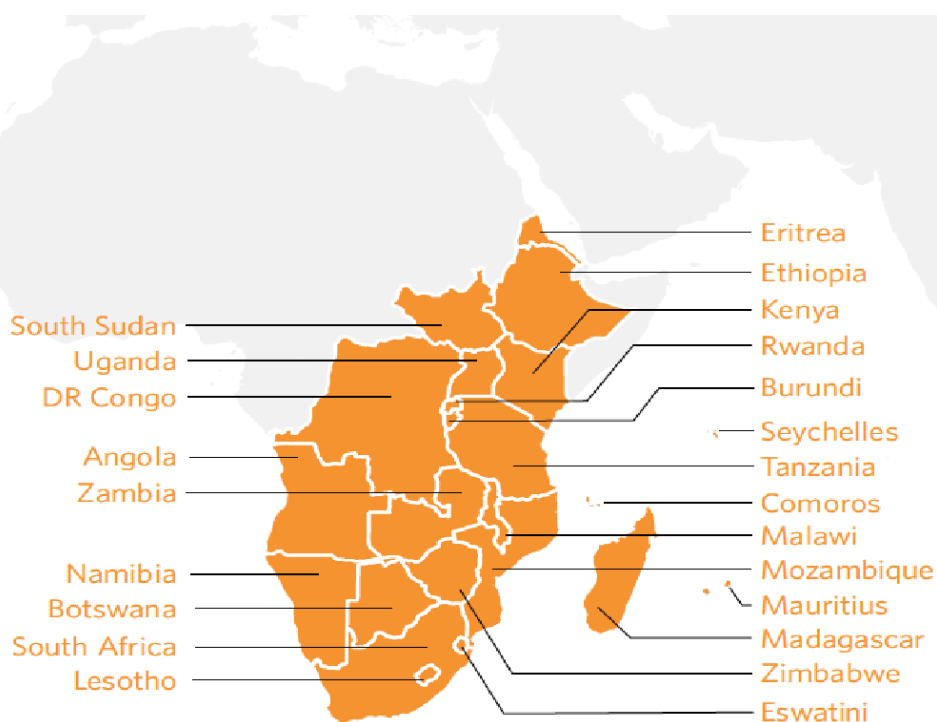**UNFPA Regional Programme Evaluation: East and Southern Africa Regional Office 2018–2021**

Final Evaluation Report

11 August 2021

Map of the countries in East and Southern Africa Region

Evaluation Team

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Acknowledgement

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Regional ProgrammeRegional ProgrammeRegional Programme

Abbreviations and acronyms

AAPDP	Addis Ababa Declaration on Population and Development
ABR	Adolescent Birth Rate
ACCAF	Africa Coordinating Centre for the Abandonment of FGM/C
ACMHM	African Coalition for Menstrual Health Management
AfriYAN	African Youth and Adolescents Network on Population and Development
AGYW	Adolescents and Young Women
ANC	Antenatal Care
APAI-CVRS	Africa Programme for Accelerated Improvement of Comprehensive Civil Registration and Vital Statistics
APDA	Asia Population and Development Association
APR	Annual Programme Report
ARFSD	African Regional Forum on Sustainable Development
ARP	Alternative Rite of Passage
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
ASRHR	Adolescent Sexual and Reproductive Health and Rights
ASRHRiE	Adolescent Sexual and Reproductive Health and Rights in Emergencies
ASSD	African Symposium on Statistical Development
AU	African Union
AWP	Annual Work Plan
AYFHS	Adolescents and Youth-Friendly Services
AYP	Adolescents and Young People
BCP	Business Continuity Plan
BOS	Business Operations Strategy
BPfA	Beijing Platform for Action
C4C	Choice4Change
CAMARA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CAPI	Computer-Assisted Personal Interviewing
CCA	Common Country Assessment
CEDAW	Convention on Elimination of All Forms of Discrimination Against Women
CG&E	Commission on Gender and Equality
CHW	Community Health Workers
CIFF	Children's Investment Fund Foundation
CMR	Clinical Management of Rape
CO	Country Office
COAR	Country Office Annual Report
COQs	Country Offices Questionnaires
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CRD/S	Civil Registration Department/Services
CRVS	Civil Registration and Vital Statistics
CSE	Comprehensive Sexuality Education

CSO	Civil Society Organization
CSPro	Census and Survey Processing
DAC	Development Assistance Committee
DANIDA	Danish International Development Assistance
DAO	Delivering as One
DD/DemDiv	Demographic Dividend
DfID	United Kingdom Department for International Development
DHIS	District Health Information System
DHS	Demographic and Health Survey
DPRU	Development Policy Research Unit
ECHO	Humanitarian Aid Department of the European Commission
EM	Evaluation Manager
EmNOC	Emergency Neonatal and Obstetric Care
EMTCT	Extensive Elimination of Mother-to-Child Transmission
EQ	Evaluation Question
EQA	Evaluation Quality Assessment
ERG	Evaluation Reference Group
ESA	East and Southern Africa
ESAR	East and Southern Africa Region
ESARO	East and Southern Africa Regional Office (UNFPA)
ET	Evaluation Team
EUP	Early Unintended Pregnancy
FBO	Faith-Based Organization
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
FP	Family Planning
FSW	Female Sex Workers
GBV	Gender-Based Violence
GBViE	Minimum Standards for Prevention and Response to GBV in Emergencies
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GEWE	Gender Equality and Women's Empowerment
GII	Gender Inequality Index
GPS	Global Programming System
HACT	Harmonized Approach to Cash Transfers
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarter
HR/M	Human Resource/Management
ICGLR	International Conference on Great Lakes Region
ICM	International Confederation of Midwifery
ICPD POA	International Conference on Population and Development Programme of Action
IMIS	Integrated Management Information System
IMR	Infant Mortality Rate
IP	Implementing Partner
JIU	Joint Inspection Unit

KI	Key Informant
KII	Key Informant Interview
KNBS	Kenya National Bureau of Statistics
KP	Key Population
PLHIV	People Living with HIV
LMA	Last Mile Assurance
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
mCPR	Modern (methods) Contraceptive Prevalence Rate
MDGs	Millennium Development Goals
MED	Monitoring and Evaluation Directorate
mHealth	Mobile Health
MHM	Menstrual Health Management
MIC	Middle-Income Country
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MPA	Maputo Plan of Action
MPDSR	Maternal and Perinatal Deaths Surveillance and Response
MTP	Medium-Term Plan
MTR	Mid-Term Review
NaiLab	Nairobi Incubation Lab
NANHRI	National Human Rights Institutions
NDP	National Development Plan
NEAPACOH	Network of African Parliamentarian Committee of Health
NEPAD	New Partnership for Africa's Development
NEPHAK	National Empowerment Network of People Living with HIV/AIDS
NGO	Non-Governmental Organization
NHRI	National Human Rights Institutions
NMR	Neonatal Mortality Rate
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
OHCHR	Office of the High Commissioner for Human Rights
OIBC	Opportunities and Issue-Based Coalitions
PCU	Programme Coordination Unit
PD	Population Dynamics
PLHIV	People Living with HIV
PLWD	People Living with Disability
PMTCT	Prevention of Mother-to-Child HIV Transmission
PoA	Programme of Action
PRC	Programme Review Committee
PSB	Procurement Services Branch
PSEA	Prevention of Sexual Exploitation and Abuse
PSHP	Private Sector Health Partnership
PSRI	Population Studies and Research Institute

QCPR	Quadrennial Comprehensive Policy Review
RBM	Results-Based Management
RCP	Regional Coordination Platform
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RIAP	Regional Interventions Action Plan
RM/P	Resource Mobilization and Partnerships
RMC	Respectful Maternal Care
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
ROSSC	Regional Operations Shared Resource Centre
RP	Regional Programme
RRF	Results and Resources Framework
RSA	Regional Security Advisor
SADC	Southern African Development Community
SADC PF	Southern African Development Community Parliamentary Forum
SDGs	Sustainable Development Goals
SDP	Service Delivery Point
SGBV	Sexual and Gender-Based Violence
SIS	Strategic Information System
SMAG	Safe Motherhood Action Group
SMS	Short Message Service
SRA	Strategic Results Area
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRHRiE	Sexual and Reproductive Health and Rights in Emergencies
SRMNCAH	Sexual and Reproductive Maternal Neonatal Child and Adolescent Health
STI	Sexually Transmitted Infection
SWSD	(UN) System-Wide Strategic Document
SYP	Safeguard Young People
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TICAD	Tokyo International Conference on Africa Development
TMA	Total Market Approach
ToR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNEG	United Nations Evaluation Group
UNESCO	United Nations Education, Scientific and Cultural Organizsation
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly

UNH6	UNFPA H6 Partnership
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
UN-RCO	United Nations Resident Coordinator's Office
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNSG	United Nations Secretary-General
UNST	United Nations Statistical Team
UPR	Universal Progress Review
USAID	United States Agency for International Development
VAWG	Violence Against Women and Girls
VNR	Voluntary National Review
WACARO	UNFPA West and Central Africa Regional Office
WHO	World Health Organization
YFSRH	Youth-Friendly Sexual and Reproductive Health
YPLHIV	Young People Living with HIV

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1.   Purpose of UNFPA ESARO Regional Programme (RP) Evaluation

The UNFPA ESARO Regional Programme 2018–2021 Evaluation (RPE) demonstrates accountability to stakeholders on the performance of the programme in achieving development results and on invested resources, support evidence-based decision-making and contribute key lessons to existing knowledge base to accelerate the implementation of International Conference on Population and Development Programme of Action (ICPD PoA). The primary users of this evaluation are UNFPA ESARO staff, the regional and national stakeholders, and UNFPA headquarters (HQ) staff, among others.

2.   Objectives and scope of the evaluation

The objectives of this evaluation are to (i) assess the relevance, effectiveness, efficiency and sustainability of the UNFPA ESARO support and progress made towards expected outputs and outcomes; (ii) examine the level of stakeholder engagement and consultations based on the Regional Interventions Action Plan (RIAP); (iii) gauge the effectiveness of UNFPA ESARO institutional arrangements, operations and management structure; (iv) measure the role of ESARO in the coordination mechanisms of the UN system at regional with a view to enhancing UN collective contributions to national development results; and (v) draw lessons and forward-looking options on strategic and actionable recommendations for the next programme cycle.

The scope of the evaluation included all interventions implemented at country, regional and global levels; all outcome areas of the regional programme and cross-cutting areas of organizational effectiveness and efficiency, human rights, disability inclusion and gender equality, humanitarian emergencies, migration, innovation, knowledge management, resource mobilization, communication, programme coordination and results-based management and monitoring and evaluation.

3.   Methodology

4.   This evaluation was in accordance with the United Nations Evaluation Group (UNEG) norms and standards of evaluations and ethical guidelines for evaluation. The evaluation also observed the OECD Development Assistance Committee (DAC) evaluation criteria, which focused onrelevance, effectiveness, efficiency, sustainability, coordination; ad additionally, the humanitarian evaluation criteria of coverage and connectedness. Moreover,the evaluation followed guidance from the UNFPA Handbook – how to design and conduct a country programme evaluation at UNFPA. Data came from review of documents, key informant interviews and surveys from UNFPA country offices. Due to the COVID-19 pandemic-related restrictions, interviews were in virtual format. Data analysis stemmed from qualitative and quantitative methods to identify evidence-based findings. This information served as basis for the conclusions and recommendations. The assumptions and indicators set out in the Evaluation Matrix guided the analysis, conclusions and recommendations. **Findings:** Summary of the evaluation findings:

4.1 Relevance
- The scope of the RP covered 23 East and Southern Africa (ESA) countries and regional bodies as well as the needs of marginalized and vulnerable populations. However, the differentiated (beyond middle-income countries) and structured response to country needs was inadequate. The criteria for differentiation of approach to supporting countries include (i) economic classification of countries by income level, (ii) performance in key SRHR, ASRH and gender indicators; (iii) maturity of the country programme and operational efficiency; and (iv) risk of humanitarian crisis.
- The RP was fully aligned to global and regional frameworks and policies relevant to each outcome areas and contributed to the operationalization of these frameworks.
- The RP was fully aligned to the UNFPA corporate strategic plan (2018–2021) through prioritizing interventions contributing to all strategic outcomes and enablers. ESARO also ensured the UNFPA strategic plan was effectively implemented through county programmes.
- All the RP priorities were adapted to and contributed to both ICPD PoA and SDGs 3 and 5. In addition, ESARO played a key role in monitoring the implementation of Addis Ababa Declaration

on Population and Development in Africa beyond 2014 (Addis Ababa Declaration) and Nairobi ICPD commitments, and progress towards SDG targets in ESA countries.

4.2 Effectiveness

- Some of the programme output indicators were framed in a way that programme activities were not sufficient to fully achieve them. Output indicators should measure the output results that the programme is fully accountable for.
- ESARO's extensive work at regional level and contribution to best practices, guidance and advocacy at global level were not captured in the result framework.
- The RP evolved over time to provide leadership to regional bodies and countries in improving SRHR, ASRH and gender programming. ESARO introduced and developed value propositions for new agendas such as SRH and UHC, SRH and Climate change, and Menstrual Health. This demonstrates the forward-looking, thought leadership and increased visibility of UNFPA ESARO as a go-to expert in all its outcome areas.
- The RP was designed in an integrated manner, leveraging synergies across all outcome areas. For instance, interventions under outcomes 1, 3 and 4 contributed to empowerment of adolescents and young people (outcome 2) while all other outcomes contributed to removal of harmful sociocultural practices, which is a core focus of outcome 3. This approach improved efficiency in terms of optimizing resource utilization and maximized the effectiveness of the programme.
- ESARO supported regional entities such as East African Community (EAC) and Southern African Development Community (SADC) to develop regional frameworks, guidelines and other tools which Member States were expected to adopt or utilize. These achievements were consistent with ESARO's role in providing normative guidance and thought leadership. However, there was no clear system of tracking the utilization of these products by countries.
- Joint programming with other UN agencies contributed to the achievement of the regional programme results. There are numerous areas where ESARO collaborated with other UN agencies either in implementation of fully-fledged joint programmes or specific interventions.
- ESARO played a critical role in connecting global and regional frameworks and guidelines to countries, for instance, in the areas of SRH/Universal Health Coverage (UHC), SRH/Climate Change, HIV prevention, midwifery training, early marriages and teenage pregnancy, among others. This role contributed to the improvement of programming in areas related to UNFPA mandate at country level.
- The CO operational-excellence monitoring played a central role in identifying CO capacity gaps, and enabled ESARO to respond to improve CO performance across operational and programmatic areas. As a result of this, COs improved their capacities over time.
- ESARO provided extensive support to the COs in the areas of RBM, communication, resource mobilization, innovation, human resources management, development of country programmes and conducting country programme evaluations. ESARO's support contributed to the improved execution of these functional areas and COs found ESARO's support very useful. The effectiveness and sustainability of capacity-building efforts is dependent on the existence of the right structures and personnel. This is a challenge for some functions in the COs, for example, in communications, where some COs have several communication staff while others have none. The effectiveness of updating the COs with new tools and guidelines is also limited by the same weaknesses – the lack of the right structures and staff.[1]

4.3 Gender and human rights integration

- Gender and human rights perspectives were coherently and comprehensively integrated into the RP through analysis of relevant data to inform the RP design and baselines and design interventions that focused on gender and human rights dimensions in all outcome areas.
- The regional programme included specific interventions targeting vulnerable and key populations, particularly key populations; AGYW including those living with HIV, those with disability and those in hard-to-reach areas; people with disabilities, men and boys, people affected by

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[1] Sustainability in this respect relates to the COs absorbing, retaining and building on the knowledge gained through the ESARO CB efforts.

humanitarian emergencies. However, in-depth analysis of populations left behind was hampered by the lack of adequate granular data.

4.4 Efficiency

- Human resources were well utilized to achieve the regional programme results. ESARO had staff with the right mix of skills working in a positive environment that appreciated good performance and challenged staff to do more. However, the skills mix and number of staff in place appears to be inadequate for instance, in the population and development, health financing and climate change and SRHR programme areas.
- Financial resources were well utilized with an annual average expenditure rate of 93 per cent. There was adequate funding to most of the outcome areas except outcome 4 and some functional areas where emerging needs outstripped the funds available.
- Financial, procurement and administrative procedures are well established and facilitative of programme implementation but there are instances of delays in procurement of services due to lengthy procedures.

4.5 Sustainability

- ESARO contributed to development of capacity of government institutions, civil society, youth leaders, service providers and UNFPA programmatic focal persons, and these entities are likely to continue utilizing this capacity to sustain results achieved through the regional programme. However, contribution to the development of capacities of regional organizations, particularly RECs, was limited.
- ESARO built the capacities of UNFPA country offices in the areas of Organizational Efficiency and Effectiveness to improve the country offices performance. Country offices are likely to utilize the capacities developed to sustain improvements made in organizational performance, although the movement of staff requires continuous orientation of new staff.
- ESARO contributed to the establishment of coalitions and platforms advocating for SRHR, adolescents and youth and gender equality, and these platforms are likely to sustain the advocacy beyond the regional programme period.

4.6 Coverage

- ESARO's support enabled countries to reach populations most affected by humanitarian emergencies through capacity-building, technical support and resource mobilization. This support was directed at the specific needs of countries and depended on the type of emergency.
- UNFPA has in place a humanitarian unit coordinating its support to humanitarian preparedness and response in the ESA region, and this has raised UNFPA profile as a humanitarian agency.

4.7 Connectedness

- ESARO's integrated humanitarian preparedness and response into development programming, an approach that enabled the RP to focus on addressing SRHR, ASRH and gender issues during emergencies to address long-term challenges.
- The peace component of the triple nexus (development–humanitarian–peace) is at the nascent stage, but a foundation has been laid to promote youth involvement in peace and security.

5. Strategic conclusions

- The RP was well-aligned strategically, responsive to the diverse needs of countries and regional bodies and responded appropriately to the changing circumstances and crisis situations.
- ESARO contributed to the enhanced quality and efficiency of its programmes and operations and those of the UNFPA country offices, and enhanced the visibility and increased resources for its programmes and those of the UNFPA country offices. ESARO has a lean, skilled and experienced staff and leadership that have created a conducive work environment, but skills mix and number of staff appear not to match workload and changing strategic focus areas such as SRH/Health Financing and SRH/Climate Change. There is also a language barrier in working with French- and

Portuguese-speaking countries. At the same time, there are challenges in supporting non-English-speaking COs.

● Although ESARO supported country offices with capacity-building initiatives throughout the period, the limited capacity of some country offices in some functions impedes the effectiveness, efficiency and sustainability of these efforts. The lack of high-level guidance and standards related to staff deployment, skill set and quality is an impediment to progress and sustainability.

● ESARO and the ESA region performed well and maintained the lead in innovation in UNFPA globally. However, innovation activities appear to have concentrated in a few countries with the majority being left behind. The proposed ESARO Innovation Strategy should emphasize getting all countries on board.

● Although reports show that the RP achieved most targets, ESARO's interventions or activities were not sufficient to achieve the output results given the manner in which the results were defined in the results framework.

● ESARO has established strong partnership at regional and continental levels. However, some of the regional partners have weak capacity and regional processes take time to translate strategies into action at country level thus impacting negatively on the utilization of the strategies at country level.

● Lessons learned from the cross-border initiatives supported by the RP demonstrated a niche for UNFPA to address cross-border issues relevant to its mandate.

● The RP demonstrated its relevance and capability to address SRH/HIV/GBV in humanitarian emergencies and lessons learned offer an opportunity to strengthen the development–humanitarian–peace triple nexus.

● UNFPA ESARO contributed to building capacities for population data analysis and utilization for policy, planning and programming at regional and country level. However, ESARO has inadequate capacity to meet the increasing demand from regional partners and countries for analysis of large volumes of data to support the "Leaving no one behind" (LNOB) agenda and strengthen gender, human rights and social inclusion.

6. Strategic conclusions

● Develop a structured and differentiated approach to managing needs from countries, regional bodies and other partners that allows ESARO to respond in the most efficient manner.

● Review ESARO functions and staff establishment to ensure alignment to the RP, functions of the Regional Office and country, regional and global level needs. Expose staff to learning of other official languages in ESA countries or make it a policy to recruit multilingual staff in the future.

● ESARO should provide leadership and guidance to country offices to establish the requisite structures, staff capacities and skill set to allow for greater impact of its capacity-building efforts but also their sustainability

● ESARO should pursue a strategy and provide leadership to integrate and mainstream innovation in programmes in all the country offices in the region.

● Develop a result framework for the next regional programme with output results that ESARO can be fully accountable for.

● Invest in capacity-building for strategic regional partners and platforms that are key for enhancing the UNFPA agenda and connecting global and regional frameworks to countries.

● Explore opportunities for cross-border programming across all outcome areas of the regional programme.

● Lessons learned from the successful adaptation of the UNFPA ESARO regional programme and UNFPA country programmes to the COVID-19 pandemic to ensure continuity in implementation as well as the support provided to countries to ensure continuity in service delivery offer an opportunity to improve UNFPA programming. ESARO should explore opportunities for integrating good practices arising from the response to COVID-19 pandemic in its programming.

● Strengthen ESARO's human resources and financial capacity to meet demand for population data generation and analysis and other emerging needs and review the population and development strategy to include emerging data governance and infrastructure issues.

Chapter 1: Introduction

1.1 Purpose and objectives of the regional programme evaluation

The purpose of this evaluation was to:

(i) Demonstrate accountability to stakeholders on performance in achieving development results and on invested resources.
(ii) Support evidence-based decision-making
(iii) Contribute key lessons learned to existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

The specific objectives of this evaluation were to:

(i) Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA ESARO's support and progress towards the expected outputs and outcomes set forth in the results framework of the regional programme.
(ii) Provide an assessment of the efficacy of stakeholder engagement and consultation (with RECs, governments, development partners, civil society, young people, etc.) upon which the RP is developed, in the realization of its outputs and outcomes.
(iii) Provide an assessment of the effectiveness of UNFPA ESARO's institutional arrangements, operations and management structure in the implementation of the RP.
(iv) Assess the role played by UNFPA ESARO in the coordination mechanisms of the UN System at regional level and the United Nations Development Coordination Office (UNDCO), with a view to enhancing United Nations collective contribution to national development results.
(v) Draw key lessons and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

The primary users of this evaluation are UNFPA ESARO, regional and national stakeholders and UNFPA headquarters (HQ).

1.2 Scope of the evaluation

The evaluation covered the following geographical, thematic and temporal scope:

Geographical scope: The evaluation's geographical scope included interventions implemented at the East and Southern Africa regional level, the support provided to all the 23 countries and the regional programmes' contribution to and participation at global level.

Thematic scope: The evaluation covered all the regional programme outcome areas: Sexual and Reproductive Health and Rights (SRHR), Adolescents and Youth (A&Y), Gender Equality and Empowerment of Women and Girls (GEWGE) and Population Dynamics. The evaluation also considered cross-cutting areas of human rights, disability inclusion and gender equality, humanitarian emergencies, migration, innovation, knowledge management, resource mobilization, communication and organizational efficiency and effectiveness, programme coordination, results-based management and monitoring and evaluation.

Temporal scope: The evaluation assessed interventions planned and/or implemented from January 2018 to December 2020.

1.3 Methodology and process

1.3.1 Methodology

The Regional Programme Evaluation (RPE) followed the Organisation for Economic Co-operation and Development's (OECD) evaluation criteria and was conducted in accordance with the process laid out in the UNFPA handbook *How to Design and Conduct a Country Programme Evaluation at UNFPA* and the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluations and Ethical Guidelines for Evaluation. The evaluation criteria include relevance, effectiveness, efficiency and sustainability, coordination, as well as humanitarian response assessment criteria of coverage and connectedness. The evaluation team refined the evaluation questions at the time of the development of the design report and added questions for coverage and connectedness criteria while maintaining the

rest of the questions as laid out in the terms of reference. The proposed changes were reviewed and validated by UNFPA ESARO and the ERG as presented below. These questions guided the identification of assumptions, information sources and methods of data collected as presented in the evaluation matrix.

Table 1: Evaluation criteria and questions

Criteria	Evaluation questions
Relevance	1. To what extent is the Regional Programme adapted to the: (i) needs of diverse populations, including the needs of marginalized and vulnerable groups; (ii) regional and national development strategies and policies; (iii) strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs? 2. To what extent has the regional office been able to respond to changes in regional and national needs and priorities, including those of at-risk populations – vulnerable or marginalized communities, or to shifts caused by emergencies, crisis, or major political changes? What was the quality of the response?
Effectiveness	3. To what extent have the interventions supported by UNFPA ESARO contributed to the achievement of the expected results (outputs and outcomes) of the Regional Programme? In particular: (i) increased access to and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise of their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; (iv) increased use of population data in the development of evidence-based regional and national development plans, policies and programmes; and improved organizational effectiveness and efficiency? 4. To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation, and monitoring of the Regional Programme?
Efficiency	5. To what extent did UNFPA ESARO utilize its human, financial and administrative resources, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the Regional Programme?
Sustainability	6. To what extent has UNFPA ESARO supported implementing partners and beneficiaries (women and adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?
Coordination	7. To what extent has the UNFPA ESARO contributed to the functioning and consolidation of UNDCO coordination mechanisms in the region?
Coverage	8. To what extent were major population groups facing life-threatening suffering reached by humanitarian action?
Connectedness	9. To what extent were the short-term humanitarian actions carried out in a context that takes into long-term and interconnected problems into account?

UNFPA ESARO management and the ERG reviewed the evaluation matrix, data collection methodology and tools to ensure their relevance and appropriateness and assure the overall quality of the evaluation design. Their recommendations informed the finalisation of the design report.

Data collection and analysis

Data for this evaluation was collected through a participatory process involving UNFPA ESARO staff, UNFPA country offices and partners; and using methodology that allowed systematic triangulation of data to enable the evaluation team to understand the programme theory of change (see Annex 9) and to answer all the evaluation questions. Both qualitative and quantitative data were collected. Quantitative data included programme monitoring data, data from surveys and assessments, and data from UNFPA country offices survey while qualitative data was collected from key informants, documents reviews and UNFPA country offices survey.

Measures were taken to mitigate bias and any data gaps in relation to the evaluation questions. Data for each evaluation question was collected from multiple sources, including documents, key informant interviews and UNFPA country offices survey. The data from these sources was triangulated to minimize gaps and bias. Ethical issues were considered through interviewing each key informant individually and thus maintaining confidentiality of the data collected.

Data was collected through the following methods:

Document review: Document review was undertaken to capture all documented contextual and programme information relevant to the evaluation questions. Document review constituted a major source of secondary data. The documents reviewed can be categorised into: (i) global and regional frameworks and guidelines that guided the regional programme design and those developed with support of the regional programme; (ii) programme documents including the Regional Interventions Action Plan (RIAP), the results framework, budgets and expenditure reports, annual work plans and annual reports, among others; (iii) programme products such as strategic frameworks, guidelines, toolkits, manuals and scorecards developed with ESARO support, and (iv) documents on UN coordination structures and joint programming. The selection of documents reviewed was based on their relevance to specific evaluation questions.

Key informant interviews: KIIs were undertaken to collect primary data on programme design and implementation on all aspects related to the evaluation questions and this complemented data collected from documents review. Key informant interviews were conducted using a semi-structured questionnaire tailored to each stakeholder category. A comprehensive mapping of stakeholders at regional, country and global level was done at the beginning of the assignment and from this mapping, key informants were selected (see annex on list of people interviewed). Key informants were selected purposively to represent all the interventions ESARO implemented. Overall, the key informants were drawn from UNFPA ESARO, regional bodies, UNFPA country offices, civil society organizations, UNFPA headquarters, other UN agencies and development partners. The selected key informants were contacted by ESARO and appointments for virtual interviews made. Each key informant was given an option to choose their preferred virtual platform. Almost all key informants had internet access except one stakeholder who was provided data bundles. The regional youth network, representing vulnerable populations, was among the key informants interviewed. In addition, given that ESARO does not implement programme activities at community level, stakeholders who interact with key and vulnerable populations were interviewed.

UNFPA country offices survey: The rationale of this survey was to collect data from country offices on the support provided by ESARO, the country offices' participation in regional activities, the adaptation and use of regional frameworks, guidelines and tools developed with ESARO support, and the usefulness of RP support. The survey covered all Regional Programme outcome areas, organizational effectiveness and efficiency and other cross-cutting issues. This was a census of 23 UNFPA COs. However, 16 out of 23 UNFPA COs responded to the survey, representing a response rate of 70 per cent.

Case studies: The case study method was used to highlight good practices arising from the ESARO interventions and demonstrate some of the results achieved by the programme.

Data validation: The evaluation team held meetings regularly to review the completeness of key informant interviews, identify gaps and any emerging issues and exchange information on cross-cutting areas of the evaluation. Key informant interviews were recorded, thus allowing the evaluation team to continuously listen to the interviews to ensure data was correctly recorded. ESARO management and staff and ERG were consulted at all stages, including the design report, development of data collection tools, identification of key informants and review of the draft evaluation report. Young people, civil society, UNFPA COs, UNFPA HQ and regional organizations were represented in the ERG and were consulted at all stages. The comments provided by ESARO and ERG on all aspects of the evaluation, including conclusions and recommendations, were addressed in the final evaluation report.

Data analysis: Data from all sources was collated and clustered around respective evaluation questions. Quantitative data (from UNFPA country offices survey) was analysed through descriptive statistical analysis method involving frequencies and cross tabulation while qualitative data from the same data sources was compared to establish points of convergence. Contribution analysis was also undertaken to determine the extent to which interventions contributed to achievement of output level results. Data from all sources (documents review, UNFPA COs survey and key informants) was triangulated to validate the findings for each evaluation question.

