering human-centered, integrated and youth-responsive SRHR and GBV services through strengthened primary health care systems. The focus is on addressing persistent quality and equity gaps, especially for adolescents, people with disabilities and people living with HIV. Resilient, rights-based health systems are critical to reducing maternal deaths, preventing unintended pregnancies and HIV infections, and meeting the SRHR needs of all. Emphasis will be placed on supporting midwifery models of care, strengthening supply chain systems, and scaling innovations in SRH self-care and digital health. The programme will also ensure continuity of essential services during crises and support adaptation to climate-related disruptions. It will build on the momentum of regional flagship programmes, including 2gether4SRHR, the UNFPA Maternal and Newborn Health Trust Fund, Safe Birth Africa, and the UNFPA Supplies Programme.

31. To achieve this output the programme will: (a) provide technical support to countries to improve PHC system functionality and resilience, including emergency obstetric and newborn care (EmONC), maternal and perinatal death surveillance (MPDSR), midwifery, fistula prevention, and high-quality GBV response services; (b) strengthen partnerships with regional institutions to ensure the delivery of integrated SRHR, HIV and GBV prevention services, including in humanitarian settings; (c) enhance regional and national supply chain systems, building on the foundation set by the regional Supply Chain Management Unit (SCMU) to ensure consistent availability of affordable, quality-assured and timely reproductive health commodities and HIV prevention supplies, including using medical drones; (d) support evidence generation and scale-up of high-impact practices, including self-care, digital health and adolescent and youth-responsive service delivery models, including using the innovative Mobile Clinic in Box (MOMMA Box) technology; and (e) promote regional learning and South-South cooperation to adapt and expand proven innovations, ensuring they reach marginalized groups and are resilient to shocks, including climate and conflict-related disruptions.

F. Output 6. Preparedness and humanitarian action

By 2029, enhanced leadership and operational capacity of humanitarian actors to operationalize coordinated and localized emergency preparedness and responses, focusing on life-saving intervention related to sexual and reproductive health, gender-based violence and harmful practices for women, girls and young people

32. The Programme will enhance both regional and national capacities to deliver lifesaving SRHR and GBV services across the humanitarian–development–peace continuum. It prioritizes preparedness, anticipatory action, and resilience in contexts affected by conflict, displacement, and climate-related disasters. In response to chronic underfunding and fragmented implementation of SRHR in emergencies – despite growing climate and conflict-related disruptions – the programme will strengthen the integration of SRHR and GBV into national preparedness and response frameworks. This approach directly addresses key recommendations from the evaluation of the UNFPA humanitarian capacity and the inter-agency humanitarian evaluation on gender equality and the Empowerment of Women and Girls. In collaboration with UN agencies, humanitarian partners, and regional bodies, such as IGAD, EAC and SADC, the programme will promote the inclusion of SRHR, GBV and HIV in national emergency systems. Cross-border coordination will also be reinforced to address regional crises, building on the ESA/Arab States Horn of Africa strategy and global humanitarian standards.

33. To achieve this output the programme will support countries to: (a) advocate for the integration of SRH and GBV into national disaster and climate adaptation frameworks, including vulnerability assessments, humanitarian appeals, and disaster risk reduction plans; (b) ensure strategic stockpiling and pre-positioning of SRHR

commodities, including dignity kits and MISP supplies, ensuring delivery to marginalized populations during emergencies; (c) enhance collaboration with humanitarian platforms and regional emergency operations centres, such as the SADC Humanitarian and Emergency Operations Centre and regional inter-agency RCP/IBC mechanisms; (d) promote locally led, inclusive innovation and humanitarian action, supporting youth- and women-led organizations in preparedness, response, peacebuilding, and climate action including the implementation of the inter-agency minimum standards for GBV in emergencies, and development of a regional programme on youth, peace, and climate security; and (e) advance early warning and anticipatory action, aligned with the UN “Early Warnings for All” initiative, to prepare health systems and community responders for crisis-affected populations.

