

Formative Evaluation of the UNFPA East and Southern Africa Regional Programme 2022-2025

Annexes to the Final Report

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Annex A: Evaluation Terms of Reference

EAST AND SOUTHERN AFRICA REGION TERMS OF REFERENCE FOR THE EVALUATION OF THE REGIONAL PROGRAMME ACTION PLAN 2022 - 2025

A. BACKGROUND

The support that the ESARO provides to the governments of 23 countries and regional institutions in the area under the framework of the Regional Programme Action Plan (RPAP) 2022-2025 builds on regional as well as national development needs and priorities articulated in: The SDG/Agenda 2030, Agenda 2063 of the African Union, regional population strategies; sexual and reproductive health strategies; HIV/AIDS strategies, humanitarian emergency response strategies, and the strategic plan; gender strategies and action plans; gender-based violence strategies and action plans; national adolescent and youth strategies and action plans etc. Working with and for women and young people was expected to be central to the implementation of the regional programme action plan in the East and Southern Africa region. ESARO supports regional organisations, institutions, and networks as well as Country Offices and national governments with the aim to:

- i. empower women and youth, girls, and boys, with skills to fulfil their potentials, think critically, negotiate risky situations, and express themselves freely.
- ii. provide access to quality integrated sexual and reproductive health information and services that are youth-friendly and gender-sensitive.
- iii. uphold the rights of women and young people, specifically adolescent girls, to grow up healthy and safe.
- iv. encourage women and young people to participate fully in design, planning, implementation, monitoring and evaluation of development and humanitarian programmes.
- v. leave no one behind in national development plans, policies, and programmes.

B. PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

1. The purpose of this evaluation is to provide evidence to support UNFPA’s learning related to what works (and what does not) to accelerate progress towards achievement of the transformative results and inform the design of the next Strategic Plan and its stated intent to focus on “unfinished business”.
2. This formative evaluation is a milestone within an ‘evaluative evidence package’ to inform the three strategic plans, which are intended to build a foundation and accelerate progress towards achieving the three transformative results. The ‘evaluative evidence package’ is composed of several thematic and institutional centralized evaluations implemented under the last two Quadrennial Budgeted Evaluation Plans, a summative evaluation of the Strategic Plan scheduled in 2028, and this formative evaluation.
3. The objective of this evaluation is to assess UNFPA’s organizational readiness and strategic positioning to accelerate the progress towards the achievement of the three transformative results and catalyze a discussion on the design of the next Strategic Plan given the state of progress on the SDGs. New elements introduced in this Strategic Plan will be the focus – namely, the six accelerators for change - and the strategic shifts that were proposed, including flexibility and agility in programming, financing, innovation, and partnerships. The evaluation will focus on the current Strategic Plan period starting in 2022 until the end of data collection in early-2024. A forward-looking perspective will be maintained

so that the evaluation results will benefit both the remainder of the current Strategic Plan and the development of the subsequent one.

Broadly, the objectives of this evaluation are elucidated under a set of specific assessments aimed at unraveling the broad objectives outlined above.:

The specific objectives of this RPE are:

- ❖ Assess of the UNFPA ESARO support and progress towards the expected outputs and outcomes in the results framework of the regional programme.
- ❖ Assess the stakeholder engagement and consultation (with regional economic communities RECs, governments, development partners, civil society, young people, etc.) upon which the RPAP is developed, in the realization of its outputs and outcomes.
- ❖ Assess the effectiveness of UNFPA ESARO institutional arrangements, operations, and management structure in the implementation of the RPAP.
- ❖ Assess ESARO's thought leadership and contribution to both corporate assets and leadership on key issues in the region
- ❖ Assess the role played by the UNFPA regional office in the coordination mechanisms of the UN System at the regional level, the UNDCO, with a view to enhancing the United Nations collective contribution to national development results.
- ❖ Draw key lessons and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

UNFPA Strategic Plan 2022-2025¹

4. The UNFPA Strategic Plan 2018-2021 – the first of three in a series meant to map out progress towards 2030 targets - has a clearly stated ambition to “contribute cumulatively to the achievement of the Sustainable Development Goals”. As such, a summative evaluation will be conducted during the third and final Strategic plan period in order to assess the overall organizational contribution towards the three Transformative Results in a timeframe covering three Strategic Plans period (2018-2021, 2022-2025, 2026-2029).
5. The UNFPA Strategic Plan 2022-2025 is the second of three strategic plans intended to build a foundation, accelerate progress towards achieving the three transformative results – ending the unmet need for family planning, ending preventable maternal deaths and ending gender-based violence and harmful practices – and ultimately, achieving universal access to sexual and reproductive health and reproductive rights and acceleration of the implementation of the ICPD Programme of Action.
6. The Strategic Plan starts by “reaffirming the relevance of the current strategic direction of UNFPA” with the three transformative results at the heart of UNFPA’s work. Recognizing the setbacks resulting from COVID-19, in particular, the current Strategic Plan identified a series of key strategic shifts that are required to accelerate progress towards the 3TRs, including:

Figure 2 – The framework to accelerate the achievement of the three transformative results.

¹ [UNFPA Strategic Plan 2022-2025](#).

8. Further, a new resource allocation system was introduced with a “three dimensions, two-adjustments and one-floor” approach and modes of engagement were fully decentralized to the country-level. A focus on increased agility, flexibility and innovation is to be achieved through improved programming for results, optimized resource management and expanded partnerships.
9. Considerable guidance has been developed to support Country Offices in making the series of strategic shifts required to accelerate progress towards the 3TRs: change stories, revised business model and an implementation toolkit including a map to facilitate alignment of the CPD to the SP (Table 2).

Table 2 – Alignment of the CPD to the Strategic Plan 2022-2025

Steps	Key question	Alignment	Example
1. Outcome	Which of the 3 zeros is/are falling behind, and which one/ones is/are to be prioritized in the new CPD?	The answer to the question will lead to selecting the relevant SP outcome(s), clearly linked to CF outcome(s).	GBV and harmful practices
2. Output	What will UNFPA focus on (policy, service, social norm, youth, population data, and/or humanitarian action), based on UNFPA's comparative advantages, and in line with the whole-of-UNDS approach	The answer to the question will lead to the selection of the relevant SP output(s) that the CPD is mainly contributing to	Gender social norms
3. Pathways	Which way(s) will UNFPA (and mobilize partners to) travel to deliver the outputs?	The answer to the question will lead to the selection of the relevant transformative pathway(s)	Promoting positive masculinity towards gender equality
4. Modes of engagement	What is UNFPA's offer, or how the country office (and partners) will make the change	The answer to the question will lead to the selection of the relevant modes of engagement	Capacity building of youth-led organization(s), and peer-to-peer knowledge sharing
5. Accelerators	How will the country office (and enable/empower the partners to) do it differently and fast track interventions for scaled-up impacts?	The answer to the question will lead to the selection of the relevant game changers.	Gender transformative approaches, and digitalization.

Source: UNFPA Strategic Plan 2022-2025 – Guidance Note for Aligning Country Programmes to the Strategic Plan 2022-2025

East and Southern Africa Regional Context

10. This section presents the regional context in which UNFPA support takes place and includes relevant economic, social, and political indicators. It also provides a description of the UNFPA strategic priorities and programmatic interventions within the region. ESAR 23 countries, representing 671 million persons. The context and situation of the East and Southern Africa region reflects the economic, social, political needs and conditions which continue to justify the unfinished business of the ICPD agenda and the realization of universal access to sexual reproductive health and rights.



Figure 1. East and Southern Africa Regional Footprints

10.1 Political / Institutional Framework – African Union, EAC, SADC.

UNFPA supported the development of the Addis Ababa Declaration on Population and Development in Africa beyond 2014 (AADPD), which not only aligns with the SDGs Agenda (80% of its commitments are connected to specific sustainable development goals), but also places more emphasis on issues core to the UNFPA mandate, such as the demographic dividend, the SRHR needs of adolescents and young people, including Comprehensive Sexuality Education (CSE) and access to adolescent and youth friendly health services, as well as the integration of SRH and HIV.

10.2 UNFPA ESARO partnership with and support to the African Union and Regional Economic Commissions.

UNFPA ESARO supported the Africa Union Commission in the implementation, review, and revision of the three major continental policies. These policies are relevant to the ICPD Programme of Action, under the umbrella of the African Union Agenda 2063, The Maputo Plan of Action on Sexual and Reproductive Health and Rights 2016-2030, the Africa Health Strategy 2016-2030 and the catalytic

Framework on the Ending AIDS TB and Malaria. The development of other thematic policy and legal frameworks, commitments and initiatives complement this ground work, such as the African Youth Charter (2006); the ESA Commitment on CSE and youth friendly services (endorsed by 21 countries in 2013); the African Union Roadmap on Harnessing the Demographic Dividend through investments in youth and the corresponding roadmap. In the East Africa Community (EAC) and the Southern Africa Development Community (SADC) UNFPA support has created a regional political impetus on the ICPD Agenda and ensuring that the ICPD commitments are infused in regional and national policy instruments in member states and institutions within the area UNFPA ESARO, in collaboration with UNAIDS, UNDP, UNICEF, WHO and civil society, supported the SADC Secretariat to coordinate the development and reporting on two regional score cards on Sexual, Reproductive Health and Rights (SRHR) and HIV Prevention. These scorecards are being used as peer review accountability tool for tracking progress by countries in meeting their 2030 targets, and as advocacy tools to accelerate action by the 14 Member States of SADC, which is home to over 350 million people. UNFPA ESARO, through its partnership with the East African Community (EAC), SADC, governments, development partners, civil society organizations, professional bodies, research institutions and other UN agencies, have engaged in up-stream as well as down-stream evidence-based policy dialogue to situate comprehensive SRHR within the country-specific Universal Health Coverage (UHC) framework (i.e., UHC benefit packages, and financing and financial protection mechanisms).

11. Trends in Those Areas Relevant for The Regional Programme Strategic Interventions

The lifetime risk of maternal death ranges from 1 in 5,300 in high income countries to 1 in 49 in low-income countries, In East and Southern Africa it is 1 in 71. In Sub-Saharan Africa it is 1 in 41 while in West and Central Africa it is 1 in 27².

In East and Southern Africa, there has been significant progress in national family planning programmes in the past few decades, but serious challenges remain. Unmet need for family planning is high, at 25 per cent, representing 49 million women who either use traditional family planning methods or no method at all yet wish to avoid pregnancy. Despite a decrease in fertility rates in countries in the region, they remain at a relatively high average of 4.8 children per woman of reproductive age. Four countries in the region have reached low fertility levels (Mauritius, Seychelles, Botswana, and South Africa), at an average of 2.4 children per woman of reproductive age. Fertility has started decreasing in four more countries (Lesotho, Namibia, Swaziland, and Zimbabwe), where the average is 3.3 children per woman. Fertility is high in the remaining 15 countries of the region (Angola, Burundi, Democratic Republic of the Congo, Comoros, Ethiopia, Eritrea, Kenya, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Uganda, and Zambia), at an average of 5.2 children per woman.

Composed of 32.4% of adolescents and young people between 10 and 24, the population in ESA is expected to grow to 1.1 billion by 2050,³ with a regional growth rate of 2.58%. Despite marked declines, fertility rates remain high across the region, with an average of 4.8 children per woman of reproductive age. The adolescent birth rate in the region is 110 births per 1,000 women which is double the global rate and young adolescents face significantly higher rates of maternal morbidity, including obstetric fistulae. Adolescent fertility reflects unmet need for contraception among girls aged 15-19 years⁴, due to limited access to comprehensive sexuality education, adolescent and youth-friendly health services, and persistent negative socio-cultural norms.

More than 50% of the people living with HIV in the world are from East and Southern Africa. The annual mortality related to AIDS translates to over 1300 deaths per day. 59% of all adults living with HIV in the region are women and most new infections in ESA occur among girls and women 15 years

² WHO, UNICEF, UNFPA, The World Bank Group and the United Nations Population Division, [Trends in Maternal Mortality: 2000 to 2020](#) WHO, Geneva, 2023

³ With a regional growth rate of 2.58%

⁴ MPoA Review

and older (56%), while only 45% of young women and 33% of young men aged 15-24 report using a condom during their last high-risk sexual intercourse. Reaching SDG target 3.3 and ending the epidemic of AIDS by 2030 requires increased efforts to develop prevention interventions for the most affected groups, mainly youth in general and adolescent girls and young women, as well as key populations. At the same time, considering that over 90% of HIV transmission is sexual, and mainly heterosexual, efforts to ensure sexual and reproductive health will continue to be substantially dented if the HIV epidemic is not addressed. This also calls for upscaling existing efforts to integrate HIV and SRH services.

12. *Most of the women in the region remain unprotected against violence, and the risk of facing sexual and intimate partner violence is exacerbated in humanitarian settings.*

Five countries Eritrea, Ethiopia, Kenya, Uganda, and Tanzania, in East Africa recognize and report the existence of Female Genital Mutilation practices (FGM), with the highest percentages recorded in Eritrea and Ethiopia, 88.7% and 74.3% respectively⁵. Available data show that between 15% and 32% of women report having experienced physical violence at the hands of their intimate partner in the year preceding the survey in ESA. This shows a 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 multi-sectoral responses to reach SDG targets 5.2 and 5.3 and eliminate all forms of violence against women, including harmful practices. Finally, 11 out of the 23 ESA countries are at high to extremely high risk of a humanitarian emergency in the coming years, which translates into increased sexual and reproductive health risks. This requires UNFPA to invest in humanitarian preparedness and response as well as resilience building targeting the most vulnerable women, girls, and youth in fragile settings to ensure those are not left behind.

13. *Humanitarian crises from conflict and climate change, public health emergencies including the COVID-19 pandemic coupled with the sustained HIV epidemic resulted in displacements, food insecurity, disruptions in essential services, impact on lives, livelihoods, and economies.*

This situation has been exacerbated by the wars in Ethiopia and Sudan, as well as political instability in the Sahel with knock-on effect across the continent. The political instability and migratory patterns have exacerbated humanitarian emergencies, with women and adolescent girls adversely affected by increased violence including sexual violence, unintended pregnancies, maternal morbidity, and mortality. Vulnerable populations, including refugees and migrants, continue to be excluded from social protection services and have limited access to gender-based violence prevention, response, and referral services. Of particular mention are drought in Madagascar Grand Sud; conflict in Northern Ethiopia, Cabo del Gado in Mozambique, Eastern Democratic Republic of Congo and Sudan; as well as El Niño in Southern Africa resulting in flooding and drought across Botswana, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe. These climate anomalies in the South escalated the impact of humanitarian emergencies in the region, combined with instability in East Africa. The influx of refugees fleeing the wars in Sudan and Ethiopia impacted South Sudan, Kenya, Uganda, Tanzania, and the Democratic Republic of the Congo. Due to climate disasters in the South and conflicts in the East, the area faces unique challenges that vary by context. These challenges place significant financial and programmatic constraints on our strategic priorities, from one regional programme to the next.

As a result of the prolonged impact of COVID-19 on the structures of the economy and operational systems, building back from the pandemic has required significant efforts across the region, including impact on ODA, constrained domestic financing with unsustainable high debt burdens and distress, limited resources for system performance and financial risk protection of vulnerable population.

⁵ These countries are Eritrea, Ethiopia, Kenya (21%), Tanzania (10%), Uganda (1.4%) – latest DHS

C. Evaluation Criteria and Evaluation Questions

14. In accordance with the methodology for evaluations outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria : relevance, effectiveness, efficiency, and sustainability. It will also use the evaluation criterion of coordination to assess cooperation and partnerships of UNFPA ESARO and whether UNFPA ESARO interventions promote synergies and avoid gaps and duplication
15. The evaluation will address the following key questions, which will address evaluation criteria such as relevance, coherence, effectiveness and efficiency within the framework of a formative evaluation. The questions related to the strategic shifts will be prioritized and reduced during the inception phase following discussions with key stakeholders and based on areas identified through the MTR as key challenges.

Evaluation questions	Evaluation Criteria			
	Relevance	Coherence	Effectiveness	Efficiency
<i>Forward-looking perspective</i>				
i. To what extent should UNFPA re-conceptualize the next regional programme action plan given the state of progress towards the SDGs and 3TRs?	X			
ii. To what extent is the regional programme adapted to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups; 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?				
iii. To what extent has the regional office been able to respond to shifts caused by emergencies, crisis and major political changes? What was the quality of the response?				
iv. To what extent has UNFPA ESARO ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, and those with disabilities have been considered in both the planning and implementation of all UNFPA-supported interventions under the regional programme?				
v.				
<i>Accelerators</i>				
vi. To what extent is each of the six accelerators relevant to the achievement of the 3TRs (HRBA & gender transformative approaches; innovation and digitalization; partnerships/SSTC/financing; data and evidence; LNOB; resilience and adaptation)?	X			
vii. To what extent have each of the six accelerators been clearly defined and operationalized – individually and in an integrated manner?		X	X	

viii.	To what extent is each of the accelerators enhancing programming? What have been the enabling and inhibiting factors?			X	
<i>Strategic Shifts</i>					
ix.	To what extent is there alignment in the organizational focus on achieving the 3TRs?		X		
x.	To what extent are the effects of megatrends being incorporated?		X		
xi.	To what extent is UNFPA’s programming focusing on “populations left behind” and emphasizing “reaching those furthest behind first”?			X	
xii.	To what extent has UNFPA scaled up the provision of high-quality, comprehensive sexual and reproductive health information and services?			X	
xiii.	To what extent has UNFPA expanded its humanitarian response capacity?			X	
xiv.	To what extent has resilience, prevention, preparedness, and early action been mainstreamed into programme interventions?		X		
xv.	To what extent are the multisectoral needs of women, adolescents, and youth, as well as structural inequalities, being addressed?			X	
xvi.	To what extent is there increased flexibility in programming at the country level? Has this enabled increased coherence with other UN agencies on the ground?		X	X	
xvii.	To what extent has UNFPA’s normative role been strengthened?	X		X	
xviii.	To what extent has the focus shifted from funding to funding and financing the ICPD agenda?				X
xix.	To what extent have UNFPA’s partnerships expanded?	X		X	
xx.	To what extent has UNFPA’s coordination and collaboration with the UN Development System supported increased joint accountability and acceleration towards the 3TRs?			X	

D. Methodological approach

16. The evaluation will be theory-based with aspects of an adaptive/developmental approach. The use of mixed methods will ensure that a broad range of data – both quantitative and qualitative – are examined. The evaluation will carry out the following data collection, at a minimum.
- ❖ Desk review of key documents related to the previous and current Strategic Plan.
 - ❖ Desk review of strategic, corporate, and programmatic documents.
 - ❖ Review of MTR survey data and evidence from audits.
 - ❖ Synthesis of evaluative evidence.
 - ❖ Missions to selected regional and country offices.
 - ❖ Interviews with UNFPA key informants across global, regional, and country levels.
 - ❖ Interviews with partners and stakeholders.
17. Aspects of an adaptive, developmental approach will be applied in this evaluation, including an appreciation of complexity, systems thinking, timely feedback and co-creation. Consultation with key stakeholders will enable the identification of key topics for learning, which may be explored in

individual analytical papers presented and discussed with key stakeholders during the data collection phase and added to the evidence base for analysis.

18. “Deep dive” analyses will focus on up to 5 topics to be defined during the inception phase in consultation with key stakeholders to ensure that they address key challenges facing the organization. These “deep dives” will be carried out early in the data collection phase and shared with stakeholders as inputs to the development of the new Strategic Plan 2026-2029. Among the topics to be considered are those identified through the MTR process, as well as those where there is more limited evaluative evidence available, such as: policy support and accountability, integration of data on mega-trends, partnerships, and funding-financing.
19. Artificial Intelligence will be leveraged as much as possible and in accordance with UNFPA and UNEG rules and regulations to collect, analyze and store data. Additional data collection methods will be considered during the inception phase of the evaluation.
20. This evaluation will ensure that data from the mid-term review of the SP will be used, as appropriate. Findings from the MOPAN assessment planned to start in 2023 will also be considered if available in time.

E. Evaluability Assessment

21. This formative evaluation will benefit from aspects of the data collection conducted as part of the mid-term review of the Strategic Plan and the ESA regional programme. Results from a survey of staff perceptions on the current Strategic Plan have been shared and strategic priorities emerging from focus group discussions will be available in September 2023. The MTR will undertake an assessment of the financial implications of strategic priorities with an aim to inform the interim budget preparations.
22. As the Strategic Plan will only have been implemented for two years when data collection for this evaluation starts, there will be an increased emphasis on collecting primary source data in this evaluation. The secondary sources that will be reviewed include all documentation prepared by different divisions/units/offices to aid implementation of the Strategic Plans. Country Programme Documents developed following the approval of the Strategic Plan will be reviewed in the context of country missions and country desk reviews. Performance reports will be assessed not to measure results achieved but to identify evidence related to the strategic shifts called for in this Strategic Plan.

F. Evaluation Process

23. The evaluation will be conducted in five phases and lead to the preparation and submission of the key deliverables, as described below.

Preparatory phase

24. This phase will be led by the Evaluation Manager. It will include: (i) an initial documentation review; (ii) scoping interviews with UNFPA key informants (iii) the drafting of evaluation terms of reference; (iv) the selection and hiring of the evaluation team; and (v) the constitution of an evaluation reference group.

Inception phase

25. The evaluation team will conduct the inception phase, in consultation with the evaluation manager and the evaluation reference group. This phase includes:

- ❖ a document review of all key documents available at UNFPA headquarters, regional office and country office levels.
- ❖ development of a methodological framework for the review of all relevant centralized and decentralized evaluations (CPEs finalized in 2022-2023) and synthesis of groups of evaluations with a view to extracting evidence related to strategic positioning and organizational shifts introduced with the Strategic Plan 2022-2025;
- ❖ a stakeholder mapping and analysis describing the ‘stake’ different individuals/units/office have in the evaluand.
- ❖ the development of a final list of evaluation questions and related evaluation matrix (see template in Annex 4) presenting assumptions, indicators, sources of information and methods and tools for the data collection.
- ❖ the selection of six (6) countries for the conduct of country missions, including one to be conducted during the inception phase.
- ❖ development of country-specific data collection tools to be tested during an inception phase to one country, evidence table to gather country-level data and outline for the country debriefing presentation (ppt).
- ❖ the development of a comprehensive data collection and analysis strategy; and,
- ❖ an updated and detailed timeline for the evaluation.

26. The expected deliverables from this phase are:

1. Draft inception report,
2. PowerPoint presentation summarizing the learning from the inception phase.
3. Data table compiling the data and information collected from the inception phase.
4. Final inception report.
5. PowerPoint presentation structured around the key components of the inception report, for the evaluation reference group meeting.⁶

Data collection phase

27. During this phase, the evaluation team will:

- ❖ Conduct an in-depth document review ;
- ❖ Conduct a systematic review of UNFPA evaluations, including a possible synthesis of evidence ;
- ❖ Conduct interviews with key internal and external informants (at HQ, regional and country levels) ;
- ❖ Complete comparative analysis.
- ❖ Complete “deep dive” analysis and draft annotated ppts.

28. The outputs of this phase are:

1. Data tables tables compiling the data and information collected during this phase.
2. 1 PowerPoint presentation for an end-of-data-collection ERG meeting.

Reporting phase

29. The reporting phase will open with a 3-day analytical workshop bringing together the evaluation team and the evaluation manager to discuss the evidence gathered during data collection. The objective is to

⁶ The inception ERG meeting will be virtual.

help the evaluation team to deepen their analysis with a view to identifying the evaluation findings, main conclusions and related recommendations. The evaluation team then proceeds with the drafting of the final report.