1.3.2 Limitations encountered during the RPE

The limitation of the RPE and mitigation measures taken are outlined below:

Table 2: Limitation and mitigation measures

Limitations	Mitigation measure
Due to the COVID-19 travel restrictions, the evaluation team could not hold face-to-face interview meetings with UNFPA ESARO management and staff and external key informants.	Meetings with UNFPA ESARO and stakeholders were held virtually, and these meetings were recorded to allow the evaluation team to revisit them in case of need to clarify the data collected.
Non availability of some stakeholders for interviews and several iterations of rescheduling of interviews. This also resulted in a prolonged period of data collection.	The Evaluation Team was as flexible as possible with regard to dates of key informant interviews, extending field work and making repeated rescheduling of interviews. The team also relied on data from document review, UNFPA country offices survey and ESARO staff in areas where key informants were not available.
Inadequate disaggregation of data by sex, age, disability and other vulnerable categories due to the nature of RP interventions and gaps in partners data systems to collect such data.	The evaluation team used qualitative data to demonstrate the ESARO's support for interventions targeting these populations.

1.3.3 Evaluation process

This evaluation was carried out in a phased approach:

Phase 1 – Preparation: This phase was led by the Evaluation Manager with support from the UNFPA ESARO management. The tasks accomplished during this phase included development of terms of reference for the evaluation, selection and contracting of consultants, compilation of background information and documents relevant to the regional context and the programme, preparation of the first stakeholder mapping See Annex 8. and list of Atlas projects. At the end of the preparatory stage, a briefing meeting was held to introduce the evaluation team to UNFPA ESARO staff and to the ERG.

Phase 2 – Evaluation design: The design phase was led by the evaluation team in consultation with the Evaluation Manager and the ERG. The evaluation team reviewed the background information and documents relevant to all the regional programme to develop the socio-economic, cultural and political context and identify challenges, policies and strategies for Sexual and Reproductive Health and Rights, Adolescents and Youth, Gender Equality and Women and Girls' Empowerment, and Population and Development. The evaluation team also refined the evaluation questions outlined in the terms of reference; updated the mapping of stakeholders in consultation with the Evaluation Manager, developed the evaluation matrix and defined data collection methodology; developed the data collection tools and updated the evaluation timelines. These components were captured in the evaluation design report. The design report was presented to UNFPA ESARO and the ERG for comments and a final design report addressed these comments.

Phase 3 – Field data collection: The evaluation team collected data through desk review of documents, key informant interviews and UNFPA country offices survey. Key informant interviews were carried out virtually. The Evaluation Manager set up the interview appointments with key informants. The evaluation team and the Evaluation Manager worked closely to promptly reschedule some interviews that did not materialise. The Evaluation Manager electronically circulated the UNFPA country offices survey questionnaire and followed up with countries to ensure they responded to the questionnaire. Data collection was carried out from 1 March to 30 April 2021.

Phase 4 – Reporting: The evaluation team developed and submitted an evaluation draft report to UNFPA ESARO on 19 May 2021; and presented the draft report to UNFPA ESARO on 24 May 2021 and to the ERG on 26 May 2021. The evaluation team addressed the comments from UNFPA ESARO and ERG and submitted the final evaluation report to UNFPA ESARO on 28 June 2021.

The evaluation started on 9 November 2020 and ended on 30 June 2021, as shown hereafter.

Activity	2020		2021																	
	9/11 Dec	14/18 Dec	8/31 Jan	8/26 Feb	1/5 Mar	1/5 Feb	8/12 Mar	15/19 Mar	22/26 Mar	29/2 Apr	5/9 Apr	12/16 Apr	19/23 Apr	26/30 Apr	3/7 May	10/14 May	17/21 May	24/28 May	1/4 June	7/30 June
Design phase																				
Desk review of background documents	X																			
Development of draft design report and presentation to UNFPA ESARO		X																		
Updating of Design Report			X																	
Presentation of design report to ERG				X																
Development of final design report					X															
Field phase																				
Launch of data collection					X	X														
Interviews with UNFPA ESARO staff							X	X	X											
Interviews with key informants											X	X	X	X	X					
UNFPA Country Offices survey												X	X	X						
Reporting phase																				
Data analysis												X	X	X	X	X				
Development of draft evaluation report															X	X	X			
Review of draft evaluation report by UNFPA ESARO and ERG and obtaining comments																	X	X		
EQA of the draft report by Evaluation manager																			X	
Development of final evaluation report																				X
Dissemination phase																				
Development of PowerPoint Presentation of Evaluation Results																				X

Chapter 2: Regional context

2.1 Development challenges and national strategies

2.1.1 Regional context overview

UNFPA East and Southern Africa region comprises 23 countries with an estimated population of 600 million people, ranging from a low 97,625 people in Seychelles to a high 112,078,730 people in Ethiopia.[2] Most of the population live in rural areas although trends show a rapid growth of urbanization. The region is geographically, culturally and economically diverse. Of the 23 countries, 16 are English-speaking, 4 are French-speaking and 3 are Portuguese-speaking. There are also countries predominantly speaking other languages, such as Ethiopia (Amharic), Eritrea (Tigrinya), Comoros, Eritrea (Arabic) and United Republic of Tanzania (Kiswahili).

Most East and Southern Africa (ESA) countries are classified as low-income countries (43 per cent or 10 countries) followed by 35 per cent (8 countries) classified as low middle-income while 13 per cent (3 countries) are upper middle-income and 9 per cent (2 countries) are in high-income bracket. This classification partly informs the mode of engagement UNFPA adopts in each country.

Of the 23 countries covered by UNFPA ESARO, 57 per cent are in the low Human Development Index (HDI) cluster, 26 per cent in the medium HDI cluster and 13 per cent are in the high HDI cluster. Only one country (Seychelles) is in the very high HDI cluster.[3]. This reveals the high human development inequalities among the ESA countries and underscores the need for differentiated programming approaches in the region to address the underlying factors affecting the quality of life.

The ESA countries had an estimated Gross Domestic Product (GDP) of 945.567 billion in 2019 with South Africa being the largest economy in the region followed by Angola, Kenya and Ethiopia. Countries in East Africa region have had higher growth in GDP in the last decade compared to those in the Southern Africa region. A few countries (Angola, Namibia and Zimbabwe) had a contracting GDP.[4]

The ESA countries are also prone to humanitarian emergencies. The East Africa subregion tends to have protracted humanitarian emergencies due to political, armed, and intercommunal conflicts and natural disasters (droughts and floods) while Southern African countries are prone to natural disasters and isolated cases of armed conflicts.

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[2] World Bank Population Data for 2019, but the population data for Eritrea is for 2011.

[3] *UNDP Human Development Report 2019.*

[4] World Bank: https://www.worldbank.org/en/region/afr/eastern-and-southern-africa.

2.1.2 Sexual and Reproductive Health and Rights

The ESA region (ESAR) has an average total fertility rate (TFR) of 4.8 children per woman of reproductive age. Four countries (Mauritius, South Africa, Botswana and Seychelles) have attained low fertility rate level. Fertility is also decreasing in other five countries (Lesotho, Namibia, Eswatini, Zimbabwe and Kenya) where the average is 3.3 children per woman. The other 14 countries have a high TFR averaging 4.7 children per woman. The Adolescent Birth Rate (ABR) in the ESAR is estimated at 110 births per 1,000 women, which is double the global average. Eight countries have ABR above 100 births per 1,000 women.[5] Low education level, negative social cultural norms and practices, living in rural areas and low wealth quintile are associated with high TFR and ABR in the region.[6]

Although there has been significant progress in family planning service coverage in ESA region, huge variations exist among countries. Contraceptive prevalence, any method, varies from 4.0 per cent in South Sudan to 66.1 per cent in Eswatini, and 60 per cent (14 out of 23) of the countries have a contraceptive prevalence rate of less than 50 per cent.

The ESAR had a 50 per cent reduction of Maternal Mortality Ratio (MMR) between 1990 and 2015 compared to the 44 per cent reduction globally. MMR in ESAR declined from 913 maternal deaths per 100,000 live births in 1990 to 455 in 2015. However, there are huge variations among the countries with MMR ranges from 53 in Mauritius to 789 in South Sudan in 2015 against the 2030 target of 70.[7] Factors accounting for MMR in ESA countries include poor quality of care, limited availability of essential drugs and equipment and supplies. For instance, skilled birth attendance varies across countries, with three countries having less than 50 per cent of the births attended by skilled personnel;[8] 12 countries have between 60 and 89 per cent of births attended by skilled person while the remaining eight countries have over 90 per cent skilled birth attendance.[9]

The ESAR constitutes over half (56 per cent) of the people living with HIV (PLHIV) globally with nearly two thirds of adults living with HIV being women. HIV prevalence in the region varies from 1 per cent in Comoros to 22.8 per cent in Lesotho. 44 per cent of the new HIV infections among all ages and 57 per cent of the new infections among adolescents and young people (AYP) aged 15 to 24 years globally occur in the ESAR. Thirty-five per cent of the new infections occur among AYP aged 15–24 years, indicating the disproportional effect of HIV among this age group. New HIV infections are also significant among key populations[10] relative to their population size.[11] Adolescents and young people and key populations are vulnerable to HIV infections partly due to low comprehensive knowledge of HIV, stigma and discrimination, exposure to gender-based violence, low condom use, low access to HIV prevention and sexual and reproductive health information and services, harmful cultural norms and practices and limited economic empowerment.[12] To attain the 2030 SDG target of eliminating HIV as a public health threat, concerted effort is needed to reduce HIV infections among the adolescents and young people and key populations.

Policies and strategies in place to improve access to quality and equitable SRHR and HIV services in ESAR include the Maputo Plan of Action on SRHR (2016–2030), the Africa Health Strategy (2016–2030), the Global HIV Prevention 2020 Roadmap, the Catalytic Framework for ending AIDS, TB and Malaria, the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CAMARA) and the Community Health Worker initiative of the Africa Union.

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[5] World Bank Indicators Data 2019.

[6] Demographic Health Surveys.

[7] UNFPA ESARO. *Analysis of the Sexual, Reproductive, Maternal, New-born and Adolescent Health Workforce in East and Southern Africa.* 2017

[8] No data for Comoros, Eritrea and South Sudan.

[9] *UNDP Human Development Report 2019.*

[10] Key populations include sex workers, men who have sex with men, people who inject with drugs and transgender people.

[11] https://aidsinfo.unaids.org/ (accessed 15 December 2020).

[12] UNICEF, *Child Marriage: Latest Trends and Future Prospects,* https://data.unicef.org/resources/child-marriage-latest-trends-and-future-prospects/ (accessed 31 December 2020).

2.1.3 Adolescents and Youth

Adolescents and young people aged 10 to 24 years constitute 32.4 per cent of the population in ESAR. The AYP face significant challenges and vulnerabilities to their well-being, including early (teenage) pregnancy, child marriages and challenges in accessing education, employment and other economic empowerment opportunities.

In ESA countries, women married by age 18 (of those 20–24 years married or in union) range from 5 per cent in Eswatini to 53 per cent in Mozambique. Over 20 per cent of married women aged 20 to 24 years were married by age 18 in 70 per cent (14 out of 20) of the ESAR countries.[13] Early marriage contributes to high fertility rate and exposes women to maternal morbidities such as obstetric fistula and birth complication. Frameworks in place to address child marriages include the Global Programme for Ending Child Marriage (a partnership between UNFPA and UNICEF); the Africa Union also initiated a campaign to end child marriage in Africa, launched in 2014; and SADC has a Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage

Economic empowerment of young people enables them to exercise their reproductive health, access SRH services, and limit vulnerability to HIV infection. The 2019 Human Development Report shows that more females are unemployed compared to males, and this underscores the need to empower girls with economic opportunities. Countries have in place national youth policies guiding multisectoral programmes aimed at harnessing the demographic dividend and empowering girls and boys.

2.1.4 Gender Equality and Empowerment of Women and Girls

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is the most critical legal instrument that requires of States to eliminate discrimination and promote women's equal rights. All the 23 ESA countries are State Parties to CEDAW. Progress has been made in strengthening the global legal framework and policies, promoting gender equality and advancement of women in addition to CEDAW. They are the Beijing Platform for Action (BPfA), the SADC Protocol on Gender and Development, the Maputo Protocol and the African Union Agenda 2063, among others. To a large extent, lack of political will on the part of governments, most of whom have endorsed these international instruments, has hampered translation of these policies into actionable programmes at country levels. Women remain disproportionately under-represented in leadership and decision-making positions such as parliament; domestic violence remains high, and harmful practices against women and girls, including female genital mutilation and underage marriage, are prevalent.

Female Genital Mutilation (FGM) has devastating impacts on girls and later as they grow to become women. Five countries in East Africa (Eritrea, Ethiopia, Kenya, Uganda and United Republic of Tanzania) recognize and report the existence of FGM practices, with the highest percentages recorded in Eritrea (88.7 per cent) and Ethiopia (74.3 per cent).[14] Due to the COVID-19 pandemic-related disruptions in prevention programmes, 2 million FGM cases could occur over the next decade that would otherwise have been averted. Although FGM is criminalized in all these countries, it has not translated into speedy behaviour changes, which reflects the gap between the law and women's lived realities. This in turn emphasizes the need to address this harmful practice from the perspective of social norms, religious and cultural beliefs in the different communities.

Gender-based violence remains a pervasive expression of gender inequality globally. The Global Database on Violence against Women provides country-specific prevalence data, even though data for some of the 23 ESA countries are not available.

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[13] UNDP Human Development Report 2019.

[14] UNICEF, *Child Marriage: Latest Trends and Future Prospects,* https://data.unicef.org/resources/child-marriage-latest-trends-and-future-prospects/ (accessed on 31 December 2020).

Table 3: Prevalence of violence against women and child marriage in ESAR countries

Country	Prevalence of lifetime physical and/or sexual IPV	Physical and/or sexual IPV in last 12 months	Prevalence of child marriage	Country	Prevalence of lifetime physical and/or sexual IPV	Physical and/or sexual IPV in last 12 months	Prevalence of child marriage
Malawi	38%	24%	42%	**Zambia**	45.9%	26.7%	31.4%
South Africa	21%	8.7%	5,6%	**Uganda**	50%	30%	40%
Comoros	6%	5%	32%	**South Sudan**	–	–	52%
Angola	35%	26%	30%	**Kenya**	40.7%	25.5%	22.9%
Namibia	26.7%	20.2%	6.9%	**Rwanda**	37.1%	20.7%	6.8%
Mozambique	22%	16%	48%	**Eswatini**	–	–	5%
DRC	51%	37.8%	37%	**Lesotho**	–	–	17%
United Republic of Tanzania	46.2%	26.9%	38.5%	**Seychelles**	–	–	–
Zimbabwe	37.6%	19.9%	32.4%	**Ethiopia**	28%	20%	40%
Eritrea	–	–	41%	**Madagascar**	–	–	41%
Burundi	48.5%	27.9%	20.4%	**Mauritius**	–	–	–

Note: A dash (–) indicates that official national statistics are not available.

Available data show that between 15 to 32 per cent of women in the region report having experienced physical violence at the hands of their intimate partner. COVID-19 also exacerbated the risk of vulnerable population such as women and people with disabilities due to measures such as lockdown of people in their homes. For instances, there was a 35 per cent increase in reported cases of GBV in Zimbabwe,[15] 775 per cent in calls to national hotline in Kenya, and 72 per cent increase in reported GBV cases in South Sudan.[16] This highlights the need for increased investment in the prevention and response to violence, including supporting efforts to change negative social norms, enforcing existing laws, putting in place multisectoral responses to reach SDG targets 5.2 and 5.3 and eliminating all forms of violence against women, including harmful practices. In response to GBV, the Spotlight Initiative is one of the key interventions currently. Launched in 2017, the Initiative represents an unprecedented global effort to invest in gender equality and women's empowerment as a precondition and driver for the achievement of the SDGs.

2.1.5 Population and Development

The dynamics of population in the ESA region have been influenced by demographic factors of fertility, mortality, and migration (mainly internal). The level of fertility is still high in a number of countries but overall, there has been a declining trend. Currently, the average woman has around four children, which is projected to fall to three by 2040 and two in the 2090s. At the same time, life expectancy at birth is estimated at 63 years and is projected to increase to 70 years by 2045 and 75 years by 2080. Internal population movements within countries have contributed immensely to the growing urbanization. However, the region remains predominantly rural largely because agriculture and related occupations are still dominant. The combination of high fertility and declining mortality has been largely responsible for the increasing population in the region. The 23 countries in the ESA region have an estimated population of 600 million people, with the population projected to increase to 1.1 billion by 2050, representing 47 per cent of Africa's population.[17]

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[15] Stopping Abuse and Female Exploitation (SAFE) Zimbabwe Technical Assistance Facility. *Violence against Women and Girls during the COVID-19 crisis in Zimbabwe. Analysis of practice-based data from Women's Coalition of Zimbabwe (Analysis of Data: March–May 2020).* July 2020, p. 9.

[16] UNFPA and UN Women East and Southern Africa Regional Offices. *The Impact of COVID-19 on women and men.* Nairobi, March 2021.

[17] World Bank Population Data for 2019, but the population data for Eritrea is for 2011.

The population of adolescents and young people aged 10–24 years in ESA region was estimated at 160.2 million in 2013 (representing nearly 33 per cent of the population) and is expected to reach 282.2 million by 2050. Thus, the region has and will have a significant number of dependent adolescents (aged 10–14) and a large cohort of 15–24 year old requiring education, health care and social services for the foreseeable future.

The demographic transition (declining fertility and mortality rates) has also witnessed the proportion of children shrinking, giving rise to a large economically active population. Consequently, the labour supply is rapidly expanding, which presents an opportunity for accelerated economic growth and poverty reduction. The working age population (15–64 years) doubled between 1995 and 2020 in ESA, growing from 150 million to more than 300 million. This population is projected to double again by 2047 – reaching more than 600 million persons – and to surpass the one billion marks in the 2080s. Enhanced economic growth can occur when the workforce outpaces the dependent age population (children and elderly), which is the foundation of the demographic dividend. In ESA, the dependency ratio currently stands at 78 per cent (i.e. there are about 10 workers for every 8 dependents). This is expected to decline to 54 per cent in the 2060s (i.e. about 10 workers for every 5 dependents) after which it will reverse course propelled by the increasing number of elderly persons. Given that the rate of change will slow substantially in the 2050s, the region has about 30 years to benefit from demographic tailwinds.

This presents a window of opportunity in the form of a youth bulge, which, if well utilized and harnessed, will lead to the transformation of this youthful population into an asset to boost the region's economic development. ESA countries have been responding to the challenges posed by a large youth population through the development of policies and strategies that tackle four critical drivers of population – reductions in child mortality rates; universal access to family-planning information to all women and men; promotion of universal education, particularly for females beyond primary education; and enhanced economic development, particularly in the rural areas.

2.2 Role of external assistance

The total official development assistance (ODA) flows to developing countries was $188 billion in 2019. Out of this amount, 35 per cent ($65 billion) went to Africa. Sub-Saharan Africa received the highest share at 83 per cent ($54 billion) with ESA countries getting slightly over half of this amount ($27 billion or 51 per cent). ODA flows to Africa, sub-Saharan Africa and ESA countries increased by 18 per cent, 21 per cent and 12 per cent, respectively.

Table 4: ODA flows to ESA countries

Country / Region	2014	2015	2016	2017	2018	2019	% +/- *	%ESA**
Africa	55 535.80	61 406.07	60 689.42	65 458.2	64 466.39	65 370.90	18%	
Sub-Saharan Africa	44 662.00	46 850.74	45 830.18	53 172.33	50 762.49	54 011.90	21%	
Burundi	487.71	393.06	787.79	474.40	451.06	593.31	22%	2.2%
Eritrea	78.61	99.67	71.35	82.48	84.17	281.82	259%	1.0%
Ethiopia	3 401.40	3 385.95	4 326.93	4 455.34	4 910.74	4 824.83	42%	17.6%
Kenya	2 739.17	2 918.71	2 581.01	2 699.14	2 586.61	3 485.61	27%	12.7%
Madagascar	431.86	551.26	655.74	856.11	705.45	678.15	57%	2.5%
Malawi	883.67	1 097.85	1 314.25	1 626.24	1 612.30	1 214.70	37%	4.4%
Mauritius	142.12	79.37	103.58	(121.50)	179.17	53.78	-62%	0.2%
Mozambique	2 069.03	2 012.19	1 614.06	1 929.68	2 664.44	2 125.79	3%	7.8%
Rwanda	987.90	1 130.68	1 228.65	1 286.82	1 195.40	1 354.00	37%	4.9%
South Sudan	1 901.43	1 740.14	1 680.00	2 267.89	1 577.87	1 907.54	0%	7.0%
the United Republic of Tanzania	2 548.78	2 708.63	2 474.49	2 776.09	2 491.99	2 199.10	-14%	8.0%
Uganda	1 556.44	1 702.11	1 840.56	2 075.52	2 455.92	2 230.69	43%	8.1%

Zambia	960.02	906.07	1 088.77	1 095.06	1 021.37	1 034.93	8%	3.8%
Zimbabwe	711.54	792.61	645.70	732.11	819.78	979.40	38%	3.6%
Angola	810.86	888.35	676.31	391.53	201.13	606.52	-25%	2.2%
DR of Congo	2 143.11	2 670.72	2 021.72	2 237.64	2 368.94	2 959.48	38%	10.8%
Botswana	130.26	(21.91)	24.62	0.79	14.38	(66.09)	-151%	-0.2%
Eswatini	85.95	105.52	166.19	179.84	146.47	101.05	18%	0.4%
Lesotho	105.73	91.66	134.41	137.62	150.37	144.10	36%	0.5%
Namibia	280.01	171.87	374.10	590.67	394.54	85.84	-69%	0.3%
South Africa	1 900.40	1 783.36	1 223.62	1 337.70	541.86	520.09	-73%	1.9%
Comoros	70.26	69.82	57.09	69.78	90.94	58.26	-17%	0.2%
Seychelles	25.66	10.83	23.82	23.14	–	–	-100%	0.0%
ESA countries	**24 451.92**	**25 288.52**	**25 114.76**	**27 204.09**	**26 664.90**	**27 372.90**	**12%**	**100.0%**

Key: World Bank Classification *% increase/decrease between 2014 and 2019		High-income		Upper middle-income		Lower middle-income		Low-income
				**% of country ODA flows to the ESA countries total flows				

(Source: *OECD Statistics, December 2020: https://stats.oecd.org/Index.aspx?DataSetCode=REF_TOTALOFFICIAL.*)

Low-income countries received the highest ODA at 67 per cent and an average of 6.1 per cent per country followed by middle-income countries at 31 per cent and an average of 4 per cent per country, with the highest allocation going to Kenya (12.7 per cent) followed by the United Republic of Tanzania (8 per cent). Upper middle-income countries received the least allocation at 2 per cent and an average of 0.5 per cent per country. Going forward, the current ODA flows are likely to be maintained, with a focus on health, social safety nets and response to humanitarian crises.[18] This projection is consistent with UNFPA's mandate and, therefore, is likely to attract greater attention from development partners, especially during the period of recovery from the COVID-19 pandemic.

Chapter 3: United Nations/UNFPA response and programmatic strategies

3.1   Previous UNFPA ESARO regional programme

The UNFPA Regional Programme Interventions Action Plan (RIAP) 2014–2017 contributed to UNFPA's Goal as articulated in the UNFPA Strategic Plan 2014–2017. The RIAP supported regional institutions and networkers, UNFPA country offices and national governments in capacity development and strengthening policies and national programmes, implementing, and expanding new approaches for service delivery and use of data to support policy and programme development. The programme adopted the UNFPA strategy outcomes and selected outputs relevant to the region as outlined here.

Table 5: UNFPA ESARO RIAP 2014–2017 outcomes and outputs

Outcome	Outputs
Outcome 1: Increased use of integrated sexual and reproductive health services that are gender-responsive and meet human-rights standards for quality of care and equity in access	**Output 1:** Increased national capacity to deliver integrated sexual and reproductive health services. **Output 2:** Increased national capacity to strengthen enabling environments, increased demand for and supply of modern contraceptives and improved quality of family planning services that are free of coercion, discrimination, and violence. **Output 3:** Increased national capacity to deliver and increase access to comprehensive maternal health services. **Output 4:** Increased national capacity to deliver HIV prevention programmes
Outcome 2: Increased priority on adolescents and young people (10–24 years), especially on very young	**Output 5:** Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in

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[18] https://www.oecd.org/dac/development-assistance-committee/DAC-Joint-Statement-COVID-19.pdf.

adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services	humanitarian settings and fragile contexts, with a particular focus on marginalized adolescent girls. **Output 6:** Increased national capacity to design and implement community and school-based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality
Outcome 3: Advanced gender equality, women's and girls' empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents, and youth	**Output 7:** Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination, and addressing gender-based violence. **Output 8:** Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services, including in humanitarian settings and fragile contexts
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	**Output 9:** Strengthened national capacity for production, analysis and utilization of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities, and for programming in humanitarian settings and fragile contexts. **Output 10:** Strengthened capacity for the formulation, implementation and review of rights-based policies that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development

3.2 Current UNFPA Regional Programme

The RIAP 2018–2021 maintained the four outcome areas aligned to the UNFPA corporate strategy 2018–2021. To a large extent, there is continuity of outputs and interventions from those of the RIAP 2014–2018 except for some adjustments in outputs. For instance, the output for HIV prevention was dropped, a new output focusing on the development of youth leadership and participation in decision-making processes was introduced, while changes were also made to outputs for outcome 4 (population dynamics). The outcomes and outputs for the RIAP 2018–2021 are outlined here.

Table 6: UNFPA ESARO RIAP 2018–2021 outcomes and outputs

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	
UNFPA strategic plan outcome	**Regional Programme outputs**
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 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 for adolescents and in humanitarian settings **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
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 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
Outcome 3. Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings	**Output 7:** National human rights protection systems are strengthened to advance gender equality and empowerment of women and girls.

	Output 8: Multisectoral capacity to prevent and address gender-based violence and harmful practices is improved in development and humanitarian contexts at national and regional levels
Outcome 4. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development	**Output 9:** Improved national population data systems to map and address inequalities, advance achievement of the SDGs and ICPD and inform interventions in humanitarian settings **Output 10:** Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes, and advocacy and reach in those left behind

3.3 The financial structure of the programme

The total budget for the ESARO regional programme from 2018 to 2020 was $22,465,515. During this period the total expenditure was $20,953,278, representing an average expenditure rate of 93 per cent, which demonstrates a high absorption rate.

Table 7: Regional programme budget vs expenditure by year

| Year	Budget	Expenditure	Expenditure rate
2018	6 838 461	6 566 176	96%
2019	8 733 478	7 832 455	90%
2020	6 893 576	6 554 647	95%
Total	**22 465 515**	**20 953 278**	**93%**

Of the total budget, 45 per cent of the funds were allocated to outcome 1 (SRHR), 29 per cent to outcome 2 (A&Y), 18 per cent to outcome 3 (GEWGE) and outcome 4 (P&D) 18 per cent. Two per cent of the budget was utilized for organizational effectiveness and efficiency interventions as shown in the Table 8.

Table 8: Budget vs expenditure by outcome by year

Year	Outcome 1: SRHR		Outcome 2: A&Y		Outcome 3: GEWGE		Outcome 4: P&D		Organisation Effectiveness and Efficiency (OEE)	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
2018	3,072,935.33	3,034,871.76	2,202,488.36	1,978,205.83	289,192.46	333,893.91	1,133,794.00	1,081,477.04	140,050.69	137,727.28
2019	3,873,091.22	3,503,317.67	2,595,947.50	2,295,094.98	446,710.41	325,708.92	1,653,979.00	1,575,532.66	163,750.00	132,800.68
2020	3,163,592.30	3,029,897.39	1,773,327.93	1,689,940.21	517,331.03	483,318.92	1,261,121.07	1,178,136.23	178,203.73	173,354.24
Total	10,109,618.85	9,568,086.82	6,571,763.79	5,963,241.02	1,253,233.90	1,142,921.75	4,048,894.07	3,835,145.93	482,004.42	443,882.20
% of total budget	45%		29%		6%		18%		2%	

Figure 1 shows the budget vs expenditure by outcome for 2018 and 2019. In all outcomes, there was over 90 per cent expenditure rate in each year, with most spending in outcomes 1 and 2.

Figure 1: Budget vs expenditure by outcome for 2018 (left) and budget by expenditure by outcome for 2019 (right)
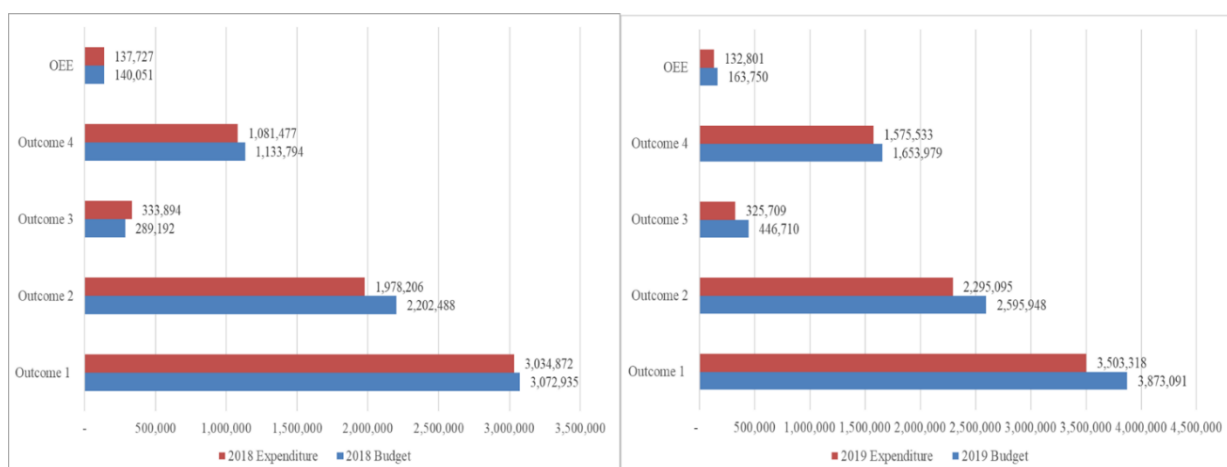
Chapter 4: Evaluation findings

4.1 Evaluation question 1: Relevance

EQ 1: To what extent is the Regional Programme adapted to: (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups, including adolescents and youth and those with disabilities; (ii) regional and national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs?