G. OEE1. Improved programming for results

34. The programme will scale up tailored technical and programmatic support to country offices, emphasizing thought leadership, organizational efficiency and innovation. It will guide the development of transformative, data-driven country programmes through strategic foresight, scenario planning, and deep-dive analyses, aligned with UNSDCF, the UNFPA Strategic Plan, and UN reform. Additionally, strategic guidance will be provided to country offices to provide technical leadership in the core mandate areas to inform the UNCT configuration exercise. Oversight will be strengthened through key performance indicator monitoring, timely corrective action and enhanced integrated planning and reporting, as outlined in the ESAR Technical Assistance Strategy.

35. Guided by its innovation and digitalization strategy, ESARO will systematically identify, explore, pilot and adapt innovative solutions – such as hacklabs, AI-driven insights, self-care models, MOMMA Box and drone delivery – to improve SRHR access, strengthen resilient supply chains, and enhance programmatic reach working with communities. This proactive approach will prioritize innovations that address emerging challenges identified through foresight, bridge the digital divide through both digital technologies and non-digital alternatives, and foster locally led solutions across the region.

36. ESARO will champion inclusive policies and ‘leaving no one behind’ approaches, working with REC, UNECA and organizations for persons with disabilities to implement the UN Disability Inclusion Strategy. Knowledge management will be accelerated using AI-powered platforms, revitalized Communities of Practice, and local knowledge networks to enhance evidence-based advocacy and staff capacity, in line with the UNFPA Knowledge Management Strategy, 2024-2030. The Regional Office will also play a brokering role by fostering cross-country learning exchanges, convening thematic dialogues, and supporting adaptive learning through real-time knowledge capture and application.

H. OEE2. Optimized management of resources

37. ESARO will strengthen operational capacity for preparedness actions and rapid response during emergencies, with an emphasis on improving supply chain management, forecasting and regional prepositioning and data collection capacity to identify and respond to the needs of those furthest left behind in emergencies at country level. The regional Supply Chain Management Unit will be further strengthened to support countries through periodic monitoring and tracking of key supply indicators and building capacity of countries.

38. Through the Regional Operations Shared Services Centre (ROSSC) and integrated operational and programme support, ESARO will scale up management and oversight of resources, particularly non-core resources in collaboration with country offices, with an emphasis on strengthening procurement, finance and administration beyond middle-income countries and in line with the Common Back Office initiative and the Business Operations Strategy. ESARO will also collaborate with corporate-level Units to support country offices in rolling-out the enterprise risk management system and the information and communication technologies transformation project.

39. ESARO will also ensure the organization has the right skill sets and strengthen the performance review process, reinforcing accountability through robust results-based management systems for the Regional Office and the countries.

I. OEE3: Expanded partnerships and strategic communication for impact

40. ESARO will leverage UN reform and strategic partnerships to mobilize broader support for the ICPD Agenda, engaging both traditional and non-traditional actors, including the private sector, academia, civil society,

faith-based groups and parliamentarians. Regional collaboration will be deepened through UN platforms and with other UNFPA regional offices, in particular WCARO and ASRO. As official development assistance (ODA) declines, the region is shifting toward blended funding and financing models, drawing on innovative mechanisms such as development impact bonds and expanding partnerships with IFIs, multilateral development banks, philanthropy, and the corporate sector. Special focus will be placed on financing for humanitarian settings. To drive domestic investment in SRHR, the office will use investment cases and budget analyses. Communications will be strategic, inclusive, and anchored in a “Digital First” approach, using AI, behavioural science and storytelling to influence policy and financing. Participatory communications will amplify youth and grassroots voices, while safeguarding trust through fact-checking, media visibility and risk management.

III. Programme and risk management

41. The programme will be implemented across 23 countries in the ESA region, with targeted support for countries facing climate, health, humanitarian, and demographic vulnerabilities – including small island developing States and least developed countries. Oversight of implementation, monitoring, and evaluation will be led by the Regional Director, supported by the ESA Management Team, ensuring alignment with the UNFPA Strategic Plan, 2026-2029, ICPD30 commitments, AU Agenda 2063, AADPD, and the SDGs.

