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Annex 4 **Global and regional programmes**

6. East and Southern Africa regional programme (2022-2025)

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I. Programme rationale

1. The East and Southern Africa (ESA) region covers 23 countries, with a diverse typology across the humanitarian, development and peace continuum. With an estimated population of 618 million in 2020, young people aged 10-24 years and women account for 33 per cent and 50 per cent of the population, respectively. Progress towards achieving the three transformative results of ending unmet need for family planning, preventable maternal deaths, gender-based violence and harmful practices remains slow and unequal. At the current pace and scale, in the region, the three transformative results, the Sustainable Development Goals (SDGs), the voluntary commitments from the 25th anniversary of the adoption of the ICPD Programme of Action (ICPD25) and the African Union Agenda 2063 aspirations may not be achieved.

2. Despite a noteworthy decline in maternal mortality ratio of over 50 per cent, from 858 deaths per 100,000 live births in 1994 to 391 per 100,000 live births in 2017,¹ the pace is insufficient to reach the SDG target of 70 per 100,000 live births by 2030. Maternal mortality will need to decline by 12 per cent per year in the region, three times the current pace to attain the SDG target. Girls aged 15-19 years are twice as likely to die during childbirth than young women over 20 years. More than 10 per cent of maternal deaths in many countries in the region are estimated to be AIDS-related, and unsafe abortions continue to be a major cause of maternal deaths. Limited readiness, functionality, responsiveness and accountability of the health care system remain key challenges, in particular, at the facility and community levels. This undermines the provision of high-quality care to adolescents, young people, men and women, including migrants, people living with HIV, persons living with disabilities, and key populations. The Minimum Initial Services Package (MISP) for sexual and reproductive health (SRH) in crises is still not fully integrated into national disaster preparedness and response plans across the region. While most ESA countries have increased domestic resources for health, the scale of increase is inadequate to deliver people-centred, quality health care, requiring progressive integration of SRH into universal health coverage and primary health care policies and programmes, in particular, benefits packages, financing and financial risk protection mechanisms by 2030.

3. In 2021, two in five women in the region were using modern contraceptives, compared to less than one in five in 1994.² Despite progress, one in five women continues to have an unmet need for family planning. The adolescent birth rate in the region is twice the global average, with adolescent girls and young women, as well as women living in rural poor communities or with lower levels of education, experiencing higher levels of unmet need for family planning. Weak supply-chain management systems, limited availability of a contraceptive method mix, including long-acting reversible contraceptives, the inadequacy of people-centred provider skills, restrictive policy, legislative and administrative environment and socio-cultural norms and barriers also limit access to sexual and reproductive health and rights (SRHR), including family planning, prevention of HIV and gender-based violence (GBV) services. Additionally, the limited coverage of comprehensive sexuality education for young people, in school and out of schools, with inadequate referral services contribute to increased unintended adolescent pregnancies.

4. The ESA region remains the epicentre of HIV, with over half of the number of people living with HIV in the world living in the region. Notable progress has been made, with new HIV infections falling by 38 per cent and AIDS-related deaths falling by 49 per cent between 2010 and 2019. However, these fall short of the global prevention targets, with adolescent girls accounting for 25 per cent of new infections in the region. Key populations, including sex workers, men who have sex with men and transgender persons, are disproportionately affected by HIV. Multiple concurrent sexual partners, inadequate condom use, poor access and uptake of services, high rates of GBV, particularly for marginalized, mobile and migrant populations, have increased the risks of HIV infection. Discriminatory socio-cultural norms and practices, legal and policy barriers, including the age of consent to HIV testing and counselling services between 12 and 18 years old, exacerbate the HIV epidemic in the region and significantly slows down the progress of the three transformative results.

5. In the ESA region, there is a high prevalence of GBV and harmful practices among adolescents and young women. Also, 9 per cent of girls aged 20-24 years are married before the age of 15, and 35 per cent are married before the age of 18. In conflict and humanitarian settings, there has been an increased incidence of GBV of women and youth, necessitating strengthened investments in GBV in emergencies in the region. Female genital mutilation remains a challenge in several countries, and many people have limited agency and bodily autonomy. Negative

¹ *The State of World Population Report, 2019 and 2021*

² *The State of World Population Report, 2019 and 2021*

social-cultural norms and harmful practices, patriarchal systems and gender stereotypes promote negative masculinity and normalize GBV. Although two-thirds of countries in the region have enacted laws to criminalize GBV, there is weak enforcement and limited prosecution.