Summary of findings
(i)   The RP considered the needs of the 23 East and Southern Africa (ESA) countries and regional bodies as well as the needs of marginalized and vulnerable populations but a differentiated (beyond middle-income countries) and structured response to country needs was inadequate. The criteria for differentiation of approach to supporting countries could include (i) economic classification of countries by income level, (ii) performance in key SRHR, ASRH and gender indicators; (iii) maturity of the country programme and operational efficiency; and (iv) risk of humanitarian crisis
(ii)   The RP was fully aligned to global and regional frameworks and policies relevant to each outcome area and contributed to the operationalisation of these frameworks.
(iii) The RP was fully aligned to the UNFPA corporate strategic plan (2018–2021) through prioritizing interventions contributing to all strategic outcomes and enablers. ESARO also ensured the UNFPA strategic plan was effectively implemented through county programmes.
(iv) All the RP priorities were adapted to and contributed to both ICPD PoA and SDGs 3 and 5. Further, ESARO played a key role in monitoring the implementation of Addis Ababa Declaration on Population and Development in Africa beyond 2014 (Addis Ababa Declaration) and Nairobi ICPD commitments and progress towards SDG targets in ESA countries.

(i) Regional programme adaptation to the needs of countries, regional organizations, and diverse populations

ESARO identified the needs of countries and regional bodies, as well as vulnerable and key populations, during the RP design and implementation through the analysis of data from national surveys and other relevant databases to generate evidence that was used to prioritize interventions, identify focus countries, and establish baselines for programme indicators. Data covering ESA countries were analysed for all transformational result areas and outcomes of the regional programme. ESARO also circulated a questionnaire to UNFPA country offices and held consultations with selected country representatives to elicit feedback on the issues the regional programme should prioritize. Regional Economic Communities (RECs), particularly SADC, EAC and SADC Parliamentary Forum were consulted during the development of the RP as part of the reference group (COQs and Key Informants Interviews).

The 23 ESA countries covered by ESARO differ in terms of socio-economic indicators, capacities, culture and language among other areas. Thus, ESARO established the Middle-Income Hub as a technical solution to address the needs of middle-income countries. However, it was observed that such differentiation was not extended to the other ESA low and low middle-income countries who are also diverse in economic development and SRH and gender indicators (Key informant interviews and documents review).

During implementation, the relevance of the RP was ensured through (i) the assessments carried out on specific programmatic areas which informed the development of strategies, guidelines and ESARO technical support to countries. Examples include reviews of laws and policies on ASRHR with a focus on ages of consent in ESA region, the assessment of KP SRHR needs, assessment of respectful maternal care, assessment of ASRH and child marriage action plans costing methods, among others; (ii) responding to specific requests made by UNFPA Cos; and (iii) regular consultations between the Regional Director and CO representatives and annual country representatives' leadership meetings, where strategic issues relevant to UNFPA mandate in the ESA regional were identified. Although these mechanisms enabled the RP to address needs of countries, a structured framework for responding to

country needs for better planning and improved efficiency was lacking (Key Informant Interviews and COQs).

(ii) RP adaptation or alignment to the regional and global strategies and policies

The RP was aligned to the following regional and global strategies and policies:

Sexual and Reproductive Health and Rights: The RP SRHR interventions were aligned to and advanced the implementation of the African Union Agenda 2063, particularly Agenda 1 Goal 3, that focus on increasing access to SRH among women and adolescents, reduction of MMR and HIV prevention; the Maputo Plan of Action 2016–2030, which operationalised the continental policy framework on SRHR, Agenda 2063 and SDGs; the Africa Health Strategy 2016–2030; SADC SRHR Strategic Plan 2006–2015 and 2019–2030, and the Global HIV prevention 2020 roadmap.

Adolescents and youth: The RP interventions were aligned to the Ministerial Commitment on Comprehensive Sexuality Education (CSE) and SRH for Adolescents and Young People in ESA countries, 2013; the Maputo Plan of Action 2016–2030; the SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage; and the UN Resolution 2250 of 2015 on youth involvement in peace and security. The RP-supported activities contributed to the operationalisation of these frameworks.

Gender Equality and Women and Girls Empowerment: The RP interventions under output 7 and 8 were aligned to the CEDAW and Agenda 2063. Interventions for output 7 advanced CEDAW article 3 through strengthening of national human rights systems, and interventions for output 8 were aligned to the aspiration 6 of the AU Agenda 2063, focusing on ending all forms of harmful practices and removal of barriers to health and education for women and girls.

Population and development: The RP was aligned to the African Programme for Accelerated Improvement of Comprehensive Civil Registration and Vital Statistics (APAI-CRVS). CRVS is being enhanced in ESA region as another source of data at country and continental levels. The RP was also aligned to the Addis Ababa Declaration on Population and Development's (AADPD) Commitment 22 under Dignity and Equality, which focuses on harnessing demographic dividend, and commitments 71 to 77 under Data and Statistics; and the Strategy for the Harmonisation of Statistics in Africa (ShaSA).

Organizational efficiency and effectiveness: The RP was aligned to UN resolutions and the R-UNDG Strategy of Support to Middle-Income Countries (MICs) and responded by creating appropriate structures and development of requisite capacities. The RP was also adapted to the UN System Wide Strategy of 2019 (derived from the 2016 QCPR and 2018 UNGA resolutions) and UN Africa: Re-profiling and Restructuring of UN Regional Assets in Africa on UN collective support to the achievement of Agenda 2030 and AU Agenda 2063. This resulted in the establishment and participation of UNFPA in UN Regional Collaborative Framework (RCP), the Opportunities and Issue-Based Coalitions (OIBCs) and the Task Force on UN System Wide Reporting. ESARO included a new indicator in the Results Framework to track activities in these platforms.

(iii) Regional programme adaptation or alignment to the strategic direction and objectives of UNFPA Strategic Plan 2018–2021

The RP was fully aligned to the UNFPA Strategic Plan 2018–2021. The RP contributed to the overarching UNFPA goal of "achieving universal access to sexual and reproductive health, realisation of reproductive rights, and reduction of maternal mortality to accelerate progress on ICPD agenda". The programme adapted and contributed to the achievement of the four outcomes of UNFPA Strategic Plan.

Under UNFPA outcome 1, the RP prioritized interventions for strengthening national and regional capacities to develop and implement SRHR programmes, deliver integrated SRH/HIV and GBV services and SRH services and information for AYP, including in humanitarian settings. Under UNFPA outcome 2, the RP focused on strengthening ASRH legal and policy environment, empowerment of young people to make informed decisions on protective sexual behaviours and strengthening functional systems to improve young people's leadership and participation in programme planning, implementation and evaluation in development and humanitarian settings.

The RP interventions under outputs 7 and 8 were aligned to outcome 3 of UNFPA strategic plan. These interventions included development of capacities to report on and monitor SRH commitments in various human rights process such as the Universal Periodic Review (UPR), CEDAW and Beijing+25; prevention of FGM, response to the needs of FGM survivors, strengthening national governments' capacity to implement a multisectoral approach to prevent and tackle GBV. Under outcome 4, the RP priorities were aligned to UNFPA principles of 'leaving no one behind' and 'reaching the furthest behind' through use of census data to generate population projections and generation of vital statistics from civil registration systems.

Finally, the ESARO's support to countries in organizational efficiency and effectiveness was well aligned to the four OEE outputs defined in the UNFPA strategic plan.[19] These include improved programming for results; optimised management of resources; increased contribution to UN system-wide results, coordination and coherence, and enhanced communication; and resource mobilization and partnership for impact. Knowledge management, innovation, staff capacity-building, audit and compliance that are articulated in the Strategic Plan are also addressed in the RP. However, RBM (item 63 of the UNFPA Strategic Plan) is not explicitly mentioned in the regional programme.

(iv) RP alignment to priorities articulated in international frameworks and agreements in particular ICPD PoA and SDGs

Interventions supported by the RP were adapted to and advanced the following pillars of implementation of ICPD PoA: SRH ICPD 20 and 25 commitments, especially for adolescent sexual and reproductive health, reduction of maternal mortality and unmet needs for family planning; Equality and Dignity pillar 1 of the ICPD PoA through prevention of GBV and FGM among other harmful cultural practices; ICPD PoA Principle 2 that stipulates that human beings are at the centre of sustainable development, while Chapter 2 focuses on population and development integration. It was further aligned to ICPD Action Point 12 on basic population data collection, analysis, and dissemination. The regional programme includes an indicator to monitor implementation of the ICPD 15 commitments.

The RP is fully aligned to SDG 3 on health through its interventions aimed at reduction of maternal and neonatal mortality, unmet need for family planning and reduction of HIV infections; SDG 5 on gender equality, addressing the reduction of harmful gender and cultural practices; and contributed to the SDGs 10, 16 and 17.

4.2 Evaluation question 2: Relevance

EQ 2: To what extent has the regional office been able to respond to changes in regional and national needs and priorities, including those of at-risk populations – vulnerable or marginalized communities, or to shifts caused by emergencies, crisis, or major political changes? What was the quality of the response?

Summary of findings
Although the RP implementation was disrupted at the onset of the COVID-19 pandemic, ESARO rapidly adopted appropriate implementation approaches ensuring business continuity and resulting in achievement of most of its 2020 targets. In addition, ESARO supported ESA countries to swiftly adapt strategies responding to the impact of COVID-19 on their programmes.

The major crisis that affected the RP implementation was the COVID-19 pandemic. At the onset of the pandemic in March 2020, most ESA countries instituted cross-border travel and in-country movement restrictions, curfews and stay-home lockdowns as preventive measures. Due to these restrictions coupled with the need to prevent COVID-19 infections among staff, partners and target populations, implementation of RP activities was stopped, postponed or reprogrammed. For instance, regional meetings were stopped, activities that required in-person engagement with countries such as the MPDSR audits and mentorship, contraceptives supply chain spot checks, UPR sessions and populations census enumeration, among others, could not take place as planned. Engagement with regional

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[19] UNFPA Strategic Plan (item 62).

economic communities, particularly EAC and SADC, was limited because these partners prioritized their response to COVID-19 (Key Informant Interviews).

ESARO, however, acted swiftly and adopted COVID-19 responsive strategies to continue implementation. These approaches included the use of virtual platforms for staff to work from home and to hold meetings and trainings, and small face-to-face meetings. For instance, ESARO held virtual trainings for ESAR countries on the UPR process, midwifery and provision of quality maternal health, population census, integration of SRH-MISP into national policies and plans, use of TuneMe to provide COVID-19 messages to AYP, virtual advocacy with speakers of parliament, a series of webinars for UNFPA youth focal points and partners, and collaboration with UNFPA HQ on adaptation of UNFPA programming for youth during COVID-19, among others. However, variable access to stable internet across the region was a challenge in the use of virtual platforms. ESARO also generated evidence and developed guidelines to support countries in responding to the impact of COVID-19 on their programmes. For instance, guidance was provided on strategies to address COVID-19 impact on women and men's health, sex workers, child marriage and gender-based violence. ESARO also documented and disseminated COVID-19 responsive innovative strategies developed by ESA countries (Key Informant Interviews, document review and COQs).

ESARO's response to COVID-19 proved effective on several fronts: (i) utilization of institutional policies and tools in place, such as business continuity planning and fast-track procurement and financial management policies and procedures to facilitate timely procurement and supply of required infection-prevention equipment and reproductive-health commodities within the context of global supply chain constraints; (ii) support to countries to negotiate with donors mobilized additional resources to address the impact of the COVID-19 pandemic (a total of $43 million was raised). (iii) reprogramming of the regional and country programmes, development of technical guidance and use of virtual working platforms to implement activities. As a result of these approaches, ESARO achieved most of its 2020 targets.

4.3 Evaluation question 3: Effectiveness

EQ 3: To what extent have the interventions supported by UNFPA ESARO contributed to the achievement of the expected results (outputs and outcomes) of the Regional Programme?

Summary of findings	
(i)	Some of the programme output indicators were framed in a way that programme activities were not sufficient to fully achieve them. Output indicators should measure the output results that the programme is fully accountable for.
(ii)	ESARO's extensive work at regional level and contribution to global level best practices, guidance and advocacy was not well captured in the result framework.
(iii)	The RP evolved overtime to provide leadership to regional bodies and countries in improving SRHR, ASRH and gender programming. ESARO introduced and developed value propositions for new agendas such as SRH and UHC, SRH and Climate change, and Menstrual Health. This demonstrates the forward-looking, thought leadership and increased visibility of UNFPA ESARO as a go-to expert in all its outcome areas.
(iv)	The RP was designed in an integrated manner, leveraging synergies across all outcome areas. For instance, interventions under outcomes 1, 3 and 4 contributed to empowerment of adolescents and young people (outcome 2) while all other outcomes contributed to removal of harmful socio-cultural practices, which is a core focus of outcome 3. This approach improved efficiency in terms of optimising resource utilization and maximised the effectiveness of the programme.
(v)	ESARO supported regional entities such as East African Community (EAC) and Southern African Development Community (SADC) to develop regional frameworks, guidelines and other tools which Member States were expected to adopt or utilize. These achievements were consistent with ESARO's role in providing normative guidance and thought leadership. However, there was no clear system of tracking the utilization of these products by countries.
(vi)	Joint programming with other UN agencies contributed to the achievement of the regional programme results. There are numerous areas where ESARO collaborated with other UN

<table>
<tr><td></td><td>agencies either in implementation of fully-fledged joint programmes or specific interventions.</td></tr>
<tr><td>(vii)</td><td>ESARO played a critical role in connecting global and regional frameworks and guidelines to countries, for instance, in the areas of SRH/Universal Health Coverage (UHC), SRH/Climate Change, HIV prevention, midwifery training, early marriages and teenage pregnancy, among others. This role contributed to the improvement of programming in areas related to UNFPA mandate at country level.</td></tr>
<tr><td>(viii)</td><td>The CO operational-excellence monitoring played a central role in identifying CO capacity gaps and enabled ESARO to respond to improve CO performance across operational and programmatic areas. As a result of this, COs improved their capacities over time.</td></tr>
<tr><td>(ix)</td><td>ESARO provided extensive support to the COs in the areas of RBM, communication, resource mobilization, innovation, human resources management, development of country programmes and conducting country programme evaluations. ESARO's support contributed to the improved execution of these functional areas and COs found ESARO's support very useful. The effectiveness and sustainability of capacity-building efforts is dependent on the existence of the right structures and personnel. This is a challenge for some functions in the Cos, for example, communications, where some COs have several communication staff while others have none. The effectiveness of updating the COs with new tools and guidelines is also limited by the same weaknesses – the lack of the right structures and staff.</td></tr>
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This section details the findings on the extent to which ESARO achieved the regional programme outputs by assessing the achievement of the targets set out for each output. The evaluation considered the revisions made to the results framework at mid-term. The findings are framed in terms of achievement of targets for each output indicator and interventions implemented to achieve the targets.

Outcome 1: Sexual and Reproductive Health and Rights

Output 1: Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to sexual and reproductive health and rights information and services.

No.	Output 1 indicators	Baseline (2017)	Target 2020	Achieved result 2020	% Achievement	Countries achieving the target
1	Number of regional entities that have harmonised and standardised regional guidelines for sexual and reproductive health/HIV/GBV within the context of Universal Health Coverage	0	6	6	100%	SADC, SADC PF and EAC
2	Number of East and Southern African countries that have supportive, costed adolescent and youth sexual and reproductive health strategies in place that are up to date	2	18	16	89%	Focus countries achieving this indicator not identified
3	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)	0	10	16	160%	Angola, Botswana, DRC, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Sudan, Uganda, United Republic of Tanzania, Zambia, Zimbabwe
4	Number of countries with a guideline on respectful maternity care in place for improving quality of care during pregnancy, delivery, and post-delivery care (or along the continuum of care)	0	8	8	100%	Burundi, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Namibia, Zimbabwe
5	Number of East and Southern African countries that have policy instrument on generic contraceptives and other reproductive health medicines	3	10	14	140%	

Achievement of planned results

The targets for output 1 were achieved or exceeded as shown. The target for indicator 3 was not achieved due to ESARO's change of strategy to develop ASRH costing methodology while the target for output 5 was exceeded by 40 per cent but interventions contributing to this indicator were implemented under output 3. The evaluation did not find any unintended result. The interventions that contributed to the achievement of the above output results are as follows:

Harmonisation and standardisation of regional guidelines for sexual and reproductive health/HIV and GBV within the context of Universal Health Coverage (UHC)

The regional entities supported by ESARO to develop harmonised and standardised regional guidelines and frameworks for SRH/HIV and GBV were the SADC Secretariat, the SADC Parliamentary Forum (PF) and the East African Community. Harmonised and standardised guidelines and frameworks developed are as follows.

SADC SRHR strategy and scorecard, and minimum standards for integration of SRHR and HIV: ESARO collaborated with UNAIDS, UNICEF, WHO, She Decides and CSOs in supporting the SADC secretariat to develop the SRHR strategy and scorecard. ESARO collaborated with SRHR Africa Trust (SAT) to bring on board CSOs to participate in the SADC TWG for SRHR strategy and scorecard development which opened space for CSOs to influence inclusion of gender equality, ASRH and involvement of young people as change agents. The strategy and scorecard were developed through the SADC process that involves all Member States, which ensured ownership. SADC Member States were expected to utilize the SRHR strategy to strengthen SRHR programming at country level. ESARO provided technical support to countries to utilize the SADC SRHR strategy to improve country SRHR plans among other programming issues. Eighty-one per cent of 16 UNFPA COs confirmed having received some form of support from ESARO to improve SRHR programming and they found this support very useful. In addition, the baseline SRHR scorecard was developed and a follow up first scorecard assessing SADC Member States progress on agreed indicators has been completed and will be presented to Ministers of Health in May 2021. The scorecard establishes an accountability mechanism SADC can build on to accelerate progress towards SDG targets. SADC Secretariat was also supported with technical support and financial resources to develop the SADC minimum standards for integration of SRHR and HIV in the SADC region.

HIV prevention roadmap and scorecard: ESARO supported SADC Secretariat with technical and financial resources to develop the regional HIV 2020 prevention roadmap and scorecard which were used to harmonise and accelerate HIV prevention especially among AYP and key populations in the ESA region. The roadmap was aligned to the Global HIV Prevention 2020 roadmap (document review, KIIs and COQs).

SADC PF Regional Minimum Standards for the Protection of SRH for Key Populations: This was an extensive process supported by UNFPA ESARO (technical and financial support) starting with a rapid assessment of the legal, policy and programmatic environment for HIV and SRHR programmes for key populations. Findings from this assessment informed the development of the SADC PF minimum standards for protection for the SRHR of KPs. Key SADC PF structures and partners (the standing committee, parliamentarians, parliamentary researchers, legislative drafters and regional representatives of KPs and regional organizations and technical partners) were involved in this process thus ensuring ownership and buy-in. The minimum standards document was to be used to advocate to parliamentarians to intervene at parliament and constituency levels to expand access to SRH services by key populations (KIIs and document review).

East African Community SRH Bill and Minimum Standards for RMNCAH/HIV Integration and Linkages: ESARO is supporting (with technical assistance and financial resources) the EAC Legislative Assembly (EALA) to develop an SRH bill. This is the second draft of the SRH bill being developed after the first draft failed to gain acceptance during public hearings. The second bill addresses gaps identified during the public hearings and a comprehensive review by the East Africa Legislative Assembly (EALA). This bill will improve the SRH policy and legal environment and increase access to ASRH services in EAC Member States once it is enacted (KIIs and document review). With regard

to EAC Minimum Standards for RMNCAH/HIV Integration and Linkages, ESARO provided technical support for the development of these standards whose purpose was to harmonise and standardise the delivery of integrated RMNCAH and HIV services among EAC Member States (KIIs and document review).

Introduction of SRHR integration into UHC agenda: ESARO[20] played a leadership and technical role in introducing the SRHR integration into UHC agenda in the ESA region. ESARO conducted an assessment of the status of inclusion of SRHR into UHC which was disseminated extensively through Op-Ed, a guidance note circulated to UNFPA COs and presentations made at several global and regional policy events. This effort led to (a) identification of actions for incorporating SRHR into UHC in three countries (Bostwana, Madagascar and Malawi); (b) implementation of actions to incorporate SRHR into UHC in six countries (Eswatini, Lesotho, Malawi, South Africa, Zambia and Zimbabwe); (c) completion of rapid assessment to inform action plans for SRHR integration in UHC in five countries (Botswana, DRC, Ethiopia, Madagascar and Malawi); and (d) initiation of development of an investment case for SRHR integration into UHC in five countries (Botswana, Kenya, Madagascar, Namibia and South Sudan). UNFPA leadership in this agenda led to UN agencies (H6) and SADC Health Equity Technical Committee prioritizing SRHR in UHC. ESARO also contributed to the UNFPA technical paper on SRHR in UHC and inclusion of policy formulation on SRH in UHC in the 2019 Africa Health Agenda International Conference, 2019 Africa Health Economists Conference and 2019 Tokyo International Conference for African Development (TICAD) agendas. The integration of all components of SRHR into UHC is, however, in nascent stages and more needs to be done to realise this agenda in most ESA countries (document review and KIIs).

ESARO's contribution to other regional and global frameworks and advocacy for SRHR: ESARO leveraged its expertise and leadership in SRHR to (i) work jointly with UNICEF, WHO, UNAIDS and UN Women to reinvigorate the H6 partnership in the ESA region. ESARO led the development of the Terms of Reference and work plan of the Regional H6 Group and served as a convenor for two years; (ii)contribute to the global definition of the minimum bundle of SRHR services and the advocacy that led to the adopted this definition during the ICPD 25 summit; (iii) advocate for Global Fund to Fight AIDS, TB and Malaria to increase funding to condom programming in ESAR, covering programming aspects such as last-mile distribution chain, demand generation and stewardship; (iv) contribute to UNFPA global level leadership in Comprehensive Abortion Care (CAC) through development of guidance in the context of COVID-19 and review of mentorship tool CAC; and (v) collaborate with the African Union (AU) to promote implementation of the Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA) in the ESA countries (KIIs).

A challenge was noted regarding tracking the utilization of the regional strategic frameworks, standards and guidelines developed. There was no clear mechanism in place to track use of these guiding documents at country level (KIIs).

Support to countries to establish up-to-date supportive, costed adolescent and youth sexual and reproductive health strategies.

A review of the costing of ASRH conducted by ESARO in five countries (Malawi, South Africa, Uganda, Zambia and Zimbabwe) found that such costing did not produce the expected increase in domestic financing of ASRH. This is largely due to the use of activity-based costing methods which do not support allocative efficiency modelling, weak coordination of sectors implementing ASRH interventions, lack of linkage of ASRH costing with national budgeting processes, weak budget analysis, weak ASRH expenditure tracking and lack of ASRH disaggregation of the national health accounts. Based on these findings, ESARO embarked on the development of a costing methodology for ASRH. However, evidence on the extent to which this tool was utilized by countries is limited.

On the other hand, ESARO supported countries to develop ASRH programmes in several ways. For instance, ESARO provided technical support to Eswatini to review and develop an SRH strategic plan;

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[20] UNFPA ESARO collaborated with EAC, SADC, governments, development partners (Swedish International Development Agency, Swiss International Development Agency, UKAid, Gates Foundation), civil society organizations, professional bodies, research institutions and other UN agencies.

supported Ethiopia to develop the adolescent and youth health strategy and its implementation guide as well as the national HIV prevention roadmap; supported Uganda to evaluate and develop the adolescents and youth strategic plan and benchmark other countries' guidelines and tools; and supported South Sudan and Zambia to develop adolescent and youth strategy. Fifty-three per cent (8 out of 15 COs) confirmed having received support from UNFPA ESARO and 75 per cent of these found the support either very useful or useful (COQs). Despite the support to countries in the development ASRH strategies, the overall focus on strengthening ASRH costing to facilitate increased domestic financing is at initial stages.

Support to countries to 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): ESARO contributed to the removal of laws and policies presenting barriers to HIV prevention, treatment and care for key population through: (i) provision of programme support to countries through the 2Gether4SRHR, Safeguard Young People programmes and UN joint HIV programme. This support contributed to the development of national HIV strategic plans in ESA countries that included focused on strengthening the enabling environment, improved access to justice and increasing human rights literacy among key populations; (ii) provision of technical support to countries for review of laws and policies relevant to HIV programming for key populations. Sixty-three per cent (10 out of 16) UNFPA COs received support from ESARO and 90 per cent of these countries found the support useful (COQs). For instance, Eswatini was provided technical support to integrate HIV prevention for sex workers (SWs) and Men Who Have Sex with Men (MSM) in the Global Fund grant; ESARO engaged with Ethiopia UNFPA CO and government counterparts to provide input into the National Strategic Plan for HIV, Condom Strategy and Condom programming while Mozambique was involved in webinars and workshops and information sharing platforms organized by ESARO. Uganda was supported to develop and operationalise national guidelines for SRH/HIV service provision for key populations and sharing of laws and policies from other countries for benchmarking. In South Sudan, ESARO provided technical assistance for the development of a comprehensive condom programme. For Madagascar, Mauritius and Seychelles, ESARO supported the development of national policy and strategy for HIV and AIDS and STIs. Despite these efforts, KP HIV programming is still a challenge in countries with conservative policy environment (COQs, KIIs and document review).

Adoption of guidelines on respectful maternity for improving quality of care during pregnancy, delivery and post-delivery care: The RP raised visibility of disrespectful maternity care as one of the root causes of maternal deaths but interventions to address this issue are at the nascent stage. The entry points for integration of RCM into national maternal guidelines varies from country to country, limiting the extent to which what works in one country can be replicated in another. Interventions supported by ESARO include the generation of evidence on respectful maternity care (RMC) through a case study covering Ethiopia and the United Republic of Tanzania; advocacy and capacity-building to enhance RCM integration in national policies and plans[21] and establishment of a team of advocates and coaches to support countries. Country-specific support from ESARO included technical support for integration of RCM into national maternal health guidelines in Ethiopia, Kenya and Zambia and the integration of RMC into nurse and midwifery training in the United Republic of Tanzania and Zambia. To build capacity of countries during the COVID-19 pandemic, ESARO (in partnership with WHO) conducted virtual training to improve quality of maternity care and set up of a virtual e-Learning and m-Learning platform. Fifty-six per cent (9 out of 16 ESA countries) confirmed having received support in respectful maternity care (COQs, KIIs and document review).

Output 2: National capacities strengthened to deliver integrated SRH services and information in particular for adolescents and in humanitarian settings.

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[21] Survey done by UNFPA ESARO in collaboration with WHO, UNICEF and ICM.

No.	Output 2 indicators	Baseline (2017)	Target 2020	Achieved result 2020	% Achievement	Countries achieving the target
1	Number of East and Southern African countries that have adopted standard midwifery curriculum that is used by all midwifery training institutions	9	11	11	100%	Botswana, Burundi, Lesotho, Malawi, Rwanda, United Republic of Tanzania, Zambia
2	Number of East and Southern African countries that have integrated Minimum Initial Service Package (clean delivery, emergency obstetric neonatal care, gender-based violence, HIV prevention) in national policies and plans	0	6	7	117%	Countries not identified
3	Number of East and Southern African countries that have robust and resilient Maternal Death Surveillance and Response systems in place that fulfil all ten selected criteria	5	10	9	90%	Burundi, Ethiopia, Kenya, Madagascar, Namibia, Rwanda, United Republic of Tanzania, Uganda, Zimbabwe
4	Number of East and Southern African countries that are providing comprehensive HIV/sexual and reproductive health package to specific population groups, disaggregated by (i) adolescents and young people; and (ii) at least one key population	0	6	11	183%	Botswana, Eswatini, Kenya, Lesotho, Mozambique, Namibia, South Africa, Uganda, Zambia, Zimbabwe

Achievement of planned results

All targets for output 2 were achieved except indicator 3. The target for indicator 2 was exceeded due to demand and urgency for integration of MISP in country COVID-19 humanitarian response and recovery plans while indicator 4 target was surpassed due to momentum created through the HIV prevention roadmaps for countries to increase investment more in AGYW and key populations programmes. No unintended results were identified under this output. Interventions contributing to the achievement of output 2 targets are as follows:

Adoption of standard midwifery curriculum in all midwifery training institutions: Despite the intensive support for the adoption of standard competency-based midwifery curriculum, there was slow progress in countries adopting the new curriculum. As shown in the previous table, two more countries adopted the new curriculum. ESARO's support under this output included the synthesis of and identification of gaps in midwifery curricula in ESA countries,[22] which informed the development of country specific multiyear plans for standardisation of midwifery competencies in at least 11 countries. ESARO established a pool of vetted consultants to provide countries with access to quality assured technical assistance; provided technical support to update midwifery curriculum for Zambia and Rwanda; supported advocacy for adoption of the standard curriculum in Angola and supported the evaluation of the basic midwifery curriculum in Burundi. Fifty per cent (8 out of 16) UNFPA COs received support in improvement of midwifery training and, of these, 88 per cent found the support useful. During COVID-19 pandemic, ESARO conducted capacity-building of MoH staff, particularly midwives. In all, 120 training videos were compiled and distributed to 15 ESA countries for continued learning (KIIs, document review and COQs). Despite these efforts, there is need to accelerate the adoption of the competency-based midwifery curriculum in ESA countries to improve the quality of maternal healthcare.

Integration of Minimum Initial Service Package (MISP) in national policies and plans: ESARO organized a regional training of UNFPA COs in SRH/GBV-MISP which improved their technical capacity and shared UNFPA strategy for humanitarian response. Further, ESARO conducted in-country missions, which built the capacity of COs and government counterparts on integration of SHR/GBV-

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[22] The assessed reviewed midwifery training curriculum gaps in relation to the International Confederation of Midwives (IMC)-recommended competency-based curriculum.