30. This first draft final report will be submitted to the evaluation manager for comments. The evaluation manager will assess the quality of the submitted draft report according to the EQA grid. If the quality of the draft report is satisfactory (form and substance), the manager will circulate it to the reference group members. In the event that the quality is unsatisfactory, the evaluators will be required to produce a new version of the draft report.
31. The second draft final report, and in particular the tentative conclusions and recommendations, will be presented by the evaluation team during a stakeholder workshop⁷ (attended by the ERG as well as other relevant stakeholders) and circulated to UNFPA Executive Committee members.
32. The evaluation team will revise and finalize the report following comments received. When submitting the final draft report, the evaluation team will also provide a detailed matrix indicating how each comment was addressed. The final report will follow the structure set out in annex 6.
33. The report is considered final once it is formally approved by the Regional Director in consultation with the evaluation manager and the reference groups.

Dissemination phase

34. The evaluation team will assist the evaluation manager in selected dissemination activities. In particular, they will prepare a PowerPoint presentation on key highlights of the evaluation report and an evaluation brief.

Management of the Evaluation

35. The *Director of the Evaluation Office*

It was decided that the global evaluation of the Strategic Plan and the Regional Programme Evaluations will be managed jointly by EO and the 6 ROs, with the support of a joint external evaluation team that will also include regional evaluators, and guided by a joint ToR that will include regional specific evaluation questions. This will avoid duplication and create synergies and efficiencies. However, the specific accountabilities and responsibilities of each actor will be respected, notably:

- ❖ Each RO is responsible for managing the RPE and for producing a document that includes recommendations to which there will be regional management responses. EO will support QA.
- ❖ Each RO will contribute the budget for the RPEs and start the selection and recruitment of an evaluation team urgently. The EO will support the selection process by participating in the interviews and selection panel.
- ❖ Each RO will adapt the TORs of the global evaluation of the Strategic Plan to the regional context. This will be used by the Regional M&E Advisers to finalize the recruitment and guide the RPE process. There will be no need for a formal inception report for the RPEs but, rather, key inputs will be provided by each region to the

⁷ The stakeholder workshop will take place at UNFPA HQ (New York).

inception report for the global evaluation (e.g. regional scope, evaluation questions, country visits, timing).

36. The UNFPA **Evaluation Office** will play a crucial role in the quality assurance and coordinated joint support for the evaluation. The roles and responsibilities of the Evaluation Office are as follows :

- Review and approve the final draft ToR
- Review and pre-qualification of the consultants who will constitute the evaluation team.
- Update and maintain the UNFPA consultant roster with pre-qualified consultants for the evaluation.
- Commission the independent, external EQA of the final evaluation report.
- Publish final evaluation report, EQA and management response in the evaluation database.

37. *The Evaluation Manager.*

Regional M&E Adviser at UNFPA ESARO is the Evaluation Manager at all stages of the evaluation process.

- ❖ The evaluation manager. The evaluation manager will have overall responsibility for the management of the evaluation process, including hiring and managing the (team of) external
- ❖ consultant(s). The evaluation manager is responsible for ensuring the quality and independence of the evaluation (in line with UNEG Norms, Standards and Ethical Guidelines).
- ❖ The main responsibilities of the evaluation manager are to:
- ❖ hire the external consultant(s) that will make up the evaluation team.
- ❖ support the selection and hiring of six regional consultants.
- ❖ chair the reference group and convene review meetings with the evaluation team.
- ❖ supervise and guide the evaluation team all through the evaluation process.
- ❖ review, provide substantive comments and pre-approve the inception report, including the work plan, analytical framework, and methodology.
- ❖ review and quality assure all evaluation outputs in general and on the draft and final evaluation reports in particular.
- ❖ pre-approve the final evaluation report, including the regional programme evaluation reports, in coordination with the reference group; and,
- ❖ disseminate the evaluation results and contribute to learning and knowledge sharing at UNFPA

38. *The Evaluation Reference Group.*

The progress of the evaluation will be followed closely by the **Evaluation Reference Group (ERG)** which is composed of relevant UNFPA ESARO staff, non-governmental implementing partners, as well as other relevant key stakeholders (see Handbook, section 2.3., p.37). The ERG will serve as an entity to ensure the relevance, quality, and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and undertake quality assurance from a technical perspective. The ERG has the following roles and responsibilities :

- ❖ Provide input to the drafting of the ToR, including the selection of preliminary evaluation questions.
- ❖ Provide feedback and comments on the design report.
- ❖ Provide comments and substantive feedback from a technical perspective on the draft and final evaluation reports.
- ❖ Act as the interface between the evaluators and key stakeholders of the evaluation and facilitate access to key informants and documentation.
- ❖ Assist in identifying key stakeholders to be consulted during the evaluation process.
- ❖ Participate in review meetings with the evaluation team as required.
- ❖ Contribute to learning, knowledge sharing and dissemination of evaluation results, as well as the completion and follow-up on the management response.

39. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) 4 team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR, adolescents and youth, gender equality, and population and development). In addition, the evaluation team should have the requisite level of knowledge to conduct human rights - and gender-responsive evaluations and be able to work in a multidisciplinary team in a multicultural environment.

40. Roles and Responsibilities of the Evaluation Team

41.1 Evaluation team leader

The team leader shall also perform the role of technical expert for one of the thematic areas of programming under the 2022 – 2025 ESAR Regional Programme Action Plan. The evaluation team leader must have solid knowledge and experience in conducting evaluations of development. The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. She/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. She/he will lead and coordinate the work of the evaluation team and ensure the quality of all deliverables at all stages of the evaluation process. The Evaluation Team Leader will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, the evaluation approach, methodology, work plan and agenda for the field phase, the draft and final evaluation reports, and the PowerPoint presentation of the evaluation results. She/he will lead the presentation of the design report and the debriefing meeting with the RO and Taskforce/ERG at the end of the field phase. The Team leader will also be responsible for liaising with the Evaluation Manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of programming of the RP described below.

40.2 Evaluation team member : SRHR expert

The SRHR expert will provide expertise on integrated SRH services, HIV and other sexually transmitted infections, maternal health, obstetric fistula, and family planning. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA ESARO staff and the ERG. She/he will hold interviews and

group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

40.3 Evaluation team member : Adolescents and youth expert

The adolescent and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA ESARO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

41.4 Evaluation team member: Gender equality expert

The gender equality expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as gender-based violence and harmful practices, such as female genital mutilation, child, early and forced marriage. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA ESARO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

41.5 Evaluation team member: Population and development expert

The population and development expert will provide expertise on population and development issues, such as census, ageing, migration, population dynamics, demographic dividend, and national statistical systems. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA ESARO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader. The modality and participation of the evaluation team members in the evaluation process, including data collection analysis, provision of technical inputs to the drafting of the design and draft and final evaluation reports will be agreed with the evaluation team leader and these tasks performed under her/his supervision and guidance.

41.6 Evaluation Team member: Young Evaluator

As a young evaluator supporting the regional programme evaluation component, under the guidance and supervision of the Team Leader and the Regional M&E advisor, the consultant will be expected to support the completion of the evaluation of the Regional Programme in the ESA region as per

agreed timelines and evaluation standards of UNEG/UNFPA; support data collection at the ESA Regional Office and in the Field, as required; contribute to sections of the RPE report as agreed with the Team Leader and with inputs from key stakeholders; and contribute evidence gathered to the global evaluation of the Strategic Plan. The young evaluator will be regularly engaged with the evaluation team and managers (HQ and regional); actively participate in the stakeholder/recommendations workshop, and support key dissemination activities of evaluation results (e.g., presentation of the results evaluation to key stakeholders).

42 Qualifications and Experience of the Evaluation Team

42.1 Team Leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, Social Sciences, Demography or Population Studies, Statistics, Development Studies, or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development and/or humanitarian action].
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated expertise in one of the thematic areas of programming covered by the evaluation (see profiles below).
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold standards for quality evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate and supervise the work of the evaluation team.
- Experience working with a multidisciplinary team of experts.
- Excellent analytical skills and demonstrated ability to formulate evidence-based conclusions and realistic and actionable recommendations.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the regional development context of ESAR
- Fluent in written and spoken English.

42.2 Sexual and Reproductive Health and Rights SRHR expert

The competencies, skills, and experience of the SRH expert should include:

- Master's degree in public health, Medicine, Health Economics and Financing, Epidemiology, Biostatistics, or a related field.
- 7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action.

- Substantive knowledge of sexual and reproductive health and rights.
- Good knowledge of humanitarian strategies, policies, frameworks, and international humanitarian law and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of ESARO.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

42.3 Adolescent and Youth Expert

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, Medicine, Health Economics and Financing, Epidemiology, Biostatistics, Social Sciences, or a related field.
- 7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international and/or humanitarian action.
- Substantive knowledge of adolescent and youth issues, sexual and reproductive health and rights of adolescents and youth.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of ESARO
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

42.4 Gender Equality Expert

The competencies, skills and experience of the gender equality expert should include:

- Master's degree in Women/Gender Studies, Human Rights Law, Social Sciences, Development Studies, or a related field.
- 7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action.
- Substantive knowledge on gender equality and the empowerment of women and girls, gender-based violence and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the regional development context of ESARO
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

42.5 Population and Development Expert

The competencies, skills and experience of the population and development expert should include:

- Master's degree in Demography or Population Studies, Statistics, Social Sciences, Development Studies or a related field.
- 7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration, and national statistics systems.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.

- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the regional development context of ESARO
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

42.6 Young Evaluator

- The young evaluator will be directly supervised by the regional evaluation team leader. Reporting functionally to the Regional Monitoring and Evaluation Advisor
- The young and emerging evaluator must be under 35 years of age with the following competencies, skills and experience:
- Bachelor's degree in development studies, population studies, economics, social studies, health, international relations or other related field.
- Certificate in evaluation or equivalent qualification.
- Up to five years of work experience in conducting evaluation or M&E in the field of international development.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA or other UN organizations will be an advantage.
- Excellent command in written and spoken English; Working knowledge of French will be an asset.

43. Tentative Timeline

Delivery dates and how work will be delivered (<i>e.g.</i> , electronic, hard copy etc.):	
<ul style="list-style-type: none"> ❖ <u>Inception phase (Jointly by the Evaluation Office and Regional Office) -</u> <ul style="list-style-type: none"> ❖ <i>Inception workshop</i> ❖ <i>Draft inception report</i> ❖ <i>Pilot country mission</i> ❖ <i>Final inception report</i> 	January 31, 2024
<ul style="list-style-type: none"> ❖ <u>Data collection, Analysis and Synthesis</u> 	January to April 31, 2024
<ul style="list-style-type: none"> ❖ <u>Reporting and Review</u> <ul style="list-style-type: none"> ❖ <i>Draft Evaluation report</i> ❖ <i>Final Evaluation report</i> 	June July, 2024

44. Budget and Payment Modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience. The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report (Joint EO & RO)	40%
Upon satisfactory completion of the draft final evaluation report	40%
Upon approval of the final evaluation report and PowerPoint for dissemination of evaluation results	20%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees. The provisional allocation of workdays among the evaluation team will be the following:

	Team Leader	Team Members (Thematic Experts)
Design phase	14	10
Field phase	25	25
Reporting phase	25	25
Dissemination and facilitation of use phase	1	0
TOTAL (days)	65	60

45. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

Global UNFPA documents

1. SDG/Agenda 2030
2. AU Agenda 2063
3. UNFPA Strategic Plan (2014-2017) (incl. annexes)
<https://www.unfpa.org/resources/strategic-plan-2014-2017>
4. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
5. UNFPA Evaluation Policy (2019)
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>
6. Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (2019)
<https://www.unfpa.org/EvaluationHandbook>
7. Relevant centralized evaluations conducted by the UNFPA Evaluation Office – available at: <https://www.unfpa.org/evaluation>
8. also list the CPES undertaken in the region and cover the period 2022-2024

ESAR regional strategies, policies, and action plans

1. UNFPA ESARO RPAP 2022 - 2025
2. Regional SRHR/HIV/AIDS Strategy - Together for SRHR Evaluation Reports and Strategy
3. Regional UHC Reports and Strategy
4. Regional Maternal Health Reports and Strategy
5. Regional Family Planning Reports and Strategy
6. Regional ASRH Strategy – Safeguard Young People Evaluation Reports, and Strategy

7. Regional Gender Strategy
8. Regional/Continental Youth Policy of the AU
9. SADC Model Law on Child Marriage

UNFPA ESARO programming documents

10. ESARO annual work plans
11. Mid-term reviews and evaluations of interventions/programmes in different thematic areas of programming
12. Reports on core and non-core resources
13. ESARO resource mobilization and partnership strategy

UNFPA ESARO M&E documents

14. ESARO annual results plans and reports (SIS myResults Plan, Quarterly Monitoring and Annual Reports)
15. ESARO Annual Risk Reports
16. ESARO Annual Resource Mobilization and Partnership Report

Other documents

17. Implementing partner work plans and progress reports
18. Implementing partner assessments
19. Audit reports and spot check reports
20. Donor reports

Annex B: Regional Program Change Story



Change Story

East and Southern Africa Regional Programme 2022-2025

A. Overview of Theory of Change

The theory of change for the East and Southern Africa (ESA) Regional Programme 2022-2025, provides an overview of the core problems limiting the attainment of UNFPA's three transformative results on 1) ending preventable maternal deaths; 2) ending unmet need for family planning; 3) ending gender based violence and harmful practices, and the ESA region-specific transformative result on 4) ending sexual transmission of HIV (3+1 transformative results). It further outlines change pathways and high impact actions needed to accelerate progress towards the 3+1 transformative results, within the context of 'building forward better' from the COVID-19 pandemic. The theory of Change illustrates the intended ESA regional contribution to the vision of the UNFPA Global Strategic Plan 2022-2025, to '*achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the Programme of Action of the International Conference on Population and Development*' and to the acceleration of the 2030 agenda for Sustainable Development in the region.

It is informed by lessons learned from the evaluation of the ESA regional programme 2018-2021, country level gap analyses, the ESA Futures 2.0 Papers, which reflect the regional vision on priority investments and approaches to accelerate progress towards the 3+1 transformative results in the SDG Decade of Action, in addition to priorities emerging from the ongoing regional UN reform, and the African Union (AU) and its organs, including the Regional Economic Commissions⁸.

B. Context

⁸ SADC, EAC, COMESA, and IGAD

With an estimated population of 618 million in 2020 of which 33 per cent are young people aged 10-24, the East and Southern African (ESA) region covers 23 countries, at varying levels of development. The COVID-19 pandemic adversely impacted economies, lives and livelihoods across the region, exacerbating poverty levels, contributing to rising inequality and exposing gaps in social protection systems. It is estimated that 39 million additional people across the African continent could fall into extreme poverty in 2021, if requisite actions are not taken.⁹ Women, adolescents and young people have been disproportionately affected, particularly those living in rural areas, with lower levels of education, fewer assets, and those living with disabilities.

The ESA region is also impacted by megatrends including increasing conflict and emergencies, climate change, migration, and accelerated digitalization, which pose both challenges and opportunities for strengthening resilience and innovation at institutional, community and individual levels.

The African Continental Free Trade Area and the Digital Transformation Strategy for Africa (2020 -2030)¹⁰, are key initiatives of the African Union's Agenda 2063 that are expected to promote inclusive, innovative and sustainable development across the continent over the next 50 years. The ongoing reform of the United Nations development system also provides opportunities for leveraging regional assets in support of accelerating progress towards the 3+1 transformative results, the Nairobi Summit commitments to advance the ICPD Programme of Action and the SDGs.

C: Core problems Affecting the 3+1 Transformative Results in East and Southern Africa

Despite a decline in maternal mortality ratio (MMR) in ESA by over 50 percent from 858 in 1994 to 391 per 100,000 live births in 2017¹¹. The current pace of MMR decline is not sufficient for the region to reach the SDG MMR goal of 70 deaths by 100,000 live-births by 2030. The MMR needs to decline by 12% per year, three times more than the current pace, to attain the SDG MMR goal in the ESA region. Evidence indicates that girls 15-19 years are twice as likely

⁹ African Economic outlook 2021, African Development Bank.

¹⁰ <https://au.int/sites/default/files/documents/38507-doc-dts-english.pdf>

¹¹ 1994 estimate is from the State of the World Population Report (SWOP) 2019, and 2017 estimate from SWOP 2020

to die during childbirth than young women over 20 years; and more than 10% of all maternal deaths in the region are estimated to be AIDS- related.¹²

Lack of readiness and functionality of primary health care delivery systems at both facility and community based systems level, including absence of skilled providers, essential products and supplies, and well maintained place of care, are major contributors to high maternal morbidity and mortality in the region. Evidence indicates that only half of the primary health care facilities in the region are fully ready to provide essential primary care¹³. This is exacerbated during emergencies due to weak resilience of maternal health delivery systems. Additionally, uneven progress in effective coverage of proven maternal health interventions has resulted in huge variation in MMR across the region, and more women dying because of poor quality of maternal care than lack of maternal care. Gaps in respectful care and absence of related accountability systems, discriminatory legal and policy provisions, and challenges with affordability have adversely impacted uptake of services. While most ESA countries have been deploying increasing domestic resources for health, the pace of increase is inadequate to address the essential health needs, including SRHR needs, of all people in all settings. Increased investments in universal health coverage (UHC) will contribute to removing financial barriers due to health insurance coverage and abolition of user fees for services.

Despite progress across the region in reducing unmet need for contraception, with one in two women using a modern method of contraception today, compared to one in four, 10 years ago, several gaps remain. Adolescent girls and young women are faced with the highest unmet need at 28%, compared with 23% for all women, particularly young, uneducated women and those in rural communities contributing to high levels of unintended pregnancies.

Access and uptake of contraceptives, particularly among women, adolescents and young people are impeded by location, costs, weak and multiple supply chains with distribution and other challenges in reaching the last mile and hard-to-reach populations, limited availability of contraceptive choices, particularly long-term methods at primary health care levels, and lack of provider skills. These challenges are exacerbated in humanitarian and emergency settings, but the Minimum Initial Services Package (MISP) containing lifesaving SRH interventions is still not fully integrated into national disaster preparedness and response plans in several countries. Additionally, legislation and restrictions that prevent unmarried women, adolescents and young people from accessing comprehensive SRHR, including

¹² Botswana, Eswatini, Lesotho, Namibia, South Africa

contraceptives, HIV and sexual and gender-based violence services, and gaps in access to quality comprehensive sexuality education for in and out of school young people, remain barriers to reducing unmet need for family planning.

The ESA region remains the epicenter of HIV with less than 8% of the world's population but over half (54%) of the number of people living with HIV in the world (20.7 million people)¹⁴. New infections fell by 38 per cent and AIDS-related deaths by 49 per cent,¹⁵ from 2010 to 2019, however data show that the 2021 prevention targets will be missed. Adolescent girls account for 25% of new infections, and key populations including sex workers, men who have sex with men as well as transgender persons, are also significantly affected.

Prevalence of multiple concurrent partnerships, particularly by men and younger women; insufficient condom use, socio-cultural norms, values and practices, poor access to and uptake of services, particularly for marginalised, mobile and migrant and other key and vulnerable populations and sexual and gender-based violence have increased the risks of HIV infection for women. Additional structural challenges include legal and policy barriers, pervasive gender inequalities, stigma and discrimination, poverty and inequality, marginalisation, and factors that lead to displacement, increase mobility and migration.

While 45% of women have experienced physical and/or sexual intimate partner violence (IPV) or non-partner sexual violence (SV) in their lifetime in sub-Saharan Africa¹⁶, there is a high prevalence of physical and sexual intimate partner violence among adolescents and young women in East and Southern Africa. 9% of girls aged 20-24 years are married before the age of 15, and 35% are married before the age of 18. Violence against women with disabilities was found to be even higher than for other groups of women in the ESA region, and situations of conflict and humanitarian emergencies place women and girls at increased risk of GBV.

Drivers of GBV, particularly SGBV include inequality, deep-rooted negative social-cultural norms and harmful practices, and patriarchal attitudes and gender stereotypes that promote negative masculinity and normalize GBV; and many women and girls have limited agency and decision making over their body and choices. Gaps in the legal and policy environment remain, with fewer than 65% of countries in Sub-Saharan Africa with laws that criminalize domestic violence, and where legislation exists, it is limited in scope and coverage, or is not enforced. Numerous women and girls are not accessing essential GBV services in several countries

¹⁴ UNAIDS 2020 Estimates

¹⁵ *ibid*

¹⁶ WHO regional estimate 2013

across the region due to lack of knowledge about services, lack of availability of integrated and multi-sectoral quality GBV services, and women's limited trust in essential care.

Climate change, protracted crisis, conflict, social-economic vulnerabilities, political instability, and public health emergencies pose multiple and emerging threats to achievement of the 3+1 transformative results and ICPD Programme of Action in the region. Climate related cyclone events in Mozambique, Zimbabwe, Botswana and South Africa; conflicts in Northern Ethiopia, Sudan, DRC, and South Sudan; food insecurity, drought in Southern Africa, desert locust invasions in Kenya and Ethiopia, and instability and migration exacerbated by climate events and conflicts in the Horn of Africa are key features. Over 45 million people were in need of humanitarian assistance as of January 2020, with over 12.1 million internally displaced people; 3.67 million refugees and over 500,000 irregular migrants.

The consequences of conflict and climate change and humanitarian emergencies on women and adolescent girls living in poor and vulnerable communities is manifested in gender-based violence, risky sexual behaviour, child marriage, and increased incidence of unintended pregnancies, and preventable maternal and neo-natal deaths. Additionally, these vulnerable populations are excluded from social protection, have inequitable access to digital technologies, and GBV prevention, response and referral services in affected areas.

Institutional capacity gaps in the generation, analysis and use of disaggregated data and evidence at national and subnational levels remain a challenge across the region. Weak policy and programme monitoring with accountability mechanisms poses a challenge for several countries, limiting the region's ability to track progress towards the SDGs, Agenda 2063 and the ICPD Agenda as well as national development plans. There is also limited role of innovation and modern technology in accelerating availability of data to effectively identify and reach those left behind with high impact interventions.

The regional bottleneck analysis suggests that if the ESA region continues with the same rate of progress that has been observed over the last 10 years, neither the 3+1 transformative results nor the goal of achieving universal SRHR will be achieved by 2030. The theory of change therefore identifies high impact interventions for the region to accelerate new ways of addressing bottlenecks at scale and with the pace required through innovation, digitization, strategic partnerships, sustainable financing, business operations and practices.

D. Pathways for accelerating Progress towards the 3+1 Transformative results in East and Southern Africa

Within the context of 'building forward better from the COVID-19 pandemic and accelerating progress towards the 3+1 transformative results, the ESA regional programme 2022-2025 will undertake high impact actions, contributing to the overarching goal of the UNFPA Strategic

Plan 2022-2025, to achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the Programme of Action of the International Conference on Population and Development, SDGs 1,3,5 10, 13, 16, 17 and the Nairobi Summit Commitments agreed in the region.

The regional programme will contribute to the Strategic Plan outcomes:

- 1) By 2025, the reduction in the unmet need for family planning has accelerated
 - 2) By 2025, the reduction in preventable maternal deaths has accelerated
 - 3) By 2025, the reduction in gender-based violence and harmful practices has accelerated;
- and the ESA-specific outcome:
- 4) By 2025, the reduction in the sexual transmission of HIV has accelerated.