42. The regional office will ensure adequate staffing and technical expertise, leveraging existing resources and addressing capacity gaps. Human resource deployment will be guided by a flexible staffing model that allows for surge support in crisis settings, and targeted technical assistance based on emerging country office needs. Regional think tanks and technical institutions will be engaged to bring innovative and context-specific solutions. The regional programme will adapt to the new Business model to ensure alignment and be fit for purpose.

43. Programme delivery will be led by the ESARO team and a network of implementing partners selected based on expertise and ability to reach marginalized groups. UNFPA will continue using the harmonized approach to cash transfers with other UN agencies to ensure sound financial management.

44. A detailed integrated partnership and resource mobilization plan and strategy have been developed that includes South-South cooperation, domestic financing and innovative financing – such as development impact bonds and public-private partnerships – to advance SRHR and support SDG financing.

45. Risks to implementation include resistance to SRHR, limited national capacities, fiscal constraints and the effects of climate crises and the COVID-19 pandemic with mitigation strategies developed. A risk management framework will include contingency planning and safeguard social and environmental standards, supported by grievance mechanisms. The programme will implement recommendations from the 2024 audit, addressing issues such as incomplete mandatory training, weak programme oversight, partner and resource management gaps, recruitment and procurement issues, and travel policy non-compliance. These actions will enhance organizational effectiveness, accountability and impact across the region.

IV. Monitoring and evaluation

46. ESARO will institutionalize a culture of results-based and adaptive management, embedding robust monitoring and evaluation processes that ensure accountability, inform strategic decision-making and foster continuous learning. The Regional Office will strengthen its support to country offices and partners through tailored capacity-building, quality assurance and innovative solutions that promote real-time monitoring, data analysis and responsive programming.

47. Building on the digital innovations and adaptive methods introduced during the COVID-19 pandemic, ESARO will deepen its use of technology-enabled tools and participatory approaches to improve the timeliness and accuracy of monitoring data. A comprehensive regional monitoring framework will be developed to track progress towards the three transformative results, the commitments of the Nairobi Summit and contributions to the SDGs.

48. The programme will be monitored to assess the contribution, effectiveness and efficiency of the strategic interventions towards results defined in the regional programme results framework, tracking the progress on a quarterly basis and reporting on results annually and institute course correction. To ensure programmatic strategies remain priority driven and impact focused a mid-term review will be undertaken. This will allow the regional office to respond to the evolving development context and emerging challenges effectively. All results indicators will be

measured as per the developed metadata, which include indicator definitions, data requirements and sources, and measurement methods consistent over the period of the programme.

49. To enhance national and regional capacities, ESARO will provide technical assistance to country offices on the use of national data systems, results monitoring and alignment with the CCA, the Cooperation Framework and SDG reporting. Collaboration with key regional partners, including UNECA and issue-based coalitions on data will be leveraged to support voluntary national reviews and other SDG accountability processes, and universal periodic reviews.

50. Evaluative activities will be guided by the costed evaluation plan for the regional programme (2026-2029). All evaluations will adopt inclusive and participatory methodologies, engaging rights-holders, duty-bearers, and implementing partners. Findings from these evaluations will feed into regional knowledge products and learning platforms and be used systematically to shape policy dialogue, regional advisory services and technical cooperation.

51. ESARO will promote peer-to-peer exchange, South-South learning and joint evaluation exercises, including with other UN agencies, to increase coherence, enhance mutual accountability and generate shared evidence to accelerate progress across the region.

Annex: Results and resources framework for the East and Southern Africa regional programme (2026-2029)