MISP into national plans. Such missions were conducted to Ethiopia where humanitarian needs were identified, and a national response plan developed and in Zambia where maternal and child health coordinators and provincial nursing officers were trained on SRH-MISP. In Kenya, ESARO provided funding ($620,000) and technical support for the roll-out of SRH-MISP during floods, droughts and the COVID-19 pandemic, which support enabled Kenya CO to orient HCWs in SRH/GBV-MISP, strengthen coordination of SRH and provide clinical response to SGBV during emergencies. In Mozambique, ESARO supported the deployment of SURGE capacity, training of humanitarian staff on MISP and inclusion of SRH-MISP in the humanitarian response funding proposal while in Madagascar, ESARO trained national officials in the SRH/GBV MISP. Seventy-five per cent (12 out of 16) of UNFPA COs confirmed the support from ESARO on MISP integration into national policies and plans, and they all found the support useful (COQs, KIIs). At the advent of COVID-19 pandemic, ESARO analysed the extent to which the MISP was included in ESA countries' disaster and emergency preparedness and response plans. This analysis informed ESARO (in partnership with H6 and UNFPA country offices) support to countries to integrate SRH-MISP in national COVID-19 response and recovery plans and support to UNFPA COs to ensure SRH-MISP integration into the UN COVID-19 response and recovery plans (KIIs, and COQs). COVID-19 increased the visibility and relevance of integration of SRH-MISP into humanitarian preparedness and response plans and offers an opportunity to strengthen capacity for provision SRH-MISP package going forward.

Strengthening of maternal death surveillance and response systems: ESARO conducted a regional MPDSR survey covering 20 ESA countries in 2018, which identified gaps and formed a basis for developing an action plan shared with 10 countries. Furthermore, EmONC analysis was done to inform the development of MPDSR database for human resources, supplies, quality of care, preparedness for GBV, post-abortion care and safe abortion. ESARO strengthened MPDSR systems through a regional training for UNFPA COs and government counterparts from MoH; conducting training in specific countries such as Burundi, Eritrea, Eswatini, Ethiopia, Madagascar, Mozambique, South Sudan and Zambia; introduction of MPDSR into midwifery pre-service training, particularly in Ethiopia; conducting in-country missions (jointly with WHO and UNICEF) to build capacity in addressing MPDSR audit findings and conducting community (verbal) autopsy. Seventy-five per cent (12 out of 16) of UNFPA COs received support in MPDSR. This support resulted in strengthening UNFPA Cos' leadership in MPDSR, enabled some countries to introduce verbal autopsy, establish national and subnational MPDSR committees, improve maternal and perinatal deaths notification and production of MPDSR reports. During the COVID-19 pandemic, UNFPA ESARO (in collaboration with WHO and UNICEF) provided guidance to countries on how to capture COVID-19 as an underlying cause of maternal death, use of MPDSR system as information source for COVID-19 impact on SRMNCAH services and trained (virtually) 684 participants from MoH, NGOs and academia on MPDSR in the COVID-19 context. However, only 4 countries have in place MPDSR systems that fulfil all 10 selected criteria. This shows the need to intensify the strengthening of MPDSR systems in countries.

Provision of comprehensive HIV/sexual and reproductive health package to specific population groups, disaggregated by (i) adolescents and young people; and (ii) at least one key population.

ESARO support to countries to provide integrated SRH/HIV package for AYP and KPs was delivered through: (i) programme support (2Gether4SRHR and SYP) provided to countries to develop and implement an integrated SRH/HIV package for AYP and KP; (ii) utilization of regional strategic frameworks and guidelines[23] that served as advocacy and technical guidance tools for integration of SRH/HIV services; (iii) annual meetings for national AIDS councils and SRH managers to develop solutions addressing bottlenecks in integrated SRH/HIV service delivery; (iv)taking a helicopter view to identify gaps and assist countries to close gaps such as the development of condom social marketing transition plan and development of a regional condom programming strategy; (v) enhancing the integration of SRH/HIV package for AYP and KPs in Global Fund HIV proposals; and (vi) support for

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[23] Such plans and guidelines include (i) HIV prevention roadmap and scorecard and the SADC PF minimum standards for protection of SRHR for KPs and (ii) SADC Minimum Standards for the integration of SRHR and HIV that also include a section on Minimum Standards for Adolescent and Youth-Friendly Sexual and Reproductive Health services.

country HIV programmes to include integrated SRH/HIV as a priority. ESARO also facilitated South-South learning, especially between Eswatini and South Africa, on KP programming and South Africa to Botswana on SRH/HIV service integration (KIIs and document review).

ESARO strengthened capacity of countries in the provision of post-abortion care (PAC) and safe abortion within the confines of existing law through assessing the gaps in the provision of comprehensive abortion care (CAC) to generate evidence, training of trainers from five countries on value clarification and attitude transformation and development of roadmaps to increase provision of CAC in accordance with the law. As a result, there was an increase in uptake of CAC in selected countries (KIIs).

ESARO supported specific countries to develop national minimum SRH/HIV packages for AYP and KPs, national ASRH strategic plans, national HIV/STI policy and strategic plans. ESARO also shared evidence, good practices and guidelines to countries to address the needs of AYPs and KPs. Eighty-one per cent of UNFPA COs received support from ESARO to strengthen SRH/HIV integration and 75 per cent of these found the support useful while 25 per cent rated the support very useful demonstrating the relevance and effectiveness of the support provided by ESARO (COQs).

ESARO strengthened the capacity of UNFPA CO HIV focal persons to provide leadership and ensure coherence of UNFPA mandate in HIV prevention through the development of technical guidelines for scaling up combination of HIV prevention for KPs[24] and AYP[25] and the development of UNFPA ESA regional HIV prevention framework 2021–2030 to guide COs on UNFPA priorities in HIV prevention for the next 10 years to accelerate progress towards 2030 targets.

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

No.	Output 3 indicators	Baseline (2017)	Target 2020	Achieved result 2020	% Achievement	Countries achieving the target
1	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	10	18	16	96%	Ethiopia, Kenya (4 countries not indicated)
2	Number of East and Southern African countries with a preparedness sexual and reproductive health procurement plan available	8	17	17	100%	Angola, Burundi, DRC Ethiopia, Kenya, Madagascar, Mozambique, Namibia Rwanda, South Africa South Sudan, Uganda Zambia, Zimbabwe
3	Number of East and Southern African countries that have adopted total market approach in allocation of sexual and reproductive-health commodities	0	8	8	100%	Ethiopia, Kenya, Madagascar, Rwanda, Uganda, United Republic of Tanzania, Zambia, Zimbabwe
4	Number of countries with generics constituting 50 per cent of their total public sector contraceptive procurement	0	3	4	133%	Kenya, Madagascar, South Africa, Zimbabwe

Achievement of planned results

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[24] ESARO developed and sensitised UNFPA CO HIV focal persons on the "technical guidelines for scaling up combination of HIV prevention for AYP, Gays, Bisexuals and other MSM, and Sex Workers".

[25] ESARO developed and sensitised UNFPA CO HIV focal persons on the "technical guidelines for scaling up combination of HIV prevention for Adolescents and Young People".

The targets for output 3 were all achieved due to efforts of ESARO and countries in strengthening the supply chain for contraceptives, adoption of total market approach and advocacy for adoption of generic contraceptives. There were no unintended results identified. Interventions implemented are as follows:

Strengthening of logistics management information systems (LMIS)

ESARO (in collaboration with COs, MoH and warehousing departments) conducted the supply chain maturity assessments and developed action plans to strengthen the systems. To sustain these assessments, CO focal persons and government counterparts were trained on supply chain maturity assessment methodology. A new tool for inventory management and tracking of supplies from shipment, clearance, warehousing, and distribution to the last mile was introduced in countries to improve the management of commodity stock outs and expiries. Countries were trained and offered technical support in last mile assurance (LMA), thus improving monitoring of last mile distribution of contraceptives. ESARO also carried out supportive supervision visits to assist countries address supply chain bottlenecks and provided technical support in forecasting and quantification of contraceptives. South-South collaboration was promoted, for instance, in moving contraceptives from one country to another to forestall stock outs. ESARO also supported the development of a cross-border supply chain system in the East Africa region involving tracking of contraceptives stocks in each country and moving commodities from over-stocked countries to those experiencing stock outs, but this system has not been approved by all EAC Member States (document review, KIIs and COQs). During COVID-19 pandemic, a six-country assessment was conducted to establish the level of FP services utilization to inform continued improvement of the supply chain. Of the 16 country offices surveyed, 81 per cent confirmed having received support from ESARO and of these, 42 per cent found the support very useful while 50 per cent rated the support useful (COQs and KIIs). Challenges were noted in the provision of family planning such as inadequately skilled staff, inadequate warehousing capacity and legal and policy barriers restricting adolescents from accessing contraceptives in some countries. ESARO did not include the demand creation component in the support provided to countries.

Development of preparedness sexual and reproductive health procurement plan: Although ESARO supported UNFPA COs in the development of annual reproductive health (RH) procurement plans, there was less focus on development of RH preparedness procurement plans, especially prior to COVID-19. RH procurement plans were prepared for specific emergencies such as cyclones, droughts, floods, and COVID-19 pandemic. During the COVID-19, ESARO supported countries to develop SRH emergency procurement plans through re-programming of resources towards procurement of PPEs and other emergency supplies. Emergency procurement plans for 13 countries were reviewed to ensure PPEs were included. Given the resurgence of COVID-19 across the ESA countries, ESARO worked with countries to develop PPE and RH/FP kits forecast to guide procurement and resource mobilization for 2021. This support contributed to SRH service continuity in countries (document review, KIIs and COQs).

Establishment of total market approach (TMA) in allocation of sexual and reproductive health commodities: Efforts to support the adoption of TMA in countries included the generation of evidence through a TMA study covering 10 countries that found challenges in FP commodities reaching marginalized populations and crowding out of private sector by "free-to-user" public sector commodities. This was followed by a regional symposium for all key players to review the study findings and develop country-specific work plans to adopt TMA in the supply of SRH commodities. ESARO trained UNFPA CO focal persons for FP to better support MoH and other partners, supported South-South learning to understand the TMA concepts from other countries and advocacy and policy dialogue with governments, which resulted in the development of national TMA roadmaps. However, 37 per cent (6 out of 16) of UNFPA COs reported having received support from ESARO and 50 per cent of these countries found the support useful (COQs and KIIs). Countries were supported to establish TMA Technical Working Groups (TWGs) convened by government and including private sector, civil society and development partners to map the three markets, forecast and quantify contraceptives and develop procurement and distribution plans. The FP Commodity Reporting Tool was revised to reflect TMA. A follow up survey conducted in 2020 to assess the participation of representatives of the three markets in the TWGs found a robust participation of all sectors. Ninety-one per cent of the countries had broad-based coordination mechanisms that included government, private sector, CSO and

development partners while 71 per cent had private sector and civil society representation in TWGs (COQs and KIIs).

Inclusion of generics public sector contraceptive procurement: UNFPA ESARO advocacy, technical support in contraceptives procurement contributed to increased procurement of generic contraceptives and introduction of new contraceptives in the ESA region. For instance, the procurement of generic contraceptives in the ESA region increased from 40.9 per cent in quarter 3 of 2019 to 44.2 per cent in quarter 3 of 2020. ESARO, working with the Procurement Services Branch (PSB), conducted webinars for ESA countries on the benefits of generic contraceptives; developed advocacy materials to inform policy-makers on the benefits of generic contraceptives and to be used at facility level to address the lack of trust among service providers in the use of generic contraceptives. Trainings were conducted for MoH staff and service providers in various countries on the benefits of generics contraceptives. The advocacy efforts led to adoption of generic contraceptives by governments and acceptance of new/lesser used products such as Levoplat and DMPA Self Injection which promote self-care, a critical aspect that reduces barriers to contraceptives. ESARO, in collaboration with PSB, also provided materials to support the introduction and registration of generics. However, only four countries attained the target of generics constituting over 50 per cent of their contraceptive procurement. Thus, advocacy to increase use of generic contraceptives and improve self-care FP services continues to be relevant. ESARO also engaged with SAPAM and SAGMA to advance the agenda of manufacturing and/or easing of the registration of generic contraceptives in the ESA region. This agenda became more profound during the COVID-19 pandemic due to the disruption of international supply chains. ESARO is collaborating with NEPAD, SADC and Africa Union on the Africa Pharmaceutical Manufacturing agenda.

Outcome 2: Adolescents and Youth

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 4 indicators	Baseline (2017)	Target 2020	Achieved result 2020	% Achievement	Countries achieving the target
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)	0	4	7	175%	Comoros, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Zambia
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	4	8	12	150%	Botswana, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, United Republic of Tanzania, Zimbabwe
Number of Regional Economic Communities that have validated regional standards for youth-friendly health services for adaptation by Member States	0	1	1	100%	
Number of East and Southern African countries with a costed national action plan on addressing child marriage	3	6	10	167%	Ethiopia, Kenya, Madagascar, Malawi, Mauritius, Rwanda, South Africa, South Sudan, United Republic of Tanzania, Zambia

Achievement of planned results

The RP achieved targets for all indicators for output 4 with targets for 3 out of 4 indicators over-achieved. No unintended results were identified. Interventions contributing to the above results are as follows.

Adoption of the Child Marriage Model Law of Southern Africa Development Community: The SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage was developed in the previous cycle of the regional programme. In the programme under review, focus was on the utilization of this law by SADC Member States through reviewing their national laws and policies related to marriage and developing child programmes that give effect to the law. ESARO contributed

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to the utilization of this model law through advocacy, development of a guide and technical support. The advocacy events where ESARO promoted the Model Law include the Girls Not Brides global meeting in Malaysia, Africa Action Group to End Child Marriage meeting of 2019 and the 2nd Africa Girls Summit in Ghana. A guide for the use of the Model Law (translated to French and Portuguese) and a series of animated videos were developed for use by parliamentarians, civil society and young advocates; SADC PF was supported to establish the Model Laws Oversight Committee to monitor utilization of model laws, including the child marriage model law, and ESARO also provided technical support to countries, as needed, on the utilization of the model law (KIIs and document review). The model law was used to inform the development of a Sexual Offences and Domestic Violence Bill Act in Eswatini, a National Child Marriage Elimination Strategy and Prevention and Combat of Premature Unions Act for Mozambique, and a Marriage Bill and a Children Code Bill for Zambia. Seven SADC Member States[26] utilized the Model Law while four Member States with over 30 per cent child marriage prevalence (Angola, DRC, Madagascar and Zimbabwe) are yet to adopt this law (document review, KIIs and COQs). At global level, the Model Law was used by UNFPA HQ to influence the global programme on ending child marriage and for the development of a global brief on criminalisation of child marriage technical supported by ESARO through the SYP programme. At regional level, SADC PF used lessons from the Model Law to inform the ongoing development of the Model Law on Gender-Based Violence while lessons from the model law also contributed to the inclusion of child marriage provisions in the EAC SRH Bill. The Council of Traditional Leaders in Africa expressed interest in partnering with UNFPA ESARO on the Child Marriage issue (KIIs and document review).

Establishment of laws that allow adolescents below the age of 18 years to access sexual and reproductive health services and information: ESARO reviewed laws and policies related to ASRH in ESA countries which identified legal and policy gaps and barriers to accessing ASRHR and recommended legal and policy reforms in a regional legal framework. This was followed by two technical reviews: (i) a technical review on harmonisation of minimum age to sexual consent, marriage and access to SRH services and (ii) a technical review on criminalisation of consensual sex acts among adolescents in ESA countries. These two technical reviews were to be used by decision-makers, law drafters and human rights defenders to improve laws and policies related to ASRH.

These technical briefs were utilized by some countries such as Botswana to advocate with government to support the reform of the penal code on the age of consent to sexual activity and criminalisation of consensual sex and support the reform of the Education Act to include provisions for re-entry provisions for pregnant girls to schools. ESARO, in collaboration with OCHA, trained ESA countries on SRHR which included a full module on issues related to ASRH and age of consent. Within the UN, ESARO led seven UN agencies to develop a UN advocacy paper on the age of consent to ASRH services and information and in developing a common UN position, which enhanced the visibility of this legal environment related to ASRH (KIIs and document review). ESARO published in the *Africa Journal of Sexual and Reproductive Health* a journal article[27] as part of the UNFPA's strategy for dissemination of findings of laws and policy review and its regional framework. Moreover, the study was used to facilitate the drafting of the SADC PF Tshwane Declaration on SRHR focusing on ASRHR to guide parliaments in their legislative role. Sixty-seven per cent (10 out of 15) of ESA countries received support from the ESARO in reviewing laws and policies that allow adolescents to access SRH services and information. This support involved evidence and knowledge-sharing, capacity-building and advocacy. Of the 10 countries, 55 per cent found this support very useful and 45 per cent rated the support useful (KIIs and COQs).

Support to regional economic communities to validate regional standards for youth friendly health services for adaptation by Member States: ESARO took the approach of supporting RECs to integrate YFHS into regional guidelines and frameworks adopted by Member States. In this regard, YFHS standards were included in the SADC SRHR strategy and scorecard, the SADC minimum standards for integration of HIV and SRHR, the EAC minimum standards for RMNCAH/HIV

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[26] These countries are Comoros, Eswatini, Lesotho, Malawi, Mozambique, Namibia and Zambia.

[27] Age of consent: A case for harmonising laws and policies to advance, promote and protect adolescents' sexual and reproductive health rights.

integration as well as the EAC SRH Bill whose development is ongoing. ESARO also developed and disseminated to countries a guidance notes on YFHS standards integration into pre-service and in-service health workers' training. ESARO further strengthened the capacity of UNFPA COs on how to promote, develop AYFHS standards and tools and support governments to embrace this initiative. Of the 16 COs surveyed, 10 (67 per cent) confirmed having received support from ESARO: 50 per cent rated the support very useful and the other half found the support useful (KIIs, document review and COQs).

Development of costed national action plan on addressing child marriage: This was a programmatic area where ESARO cascaded a global and continental initiative to country level. ESARO conducted a Child Marriage Budget Analysis covering Mozambique and Zambia and identified costing bottlenecks which included the fact that child marriage activities are often one-off and small in scale thus do not gain visibility in the national budgeting process, and child marriage action plans are not linked to the sector plans which are often linked to the national development plans that drive national budgeting. Structures for coordination of child-marriage actions are often parallel to national policy coordination and reporting structures which also drive the budgeting process. The sum total of these weaknesses is that government budget allocation to child-marriage action plans is low. Further, ESARO conducted a review of the costing methodology for child-marriage budget in Uganda and Mozambique and found that there was no clear costing method and coordination of costing for child-marriage actions across sectors was a challenge. Based on these findings, ESARO developed guidelines for generating high-quality budget briefs to be used by UNFPA COs to influence national budgeting processes for child-marriage action plans. The guidelines were to enable UNFPA COs to support countries to develop budget briefs that analyse investments on prevention, mediation and protection against child marriage (document review, KIIs and COQs). Beyond guidance for developing budget briefs, ESARO provided technical support to countries to review national child-marriage plans to ensure quality, ensure reintegration of girls to school after pregnancy was included in the education policy, and development of costed national action plans on ending child marriage. However, only 3 out of 16 UNFPA COs indicated having received support from UNFPA ESARO in this area. During the COVID-19 pandemic, UNFPA and UNICEF regional offices developed a regional brief on child marriage in COVID-19 context and recommended alternative implementation approaches. ESARO further provided technical support to DRC and South Sudan UNFPA COs to develop a joint programme with UNICEF on child marriage in line with the Global Programme on Ending Child Marriage.

Advocacy for inclusion of menstrual health as a component of SRHR: ESARO pioneered advocacy for inclusion of menstrual health (MH) as a component of SRHR at global, regional and country levels. ESARO convened a MH symposium in 2018 to advocate for MH and ASRH and out of this symposium, the African Coalition for Menstrual Health Management (ACMHM) was established. The coalition was structured into task forces[28] leading various streams of work and a secretariat running hosted by ESARO. So far the coalition has over 600 members. The ACMHM carried out advocacy through which MH gained visibility and acceptance at national, regional and global levels. Events where advocacy was carried out included (i) the 53rd Session of the Commission on the Status of Women, (ii) the 2nd African Union Girl Child Summit, (iii) the International Menstrual Hygiene Day in 2019, (iv) the Women Deliver 2019 conference, and (v) the ICPD 25 summit. A feature film, WOMENstruate, was developed to serve as an advocacy tool for inclusion of MH in SRHR strategies. The ACMHM with support from ESARO contributed to the development of standards for washable and reusable sanitary towels, strengthening of data and generation of evidence on MH and participation in the global MH measurement group hosted by Columbia University. There have been policy changes in the region such as the removal of VAT tax on menstrual health products in Kenya, Lesotho, South Africa, United Republic of Tanzania and Zimbabwe. The pioneering work of ESARO and other agencies in MH was recognised globally. For instance, ESARO was nominated to represent UNFPA in the Strategic Advisory Group on Achievements for Africa's Adolescents UK Research and Innovation Research Hub, which seeks ways to increase multiple SDGs for adolescents in Africa (COQs, KIIs and document

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[28] ACMHM task forces are research and information, resource mobilization, products, value chains, MHM in emergencies and education.

review). The continued functioning of ACMHM depends on the volunteerism of task force members, strengthening of its secretariat and resourcing of its activities (KIIs and document review).

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

No.	Output 5 indicators	Baseline (2017)	Target 2020	Achieved result 2020	% of achievement	Countries achieving the target
1	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	2	10	13	130%	Burundi, DRC, Eswatini, Kenya, Madagascar, Malawi, Mauritius, Namibia, Rwanda, Seychelles, Zambia, Zimbabwe
2	Number of East and Southern African countries with a national mechanism or strategy in place to deliver out-of-school comprehensive sexuality education in accordance with international standards	2	10	13	130%	Botswana, Comoros, Eswatini, Kenya, Lesotho, Madagascar, Mauritius, Namibia, Seychelles, South Africa, Zimbabwe
3	Number of East and Southern African countries that operationalised school-based comprehensive sexuality education curricula in accordance with international standards	10	21	16	76%	Angola, Burundi, DRC, Ethiopia, Kenya, Madagascar, Mauritius, Namibia, Rwanda, Seychelles, South Africa, Uganda, United Republic of Tanzania
4	Number of East and Southern African countries that have adopted digital solutions for delivering CSE/SBCC and demand generation to YFSRH services for adolescents and young people	5	10	13	130%	Eswatini, Ethiopia, Kenya, Lesotho, Rwanda, South Africa, South Sudan, United Republic of Tanzania

Achievement of planned results

All planned targets for indicators for output 5 were overachieved except for indicator 3. Indicator 3 targets were not achieved partly due to the closure of school in 2020 as a result of COVID-19 pandemic. No unintended results were identified.

Asset building and/or economic empowerment strategies within the UNFPA-supported youth programme, especially in child-marriage programmes: Initiatives supported by ESARO to contribute to SRHR integration into youth economic empowerment include (i) the mapping of existing programmes integrating SRHR into youth economic empowerment to consolidate evidence; (ii) use of the findings from this mapping, in collaboration with UNFPA, ILO, World Bank and African Development Bank, to develop a programmatic guidance note on integration of ASRHR into youth economic empowerment for use by national and subnational stakeholders. This guidance had just been finalised and a webinar was planned, in collaboration with UFPA HQ, to present the guidance to UNFPA staff. As a result of the guidance, the World Bank integrated SRHR into its women and girls' economic empowerment programmes and ESARO engaged with ILO to integrate SRHR into the "decent jobs" initiative (KIIs and document review); (iii) development of a pregnancy costing tool to assess the cost of pregnancy and parenthood and it impacts on the business or work of young people. This tool was used in the Youth Enterprise Model (YEM) initiative to sensitise young people to make choices on protective sexual behaviour; (iv) support to the African Union Youth Connekt Africa (YCA) summit of 2019 and planned support for YCA summit for 2021. This platform connects young people to socio-economic empowerment opportunities and offers an opportunity for SRHR integration in economic empowerment; (v) development of the SADC Youth Empowerment framework which builds of the learnings from the SYP programme and operationalises the Africa Youth Charter and AU roadmap on demographic dividend and investing in young people; and (vi) technical support for the Youth Enterprise Model initiative in Uganda which created space for young people to acquire business skills and access SRH information and services. These processes promoted the integration of SRH into youth economic empowerment initiatives. The YEM evaluation shows that SRHR knowledge among participating youth increased, and the youth were twice as likely to access SRH services. UNFPA Country Offices survey found that Eswatini, Kenya, Mozambique and Mauritius started initiatives

integrating SRHR into either existing youth economic empowerment programmes (KIIs, document review and COQs). Initiatives for integrating SRHR into economic empowerment of programmes for young people have either been pilots or have been implemented at a small scale and there is a need for scaling up this approach in the ESA countries using the guidance already developed.

Strengthening of national mechanism for delivery out-of-school comprehensive sexuality education: ESARO extensively contributed to increased capacity to deliver out-of-school CSE, improved scope and quality of CSE curriculum for out-of-school youth, expanded reach to youth with disabilities, youth living with HIV and men and boys. Specific interventions included (i) the development of a comprehensive out-of-youth CSE package (through a participatory process involving countries' AYP managers) and a minimum CSE package for users who requested adaptable CSE materials; (ii) development of guidance note on how to adapt the CSE package for implementation at national level for use by UNFPA Cos; (iii) development of a CSE manual for youth with disabilities and a comprehensive life skills package on HIV, sexuality and SRH for young people living with HIV (YPLHIV); and (iv) development of content on climate change and SRH to be included in the CSE manual which is work in progress. ESARO facilitated the adaptation of the out-of-school CSE package by countries through (i) holding of regional training workshops and webinars for UNFPA CO focal persons and counterparts from government and civil society; (ii) training of regional CSE trainers to facilitate the adaptation of CSE at country level; and (iii) in-country training of stakeholders on the adaptation of the CSE package for out-of-school youth, provision of guidance on adaptation of national out-of-school CSE curriculum. A few countries (such as Burundi and Seychelles) used the CSE package to integrate out-of-school CSE into ongoing national programmes. The adaptation of the CSE package was country-led and owned and helped to solidify out-of-school youth CSE[29]. Eighty per cent (12 out of 15 ESA countries) received support from ESARO and 95 per cent of these found the support very useful. Other interventions reaching groups left behind include (i) a regional meeting for people with disabilities to enable them identify their needs and development commitments to be presented to for ICPD25 summit; (ii) an assessment of "men and boys' non-HIV SRH needs and rights and access to corresponding services" and a mapping of programmes and partners for the SRH programming for adolescent boys and young men in the ESA region to inform programming for men and boys; and (iii) the launch (in collaboration with UNESCO) of the Early and Unintended Pregnancy (EUP) campaign "Let's Talk" to promote protective sexual behaviour among adolescents complementing the CSE initiative.[30] At the global level, ESARO CSE package has been used to inform global technical guidance on CSE and ESARO contributes to global CSE discussions and forums.

Operationalisation of school-based comprehensive sexuality education curricula: The ESA commitments report of 2018 found that all 23 countries had institutionalised CSE in schools, but institutionalisation varied from country to country pointing to a need to standardise institutionalisation of school-based CSE. ESARO developed a CSE package for schools and for pre- and in-service teacher training, including an online teacher-training course. These materials provided quality assured CSE in line with international standards and considered the context in the region. A CSE online course dashboard was developed and operationalised to track the uptake of online teacher training while a CSE monitoring tool was developed to assess the quality of CSE teaching and learning for in- and out-of-school youth. ESARO also developed an orientation package for new tertiary students which comprised an online orientation portal designed for incoming new students, providing basic information on the intersection between SRH and being a new student; and the second component on sexuality and reproductive health. These orientation tools addressed the SRH and sexual-behaviour challenges new tertiary students face in campuses. Also, ESARO supported advocacy efforts for countries to adapt school-based CSE given its sensitivity from various stakeholders. In this respect ESARO, in collaboration with UNFPA COs, engaged Ministries of Education and Health and other stakeholders, and shared lessons from other countries and global guidelines to generate acceptance for school-based CSE. For instance, ESARO technical support and advocacy in Burundi resulting in the integration of CSE in primary schools; technical guidance and stakeholder engagement in Ethiopia led to acceptance of school-based CSE while technical support to Eswatini resulted in the government aligning life-skills

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[29] UNFPA country offices surveys and key informant feedback.

[30] Document review and key informants interviews.

education (LSE) to global standards and roll-out of LSE to 98 per cent of secondary schools. Kenya, Madagascar, South Africa, Zambia and Zimbabwe used the school-based CSE package to revise their national CSE materials and used the online teacher training resource. Eighty per cent (13 out of 16) of ESA countries received support from ESARO and all these countries found the support very useful. Despite this support, school-based CSE remains a sensitive issue that requires sustained advocacy to address opposition arising from various stakeholders.

Adoption of digital solutions for delivering CSE/SBCC and demand-generation to YFSRH services for adolescents and young people

The digital solution developed with ESARO support included TuneMe mobisite, whose purpose was to increase young people's knowledge of protective sexual behaviour, generate demand and link young people to SRH/HIV services. The mobisite is live in seven countries[31] and informed the development of a starter pack on m-Health in UNFPA HQ currently being used across the world. For sustainability, the hosting of TuneME was moved to UNFPA HQ. The use of the mobisite has continued to expand. For instance, teachers refer learners to the platform for information on SRH/HIV and during the COVID-19 pandemic, content on "Coronavirus and You" was added to the platform to raise awareness among young people. TuneMe was recognised globally as a best-practice digital solution and was adapted as one of the WHO m-Health tools; it was also a nominee in the Digital Health Commonwealth Awards in 2020 and was recognised as a good practice for HIV prevention among young people in the UNAIDS report of 2019, Power to the People. A journal article on TuneMe was also published on the *Journal of Communication Development.* The TuneMe evaluation covering three countries found that 15 per cent more new users had used the platform against the target of 3 million young people in the first four years and a significant number of users reported increased access to SRHR services. However, there was high bounce rates partly because context was not updated a frequency that keeps pace with the needs or expectation of the youth and due to limited data. A technical brief on bounce rates and how to improve the platform was developed and shared with countries for their action and a TuneMe App was also developed as requested by middle-income countries to offset bounce rates challenges due to limited access to data.

The second digital solution was the animated AMAZE videos providing CSE information. The design of the videos considered the social and cultural contexts in ESA region and the videos were also translated into French, Portuguese and Kiswahili in increase accessibility. The videos have been adapted by countries. Some ESA countries also developed their own digital solutions, some with ESARO support and some through learning lessons from the TuneMe mobisite. These countries include Ethiopia that used experience shared by ESARO to initiate its own digital solution; Angola which launched the SMS Jovem digital solution with ESARO and UNFPA CO support; South Africa BeWise mobisite – a government innovative solution providing information on SRH; Uganda, where SautiPlus platform, developed with UNFPA support, provides young people with SRH, GBV information and referral services; and Madagascar which has "MyTune app" sensitising the youth on integrated SRH. Under the I-Accelerator programme, Kenya UNFPA CO incubated four digital solutions on SRH and is currently implementing one solution which has so far reached about 300,000 youth while Mozambique identified three hackathon digital solutions ideas which the UNFPA CO is currently financing based on lessons learned from ESARO, especially on use of digital platforms to provide information in the context of COVID-19 pandemic.