ESARO Change Story at a Glance

Goal	Universal access to sexual reproductive health and reproductive rights and accelerate the achievement of the Programme of Action of the International Conference on Population and Development					
Outcomes	By 2025, the reduction in the unmet need for family planning has accelerated By 2025, the reduction of preventable maternal deaths has accelerated By 2025, the reduction of gender based violence and harmful practices has accelerated By 2025, the reduction in the sexual transmission of HIV has accelerated					
Outputs	Enhanced SRHR Policy, Financing and Accountability	Improved provision of people-centred quality, comprehensive SRHR information and services	Address harmful Gender, Social-cultural norms, and Discriminatory practices affecting SRHR	Enhanced use of Population dynamics and data for decision making on SRHR in the context of ICPD and SDGs;	Strengthened SRHR and systems resilience in Humanitarian response and peace-building	Improved empowerment and participation of Adolescents and Youth for realization of universal SRHR
RIAP STRATEGIC INTERVENTIONS						
Accelerators	Innovation including digitalization Partnerships including South-South and triangular cooperation and financing Human rights-based and gender transformative approaches Leaving no-one behind and reaching the Furthest behind first Resilience, nexus and adaptation Data, demographic dynamics and intelligence					
Structural Issues, Root Causes and Gaps						
<ul style="list-style-type: none"> • 1.49 million women, one in five, still have unmet need for family planning with adolescent girls and young women have the highest unmet need at 28%. Unmet need among AGYW is higher than among other age groups, and contraceptive prevalence rate (CPR) and percentage demand satisfied (PDS) lower than among other age groups. • 45% of women have experienced physical and/or sexual intimate partner violence (IPV) or non-partner sexual violence (SV) in their lifetime in sub-Saharan Africa. • High prevalence of physical and sexual intimate among adolescent and young women in East and Southern Africa • 26 per cent of all maternal deaths occur among adolescents • More than 10% of maternal deaths are estimated to be AIDS related. • 9% of girls aged 20-24 years were married before the age of 15 and 36% are married before the age of 18. • Adolescent girls constitute 17% of the population but account for 25% of new HIV infections against 12% in boys and young men 						

Taking into account, evidence of ‘what works’, the regional programme has prioritized six common pathways and inter-related Outputs to accelerate progress towards the 3+1 transformative results. In alignment with the global Strategic Plan, all the outputs contribute

to the achievement of each outcome; they have a multidimensional, ‘many-to-many’ relationship with these outcomes.



Output 1: Enhanced SRHR Policy, Financing and Accountability

By 2025, improved integration of sexual and reproductive health and reproductive rights, prioritizing maternal health, family planning, HIV prevention, gender-based violence and harmful practices, into the laws, policies, plans, financing, financial protection and accountability frameworks, in particular those related to universal health coverage

In order to achieve this Output, the programme will scale up evidence-based advocacy at regional and national levels to improve the policy and financing environment, and availability, accessibility and affordability of quality, people-centred SRHR through a life-cycle approach. Leveraging the increased political will and commitment to universal health coverage (UHC) globally and across the region, support to stronger primary health care systems (Astana Declaration, 2018) and the renewed momentum for an essential package of SRH services, including Nairobi Summit commitments to SRHR within UHC and the Guttmacher-Lancet essential package of 9 SRH interventions, ESARO will provide Country Offices with technical assistance to support the positioning of comprehensive SRHR within primary health care and universal health care frameworks for progressive implementation of the comprehensive

package of SRHR interventions at scale, including benefit packages, financing arrangements and financial protection mechanisms at country levels.

ESARO will also support countries to generate evidence across the region to demonstrate the cost effectiveness of investments in SRHR through investment cases.

The regional programme will scale up advocacy efforts and provide technical support at regional and national levels for the development and implementation of progressive gender responsive legislation and policies that address issues including, age of consent to access SRHR services (including HIV and SGBV) while ensuring equality on the provision related to consent to sexual activity, and addressing harmful practices including child marriage.

ESARO will: a) advocate for the integration of SRHR into universal health coverage and primary health care national benefit packages, financing, financial risk protection and service delivery modalities by optimising SDG-3 Global Action Plan, MAPUTO Plan of Action, regional H6, national UNCTs and other mechanisms b) promote gender responsive legislation & policies and address unfavourable laws and policies, including on GBV and other harmful practices, access to sexual and reproductive health services and rights, particularly for adolescents, including issues around age of consent by leveraging partnerships with the AU, RECs and human rights institutions c) enhance regional and country level capacity for costing of 3 + 1 Transformative Results, and undertake periodic national budget analyses for SRHR, and development of SRHR investment cases aligned to country-specific planning and budgeting cycles to provide evidence of cost effectiveness d) accelerate policy advocacy and normative guidance to scale up the Essential Services Package (ESP) on GBV with a focus on health, protection and psycho-social services with links to referral systems and e) strengthen regional and national institutions to address policy, administrative, economic and social barriers for accelerating progress towards universal access to SRHR, particularly for adolescents and young people.

The human rights based approach applied by ESARO underscores the needs of persons with disabilities (including young people with disabilities), key populations: sex workers, and men who have sex with men. Reaching populations left behind requires supporting regional and national level institutions to strengthen the use of disaggregated data and people-driven information, addressing the root cause of inequalities, particularly gender inequality, confronting discrimination and addressing the financial, legislative and policy barriers that exacerbate vulnerabilities of marginalized populations. The programme will therefore prioritize the needs of women, adolescents and young people, particularly adolescents with disabilities across intervention areas.

Strategic partners include the African Union, SADC, SADC PF, EAC, the H6 partners at regional level, UN agencies (particularly WHO, UNICEF,UNAIDS), civil society partners.

Output 2: Improved provision of people-centred Quality, comprehensive SRHR information and services

By 2025, strengthened capacity of systems, institutions and communities to provide rights-based and quality sexual and reproductive health promotive, preventive, protective and rehabilitative products and services, prioritizing maternal health, family planning, HIV prevention, gender-based violence and harmful practices, especially for furthest behind populations

In order to achieve this output, the programme will provide differentiated technical assistance to countries to improve readiness, functionality and resilience of primary health care delivery systems at the facility and community levels to deliver quality SRHR information and services. This includes support to facilitate simultaneous availability of the 3 Ps (skilled Providers, essential Products, and safe and well-maintained Place-of-Care); functionality and resilience of primary health care delivery systems at the facility as well as community based delivery systems, and strengthening adherence to clinical guidelines for improved quality-of-care for SRHR services. It also entails a focus on strengthening the integration of SRH-MISP which includes family planning, maternal and newborn care, abortion and post-abortion care (in compliance with national laws); HIV and GBV, with a focus on rolling out of the essential Services Package on GBV with an emphasis on health and psycho-social sectors and quality of care.

In partnership with Regional Economic Communities, ESARO will promote access to SRHR by supporting countries to take integration to scale, including building the capacity of local institutions on SRHR High Impact Practices (HIPs).

Given the importance of midwifery to the delivery of quality SRHR services, the programme will scale up partnerships with national and regional institutions to strengthen thought leadership on midwifery skill development and practice, optimizing opportunities to use digital solutions such as virtual learning, mentoring, clinical network and mobile job aids to strengthen the practice.

The programme will also support countries in strengthening accountability mechanisms to improve client-centred experience of care at primary health care facilities, including

interpersonal communication and scaling up self-care for SRHR, self-screening or detection, and self-management.

Building on the Swedish funded 2Gether4SRHR regional joint programme with UNICEF, WHO and UNAIDS, UNFPA thematic trust funds, and other regional interventions, the programme will a) strengthen capacities of regional and national institutions to improve readiness, functionality and resilience of PHC systems including enhancing efficiency and effectiveness of supply chain management systems, expanding choice, and establishing and improving adherence to normative standards to deliver people-centred, rights-based, integrated quality comprehensive SRHR information and services; b) enhance strategic partnerships with regional institutions and networks to scale up people centred, integrated, quality SRHR information and services at national levels c) strengthen thought leadership for enhancing midwifery education and practice, including optimizing digital solutions and d) strengthen right holder accountability systems to enhance user experience of SRHR information and services.

Strategic partners include UN agencies, including WHO, UNAIDS, UNICEF, H6, Ministries of Health across the region, civil society, SADC, EAC among others.

Output 3: Address harmful Gender, Social-cultural norms, and Discriminatory practices affecting SRHR

By 2025, strengthened mechanisms and capacities of multi-sectoral actors, institutions and systems to advance gender equality, women's rights and address discriminatory gender and sociocultural norms and stereotypes affecting SRHR, including gender-based violence and harmful practices.

To achieve this output, ESARO will build capacities of stakeholders, organizations and networks across the region to promote gender equitable social norms, and address harmful socio-cultural practices, including prevention of sexual exploitation, abuse and harassment (PSEAH), through strong engagement with social movements and regional and national networks, particularly women's networks.

These efforts will build on the Spotlight Initiative Africa Regional and Country Programmes aimed at eliminating violence against women and girls. It will also leverage the ongoing work with the AU and Regional Economic Commission, and joint programmes with UNICEF and UNWOMEN to strengthen policies, accountability mechanisms and political commitments to

end Child Marriage and FGM, including the Saleema Initiative and the AU Campaign on Child Marriage.

The programme will prioritize technical assistance to Country offices to better leverage gender-responsive legislation and promote an enabling environment for women and girls to exercise their rights to integrated, multi-sectoral services for GBV prevention and response, including the roll-out of the essential services package, leveraging the work in Output 1. It will also support regional and national efforts to strengthen availability of disaggregated population data to identify and target those left behind, particularly women and girls. Advancing gender equality and preventing GBV in Humanitarian emergencies will complement actions to empower women, adolescents and young people. Output 3 will leverage the work across all Output areas in order to promote gender equality and address gender-based violence.

In order to deliver on this Output, ESARO will: a) strengthen partnerships with regional and national institutions to address negative social norms which affect SRHR, including capacity of duty bearers and gate keepers to change discriminatory social norms; b) enhance meaningful engagement of men and boys through networks and champions to end GBV and harmful practices, promote SRH and enhance women's and girls agency and decision making capacity c) scale up efforts to promote independent and accountable social movements for SRHR strengthened d) enhance technical support for taking High Impact Practices to scale for improving women and girls' agency, bodily autonomy & decision making, and e) enhance support for optimizing existing human-rights reporting and accountability mechanisms (UPRs etc) to advance SRHR.

Strategic partners include UNWOMEN, ILO, FAO, World Bank , Network of traditional and religious leaders in the continent, such as the Council of Traditional Leaders (COTLA) and the African Council for Religious Leaders (ACRL), Grassroots, national and regional Women's Rights Organizations (WROs) and other institutions.

Output 4: Enhanced use of Population dynamics and data for decision making on SRHR in the context of ICPD and SDGs

By 2025, improved availability and use of population data and evidence for policy analysis and actions on the impacts of demographic changes and other mega-trends, including climate change on SRHR across the life course, prioritizing maternal health, family planning, HIV prevention, gender-based violence and harmful practices

This output is a key enabler for accelerating progress towards the 3+1 transformative results, and is integrally linked to all Outputs in the regional programme.

ESARO will build on established partnerships with regional and national institutions in the delivery of this output including AUC, RECs, National Statistical Offices (NSOs), UNECA, and other UN Agencies through the OIBC on Integrated data and statistics for sustainable development, Data Champion and Experts at national and regional levels. The programme will strengthen capacity for evidence-based scenario setting, forecasting, identification and targeting populations left behind across the humanitarian, development and peace contexts.

In order to improve the availability and use of population data and evidence, ESARO will strengthen capacities across the region to collect, analyze and use sex, age, location disaggregated data, including data that captures the multiple discriminations faced by women and girls. This includes country specific data on EmONC and/or PHC readiness assessments (at a minimum focusing on FP, delivery, abortion and post-abortion care); joint analysis of SRMNCAH continuity of services and community based MPDSR in selected countries among others; evidence on good practices for improving women and girl's bodily autonomy, and the generation of SRH-MISP and comprehensive SRHR coverage index among others.

The programme will strengthen population data and demographic intelligence by building on UNFPA's institutional strength in population and housing censuses, CRVS and DHS, and provide high value for forecasting megatrends, identifying who is left behind, and estimating and disaggregating SDG indicators, particularly within humanitarian contexts. This includes robust dissemination of data through innovation interactive approaches.

The programme will also strengthen the agenda for cutting-edge research on emerging issues impacting SRHR, and will support partners to leverage demographic change and diversity to build human capital and strengthen capacities to generate policy and programme- relevant data to guide decision making.

To achieve the output, the programme will; a) strengthen capacity for generation, analysis and use of disaggregated data and evidence to guide people-centred decision making in development, humanitarian and peace settings. It will build on UNFPA's institutional strength in population and housing censuses, civil registration and vital statistics (CRVS), Demographic Health Surveys (DHS), and periodic measurement and assessment of progress towards the transformative results, ICPD25 Commitments and SDGs; b) provide technical assistance to

enhance translation of evidence on population change across the life cycle into National Development Plans, Population policies Demographic Dividend roadmaps, adaptation frameworks, expenditure and accountability frameworks c) strengthen capacity for cutting edge research and evidence to guide SRHR policies and programmes, including impact of megatrends on SRHR, including climate change, migration, urbanization; d) enhance use of innovation and digitization in generation, analysis and use of population data and evidence to guide contributions to the SDGs; e) leverage UN-wide efforts to position, monitor and report the ICPD25 Commitments within continental, regional and national development agendas, including Addis Ababa Declaration on Population and Development (AADPD), Voluntary National Reviews (VNRs); SDGs and Africa Agenda 2063.

The programme also aims to support and mainstream technology-based solutions including intelligent data systems across our operations (RO, CO and innovation ecosystem) in the region. Strategic partners include UNECA, UN agencies, National Statistics Offices, World Bank, AFIDEP, academic institutions;

Output 5: Strengthened SRHR and systems resilience in Humanitarian response and peace-building

By 2025, strengthened capacity of actors, institutions and systems for preparedness, early action and provision of life-saving SRH interventions that are innovative, timely, integrated, conflict- and climate-sensitive and peace-responsive, prioritizing the Minimum Initial Service Package

To achieve this output, ESARO will support countries in building systems resilience to improve equitable access to SRHR services in collaboration with UN humanitarian Agencies, regional and national institutions. Given the impact of climate change and humanitarian emergencies on disruption of essential health and protection services, including SRHR services, the programme will build on evolving evidence on resilience building guided by a UN-wide whole of system approach to improve forecasting, maintenance, protection and building-back-better functions of systems at a minimum. This will strengthen early warning, pre-positioning, preparedness, and anticipatory actions. In recognition of the cross-border and trans boundary issues in the region, the programme will leverage regional partnerships for the Horn of Africa, Great Lakes region, Small Island Developing States and Landlocked Developing Countries.

Based on evidence of what works in building resilience of health systems, ESARO will provide technical support to countries in strengthening the (1) Forecasting function ability of the health system to ‘anticipate’ emerging challenges and resource needs and availability; (2)

Maintenance function - capacity of the health system to continue to deliver the same level (quantity, quality and equity) of basic healthcare services, including Sexual Reproductive Health – Minimum Initial Service Package (SRH-MISP) despite the shock; (3) Protection function - capacity of the health system to identify new vulnerabilities and deliver the basic healthcare services, including SRH-MISP, and protection to people despite the shock; (4) Build-back-better function - capacity of the health systems to introduce realistic reforms to improve (post-shock) health system’s planning, financing, delivery and financial protection capacity. This includes capacity building to deliver the MISP and preposition reproductive health commodities and supplies, and is linked to Outputs 1 and 2. The programme will support the integration of SRHR into national climate policies such as the Nationally Determined Contributions and National Adaptation Plans.

ESARO will also support countries to integrate RMNCAH into WHO climate health systems framework and implementation; address climate-related risks to maternal and neonatal health (e.g. heat, climate-related disasters and displacement, food insecurity, and strengthen links between development and humanitarian approaches to SRH, including through early warning, preparedness and anticipatory action.

Linked to output 5 on enhancing the use of population dynamics, ESARO will focus on strengthening data systems for climate vulnerability and adaptive capacity, including undertaking risk and vulnerability assessments taking into consideration protection issues, gender and vulnerable groups, and actions that are informed by disaggregated, spatially referenced population data. This includes the location, characteristics and mobility of populations in areas exposed to current and projected climate change hazards, and scaling-up partnerships with youth- and women-led civil society movements.

In order to deliver this Output, ESARO will a) strengthen partnerships with Africa CDC, RECs, RIASCO and member states leveraged to integrate SRH-MISP into regional, national and sub-national disaster preparedness and response plans b) support capacity building of regional and national actors to improve resilience system functions for delivery of SRH-MISP, prepositioning and deployment of targeted SRHR interventions in, health, education, food security and protection of women and youth interventions ; c) provide technical support to generate evidence on the impact of climate, fragility, conflict and violence (FCV) and humanitarian emergencies on SRHR including institutionalization of vulnerability assessments; and d) enhance engagement of human rights, women and youth-led institutions and networks to amplify their voice and participation in humanitarian emergencies and climate actions across the HDP nexus.

Strategic partners include Africa CDC, RECS, RIASCO, regional, national and sub-national disaster preparedness and response agencies.

Output 6: Improved empowerment and participation of Adolescents and Youth for realization of universal SRHR

By 2025, all adolescents and youth, especially adolescent girls, are empowered and have the agency, skills and tools to exercise their sexual and reproductive health and rights, especially bodily autonomy, and are equipped to exercise leadership, participation, social innovation and accountability

Recognizing the youthful population in the region, the programme will strengthen advocacy and policy-dialogue at regional and national levels to promote an enabling legal and policy environment for adolescent and youth responsive information and services, rights-based comprehensive sexuality education for in and out of school youth, and progressive realization of human rights of all adolescents and youth in their diversity for bodily autonomy, and protection from harmful practices.

The programme will provide countries with tailored support guided by good practices in people-centred quality integrated self-care service delivery models for adolescents and young people, including innovative solutions for menstrual health, mental health and prevention of substance abuse. It will leverage partnerships with regional and national youth networks including AFRIYAN, and young women's organizations to promote positive social norms towards ending GBV and harmful practices, including child marriage and female genital mutilation. Special emphasis will be placed on the most vulnerable young people, adolescent girls aged 10-14 years and PLWD. To promote the full realization of young people's potential and build human capital, the programme will support initiatives aiming at harnessing the demographic dividend through investments in socio-economic empowerment initiatives in collaboration with International Financial Institutions (IFI's), and partners at national and regional levels.

Building on the successes of the ESA flagship Safeguarding Young People's Programme, UN Joint Programmes on HIV, Child Marriage, and FGM, the regional programme will; a) leverage multi-sectoral partnership to promote youth leadership and accountability to accelerate progress towards universal SRHR; b) enhance advocacy for legal and policy reforms required to accelerate implementation of adolescents and youth responsive interventions; c) strengthen synergies to scale up innovation solutions for universal SRHR; d) enhance coverage

of quality CSE for in-and out-of school adolescents and young people, and e) scale up solutions to improve agency, bodily autonomy and access to SRHR information and services by Adolescents and Young People (AYP), with components on sustainable livelihoods in collaboration with IFIs.

This Output will be achieved by leveraging the work in Output 1 to create an enabling environment that facilitates access to ASRHR and promote and respect human rights of all adolescents and youth in their diversity through laws and policy reforms, including engaging with the judiciary, parliaments and law enforcement officials at regional level, while leveraging continental and regional human rights/SDGs mechanisms (UPR, VNR, Special Rapporteurs and other). The programme will also prioritize advocacy for laws and policies that address child marriage, and well-financed, comprehensive, and multi-sectoral programmes that empower girls and their communities.

ESARO will support delivery of this output by strengthening the current youth participation and leadership model to reflect diversity and the multi-sectoral nature of youth development, including scaling up partnerships with regional networks to ensure a larger footprint of youth-led action in the region, enhanced civic engagement to support young people in humanitarian action and youth, peace and security initiatives in line with the AU Framework on youth, peace and security. The programme will also support countries to improve comprehensive sexuality education, with a focus on measurable quality of CSE delivery, strengthening linkages (referral mechanisms) in particular between CSE interventions and the health sector, mainstreaming climate adaptation through CSE, tailoring CSE to local contexts, and strengthening innovation with a focus on leaving no-one behind.

Finally, ESARO will leverage partnerships with International financial institutions to promote the integration of ASRHR into economic empowerment initiatives as a key strategy for amplifying economic and social returns on investment for economic empowerment initiatives for youth. Strategic Partners include: Youth Connekt Africa, the World Bank, the Africa Development Bank, Global Initiative on decent jobs for youth, ILO, UNICEF, with which engagements have already been initiated.

E. Modes of Engagement

In order to support effective integrated delivery of these six inter-connected Outputs, ESARO will provide differentiated technical and programmatic advisory services at regional and national levels, and to Country Offices through the establishment of a virtual regional SRHR

Technical Assistance hub, and digital innovation hubs that will build on the experiences and lessons learned from the ESA Middle income Country Technical Hub. The joint regional UN SRHR TA hub will provide quality-assured, timely and well-coordinated technical assistance (TA) for all aspects of SRHR to RECs and governments. Technical assistance will focus on strengthening policy coherence, integrated planning, financing, delivery and monitoring and evaluation of SRHR services – with a strong focus on integration. The hub will initially involve UNFPA, WHO, UNICEF and UNAIDS, but is expected to include additional agencies.

The use of digital solutions will be employed to enhance delivery of programme results across all six outputs, including improving awareness and knowledge pertaining to SRHR, improving trust between public health care delivery systems and citizens, and identifying solutions for receiving feedback on integrated, people-centred SRHR services among other areas.

Capacity building support will be provided to Governments, national institutions and actors, and regional institutions including through the use of virtual capacity building initiatives focusing on eLearning or mLearning platforms, virtual mentoring, virtual clinical networks, and mobile job-aids, particularly in supporting the delivery of people centred SRHR.

The Regional Office will scale-up evidence based advocacy and policy dialogue at continental level focusing on the African Union, UNFPA-supported regional advocacy platforms and interagency collaboration through the issue-based coalitions at the regional level (focusing on SADC, EAC and H6) and country level and other mechanisms. At country level, ESARO will support advocacy and other efforts to support implementation of the Nairobi Summit commitments.

The programme will leverage strategic partnerships, including through effective engagement with regional Economic Commissions to advance regional and continental policy level initiatives, strengthening One UN/ joint UN work at country and regional levels; facilitating South-South and triangular cooperation between countries and across regions, and scaling up partnerships with non-traditional partners, women’s networks and others.

ESARO will also strengthen knowledge management in the region by scaling-up the development and delivery of quality knowledge products

Organizational Efficiency and Effectiveness

ESARO will also strengthen its support to country offices to improve programming for results through strengthening results-based management, monitoring and evaluation support and operational effectiveness and efficiency.

Technical assistance and capacity building support will be provided to Country Offices to identify and scale up opportunities for innovative financing, and strengthen communication for impact in order to mobilize support and resources to improve the lives of women, adolescents and young people, particularly the most vulnerable through accelerated delivery of the 3+1 transformative results.

ESARO will continue to support the implementation of UNSG recommendations 1-5 on regional UNDS reforms. In Africa, the UN system aligned with priorities at continental and sub-regional level to ensure coherence towards achieving SDGs and aspirations of Africa Agenda 2063. UNFPA ESARO co-leads the Opportunity Issue-based coalitions on: (i) Strengthened integrated data and statistical systems for sustainable development (OIBC 1). UNFPA is further represented in the Regional Collaborative Platform as well as across all the task teams of Knowledge management, System-wide reporting and Common back offices, and will continue to leverage the UNDS reform and regional assets to support acceleration towards the 3+1 transformative results.