UNFPA Strategic Plan, 2026-2029. GOAL: Achieve universal access to sexual and reproductive health, realize reproductive rights for all and accelerate the implementation of the Programme of Action of the International Conference of Population and Development - with a heightened focus on addressing inequalities within and between countries and leaving no-one behind across the humanitarian, development and peace continuum			
UNFPA Strategic Plan, 2026-2029, Outcome 1: By 2029, the reduction in the unmet need for family planning has accelerated.		Indicative resources \$16.0million (\$4.0million from regular resources and \$12.0 million from other resources)	
UNFPA Strategic Plan, 2026-2029, Outcome 2: By 2029, the reduction in preventable maternal deaths has accelerated.		Indicative resources \$16.0 million (\$2.0 million from regular resources and \$14.0 million from other resources)	
UNFPA Strategic Plan, 2026-2029, Outcome 3: By 2029, the reduction of gender-based violence and harmful practices has accelerated.		Indicative resources \$15.5. million (\$5.5 million from regular resources and \$10.0 million from other resources)	
UNFPA Strategic Plan, 2026-2029, Outcome 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.		Indicative resources \$10.2 million (\$6.2 million from regular resources and \$4.0 million from other resources)	
Organizational Effectiveness and Efficiency		Indicative resources \$2.4million (\$2.4million from regular resources and \$0 million from other resources)	
Regional programme output	Output indicators, baselines and targets⁴	Partner contributions	Indicative resources
Output 1: By 2029, strengthened data systems, demographic analysis and foresight to inform laws, policies, systems and programmes related to sexual and reproductive health, gender-based violence, climate action and other related	<p>1.1 Number of countries supported to produce key population data outputs from censuses (surveys, CRVS, or administrative data⁵) including disaggregated data</p> <p><i>Baseline:</i> [10]; <i>2026 Target:</i> [11]; <i>2027Target:</i> [13] <i>2028 Target:</i> [15]; <i>2029 Target:</i> [16]</p> <p>1.2 Number of countries supported to produce strategic data and knowledge products (e.g., research papers, foresight briefs, policy dialogues) to inform demographic dividend strategies and evidence-based national/regional planning⁶</p> <p><i>Baseline:</i> [9]; <i>2026Target:</i> [10]; <i>2027Target:</i> [12]</p>	National Vulnerability Assessment Committees (VAC), WHO, SADC, Africa Risk Capacity (ARC), AUC, EAC, African Development Bank (AfDB), Green Climate Fund (GCF), Adaptation Fund (AF), UNDRR, UNECA, UNICEF, Government ministries, National Statistics Agencies, Africa Population and Health Research Institute (APHRC), AFIDEP, University of	\$7.5 million (\$3.5 million from regular resources and \$4.0 million from other resources)

⁴ For those targets focusing on particular countries, please list them as the endnotes.

⁵ (a) sub-national population projections, (b) routine vital statistics reports; (c) census reports on youth, migrants, older persons, populations with disabilities, Indigenous Populations, by ethnicity including persons of African descent access to essential services; and (d) population mega-trends, (e) small area estimation, (d) degree of urbanization, (e) integrated geospatial analysis

⁶ National Transfer Accounts Analysis, Population Situation Analysis, Demographic Resilience Reviews, and/ or Demographic Dividend Assessments, Population exposure and vulnerability to climate change)

UNFPA Strategic Plan, 2026-2029 - Annex 4: Global and regional programmes - 6. East and Southern Africa

development sectors for women, girls and young people	<p>2028Target: [14]; 2029Target: [15]</p> <p>1.3 Number of countries supported to generate disaggregated data⁷ on the incidence of GBV and harmful practices in line with international standards Baseline: [2]; 2026Target: [4]; 2027Target: [6] 2028Target: [7]; 2029Target: [8]</p> <p>1.4 Number of countries supported to integrate population dynamics and megatrends (e.g. urbanization, migration, climate change) into national development plans, CCAs, or UNSDCF's Baseline: [0]; 2026Target: [6]; 2027Target: [8] 2028Target: [10]; 2029Target: [13]</p>	Cape Town, University of Melbourne, FP2030, UN-Women, UNAIDS	
Output 2: By 2029, improved formulation, integration, and implementation of laws, policies and programmes related to sexual and reproductive health and reproductive rights, as well as prevention of and response to gender-based violence and harmful practices against women, girls and young people	<p>2.1 Number of regional policymakers and legislators (including AU, REC, SADC PF) capacitated to operationalize regional SRHR and gender commitments Baseline: [5]; 2026Target: [7]; 2027Target: [10] 2028Target: [10]; 2029Target: [10]</p> <p>2.2. Number of countries supported to integrate SRHR, GBV/harmful practices, and population dynamics into national legal and policy frameworks <i>Disaggregated by policy area (e.g. UHC, PHC, climate adaptation, emergency preparedness).</i> Baseline: [20]; 2026Target: [20]; 2027Target: [20] 2028Target: [22]; 2029Target: [23]</p> <p>2.3. Number of joint advocacy and communication initiatives implemented to counter anti-SRHR narratives and promote youth participation Baseline: [0]; 2026Target: [5]; 2027Target: [5] 2028Target: [5]; 2029Target: [5]</p> <p>2.4. Number of countries that have integrated SRHR, GBV and harmful practices into the national climate policies Baseline: [7]; 2026Target: [12]; 2027Target: [15] 2028Target: [17]; 2029Target: [19]</p> <p>2.5. Number of countries that produce national reports on ICPD Programme of Action / AADPD@15, and /VNR integrating implications of demographic change and SRHR Baseline: 6; 2026 Target: [12]; 2027 Target: [18] 2028Target: [23]; 2029Target: [23]</p>	<p>AU, EAC, SADC Government Ministries National Population Commission, Members of Parliament Swedish International Development Agency (Sida) UNAIDS, UNESCO, UNICEF, WHO</p>	\$12.9million (\$4.5 million from regular resources and \$8.4 million from other resources)