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[31] The seven countries are Botswana, Eswatini, Lesotho, Malawi, Namibia, Zambia and Zimbabwe.

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.

No.	Output 6 indicators	Baseline (2017)	Target 2020	Achieved result 2020	% of achievement	Countries achieving the target
1	Number of East and Southern African countries with functional national youth networks advocating for adolescent sexual and reproductive health and rights	15	18	21	117%	Angola, Comoros, Eswatini, Ethiopia, Lesotho, South Africa
2	Number of East and Southern African countries that have integrated adolescents and youth participation in humanitarian preparedness and response	0	9	14	156%	Angola, Botswana, Burundi, Comoros, DRC, Ethiopia, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Rwanda, Seychelles, Zambia, Zimbabwe

Achievement of planned results: The targets for both indicators for output 6 were surpassed largely due to ESARO strengthening capacity of national youth networks and supporting young people to participate in decision-making forums at regional, continental and global levels. No unintended results were identified. Interventions supported are as follows:

Strengthening of national youth networks advocating for adolescent sexual and reproductive health and rights

ESARO's support for youth networks included the development of the guidance on enhancing youth participation in ESA region and supporting the functioning of the East and Southern Africa Regional African Youth Adolescents Network on Population and Development (AfriYAN) including holding of its General Assembly meetings, selection of executive committee members, development of AfriYAN annual plans and supporting executive committee activities such as visits to countries to engage with national chapters. However, the regional network does not have a secretariat, is not registered thus has limitations in resource mobilization, is resource constrained and executive committee members are volunteers balancing AfriYAN responsibilities with income generating activities and career progression. At the time of the evaluation, there was one executive committee member with others having moved on to other engagements.

At country level, support was also provided for establishment of national AfriYAN chapters which involved facilitating meetings of youth networks and youth leaders, selecting national AfyiYAN officials and orienting the officials on the AfriYAN strategic and operational plan and communication protocols. ESARO supported establishment of AfriYAN chapters in Angola, Madagascar, Malawi, Mauritius, Mozambique and Zambia. (document review, COQs and KIIs interviews). Other support provided to countries include organizing youth-led networks to participate in ICPD events which formulated recommendations for the Nairobi Summit, financial resources for training youth networks, regional forums for youth networks which enhanced the national youth network, advice to countries on ways of engagement with and increasing participation of youth and youth networks in programmes and policy development, invitation of youth to participate in regional platforms advocating for young people's development, development of country-level youth engagement strategy and building capacity on youth advocacy. Eighty-seven per cent (13 out of 15) of UNFPA COs confirmed ESARO support for strengthening youth networks and youth participation in advocacy, programming and policy development at various levels. Of these, 34 per cent rated the support very useful and 54 per cent found the support very useful. However, it was also noted that coordination of young people at country level is complex. Some countries have different youth networks engaging with the UNFPA CO while ESARO is supporting AfriYAN country chapter and in some cases the UNFPA CO engages with both their own national youth network and AfriYAN chapter (KI interviews).

Another key initiative supported with ESARO was the development of the Youth-Led Accountability Model 2.0 (YLA-2.0) which strengthened youth advocacy. ESARO, jointly with Restless Development,

trained youth leaders and activists drawn from ESA countries on how to hold policy-makers accountable for government commitment on ASRHR and gender equality and developed the YLA 2.0 Model handbook which provided detailed stepwise guidance to young leaders on how to hold government accountable. The handbook was translated into French and Portuguese to increase its accessibility (document review and COQs).

ESARO facilitated youth advocacy through supported for young people participation in conferences and meetings to represent and voice their concerns. Some of the platforms where young people participated with ESARO support include the meeting for harmonisation of legal frameworks at AU, SADC meeting on minimum standards of YFHS, SYP programme review and planning meetings, 8th Africa conference on SRH, 1st ESA MHM symposium, 22nd International AIDS Conference, consultative meetings for the development of SADC SRHR strategy, Africa Youth Conference, Youth Development in the post-2015 agenda, International Family Planning Conference, Africa Health Agenda and 2nd Africa Girls Summit on ending CM. Other activities included: (i) the engagements between young people and leaders of National Parliaments on legal reforms on the age of consent to SRH services; and (ii) Youth Indaba organized by UNFPA/SADC PF, UNAIDS, UNESCO, AfriYAN, Africa Pop and Health Research Centre and Restless Development which resulted in the Tshwane Declaration adopted by SADC PF and presented at ICPD25. Young people were also supported to undertake South-South learning through in-country missions from DRC, Lesotho and Botswana to Kenya, Madagascar, and Mauritius, respectively; Support to SADC Secretariat to undertake a comprehensive review of National Youth Councils to assess their capacity to effectively youth programmes, identify capacity gaps and make recommendations; and development of the SADC youth programme which has been finalised and is due for approval by SADC ministers in 2021. Once approved, SADC Member States will be expected to adopt the SADC Youth Programme and develop their own five-year plans as a basis for their visions and plans (document review and COQs).

Strengthening integration of adolescents and youth participation in humanitarian preparedness and response: A training on youth, peace and security and young people in humanitarian action was undertaken after developing the training package in collaboration with HQ and the Africa Scouts. The same training was planned for 2020 but due to COVID-19, it had to be postponed. Moreover, ESARO supported the countries submitting YPS proposals to Peacebuilding Support Office (PBSO). In order to promote the involvement of youth in peace and security, ESARO engaged with the International Conference on Great Lakes Region (ICGLR) initiative. ICGLR has structures (forums) for youth, civil society, women and private sector through which communities and other stakeholders are expected to be involved in conflict resolution and promotion of peace in the great lakes region. ESAO carried out an assessment of these structures and found that they had weak institutional capacity and had not been functioning for several years. ESARO developed a capacity-building plan for these structures and started off with improvement of their governance mechanisms. However, this process was slowed by COVID-19 pandemic and will be proceeding in 2021 (document review). During the COVID-19 pandemic, UNFPA, UNESCO and UNAIDS in partnership with Restless Development and the regional AfriYAN assessed the experiences, challenges and actions taken by young people in ESA region to inform reprogramming to respond to the needs of adolescents and young people. Actions to be taken were identified but there is no evidence on the extent of their implementation (COQs and KIIs).

Outcome 3: Gender Equality and Women/Girls Empowerment
Output 7: National human rights protection systems are strengthened to advance gender equality and empowerment of women and girls

Indicator	Baseline	Target 2018	Result achieved 2018	Target 2019	Result achieved 2019	Target 2020	Result achieved 2020	% of achievement	Countries supported/met target
1. Number of ESA countries which have accountability mechanisms to monitor and track reporting and implementation of SRHR recommendations in human rights mechanisms (e.g. Universal Periodic Review, CEDAW, Maputo Protocol)	1	4	0	9	9	14	14	85%	Angola, Burundi, Eswatini, Eritrea, Ethiopia, Kenya, Madagascar, Mozambique, Mauritius, Seychelles, South Sudan, Uganda, Zambia, Zimbabwe

Achievement of planned results

As shown in the previous above, 85 per cent of the cumulative target was met for strengthening of accountability mechanisms, and where the target was not achieved, particularly in 2018, this was due to a vacancy in the position of the Gender Advisor which took time to fill. Overall, no unintended results were identified.

Countries in East and Southern Africa were supported in a number of ways by ESARO to strengthen accountability mechanisms to monitor and track reporting and implementation of SRHR recommendation in human rights international instruments. ESARO provided technical and advisory support to governments to advance SRHR laws in countries, resulting in practical actions, for example in Malawi, where a public inquiry on change in the minimum age of marriage from 15 years to 18 years was held. Additionally, the capacity of National Human Rights Institutions (NHRIs) was strengthened to integrate SRHR and gender into UPRs at country level. An example of such capacity-building was a webinar co-hosted by ESARO and NANHRI titled "Understanding Sexual Reproductive Health Right (SRHR) priorities of African National Human Rights Institutions", reaching 46 African NHRIs as well as other human rights stakeholders such as CSOs, Human Rights Defenders and UN Agencies.

A UPR training package was developed jointly by UNFPA ESARO and OHCHR and piloted in virtual trainings in Seychelles and Eswatini, resulting in building of the capacity of a range of stakeholders from governments, CSOs, NHRIs and UN agencies to integrate SRHR and gender issues into UPRs at country level. A publication documenting case studies on how NHRIs in East and Southern Africa have advanced SRHR was developed, featuring case studies from Kenya, Madagascar, Namibia, South Africa and Uganda. The publication was a key document providing guidance and key lessons to other countries on the advancement of SRHR. Eighty-eight per cent (13 out of 16) of countries who responded to a country survey confirmed ESARO support in monitoring reporting and implementation of SRHR recommendations in human rights mechanisms. These countries found ESARO support very useful, which equipped and prepared country offices to take the work forward. For example, in Burundi was equipped technically and financially to take the work forward. In Madagascar, UNFPA ESARO provided capacity-building and technical support in the formulation of Government's Statement on UPR. The support helped the Madagascar CO to position UNFPA's mandate in UPR and ensured government's commitments and alignment of national statements to international treaties. Mozambique reported that ESARO's support has been useful in influencing duty bearers to include UNFPA mandate areas. This has also strengthened CSOs to perform their advocacy and lobbying work. Countries reported that substantive guidance was provided by ESARO in developing SRH indicators in monitoring system of the country's Human Rights Commission. ESARO has been particularly useful in facilitating learning and knowledge exchange from neighbouring countries, providing guidance in

the development of new programmes and linking the global mandate on SRHR and GBV with innovative programming.

While ESARO support was useful, there is a need for further technical support to country offices to develop and report on the accountability mechanisms and tools. Similarly, while ESARO provided funds to hire consultants to develop accountability tracking tool mechanisms to monitor and track reporting and implementation of gender equality recommendations in human rights, funds to follow up the implementation of the recommendations were inadequate. In order for mechanisms to be strengthened, it is critical that resources be made available to ensure well established and supported mechanisms. ESARO support resulted in concrete developments in a number of institutions including government and national human rights institutions, and therefore are likely to have contributed to the output result. However, gaps remain, as it is not clear what specific accountability mechanisms were established as a result of ESARO support, beyond the training, support on reporting, as well as capacity-building that was provided by ESARO.

Output 8: Multisectoral capacity to prevent and address gender-based violence and harmful practices is improved in development and humanitarian contexts at national and regional levels

Output indicator	Baseline	Target 2018	Result achieved 2018	Target 2019	Result achieved 2019	Target 2020	Result achieved 2020	% of achievement (Cumulative	Countries supported/met target
1. Number of operational cross-border initiatives for female genital mutilation abandonment within the East and Southern African region	1	4	0	6	6	8	10	88%	Eswatini, Ethiopia, Kenya, Uganda
2. Number of countries that have national systems to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence	4	8	0	12	12	16	16	78%	Burundi, Madagascar, Mozambique, Mauritius, South Africa, South Sudan, Zambia, Zimbabwe
3. Number of East and Southern African countries with national clinical management of rape guidelines. Dropped at midterm as incorporated in Indicator 8.5: Clinical management of rape (CMR) is a critical component of the Essential Services Package[32]	7	11	0	13	16	15	N/A	41%	Eswatini, Ethiopia, Kenya, Madagascar, Mozambique, South Sudan, Uganda, Zambia, Zimbabwe
4. Regional network of researchers, civil society organizations and policy-makers to upscale violence against women prevention operationalised. To be deleted, as network already exists, and methods/platforms for engagement are what needs to be decided on[33]	No	No	No	Yes					
5. Number of countries, with support from UNFPA, that have rolled out intervention models or strategies that empower marginalized and excluded groups to exercise their reproductive rights, and that enable their rights to be	4	9	7	14	14	19	19	95%	Angola, Eswatini, Kenya, Madagascar, Mozambique, Mauritius, South Sudan, Uganda, Zambia, Zimbabwe

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[32] Indicator dropped at mid-term.

[33] Indicator dropped at mid-term.

protected from gender-based violence and harmful practices									

Achievement of planned results

All targets for output 8 were met or exceeded, with the exception of 2018, where due to the absence of a Gender Advisor, the planned work had to be halted. Other reasons for non-achievement, for example under indicator 8.1 in 2018, was due to a change in priorities, where regional funds were moved to a different focus area at the request of the HQ FGM team. Funds were used to support capacity and knowledge to address FGM, through an International FGM Conference, with participation of ministers and government officials from high FGM countries. Under Indicator 8.3, over-achievement in 2019 was attributed to strong partnerships with regional commissions, especially SADC Secretariat and SADC-PF, which have been critical to advance the women's rights agenda and support Member States to accelerate efforts to deliver on SDG 5 targets. The non-achievement under Indicator 8.5 was attributed to budget cuts due to competing demands, which resulted in only three GBV-ESP roll-out workshops being conducted. Overall, no unintended results were identified.

Operationalisation of cross-border initiatives for FGM abandonment in ESA region: Countries in the region were supported to operationalise cross-border initiatives, with ESARO providing joint research and learning opportunities for the priority countries, as well as financial and technical support to high FGM countries to accelerate the elimination of FGM. Six cross-border initiatives were operationalised in 2019, and 10 in 2020, and examples of these initiatives are discussed hereafter. ESARO organized virtual experience sharing forums to discuss the main challenges UNFPA COs faced in supporting national efforts addressing cross-border FGM and cross-border response during and post COVID-19. The COs found this initiative useful in learning from other countries about different strategies put in place to reach border communities during the pandemic and beyond. ESARO supported the first joint regional research on cross-border FGM among cross-border communities in Ethiopia, Kenya, Somalia, Uganda, and United Republic of Tanzania. ESARO supported technical expert to conduct the research, an expert group meeting with representation of government, a validation process with government representatives, CSOs, UNFPA and UNICEF. This research provided information on partners supporting cross-border FGM, salient issues around the drivers of FGM in different countries, and the legal framework application and enforcement as well providing strategic recommendations on how to improve operations for cross border FGM. Countries used the findings and recommendations from the research to develop 2021 work plans for the cross-border FGM programme. UNFPA participated in the Global Citizen interview on Cross-Border FGM, a reflection of its influential voice on the issue of cross-border FGM. In addition, ESARO supported ministers and senior government officials from high-FGM countries in the region to participate in the International Conference on FGM under the theme: Galvanizing Political Action to Accelerate the Elimination of FGM by 2030. The result from this conference was the development of a Declaration and a costed regional action plan to end cross-border FGM to accelerate progress towards the achievement of the 2030 SDG target on FGM. From the country survey was carried out, four confirmed ESARO's support, while Eritrea, although a focus country for this intervention, was not supported due to unfavourable socio-political environment.

National systems to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence: ESARO supported a number of countries (Burundi, Madagascar, Mozambique, Mauritius, South Africa, South Sudan, Zambia and Zimbabwe) to strengthen national systems to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence. Some countries (Angola, Eswatini, Ethiopia and Kenya) were not supported even though they were priority for this indicator. Countries not supported highlighted that data was critical to addressing GBV in their countries, and in Eswatini for example, they acknowledged the lack of real-time data on GBV, and that the country was currently relying on Police and CSO data (COQs and document review). ESARO also provided technical advisory and programmatic support to national governments in Mozambique, Zimbabwe, and Malawi to strengthen national information management systems on GBV

and ensure quality GBV services, through the Spotlight Initiative. A learning exchange was facilitated with the violence against women (KNOVAW) Data project in Asia Pacific Regional Office. The initiatives supported by ESARO resulted in UNFPA COs capacity being built for data management, advocacy and resource mobilization and to undertake an integrated approach to addressing GBV. The functionality of GBVIMS in supported countries was improved. For instance, the Regional Monitoring and Evaluation Officers undertook a two-month mission to Mozambique to support the country in developing the GBV M&E and data system. This helped with the setting-up of national systems to collect and disseminate data on incidence and prevalence of GBV. In Zimbabwe, the country office received support in the development of GBVIMS and on how to strengthen quality data collection, analysis and dissemination in the next CPD. ESARO provided opportunities for country exchange for learning purposes. For instance, South Sudan was supported to reach out to Kenya UNFPA CO which has a good system of data collection on prevalence of GBV and child marriage as they were facing challenges in documenting cases of child marriage in a systematic way. The exchange resulted in the South Sudan Country Office having their capacity strengthened, and improvement in their data systems.

National clinical management of rape (CMR) guidelines: ESARO provided significant support in this area between 2017 and 2019. National governments were provided with technical and programmatic support to develop and implement national guidelines on Clinical Management of Rape, leading to development of national guidelines on Clinical Management of Rape in 16 countries in the East and Southern Africa region. From the country surveys analysed, 63 per cent confirmed receiving support from ESARO and they found the support to be of high quality and useful. ESARO supported capacity-building of country offices and national officials to mainstream clinical management of rape into the National GBV Prevention and Response mechanisms. Several health practitioners were trained, GBV care and treatment were provided as pilot activities in specific areas in countries. ESARO shared the standard global guideline on Clinical Management of Rape to be customised at country level. Similarly, in Zambia, ESARO in partnership with WHO trained UNFPA CO staff, government, and stakeholders on clinical management of rape and on the management of other types of SGBV such as defilement. ESARO also provided support in the development and finalisation of the national guidelines on SRH/HIVS/GBV services. Technical information was provided in the development of the integrated guidelines including clinical management of rape and other forms of SGBV specific to country contexts.

Empowerment of marginalized and excluded groups to exercise their reproductive rights, and that enable their rights to be protected from gender-based violence and harmful practices.

Capacity was strengthened at government levels to actively use gender-based violence – essential services package (GBV-ESP) modules to revise the national multisectoral guidelines for GBV response to ensure compliance with international standards.

Models were developed that ensured access to GBV services in the COVID-19 context, examples being GBV mobile clinics, mobile One Stop Centres, e-justice services and mobile GBV courts to fast track GBV cases. Although COVID-19 pandemic was not anticipated, it was quickly flipped into an opportunity to shine a spotlight on GBV as a pandemic within a pandemic. UNFPA leveraged the opportunity presented to ramp up GBV services to places where services would otherwise not have reached. Examples of countries like Zimbabwe surged forward with mobile one stop centres in partnership with the government. In Uganda, UNFPA entered partnership with Safe Boda to ensure that essential services and dignity kits remained accessible to women and girls.

Other interventions included trainings of institutions on the roll-out of effective multisectoral response on violence against women and girls (VAWG) using the Essential Service Package Guidelines, technical support to government institutions on the GBV-ESP and a joint UNFPA–WHO capacity development training on integrated GBV-SRHR services. Forty-six institutional staff (14 in Eswatini, 21 in Rwanda and 11 in the United Republic of Tanzania) were upskilled and equipped to roll out effective multisectoral responses to violence against women and girls (VAWG) using the Essential Service Package Guidelines. Furthermore, there was upskilling of 89 health, youth, police, justice, one-stop centres and CSO sector service providers on SRH/GBV services. As a result of this training, 14 country roadmaps were finalised with the support of ESARO and will be implemented in 2021 under the 4Gether4SRH programme. ESARO also supported capacity-building on the use of UNCT SWOP

scorecard and mainstreaming of gender equality and human rights in CCA/UNSDCF. UNFPA ESARO support contributed to strengthening overall gender programme delivery in terms development of the new CPD with SMART outcomes, outputs, strategies and indicators.

At the regional level, ESARO is supporting the development of the SADC Model Law on GBV that will cover 16 SADC Member States. UNFPA ESARO has been supporting technically and financially the development of the SADC Model Law on GBV through the following: ESARO is providing secretariat support to the technical working group for the development of the SADC Model Law on GBV and bringing together 40 members from Regional Economic Commissions, CSOs, WROs, UN agencies, universities, and research institutes. Throughout 2020, the following key research, policy and legislatives deliverables were developed: (i) Assessment of compliance of existing SADC Member States GBV laws to international agreements and SADC regulations; (ii) outline of the SADC Model Law on GBV; and (iii) SADC Model Law on GBV Position Paper to share and present to the SADC Member States. In 2021, consultations with multi-stakeholders to discuss and finalise the SADC Model Law on GBV will be organized. UNFPA ESARO will continue to support the development of the SADC Model Law on GBV as well as its use at country and regional levels. The Model Law on GBV will promote accountability among SADC Member States on their responses to GBV.

ESARO is one of the founding members of the first Regional Working Group on GBV (RGBV WG) for East and Southern Africa. The RGBV WG was formalised in January 2020. It is chaired by the Regional GBV Area of Responsibility (GBV AoR) and co-chaired by the International Rescue Committee, and includes various members operating in the ESA region. As a founding and active member, ESARO supported the development of the WG TOR and its action plan and participates on the WG on a monthly basis. As part of the Regional GBV WG on response to COVID-19, UNFPA supported the development and dissemination of the following key guiding documents and interventions: (i) guidance on priority action to prevent and respond to GBV in the COVID-19 context, (ii) guidance note for COVID-19 dignity kits (content & distribution); (iii) key messages on GBV and PSEA in the COVID-19 context; iv) Policy brief on the importance of recognising GBV services as essential in the COVID-19 response, including the ESARO analysis on Members States' recognition of GBV services as essential; and (v) two advocacy briefs about GBV in Cabo Delgado (Mozambique) and the Tigray situation (Ethiopia) contexts.

UNFPA ESARO formed a strategic partnership with the Men Engage Alliance, which saw ESARO supporting the 3rd Symposium on Men Engage. ESARO was a member of the Symposium Advisory Committee to shape the agenda and the content of the symposium. The symposium created an opportunity to have UNFPA HQ to be engaged with this process and have the Deputy Executive Director provide an opening statement. ESARO has formally signed an Implementing Partner Agreement with Men Engage Alliance is a critical partner to UNFPA. The bringing on board of Men Engagement enhanced ESARO's work in involving men in the removal of harmful cultural practices including GBV, child marriages and FGM.

ESARO's support contributed to the empowerment of marginalized and excluded populations through the provision of training and resource materials to UNFPA Cos, which was critical to humanitarian response in countries affected by droughts; support for participation of PWDs in Madagascar in the regional meeting to develop a strategy for inclusion of disability in programming; capacity-building support to the "We Decide Programme"; and support to Madagascar to review the national strategy for inclusion of PWDs which led to collaboration of government and PWDs in the assessment of the national action plan for disability-inclusion and development of a TOR for the national disability policy review. ESARO also supported empowerment of vulnerable girls and young women through, for instance, the support provided to Mozambique to develop an ASRH programme (Rapariga Biz) focusing on ASRH and GBV and targeting vulnerable AGYW in remote communities, girls with disabilities, girls out of school, girls from poor households and those already in marriage or have had children. ESARO provided support on how to integrate needs and services for marginalized groups such as people with disability, sex workers, people living with HIV, and LGBTI in their programmes. Sixty-three per cent of the countries participating in the UNFPA COs survey confirmed having received ESARO support. Of these, two countries (Comoros and Ethiopia) were not supported despite being focus countries.

Gender Mainstreaming TA to enable UNFPA CO to effectively implement their programmes Prevention and Sexual Abuse and Exploitation (PSEA)

Although priority countries are not highlighted under this new indicator, there is evidence that ESARO has begun to support UNFPA country offices. Eighty-one per cent of surveyed countries confirmed that ESARO has supported them in interventions related to implementation of PSEA policy guidelines. ESARO trained Gender Focal points on key components of PSEA and shared the guidelines. The training and monitoring from ESARO have increased country offices' awareness and sensitivity on PSEA. However, there is lack of clarity on how ESARO intended to provide the gender mainstreaming TA intended under this indicator.

Outcome 4: Population and Development

Output 9: National population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis

	Output 9 indicators	Baseline (2017)	Target 2020	Achieved result 2020	% Achievement	Countries achieving the target
1	Number of ESA countries that generate and publish vital statistics based on civil registration records (birth and death)	6	12	12	100%	Botswana, Eswatini, Ethiopia, Kenya, Mauritius, Namibia, Rwanda, Seychelles, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe (Mauritius, Namibia, Rwanda, Seychelles, South Africa and Uganda achieved at baseline)
2	Number of ESA countries that map populations at risk of climate change or natural disasters at national and subnational level	0	8	18	225%	Angola, Botswana, Burundi, DRC, Eritrea, Ethiopia, Kenya, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe
3	Number of ESA countries that made their census/demographic and health survey micro-data available to the public through REDATAM-IMIS and/or population data platform.	5	10	10	100%	Angola, Botswana, Burundi, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Namibia and Uganda
4	Number of ESA countries that have developed or updated their national statistical system in line with the regional frameworks ShASA and Africa Data Consensus	0	7	7	100%	Angola, Botswana, Burundi, Comoros, Eritrea, Kenya and Lesotho
5	Number of tools and guidelines issued by UNFPA supported Regional Centres of Excellence on data	0	3	4	133%	(i) Technical and operational guidance for census implication, to support country offices; (ii) guidance to implement the Post-Enumeration Survey; (iii) guidelines on the impact of COVID-19 on censuses and strategies to adopt; (iv) documentation of sharing tablets between Malawi and Zambia; (v) documentation of South-South collaboration of census peer-leaning and tablets-sharing
6	Number of ESA countries that have conducted a geo-referenced census in line with UN international guidelines.	0	8	6	75%	Comoros, Eswatini, Kenya, Madagascar, Malawi and Mozambique

Achievement of planned results

All targets for output 9 indicators were achieved except indicator 6. Indicator 1 target was achieved due to the African Programme for Accelerated Improvement of comprehensive Civil Registration and Vital Statistics (APAI-CRVS) advocacy for the vital statistics for countries to be reporting at AU Ministerial level in biannual conferences and this accelerated the generation of CRVS data. Indicator 2 target was exceeded by 125 per cent due to the increased demand for data to support humanitarian programming after the cyclone disaster had hit Malawi, Mozambique, and Zimbabwe. The achievement of indicator 3 target is attributed to increased demand for quality data to promote research and to support the response to COVID-19 pandemic. Indicator 4 target was exceeded by 71 per cent due to the strong collaboration

and resources from Paris21 and ECA in Africa region that assured varied aspects of statistical activities. Indicator 5 target was surpassed by 33 per cent because of increased demand from countries (particularly national statistics offices) for ESARO's guidance on population data generation and analysis. Overall, no unintended results were identified. Interventions supported under this output are as follows:

Strengthening/supporting countries to generate and publish vital statistics based on civil registration records: ESARO provided technical support to enhance national population data systems and enhance the capacity to map inequalities and inform interventions in times of humanitarian crisis. ESARO technically supported the carrying out of an assessment of the state of CRVS systems in the region in terms of the status, challenges, opportunities and strategies meant to improve the systems and the quality of vital statistics within the region. In addition, ESARO developed a guidance note and a checklist to support countries in the 2020 VNR reporting that appropriately represent UNFPA mandate. In addition, an alignment matrix to support COs engagement at national level with stakeholder groups was also developed. For example, the support was directed towards generating and publishing statistics based on civil registration records in Botswana, Eswatini, Ethiopia, Kenya, United Republic of Tanzania, Zambia and Zimbabwe. ESARO also spearheaded the finalisation of the Vital Statistics Production tools with APAI-CVRS core groups. Consequently, annual Vital Statistics reports were published from data on civil registration systems in Eswatini and Kenya, for example, ESARO also advocated for the improvements in marriage and divorce records as components of Civil Registration Systems and registration and analysis of marriages and divorces as components of a functioning CRVS at the Conference of Ministers responsible for Civil Registration held in Lusaka Zambia in October 2019. However, there is low coverage rates on reporting of civil events, including births, deaths, and marriage/divorce even in the countries supported by ESARO. This has led to estimates generated on vital statistics that are not reliable, hence discouraging governments from publishing their reports. There is also inadequate commitment by governments to provide financial and human resources and expertise for the CRVS systems.

Strengthening capacity or supporting countries to map populations at risk of climate change or natural disasters at national and subnational level: Emerging humanitarian situations and natural disasters arose in the course of implementation of the RP. These particularly included cyclone Idai in Malawi, Mozambique and Zimbabwe and COVID-19 pandemic that required data at national and subnational levels to map out populations at risk. ESARO, in collaboration with UNFPA HQ, made available national and subnational data for 2020 for 18 eESA countries to inform humanitarian emergency responses. These data were uploaded on the Common Operational Datasets platform operated by OCHA. In this respect, ESARO and the UNFPA Humanitarian Office collaborated on a workshop on early action and preparedness for climate-related crises and a major symposium on climate change and its effects on population and development, SRHR and gender. Stemming directly from these efforts, the UNFPA Executive Committee agreed to adopt climate change as a corporate priority and area of work with its own indicator. Related interventions were ESARO's strengthening of the capacity of technical experts in the region to generate data at subnational levels using small area-estimation techniques though a series of trainings. The work was done under (GRID3) project. In addition, virtual webinars on SDGs and Small Area Estimations techniques were conducted to equip the country experts with the requisite knowledge to map populations at risk of natural disasters and humanitarian emergencies. In this respect, there was support to use the techniques and generate modelled population estimates in South Sudan, for example, through technical support to the National Bureau of Statistics Office under the same project.