F. Accelerators

In line with the Strategic Plan 2022-2025, the regional programme has adapted the six global accelerators that are expected to fast-track progress towards the achievement of the outputs. The accelerators are integrated across all Output areas and will be leveraged throughout the programme to strengthen delivery of results. The accelerators are:

1. Human Rights-Based and Gender transformative approaches
2. Innovation and digitalization
3. Partnerships, South-South and Triangular Cooperation and financing
4. Data and evidence
5. Leaving no one Behind and Reaching the Furthest Behind First
6. Resilience and adaptation and complementarity of humanitarian action, development and peace-responsive efforts

G. Assumptions and Risks

Assumptions

In order to effectively deliver the six-inter-related Outputs in the regional programme, the following overarching conditions are expected to be in place;

- There is an ability to scale up domestic resources for SRHR, including through innovative financing instruments;
- Countries will Improve national infrastructure and investments for digitalization and innovation ecosystem
- There will be Government leadership for SRHR and fulfilment of ICPD25 Commitments in the SDG Decade of Action
- Capacity and culture of evidence-based decision making at regional and national levels will be enhanced
- UN Reform and Strategic partnerships will deliver social and economic public goods for sustainable development across the HDP nexus
- Shortages in skills will be mitigated by integration of services, use of technology and innovation, as well as South-South and triangular cooperation.

Risks

There are several key risks that pose a growing threat to the effective implementation of the regional programme, including;

- Ongoing conservatism towards sexual and reproductive health and rights
- Persistent socio-cultural norms persist, reinforcing negative patriarchy and translating into political and legal barriers
- Varying national operational capacities to deliver on SRHR commitments
- Constrained fiscal space for SRHR
- Increased humanitarian crises, climate change, and inequalities, exacerbated by COVID-19

Taking these risks into account, the programme will develop risk mitigation and management strategies in order to better anticipate, monitor and mitigate against risks to the implementation of the programme.

Change Story for ESA RPAP 2022-2025

	Change Story for ESA RPAP 2022-2025				
GOAL	Achieve universal access to sexual reproductive health and reproductive rights and accelerate the implementation of Action of the International Conference on Population and Development				
Outcomes	<p>Outcome 1. By 2025, the reduction in the unmet need for family planning has accelerated.</p> <p>Outcome 2. By 2025, the reduction of preventable maternal deaths has accelerated</p> <p>Outcome 3. By 2025, the reduction in gender based violence and harmful practices has accelerated</p> <p>Outcome 4. By 2025, the reduction in sexual transmission of HIV has accelerated</p>				
RIAP Outputs 2022-2025	<p>Output 1 : Enhanced SRHR Policy, Financing and Accountability</p> <p>By 2025, improved integration of sexual and reproductive health and reproductive rights, prioritizing maternal health, family planning, HIV prevention, gender-based violence and harmful practices, into the laws, policies, plans, financing, financial protection and accountability frameworks, in particular those related to universal health coverage.</p>	<p>Output 2 : Improved provision of people-centred Quality, comprehensive SRHR information and services</p> <p>By 2025, strengthened capacity of systems, institutions and communities to provide rights-based and quality sexual and reproductive health promotive, preventive, protective and rehabilitative products and services, prioritizing maternal health, family planning, HIV prevention, gender-based violence and harmful practices, especially for furthest behind populations.</p>	<p>Output 3 : Address harmful Gender, Social-cultural norms, and Discriminatory practices affecting SRHR</p> <p>By 2025, strengthened mechanisms and capacities of multi-sectoral actors, institutions and systems to advance gender equality, women's rights and address discriminatory gender and sociocultural norms and stereotypes affecting SRHR, including gender-based violence and harmful practices.</p>	<p>Output 4 : Enhanced use of Population dynamics and data for decision making on SRHR in the context of ICPD and SDGs</p> <p>By 2025, improved availability and use of population data and evidence for policy analysis and actions on the impacts of demographic changes and other mega-trends, including climate change on SRHR across the life course, prioritizing maternal health, family planning, HIV prevention, gender-based violence and harmful practices</p>	<p>Output 5 : Strengthened and system resilience Humanitarian response building</p> <p>By 2025, strengthened capacity of institutions and systems for preparedness action and life-saving intervention timely, intersectoral and conflict-sensitive and responsive to the Minimum Service Package</p>

<p>RIAP Strategic Interventions</p>	<p>1.Enhanced integration of SRHR into UHC and PHC national benefit packages, financing, financial risk protection and service delivery modalities by optimising SDG-3 Global Action Plan, MAPUTO Plan of Action, regional H6, national UNCTs and other initiatives.</p> <p>2.Enhanced regional and country level capacity for costing of 3 + 1 Transformative Results, and undertaking periodic national budget analyses for SRHR, and development of SRHR investment cases aligned to country-specific planning and budgeting cycles</p> <p>3.Accelerated policy advocacy and normative guidance to scale up Essential Services Package (ESP) on GBV with focus on health, protection and psycho-social services with links to referral systems</p> <p>4. Gender responsive legislation & policies, including on GBV and other harmful</p>	<p>1. Strengthened regional and national institutions to improve readiness, functionality and resilience of PHC systems including enhancing efficiency and effectiveness of supply chain management systems, expanding choice, and establishing and improving adherence to normative standards to deliver people-centred, rights-based, integrated quality comprehensive SRHR information and services.</p> <p>2. Enhanced strategic partnerships with regional institutions and networks to scale up people centred, integrated, quality SRHR information and services at national levels</p> <p>3. Strengthened thought leadership for enhancing midwifery education and practice, including optimising digital solutions</p> <p>4. Strengthened right holder accountability systems to enhance user experience of SRHR information and services</p>	<p>1.Strengthened partnerships with regional and national institutions to address negative social norms which affect SRHR, incl capacity of duty bearers and gate keepers to change discriminatory social norms</p> <p>2. Enhanced meaningful engagement of men and boys through networks and champions to end GBV and harmful practices, promote SRH and enhance women's and girls agency and decision making capacity</p> <p>3. Efforts promoting independent and accountable social movements for SRHR strengthened</p> <p>4. Enhanced support for taking High Impact Practices to scale for improving women and girls' agency, bodily autonomy & decision making</p> <p>5. Enhanced support for optimizing existing human-rights reporting and accountability mechanisms (UPRs etc) to advance</p>	<p>1. Accelerated generation, analysis and use of disaggregated data and evidence for people-centred decision making in development, humanitarian and peace settings, including routine data, surveys, Census, periodic measurement and assessment of progress towards universal SRHR</p> <p>2. Amplified translation of population dynamics and evidence into National Development Plans, Demographic Dividend roadmaps, adaptation frameworks, budgetary expenditure and accountability mechanisms for SRHR</p> <p>4. Enhanced support for innovation in the use of changing population dynamics, and for deepened demographic intelligence to guide and influence Population policies in line with SDGs/ICPD Agenda</p>	<p>1. Partners Africa CDC RIASCO at states level integrate SRHR into regional and sub-national disaster preparedness and response</p> <p>2. Strengthen capacity of regional and national systems to improve resilience system functionality delivery of SRHR prepositioned SRHR interventions health, education security and of women and girls interventions</p> <p>3. Strengthen support to evidence of climate, conflict and (FCV) and humanitarian emergencies including institutional vulnerability assessments</p> <p>4. Enhance engagement rights, women youth-led initiatives and networks amplify the participation humanitarian emergencies</p>
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	<p>practices, expanded by leveraging AU, RECs and human rights institutions</p> <p>5. Strengthened regional and national institutions to address policy, administrative, economic and social barriers for accelerating progress towards universal access to SRHR, particularly for adolescents and young people</p>		SRHR	<p>5. UN-wide efforts leveraged to position ICPD25 Commitments within continental and regional development agenda</p>	climate act the HDP ne
<p>Enabler/ Cross cutting interventions</p>	<p>Innovation including digitalization Partnerships including South-South and triangular cooperation and financing Human rights-based and gender transformative approaches Leaving no-one behind and reaching the Furthest behind first Resilience, nexus and adaptation Data, demographic dynamics and intelligence</p>				
<p>Risks</p>	<p>Continuous conservatism towards sexual and reproductive health and rights Varying national operational capacities to deliver on SRHR commitments Constrained fiscal space for SRHR Increased humanitarian crises, climate change, and inequalities, exacerbated by COVID-19</p>				

<p>Assumptions</p>	<p>Ability to scale up domestic resources for SRHR, including through innovative financing instruments Improved national infrastructure and investments for digitalization and innovation ecosystem Government leadership for SRHR and fulfilment of ICPD25 Commitments in the SDG Decade of Action Enhanced capacity and culture of evidence-based decision making at regional and national levels UN Reform and Strategic partnerships deliver social and economic public goods for sustainable development</p>
<p>Structural Issues, root causes and Gaps</p>	<p>High level of inequalities within and across countries makes it difficult for countries to reach those left behind Unfavourable and discriminatory laws, policies, traditions, beliefs and norms which undermine access to SRHR including GBV particularly for adolescents and young people Inadequate domestic financial investment in SRHR, including contraception Policies are not targeted to reach the furthest behind and most vulnerable- Gaps in readiness , functionality and resilience of primary health care delivery systems Poor quality of care (including disrespectful care and limited choices) limits use of FP and other SRHR services Gaps in adolescent responsive health services, including for maternal health, family planning and GBV Lack of integrated demand generation and services, inadequate or mis-information, and discontinuation of care Multiple emerging threats such as climate, disasters, conflicts affecting progress on SRHR Low levels of resilience and adaptive capacity to climate change and other emerging threats Weaknesses in data systems and capacities to use data for evidence based policy, including lack of disaggregation Prevalence of multiple concurrent partnerships, including age-disparate sex; insufficient condom use; Gender inequality Maternal morbidity Poverty</p>
<p>For the Core Problems in East and Southern Africa</p>	<p>1.49 million women, one in five, still have unmet need for family planning with adolescent girls and young women at 28%, compared with 23% for all women. Unmet need among AGYW is higher than among other age groups Rate (CPR) and percentage demand satisfied (PDS) lower than among other age groups 45% of women have experienced physical and/or sexual intimate partner violence (IPV) or non-partner sexual violence in sub-Saharan Africa. High prevalence of physical and sexual intimate among adolescent and young women in 26 per cent of all maternal deaths occur among adolescents More than 10% of maternal deaths are estimated to be AIDS related. 9% of girls aged 20-24 years were married before the age of 15 and 35% are married before the age of 18.</p>

Annex C: Regional Program Outputs, Planned Interventions and Resources

Prepared by Evaluation Team

Source: RPAP programme document

RPAP Output	Planned Interventions*	Indicative Resources
Six Interrelated Outputs		
Output 1: By 2025, improved integration of sexual and reproductive health and reproductive rights, prioritizing maternal health, family planning, HIV prevention, gender-based violence and harmful practices into the laws, policies, plans, financing, financial protection and accountability frameworks, in particular those related to universal health coverage.	<ul style="list-style-type: none"> scale up evidence-based advocacy at regional and national levels to improve legal, policy and financing environment for quality, people-centred, integrated SRHR leverage increased political will and commitment to UHC and PHC to strengthen integration of comprehensive SRHR services promote gender responsive and rights-based legislation and policies in partnerships with the AU, RECs and human rights institutions to improve equitable access to SRHR information and services. enhance regional and country level capacities to advocate for increased domestic resources for SRHR advance multi-sectoral policies that leverage population change across the life cycle and, strengthen translation of disaggregated data, statistics, research and evidence into policy actions scale up collaboration with the AU, RECs and member states to strengthen accountability frameworks for SRHR. 	<p>\$8.4M (\$4.2M from regular resources and \$4.2M from other resources)</p> <p>21%</p>
Output 2: By 2025, strengthened capacity of systems, institutions and communities to provide rights-based and quality sexual and reproductive health promotive, preventive, protective and rehabilitative products and services, prioritizing maternal health, family planning, HIV prevention, gender-based violence and harmful practices,	<ul style="list-style-type: none"> provide differentiated technical assistance to countries to improve readiness, functionality and resilience of primary health care delivery systems at the facility and community levels to deliver quality SRHR information and services strengthen capacities of regional and national institutions to improve readiness, functionality and resilience of PHC systems improve adherence to normative standards for provision of people-centred, rights-based, integrated quality comprehensive SRHR information and services enhance strategic partnerships with regional institutions and networks to implement regulatory and accountability frameworks at national levels strengthen thought leadership for enhancing midwifery education and practice, including optimizing digital solutions; strengthen right holder accountability systems to enhance user experience of SRHR information and services 	<p>\$5.5M (\$1.6M from regular resources and \$3.9M from other resources)</p> <p>13.6%</p>

especially for furthest behind populations		
Output 3: By 2025, strengthened mechanisms and capacities of multi-sectoral actors, institutions and systems to advance gender equality, women's rights and address discriminatory gender and sociocultural norms and stereotypes affecting SRHR, including gender-based violence and harmful practices.	<ul style="list-style-type: none"> strengthen capacities of regional and national level stakeholders to promote gender equitable social norms, and address harmful socio-cultural practices, including prevention of sexual exploitation, abuse and harassment (PSEAH) leverage gender-responsive legislation and an enabling policy environment for women and girls to exercise their rights to integrated, multi-sectoral services for GBV prevention and response strengthen partnerships with continental, regional and national institutions to address negative social norms which affect SRHR enhance meaningful engagement of men and boys through networks and champions to end GBV and harmful practices, and promote SRHR scale up efforts to promote independent and accountable social movements for SRHR enhance innovation for taking high impact practices to scale to improve women and girls' agency, bodily autonomy and decision making strengthen integration of SRHR into human-rights reporting and accountability mechanisms. 	<p>\$5.5M (\$2.3M from regular resources and \$3.2M from other resources)</p> <p>13.6%</p>
Output 4: By 2025, improved availability and use of population data and evidence for policy analysis and actions on the impacts of demographic changes and other mega-trends, including climate change on SRHR across the life course, prioritizing maternal health, family planning, HIV prevention, gender-based violence and harmful practices	<ul style="list-style-type: none"> strengthen capacity for generation, analysis and use of disaggregated data and evidence to guide people-centred decision making in development, humanitarian and peace settings provide technical assistance to enhance translation of evidence on population change across the life cycle into National Development Plans, Population policies, Demographic Dividend roadmaps, climate change adaptation frameworks, disaster risk reduction framework, expenditure and accountability frameworks strengthen capacity for cutting edge research, modeling and evidence to guide SRHR policies and programmes enhance use of innovation and digitization in generation, analysis and use of population data and evidence to guide contributions to the SDGs leverage UN-wide efforts to position, monitor and report on the ICPD25 Commitments 	<p>\$6.9M (\$4.9M from regular resources and \$2.0M from other resources)</p> <p>17.1%</p>
Output 5: By 2025, strengthened capacity of actors, institutions and systems for preparedness, early action and provision	<ul style="list-style-type: none"> strengthen partnerships with AU, RECs, Pan African Institutions, member states, RIASCO and RHPT UN Agencies to integrate SRH-MISP into regional, and national disaster preparedness and response plans support capacity building of regional and national actors to improve resilience system functions for the delivery of SRH-MISP, 	<p>\$5.4M (\$3.7M from regular resources and \$1.7M from other resources)</p> <p>13.4%</p>

of life-saving SRH interventions that are innovative, timely, integrated, conflict- and climate-sensitive and peace-responsive, prioritizing the Minimum Initial Service Package	<ul style="list-style-type: none"> strengthen capacity to conduct vulnerability assessments and generate, analyse and use data and evidence on the impact of climate, fragility, conflict and violence (FCV) on SRHR for decision making enhance engagement of human rights institutions, women and youth-led groups and networks to amplify voice and representation in preparedness and response actions in humanitarian emergencies, climate sensitive and peace-responsive actions 	
Output 6: By 2025, all adolescents and youth, especially adolescent girls, are empowered and have the agency, skills and tools to exercise their sexual and reproductive health and rights, especially bodily autonomy, and are equipped to exercise leadership, participation, social innovation and accountability	<ul style="list-style-type: none"> leverage multi-sectoral partnership to promote youth leadership and accountability to accelerate progress towards universal SRHR; enhance advocacy for legal and policy and financing reforms required to accelerate implementation of adolescents and youth responsive interventions strengthen synergies to scale up innovative solutions for universal SRHR enhance coverage of quality CSE for in-and out-of school adolescents and young people scale up solutions to improve agency, bodily autonomy and access to SRHR information and services by Adolescents and Young People (AYP) 	<p>\$6.5M (\$1.5M from regular resources and \$5.0M from other resources)</p> <p>16.2%</p>
Operational Effectiveness and Efficiency		
OOE1: Improved programming for results	<ul style="list-style-type: none"> provide integrated technical, policy and programme advisory support for tailored country programmes that align to national development plans and priorities, and the United Nations Sustainable Development Cooperation Frameworks (UNSDCF) strengthen the technical assistance platform established under the RIAP 2018-2021 to manage, monitor and evaluate the quality, timeliness and relevance of technical assistance provided to country offices support amplified regional and country frameworks to scale up innovation and digital transformation for SRHR within the ecosystem, including facilitating the adoption of drone technologies to improve provision of life saving services 	<p>\$0.9M from regular resources</p> <p>2.2%</p>
OOE2: Optimized management of resources	<ul style="list-style-type: none"> strengthen operational capacity for preparedness actions and rapid response during emergencies scale up management and oversight of resources, particularly non-core resources in collaboration with Country Offices, with emphasis on strengthening procurement, finance and administration beyond middle income countries and in line with the Common Back Office (CBO) initiative and Business Operations Strategy (BOS) collaborate with corporate level Units to support Country Offices in rolling-out the Enterprise Risk Management system 	<p>\$0.7M from regular resources</p> <p>1.7%</p>

	(ERM) and the information and communication technologies transformation project	
OOE3: Expanded partnerships for impact	<ul style="list-style-type: none"> • diversifying the resource base to raise at least \$400 million from non-core resources for both country and regional programmes; • securing at least 5 percent of the non-core resource target through innovative financing and non-traditional donors; • strengthening value proposition for regional humanitarian response; • mobilizing increased annual core contributions from at least 16 countries in the region; • sustaining internal capacity building and donor intelligence to Country Offices • enhance capacities of staff at regional and country levels to communicate results and raise awareness on the unfinished business for women, adolescents and youth in the region; • strengthen organizational credibility and brand visibility; • develop a campaign-based approach to digital communications, • protect the brand by implementing a crisis communications strategy 	<p>\$0.5M from regular resources</p> <p>1.2%</p>

*Note: the list of planned interventions is presented as illustrative, rather than complete. It is drawn from the RP programme document.

Annex D: List of Stakeholders Interviewed

Prepared by Evaluation Team

Source: Interview Notes

Country/Regional	Name	Organization
Regional	Chief Research and Deputy Director at Development Policy Research Unit, UCT	University of Cape Town
Regional	Director	East African Community
Regional	Executive Director · SRHR Africa Trust (SAT)	SRHR Africa Trust (SAT)
Regional	Director, UNFPA Liaison	African Union
Regional	Director SADC Parliamentary	SADC
Ethiopia	Director	Hamlin Fistula Ethiopia
Ethiopia	Director	Ministry of Health – Maternal, Child Health and Nutrition Directorate
Ethiopia	Director	World Vision - Ethiopia
Ethiopia	Pharmacist	Ethiopian Pharmaceutical Supply Service
Ethiopia	UNICEF	UNICEF
Ethiopia	Member	Ethiopian Midwives Association
Ethiopia	Lead Executive Officer · Federal Ministry of Health Ethiopia	Ministry of Health – Health Professionals Competency Assessment and Licensure Directorate
Ethiopia	WHO	WHO
Ethiopia	Technical Specialist GBV/Gender, HPs and Youth	Ministry of Women and Social Affairs
Ethiopia	Demiss Yami	Ethiopian Disaster Risk Management Commission
Ethiopia	Ethiopian Statistical Service	Ethiopian Statistical Service
Zimbabwe	Deputy Director of Reproductive Health · Ministry of Health and Child Welfare	Ministry of Health and Child Care (MOHCC)
Zimbabwe	Gender and Development Practitioner, GBV and Protection Specialist	Ministry of Women’s Affairs, Community, Small and Medium Enterprises Development (MWACSMED)
Zimbabwe	Director - Statistical Services · Zimbabwe National Statistics Agency	Zimbabwe National Statistics Agency (ZIMSTAT)
Zimbabwe	Social Statistics Manager	ZIMSTAT
Zimbabwe	Zimbabwe National Family Planning Council (ZNFPC)	Zimbabwe National Family Planning Council (ZNFPC)

Zimbabwe	Zimbabwe National Family Planning Council (ZNFPC), Gweru	Zimbabwe National Family Planning Council (ZNFPC), Gweru
Zimbabwe	National AIDS Council (NAC)	National AIDS Council (NAC)
Zimbabwe	Office of the President and Cabinet (OPC), Midlands Province	Office of the President and Cabinet (OPC), Midlands Province
Zimbabwe	Office of the President and Cabinet (OPC), Midlands Province	Office of the President and Cabinet (OPC), Midlands Province
Zimbabwe	Ministry of Health and Child Care, Midlands Province	Ministry of Health and Child Care, Midlands Province
Zimbabwe	Ministry of Health and Child Care, Midlands Province	Ministry of Health and Child Care, Midlands Province
Zimbabwe	Ministry of Health and Child Care, Midlands Province	Ministry of Health and Child Care, Midlands Province
Zimbabwe	Ministry of Health and Child Care, Midlands Province	Ministry of Health and Child Care, Midlands Province
Zimbabwe	Ministry of Women's Affairs, Community, Small and Medium Enterprises Development	Ministry of Women's Affairs, Community, Small and Medium Enterprises Development
Zimbabwe	Ministry of Women's Affairs, Community, Small and Medium Enterprises Development	Ministry of Women's Affairs, Community, Small and Medium Enterprises Development
Zimbabwe	Musasa, Headquarters	Musasa, Headquarters
Zimbabwe	Young People's Network on SRHR, HIV and AIDS	Young People's Network on SRHR, HIV and AIDS
Zimbabwe	Young People's Network on SRHR, HIV and AIDS	Young People's Network on SRHR, HIV and AIDS
Zimbabwe	Young People's Network on SRHR, HIV and AIDS	Young People's Network on SRHR, HIV and AIDS
Zimbabwe	Young People's Network on SRHR, HIV and AIDS	Young People's Network on SRHR, HIV and AIDS
Zimbabwe	Midlands State University, Health Services, Dept. SAYWHAT Gweru	Midlands State University, Health Services, Dept. SAYWHAT Gweru
Zimbabwe	SAYWHAT Gweru	SAYWHAT Gweru
Zimbabwe	UNICEF	UNICEF
Zimbabwe	UN WOMEN	UN WOMEN
Zimbabwe	World Health Organisation (WHO)	World Health Organisation (WHO)
Zimbabwe	European Union (EU)	European Union (EU)
Zimbabwe	European Union (EU)	European Union (EU)
Zimbabwe	Swiss Agency for Development and Cooperation (SDC)	Swiss Agency for Development and Cooperation (SDC)
Namibia	Ministry of Education, Arts and Culture	Ministry of Education, Arts and Culture