⁷ disaggregated data (including by age, sex, race, ethnicity, wealth, disability and other leaving no one behind factors)

UNFPA Strategic Plan, 2026-2029 - Annex 4: Global and regional programmes - 6. East and Southern Africa

Output 3: By 2029, leveraged, expanded and diversified partnerships, financing and social protection systems towards sexual and reproductive health and gender equality and the empowerment of women, girls and young people	<p>3.1. Number of countries with new innovative financing mechanisms (including COMPACTs, climate financing) <i>Baseline:</i> [10__]; <i>2026Target:</i> [13__]; <i>2027Target:</i> [15__] <i>2028Target:</i> 18__]; <i>2029Target:</i> [20__]</p> <p>3.2. Number of countries that have increased government spending on SRHR in real terms, <i>Baseline:</i> [0__]; <i>2026Target:</i> [10__]; <i>2027Target:</i> [10__] <i>2028Target:</i> [23__]; <i>2029Target:</i> [23__]</p> <p>3.3. Number of countries supported to integrate SRHR and GBV into national social protection or health insurance scheme <i>Baseline:</i> [2__]; <i>2026Target:</i> [3__]; <i>2027Target:</i> [4__] <i>2028Target:</i> [5__]; <i>2029Target:</i> [7__]</p>	UNDP, UNWOMEN, UNAIDS, AVPA, KOIS, Bridge Foundation, TIPO, Joint SDG Fund, WB, corporate sector, social investors, Government donors such as Sweden, Switzerland, FCDO Green Climate Fund (GCF), African Development Bank, IDRC, University of Stellenbosch	\$6.2 million (\$1.2 million from regular resources and \$5.0 million from other resources)
Output 4: By 2029, strengthened capacities of individuals, communities and institutions to empower women, girls and young people to address gender discrimination and harmful gender and social norms and achieve youth empowerment and reproductive rights, including in climate and humanitarian settings.	<p>4.1 Number of advocacy initiatives with regional women- and youth-led coalitions and movements to advance gender equality and SRHR <i>Baseline:</i> [0__]; <i>2026Target:</i> [12__]; <i>2027Target:</i> [24__] <i>2028Target:</i> [36__]; <i>2029Target:</i> [48__]</p> <p>4.2 Number of countries implementing or scaling up evidence-based, survivor-centred GBV/harmful practices prevention programmes with regional support <i>Baseline:</i> [11__]; <i>2026Target:</i> [14__]; <i>2027Target:</i> [16__] <i>2028Target:</i> [18__]; <i>2029Target:</i> [20__]</p> <p>4.3 Number of countries supported to strengthen inclusive accountability mechanisms with meaningful participation of women, youth, and persons with disabilities in SRHR/GBV policymaking and monitoring <i>Baseline:</i> [0__]; <i>2026 Target:</i> [2__]; <i>2027 Target:</i> [4__] <i>2028 Target:</i> [6__]; <i>2029 Target:</i> [10__]</p> <p>4.4 Number of countries providing survivor centred multisectoral GBV services, including mental health and psychosocial support, using digital and/or non-digital platforms in humanitarian or climate-affected settings <i>Baseline:</i> [4__]; <i>2026 Target:</i> [7__]; <i>2027 Target:</i> [10__] <i>2028 Target:</i> [11__]; <i>2029 Target:</i> [12__]</p> <p>4.5 Number of regional institutions and networks (e.g. AU, REC) engaged in advancing progressive GBV/harmful practices policies, including contextualized CSE adoption and implementation <i>Baseline:</i> [4__]; <i>2026 Target:</i> [5__]; <i>2027 Target:</i> [6__] <i>2028 Target:</i> [7__]; <i>2029 Target:</i> [7__]</p>	UNICEF, UNESCO, UNWOMEN, UNAIDS, UNFCCC, SADC, EAC, AU, Development Partners . Swiss TPH, AMREF Health Africa, Society for AIDS in Africa, Equality Now, Sonke Justice, AfriYAN, Y+	\$14.6million (\$3.2 million from regular resources and \$11.4 million from other resources)