Strengthening country systems to make census/demographic and health survey microdata available to the public: ESARO supported technical capacity-building of UNFPA COs through organizing training workshops on the REDATAM-based IMIS. The Integrated Multisectoral Information System (IMIS) REDATAM system was supported in Botswana and Malawi. However, UNFPA policy on support to REDATAM IMIS changed as more effort is now on the development of global and national population data platforms that integrate census/survey/administrative geo-referenced datasets, satellite imagery with administrative boundaries and indicators. The design and

contents of the Population Data Platform are being rolled out/implemented in five countries: Angola, Madagascar, Malawi, Mozambique and Kenya

Development or updating of national statistical system in line with the regional frameworks ShASA and Africa Data Consensus: ESARO provided technical support to strengthen national statistical systems in Ethiopia, Kenya, alawi, Namibia and the United Republic of Tanzania. In collaboration with UN Economic Commission for Africa (ECA), African Union (AU) and other partners, ESARO supported the planning and organization of the Africa Symposium on Statistical Development (ASSD). In this forum, national statistical offices discussed the implementation of ShaSA initiatives, including the development of National Strategic Plan for Statistical Development and censuses. UNFPA ESARO partnered with US Census Bureau to strengthen capacity of data specialists from census offices in the region on use of tablets in data collection and processing. The training was instrumental to countries planning to use tablets in censuses or surveys. The support was also provided to countries to analyse their datasets and generate reports such as was the case with Population Projections in Eswatini and Lesotho. For example, the National Population Projections monograph (2018–2038) for Eswatini incorporates the characteristics of young people and women in ways that clearly highlight their needs, hence useful in targeting of interventions. ESARO's support also enabled countries to have a pool of trained demographers and statisticians that are technically sound and contribute to the improvement of the national statistical system by applying their expertise to other data collection exercises other than censuses, such as Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other household surveys that are conducted by statistical offices.

Conducting geo-referenced censuses in line with UN international guidelines.

ESARO provided technical support to strengthen the capacity of the national statistics offices to prepare and conduct population censuses. ESARO contributed extensively to quality data-generation using cutting edge technology as it successfully influenced ESA countries to move from paper-based to digital-based techniques in conducting censuses using CAPI. There has been production of many resources such as guides, guidelines and tools in relation to the process of censuses although it's not clear if there have been follow-ups with countries to gauge their effectiveness. It provided COs with Technical Guide and Operational Guidelines for Census Implementation, and capacity-building through virtual learning and webinars, particularly on data analysis techniques. The development and sharing of guides and resources, guidance to implement the Post-Enumeration Survey, guidelines on the impact of COVID-19 on censuses and strategies to adopt, and Documentation of South-South Collaboration, such as sharing tablets between Malawi and Zambia; South Africa and Eswatini have also ensured quality data in the region.

In 2019, ESARO collaborated with UNFPA Kenya CO and the Kenya Bureau of Statistics (KNBS) to conduct an independent peer-monitoring missions involving a number of countries observing the digital population census in Kenya. This provided an opportunity for census peer-learning whereby countries that were about to conduct digital censuses learned how digital census is planned and executed to better prepare for their censuses using the lessons learned.

ESARO had planned to support the conducting of digital censuses in the RIAP in eight countries. However due to various challenges including COVID-19 epidemic, only six countries were supported, and managing to conduct these digital censuses representing a 75 per cent achievement. In 2018, ESARO provided technical assistance that contributed to the successful conduct of digital censuses in Comoros, Madagascar and Malawi in 2018. The RO also provided TA to the planning and preparation for censuses in Ethiopia, Kenya, Namibia and Zambia, and to the analysis of census data in Eswatini, Lesotho and Mozambique.

Output 10: Demographic intelligence is mainstreamed at national and regional levels to improve the responsiveness and impact of ICPD-related policies and programmes.

Output 10 indicators	Baseline (2017)	Target 2020	Achieved result 2020	% Achievement	Countries achieving the target
Number of East and Southern African countries that generate national profiles on demographic dividend	12	19	19	100%	All except Comoros, Lesotho, Seychelles and South Sudan
Number of East and Southern African countries generating subnational mapping of Sustainable Development Goals Indicators under UNFPA commitment	0	9	9	100%	Kenya, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, United Republic of Tanzania and Zambia
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	4	16	16	100%	All except Comoros, Lesotho, Seychelles and South Sudan
Number of regional parliamentarian networks/forums supported in their engagement in ICPD advocacy and implementation who are producing an annual report	1	4	4	100%	
Number of East and Southern African countries that produce a national report of the ICPD and Sustainable Development Goals Implementation to feed into the High-level Forum on Sustainable Development	4	22	22	100%	All countries except Seychelles
Number of countries that undertake assessments or design programmes to help to adapt to the impact of climate change through strengthening SHRH	0	1	1	100%	New indicator

Support to countries to generate national profiles on demographic dividend: ESARO supported 19 countries to conduct a demographic-dividend profiles of which 15 completed their profiles conducted in partnership with African Institute for Development Policy (AFIDEP) and the Development Policy Research Unit (DPRU) at the University of Cape Town. Of these, six countries used the DemDiv Methodology (Angola, Burundi, Malawi, Rwanda, United Republic of Tanzania, Zambia), three countries conducted both National Transfer Accounts and DimDev (Kenya, Mozambique, Uganda) while six used the National Transfer Accounts Methodology (Botswana, Eswatini, Madagascar, Namibia, South Africa and Zimbabwe). These studies have offered important advocacy insights on the importance of investing in social policy policies and sexual reproductive health and rights (SRHR) to harness the demographic dividend in the region. The results of these studies have supported countries in the integration of demographic dynamics into national development plans (NDPs). In addition, in 2019, UNFPA supported the Government of Mauritius to develop a population policy, and as part of this process, a demographic profile of the country was generated. The results of DD studies supported countries in various ways. For example, some countries including Rwanda and Namibia used the DD studies for the integration of demographic dynamics into national development plan while others that include Lesotho, Malawi Mauritius and Zambia used them to develop or review population policies while others such as Uganda, Zambia and Kenya used them in the budget processes. For example, Mauritius used the DD study to ensure that issues of gender and the youth were addressed in a comprehensive way as the core of the policy.

Support for generation of subnational mapping of Sustainable Development Goals Indicators under UNFPA commitment: UNFPA ESARO strengthened capacity of census managers and SDG focal points from governments on potential uses of digital census, including generation of indicators, spatial analysis for monitoring progress on SDGs, African Union's Agenda 2063 and national development plans. ESARO conducted census and SDG workshops to strengthen the capacity of NSOs to analyse and report SDGs indicators. The skills generated are being used to compile SDGs Voluntary National Reports in the countries that included Mauritius, South Africa and the United Republic of Tanzania, that successfully submitted the VNR reporting. In 2019, as part of the GRID project, ESARO organized three trainings on (i) small area estimation technique, (ii) geospatial analysis and

(iii) geospatial policies. These trainings were conducted in Zambia in July 2019. The aim of the trainings was to strengthen capacities of technical experts with the region to generate data down to subnational levels using small area estimation technique and be able to show these indicators in geospatial way to promote utilization. The offices from national governments, academia and COs were invited from eight countries (Botswana, DRC, Ethiopia, Kenya, Malawi, Mozambique, Namibia, United Republic of Tanzania, Zambia and Zimbabwe). These training laid the foundation and provided capacity for NSOs and other government departments for the estimation of subnational estimates. In 2019, eight countries (Botswana, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, Zambia) had completed the 2020 round of census and were provided with technical support to produce estimates on a subset of SDG indicators for monitoring.

Undertaking of demographic assessments (demographic dividend study or population situation analysis) for national development strategies and poverty-reduction strategies: ESARO's technical support culminated in 12 countries launching their demographic dividend (DD) profiles (Angola, Botswana, Burundi, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Uganda, United Republic of Tanzania, Zambia and Zimbabwe). ESARO partnered with AFIDEP to support the governments in the region to assess their country's prospects of harnessing the DD and explore priority policy options that they can adopt within the context of their own long-term development plans. This has resulted in national demographic profiles being used to develop population policies in Lesotho and Zambia and revise the one in Malawi. In addition, UNFPA has supported national governments to translate the findings of DD studies and other demographic intelligence into the national development plans in Botswana, Eswatini and Namibia. In addition, the published reports have guided different sectors in respective countries on modalities of integrating population and development issues into sectoral policies and programmes as was the case in Namibia, Rwanda and Zambia.

Regional parliamentarian networks/forums supported in their engagement in ICPD advocacy and implementation that are producing an annual report.

Parliamentarians are key agents of change to advance critical issues such as ICPD implementation and DD roadmaps. ESARO supported regional parliamentarian networks and forums in their engagement in ICPD advocacy and implementation and production of country annual reports. These include SADC, EAC Parliamentary Forum, African Parliamentary Forum on Population and Development, and the Pan African Parliament. ESARO worked in partnership with European Parliamentary Forum (EPF) in advancing policy and strategic relationship with parliamentarians and leveraged parliamentarians' roles in legislation, financing and oversight to strengthen the enabling environment for SRHR. Through this relationship, ESARO was able to convert the SRHR technical issues into a language parliamentarian can understand. EPF convened parliamentarians and invited ESARO to sensitise them on SRHR issues whereby ESARO demystified SRHR technical issues. EPF and ESARO also collaborated agenda setting at country, regional and continental level through convening meetings with SADC, EAC legislature and Africa Union (Technical Commission on Population) to ensure ICPD remained on policy conversations. EPF also utilized ESARO media platform (social and mainstream media) to disseminate information and data targeting parliamentarians and policy-makers.

Specific events or activities where ESARO and EPF collaborated included (i) the seventh International Parliamentary Conference Implementation of International Conference on Population and Development (ICPD) held in Ontario, Canada, in 2018. ESARO mobilized 20 parliamentarians from ESAR to participate in the Gender Working Group, where they advocated for domestication of the Maputo Protocol and developed the Ontario Declaration for the parliamentarians to follow up on pending issues in addressing GBV. This resulted in GBV being discussed more in parliaments; (ii) a meeting for celebrating the Alma Ata Declaration held in Eastern Europe, where ESARO and EPF supported a small group of parliamentarians to attend. These parliamentarians held a side meeting on challenges in accessing GBV and SRH services; (iii) in November 2018, EPF and ESARO supported parliamentarians to attend the Family Planning conference in Kigali, Rwanda, where they discussed issues of GBV, maternal health, and abortion care. In March 2019, at the Africa Health Agenda meeting, ESARO synthesised global frameworks and policies for parliamentarians. ESARO supported the development of a statement between the youth and parliamentarians which was shared with countries to inform the development of country action plans. Follow up national meetings were held where the

statement was domesticated (e.g. in Zambia, where the country developed the Zambia communique). The influence of these engagement was demonstrated in the number of times SRHR and ICPD issues were discussed in parliament, the number of policy statements made, agenda and legislative guidance came up in parliament and budget allocation in favour of issues in ICPD (KIIs and document review). However, a follow-up is needed to track the changes resulting from advocacy efforts.

Production of national reports of the ICPD and Sustainable Development Goals Implementation to feed into the High-level Forum on Sustainable Development

ESARO together with the Government of Kenya co-convened the Nairobi Summit on ICPD25 to accelerate efforts to achieve the goals agreed to at the 1994 ICPD. ESARO coordinated the One Africa Roadmap of activities to support the commemoration of the ICPD25 conference, which helped to galvanize efforts and commitments some of which were related to the importance of strengthening the demographic dividend in the region. ESARO produced Operational Guide for Implementing and Monitoring of the Addis Ababa Declaration on Population and Development Beyond 2014, Indicators mapped to AADPD commitments, national AADPD+5 review report guideline. IN 2018, ESARO supported the collation and analysis of data for the assessment of AADPD progress after five years. These were country-specific reports based on timely and accurate granular datasets. However, the extent of absorption and continued utilization of the knowledge and skills provided needs to be assessed.

The AADPD reviews reflected achievements on the ICPD PoA in respective countries. ESARO supported the national review process through the recruitment of national consultants who supported the preparation of the national reports consolidating the views of government departments, CSOs and national and regional partners. This resulted in 21 national reports from 23 countries in the region which fed into the continental report. Between June and July 2018, a consolidated continental report was prepared with support of UNFPA and UNECA. Eritrea and Seychelles did not produce a report, but they participated to the Accra conference in 2018 where the results of the reviews were presented.

Organizational efficiency and effectiveness

OEE Output 1: Enhanced quality and efficiency of regional office and country offices' programmes and business operations in East and Southern Africa

The following table presents the indicators, targets and achievements on this output during the period.

OEE Output 1: Enhanced quality and efficiency of regional office and country offices' programmes and business operations in East and Southern Africa Output indicator	Baseline	Target 2018	Result achieved 2018	Target 2019	Result achieved 2019	Target 2020	Result achieved 2020	Target 2021	% of achievement (Cumulative)
OEE1 (1): Proportion of CPs rated 'satisfactory' by the PRC (%)	79	100	79	100	80	100	100	100	100%
OEE1(2): #of ESA countries that implement BOS and are able to quantify savings (revised to "that implement BOS 2.0")	12	20	20	21	20	21	NR	21	95%[34]
OEE1(3): Proportion of CPEs that are rated as 'good' by the Evaluation Office	100	100	100	100	100	100	100	100	100%
OEE1(4): Number of ESA COs that score at least 75% at the operational dashboard of ESARO	5	10	10	15	10	21	11	21	52%
OEE1(5): Number of ESA COs that engage in innovation activities, including hosting innovation events, piloting and transitioning to scale of innovations	5	7	7	10	15	13	16	16	123%
OEE1(6): **New indicator** – "#of UNSDG-Africa/UN-wide groups and platforms that UNFPA engages in to position SRH and population dimensions"					0	3	3		100%

*75 is the cumulative number of social media packages that were disseminated in the period 2014–2017.

Achievement of planned results

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[34] Based on 2019 achievement.

As indicated in the table, ESARO achieved or exceeded the targets set for the period under review. For the indicator "Number of ESA COs that score at least 75%", 52 per cent is considered a good achievement given the impact of COVID-19 pandemic on programme implementation and CO operations.

Support for Country Programme Development

During the period under review, 12 CPDs (6 in 2018, 2 in 2019 and 4 in 2020) were rated satisfactory by the PRC and 10 CP extensions (2 in 2018, 3 in 2019 and 5 in 2020) were approved. In 2020, all the four CPDs were rated satisfactory by the PRC and five CP extensions approved, thereby achieving a target of 100 per cent. In 2018, Malawi CPD was rated the best globally out of 16, closely followed by Burundi CPD.

Table 9: Rating of CPDs by the PRC

	2018	2019	2020
CPDs rated "satisfactory" by the PRC	6 (Burundi, DRC, Lesotho, Malawi, Namibia, South Africa, South Sudan)	2 (Angola, DRC)	4 (Ethiopia, Eswatini, South Africa, Uganda)
CP extensions	2 (Comoros, South Africa)	3 (Comoros, Madagascar, South Africa)	5 (Madagascar, Mozambique, United Republic of Tanzania, Zambia, Zimbabwe)
Achievement of target	100%	80%	100%

The COs attributed their performance to ESARO's support in ensuring the CPDs were fully aligned with the UNFPA Strategic Plan, the UNSDCF, Agenda 2030, AU Agenda 2063 and country policies and priorities (KIIs, COQs). The CPDs are highly rated on strategic direction criteria of the PRC through ESARO support (KIIs, document review). Seventy per cent of COs indicated found ESARO support "very useful" (COQs). During the period, ESARO provided appropriate support required throughout the process – from positioning UNFPA within the CCA and UNSDCFs (UNDAF up to 2018), the development of the CPDs and CP extensions, to the presentation of CPDs to the PRC and the Executive Board. The support included capacity-building, provision of relevant guidelines and policies, knowledge-sharing, and quality assurance. Support was carried out through webinars, face-to-face support and bilateral consultations with the COs (KIIs with COs). ESARO also supported COs in the CCA process and the development of the UNSDCF to ensure that UNFPA issues and thematic areas are properly included and articulated in the documents. ESARO also provided support to UNCTs through the PSG for the development and roll-out of UNDAF (and later UNSDCF) in seven ESA countries. Furthermore, the Quality Checklist used to review the documents was prepared by ESARO (document review). For middle-income countries, ESARO, through the MIC Hub, was involved in all processes of the CP development – from representation of the CO in CCA and UNSDCF processes and all stages of the CPD development and approval, including adequately responding to feedback from Member States (KIIs with ESARO staff, document review).

Operational and programmatic capacity: There was significant improvement in COs operational excellence indicators from 2018, with the number of ESA COs that scored at least 75 per cent in the operational excellence dashboard increasing from 1 in 2018 to 13 in 2019. This number reduced to 10 in 2020 as a result of the impact of COVID-19 pandemic. The average score increased from 54 per cent in 2018 to 77 per cent in 2019 followed by reduction to 75 per cent in 2020. Over 50 per cent of COs experienced dramatic improvements in their scores during the period. For example, South Africa improved from a score of 54 per cent to 100 per cent, and Zimbabwe from 50 per cent to 97 per cent between 2018 and 2019. Angola improved its score from 62 per cent to 94 per cent, South Sudan from 39 per cent to 92 per cent, and Namibia from 59 per cent to 94 per cent between 2018 and 2020 (document review). The improved performance was attributed to the dissemination of information on the indicators, guidance and close follow-up by ESARO focal points. Constant communication and support from ESARO helped in identifying and resolving issues, resulting in improved programmatic and operational results (KIIs). Pockets of excellence and best practices are emerging, indicating increased CO capacity, accompanied by increased sharing of learning and experiences between COs. Performance excellence awards have also contributed to high performance as they are highly valued by the COs (KIIs and Questionnaires). However, COs performed better in some indicators than others. For example, COs performed well in monitoring programme results, procurement, audit and Atlas financial

data quality; but less so in budget utilization for earmarked funds, vacant positions (HR), resource mobilization (timely donor reports) and IP monitoring. Going forward, there is need to come up with strategies for improving the performance on these underperforming indicators. While ESARO focal point persons were considered highly responsive to CO needs, there does not seem to be a clear strategy or framework of support for COs, for instance, to move from one maturity level to the next, to ensure sustainability and efficiency of ESARO's capacity-building efforts.

Results-based management and evaluation management

ESARO supported and strengthened the capacity of the COs to integrate RBM in their programme life cycles, including in the development of CPDs, annual planning, monitoring and reporting on results, and evaluations, including the ongoing roll-out of the RBM Seal in two countries in the ESA region. This resulted in high quality CPs with well formulated results frameworks, theories of change, and improved monitoring and reporting. ESARO ensured availability of updated tools, standards, policies and guidelines, and requisite capacity of the COs' to effectively use the ICT systems (SIS, GPS and MyResults) (COQs, KIIs with COs). As a result, the region achieved quality outputs, most demonstrably, the high quality CPEs. During the period 2018–2020, 16 ESA COs conducted CPEs. The nine considered by PRC were rated "good" with two of them (Zambia and Madagascar) out of the five conducted in 2019 rated "very good". The latter received a note of appreciation from the UNFPA Executive Director. The following table presents the evaluations and assessments conducted during the period.

Table 10: Country programme evaluations conducted during the period

	2018	2019	2020
Countries that conducted CPEs	**5 countries:** Angola, Lesotho, Madagascar, Namibia, South Sudan	**5 countries:** Eswatini, Ethiopia, South Africa, Uganda, Zambia,	**4 countries:** Eritrea, Mozambique, Namibia, Zimbabwe
Evaluations conducted and rated "good" by the Evaluation Office	**4 countries:** Comoros, DRC and Malawi CPEs rated "good". Madagascar CPE rated "very good". (Angola and Namibia opted for CP assessments, which quality was good)	**3 countries:** Lesotho, South Africa and South Sudan rated "good"	**4 countries:** Zambia rated "very good" while Eswatini, Ethiopia and Uganda, rated "good" in 2020
Achievement of target	**100%**	**100%**	**100%**

(Source: ESARO)

The CPE's support received from ESARO included capacity-building; support in the development of the TOR and identification of consultants, especially the team leaders; review and approval of the ERG and the design report; technical guidance throughout the process; facilitating knowledge-sharing and learning between COs; and evaluation quality assurance (COQs, KIIs with COs and ESARO). COs considered this support as critical to the successful outcomes with 86 per cent of them indicating that the support was "useful" to "very useful" (COQs).

With regard to RBM, ESARO built the capacity of COs through workshops, webinars, peer-to-peer support, and facilitating knowledge-sharing. In particular, annual five-day capacity-building workshop and consultative meetings were held, involving M&E officers and focal points, and assistant and deputy representatives to strengthen the capacities of COs and ensure they are up to date with RBM. ESARO also facilitated two M&E officers from the regional to attend the annual RBM/M&E training in Canada supported by UNFPA HQs (COQ, KIIs with COs and ESARO).

One of the most valued contributions of ESARO is its facilitation of knowledge-sharing between COs through the ESA UNFPA Community of Practice, peer-to-peer support, seminars and workshops. As a result, the region has some of the most experienced RBM professionals in UNFPA, with some being recruited to take higher-level positions in the UNFPA HQs (COQs, KIIs with COs and ESARO).

ESARO manages and oversees results of COs and the Regional Office programmes, and links COs with UNFPA HQs. It is also responsible for coordinating with regional UN entities. ESARO is also a key contributor to the Lusaka Group, a global think tank involving UNFPA M&E experts tasked with development of action plans to strengthen RBM in UNFPA established in 2013 (KI with ESARO). The M&E function has a pervasive role and presence in the regional and country programmes lifecycle

management activities and is fundamental for ensuring and demonstrating results and accountability which are critical to the credibility, visibility, policy dialogue, development and sustainability of partnerships and the support of UNFPA work.

There have been remarkable efforts in improving RBM in UNFPA in terms of architecture, frameworks, systems and tools, but a number of persistent challenges and problems have remained.[35]UNFPA Strategic Plan (2018–2021) commits to increasing efforts to improve RBM to ensure it becomes a core capacity of all programme and operational staff and mainstreaming it in all policies, procedures, manuals, and systems.[36] However, while the M&E function is staffed by a highly experienced team, it does not have adequate capacity and resources to deliver fully on its role as spelt out in the UNFPA Strategic Plan. It does not have a separate budget to support strategic and innovative initiatives, conversations and proactive action to take RBM to the next level.

Implementation of the Business Operations Strategy (BOS) in the ESA region

BOS is part of the UN reforms aimed at maximizing programmatic gains through efficient back-office operations. This is a results-based framework that encourages UN agencies at country level to work collaboratively to reduce duplication, leverage collective bargaining power and maximize on economies of scale. The earlier UN target was for the adoption of BOS by all UNCTs by 2021[37] but was later revised to 2022 for the implementation of the revised BOS 2.0. From 12 UNCTs in 2017, almost all the UNCTs in ESA (20 out of 21 countries) were at various stages of implementing BOS by 2018. With the launch of BOS 2.0 in October 2019, several UNCTs in the region have embarked on its implementation. Some of the areas that countries focused on include fleet management, procurement, and financial management. UNCTs in ESA region primarily received support for the implementation of BOS from ESARO which provided training, technical guidance and quality assurance of BOS documentation (document review, COQs and KIIs). However, the feedback on the level of support and its usefulness is mixed and range from "very useful" to "somewhat useful". And although ESARO did provide support, the implementation of BOS is the responsibility of UNCTs. ESARO has no control of this output and its inclusion in the results framework seems misplaced.

Innovation

ESARO places innovation at the core of its work.[38] So far, the ESA region has developed 36 innovations from over 12 countries, with most of these from the Eastern African subregion.[39] The region exceeded the target for the "number of ESA UNPFA COs that engage innovation activities in all the three years under review". Some of the successful innovations include the adoption of mHealth to improve maternal and child health services in Botswana, Lesotho, Malawi, Namibia, Uganda, Zambia and Zimbabwe; portable mobile learning in Ethiopia, United Republic of Tanzania and Zambia; ICT for evidence-based planning in Rwanda; and Imara TV in Kenya. The region is contributing innovation ideas and best practice globally, but also gaining momentum in terms of implementation, ownership, and sustainability. For example, TuneMe, an m-Health platform has not only reached millions of young people with SRHR information in Southern Africa, the Government of Zambia is now running it with funding from other partners. TuneMe was also featured as a global best practice on sustainability and is hosted for global use by UNFPA HQs (included as a case study).

iAccelerator Programme

One of the key initiatives undertaken by ESARO to promote innovation is the iAccelerator programme launched in 2016 and implemented in four countries (Kenya, Rwanda, Uganda and United Republic of Tanzania). It supports start-ups pursuing innovations focused on UNFPA transformative results. iAccelerator interventions included training through boot camps, incubation, mentorship, seed funding and linkages to partners in the public and private sectors. The objective was to support validated

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[35] Developmental Evaluation of Results-Based Management at UNFPA, 2019.

[36] UNFPA Strategic Plan (2018–2021).

[37] UN Business Innovations Group, Update 8, 6 November 2017.

[38] UNFPA Innovation Accelerator Assessment (October 2019).

[39] ESARO – All innovations in ESA.

business concepts to move to scale and launch to market. By 2019, it had registered 32 start-ups for incubation from 1,540 applications. 3,500 young people were supported through boot camps with capacity-building, guidance, and mentorship. Nineteen start-ups completed the acceleration programme and received seed funding of between $5,000 and $10,000. Out of the 19, three had gone to market, seven were ready to scale up and nine were still at pilot stage, while seven had already started generating income. Ten start-ups at various stages had raised over $450,000 in additional investment through grants, awards, or seed funding between 2017 and 2019, while 13 indicated that there was a likelihood that they will be in operation in the next 12 months.[40] Some countries were implementing iAccelerator 2.0 with further funding from new partners. The model is now part of the innovation portfolio for UNFPA for use globally (document review, KIIs).

Examples of successful innovations supported by the iAccelerator Programme include Imara TV in Kenya, and mScan in Uganda. Imara TV has reached over 1.3 million youth since its launch in 2016 through over 150 videos in the form of series and short films.[41] mScan is a portable and easy-to-use ultrasound scanning device for health workers aimed at providing maternal health services in areas with inadequate infrastructure. mScan's success include being the national winner of the prestigious young achiever's award and raising additional $108,100 from several sources. By October 2019, mScan had screened 650 women for risk factors in several districts in Uganda, resulting in 81 referrals.[42]

This initiative has raised the profile of UNFPA in the innovation ecosystem and created new opportunities for UNFPA to work with donors, CSO and other UN agencies. The social enterprise approach created new ways of diffusing innovation, offering social services while generating revenue that employ and empower young people. The main challenge has been the lack of access to funding, and inability to measure and use evidence to pitch innovations to potential investors and lacked human and physical resources (document review).[43]

To promote innovation in the ESA region, ESARO put in place a full-time innovation specialist (the only regional office in UNFPA to have such a position), established COs' innovation focal points, established the ESA innovation network to serve as a forum for sharing ideas, and encouraged COs to hold innovation days.[44] In addition, the Innovation Toolkit[45] by ESARO, is a one-stop shop that provides information on all one needs to know about innovation (document review, KIIs). ESARO's support to COs included capacity-building, design of innovative solutions, and development of proposals for funds and international competitions. ESARO also supported several countries in the mapping and identifying of bottlenecks in achieving UNFPA transformative results, generating innovative ideas, and agreeing on follow-up actions.

However, innovation activities appear to have concentrated in a few countries with the majority being left behind. The proposed ESARO Innovation Strategy should emphasize getting all countries on board.

Engagement in UNSDG-Africa/UN-wide coordination platforms

ESARO achieved the target set for the indicator "Number of UNSDG-Africa/UN-wide groups and platforms that UNFPA engages in to position SRH and population dimensions" in 2020. As a response to the UNSDG System-Wide Strategic Document (SWSD),[46] the UNDS in Africa developed the Re-profiling and Restructuring UNDS Regional Assets in Africa,[47] which resulted in the establishment of the Africa Regional Collaborative Platform (RCP) and the Opportunity and Issue-Based Coalitions (OIBCs). The RCP brought together existing regional UN coordination mechanisms to harness UN's knowledge and skills and focus its collective assets to support RCs/UNCTs to better support countries

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[40] UNFPA Innovation Accelerator Assessment (October 2019).

[41] ibid.

[42] ibid.

[43] ibid.

[44] https://sites.google.com/unfpa.org/innovation/innovate/innovation-days?authuser=0.

[45] https://sites.google.com/unfpa.org/innovation/home?pli=1.

[46] UNSDG System-Wide Strategic Document (SWSD) to support the implementation of the Agenda 2030, July 2019.

[47] UN Regional Review II – Reprofiling and Restructuring UNDS Regional Assets in Africa.

in achieving Agenda 2030 and Agenda 2063. The RCP was formed in late 2020 and has developed a detailed Work Plan for the period November 2020 to December 2021. ESARO is a member of the RCP through the Regional Director and other designated staff.

There are seven OIBCs in place with the plan for the establishment of an 8th one. OIBCs are flexible and time-bound coalitions that bring together existing expertise of the regional UNDS entities to foster collaboration on issues and opportunities that transcend national borders. ESARO is a co-convenor of OIBC 1 on strengthened integrated data and statistical systems for sustainable development whose flagship projects include the SDGs/Agenda 2063 Gateway, the Harmonised Capacity Development, and the Africa Regional KM Hub. ESARO also contributes to the other OIBCs (KIIs). By the end of 2020, OIBC 1 had formulated its strategic plan and 2021 annual work plan priorities; implemented and launched Africa UN Knowledge Hub (one-stop shop) for COVID-19 data in April 2020; agreed on the design and contents of the Africa UN Development Data Gateway; and hired a consultant for the development of the Africa UN Data and Statistics Strategy[48] and contributed $30,000 for OIBC 1 activities (KIIs).

ESARO and UNECA also co-convene Task Force 3, whose primary responsibility is to enhance transparency and RBM, and improve UN System-Wide results reporting at regional level. It has already developed guidelines and reviewed OIBCs/Taskforces Results Frameworks and Work plans[49] (KIIs and document review).

ESARO has established itself as a resourceful contributor to the RCP and the OIBCs. The challenge is the "cost-neutrality principle" which seems inconsistent with the need for resources for the implementation of the OIBCs flagship initiatives.

ESARO also participates in other UN coordination platforms advancing the "Delivering as One principle". These include the EAC Regional Humanitarian Partnership Team which brings together NGOs, UN and development partners for advocacy and information-sharing; Technical Working Groups for specific disasters such as the desert locust invasion emergency; Horn of Africa–Arab States Regional Coordination platform; coordination with UNFPA HQ humanitarian office, where UNFPA ESARO leads on climate change and SRH; COVID-19 Crisis Team and participation in the Global Health Cluster convened by WHO.