Namibia	Ministry of Education, Arts and Culture	Ministry of Education, Arts and Culture
Namibia	Ministry of Gender, Equality, Poverty Eradication and Social Welfare (MGEPEWSW)	Ministry of Gender, Equality, Poverty Eradication and Social Welfare (MGEPEWSW)
Namibia	Ministry of Gender, Equality, Poverty Eradication and Social Welfare (MGEPEWSW)	Ministry of Gender, Equality, Poverty Eradication and Social Welfare (MGEPEWSW)
Namibia	Primary Health Care Directorate, Family Health Division, Ministry of Health and Social Services (MoHSS)	Primary Health Care Directorate, Family Health Division, Ministry of Health and Social Services (MoHSS)
Namibia	Quality Assurance, Ministry of Health and Social Services (MoHSS)	Quality Assurance, Ministry of Health and Social Services (MoHSS)
Namibia	University of Namibia	University of Namibia
Namibia	Faculty of Education, International University of Management	Faculty of Education, International University of Management
Namibia	Namibia Statistics Agency	Namibia Statistics Agency
Namibia	Konga Microfinance	Konga Microfinance
Namibia	Konga Microfinance	Konga Microfinance
Namibia	Konga Microfinance	Konga Microfinance
Namibia	National Youth Council	National Youth Council
Namibia	One Economy Foundation	One Economy Foundation
Namibia	One Economy Foundation	One Economy Foundation
Namibia	One Economy Foundation	One Economy Foundation
Namibia	One Economy Foundation	One Economy Foundation
Namibia	One Economy Foundation	One Economy Foundation
Namibia	One Economy Foundation	One Economy Foundation
Namibia	PA at Namibia Planned parenthood Association (NAPPA)	Namibia Planned Parenthood Association (NAPPA)
Namibia	REGAIN Trust	REGAIN Trust
Namibia	Honourable member	National Assembly
Namibia	UNAIDS	UNAIDS
Namibia	UNAIDS	UNAIDS
Namibia	UNESCO	UNESCO
Namibia	UNICEF	UNICEF
Namibia	WHO	WHO
Kenya	Feminist for Peace, Rights and Justice Centre, Kibera	Feminist for Peace, Rights and Justice Centre, Kibera
Kenya	Director General	National Council for Population and Development (NCPD)
Kenya	Mark Marangu 24 years old lead	Doctor Register
Kenya	Chairperson Midwife Association	AMREF, White Ribbon Alliance, Midwives Association (MAC)

Kenya	Former Chairperson, UNFPA Youth Advisory Panel member	Youth empowerment representatives
Kenya	Head of outreach and public sector IP	KEMSA, KEBS, MOH, MSK
Kenya	Imara TV	Imara TV
Kenya	Kenya National Bureau of Statistics	Population Studies Research Institute, Civil Registration Services, Monitoring and Evaluation Directorate
Kenya	Centre for Enhancing Democracy, World Vision, Africa Coordinating Centre for Abandonment of FGM	Centre for Enhancing Democracy, World Vision, Africa Coordinating Centre for Abandonment of FGM,
Kenya	Youth Development Officers State Department	Youth Development Officer State Department, DSW, govt - national and county, young people – National <i>Syndemic Diseases Control Council (NSDCC)</i> formerly the National Aids Control Council) MOH, Beyond Zero, MENSA
Kenya	Nairobi County, Kenya · Technical Coordinator-Health · International Rescue Committee (IRC)	Health Coordinator, International Rescue Committee (IRC)
Kenya	IPAS	IPAS
Kenya	Ountry Partners	Together SRHR
Kenya	Red Cross	Red Cross

Annex E: Evaluation Matrix

Prepared by Evaluation Team

Source: SPE Inception Report, Inception Phase consultations

Accelerators	
EQ1: To what extent are current accelerators effective, coherent and adaptable to evolving challenges to advance UNFPA's results? (HRBA & gender transformative approaches; innovation and digitalization; partnerships/SSTC/financing; data and evidence; LNOB; resilience and adaptation)	
Sub-questions	1.1 To what extent has the RO successfully utilized each of the six accelerators, as relevant to the regional context, to accelerate progress towards the transformative results? 1.2 To what extent has the RO expanded its humanitarian response capacity in the region?
OECD-DAC Criteria	Relevance, Coherence, Effectiveness

Assumption to be assessed	The regional office was able to maximize the advancement of the TRs through the use of the accelerators.
Indicators	<ul style="list-style-type: none"> • The extent to which each accelerator was used in planning and implementation of regional and local interventions • Respondent feedback on the relevance and application of each accelerator • Evidence of the accelerators as key tools for interventions • Evidence that the accelerators were able to adapt during interventions as required • Relevant and strength of individual accelerators and extent of redundancy between them
Sources/ Methods/ Tools	Desk Review KIIs: RO staff, CO staff, key partners
Strategic Shifts	
EQ2: How are the strategic shifts supporting the achievement of the TRs in the East and Southern Africa region?	
Sub-questions	2.1 To what extent has the RO successfully utilized and incorporated each of the 12 strategic shifts, as relevant to the regional context, to accelerate progress? 2.2 How did the RO's adoption of an Adaptive Management organizational approach support progress towards the TRs?
OECD-DAC Criteria	Coherence, Effectiveness
Assumptions to be assessed	<ul style="list-style-type: none"> • The regional office has developed a common organizational focus with countries and across the region driving towards achievement of the TRs. • The megatrends have been meaningfully incorporated in programming at the regional and country levels. • UNFPA's regional programming has integrated HRBA and LNOB principles across programming and is achieving demonstrable results for targeted populations. • The UNFPA has been successful in scaling the provision of high-quality, comprehensive sexual and reproductive health information and services. • The regional office has been successful in ensuring that a transformative gender and social norm approach has been integrated across the region in both prioritization and operationalization. • The regional office has supported country level flexibility and agility in a way that has increased positive partnership and a coherent UN approach in the countries and in the region.
Indicators	<ul style="list-style-type: none"> • Evidence of programming alignment in countries and across the region • Evidence of common outcomes towards the TRs • Evidence of the usefulness of the megatrends in advancing results • Extent to which targeted populations are considered and impacted across all interventions • Evidence of scaling approach and enabling environment in place for the provision of SRH information and services • Extent to which a transformative gender and social norm approach is mainstreamed across regional and country programmes • Evidence of joint programming and other forms of UN agency cooperation • Respondent evidence of a coherent UN presence in countries • Extent of UNFPA's influence in shaping joint UN frameworks towards the TRs
Sources/ Methods/ Tools	Desk Review KIIs: RO staff, CO staff, UN agency staff, key partners

Enablers	
EQ3: To what extent have the enablers facilitated the implementation of the accelerators and strategic shifts within the region?	
Sub-questions	3.1 How fit-for-purpose are enabling functions and business processes (cross-cutting coordination, strategic communication, resource mobilization, knowledge management, business operations, M&E)?
OECD-DAC Criteria	Relevance, Efficiency
Assumption to be assessed	UNFPA's workforce and the ESARO office has the appropriate skills, knowledge, processes and capacity to deliver technical and enabling functions at the regional and country level to support the advancement of the TRs.
Indicators	<ul style="list-style-type: none"> • Extent to which workforce is able to adapt and respond to shifts in demands at the regional and country level • Extent to which workforce is aligned to and organized in support of the advancement of the TRs • Evidence of support by regional office workforce to country offices • Evidence of the effectiveness of enabling functions and business processes
Sources/ Methods/ Tools	Desk Review KIIs: RO staff, CO staff

Annex F: Data Collection Tools

Note: In all data collection processes (interviews, focus groups and surveys), the evaluation team will collect and disaggregate responses and data by gender using male, female, non-binary, choose not to say options, as well as by type of interviewee (staff, partner, etc) and country. The team will provide introductions, explanations of the evaluation process, the purpose of the data collection approach, the confidentiality of the process and the data collection and storage methods. The team will seek consent to continue and, if necessary/relevant, seek consent to record the conversation.

Key Informant Interview Questions to be asked as relevant to the particular informant (Partners and Stakeholders, other UN agencies, UNFPA staff)

	Interview Question	Relates to EQ	UNFPA staff	Partners and Stakeholders	Other UN agencies
1	In your view and from your perspective, what are the successes of the Regional Programme/intervention you were part of?	1-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Who has benefitted from those successes?	1-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	What would you say are the factors that created those successes?	1-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	In your view and from your perspective, what are the challenges the Regional Programme/intervention you were part of has experienced?	1-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	What would you say are the factors that played a part in the challenges and what was the result of the challenges?	1-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	In your mind, is the Regional Programme benefitting the people in your region/country who are the most left behind?	1,2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	How well have the needs of vulnerable and marginalized populations, adolescents and youth, and people with disabilities been considered in the programme/intervention?	1,2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	How has the Regional Programme adjusted for changes in the context of your country eg. conflict, climate crisis?	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	How has the Regional Programme supported resilience in your country/region?	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	How well do you feel the UNFPA works with partners in your country? (partner choice/expansion, support to partners)	1,2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

11	Do you feel that the UNFPA makes programming choices that are relevant to the issues and priorities in your country?	1,2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12	How much input do you have into the design of the intervention or programme, at the start, if changes are needed? Who else has input?	1,2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
13	How much influence has UNFPA had in shaping legislation and policy in the region/country?	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	What would you say is the value that the UNFPA has brought to your country/region? How could that be amplified?	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15	How well have the UNFPA's priorities been incorporated into the UNCT or UN at the regional level? Through JPs, in development frameworks, at the leadership table?	2	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
16	How well were the TRs, accelerators and shifts explained to you? How were you expected to incorporate them in your work?	1, 2, 3	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
17	How prepared do you feel the office (country or regional) was to meet the RPAP expectations? From a financial, human resources perspective?	3	<input checked="" type="checkbox"/>		
18	Specific follow ups as relevant to population and development, SRHR, youth and adolescents, gender equality, including: <ul style="list-style-type: none"> • How well has UNFPA supported the generation, analysis and use of data to enhance programming? To understand and incorporate megatrends? • How effective has UNFPA been in scaling SRHR capacity and resources? • How effective has UNFPA been in putting youth and adolescents in the centre in terms of design and implementation of programming and policy? • How effective has UNFPA been in creating sustainable models for addressing gender norms and responding to harmful practices and GBV? • How effective has the UNFPA been in expanding its humanitarian response? 	1,2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
19	What are your recommendations for moving forward – to cement the gains that have already been made and to address upcoming issues?	1-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Observation Protocol:

It is possible that during the in-country visits, the evaluation team will visit sites, such as clinics, schools and community centres, where programming is in session. The purpose of site visits is to triangulate documentary and interview evidence, including to generate more evidence with respect to inclusion/accountability to beneficiaries, to gain knowledge from programme delivery

personnel, to understand the process of the intervention and how the programming is delivered by programme partners, etc. The protocol for the site visits is as follows:

- The evaluation team will:
 - View materials, curricula and other documents at the site as applicable
 - Meet with the site/programme lead and/or programme delivery personnel
 - Meet with programme participants if a pre-arranged beneficiary focus group is included in the visit

- The evaluation team will not:
 - Sit in on any in-progress programming
 - Take photos of any individual beneficiaries
 - Interview beneficiaries in an ad hoc manner
 -

Evidence Database

This evaluation is expected to gather a significant amount of qualitative and some quantitative data and evidence. An evidence database will be used to collate, code against the EQs and analyse all data collected. The evidence database will be based on the evaluation matrix, with a columns for the data source and each EQ. The evidence provided by each data source will be sorted according to the EQ that it supports.

This database will allow the evidence to be reviewed and analyzed in totality and in cross-sections, and will allow the evaluation team to ensure that conclusions are based on evidence that has been triangulated and corroborated.

Sample Evidence Database

Data Source	EQ1	EQ2	EQ3	Etc
KII A	Relevant evidence x		Relevant evidence x	
KII B	Relevant evidence x	Relevant evidence x		
Doc 1		Relevant evidence x		
Doc 2	Relevant evidence x			

Annex G: Country Office Workshop Slides

The slides below are excerpted from the Country Office workshops held in each of the four field visit countries at the end of the Evaluation Team visit. The purpose of these workshops was to share the lessons gleaned through the week of interviews and visits, to receive feedback from personnel, and to discuss key issues that emerged, related to the evaluation questions. The Evaluation Team is grateful to the Country Office personnel in Ethiopia, Kenya, Namibia and Zimbabwe for their time and thoughtful contributions. The slides below are only what was presented to the personnel and do not reflect their feedback.

Zimbabwe – Workshop held May 31, 2024

PRELIMINARY LESSONS

BEST PRACTICES

- Best practices are realized when UNFPA focuses on the enabling environment:
 - Strong government relationship
 - Co-creation with partners
- Youth engagement and leadership creates immediate gains and longer-term social norm change.
- On-the-job mentorship of health care workers is more efficient than classroom training and more easily sustained in an era of worker attrition.

PRELIMINARY LESSONS

SUSTAINABILITY

- A nuanced and multi-faceted approach to sustainability of gains and partner resilience is required:
 - Critical services require continuity strategies to ensure that offerings do not fail women and girls.
 - There is a role for UNFPA in assessment of partner need to support a sustainability and resource mobilization map, including identification of partners that could be considered for small and targeted donor funding and are ready to engage in financing discussions.
 - Transfer to government/institutional financing can be a successful form of funding-financing and requires strong relationships to achieve. Other financing options should be explored.

PRELIMINARY LESSONS

ORGANIZATIONAL REALITIES

- While the 3TRs +1 have created a shared focus and resulting gains, an evolution in focus is required to respond to the evolution in need and context.
- Likewise, in an era of reduced donor funding in key mandate areas, UNFPA must clearly articulate its role and comparative advantage in an evidence-based fashion. This also suggests the need for evolution of the 3TRs.
- To operationalize UNFPA's aspirations and commitments, a greater organizational agility is required, particularly in terms of operational infrastructure.
- Humanitarian response/resilience capacity should be mainstreamed and integrated across programming and HR skill sets, and with partners.

PRELIMINARY LESSONS

EMERGING TRENDS

- Co-creation and support for innovation is a UNFPA strength. While digital innovation is a critical next focus and can provide significant efficiency and scale gains in critical need areas, attention should be paid to the enabling environment.
- While UNFPA shores up the gains it has made in the normative framework and service provision, it must turn its full attention to the most challenging and unresolved issue - influencing social norms.

Kenya – Workshop held May 24, 2024

PRELIMINARY OBSERVATIONS

RELATIONSHIPS

Lesson: Youth engagement has yielded tremendous results in terms of their output and advocacy. It should be considered a hybrid of beneficiary and partner approaches and requires a long-term engagement strategy to support youth during and after their engagement with UNFPA.

Lesson: Co-creation, transparency and an obvious intentionality regarding partnerships have created a culture of buy-in and organizational credibility, and support sustainability.

PRELIMINARY OBSERVATIONS

A FOCUSED APPROACH

Lesson: Localization provides the opportunity to work transformatively at institutional, personal and social/cultural levels in a targeted and intensive fashion.

Lesson: Through ongoing attention from UNFPA on key issues, partners feel validated, networking occurs, donor and government attention stays focused.

Lesson: Mentorship in country and across the region builds sustainability as advocates replicate good practices locally and regionally.

PRELIMINARY OBSERVATIONS

A FOCUSED APPROACH

Lesson: Localization provides the opportunity to work transformatively at institutional, personal and social/cultural levels in a targeted and intensive fashion.

Lesson: Through ongoing attention from UNFPA on key issues, partners feel validated, networking occurs, donor and government attention stays focused.

Lesson: Mentorship in country and across the region builds sustainability as advocates replicate good practices locally and regionally.

PRELIMINARY OBSERVATIONS

EMERGING CHALLENGES

Lesson: Agility – in terms of mandate, organizational structure, mindset, skills, relationships, and resource mobilization – will be required to increase resilience and to respond to a rise in unpredictable humanitarian crises and shifting financial realities.

Lesson: Ongoing social retrenching/regression in terms of the core mandate areas of UNFPA will require a thoughtful and steady position in order to support at-risk partners and beneficiaries.

PRELIMINARY OBSERVATIONS

RELATIONSHIPS

Lesson: Youth engagement has yielded is a blend of beneficiary and partner approaches and requires a long-term engagement strategy to support youth during and after their engagement with UNFPA.

Lesson: Co-creation, transparency and an obvious intentionality regarding partnerships have created a culture of buy-in and organizational credibility, and supports sustainability.

PRELIMINARY OBSERVATIONS

A FOCUSED APPROACH

Lesson: Localization provides the opportunity to work transformationally at institutional, personal and social/cultural levels in a targeted and intensive fashion.

Lesson: Through ongoing attention from UNFPA on key issues, partners feel validated, networking occurs, donor and government attention stays focused.

Lesson: Mentorship in country and across the region builds sustainability as advocates replicate good practices locally and regionally.

PRELIMINARY OBSERVATIONS

ORGANIZATION AND STRUCTURE

Lesson: UNFPA appears to be in a period of both shifting priorities and shifting organizational structures, which introduces the potential for instability and a disjointed approach.

Lesson: The SP approach, in particular the 3TRs, resonates with stakeholders/partners and creates a common focus. There are implications from this common focus for a) population and data partners and b) the regional TR.

PRELIMINARY OBSERVATIONS

EMERGING CHALLENGES

Lesson: Agility – in terms of mandate, organizational structure, mindset, skills, relationships, and resource mobilization – will be required to respond to a rise in unpredictable humanitarian crises and shifting financial realities.

Lesson: Ongoing social retrenching/regression in terms of the core mandate areas of UNFPA will require a thoughtful and steady position in order to support at risk partners and beneficiaries.

PRELIMINARY LESSONS

GOOD PRACTICES

- Best practices are realized when UNFPA focuses on the enabling environment:
 - Strong relationship with government and stakeholders
 - Co-creation and collaboration with partners
- Youth engagement, involvement in planning and implementation and leadership development create immediate as well as sustainable gains and longer-term behavioral and social norm change.
- A comprehensive life course approach to girls and women creates value for the beneficiaries and community.

PRELIMINARY LESSONS

SUSTAINABILITY

- Evidence-based and needs-responsive programming has greater buy-in, and creates sustainable solutions.
- Critical services require continuity strategies to ensure that offerings do not fail women and girls.
- Capacity building and skills transfer should continue getting support till the partner is confident of running the programme themselves.
- UNFPA has a continued role in the assessment of partners' needs for resource mobilization and sustainability, and accordingly build capacities, including identification of partners that could be considered for small and targeted donor funding and are ready to move from funding to financing.

A nuanced and multi-faceted approach to sustainability of gains and partner resilience is required

PRELIMINARY LESSONS

ORGANIZATIONAL REALITIES

- While the 3TRs +1 have created a shared focus and resulting gains, an evolution in focus is required to respond to the evolution in need and context, especially the young people where the new HIV infections and teenage pregnancies are rising.
- There continues to be a high dependency on UNFPA for technical assistance and funding. In an era of reduced donor funding in key mandate areas, UNFPA must clearly articulate its role and comparative advantage in an evidence-based fashion. UNFPA should also clearly communicate (scale, scope and length of program commitments) to its partners well in advance so that programs and relationship with partners are not affected.
- The reclassification to upper middle-income country for Namibia does not seem justified because of the prevailing high level of inequality, poverty and vulnerability of a large segment of the population.
- To operationalize UNFPA's aspirations and commitments, a greater organizational agility is required, particularly in terms of operational infrastructure.

PRELIMINARY LESSONS

EMERGING TRENDS

- Data needs of the government and in core programme areas need to be strengthened. National capacities to analyse and use data need support.
- Co-creation and support for innovation is a UNFPA strength. While digital innovation is a critical next focus and can provide significant efficiency and scale gains in critical need areas, attention should be paid to the enabling environment.
- While UNFPA shores up the gains it has made in the normative framework and service provision, it must turn its full attention to the most challenging and unresolved issue - influencing social norms.

Annex H: List of Documents Reviewed

1. Comms Products – RPAP (with embedded links)
2. UNFPA Social Innovation Toolkit
3. UNFPA ESA Innovation and Digital Transformation Strategy
4. Signed ToRs Innovation Lab evaluation
5. RLM Emerging technologies
6. HackLabs ERG
7. Final Draft Inception Report HackLab evaluation
8. HackLabs Final Evaluation
9. Response to comments about the HackLabs Final Evaluation
10. Finalized iDocs-ESARO Folder Structure
11. ESARO KM Roadmap
12. TOR KM Committee
13. Needs assessment form
14. Knowledge Hub
15. Name competition score sheet
16. Knowledge hub name suggestions by staff
17. Knowledge hum name competition banners
18. Knowledge hub name competition TOR
19. Forms for the knowledge hub name competition
20. FAQs for the knowledge hub name competition
21. Call to name ESA knowledge hub
22. Global UNFPA KM strategy Final 12-12-2018
23. Finalized iDocs – ESARO Folder Structure
24. ESARO KM Roadmap 2021
25. ESARO KM Action Plan 2019
26. Difference between the ESARO iDocs Repository and the ESA Knowledge Hub
27. FAQs Documents
28. ESARO iDocs Repository – Visual Aids
29. Climate Change Template – ESA Knowledge Hub
30. Needs Assessment Results
31. ESA Knowledge Hub Needs Assessment
32. Images and Forms for Google Site
33. Programme Informaiton for KH
34. Knowledge Hub setup instructions
35. Focus Area Information for KH: Knowledge Management
36. Focus Area – Climate Change
37. ESA Knowledge Hub web designer
38. ESA Knowledge Hub site map and maintenance routie
39. ESA KH Consultancy – roadmap
40. MIC-Hub’s Cover Page
41. MIC-Hub Annual Results Report 2023

42. MIC-Hub as a best practice in UNFPA MTR Strategic Evaluation
43. MIC-Hub Co-Designs Annual Workplan with Six MICs
44. Internal Strategy Brief, Strengthening the UNFPA offer to Middle-Income Countries: Opportunities and Strategies for the Expansion of ESARO's MIC_Hub
45. Assessing South Africa's budget and expenditure of SRHR and population dynamics: Policy Implications for UNFPA South Africa
46. Addressing Teenage Pregnancy in South Africa
47. Transformative Strategies for Gender Role Dynamics in Mauritius and Seychelles
48. Charting the Future Demographic Diversity in Botswana: A UNFPA-Guided Approach to the Successor Population Policy
49. Transformative alliances: Catalyzing inclusive development through UNFPA's engagement with extractive industries in Namibia
50. Regional United Nations Development Group Strategy of Support to Middle-Income Countries
51. MIC-Hub Futures Paper: Middle-Income Countries in the ESA Region
52. UNFPA Middle-Income Country (MIC) strategy in ESA Region (2019)
53. Strategic plan task team on Tailored Approach to UNFPA Programming (2021)
54. ESAR MICs Resource Mobilization Plan 2021-2023
55. OEE2_RRP for Regional Office_E&SA Region-from page 30
56. 2022 Q1 Programme Review meeting summary
57. 2022 Q2 Programme Review_Block Week Notes
58. 2022 Q3 Programme Review meeting summary
59. 2022 Q4 Programme Retreat Actions Follow up 05.12.2022
60. 2023 Q2 Block Week_Mid Year Programme Review notes
61. 2023 Q3 Block Week Notes
62. 2023 Q3 Programme Review Notes Q1 2023
63. Portfolio Review 2022
64. ESA Countries KPI Jan-Apr 2022
65. ESA Countries KPI May-Aug 2022
66. Portfolio Review 2023
67. ESA Countries KPI 2023
68. 2022-2023 Technical Assistance Analysis
69. TA strategy evaluation concept note
70. Technical Assistance 2022
71. Report of ESARO Technical Assistance Oct 2023
72. Report of ESARO Technical Assistance Jan 2023
73. Report of ESARO Technical Assistance Oct 2022
74. Technical Assistance Analysis 2022
75. TA Tool User Guide
76. Technical Assistance Strategy
77. Technical Assistance Internal Rapid Assessment
78. Master RPAP Multi Year WP & 2022 Final Approved Work plan
79. Final GPS_2022 UNFPA Workplan
80. 2022 AWP Summary
81. Master RPAP Multi Year WP & 2023 Approved Workplan
82. 2023 Signed Annual Work Plan