UNFPA Strategic Plan, 2026-2029 - Annex 4: Global and regional programmes - 6. East and Southern Africa

<p>Output 5: By 2029, strengthened capacity of systems, institutions and communities to provide high-quality, innovative, climate-resilient, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices against women, girls and young people.</p>	<p>5.1 Number of countries supported to strengthen PHC systems that integrated SRHR services, including EmONC, MPDSR, midwifery, and GBV response. <i>Baseline:</i> [6]; <i>2026Target:</i> [10]; <i>2027Target:</i> [14] <i>2028Target:</i> [16]; <i>2029Target:</i> [18]</p> <p>5.2 Number of countries with functional⁸ LMIS and RH Commodity supply chains with RO support <i>Baseline:</i> [13]; <i>2026Target:</i> [14]; <i>2027Target:</i> [15] <i>2028Target:</i> [16]; <i>2029Target:</i> [17]</p> <p>5.3 Number of countries implementing proven, high-impact and innovative SRHR service delivery models that are adolescent-responsive, including SRH self-care, digital health and <i>Baseline:</i> [3]; <i>2026Target:</i> [5]; <i>2027Target:</i> [7] <i>2028Target:</i> [10]; <i>2029Target:</i> [15]</p> <p>5.4 Number of countries with functional mechanisms that systematically collect, analyse, and use disaggregated user feedback (by sex, age, disability, HIV status, and location) to improve SRHR service quality and coverage <i>Baseline:</i> [0]; <i>2026Target:</i> [3]; <i>2027Target:</i> [5] <i>2028Target:</i> [7]; <i>2029Target:</i> [10]</p>	<p>WHO, UNICEF, UNAIDS, UNECA, SADC and EAC Africa CDC ECACOG FP2030 ARC⁹</p>	<p>\$10.5 million (\$2.7 million from regular resources and \$7.8 million from other resources)</p>
<p>Output 6: By 2029, enhanced leadership and operational capacity of humanitarian actors to deliver coordinated and localized emergency preparedness and responses, focusing on life-saving intervention related to sexual and reproductive health, gender-based violence and harmful practices for women, girls and young people</p>	<p>6.1 Number of countries that performed a readiness assessment or an action plan review to provide MISP for sexual and reproductive health in crisis situations within the past 24 months <i>Baseline:</i> [0]; <i>2026Target:</i> [5]; <i>2027Target:</i> [11] <i>2028Target:</i> [17]; <i>2029 Target:</i> [23]</p> <p>6.2 Number of countries with pre-positioned SRHR emergency supplies (including dignity kits and MISP commodities), with delivery protocols for hard-to-reach or marginalized populations <i>Baseline:</i> [2]; <i>2026 Target:</i> [6]; <i>2027Target:</i> [6] <i>2028Target:</i> [6]; <i>2029Target:</i> [6]</p> <p>6.3 Number of countries that have integrated SRHR and GBV into national disaster risk reduction (DRR) and climate adaptation frameworks, including vulnerability assessments and response plans <i>Baseline:</i> [0]; <i>2026 Target:</i> [5]; <i>2027 Target:</i> [11] <i>2028Target:</i> [17]; <i>2029Target:</i> [23]</p>	<p>WHO, UNICEF, IOM, UNDRR, UNHCR, WFP, FAO, UNAIDS AU, EAC, SADC, IGAD, ARC, ICRC</p>	<p>\$6.0 million (\$2.6 million from regular resources and \$3.4 million from other resources)</p>