ESARO is also collaborating with other UN agencies in joint programming which include the Regional UN AIDS Team for East and Southern Africa (RATESA), which coordinated UN support to HIV in the region; 2Gether4SRH programme jointly implemented by UNFPA, UNICEF, WHO and UNAIDS, Maternal Health Trust Fund, the Global Programme on Ending Child Marriage and Spotlight Initiative. ESARO is the administrative agent for 2Gether4SRH programme and the coordinating agency for Spotlight Initiative Africa Regional Programme. ESA region is the highest performing in implementation of the Spotlight Initiative and, due to this, four ESA countries were confirmed for phase 2 of the programme and received an additional 30 per cent fund allocation; in addition, two other ESA countries (Ethiopia and Madagascar) will join the programme. Through these joint programmes, UNFPA was able to leverage the expertise of other UN Agencies to achieve results that they could otherwise not achieve on their own.

OEE Output 2: Enhanced visibility of and resources for ESARO and COs programmes in ESA

The following table presents the indicators, targets and achievements for this output during the period.

OEE Output 2: Enhanced visibility of and resources for Regional Office and country offices programmes in East and Southern Africa Output indicator	Baseline	Target 2018	Result achieved 2018	Target 2019	Result achieved 2019	Target 2020	Result achieved 2020	Target 2021	% of achievement (Cumulative)

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[48] Minutes of OIBC 1 Regional Director's First Strategic Level Meeting (via Zoom), February 16, 2021.

[49] The Africa Regional Collaborative Platform – Retreat & Launch, 22 December 2020.

OEE2(1): Total amount of funding secured in ESAR of at least $350M (cumulative ESARO and COs) (millions)	352	82	154	169	253	261	367	358	140%
OEE2(1a): **Revised indicator** – "Total amount of funding secured by COs in ESAR"						82	105		128%
OEE2(1b): **New indicator** – "Total amount of funding secured by the ESARO" (millions)						4.0	8.9		223%
OEE2 (2): **New indicator?** – #of strategic partnerships established with donors, governments, multilateral institutions, RECs, NGOs, foundations, academic institutions, and private sector partners (cum. COs & RO)		25	35	35	37	42			114%
OEE2(3): Number of regional social media packages disseminated that meet targets in social media reach and social media engagement	75*	25	25	50	50	75	70	100	93%

Resource mobilization and partnerships

ESARO and COs exceeded the targets for resource mobilization for each of the three years from 2018 to 2020. In 2018, funding secured for ESARO and the COs combined was $154 million, 188 per cent of the target of $82 million. In 2019, it was $253 million, 150 per cent of the target of $169 million; while in 2020, it was $366.7 million, which is 140 per cent of the target of $261 million. However, in 2020, new indicators were adopted separating the amounts secured by ESARO and that secured by the COs. The amount secured by ESARO in 2020 was $8.9 million, 223 per cent of the target of $4.0 million, while that secured by the COs was $104.8 million, 128 per cent of the target of $82.1 million. The cumulative number of partnerships increased from 25 in 2018 to 42 in 2020, which is 114 per cent of the target (document review).

From 2018, the number of COs with resource mobilization strategies, mapped donors, set annual targets and engaged with and securing new funds increased. New donors came on board, including the World Bank and Japan ($6 million for seven COs in 2021), China and Korea. About 80 per cent of COs rated ESARO support as "useful" to "very useful" (COQ, KIIs with COs).

First, ESARO supported the COs for increased engagements with partners, including the World Bank, the EU, ECHO, Japan, Korea and China, all of which resulted in securing funding. ESARO also supported Cos to leverage resources from the UNFPA HQs and UNFPA liaison offices, which contributed to the results. Second, ESARO provided COs with information and guidance they needed, including donor intelligence, opportunities, updated policies, templates, and knowledge sharing on best practices. Third, ESARO assisted the COs with the formulation of resource mobilization strategies, thorough donor-mapping and setting of annual targets. Fourth, ESARO supported COs with formulation of, and quality assurance on donor proposals, ensuring they are of high quality and resulting in higher success rates. ESARO and the UNFPA HQs were, in particular, involved in reviewing, and approving and developing risk mitigation measures for non-standard proposals and contracts or those with non-traditional donors. Fifth, ESARO provided support to ensure high quality donor engagements throughout the process (COQ, KIIs)

To support its work, ESARO maintains a comprehensive and up-to-date database on resource mobilization and partnerships and is able to keep track of and share opportunities and proposal statistics. MyUNFPA Platform allows sharing of information with peers in the regions, HQs and the COs. ESARO provides an online link between COs and UNFPA HQs through regular meetings.

ESARO meets monthly and annually with COs to discuss status and various issues on resource mobilization and partnerships. The challenges include imbalanced funding between priorities especially on GBV and population dynamics. At the same time, the number of donors funding middle-income countries is limited, and as a possible solution to this challenge, ESARO developed a strategic guide, mapped possible private-sector funding sources, and conducted webinars on innovative financing focusing on the private sector. ESARO has also taken on board a full-time innovative financing specialist working in the MIC Hub from 2021. Another challenge is the limited resource mobilization and partnership staff capacity within ESARO and in the COs. ESARO has one staff dedicated to

resource mobilization and partnerships while there is no such position in the COs. This has the potential to undermine sustainability of resource mobilization efforts.

Communication

During the period 2018–2020, the visibility of UNFPA in the ESA region was enhanced. By 2020, a cumulative number of 70 social media packages were disseminated that met targets in social media reach and social media engagement. As communications shifted towards digital space, ESARO and the COs increased visibility through the social media platforms (Twitter, Facebook, Instagram, and YouTube) for disseminating stories and messages. The Nairobi Summit of 2019 provided a welcome opportunity for UNFPA to enhance its visibility at country, regional and global levels (COQ, KIIs).

During the period under review, the communication team produced and published 94 web stories, 12 regional newsletters, 12 Regional Director blogs, 15 publications and 13 videos. The team also produced stories and supported Regional Programmes and countries in covering major events and humanitarian situations.

ESARO's support for COs included training on social media and digital campaigns; coordination, sharing and amplifying content; providing guidance and quality assurance; facilitating sharing of knowledge and best practices; and monitoring social media activities and digital presence using specialised tools. This has made some COs to be active on social media and raised the visibility of UNFPA's work (COQs, KIIs and COs). ESARO maintains a WhatsApp group with CO communication focal points for efficient communication, exchange of ideas and assistance. ESARO further conducted missions to countries to capture professional images and stories, thereby enhancing the quality of the media content coming from the COs (COQs, KIIs with ESARO and COs). The ESARO Communications Team was very responsive, with 13 out of 14 COs saying the support received was "useful" to "very useful" (COQs and KIIs).

However, while ESARO has a competent communication team, the function is not fully leveraged for strategic and programmatic impact in line with the RIAP and the UNFPA Strategic Plan. While the two documents place the function at the strategic level, the reality on the ground is that it is operating at the tactical or operational level, with limited involvement in programme planning, inadequate resources, and limited administrative support. The lack of clear strategy and guidance and limited financial and human resources capacity has resulted in communication products coming from the COs being of inadequate quality, coherence and alignment with regional and global priorities (KIIs, COQs). Furthermore, the indicator in the RIAP Results Framework appears more consistent with a tactical role than the strategic role stipulated in the RIAP and the UNFPA Strategic Plan.

ESARO should implement the principles put forward by the JIU report of 2015[50], including embedding communication in strategic planning at regional and country levels, formulating a clear strategy to guide its work, and providing adequate resources. UNFPA should also benchmark and learn from other UN agencies especially those leading in this area. There is also a need to review the indicator for measuring communication results to be more consistent with its strategic role.

OEE Output 4: Tracking ICPD commitments implemented post-Nairobi Summit

The following table presents the indicators, targets and achievements on this output during the period.

OEE Output 4: Post-Nairobi ICPD@25 commitments Output indicator	Baseline	Target 2020	Result achieved 2020	Target 2021	% of achievement (Cumulative)
OEE4(1): **New indicator** – "Number of ICPD commitments from the ESAR implemented post-Nairobi Summit"		23	0		0%

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[50] Joint Inspection Unit, Public Information and Communications Policies and Practices. In: The United Nations System, 2015.

By end 2020, no ICPD commitments from the ESA region had been reported as implemented post-Nairobi Summit. However, all ICPD25 commitments were reviewed and verified, and a Regional Tracking System established. ESARO continued to monitor the commitments through the SIS and direct requests of information especially on how COVID-19 was affecting government commitments in each country (document review). Some developments in the region include the ICPD25 commitments being used to revise and update UNSDCF work plans; inform the development of CPs (e.g. Ethiopia and South Africa); leverage for resource mobilization; and inclusion of the commitments in national development plans (e.g. Kenya).

Human resource management support: ESARO provided support, guidance and capacity-building to COs on human resource management throughout the period under review. The support was highly valued, timely and responsive with 93 per cent of the COs rating it "useful" to "very useful" (KIIs with COs, COQs). The support included the creation of new positions, posts classifications and HR alignments; HR planning and budgets; contract and performance management; and in resolving HR issues. The ESARO HR specialist, with internal collaboration with the whole Regional Office, also provided support in the recruitment of staff and consultants especially for high-level and strategic positions. Capacity-building was done through workshops and webinars, with some of the support delivered through in-country missions.

Knowledge management: Knowledge management is one of the modes of engagement of UNFPA. The main focus was support for evidence-generation across all the four outcome areas. Knowledge or evidence was generated through assessments, surveys, and data analysis. A conservative highlight of the knowledge products generated include the laws and policy review on ASRHR, the review of legal and policy environment related to SRHR for key populations, assessment of respectful maternity care in selected countries, analysis of SRHR indicators data for the region, several assessments done on the impact of COVID-19 on child marriage programmes, young people, SRMNCAH service utilization among others, technical briefs on several SRHR topics, guidance notes in SRHR integration, economic empowerment, on adaptation of SADC Model Law on Child Marriage and on adaptation of CSE, demographic dividend profiles and demographic analysis, among others. ESARO has a knowledge management expert to support this function who is also is also leading on innovation. However, there is inadequate capacity to meet the significant demand, especially with UNFPA being considered a "go-to agency" for data analysis (KIIs, COQs).

South-South learning and knowledge exchange: This is one of the highly valued roles ESARO continues to play in the region. During the period under review, ESARO facilitated South-South exchange of knowledge, expertise, experience, digital equipment mainly in the area of census undertaking and movement of contraceptives. In particular, Eswatini, Ethiopia, South Africa and Zambia benefited from the experience, expertise and digital equipment from the Kenya Bureau of Statistics, which had conducted a successful census in 2019 using Computer-Assisted Personal Interviewing (CAPI) and produced census results in record time (document review, KIIs, COQs). ESARO organized a number of webinars and meetings to share experiences and good practices amongst different countries. It also facilitated meetings during the past four years (before the COVID-19 pandemic), especially for the global and Regional Programmes such as 2gether4SRHR. In addition, ESARO facilitated CO focal persons and partners for specific outcome areas to exchange information on experiences, expertise, policy documents, guidelines and tools. ESARO also organized exchange visits to share and learn best practices in SRHR and CSE. Some of the COs were able to replicate good practices, for example Uganda, on CSE and SRH/HIV/GBV integration, learned from other countries.

4.4 Evaluation question 4: Gender and human rights integration

EQ4: To what extent has UNFPA ESARO successfully integrated gender and human rights perspectives in the design, implementation, and monitoring of the Regional Programme?

Summary of findings
(i) Gender and human rights perspectives were coherently and comprehensively integrated into the RP through analysis of relevant data to inform the RP design and baselines and design interventions that focused on gender and human rights dimensions in all outcome areas.

> (ii) The regional programme included specific interventions targeting vulnerable and key populations, particularly key populations; AGYW including those living with HIV, those with disability and those in hard-to-reach areas; people with disabilities, men and boys, people affected with humanitarian emergencies. However, in-depth analysis of populations left behind was hampered by the lack of adequate granulated data.

Gender and human rights perspectives were well integrated into the RP at all stages – design, implementation, and monitoring. At the programme design stage, a comprehensive situational analysis was done covering SRHR, HIV and gender indicators including gender-based violence, child marriage and teenage pregnancy, female genital mutilation among other harmful gender practices and HIV incidence and vulnerability among girls and boys and men and women. Data was disaggregated by age and sex to identify the challenges facing adolescents and young people, girls and women. Moreover, most of the indicators analysed are inherently focused on gender and human rights dimensions of the SRHR and programming and focused on ensuring "no one is left behind".

During implementation of the regional programme, most interventions integrated gender and human rights and aimed at reaching those left behind. Examples include standardising and improving policies guidelines aimed at expanding access to SRHR, gender and HIV-prevention services for AYPs, KPs, people with disabilities, among others. ESARO has a roving gender specialist dedicated to humanitarian preparedness and response and a disability specialist supporting disability programming. In the development of country programmes, ESARO guided COs in paying attention to the PRC assessment criteria on integrating human rights and gender, and leaving no one behind, into country programmes. The monitoring system for the RP incorporated gender and human rights. Indicators measure the extent to which vulnerable and key populations such as AGWY, sex workers and MSM are reached. However, there is still paucity of data showing who is left behind as available data is not granulated.

4.5 Evaluation question 5: Efficiency

EQ5: To what extent has UNFPA ESARO made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the Regional Programme?

> **Summary of findings**
> (i) Human Resources were well utilized to achieve the RP results. ESARO had staff with the right mix of skills working in a positive environment that appreciated good performance and challenged staff to do more. However, the skills mix and number of staff in place appears to be inadequate, for instance, in the population and development, health financing and climate change and SRHR programme areas.
> (ii) Financial resources were well utilized with an annual average expenditure rate of 93 per cent. There was adequate funding to most of the outcome areas except outcome 4 and some functional areas where emerging needs outstripped the funds available.
> (iii) Financial, procurement and administrative procedures are well established and facilitative of programme implementation but there are instances of delays in procurement of services due to lengthy procedures.

Human resources: Human resources were well utilized to achieve the RP results. ESARO has a dynamic but lean staff with extensive experience and the right mix of skills for the delivery of the programme. UNFPA COs and partners at all levels found the staff knowledgeable and skilled in their respective areas of responsibility and provided quality technical support. The ESARO leadership recognised staff for good performance and also challenged staff to do more than just focusing on achieving targets such as publishing good practices in journals (KIIs and COQs). However, skill mix and number of staff was not adequate. Staff were overstretched by workload, resulting, in some cases, in delays in responding to requests from countries and partners. Technical specialists are routinely bogged down with operational and administrative work. Some of the positions with no counterparts at country offices such as resource mobilization and partnerships, and human resources management are staffed with one or two staff supporting all the 23 countries in addition to responsibilities at regional level and liaison to UNFPA headquarters. ESARO does not have specialised skills in emerging such as

climate change and SRH and health financing. It also took long to fill in staff vacancies, resulting in non-achievement of targets in a few cases. Another key issues that impended delivery of the RP was inability of staff to work in all official languages of the ESA countries. Staff predominantly work in English. French and Portuguese-speaking countries are disadvantaged given that they need to translate documents and have difficulties engaging ESARO staff (KIIs and COQs).

Financial resource: Financial resources were well utilized. The average annual expenditure rate was 93 per cent which demonstrates efficient implementation of the programme. 45 per cent of the funds were allocated to outcome 1 (SRHR), 29 per cent to outcome 2, 6 per cent to outcome 3, 18 per cent to outcome 4 and 2 per cent for Organizational Efficiency and Effectiveness outputs. Funds allocated to outcome 4 – population and dynamics would not enable ESARO to adequately respond to needs that emerged during implementation. Similarly, limited funds allocated to some functions, especially RBM and Communications, impeded ESARO's ability to respond to country requests and exploit the strategic potential of these functions (KIIs).

Financial, procurement and administrative procedures and tools. UNFPA financial and administrative procedures were adequate, with significant use of ICT systems in financial, procurement, M&E and programme management. However, procurement and financial policies and procedures were not facilitative of the work of ESARO as technical staff spend substantial amounts of time processing procurement of services, such as hiring of consultants which, in some cases, delays implementation. Staff are well adapted to administrative policies and procedures in place. ESARO also applies financial and procurement policies and procedures exceptions related to humanitarian emergencies to respond to emergencies in a timely manner. From 2020, ESARO started using an online financial approval system which increased efficiency.

4.6 Evaluation question 6: Sustainability

EQ6: To what extent has UNFPA ESARO supported interventions contributed to implementing partners and beneficiaries (women and adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

> **Summary of findings**
> (i) ESARO contributed to development of capacity of government institutions, civil society, youth leaders, service providers and UNFPA programmatic focal persons and these entities are likely to continue utilising this capacity to sustain results achieved through the regional programme. However, contribution to the development of capacities of regional organizations, particularly RECs, was limited.
> (ii) ESARO built the capacities of UNFPA country offices in the areas of Organizational Efficiency and Effectiveness to improve the country offices performance. Country offices are likely to utilize the capacities developed to sustain improvements made in organizational performance, although movement of staff requires continuous orientation or new staff.
> (iii) ESARO contributed to the establishment of coalitions and platforms advocating for SRHR, adolescents and youth and gender equality and these platforms are likely to sustain the advocacy beyond the regional programme period.

Capacity-building was one of the modes of engagement adopted by ESARO in supporting regional partners and countries. There was extensive capacity-building of UNFPA COs, government institutions, civil society organizations and youth networks and service providers. Capacity-building was delivered through training, mentorship, webinars, provision of technical guidance and South-South learning and knowledge exchange. Capacity was built at all levels – policy and strategy development, programming, technical aspects of SRHR, gender, population dynamics and organizational operational. The capacity-building was reinforced with the strategic frameworks and guidelines produced and the capacities developed were aligned to the mandates of the institutions. In view of this, it is likely that the capacities built will be utilised to sustain the gains made through the regional programme (KIIs and COQs).

ESARO's capacity-building efforts at the regional level (targeting SADC Secretariat, SADC PF and EAC, among others) was limited. ESARO delivered support to these regional entities through technical support or provision of financial resources to implement specific activities. There was less focus on addressing some of the critical gaps of regional entities such as human resources which could contribute

to durability of the results achieved through the regional programme. Thus, there will be need to continue supporting the regional entities to operationalise the frameworks, guidelines and tools put in place at regional level (KIIs).

Regarding Organizational Efficiency and Effectiveness, ESARO supported capacity development of UNFPA country offices focusing on gaps identified through the operational excellence-monitoring and overall capacity development of staff skills in operational and programme areas. At the same time, ESARO made available to the COs the relevant policies, guidelines, and tools online, created a platform for continuous learning and peer support and supported South-South knowledge exchange and learning. This implies that not only can a country office get support from ESARO, it can also consult other country offices to advice in areas it has more experience and expertise. Some COs are currently able to support others in specific aspects of UNFPA work (KIIs, COs). This capacity-building efforts improved are further likely to sustain the improved performance of the COs going forward. However, the sustainability of the capacity developed is to some extent hampered by the movement of staff which calls for continuous training of the incoming new staff.

ESARO supported the establishment of mechanisms that are likely contribute to sustainability of gains made through the regional programme. Such mechanisms include: (i) the accountability platforms established at regional level, where countries are expected to report their progress towards agreed targets or commitments for HIV prevention and SRHR and (ii) the coalitions established with contribution or participation of ESARO at regional and continental level such as the African Coalition for Menstrual Health Management (ACMHM), Joint youth group on climate change and SRHR, Africa Girls Summit and Africa Action Group to End Child Marriage and H6, among others. These mechanisms are anchored in regional and continental institutions (except ACMHM) and are likely to sustain the advocacy momentum so far created.

4.7 Evaluation question 8: Coverage

EQ8. To what extent were which major population groups facing life-threatening suffering reached by humanitarian action?

Summary of findings
(i) ESARO's support enabled countries to reach populations most affected by humanitarian emergencies through capacity-building, technical support, and resource mobilization. This support was directed at the specific needs of countries and depended on the type of emergency.
(ii) UNFPA has in place a humanitarian unit coordinating its support to humanitarian preparedness and response in the ESA region and this has raised UNFPA profile as a humanitarian agency.

ESARO has in place a humanitarian unit which supports ESA countries to respond to humanitarian emergencies. The unit supported countries to mobilize resources and personnel to address specific emergencies; ensured supplies are available through linking countries with UNFPA HQ and pre-positioning supplies; building capacity of UNFPA COs in humanitarian preparedness to enable them strengthen preparedness at national and subnational levels; collaborating with other ESARO programmes to integrate humanitarian preparedness in programmatic interventions. This unit built in-house capacity for ESARO to support countries in emergency response and this underscores the growing profile of UNFPA's role in humanitarian preparedness and response (KIIs).

During the humanitarian emergencies that occurred since 2018, ESARO provided extensive support to countries. This includes: (i) capacity-building for UNFPA COs on how to engage with government to influence resource allocation for GBV during drought emergencies (Lesotho and Namibia); (ii) provision of SURGE capacity and training of humanitarian staff in MISP (Mozambique); (iii) providing humanitarian-response backstopping, technical staff and training of humanitarian staff on Downstream Medical Logistics in the context of humanitarian response (South Sudan); (iv) provision of resources and technical support for training peer educators to provide SRH information to adolescents during emergencies, training of refugees as Safe Motherhood Action Groups (SMAGs) to provide information on safe motherhood and procurement of dignity kits (Zambia); (v) training of the UNFPA CO on guidelines and humanitarian reporting which improved country office knowledge and skills for ASRHiE (Angola); (vi) training the CO in addressing ASRH in emergencies (Zimbabwe);

and (vii) bringing together Ethiopia, Kenya and Uganda to address common humanitarian emergency needs along the shared border arising from droughts, floods, and intercommunity conflicts (COQs).

During COVID-19, ESARO: (i) supported South Africa to respond to the disruption of SRHR services in Kwa-Zulu Natal and Eastern Cape provinces through provision of mobile SRH services and securing emergency humanitarian fund for MHM; (ii) provided technical support to South Sudan and Uganda country offices in SRHiE programming, contributing to the improvement of the CO competency; and (iii) supported UNFPA CO in Ethiopia to set up systems and negotiate with the Government of Ethiopia to gain access to the humanitarian emergency sites during the crisis in Tigray (COQs and KIIs).

ESARO generated evidence that assisted countries to better target their humanitarian responses at most affected populations. Evidence generated included the population data (generated in collaboration with OCHA) provided to countries to support the cyclones disaster in Malawi, Mozambique, and Zimbabwe and during COVID-19 and rapid assessments on the impact of COVID-19 on SRHR, ASRH and GBV which contributed to improvement of countries strategies. For instance, the just concluded six country assessments (Burundi, DRC, Kenya, South Sudan, Uganda and Zambia) of the effect of COVID-19 on family-planning services uptake will be used to identify areas of improvement. UNFPA and UNICEF regional offices authored the Regional Brief on Child Marriage and COVID-19 that highlighted the disruptions caused by COVID-19 and recommended strategies to strengthen programme resilience.

ESARO significantly contributed to resource mobilization by countries to support humanitarian response in areas of SRHRiE, ASRHiE and GBViE. Support was provided to: (i) Ethiopia CO in quality, assuring the funding proposal for SRH and GBV in emergency programme in the northern part of the country; (ii) ESARO allocated funds to Comoros, which enabled the country to respond to humanitarian emergencies; (iii) Kenya CO was supported to develop funding proposals and provided funding for humanitarian emergency preparedness and response; (iv) Mozambique was supported to integrate SRH/GBV-MISP into funding proposals for CER and ERF; (v) support was provided to Uganda CO to identify potential donors and provide input into the funding proposals; (vi) ESARO facilitated the provision of humanitarian emergency funds from UNFPA HQ for SRHiE/GBViE to South Sudan (COQs).

ESARO also used existing tools and systems to support countries to reach most affected populations which included the inclusion of content of "Coronavirus and You" on TuneMe platform to raise awareness on COVID-19 among adolescents and young people; and partnership with AfriYAN and Y-ACT organizations to develop a youth-led regional mobisite to stimulate discussions on ASRH and COVID-19. To forestall stock outs of RH including FP commodities, ESARO monitored supplies on a monthly basis and facilitated the sharing of commodities from countries with over-stock with those facing stock outs (KI interviews and COQs).

4.8 Evaluation question 9: Connectedness

EQ 9: To what extent were the short-term humanitarian actions carried out in a context that takes into long term and interconnected problems into account?

> **Summary of findings**
> (i)   ESARO integrated humanitarian preparedness and response into development programming, an approach that enabled the RP to focus on addressing SRHR, ASRH and gender issues during emergencies in a way that addresses long term challenges.
> (ii) The peace component of the triple nexus (development–humanitarian–peace) is at the nascent stage, but a foundation has been laid to promote youth involvement in peace and security.

ESARO took steps to ensure its support for humanitarian preparedness and response addressed underlying long-term challenges facing SRHR, HIV prevention and gender equality and women/girls empowerment in the region. The major approach was to strengthen the development-humanitarian nexus in the design and implementation of the RP and the specific outputs bridging this nexus are as follows:

Output 2 on strengthening capacity to deliver integrated SRHR, including in humanitarian settings which also had a specific indicator on integration of SRH-MISP in national policies and plans: ESARO

worked with other UN agencies, particularly UN H6 and UNFPA COs to support ESA countries to integrate SRH-MISP into national COVID-19 response and recovery plans. UNFPA COs were also supported to ensure inclusion of SRH-MISP in national joint UN COVID-19 response plans. As a result, 16 out of 19 countries COVID-19 response plans included SRMNCAH. On the other hand, ESARO, along with UNFPA HQ, contributed to the UNSG's policy brief on COVID-19 and UHC (KIIs and documents review). Another key intervention was the monitoring of disruption of SRMNCAH services during the COVID-19 pandemic. ESARO jointly with WHO and UNICEF assessed SRMNCAH services focusing on healthcare workers' preparedness and protection to provide services and analysis of service utilization to identify bottlenecks.

Output 3 on supply chain capacity to deliver RH commodities including in humanitarian setting which also had a specific indicator on development preparedness SRH procurement plans: At the on-set of COVID-19 pandemic, ESARO requested UNFPA COS to review SRH procurement plans taking into account the pandemic and technical support was provided to this effect. ESARO, leveraging UNFPA extensive capacity in procurement and supply of RH commodities, helped countries to develop mechanisms to pull supplies and move them as needed (including procurement and supply of PPEs and FP commodities). This included monitoring of stock outs and moving commodities from countries with overstock to understocked countries. The disruption of supply chains by the COVID-19 pandemic generated momentum for the Africa pharmaceuticals manufacturing and ESARO is engaging with the SAPAM and SAGMA to advance this agenda.

Output 6 on adolescents and young people's participation in programme planning, implementation and evaluation in development and humanitarian contexts with an indicator measuring intervention: ESARO conducted an assessment of COVID-19 impact on young people and sex workers; enhanced the use of digital tools (such as TuneMe) to provide information to young people; conducted YPS trainings, webinars on programmatic guidance on YPS and contribution to the HQ work on YPS, conducted "Have Your Say" survey and a series of webinars on COVID-19 for young people as well as youth virtual trainings on COVID-19. These processes contributed to the enhancement of youth involvement in COVID-19 response. Lessons from these activities could be used to develop a framework on how young people can be involved at the fore front of humanitarian response.

Output 8 on multisectoral capacity to prevent and address GBV and harmful practices in development and humanitarian settings: ESARO together with UNH6 agencies supported countries to integrate GBV into COVID-19 response and recovery plans and, as a result, 13 national COVID-19 response plans have integrated GBV. ESARO strengthened the capacities of countries in analysis and compilation of GBV data in humanitarian emergencies such as COVID-19 and in developing synergies with other agencies such as the example of Namibia where organizations providing food aid during COVID-19 lockdown integrated GBV response. Further, UNFPA ESARO along with UN Women ESARO carried out a gender assessment on the impact of COVID-19 on gender equality and women's empowerment. in 6 ESA countries (Kenya, Malawi, Mozambique, Rwanda, South Africa and Uganda) and produced six country reports and a regional report. Both reports include policy recommendations to inform the COVID-19 recovery process. The regional report was launched in March 2021 and both UN Women and UNFPA ESARO have been invited by regional bodies and development partners to share the findings. ESARO managed to mobilize internal funding of +/- $300,000 (ED Discretionary funding) to respond to GBV in the onset of COVID-19 in Burundi, DRC, Mozambique, Namibia and Zimbabwe. Because of this additional funding, countries were able to set up GBV hotlines, conduct training of law enforcers and police officers on GBV, support shelters, radio messaging on GBV and COVID-19. As part of the ESARO efforts to support advocacy towards ensuring the continuity of life-saving GBV services, ESARO documented and analysed the number of ESA countries considering GBV as essential services as part of their COVID-19 response plan. This analysis has been used by several stakeholders in the region to support advocacy on the fact that GBV services are lifesaving and should not be discontinued. The Regional Working Group on GBV used this analysis along with AoR members. A mapping of UNFPA ESARO response to GBV in ESA was carried out to show the extent and the way that UNFPA has adapted to respond to GBV in the COVID-19 context. These efforts contributed to strengthening GBV response strategies in the region.

Output 9 on national population data systems with capacity to map inequalities and inform interventions in times of humanitarian crisis: ESARO collaborated with OCHA to make this data available to countries. Three further reviews were completed to support the understanding of the challenges of harnessing demographic dividend in ESA region in the wake of COVID-19.

These efforts demonstrate ESARO's strategies to address long-term challenges in SRH and gender programming while addressing humanitarian emergencies. This approach has strengthened the development–humanitarian nexus in the RP design. However, efforts to include the third component of peace (triple nexus) are at the initial stages. ESARO has started building capacity of UNFPA COs in this area.

Chapter 5: Conclusions

5.1 Strategic conclusions

> **Conclusion 1: The RP was well aligned strategically, was responsive to the diverse needs of countries and regional bodies, and responded appropriately to the changing circumstances and crisis situations**

The RP was found to be aligned and relevant to the UNFPA Strategic Plan and international and regional frameworks and also adapted its structures; capacities to address requirements of middle-income countries; was flexible in responding to needs of countries, regional bodies and other partners and responded appropriately to changing circumstances, opportunities and emergencies. However, ESARO will need to adopt structured and differentiated approach to managing country needs for better planning and resource utilization.