83. A World of Zeros Report web version
84. 2023 Q2 Monitoring
85. 2023 Q1 Monitoring
86. 2023 Annual Report
87. 2023 Annual Planning
88. 2022 Q4 Monitoring
89. 2022 Q3 Monitoring
90. 2022 Q2 Monitoring
91. 2022 Q1 Monitoring
92. 2022 Annual Report
93. 2022 Annual Planning
94. Approved RRP for Regional Office
95. East and Southern Africa Regional Programme 2022-2025
96. UNFPA engagement with AFDB possible opportunities
97. Revised Country Innovative Finance training
98. Resource Mobilization Training Uganda slides
99. Private sector fundraising
100. Joint programming
101. IFIs Engagement
102. Donor Communication and visibility
103. Different Types of Strategic Partnerships Agreements
104. UNFPA ESAR IF4D Strategy Toolkit
105. Innovative Financing in ESAR
106. Final ESARO RMP strategy
107. 2023_12_31_Cofinancing Contributions Record
108. Capacity building workshop on HIV prevention
109. UNFPA 3TRs report – March final
110. Promising and Best Practices: Virtual demand creation for more effective condom promotion (Zambia)
111. Promising and Best Practices: Micro-planning for more effective and efficient HIV programs (Malawi)
112. Promising and Best Practices: Building a Healthy Condom Market (Uganda)
113. Promising and Best Practices: Delivering Condoms to the Last Mile (Uganda)
114. Condom SI UNFPA 2021 certified financial report
115. Attachment 2 – PT.17.07.a Financial Report
116. 2022 AFS UNAIDS Statement
117. Action Plan DRC
118. Zimbabwe – Action planning HIV
119. Zambia – Action planning HIV
120. Uganda – Action planning HIV
121. Tanzania – Action planning HIV
122. South Sudan – Action planning HIV
123. South Africa – Action planning HIV
124. Rwanda – Action planning HIV
125. Namibia – Action planning HIV
126. Mozambique – Action planning HIV
127. Malawi – Action planning HIV

128. Madagascar– Action planning HIV
129. Lesotho– Action planning HIV
130. Kenya– Action planning HIV
131. Ethiopia– Action planning HIV
132. Eswatini– Action planning HIV
133. Eritrea– Action planning HIV
134. Burundi– Action planning HIV
135. Angola– Action planning HIV
136. Botswana– Action planning HIV
137. Programme Document UNAIDS UNFPA UNICEF WHO 2gether4SRHR
138. 2gether4SRHR Phase 1 Close out Report
139. SoWMy ESA 2022 country profile
140. Report of Nairobi Joint MPDSR workshop
141. Final UNFPA Report Digital Health
142. ESARO midwifery report first part 04
143. 2022 ESARO MPDSR Status Report Final
144. Update Evaluation of the Spotlight Initiative
145. TOR Spotlight Initiative Evaluation
146. Sustainability Strategy
147. SIARP 2021 Annual Progress report
148. SIARP Final Narrative Programme Report
149. Final and Signed Spotlight Initiative Africa
150. Audit Preliminary Findings for Discussion
151. Africa RP MTA Report Final
152. 2023-03-03 Spotlight Initiative Draft Report
153. 2023 Spotlight Annual Report
154. 5th RSC Meeting Minutes Final
155. 4th RSC Meeting Minutes Final
156. 3rd RSC Meeting Minutes Final
157. 2nd RSC Meeting Minutes Final
158. TORO33 LM Chapter Labour Law Guide 2023
159. TORO8A TOR PAP Model Law on Labour Migration
160. SADC Model Law on GBV
161. Discussion Guide Using SADC Model Law
162. Socio-Economic Costs of FGM 20 Jan 2022
163. Review of Cross Border Initiatives of IGAD to end cross-border Female Genital Mutilation
164. Remarks Deputy Executive Director UNFPA
165. IGAD FGM Inception Report Feedback 27-10-2021
166. IGAD Cross border Initiative Inception Report
167. TOR for AU Secondment
168. Presentation Road towards the AU EVAWG Convention
169. PM Position Paper Draft v3
170. Positive Masculinities Promising Practices
171. Discussion Paper Engaging Men and Boys for SRHR
172. Draft Programme Validation Meeting Position Paper on PM

173. Draft Concept Note Mens Conference
174. AU Programme
175. Declaration Mens Conference
176. Webinar on REC & SIARP
177. UNFPA-UNCIEF FGM Joint Programme Phase IV Programme Document
178. MOU UNFPA UNICEF END FGM JP Phase IV
179. Validation Workshop Report – Gender Responsiveness Budget Analysis Report
180. Thematic brief Gender Equality 9 March 2023
181. Recommissioning Budget Analysis ToRs
182. Presentation 13 July 2023
183. Budget Analysis TOS
184. Analytical Report 9 March 2023
185. Remarks Deputy Executive Director UNFPA
186. Programme of Work 2024
187. Presentation on the Common Africa Position (K. Moruane)
188. OED Decision on Cleared Events
189. Ministerial Statement 14.02
190. Guidance Note side events during intergovernmental processes – 2024 update
191. ED BN Template revised
192. CSW 68 stakeholder consultations
193. CSW 68 Briefing Thivhu
194. CSW 68 Briefing Ranji
195. CPD57 (2024) Side Events Matrix
196. Concept note on Malawi Government Side event – UNFPA inputs
197. Annex FBO engagement against GBV and harmful practices
198. Training Manual Final August 11 2022
199. Research protocol Jan 2024
200. Positive masculinity report Sudd Institution
201. Curriculum Aug 11 2022
202. CSR Spotlight initiative masculinity study Jan 2024
203. Combined Modules – Spotlight Initiative VAWG Online Course
204. Revised version 2 of draft CRVS Strategy
205. Issues Paper on Vital Statistics and its relevance in monitoring progress
206. Issues Paper Marriage and Divorce registration in Africa UNFPA 12102022
207. 2022 CRVS Indepth Assessment on VS 6 countries in ESA Feb 2023
208. Guidance Note – UNFPA Technical & Operational Support to the 2020 Census
209. UNFPA external sitrep 1 to 30 January northern Ethiopia response
210. UNFPA Horn of Africa Drought Crisis
211. Stories Rebuilding Health Systems
212. Size revised UNFPA Ethiopia 2023 Annual Report
213. Policy Brief Investing in Preparedness
214. MRA VA dissemination meeting report
215. MISP readiness AA final draft report Ethiopia
216. Final Study Report May 2023
217. Final Handbook UNFPA ESARO 21 May 2023

218.Climate Change Humanitarian Vision
219.Annual Report GBV AoR ESAR 2023
220.AK-Tanzania Capacity Diagnosis Report
221.Advocacy Messages MISP revised Aug 2023
222.Accountability to Affected Populations Final Draft
223.AAP regional dissemination meeting report
224.HOA Strategy Draft 4
225.MRA ESA Final for Review 26 April 2023
226.RWF SP 2023-2027 Final
227.RWF Operationalize Plan Final
228.RWF Action Plan Final
229.ICGLR RPSF Strategic Plan 2023-2027
230.ICGLR RPSF 2023 Action Plan
231.Plan to Operationalize the ICGLR RYF Secretariat
232.ICGLR RYF Strategic Plan (2023-2027)
233.ICGLR RYF 1-year plan of action
234.EUUN Report 2018-2022
235.YPH 4.0 2023 Final Report
236.Youth Power Hub Q3 Narrative Report
237.Youth Power Hub Q2 Narrative Report
238.Status Report on the Youth Power Hub Activities
239.Youth Power Hub Q4 Narrative Report
240.What Difference Does a Drink Make (video)
241.Variations in the Menstrual Cycle (video)
242.TuneMe Promotional Video (video)
243.Sexuality Faith and Culture (video)
244.Resilient Futures Climate Change Young People (video)
245.HIV Treatment Adherence (video)
246.Female Genital Mutilation Cutting Times are Changing (video)
247.Climate Change’s Impact on Sexual and Reproductive Health (video)
248.Age of Consent (video)
249.Why Age Matters (video)
250.Blessers Older Partners and Transactional Relationships (video)
251.ASRH and Economic Empowerment Tutorial 1 (video)
252.ASRH and Economic Empowerment Tutorial 2 (video)
253.ASRH and Economic Empowerment Tutorial 3 (video)
254.Simiyu Success Story 1 2023
255.Shinyanga Success Story 2 2023
256.Gravides Precore
257.IRS & Monitoring Reporting Tools
258.Dodoma Success Story 3 2023
259.Costed Adolescent and Youth Health Implementation
260.Botswana HIV Prevention Road Map Nov 2023
261.Annex 4 – SYP Activity Progress Report 2023
262.Annex 3 – Selected Webstories and Publications

263. Annex 2a – SYP 2023 Financial Report Narrative
264. Annex 2 – 2023 SYP Financial Interim Report
265. SYP Regional Annual Report 2023
266. SYP Annual Report 2022
267. SYP Regional Annual Report 2022
268. Annex 4 – Other SYP web and youtube stories
269. Annex 3(a) SYP 2022 Financial Report Budget Narrative
270. Annex 3 SYP 2022 Detailed Financial Report
271. Annex 2 Journal Articles abstracts
272. Annex 1 2022 Annual Report SYP Results Framework
273. SYP Report 2021 as of 31 January 2022
274. Annex 4 – SYP Angola 2021 Progress Report
275. Annex 3 – 2021 SYP EKN report Mozambique
276. Annex 2 – SYP 2021 Interim Financial Report
277. Annex 1 – SYP Results Framework 2021
278. WASH and Waste Disposal Technical Brief
279. SRHR Technical Brief
280. Research, Monitoring and Evaluation Technical Brief
281. Products, standards and value chain Technical Brief
282. LNOB with PWD emphasis Technical Brief
283. Humanitarian Settings Technical Brief
284. Human Rights and Gender TA Technical Brief
285. Education and Skills Building Technical Brief
286. Climate Change and Resilience Technical Brief
287. Africa MH Symposium Report 21 July
288. Youth CSE Peer Reviewed Journal Articles
289. Negative impact of climate change on maternal health
290. Environmental crises exacerbate some drivers of change
291. Climate change and gender based violence
292. Climate change and cse
293. Bodily autonomy and access to family planning
294. Advocacy – impact of climate crisis on SRHR
295. UNFPA 2023 Annual Report Equality Now
296. SIARP Spotlight Final Narrative Programme Report
297. Report of the Joint Sitting of SADC PF Standing Committee
298. GPECM World Café UNFPA Contribution 2023
299. MSA Brief 03
300. Child Marriage Policy Briefs 3-05
301. Child Marriage Policy Briefs 2-05
302. Child Marriage Policy Briefs 1-09
303. UNFPA ESARO Child Marriage Report
304. UNFPA ESARO Child Marriage ES
305. UNFPA ASRHR and Youth Publications
306. UNFPA Age Consent Advocacy
307. UNFPA Scoping Study Youth Work

308.Final Outcome of 6 November 2023 AADPD
309.Silent struggles voices women overcoming obstetric fistula and disability
310.Addressing harmful practices through social innovation
311.UNFPA ESARO Child Marriage Report
312.Zero GBV and other Harmful Practices
313.Refreshed futures paper Getting to Zero HIV
314.Impact of HIV on 3TRs in ESA Rapid Assessment Report
315.ESARO HIV Prevention Framework Review
316.Rwanda SRHR Matric
317.Situating SRHR in UHC
318.Futures paper 2 on ending preventable maternal death
319.State of Midwifery in ESA region 2021
320.Uganda EmONC Dashboard
321.SRH Self Care Presentation
322.Futures paper – Zero Unmet Need for Family Planning in East and Southern Africa Region
323.Family Planning Acceleration Plan
324.Scaling Up FP HIPs, HRBA, GTA – Report on Capacity Building
325.South Sudan Last Mile Assurance (LMA) In-Country Assessment
326.Uganda implementation of HRBA
327.The UNFPA Supplies Compact in ESAR
328.Supply chain overview report 2023
329.Quarterly stock review regional report: Central Level 2024 q1
330.Botswana Investment Case
331.South Sudan Investment Case
332.Tanzania SRHR Financing Brief
333.Zimbabwe SRHR Financing Brief
334.UNFPA Maternal Health Trust Fund
335.Kenya Country Programme Document
336.2023 UN Kenya Annual Results Report
337.2022 Annual Report Kenya
338.2023 Annual Report Kenya
339.Spotlight Initiative Africa Regional Programme
340.Ethiopia CERF Report
341.Ethiopia CERF Report DARTS
342.UOI86 Ethiopia Project
343.UOI25 Ethiopia Project
344.UOH69 Ethiopia Project
345.UOC82 Ethiopia Project
346.Progress Narrative Report UOC82
347.UOC81 Ethiopia Project
348.UOC81 progress report
349.UOC81 final report
350.UOC77 Ethiopia Project Final Narrative Report
351.UOC76 Ethiopia Project
352.UOC76 progress report

353.UOC76 Final Narrative Report
354.The Report on the Nairobi Summit on ICPD25
355.2022 Humanitarian Thematic Fund Report
356.2021Humanitarian Thematic Fund Report
357.2020 Humanitarian Thematic Fund Report
358.UNFPA Supplies Program documents and annual reports
359.UBRAF report 2020
360.UBRAF Country Joint Team 2022 summary report
361.Signed 2024-2025 Country Envelope Plan
362.National Summary Report
363.JPMS Report UNFP 2021
364.HIV prevention 2022 and 2023 Report
365.Ethiopia Endorsement CE 2022-23
366.Signed 2023 MHTF WP
367.MHTF 202 mid year report
368.Ethiopia 2023 MHTF Annex
369.Ethiopia 2023 MTHF Final Report
370.FGM Annual Reports 2020-2023
371.Child Marriage Annual Reports 2020-2023
372.2022 Ethiopia ACCESS Project
373.Ethiopia 2023 CAC Work Plan and Report
374.RH_strategy_May20_202125 V1.pdf
375.MOH ANC GUIDELINE_FINAL Feb 24 2022.pdf
376.Final version, National strategic plan for elimination of obstetric fistula Jan 5, 2021.pdf
377.approved- CBCM implementation guide (1).pdf
378.24hr PNC - Final August 28 (2) (1) PDF (2).pdf
379.Official statistics_CODE OF PRACTICE.pdf
380.NPC EFY2014&15 WPs.pdf
381.Mapping and Analyzing Stakeholders Engaged in Population and Development Interventions in Ethiopia
(2).pdf
382.Executive Summary-Comprehensive Assessment of the NPPE - Copy.pdf
383.Ethiopian Statistics Development Plan (2023-2025).pdf
384.MoE gender stratgy.pdf
385.MoH women children and youth strategy.pdf
386.Ethiopia-HIVAIDS-National-Strategic-Plan-2021-25.pdf
387.HIV Prevention in Ethiopia National Road Map 2018 - 2020 FINAL_FINAL.pdf
388.National AYH strategy dec 30_2021.pdf
389.youth-engagment-guidline_MoH_Final.pdf
390.1 SDG PF 2014 EFY Q4 JULY 2022
391.1 SDG PF 2014 EFY Q4 JULY 2022
392.1 SDG PF 2014 EFY Q4 Report 2022
393.1 SDG PF 2014 EFY Q4 Report 2022
394.1 SDG PF 2015 EFY Q3 Report 2023
395.1 SDG PF 2015 EFY Q3 Report 2023
396.1 SDG PF 2016 EFY Q1 Report 2023

397.Audit report review SDGPF for the year ended July 7 2022

398.1 SDG PF 2016 EFY Q1 Report 2023

399.Audit report review SDGPF for the year ended July 7 2022

400.SDG PF 2013 EFY Q 3 Report April 2021

401.SDG PF 2013 EFY Q 3 Report April 2021

402.SDG PF AUDITORS REPORT JUL 7 2022.pdf

403.SDG PF AUDITORS REPORT JUL 7 2022.pdf

404.SDGPF EFY 2015 1st Quarter Report 2022

405.VNR 2022 Ethiopia Report.pdf

406.SDGPF EFY 2015 2nd Quarter Report JULY 2023

407.SDGPF EFY 2015 2nd Quarter Report JULY 2023

408.SDGPF EFY 2015 2nd Quarter Report 2023

409.SDGPF EFY 2015 2nd Quarter Report 2023

410.RH_strategy_May20_202125 V1.pdf

411.MOH ANC GUIDELINE_FINAL Feb 24 2022.pdf

412.Health Sector Development and Investment Plan - MOH.pdf

413.Fist 9 month MCAH LEO report 09-4-2024.xlsx

414.Final version, National strategic plan for elimination of obstetric fistula Jan 5, 2021.pdf

415.approved- CBCM implementation guide (1).pdf

416.24hr PNC - Final August 28 (2) (1) PDF (2).pdf

417.Official statistics_CODE OF PRACTICE.pdf

418.Ethiopian Statistical Development Plan (2023-2025).pdf

419.Ethiopia- 10 year development plan.pdf

420.AADPD+10 Ethiopia Report 28 Aug 2023 .docx

421.Womn policy.pdf

422.National Roadmap to End Child Marriage and FGMC Aug 15 (2).pdf

423.Gender strategy.pdf

424.ETHIOPIA_UNSDCF_2020_2025_SIGNED_1.pdf

425.UNSDCF 2025 - 2030 Roadmap Final 15 Nov 2023 (002).docx

426.UNSDCF- EThiopia- 2020 to 2025.pdf

427.SP 2022-2025 Integrated Results and Resources Framework

428.SP 2022-2025 Integrated Results and Resources Framework.pdf

429.SP_CP Alignment- UNFPA Ethiopia Country Office_April 2023_Clean Version (1).pdf

430.AADPD+10_Revised Report_28 Aug 2023 (2).docx

431.Addis Ababa Declaration on Population and Development Plus Five.pdf

432.Final Document_Ethiopia's Recommitment for ICPD 25-.docx

433.The Report on the Nairobi Summit on ICPD25.pdf

434.Copy of Final- Midterm Evaluation of the 9th Country Program Final of Final, January 30,2024.pdf

435.Aligned/updated CPD_SP_CP Alignment- UNFPA Ethiopia Country Office.docx

436.Original 9th CPD.pdf

437.Copy of AYD overview 11-3-24.pptx

438.Copy of Brief Note on Population and Development Programme componentpptx

439.Copy of Major Programme focus areas - Gender and Social Norm Portfolio.pptx

440.Copy of Copy of Humanitarina-Development and Peace_Triple Nexus.pptx

441.Copy of Platforms TWGs-SRH final- SRHR.xlsx

- 442. Copy of SRHR overview- Induction Plan.pptx
- 443. Final_ETHIOPIA_Costed_Evaluation_Plan_Feb_2020 .pdf
- 444. Ninth CP Monitoring and Evaluation Plan.docx
- 445. 2020 Annual Planning - Ethiopia.pdf
- 446. 2021 Annual Planning - Ethiopia.pdf
- 447. 2022 Annual Planning - Ethiopia.pdf
- 448. 2023 Annual Planning - Ethiopia.pdf
- 449. CCA 2020- Ethiopia.pdf
- 450. Common Country Analysis 2023 - 19.9.2023 FINAL.docx
- 451. BMGF_UNFPA INV-045971_Investment Document_ Service Delivery Innovations in Conflict-Affected Areas
UNFPA_Due 08-07-2022 final.docx
- 452. CFP_CAW_PCN_UNWomen_ILO_UNFPA_fin.pdf

Annex I: Country Success Stories

This Annex contains examples of the way that Regional Office interventions or supports enhanced in-country programming, as gleaned by the Evaluation Team during field visits, interviews, and documentary review. These examples are referenced in the relevant finding.

Finding 3: The Youth Enterprise Model in Uganda

ESARO supports youth-led initiatives through empowerment programmes such as the Youth Empowerment Model (YEM) in Uganda that addresses the crucial yet often overlooked link between business and SRH. YEM creates opportunities and spaces for young people to acquire the skills needed for business and work, together with the information needed to make safe, responsible decisions related to SRH. The successes of the YEM in Uganda include improved knowledge on SRH issues, increase in use of contraceptives among participating youth and increase in use/access of SRH services. Young people in Kampala and Mubende were almost twice as likely to have sought SRH services at a health facility than those in the control districts¹.

Finding 3: #BeFree Movement in Namibia

The #BeFree Movement, a component of the One Economy Foundation, was launched by Namibia's First Lady, Monica Geingos, in November 2016 with the support of the United Nations Population Fund (UNFPA) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). Inspired by UNAIDS's initiative to achieve an AIDS-free generation by 2020 through the Start Free, Stay Free, AIDS Free campaign, #BeFree aims to create a youth-friendly environment that addresses a range of issues affecting young people.

The #BeFree Youth Campus features a clinic that offers reproductive health services such as contraceptives and STD testing for individuals aged 13-35. While HIV remains a central focus, the initiative has expanded to include mental health and psychosocial support. #BeFree is a youth-led campaign providing a safe, non-judgmental, and inclusive platform for honest and robust dialogue on various challenges that hinder youth development, including drug addiction, teenage pregnancy, psychosocial issues like suicide, and relationships with parents or caregivers.

As a comprehensive youth centre of excellence, the #BeFree Youth Campus offers a wide range of holistic services. These include life skills programs, psychosocial support, comprehensive sexual and reproductive health services (including comprehensive sexuality education), skills development, leadership training, and entertaining and educational content tailored for young people. This initiative underscores a commitment to empowering Namibia's youth by addressing their multifaceted needs in a supportive and inclusive manner.

The One Economy Foundation was launched by Namibia's First Lady, Monica Geingos, in November 2016 with the support of the United Nations Population Fund

(UNFPA) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The One Economy, an independent organisation governed by a Board of eight Directors, links between the haves (middle- and high-income earners) and have not (poor/low income earners). The youth also sit on the Board. The target population include adolescents and young people, young women and boys, teenage mothers, young people living with HIV and sex workers.

The partnership with UNFPA was established since inception in 2016 under the Safeguarding of Young people programme. The One Economy set up a one-stop center where all services are implemented under one roof (an integrated approach) and providing a youth-friendly environment that addresses a range of issues affecting young people, including SRH, GBV and HIV. As a comprehensive youth centre of excellence, the One Economy Youth Campus offers a wide range of holistic services. These include life skills programs, psychosocial support, comprehensive sexual and reproductive health services (including comprehensive sexuality education), skills development, leadership training, and entertaining and educational content tailored for young people. This initiative underscores a commitment to empowering Namibia's youth by addressing their multifaceted needs in a supportive and inclusive manner.

The One Economy Foundation receives financial and technical support (SRH, GBV raw data/statistics) from UNFPA. For example, UNFPA gave the Foundation interns who could move all corners of Namibia and outside the country implementing on the activities. The interns all received good jobs after leaving the foundation. The #BeFree Youth Campus features a clinic that offers reproductive health services such as contraceptives and STD testing for individuals aged 13-35. While HIV remains a central focus, the initiative has expanded to include mental health and psychosocial support. #BeFree is a youth-led campaign providing a safe, non-judgmental, and inclusive platform for honest and robust dialogue on various challenges that hinder youth development, including drug addiction, teenage pregnancy, psychosocial issues like suicide, and relationships with parents or caregivers.

UNFPA support made the program successful. Successes include awareness of health issues and GBV among the youth; increased membership from 3,218 at inception to 28,000 by 2015; focus on teenage pregnancy involving boys in the discussion, male and fatherhood involvement; and smart partnerships. The foundation adopted the humanitarian model and created how they approach young people. The organisation is using the model in their programmes. The model has influenced legislators, Rape Act, Survival Act, Child rights, divorce – protection of women and children and youth.