⁸ country is considered to have a functional system if its composite Supply Chain Capacity score is equal to or above the global score of 68% as measured during the UNFPA Supply Chain Assessment on a biennial basis using six core domains (SCM Information System, Stock Monitoring, Customs Clearance, Quantification, Facility Infrastructure and Human Resources, and Distribution)

⁹ Africa Resource Centre

UNFPA Strategic Plan, 2026-2029 - Annex 4: Global and regional programmes - 6. East and Southern Africa

	<p>6.4 Proportion of countries affected by humanitarian crisis that have a functioning inter-agency coordination mechanism or platform to address SRH and GBV <i>Baseline:</i> [50%]; 2026 <i>Target:</i> [60 %]; 2027 <i>Target:</i> [70%] 2028 <i>Target:</i> [80%]; 2029<i>Target:</i> [90%]</p> <p>6.5 Number of countries with youth and women-led organizations and networks supported on inclusive peace-responsive initiatives in humanitarian, peacebuilding and climate actions <i>Baseline:</i> [2]; 2026 <i>Target:</i> [4]; 2027<i>Target:</i> [6] 2028<i>Target:</i> [8]; 2029<i>Target:</i> [12]</p>		
<p>OOE1: Improved programming for results</p>	<p>OOE1.1 Proportion of new country programmes that meet organizational quality standards for the criteria of “programme principles, RBM/EBP”, at the global quality assurance process <i>Baseline:</i> [0]; 2026<i>Target:</i> [100%]; 2027<i>Target:</i> [100%] 2028<i>Target:</i> [100%]; 2029<i>Target:</i> [100%]</p> <p>OOE1.2 Number of country offices supported that has at least one innovative solution that has demonstrated scale in either : (a) improved access or quality of SRHR/GBV services, (b) increased efficiency in programme delivery, (c) enhanced beneficiary engagement, or (d) expanded geographical coverage. <i>Baseline:</i> [19]; 2026<i>Target:</i> [20]; 2027<i>Target:</i> [22] 2028<i>Target:</i> [23]; 2029<i>Target:</i> [23]</p> <p>OOE1.3 Number of countries supported to conduct and apply foresight and anticipatory analysis including the futures trends analysis, to inform the development of plans, policies and programmes related to the three transformative results <i>Baseline:</i> [4]; 2026<i>Target:</i> [6]; 2027<i>Target:</i> [8] 2028<i>Target:</i> [10]; 2029<i>Target:</i> [12] (Cumulative)</p> <p>OOE1.4 Proportion of accepted evaluation recommendation actions due in the year that have been completed <i>Baseline:</i> [0]; 2026<i>Target:</i> [100%]; 2027<i>Target:</i> [100%] 2028<i>Target:</i> [100%]; 2029<i>Target:</i> [100%]</p> <p>OOE1.5 Proportion of countries supported with acceleration plans and capacity-building initiatives to address bottlenecks and gaps identified through oversight mechanisms. <i>Baseline:</i> [0]; 2026<i>Target:</i> [50%]; 2027 <i>Target:</i> [80%] 2028<i>Target:</i> [100%]; 2029<i>Target:</i> [100%]</p>	UN System	<p>\$0.7 million (\$0.7 million from regular resources and \$0 million from other resources)</p>

UNFPA Strategic Plan, 2026-2029 - Annex 4: Global and regional programmes - 6. East and Southern Africa