Origin: *Evaluation question(s) 1, 2, 7, 8*
Evaluation criteria: *relevance, effectiveness, coordination, and coverage*
Associated recommendation(s): *Strategic level R1*

> **Conclusion 2: ESARO contributed to the enhanced quality and efficiency of its programmes and operations and those of the UNFPA country offices; enhanced the visibility and increased resources for its programmes and those of the UNFPA country offices**

UNPA COs, with ESARO support, maintained good performance in programmes development, implementation, monitoring and evaluations, innovation and resource mobilization and partnerships with all country offices achieving significant improvement in operational excellence. However, while the country focal points followed up with country offices very closely, there was no evidence of a strategy or pattern of support to ensure efficiency.

Origin: *Evaluation question(s) 2, 3*
Evaluation criteria: *effectiveness, efficiency*
Associated recommendation(s): *Strategic level R1*

> **Conclusion 3: ESARO has a lean, skilled and experienced staff and leadership that has created a conducive work environment but skills mix and number of staff appear not to match workload and changing strategic focus in some programmatic areas. At the same time, there are challenges in supporting non-English-speaking COs.**

ESARO staff are highly regarded for their experience, appropriate skill set, initiative and ability to get the job done which include providing guidance, capacity-building and support at country, regional and contributions at global levels. However, the staff mix and number does not match the demands, workload, changing strategic focus in areas such as SRH/Health Financing and SRH/Climate Change. There is also a language barrier in working with French and Portuguese -speaking countries.

Origin: *Evaluation question(s) 3, 5*
Evaluation criteria: *effectiveness, efficiency*
Associated recommendation(s): *Strategic level R1, R2*

> **Conclusion 4: Although ESARO supported country offices with capacity-building initiatives throughout the period, the limited capacity of these offices in some functions impedes the effectiveness, efficiency, and**

> **sustainability of these efforts. The lack of high-level guidance and standards related to staff deployment, skill set and quality is an impediment to progress and sustainability.**

Communication and resource mobilization and partnership development functions are critical to the achievement of UNFPA transformative results and in mitigating the risks to the achievement of its Strategic Plan. However, the country offices have weak and incoherent deployment of communication staff and no defined budgets to support their operations. The lack of high-level guidance on staffing capacity and skill set, and guidance on branding and quality of communication products is a hindrance to this function performing its strategic role and sustainability. This situation is more or less the same with the resource mobilization and partnerships development function in the country offices.

Origin: *Evaluation question(s) 2, 3, 6*
Evaluation criteria: *effectiveness, efficiency, sustainability*
Associated recommendation(s): *Strategic level 3*

> **Conclusion 5: ESARO and the ESA region have performed well and maintained the lead in innovation in UNFPA globally, but some countries have been left behind in this process.**

ESARO and country offices in the ESA region have performed before and during the current RIAP period under review in the area of innovation, not only meeting set targets, but also taking the lead in UNFPA globally. However, innovation seems to be concentrated on a number of countries, especially the East African region, with the rest of the countries being left behind.

Origin: *Evaluation question(s) 2*
Evaluation criteria: *effectiveness*
Associated recommendation(s): *Strategic level 4*

> **Conclusion 6: Although reports show that the RP achieved most targets, ESARO interventions or activities were not sufficient to achieve the output results, given the manner in which the results were defined in the results framework**

The RP output results were defined in a manner that required ESARO to rely on actions countries or regional entities to fully achieve these results. There is a need to have output results that ESARO can be fully accountable for.

Origin: *Evaluation question(s) 3*
Evaluation criteria: *effectiveness*
Associated recommendation(s): *Strategic level 5*

> **Conclusion 7: ESARO has established strong partnership at regional and continental levels. However, some of the regional partners have weak capacity and regional processes take time to translate strategies into action at country level.**

ESARO supported and worked extensively with continental and regional partners, including African Union, UNECA, SADC, SADC PF and EAC, among others, to develop strategic guidance, steer advocacy and connect global and regional strategic frameworks to countries. However, some of the partners have human resources and financial constraints and their processes are based on consensus, therefore, tend to be slow.

Origin: *Evaluation question(s) 1, 3*
Evaluation criteria: *relevance and effectiveness*
Associated recommendation(s): *Strategic level R6*

> **Conclusion 8: Lessons learned from the cross-border initiatives supported by the RP demonstrated a niche for UNFPA to address cross border issues relevant to its mandate**

The regional programme supported a few cross-border initiatives such as the cross border FGM programme in East Africa and collaboration between DRC and Burundi demonstrated the emerging need emerging SRHR needs among cross border communities and people moving across borders for various reasons.

Origin: *Evaluation question(s) 1, 3, 8, 9*

Evaluation criteria: *relevance, effectiveness, coverage and connectedness*
Associated recommendation(s): *Strategic level R7*

Conclusion 9: The RP demonstrated its relevance and capability to address SRH/HIV/GBV in humanitarian emergencies and lessons learned offer an opportunity to strengthen the development-humanitarian-peace triple nexus.

ESARO's support to countries during various emergencies strengthened the response to SRHR/HIV/GBV needs of affected populations, especially women and young people. In response to COVID-19 pandemic, ESARO and COs developed strategies addressing service disruptions and SRHR/Gender needs arising from the pandemic. All these efforts have laid ground for ESARO to strengthen programming in humanitarian and development settings.

Origin: *Evaluation question(s) 3, 8, 9*
Evaluation criteria: *effectiveness, coverage, and connectedness*
Associated recommendation(s): *Strategic level R8*

Conclusion 10: UNFPA ESARO contributed to building capacities for population data analysis and utilization for policy, planning and programming at regional and country level. However, ESARO has inadequate capacity to meet the increasing demand from regional partners and countries for analysis of large volumes of data to support the "Leaving no one behind" (LNOB) agenda and strengthen gender, human rights and social inclusion.

ESARO provided technical support to enhance national population systems that can map inequalities and inform humanitarian response and contributed to quality data-generation using cutting edge technology especially in conducting census. Despite this effort, there is an increasing need for data analysis that supports the LNOB agenda and other emerging issues such as migration, population aging and climate change, partly due to capacity gaps in countries. Regional partners, especially RECs, also expressed need for analysis of several surveys such as demographic and health surveys and multiple indicator surveys and population census to inform the policy and advocacy. On the other hand, ESARO has human and financial capacity limitation to address these data analysis demands. The inadequate capacity also made it difficult for ESARO (in the wake of increasing demand for data and technical assistant) to follow up with countries to gauge the use of guidelines and tools for conducting census, capacity developed in CRVS and use of data for policy and planning.

Origin: *Evaluation question 3, 8, 9*
Evaluation criteria: *Effectiveness, coverage and connectedness*
Associated recommendation: *Strategic level R9*

5.2 Programmatic conclusions

1. Sexual and reproductive health and rights

Conclusion 1.1: UNFPA ESARO invested in the development of regional SRHR strategic framework, harmonising regional standards and guidelines and developing accountability tools. However, these are at different levels of utilization by countries while accountability and monitoring mechanisms at regional levels are evolving.

UNFPA ESARO, in partnership with regional partners, developed a regional SRHR strategic plan and scorecard for SADC, SADC-PF minimum SRHR standards, SRHR/HIV integration standards, HIV prevention roadmap and scorecard, among others. Utilization of these frameworks and guides varies from country to country and the accountability mechanisms at regional level, especially for SRH, are evolving.

Origin: *Evaluation question(s) 3*
Evaluation criteria: *effectiveness*
Associated recommendation(s): *Programmatic level R1*

Conclusion 1.2: Integration of SRHR/HIV/GBV was a key approach for the RP to strengthen programming at country level but gaps remain in the effective delivery of integrated services.

The RP adopted integrated SRHR/HIV/GBV implementation approach while ESARO through development of guidelines and minimum standards for integration of SRHR/HIV/GBV services, provided technical support, and supported capacity-building and South-South learning in this area. The integrated approach continues to provide an opportunity for improving effectiveness in SRHR/HIV/GBV programming at regional and country levels.

Origin: *Evaluation question(s) 3*
Evaluation criteria: *effectiveness*
Associated recommendation(s): *Programmatic level R2*

2. Adolescents and youth

> **Conclusion 2.1: ESARO contributed significantly to the improvement of the enabling environment for adolescents and young people's sexual and reproductive health in ESA countries through support for utilization of SADC Model Law on Child Marriage and establishment of laws allowing adolescents below age 18 to access SRH services and information. ESARO has also laid ground for increased domestic funding for child marriage action plan in ESA countries.**

ESARO's support for utilization of the SADC Model Law on Child Marriage significantly improved the legal and policy environment in the seven countries that utilized this law. Four countries with high prevalence of child marriage are yet to review their laws and policies. There is a need to focus on these countries as well and also to advocate for implementation of the reviewed laws and policies. Significant progress was also made with 12 countries in establishing laws allowing adolescents below 18 years to access SRH services and information. There is need to advocate for the remaining countries to review the ASRH related laws to improve the legal and policy environment for adolescents aged below 18 years. ESARO has also laid ground for increasing domestic funding for child marriage action plans or strategies through the guidance on development of budget briefs which can be utilized to enhance the inclusion of the child marriage strategies into the budgeting process.

Origin: *Evaluation question 3*
Evaluation criteria: *effectiveness*
Associated recommendation(s): *Programmatic level R3*

> **Conclusion 2.2: ESARO demonstrated the effectiveness of the "integration of SRHR into youth economic empowerment programmes" in improving SRH knowledge among young people and increasing access to SRH services. The guidance note developed, and lessons learned from the small-scale interventions provide a platform for the scale-up of this initiative in the ESA region.**

ESARO demonstrated that integration of SRHR into youth economic empowerment is an effective strategy for increasing access to SRHR services and information and young people. The guidance on how to integrate SRHR into economic empowerment programmes for young people has been developed. There is a need to focus on rolling out this strategy in ESA countries.

Origin: *Evaluation question(s) 3*
Evaluation criteria: *effectiveness*
Associated recommendation(s): *Programmatic level R4*

> **Conclusion 2.3: ESARO significantly contributed to standardisation and quality assurance of CSE in ESA region. Going forward, there is a need to strengthen the linkage between CSE and SRHR/HIV/GBV services and information.**

UNFPA contributed significantly to the provision of quality assured and standardised CSE for in-school and out-of-school youth and built capacity for adoption of the CSE package in countries. Going forward, ESARO should focus on demonstrating the impact of CSE and ensuring delivery mechanisms are reaching the youth left behind in the coming years.

Origin: *Evaluation question 3*
Evaluation criteria: *effectiveness*
Associated recommendation(s): *Programme level R5*

> **Conclusion 2.4: ESARO contributed to strengthening of the capacity of national and regional youth networks, youth advocacy efforts and supported young people to participated in numerous events and**

> **regional and global level to voice the needs and concerns of young people. However, ESARO and UNFPA COs engage with different networks in some countries while the regional level AfriYAN does not have adequate resources, a secretariat and a stable executive committee.**

ESARO supported capacity-building of national youth networks, including setting up networks in some countries, training young people in advocacy, establishing an advocacy model, supporting their participation in forums at regional and global levels, and contributed to amplifying the voices and needs of young people in policy development and programming. However, in some countries, UNFPA COs and ESARO engage with different youth networks. At regional level, AfriYAN has inadequate resources, it lacks a secretariat and its executive committee members work as volunteers and tend to focus on their income generating work.

Origin: *Evaluation question 3*
Evaluation criteria: *effectiveness*
Associated recommendation(s): *Programme level R6*

3. Gender equality and women and girls' empowerment

> **Conclusion 3.1 ESARO contributed to the strengthening of national human rights protection systems to advance gender equality and empowerment of women and girls; however, capacity gaps remain and there is lacking concrete evidence of the protection mechanisms built in countries.**

UNFPA provided extensive technical, advisory and capacity-building support to governments to advance SRHR laws in countries with demonstrable results. The capacity of NHRIs was strengthened to integrate SRHR and gender into UPRs at country levels and technical assistance was provided to governments and CSOs. This support notwithstanding, there is room to further strengthen systems of empowering country offices to be able to develop and report on accountability mechanisms.

Origin: *Evaluation question 1, 3*
Evaluation criteria: *relevance, efficiency*
Associated recommendation(s): *R7*

> **Conclusion 3.2: ESARO contributed towards the improvement of multisectoral capacity to prevent and address gender-based violence and harmful practices in development and humanitarian contexts at national and regional levels. However, the number of incidences of GBV and HP continue unabated in the region.**

ESARO provided technical support, advisory and policy services, research, and monitoring support to countries. ESARO supported the operationalisation of cross-border initiatives to end FGM, setting up of national systems to collect and disseminate disaggregated data on gender-based violence and the national clinical management of rape (CMR) guidelines; support to roll out intervention models or strategies that empower marginalized and excluded groups to exercise their reproductive rights, and that enable their rights to be protected from gender-based violence and harmful practices. This work, while vital, may not enough. This is evidenced by the fact that while UNFPA has heavily invested in policy development, advocacy and research, incidents of GBV, FGM and HP continue unabated in the region. Add to this is also the factor of limited evidence of support to the women's movement to strengthen their critical work of service provision and response to GBV and HP. In addition, the women's movement and CSOs play the role of being watch dog, voice of the voiceless and conscience of governments.
Origin: *Evaluation question 1, 3*
Evaluation Criteria: *relevance, efficiency*
Associated recommendation(s): *R8, 9*

> **Conclusion 3.3: ESARO integrated gender, human rights, disability and social inclusion in the regional programme design, implementation and monitoring. However, more remains to be done to advance data informed and meaning inclusion to ensure that no one is left behind.**

ESARO integrated gender, human rights, disability and social inclusion in the RP design, implementation and monitoring through working with countries to mainstream gender in national responses and targeted support to country offices without UN Women presence. ESARO also has key positions such as "Disability Specialist" and a Roaming Gender Specialist for humanitarian response.

Despite these efforts, ESARO needs to bring on board innovative strategies to increase the level of inclusivity such as conducting disability audits for both UNFPA and partners to chart a clear pathway for meaningful inclusion. There is also paucity of data showing who is left behind.

Origin: *Evaluation question 4*
Evaluation Criteria: *effectiveness*
Associated recommendation(s): *10*

4. Population and Development

> **Conclusion 4.1: Although ESARO provided technical support in form of trainings, technical backstopping, guides and tools to build capacities of countries data systems to map inequalities and inform interventions in times of humanitarian crisis, inadequate supportive infrastructure and data governance capacity affected the effectiveness of ESARO's interventions**

Supportive infrastructure and data governance systems in the countries are very critical in achievement of interventions as outlined in the regional programme. However, investments in building expertise in the absence of similar or more investments in enhancing supportive infrastructure and data governance systems are inadequate to achieve results.

Origin: *Evaluation question 3*
Evaluation criteria: *effectiveness*
Associated recommendation(s): *Programme level R11*

> **Conclusion 4.2: ESARO support to countries to utilize evidence-based data (demographic intelligence) in development plans and programmes seems to have triggered demand for data from other partners at country and regional levels which could not be met.**

ESARO provided capacity to countries to utilize evidence-based data (demographic intelligence) in development plans and programmes. However, this also raised demand for quality and timely data by national governments, UN agencies and other data users in respective countries that suffered from inadequate capacity (personnel and resources) at both regional and national levels that militated against mainstreaming demographic intelligence at both regional and country levels.

Origin: *Evaluation question 3*
Evaluation criteria: *effectiveness*
Associated recommendation(s): *Programme level R12*

Chapter 6: Recommendations

6.1 Strategic recommendations

> **Recommendation 1: Develop a structured and differentiated approach to managing needs from countries, regional bodies and other partners that allows ESARO to respond in the most efficient manner**

ESARO should develop a differentiated framework of support to countries that allows interventions to be planned in the most efficient manner. For instance, countries may be grouped according to: (i) economic classification of countries by income level, (ii) performance in key SRHR, ASRH and gender indicators; (iii) maturity of the country programme and operational efficiency; and (iv) risk of humanitarian crisis. A technical support plan responding to needs of all partners can also be developed at the beginning of the year while continuing to allow flexibility to address unforeseen emerging needs during implementation.

Priority: *High*
Target level: *ESARO*
Based on conclusion: *1, 2*

> **Recommendation 2: Review ESARO functions and staff establishment to ensure alignment to the RP, functions of the Regional Office and country, regional and global level needs. Expose staff to learn other official languages in ESA countries or make it a policy to recruit multilingual staff in the future.**

ESARO functions and staffing should be reviewed to be aligned with strategic and programmatic intent and obtain efficiency and impact desired and as articulated in the regional programme and UNFPA Strategic Plan. The functions include Communications, RBM/M&E and Programme Coordination. The communication function should be fully leveraged and integrated at the strategic and programmatic levels for the achievement of UNFPA's transformative results. RBM/M&E function should be provided with the resources and capacity necessary to provide leadership and guidance necessary to strengthen RBM as desired by UNFPA. ESARO Regional Programme management should be reviewed to allow the Programme Coordination Unit to perform more strategically and increase focus on supporting country offices. Technical experts and advisors across all outcome areas 1 to 4 should be provided with technical and operational support to be allowed to focus on strategic roles for more efficient utilization of their expertise. In addition, ESARO should consider either exposing staff to learning other official languages used in ESA countries or have it as a policy to recruit bi- or multi-lingual staff in the future.

Priority: *High*
Target level: *ESARO*
Based on conclusion: *3*

> **Recommendation 3: ESARO should provide leadership and guidance to country offices to establish the requisite structures, staff capacities and skill set to allow for greater impact of its capacity-building efforts but also their sustainability.**

ESARO should provide leadership to ensure functions within the country offices are properly structured and with the right numbers of staff and skill set in order to increase effectiveness of its capacity-building efforts, improve quality and magnitude of outputs coming out of country offices and ensure sustainability of ESARO capacity-building efforts. ESARO should put effort to ensure that country offices do not remain at the same level and sometimes diminish in capacity in spite of the continuous capacity-building initiatives from ESARO because of the inadequacies in their structures and staff. This is immediately the case for communications and resource mobilization functions.

Priority: *High*
Target level: *ESARO, HQs*
Based on conclusion: *4*

> **Recommendation 4: ESARO should pursue a strategy and provide leadership to integrate and mainstream innovation in programmes in all the country offices in the region.**

ESARO should ensure all ESA countries fully implement UNFPA's global strategy on innovation and seek to obtain the benefits of faster achievement of its transformative results. ESARO should pursue a strategy and provide leadership and capacity-building for all country offices in the region to integrate and mainstream innovation in their programmes to ensure that no country is left behind.

Priority: *Medium*
Target level: *ESARO, COs*
Based on conclusion: *5*

> **Recommendation 5: Develop a result framework for the next regional programme with output results that ESARO can be fully accountable for.**

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

Priority: *High*
Target level: *ESARO*
Based on conclusion: *6*

> **Recommendation 6: Invest in capacity-building for strategic regional partners and platforms that are key for enhancing the UNFPA agenda and connecting global and regional frameworks to countries.**

UNFPA should build capacities of regional partners that are strategic to its agenda such as SADC Secretariat, EAC Secretariat, SADC PF, EALA, among others, to leverage their platforms for advocacy,

increasing utilization of global and regional frameworks and normative guidance by countries and strengthening accountability. Such investment is likely to maximise the RP impact.

Priority: *High*
Target level: *ESARO*
Based on conclusion:*7*

Recommendation 7: Explore opportunities for cross-border programming across all outcome areas of the regional programme

UNFPA should identify cross-border programming needs across all outcome areas bringing together a few countries to address common SRHR and gender issues arising from movement of people across borders and common problems besetting the different countries in the region.

Priority: Medium
Target level: *ESARO*
Based on conclusion:*1 and 8*

Recommendation 8: Integrate good practices arising from the response to the COVID-19 pandemic in the overall programming at regional and country levels.

Lessons learned from the successful adaptation of the UNFPA ESARO Regional Programme and UNFPA country programmes to the COVID-19 pandemic to ensure continuity in implementation as well as the support provided to countries to ensure continuity in service delivery offer an opportunity to improve UNFPA programming. ESARO should explore opportunities for integrating good practices arising from the response to COVID-19 pandemic in its programming.

Priority: *Medium*
Target level: *ESARO*
Based on conclusion:*9*

Recommendation 9: Strengthen ESARO human resources and financial capacity to meet demand for population data generation and analysis and other emerging needs and review the population and development strategy to include emerging data governance and infrastructure issues.

In consultation with UNFPA HQ, use cost efficient mechanisms to increase the capacity of the population and development unit to meet both internal (within ESARO) and country data needs. Such mechanisms include fellowship and internship schemes to attract junior demographers and statisticians to support data analysis, embedding or integrating funding for data analysis needs within donor-funded SRRH, adolescents and youth and gender programmes, and recruiting junior staff to free up the time of senior population dynamics experts to provide strategic and technical support to countries.

ESARO, in collaboration with UNFPA HQ, should also collaborate to update the population and development strategy to include the emerging needs in data analysis, including migration, population aging and climate change, data for LNOB agenda; analysis of survey data to address data needs at regional level as well as address governance and infrastructure challenges facing data generation.

Priority: *High*
Target level: *ESARO*
Based on conclusion:*10*

6.2 Programmatic recommendations

Recommendation 1: Strengthen regional advocacy and accountability mechanisms to improve SRHR policy and strategy development and programming

ESARO should build on the successes achieved to strengthen regional level advocacy and accountability mechanisms for SRHR with a focus on increasing utilization of the regional strategic frameworks and guidelines, monitoring progress towards SDG targets and supporting actions to address identified gaps in SRHR policy, strategy, and programming in countries. ESARO should support the RECs to take ownership of the advocacy and accountability efforts while providing need driven

technical capacity and programme support. ESARO should also work with UNFPA COs as another channel to scale up advocacy for utilization of the regional SRHR frameworks and guidelines.
Priority: *High*
Target level: *ESARO*
Based on conclusion: *1.1*

> **Recommendation 2: Strengthen integrated SRHR/HIV/GBV programming at regional and country level building on successes achieved.**

ESARO should build on the strategies and guidelines in place to strengthened integration of SRHR/HIV/GBV at policy, programming, service delivery and data systems.
Priority: *Medium*
Target level: *ESARO*
Based on conclusion: *1.2*

> **Recommendation 3: Continue supporting the improvement of legal and policy environment for adolescents and young people's SRHR with a focus on countries that have not reviewed child marriage related laws and removed legal and policy impediments for adolescents below 18 years of age to access SRH services and information; and advocate and build capacity to domestic funding of child marriage strategies.**

First, ESARO should continue the advocacy and technical guidance to countries to utilize the SADC Model Law on Child Marriage, prioritizing SADC Member States that have not reviewed their child marriage-related laws and advocate for enforcement of laws and policies that have already been reviewed. ESARO should also advocate for the review of child-marriage laws in EAC Member States using lessons learned from the SADC region.

Second, ESARO should sustain the advocacy and technical guidance establishment of laws, allowing adolescents below 18 years of age to access SRH services and information, focusing on the 13 countries that have not reviewed their laws.

Third, ESARO should support and collaborate with UNFPA country offices to advocate for and built capacity of national stakeholders to improve costing of child-marriage action plan and link the costing to national budgeting processes to enhance sustainability of the actions to prevent child marriages.
Priority: *High*
Target level: *ESARO*
Based on conclusion: *2.1*

> **Recommendation 4: ESARO should advocate for, provide technical support, mobilize, or leverage existing resources and leverage its innovation initiative to enable countries to integrate SRHR into youth economic empowerment programmes**

ESARO should support the scale-up of the SRHR integration into youth economic empowerment programmes in ESA countries through collaboration with UNFPA COs to advocate for, provide technical support, mobilize resources, leverage existing resources and also leverage the existing innovation initiative. ESARO should also continue collaborating with ILO and expand the collaboration to other UN agencies and other development partners support economic empowerment programmes to integrate SRHR into youth economic empowerment programmes.
Priority: High
Target level: *ESARO*
Based on conclusion: *2.2*

> **Recommendation 5: Explore strategies for strengthening the link between CSE and SRHR/HIV and GBV service uptake among adolescents and young people to maximise the impact of CSE.**

UNFPA should generate evidence and support development of strategies that ensure linkage of the CSE and other forms of life-skills education offered in countries to uptake of SRHR/HIV/GBV services and ensure CSE delivery mechanisms are reaching marginalized adolescents and young people.
Priority: *Medium*
Target level: *ESARO*
Based on conclusion: *2.3*

> **Recommendation 6: ESARO, in collaboration with UNFPA COs, should consider streamlining the engagement with networks at country level and strengthen the institutional capacity of the regional youth network.**

ESARO should work collaboratively with Cos, where it engages with a different network from the one the CO engages with to streamline the nature of engagement with these networks, taking into account the country context. ESARO should also strengthen the institutional capacity of AfriYAN regional networks to improve the functioning of its executive committee and implementation of its activities.
Priority: *High*
Target level: *ESARO*
Based on conclusion:*2.4*

> **Recommendation 7: Strengthen capacity for country offices, government and other partners in monitoring of UPR recommendations on SRHR recommendations. This should include appropriately disaggregating data, especially in the area of GBV, FGM, HP, adolescents, and youth, socially excluded groups, and the implementation of policies and legal frameworks at country level.**

ESARO should build institutional capacity for monitoring and reporting on the implementation of gender equality recommendations, especially as they relate to SRHR through technical assistance, South-South learning, and experiences exchanges. The institutional capacities should include in accountability and tracking systems for UPR, CEDAW, CRC, ICCPR and CRPD. Within the context of the normative work on supporting standards, tools, strategies across the area of gender equality, women and girls' empowerment with respect to ending GBV, FGM and related HP, it is recommended that UNFPA support strengthening of data collection, analysis and knowledge management in the region.

ESA country offices and ESARO should follow up on the implementation of policies and legal frameworks developed with UNFPA support, key among these being the SADC Model Law on Child Marriage and the GBV Model Law (in development), including documenting experiences and good practices and sharing these within the region and beyond. ESARO should also provide capacity-building and technical support for data collection and analysis of disaggregated data to gain intelligence on and support the advancement of social inclusion and leaving no one behind. ESARO should also support countries to carry out disability audits for their offices and partners.
Priority: *High*
Target Level: *UNFPA ESARO, UNFPA HQ*
Based on conclusion (s): *3.1*

> **Recommendation 8: Prioritize reaching out and nurturing new synergies and partnerships with the women's movement in the region**

It is recommended that UNFPA reach out and nurture new partnerships with the women's movement, recognising their key implementation, advocacy and watch dog role in motivating for governments to play their part in ending GBV, FGM and other harmful practices.
Priority: *High*
Target Level: *Regional Office*
Based on conclusion(s): *3.2*

> **Recommendation 9: Increase effort to capacitate UNFPA country offices on key gender tools, analysis and mainstreaming in addition to research advocacy and policy analysis skills. ESARO should also take the lead in discussions on ending FGM and GBV and especially support the generation of evidence and leverage on knowledge generated in these areas.**

UNFPA ESARO should invest in strengthening internal capacity at country level on key gender tools; gender analysis and gender mainstreaming in addition to capacitate country offices with research, advocacy, and policy analysis skills to further advance SRHR, GBV, FGM, HP work in the region. It is recommended that UNFPA ESARO lead discussions on what it will take to end GBV and FGM through dissemination of findings on the situation of GBV in the ESA region, in generating evidence and knowledge, and use these as leverage for policy advocacy. The discussions should explore innovative approaches and strategies and map out actions and partnerships required and help come up with a comprehensive ESA blueprint for achieving zero GBV. The realization of this transformational

result of ending GBV will require new ways of programming that asks the big question of what it will take to end GBV, what political will, policies frameworks, tools, institutional arrangements, partnerships, human and financial resources.

Priority: *High*
Target Level: *ESARO*
Based on conclusion (s): *3.2*

Recommendation 10: Strengthen research, advocacy, and policy support on inclusivity issues to enhance targeting of population left behind and those furthest behind.

Given that ESA countries are not at the same level with respect to acceptance of the principle of inclusivity when some SRHR issues might be in the way of their belief system on issues such as LGBTQI and abortion issues, UNFPA will need to strengthen its research, advocacy and policy support to their country offices that often have to deal policy and programming huddles.

Priority: *Medium*
Target Level: *ESARO*
Based on conclusion(s): *3.3*

Recommendation 11: ESARO should review its population and development strategy to include the emerging data governance and infrastructure issues at country level and data needs at regional level.

ESARO, in collaboration with UNFPA HQ, should collaborate to update the population and development strategy to include the emerging needs in data analysis including migration, population aging and climate change, data for LNOB agenda; analysis of survey data to address data needs at regional level as well as address governance and infrastructure challenges facing data generation.

Priority: *High*
Target level: *ESARO and UNFPA HQ*
Based on conclusion *4.1*

Recommendation 12: Conduct a robust population data needs assessment at country and regional level and march the needs with ESARO capacity and strategy

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ESARO should conduct capacity needs assessment at RO and country levels and match it with needs and demands from countries. It was not enough to introduce new techniques in generating demographic intelligence through technical assistance and consultants. It is worthwhile to look at how the techniques can be mainstreamed and be part of the data governance systems at regional and country levels.

Priority: *Medium*
Target level: *ESARO and UNFPA HQ*
Based on conclusion *4.2*

Annexes

Annex No.	Document attached
Annex 1: Terms of Reference	Annex 1 TOR ESARO RIAP EVALUATION Ini
Annex 2: Evaluation matrix	Annex 2 Evaluation Matrix.docx
Annex 3: List of documents reviewed	Annex 3 - list of documents consulted.
Annex 4: People interviewed	Annex 4 list of people interviewed.docx
Annex 5: Data collection instruments	Annex 5 Key Informant Interview G Annex 5 (b) CO Survey Questionnaire Annex 5 (c) CO Survey Questionnaire Annex 5 (d) Country Offices Survey - Gend Annex 5 (e) Country Offices Survey Questi Annex 5 (f) Country Offices Survey Questi
Annex 6: Case studies	Annex 6 (a) Tune Me - a case study on susta Annex 6 (b) Capacity building for quality ce Annex 6(c) CSE case study.docx
Annex 7: TOR for Evaluation Reference Group	TOR for Reference Group on the ESAR(
Annex 8: Stakeholder Map	ESARO Stakeholders and Pa
Annex 9: Theory of Change	RIAP Theory of Change.docx