Finding 5: Leaving No One Behind in Ethiopia

The conflict in the Tigray region has led to severe humanitarian needs. UNFPA identified the most marginalized women and girls and worked in partnership with local governments and agencies to provide SRHR health services, including emergency obstetric care and support for survivors of GBV, through the distribution of dignity kits, the establishment of women-friendly spaces and the targeted training of local community health workers.

Finding 5: Disability Inclusion in Namibia

In Namibia, UNFPA not only supports the activities of two key disability organizations but UNFPA helped these organizations to come into existence by organizing their governing board meetings, and technical support in developing their strategic vision and plan. This support meant that the organization was able to approach and secure funds from Coca-Cola for an entrepreneurship programme for the disabled.

Finding 7: Kenya’s Beyond Zero Initiative

In Kenya, UNFPA effectively amplified the maternal mortality agenda by strategically enlisting the former First Lady as a national champion through her Beyond Zero Initiative. This collaboration galvanized nationwide support for maternal and child health, directing focused efforts towards high-burden counties responsible for 98% of maternal deaths in 2015. The initiative showcased UNFPA's ability to leverage influential figures and partnerships, leading to significant improvements in maternal health metrics, as reported by the Kenya Demographic and Health Survey (KDHS).

Key indicators ^[1]	2014	2022
Number of new HIV infections amongst children	12,826	5160
Number of women who have had four or more ANC visits	19	29

Mother to child transmission rates of HIV	16	8.9
Proportion of live births delivered by a skilled health provider	65	88
Maternal mortality Ratio (maternal deaths per 100,000 live births)	362	355
Under 5 mortality rate (child death per 1,000 live births)	52	41
Proportion of women receiving postnatal check within 2 days after delivery	53	73

^[1] Kenya Demographic Health Survey 2022

Finding 8: Kenya’s Leadership at UNCT

For example, in the Kenyan United Nations Sustainable Development Framework 2022-2026 (UNSDCF), which embraces an integrated and multidimensional approach aligned with the "five Ps" of the 2030 Agenda—People, Prosperity, Planet, Peace, and Partnerships—UNFPA has been designated the role of Strategic Enabler for Partnerships. This role positions UNFPA as a pivotal force in advancing the UNSDCF's two Strategic Priorities. This mirrors the position held by UNFPA COs in other countries in the region and is supported by the Regional Office’s collaborative approach and advocacy.

Finding 10: The Compact for Family Planning in Zimbabwe

In Zimbabwe, the National Family Planning Council has worked with the Ministry of Health to implement the Compact for Family Planning. They have created market assessments and value propositions that indicate the economic and development value to Zimbabwe of investing in family planning and have agreed with UNFPA to a commitment of budget money.

Finding 13: Readiness in Action: Cyclone season in Madagascar and Mozambique

ESARO worked with the CO to build a systematic response to cyclone season that includes identification of priority people and areas to reach, prepositioning of supplies and staff to local areas ahead of the storms, government leadership on response. The CO team is now adaptable. It can shift from development to humanitarian mode and support its government partner at national and local levels.

Finding 13: Learning from COVID-19 in Zimbabwe

In Zimbabwe, the Country Office worked with its government counterparts to integrate GBV response services into the COVID-19 response plans, including the establishment of hotlines for GBV survivors, the provision of psychosocial support, and the distribution of reproductive health supplies. This established a precedent for the inclusion of GBV and SRHR services in emergency response action plans.

Annex J: Deep Dives

Deep Dive 1: Ending Sexual Transmission of HIV

How does the RP effectively advance this regional priority?

The RP has effectively advanced the priority through its holistic approach (evidence, strategy, technical support, etc), and through leadership on key joint programmes such as 2gether4SRHR. These efforts have resulted in meaningful reduction in infection rates and deaths. However, the scale of the problem requires continued, concerted effort.

Is this regional priority meaningfully balanced with and integrated with the global SP approach?

Yes and no. UNFPA globally has been an active leader on HIV reduction, as co-lead on the Global Program Coalition, and through integration of HIV response with broader SRHR interventions. The Regional Office has successfully used that model. Given the Region's position as the global epicentre of HIV, the Regional Office needs to continue its prioritization of HIV as a regional result. Without this level of high prioritization, the TRs, along with the SDGs and other continental and regional aspirations will not be achieved.

THE CHALLENGE:

In the ESA region, there has been a 57% decrease in new HIV infections since 2010 and a 58% decrease in AIDS-related deaths as of 2022. However, the sheer volume means that, despite these impressive gains, there are still 20.8 million people living with HIV in the region, with 500,000 new infections (43% of all new infections) and 260,000 AIDS-related deaths in 2022. There are particular implications for young people and in particular adolescent girls, as 15% of new infections in the region occur among adolescents aged 10-19 with 83% of those occurring in girls.¹⁷

UNFPA has been a close partner of UNAIDS on HIV infection reduction globally, and in the region. As the UN lead agency on SRH, UNFPA has a special role in ending new HIV infections and reducing sexually transmitted infection (STIs). UNFPA and UNAIDS co-chair the global HIV Prevention Coalition that defines the global framework for delivery and oversight of HIV prevention programmes particularly in highly affected countries¹⁸. UNFPA is the co-leader on three pillars: HIV prevention among young people, HIV prevention among key populations, and decentralization and integration of SRHR and HIV services.

¹⁷ UNFPA: A Decade of Business Unusual – UNFPA Framework to Prevent Sexual Transmission of HIV in East and Southern Africa 2021-2030

¹⁸ UNFPA. (2023). The roadmap to zero HIV transmission in the ESA Region by 2030: Every HIV infection averted counts. July 2023 (draft refreshed)

Despite this, ending HIV was not one of the 3TRs in the global Strategic Plan. This appears misaligned with UNFPA global commitments and the realities of the region, which continues to require transformation to support its goals.

THE REGIONAL OFFICE RESPONSE:

As a result, the Regional Office identified a region-specific result on ending sexual transmission of HIV for its Regional Programme. It prepared a futures paper, developed the evidence base, and, following the globally recognized best practices, began to integrate HIV response into broader SRH and health system interventions.¹⁹ A strong example of this regional work is the Regional Office leadership on the joint programme 2gether4SRHR, with UNICEF, UNAIDS, and WHO. While that programme targeted 10 countries in the region, the model should be studied for scale and replication. The Regional Office has been a strong partner with other UN agencies and international organizations working on HIV reduction in the region.

Key components of ESARO's comprehensive HIV programming in the region are set out in Table 1.

Table 1: Components of ESARO's HIV programming, prepared by the Evaluation Team

Category	RO Activities
Education	Awareness Campaigns Sexual Health Education Training and Capacity Building
Condom Supply	Distribution Programs Promotion of Condom Use
Testing	Access to Testing Routine Testing Confidentiality and Counselling
SRH Services	Comprehensive Care Youth-friendly Services
Humanitarian Response	Condoms in the MISP Mobile Health Units Testing and Treatment Commodities and Capacities
Population Identification	Use of data and evidence to assess vulnerable target groups

The ESARO commissioned a January 2024 study of the work in the region²⁰ and in particular the links between HIV and the achievement of the 3TRs, which concluded that HIV is so deeply integrated with material mortality, with usage of family planning and with GBV, that without meaningfully addressing HIV, the 3TRs could not be reached. This report examined the integrated global strategy (in other words the strategy that integrates HIV response with

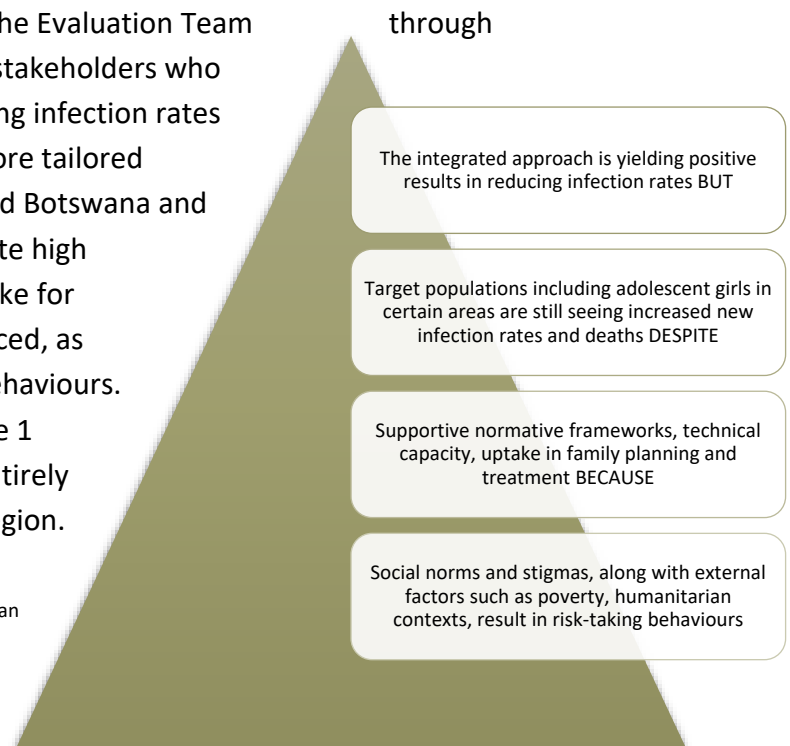
¹⁹ Ibid.

²⁰ An Analysis of the Linkages between HIV/AIDs and UNFPA's Three Transformative Results, L. Gelmon, January 31, 2024

broader SRHR such as commodity planning and health care provider training, health system strengthening, and social norms work) and concluded that, while the approach continues to theoretically solid, actual progress is hindered by the socio-economic realities that impact social norms and the practical strength of the health system inside countries. This report also noted the success of the 2gether4SRHR programme and drew a distinction between the programme countries and those outside the programme, where there is limited integration of HIV with SHRH and primary health care.

The findings of this report were reiterated for the Evaluation Team interviews with Regional Office personnel and stakeholders who noted that the overall positive results in reducing infection rates may disguise problem areas which require a more tailored response. For example, interviewees highlighted Botswana and Eswatini as examples of countries where, despite high normative support, technical capacity and uptake for treatment, the new infection rate has not reduced, as social norms continue to provoke risk-taking behaviours. In other words, as the iceberg diagram at Figure 1 illustrates, the integrated response does not entirely respond to the complexity of the issue in the region.

Figure 1: The integrated response does not entirely respond to the complexity of the issue, prepared by the Evaluation Team [NTD: this is an iceberg diagram in the next draft]



HIV in humanitarian settings is an area of strength for the Regional Office and its support to Country Offices. HIV supports in Ethiopia, Mozambique and South Sudan were comprehensive across the emergency response, including through the integration of HIV services (testing, counselling and treatment) into health services, through the provision of family planning, STI treatment and maternal health services, through women-friendly and youth-friendly spaces, through education and awareness campaigns, through integrating HIV services into GBV responses and through training healthcare providers on treatment protocols.

There are emerging concerns for the efforts of the Regional Office. The overall reduction in donor funding for health care may have negative implications for HIV reduction. Interviewees noted that new infection rates are beginning to increase in 20-30 year-olds in some countries. Ongoing anti-rights issues may also plague HIV reduction including age of consent to accessing commodities and treatment, backlash against the LGBTQ community.

LESSONS LEARNED:

A spotlight on the issue matters: The Regional Office's decision to create a region-specific result on ending sexual transmission of HIV elevated the issue in the region and ensured that funding was allocated to programming. This decision has resulted in meaningful positive impacts. This lesson is reiterated in the 2gether4SRHR programme – countries that were programme participants have experienced greater results than those that were not. In the next phase, the 2gether4SRHR programme is intending even greater targeting of challenging populations and issues. It will be important to gather lessons from the impact of this as well.

CONCLUSION:

The Regional Office's integrated approach to ending sexual transmission of HIV has made critical inroads in reducing infection rates and mortality associated with infection. These successes are significant. However, they have not fully reached target populations, including especially young people, for whom social norms, stereotypes and stigmas continue to result in risk-taking behaviours, regardless of the availability of services and support.

Deep Dive 2: Partnerships

Answering the Deep Dive Questions

Has ESARO, through the RP, expanded its partnership base to more strategically respond to emerging issues in the region and more effectively advance the UNFPA's position and goals in the region?

Partly. The ESARO has advanced its strategic relationships with the regional and continental governance bodies, with meaningful normative outcomes at the regional and country levels. However, there is still work to do to strengthen partnerships with the civil society in the face of anti-rights pushback and to engage more strategically with diverse partners including private sector partners in innovative financing.

THE CHALLENGE:

Strategic partnerships were identified as an accelerator in the UNFPA Strategic Plan. As a part of ESA's internal assessment in 2019, ESARO identified its own strength in assessing and brokering locally partnerships. It identified that lessons learned and key steps forward included:

- (a) Establishing partnerships with multiple stakeholders (CSOs, regional economic communities, academia, donors) is central to efficient delivery in other modes of intervention – advocating for policy change, building capacities for better service delivery and managing knowledge to scale up and innovate

- (b) Partnering with other UN organizations through joint interventions or pooling resources and technical expertise increases the effectiveness and impact of advocacy efforts.²¹

THE REGIONAL OFFICE RESPONSE:

As a result and following the RPAP commitment, ESARO developed its Resource Mobilization and Partnerships strategy. This comprehensive strategy identifies the ‘why’ of the partnership as advocacy, visibility, innovation and fundraising, and the ‘who’ and the ‘how’ of the strategy as set out at Table 2:

Table 2: ESARO’s Strategic Partnerships Approach, prepared by the Evaluation Team from the RMP Strategy

Why? (The purpose of engaging in strategic partnerships)	Who? (New strategic partners)	How? (Principles of the ESAR Strategic Partnership Engagement Strategy)
Advocacy Visibility Innovation Fundraising	Private Sector Philanthropic organizations and Foundations High Net Worth Individuals Regional Economic Communities and Parliamentarians Academia and Scientific Institutions Civil Society Organizations	Integrated Partnerships Africa-focused with a Sub-Regional Lens Prioritization Results-based partnerships and management

The Evaluation Team assessed the current relationships with the other categories of partners with varied outcomes, set out below at Table 3.

Table 3: ESARO Current Relationships Analysis, prepared by the Evaluation Team

Partner Type	Current Relationship	Opportunities	Regional Examples
Continental and Regional Fora	A strength Long-term partners achieving normative and advocacy change	Support for financing models Ally against anti-rights pushback	AU SADC EAC
Civil Society Organizations	An area for growth Implementing partners at the activity level	Advocacy Ally against anti-rights pushback	AfriYAN AfriLabs
Private Sector	An area for growth Implementing at the country level only	Innovative financing models	
Academia	Some strength Implementing partners for research	Increased evidence generation and futures thinking Broader partnership options Ally against anti-rights pushback	AFIDEP University of Cape Town University of London

²¹ ESARO RMP Strategy

In addition to the regional partnerships, ESARO also supported Country Office partnerships through the provision of evidence, strategy, thought leadership and advocacy. This enabled Country Offices to build strong relationships with relevant government departments focusing on health, youth, education and gender at national and sub-national levels. [See Annex I for an example from Kenya.] Government representatives interviewed reported a good working relationship with UNFPA. Technical working groups provided good platforms for bringing partners together to coordinate their work and demonstrate UNFPA leadership. Although government representatives across the region commended the good relationship with UNFPA, they also noted some challenges including reduced funds for existing programmes and/or the loss of UNFPA as a funder. Country Office staff noted challenges in engaging with government partners in relation to shifting political priorities and social norms. These are areas for Regional Office support.

At the Regional and Country level, the Evaluation Team noted that CSOs are not as deeply engaged in programme design or priority setting as government partners. Some CSO partners indicated a dissatisfaction with this relationship, citing a lack of opportunity to engage with the Regional Office at the strategic level, where their advocacy could be more effective. Strengthening relationships with the civil society in the region is area of opportunity for the Regional Office, particularly with strong partners such as AfriYAN, who can support challenging anti-rights discussions.

The Evaluation Team only noted private sector partners at the country level, including Ethiopian Airlines Group, leveraging the airline's extensive network and resources in improving the 3TRs, Lafarge in Zimbabwe in the building structures of the Youth One-Stop-Centre in Hopley and Harare, and in Namibia with Coca-Cola Company where support is on entrepreneurship and grants to support business ideas. These limited engagements are activity-based and are a missed opportunity to expand innovative financing across the region.

ESARO's partnership with universities and research institutes involves conducting surveys and research to produce data for monitoring the SDGs and the ICPD. The GBV data-driven approach has helped to provide the prevalence and trends on GBV and to inform policy and programmes decisions. Data on SRH from UNFPA is making the case for economic gains on SRH. University of London, in collaboration with UNFPA, produced a module on climate change and sexual and reproductive health. The University of Cape Town has been working with the Regional Office on demographic dividends in the Southern African countries in Botswana, Lesotho, Eswatini, Kenya, Namibia, and Zimbabwe. African Institute for Development Policy (AFIDEP) led capacity building for Country Offices on national transfer accounts to get them familiar with the methodology. These academic partnerships focused on demographic dividend are not long-term, despite the long horizon on the demographic dividend and its implications for the region.

It is the observation of the Evaluation Team that the partnerships with the Regional Economic Commissions are beginning to come to fruition for the Regional Office, with results from draft laws and policies and shared advocacy taking hold. The REC partners highlighted the value of their relationships with ESARO and, in particular, their reliance on the evidence and thought leadership generated by the Regional Office. There is greater opportunity in these partnerships, particularly with respect to the move towards domestic financing and in response to anti-rights pushback.

LESSONS LEARNED:

Engagement with private sector partners must require a different ‘sales pitch’: The RMP Strategy SWOT analysis identified a weak capacity to engage and partner with non-traditional partners ie private sector. This weakness has not yet been overcome at the Regional Office level. It may be that a deeper analysis of the private sector - including the nature of the UNFPA offering – is required.

Managing the identified threats requires influential partners: The RMP SWOT analysis identified a number of threats to new partnerships that included competition for donor funding, lack of clarity about the UNFPA’s mandate, and anti-rights backlash. These threats remain a concern. A strength of the partnership approach has been the relationships with the AU and the regional economic communities – relationships that have proven helpful in bolstering visibility and creating normative frameworks for positive social norms.

CONCLUSION:

The Regional Office has taken an approach to partnerships that recognizes the complexity of relationships in the region and, in advancing its strategic partnerships strategy, has created gains, particularly against its goals of visibility and innovation. Some missed opportunities remain open for taking, particularly with respect to bringing CSOs more closely into strategy development and advocacy, and working with the regional economic communities on resource mobilization.

Deep Dive 3: Megatrends

Answering the Deep Dive Questions

Did the design and operationalization of the RP make effective use of data on mega-trends, including increasing the evidence base during the RP period?

Yes, the structure of the RP focused on increasing the evidence base, including on national censuses and other statistical gathering and analysis processes.

Was this data used effectively to advance progress on the 3TRs?

There is still work to be done to align the data to progress on the TRs and to expand and strengthen work on megatrends.

THE CHALLENGE:

Demographic Diversity and Varying TFR: The 23 countries in the East and Southern Africa (ESA) Region account for 671 million persons, which is expected to grow to 1.1 billion by 2050. Women constitute half of the population. Despite the decline, the TFR in the region remains high at 4.2 in 2023 (Source: ESARO MTR 2023), with varying rates across countries in the region. Four countries in the region have reached low fertility levels (Mauritius, Seychelles, Botswana, and South Africa), at an average of 2.4 children per woman of reproductive age. Fertility has started decreasing in four more countries (Lesotho, Namibia, Swaziland, and Zimbabwe), with average TFR at 3.3. Fertility is still very high in the remaining 15 countries of the region (Angola, Burundi, Democratic Republic of the Congo, Comoros, Ethiopia, Eritrea, Kenya, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Uganda, and Zambia), at an average of 5.2 children per woman. Mauritius is the only country to have reached below the replacement level of fertility at 1.4 in the region.

A Case for Demographic Dividend: The ESA region is largely young, with 0-14 years comprising 41% and 10-24 years 32%, respectively of the population (source: ESARO MTR 2023). The current working age population ratio (15-64/0-14+65plus) is 127; hence overall the region has not entered the demographic dividend stage but the window of demographic dividend opportunity may have opened in countries with low fertility such as Mauritius, South Africa and Seychelles. *However, the conditions for realizing the DD are beset with issues and challenges as the young people face several challenges.* For example, the adolescent birth rate in the region is 110 births per 1,000 women which is double the global rate. Girls aged 15-19 years are twice as likely to die during childbirth than women over 20 years. High adolescent fertility indicates early marriage; 9 percent of girls aged 20-24 years are married before the age of 15, and 35 percent are married before the age of 18 (Source: RPAP 2022-25). Most HIV new infections in the ESA region occur among girls and women 15 years and older (56%) (Source: RPE TOR), with adolescent girls accounting for 25 percent of new infections in the region (Source: RPAP 2022-25).

Ageing: Though ageing is not a major concern at the moment, with only 3% population belonging to the age group of 65 years or more in the ESA region; however, in some countries with low fertility, it will start increasing soon, underlining the need for prospective planning.

Migration and Displacement: The region is witness to political instability, conflict and climate change effects. Conflicts and wars in Ethiopia, Sudan, Cabo del Gado in Mozambique, Eastern Democratic Republic of Congo and Sahel and climate change effects (e.g., floods in South Africa, and drought in Madagascar Grand Sud, Botswana, Malawi, Mozambique, Namibia, parts of

South Africa, Zambia and Zimbabwe) have consequences for people living in these countries but also have knock-on effect across the continent in the form of internal displacement as well as cross-border migration, which, in turn, is associated with increased vulnerabilities. As of January 2020, over 45 million people in the region needed humanitarian assistance; over 12 million people were recorded as being internally displaced (Source: RPAP 2022-25); and 3.67 million refugees and over 500,000 irregular migrants (Source: EASRO Change Story: RPAP 2022-25).

Demographic diversity, demographic dividend opportunity, and migration and displacement due to climate change and conflicts have emerged as the key demographic megatrends in the ESA region.

The review of the 2018-2021 regional programme underscored the importance of strengthened regional and national capacity for the generation, analysis and use of actionable data and evidence to scale up high-impact practices and reach those left furthest behind.

THE REGIONAL OFFICE RESPONSE:

Data and evidence is one of six accelerators in the RPAP 2022-2025. In the Regional Programme Action Plan (RPAP) 2022-25, a key focus was the enhanced use of population change and data for decision-making in the context of the ICPD Programme of Action and the SDGs and mainstreaming evidence, research, knowledge, scenario setting, future casting, innovation and digital solutions into tailored policies, programmes and business practices. The RPAP 2022-25 also stipulates to strengthen capacities at regional and national levels to improve the generation, analysis, dissemination and use of data to leave no one behind.

RPAP 2022-2025 stresses *integrating the effects of megatrends*. The three identified strategies to strengthen the capacity to generate, and use of data to scale up high-impact interventions are peer learning and exchange within and beyond the region; showcasing the work undertaken at the RO; and strengthening strategic partnerships to ensure scaled-up efforts in population data and demographic change, including with academia.

The P&D work is strategically divided into three work streams:

- Population Change – Population dynamics and policies and megatrends;
- Population data and evidence;
- GIS and other technological innovations.

This division of work into three streams has lent the work comprehensiveness, relevance and sharpness. As found in the MTR, work areas are well defined, processes are in place, strategic

partnerships have been forged, support mechanisms have been established, and all the output indicators and outcomes have either been activated, achieved, or will be achieved by the end of the RPAP.