	<p>OOE1.6 Number of country offices that score at least 75 per cent at the programme and operational excellence dashboard of ESARO <i>Baseline:</i> [8]; 2026<i>Target:</i> [15]; 2027<i>Target:</i> [21] 2028<i>Target:</i> [21]; 2029<i>Target:</i> [21]</p> <p>OOE1.7 Proportion of activated L3, L2 and L1 emergencies in which mandatory response deliverables (CRT, emergency response plan, deactivation and transition plan, and after-action review) are met within the set timelines <i>Baseline:</i> [50%]; 2026 <i>Target:</i> [70%]; 2027 <i>Target</i> 80%] 2028<i>Target:</i> [90%]; 2029 <i>Target:</i> 100%]</p>		
OOE2: Optimized management of resources	<p>OOE2.1 Number of country offices with financial performance above 97% <i>Baseline:</i>; 23 2026 <i>Target:</i> 23; 2027 <i>Target:</i> 23 2028<i>Target:</i> 23; 2029<i>Target:</i> 23</p> <p>OOE2.2 Percentage of ESA country offices that implement their audit recommendations by the due date <i>Baseline:</i> 95% 2026 <i>Target:</i> 100% 2027 <i>Target:</i> 100% 2028<i>Target:</i> 100% ; 2029<i>Target:</i> 100%</p> <p>OOE2.3 Number of country offices that reduce greenhouse gas emissions <i>Baseline:</i>; 5 2026 <i>Target:</i> 10; 2027 <i>Target:</i> 15 2028<i>Target:</i> 20; 2029<i>Target:</i> 23</p> <p>OOE2.4 Vacancy rates <i>Baseline:</i>; 2026 <i>Target:</i> 14% ; 2027 <i>Target:</i> 14% 2028<i>Target:</i> 14% ; 2029<i>Target:</i> 14%</p>	UN system	\$1.0 million (\$1.0 million from regular resources and \$0 million from other resources)
OOE3: Expanded partnerships and communications	<p>OOE3.1 Total amount mobilised for the region <i>Baseline:</i> [USD 500 million]; 2026<i>Target:</i> [USD120million]; 2027<i>Target:</i> [USD 150million] 2028<i>Target:</i> [USD 150 million]; 2029<i>Target:</i> [USD150 million]</p> <p>OOE3.2 Gross pipeline value in that financial year <i>Baseline:</i> [USD 679million]; 2026<i>Target:</i> [USD140 million]; 2027<i>Target:</i> [USD140 million] 2028<i>Target:</i> [USD140 million]; 2029<i>Target:</i> [USD140 million]</p> <p>OOE3.3 Number of partnerships signed in line with strategic partnership purpose (a) Brainpower partnerships (b) Alliance reach partnerships (d) Resource Mobilisation <i>Baseline:</i> [100]; 2026<i>Target:</i> [25]; 2027<i>Target:</i> [25]</p>	UN system Multi-lateral and Bilateral donors, WB, AFDB, Islamic Development Bank Private Sector,, Philanthropic Organisations, media	\$0.7 million (\$0.7 million from regular resources and \$0 million from other resources)

UNFPA Strategic Plan, 2026-2029 - Annex 4: Global and regional programmes - 6. East and Southern Africa

	<p>2028Target: [25]; 2029Target: [25]</p> <p>OEE3.4 Performance of ESARO UNFPA websites and social media channels:</p> <p>a) Website (a1) Number of users:</p> <p>(a2) Number of page views:</p> <p>Baseline: [175,000]; 2026Target: [183,750]; 2027Target: [192,937]</p> <p>2028Target: [202,584]; 2029Target: [212,713]</p> <p>Social media channels: Number of followers on:</p> <p>(a3) Facebook</p> <p>(a4) X/Twitter</p> <p>(a5) Instagram</p> <p>(a6) Linkedin</p> <p>Baseline: [58,900]; 2026Target: [64,790]; 2027Target: [71,269]</p> <p>2028Target: [78,395]; 2029Target: [86,234]</p> <p>OEE3.5 Number of Regional UN Coordination mechanisms that UNFPA leads in Africa and ESA (RCP, OIBCs and Task Forces)</p> <p>Baseline: [2]; 2026 Target: [2]; 2027 Target: [3]; 2028 Target: [3] 2029 Target [3]</p>		
--	---	--	--