The Evaluation Team found that there is an appreciation at the RO level for the relevant key megatrends in the region and that data on the megatrends is needed for evidence-informed differentiated responses. RO has played the role of an enabler which stimulated the demand for data, analysis and demographic intelligence. However, there is still opportunity to enhance the usage of data and strategic thinking as it is implemented at the Country Office level.

Data and Its Use: At the RO level, knowledge papers on climate change and IPV/GBV, climate change and SRH and the impact on young people (i.e., teen pregnancy) are examples of good knowledge generation. There is a plan to refresh the Future Papers to look beyond 2030 and account for changes in population dynamics. The P&D unit will play a leading role in the provision of the data and analysis.

With respect to strengthening data systems and integrating humanitarian-development data, almost all the countries have completed the current round of census. This included the undertaking of the first digital census in six countries. The RO deepened the evidence base by supporting countries in analysis and thematic reports (e.g., Gender, Adolescents and Young and Disability). RO supports CRVS in the countries through training of COs and national governments on the quality of data and use of administrative records for the generation of vital statistics (e.g., marriage and divorce). As per the MTR 2023, weak capacity and coverage of routine management information systems such as HMIS, GBV-IMS in most countries continues to limit evidence-informed policy and programmes. The P&D unit supports other thematic units and regional initiatives with data, surveys and studies (e.g., to support the Spotlight Initiative – Ending GBV, a survey designed in 4 countries in addition to DHS; qualitative research on masculinity).

The RO has focused on data integration and central data repositories, by supporting the development of a joint United Nations-African online data portal to serve as a one-stop shop for high-quality data and statistical analysis, providing evidence on progress made and achievements of the 2030 Agenda and Agenda 2063 Africa, an internal ESA Data for Action platform containing 55 indicators for 23 countries in supporting monitoring of progress towards the achievement of the 3+1TRs, and the tool created by RO and COs during COVID-19 to assess civil protection in countries.

Demographic Dividend: The work on demographic dividend (DD) envisioned in the RPAP started with a partnership with the University of Cape Town in 2016. All countries in the region

have generated demographic intelligence and demographic dividend (DD) profiles were created in all 23 countries in the region through DemDiv method, based on the NTA analysis. UNFPA supported the African Union on a DD roadmap. Based on the National Transfer Accounts (NTA) analysis, DD profiles of eight countries have been developed. This has been done in close coordination and collaboration with national statistics offices to build capacities for NTA analysis in those countries. The key next focus of the current ongoing workplan (July – December 2024) is capacity building involving face-to-face training workshops on NTA for sub-populations (inequality, gender, sub-regional disaggregation) and country teams working on data and linkages with DD. RO is broadening the partnership by bringing in AFIDEP, which produced a synthesis paper on DD in Africa, and starting centers of excellence at universities (e.g., African Population Health and Research Center - APHRC).

However, there is more work to be done by UNFPA and its partners to use the demographic intelligence to realize on the DD and move from understanding to policies and actions. There is a leadership role for the UNFPA to work with continental and international partners, as well as a broad spectrum of regional actors, to invigorate DD strategy and action.

Migration and Urbanization: Migrants and refugees due to strife and climate are increasing and their coverage with services remains limited (Source: RPAP 2022-25). This reality has not fully translated into programming in the region. There is a limited amount of evidence and knowledge generation at the regional level and ESARO appears to defer to IOM for evidence and programming. This may be an appropriate sharing of responsibility and skills among the UN family but, as migration increases, ESARO will need incorporate this group across its thematic areas.

Similarly, urbanization is an important trend for many countries in the region, and peer leveraging for capacity building and knowledge sharing has started at the Regional Office. The degree of urbanization is being assessed to understand the equity in service provision. SDGs are disaggregated by degree of urbanization. The work on urbanization and climate change is also being initiated. This work is ready to move beyond the RO to COs so that ground-level use of data in programming can take place.

Support to COs: RO supports the COs through various mechanisms such as the guidance note for countries to include population policies in the National Development Plans; and the guidance note and checklist on how to include SRHR reporting in VNRs. Digital census, georeferencing, and sharing digital devices are some of examples of good practices. However, more support to COs is required as the impressive work and capacity at the RO has not been adequately transferred to the Country level. For example, frequently the data at the CO level is dated (the last DHS in Namibia took place in 2013), or there is insufficient country capacity to analyze more recent census data. There is limited population analysis at the country level. The

multipronged structure at the RO (Population Dynamics, Population and Data, and GIS sub-units in the P&D Unit) has not yet translated to Country Office capacity.

Positively, preparedness on humanitarian, displacement, food insecurity was assessed in all the countries except Eritrea in 2022 using population data and MISP assessment - policy, programmatic and operational, based on which all countries were marked and ranked, which led to the development of a response or “Action Plans”. Currently, a quarterly virtual meeting is held to take stock of the situation in terms of successes and challenges.

LESSONS LEARNED

Regional Office has a role to play in ensuring adequate capacity at the country level: The Regional Office has responded to the needs of the region with sophisticated expertise. This has not yet translated to Country Offices or country partners, whose needs are immense and diverse and where competency gaps are filled with consultants or short-term staff. The Regional Office’s leadership is required to identify the required skills and continue to build regional strategic capacity across countries.

Managing the emerging issues: It is evident from the demographic dividend approach, that the region has not yet fully experienced all of the potential benefits. This lesson (deeper focus), should be applied to upcoming emerging issues including aging and migration, to ensure the benefits of the work can be realized in a timely manner.

CONCLUSION

The impacts and opportunities of the megatrends have not yet been fully realized in the region. Recognition and appreciation are there, and commendable work is being done on several fronts, especially related to traditional data systems and mandate areas but the envelope needs to expand to include the new emerging megatrends and augment the knowledge generation and use of data as well as their transfer to the country offices.

Deep Dive 4: Funding-Financing

Answering the Deep Dive Questions

Has the ESARO effectively supported Country Offices in shifting their resource and engagement models to align with the global SP?

Yes, this work is in progress, with tools, evidence, communications and training available for Country Offices, including the alignment of CPDs to the global SP.

Has this shift meaningfully taken place?

It is underway. While foundational pieces are in place at the Regional Office and some successes are starting at the Country Office level, there is still a significant gap in resource need that is not yet filled by aligning to the global SP model.

THE CHALLENGE:

The region is facing resource mobilization challenges as conventional donor funding is diverting to other areas of the world and is increasingly humanitarian focused. MICs experience an even greater challenge as donors cease funding once the countries receive the MIC classification. One donor advised the Evaluation Team that they anticipated their funding for the regional programme could shrink by as much as 60% in the next year. It is noted that, despite this ongoing challenge, the RPAP commitments regarding the resource mobilization model have been achieved through Regional Office efforts.

THE REGIONAL OFFICE RESPONSE:



The Regional Office prioritized the accelerator of moving from funding to financing in its Resource Mobilization and Partnership Strategy. In that strategy, it identified six potential funding and financing levers: development financing, private sector partnerships, domestic financing, diversified funders, joint programming, and regional and international partnerships. This broad approach. Illustrated in Figure 2 recognizes the complexity of the financial realities in the region and the challenges associated with changing reliance on conventional funding modalities. There is no available single modality that will respond to the current financial ‘existential threat’.

Figure 2: Regional Office Approach to Financing, prepared by the Evaluation Team

Regional Office personnel reported positive progress and/or complete achievement against each of these targets, including surpassing the 2023 fundraising target by \$40.6M.²²

The Evaluation Team assessed the Regional Office’s contribution to the development of this accelerator as strategic and evidence-based. Work at the Regional Office to drive a shift to financing falls into a number of categories, set out at Table 4.

²² A World of Zeros UNFPA ESARO 2023 Annual Report p21

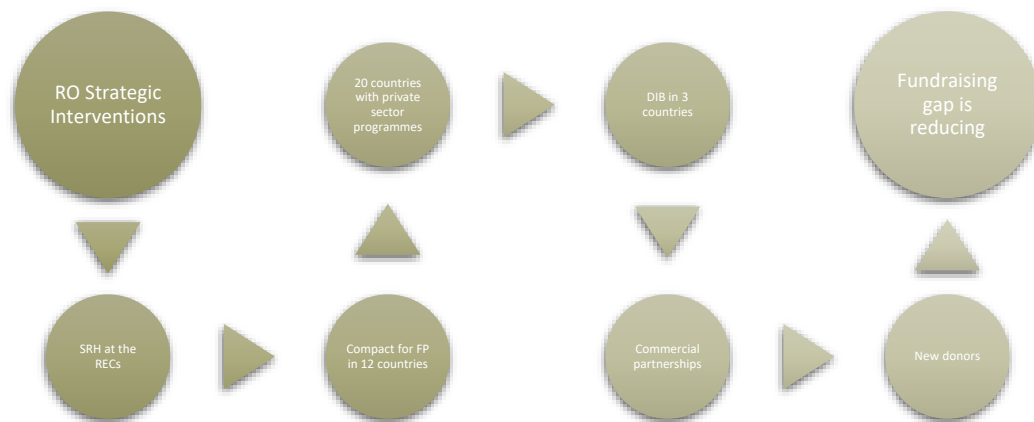
Table 4: Regional Office Contribution to Strategic Resource Mobilization

Developing Thought Leadership	Creating the Body of Evidence	Building Internal and External Capacity
<ul style="list-style-type: none"> • Innovative financing in ESAR presentation • ESARO RMP Strategy • Country Programme Document development • Donor and partners communications • IFI Engagement • Joint programme leadership 	<ul style="list-style-type: none"> • Country-specific IF4D Landscape Analysis (Country Context, Health Systems Diagnosis, Financial Gaps) • Political Economy Analysis for SADC and EAC • Donor perspectives newsletter • Country categorization and contextualisation • Investment Cases • Financial Gap and National Budget Analyses 	<ul style="list-style-type: none"> • Solutions Toolbox • Strategy Toolkit and Training Modules • Partnership Identification and Assessment • Support to AU, SADC, EAC including embedded resources • CPD and target development support to COs • CO and country cluster training and regular meetings • Support for proposal development • Roundtable issue discussions

The MTR noted that lack of financing expertise in the COs was a bottleneck, and highlighted positive engagement with the AU, SADC and EAC, including embedding staff and providing funding for increased capacity related to resource mobilization.

Despite the challenges noted by the MTR, the RO efforts are beginning to yield on-the-ground success at the regional and country levels. At the regional level, SRH is now on the health budget agenda at the African Union and the regional economic fora. Domestic financing is advancing across the region in key portfolios such as the Compact for Family Planning in place in 12 countries. [See Annex I for an example of the Compact for Family Planning in Zimbabwe.] There are 20 private sector financing programs in development developed by the Regional and Country Offices. Innovative development impact bonds have been introduced in Kenya, and are in the inception phase in Malawi and Zambia. The public-private partnership program in Rwanda on universal health care and primary health care is maturing and there are interesting commercial partnerships such as Drones for Health in Botswana. The Regional Office is also supporting the attraction of new donors, such as Korea and Japan, and dialogues with long-term donors about new financing models. As illustrated in Figure 3, these results are moving towards a reduction in the funding gap.

Figure 3: The results of RO's strategic approach to financing, prepared by the Evaluation Team



LESSONS LEARNED:

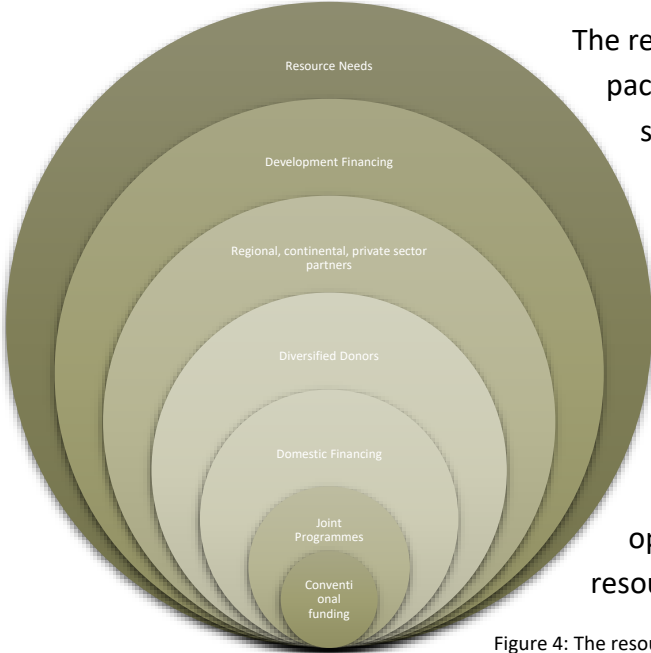
Regional Office thought leadership and focus is impactful: The amount of strategic analysis, design, evidence gathering and internal capacity building done by the Regional Office to support this accelerator could not have been done at the Country Office level. It requires dedicated focus and a regional expertise.

While the efforts are beginning to yield results, these results are too slow, long-term, small-scale to bridge the gap between ODA and need: Some of the financing tools being explored by the Regional Office require a longer term to come to fruition, such as Development Impact Bonds, which are resource intensive at the outset and take a number of years to pay off. Other tools, such as domestic financing, are not complete financing solutions. In other words, a government may commit to a percentage of financing while continuing to rely on donor funding to meet the remaining need. At this time, financing is not fully replacing the lost funding. Interim strategies are required. This is especially true for MICs, where donor funding dries up quickly and frequently is not immediately replaced by robust government budgeting in the health system.

Financing skillsets and expectations are not yet universal across the region, and consequently, neither are partner dialogues: The Evaluation Team noted that, in the countries we visited, while staff and stakeholders were well aware of the funding gap, they were not deeply engaged in co-creation of solutions. Given the existential nature of the issue, it will be imperative that all CO staff become at least somewhat familiar with financing options and are co-creating sustainability models with partners. This is imperative as CO personnel are trusted partners to

government and donor partners. For government partners, programme personnel are best situated to have discussions about the transition to financing. For donor partners, leadership must be prepared to have discussions about the potential risks donors may associate with new financing models. While the Regional Office has provided communications and evidence tools, even more intensity of training and messaging is required.

CONCLUSION:



The results of the RO’s strategic approach have not yet kept pace with the need, as illustrated in Figure 4. While the strategy is sound, it is longer-term and the need is immediate. The Evaluation Team observed that there is urgent need for a whole-of-the-region response to the upcoming funding gap, including greater skillsets and understanding to be translated from the Regional Office Resource Mobilization team through the RO and into the COs. This capacity building should include strategic ways to have conversations with partners about concerns, opportunities and their potential roles in new models of resource mobilization.

Figure 4: The resource mobilization is beginning to close the gap, prepared by the Evaluation Team

[Note to draft: this will be visualized as a creative tension graph in the next version]

Annex K: Selected Regional Programme Action Plan Results

From Finding 3

ESARO Advancements on Gender and Social Norms, prepared by the Evaluation Team

Source” Regional Office programme documents, KIIs at regional and country levels

RP Output	ESARO Advancements on Gender and Social Norms
Output 1	
Strengthening the Policy and Legal Environment	<ul style="list-style-type: none"> ○ Strategic advocacy by the African Parliamentarians Forum, UNFPA AU Liaison Office, and WCARO. A high-level consultation with over 40 parliamentarians from 23 African countries resulted in 13 action plans to integrate comprehensive SRHR services into primary health care.
	<ul style="list-style-type: none"> ○ Through Spotlight, creating the African Union's Regional Action Plan and Harmful Practices Accountability Framework, mobilizing regional partners and the African Union Commission for advocacy in 10 countries, and strengthening the capacity of 121 partners to collect and use data on sexual and gender-based violence, child marriage, and female genital mutilation.
	<ul style="list-style-type: none"> ○ development of the SADC Model Law on Gender-Based Violence to address legislative gaps and implementation issues in the region. The Model Law advocates for a four-pronged approach: a human rights-based framework that includes marginalized groups; innovative methods for effective GBV handling, including updating evidentiary rules; provision of adequate resources for prevention, protection, and support; and ensuring the sustainability and effectiveness of GBV measures.
	<ul style="list-style-type: none"> ○ Supporting SADC and EAC in enhancing their SRHR frameworks and financing. UNFPA facilitated south-south learning for better country-level implementation. The 2gether 4 SRHR programme enabled the SRHR scorecard to be hosted on the SADC website and supported the creation of an electronic reporting system. ESARO developed a user-friendly SADC Guide to simplify and explain the SADC Model Law for easier access and understanding
	<ul style="list-style-type: none"> ○ Supported a Botswana parliamentary dialogue on key populations in the SADC region, involving 21 parliamentarians, CSOs, and development partners. The dialogue focused on SRHR protection standards, identifying vulnerabilities, and recommending ways to improve SRHR and HIV/AIDS services for persons with disabilities and key populations
	<ul style="list-style-type: none"> ○ Supported the East African Community (EAC) on the SRHR Bill through engagements with the East African Legislative Assembly, producing fact sheets on key SRHR areas and guiding communication products
	<ul style="list-style-type: none"> ○ The Framework for the Harmonization of the Legal Environment on Adolescent Sexual and Reproductive Health in East and Southern Africa provides recommendations for legal provisions to better protect adolescents and improve their access to sexual and reproductive health services.
	<ul style="list-style-type: none"> ○ A joint advocacy framework was co-created by UN agencies, development partners, CSOs and networks of people engaged in the sale and exchange of sex. ESARO provided support to the finalization and dissemination of the Advocacy Framework for Sex Workers in 2022.

	<ul style="list-style-type: none"> ○ Under the 2gether 4 SRHR Programme, 12 ESA countries received support to develop and advocate for SRHR laws and policies, leading to significant policy shifts that enhance access to SRH services and rights.
	<ul style="list-style-type: none"> ○ IPAS was supported to engage Southern African parliamentarians to improve quality of care for women and girls by addressing barriers such as stigma and low contraceptive use. This included values clarification and transformation initiatives in Malawi, Kenya, Namibia, Lesotho, Botswana, and Eswatini, as well as training for health care workers on bodily autonomy and women's rights to make informed choices
Output 2	
Delivery systems for rights-based and high-quality SRH services.	<ul style="list-style-type: none"> ○ finalization of the State of the World's Midwifery (SoWMy) Report ESA 2022, highlighting frontline health workers' role in advancing gender equality and women's empowerment
	<ul style="list-style-type: none"> ○ a scoping review of SRHR needs for female sex workers, female injecting drug users, and men and boys. Additionally, UNFPA ESARO supported the International Obstetric Fistula Working Group (IOFWG), exploring the link between obstetric fistula and disability
	<ul style="list-style-type: none"> ○ UNFPA ESARO, in collaboration with UNAIDS, UNICEF, and WHO, supported ten countries in delivering integrated SRHR services at both facility and community levels
Output 3	
Addressing gender-based violence and harmful practices	<ul style="list-style-type: none"> ○ As part of the Spotlight Initiative Africa Regional Programme (SIARP), ESARO, in partnership with WCARO, UN Women, and APHRC, has crafted two essential continental curricula. One curriculum is dedicated to conducting violence against women (VAW) prevalence surveys, while the other focuses on engaging with continental human rights mechanisms to strengthen accountability for human rights and sexual and reproductive health and rights (SRHR).
	<ul style="list-style-type: none"> ○ Supported by the 2gether 4 SRHR Programme, ESARO facilitated a seven-session online workshop on the Essential Services Package (ESP) for gender-based violence (GBV) in May 2022, in collaboration with six UN agencies: UN Women, UNDP, UNAIDS, WHO, UNODC, and UNICEF. The workshop, conducted over four weeks, trained 116 participants from Eswatini, Ethiopia, Kenya, South Sudan, Tanzania, and Uganda. This training led to the creation of national roadmaps for implementing the ESP on GBV and enhancing national responses.
	<ul style="list-style-type: none"> ○ ESARO, in collaboration with UN Women and the South African Medical Research Council (SAMRC), has developed a GBV quality assurance tool designed to align multisectoral services with the Essential Services Packages on GBV. Furthermore, in September 2022, ESARO, alongside SADC-PF and key partners including UNFPA, UN Women, UNAIDS, OHCHR, and UNODC, convened an expert meeting to devise a comprehensive roadmap and budget for the implementation of the SADC Model Law on GBV across 16 SADC Member States
	<ul style="list-style-type: none"> ○ In September 2022, ESARO and SADC-PF organized an expert meeting to develop a roadmap for implementing the SADC Model Law on GBV. The meeting, involving UNFPA, UN Women, UNAIDS, OHCHR, UNODC, the SADC Secretariat, SAfAIDS, and Plan International, produced a comprehensive roadmap and budget for the law's implementation across 16 SADC Member States
	<ul style="list-style-type: none"> ○ ESARO, in partnership with the Technical Division (TD), WCARO, and the Spotlight Initiative, held a continental workshop to strengthen National Human Rights Institutions' (NHRIs) capacity in advancing SRHR using the UNFPA 2019 methodology.
	<ul style="list-style-type: none"> ○ UNFPA has also advanced government accountability in Sexual and Reproductive Health and Rights (SRHR) through its active engagement in treaty reporting and

	intergovernmental processes. This includes evidence-based contributions to the Commission on the Status of Women (CSW), influential policy papers submitted to the African Union, and strategic support for the East African Legislative Assembly (EALA).
	<ul style="list-style-type: none"> ○ The SADC Model Law on child marriage has been domesticated and used in Malawi, Namibia, South Africa and Zimbabwe to take essential steps towards eradicating the harmful practice of child marriage and protecting the adolescent girls
	<ul style="list-style-type: none"> ○ The fourth phase of the UNFPA-UNICEF Joint Programme aims to dismantle the social systems sustaining female genital mutilation (FGM) by fostering collaborative efforts to eradicate the practice, including supporting the launch of the African Union’s Saleema Initiative, which focuses on creating a regional accountability framework and addressing harmful practices.
	<ul style="list-style-type: none"> ○ ESARO and WCARO provided expert technical support for the 2nd African Union Conference on Positive Masculinity held in Dakar on November 10, 2022. Collaborating with GIMAC, OHCHR, Oxfam, and UN Women, they facilitated a series of pre-conference consultations, including a youth pre-consultation on November 8, which brought together 53 young activists from 26 African countries

From Finding 5

ESARO Approach to Humanitarian Response, prepared by the Evaluation Team

Source: Regional Office documents, KIIs at the regional and country level

ESARO Approach	Activity	Sample Result
Introduction of the MISP	A go-to package of necessary services ready for humanitarian crises	Training humanitarian actors and government service providers on use of the MISP
Regional advocacy	Building evidence-based policies for the regional economic commissions Support to COs advocating nationally for action plans Resource mobilization	SADC has added the MISP, regional response team, regional appeal in response to El Nino includes SRH Joint programming and presence at key technical tables and working groups
Readiness Focus	Regional prepositioning of supplies Regional surge roster	Readiness Assessment (with 2gether4SRHR) and subsequent advocacy
Building adaptability	Working with the COs to develop alternate plans for when conventional government structures are not available, shifting to new service delivery methods	Ethiopia in Nov 2020 engage regional governments and community based delivery
Evidence generation	Use of geospatial technology to understand impacts on hard to reach populations	Evidence on why MMR remains high in South Sudan and Zambia through

		identifying distance to services and number of harm factors on the route
Thought Leadership	Introduction of global best practices	Policy Brief on Investing in Preparedness Quarterly meetings with humanitarian actors Partnerships with other UN agencies
Technical Support to COs	On-the-ground presence and the Regional Humanitarian Hub	Options development Immediate expert support for partners

Annex L: Regional Office Organizational Chart

Provided by the Regional Office on July 19, 2024