6. With its impact on health, lives, sustainable livelihoods and economies across the region, the COVID-19 pandemic has disrupted access to essential services, exacerbated poverty, widened inequality and exposed weaknesses in delivery systems. Women, adolescents and young people living in rural areas, with lower levels of education, fewer socio-economic assets, informal workers and persons living with disabilities have been disproportionately affected by the consequences of the pandemic. Building forward better in the region needs to prioritize resilience building at all (institutional, systems, community and individual) levels, with scaled investments in rights-based human capital development and an emphasis on leaving no one behind. To accelerate transformative change, the African Continental Free Trade Area and the African Union Digital Transformation Strategy for Africa (2020-2030) will be anchored to promote inclusive, innovative and sustainable development. Reforms within the African Union, regional economic communities, the United Nations development system, and the Regional Inter-Agency Standing Committee will provide opportunities to leverage regional assets towards achieving the three transformative results.

7. The region is further impacted by increased humanitarian emergencies resulting from conflict and climate change, including drought, cyclones and armed conflict that affect several countries including in the Horn of Africa, the Great Lakes and Southern Africa regions. As of January 2020, over 45 million people in the region needed humanitarian assistance, and over 12 million people were recorded as being internally displaced. In the Horn of Africa, political instability and migratory patterns have exacerbated humanitarian emergencies, with women and adolescent girls adversely affected by increased GBV, unintended pregnancies, maternal morbidity and mortality. Vulnerable populations, including refugees and migrants, are also excluded from social protection, with limited access to GBV prevention, response and referral services.

8. Institutional capacity gaps in the generation, analysis and use of disaggregated population and administrative data and evidence for decision-making at national and subnational levels remain a challenge. Innovation and digital technology are required to fully leverage the power of data to identify, target and reach populations left behind with high-impact interventions. Weak policy and programme monitoring within agreed accountability mechanisms also limit the region's ability to track progress towards the three transformative results, the SDGs, Agenda 2063, the ICPD Programme of Action and national development plans. Guided by the African Union initiative 'Harnessing the Demographic Dividend through Investments in Youth' and the African Union Demographic Dividend Roadmap, all countries in the region have generated demographic intelligence. However, demographic intelligence has not been optimally utilized to guide multisectoral policy actions and investments across the life cycle required to harness the demographic dividend.

9. The ESA regional programme, 2018-2021, through strengthened intergovernmental collaborations with continental, regional and national partners, improved the legal and policy environment through rights-based frameworks and normative guidance for the ICPD Programme of Action. Key frameworks include the Southern African Development Community (SADC) SRHR Strategic Plan (2019-2030) and its scorecard; the regional HIV 2020 prevention roadmap; the SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage; and the ESA Ministerial Commitment on comprehensive sexuality education and youth-friendly health services. The programme also supported enhanced capacities in population data, enabled the undertaking of the first digital censuses in six countries, and developed the demographic dividend profiles in 23 countries, with an increasing body of research. Innovation solutions are expanding access to services, with a potential to scale up. Expanded State and non-State partnerships, including with academia, international financial institutions and civil society, are amplifying the unfinished agenda in accelerating progress towards the transformative results.

10. Lessons learned from the regional programme, 2018-2021 underscore the importance of (a) strategic partnerships and political engagements with regional institutions and Member States; (b) sustained thought leadership and coherence to fully integrate SRHR into universal health coverage, primary health care and other frameworks; (c) 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; (d) leveraging the regional United Nations development system reform efforts in Africa to support and influence cross-border and regional integration towards the 2030 Agenda and Agenda 2063; and (e) ensuring 'future-fit' human resource capacities at regional and country levels, to strengthen resilient leadership and deliver effective and efficient programmes.

II. Programme priorities and partnerships

11. Within the context of ‘building forward better’ from the COVID-19 pandemic and accelerating progress towards the transformative results, the ESA regional programme will contribute to the UNFPA strategic plan, 2022-2025 goal of achieving ‘universal access to sexual and reproductive health, realize reproductive rights for all, and accelerate the implementation of the ICPD Programme of Action, with a focus on young people. It will also directly contribute to SDGs 1, 3, 5, 10, 13, 16, 17 and the three UNFPA strategic plan, 2022-2025, outcomes: (a) by 2025, the reduction in the unmet need for family planning has accelerated; (b) by 2025, the reduction in preventable maternal deaths has accelerated; and (c) by 2025, the reduction in gender-based violence and harmful practices has accelerated.

12. Informed by the evaluation of the ESA regional programme, 2018-2021, country-level gap analyses and evidence of ‘what works’, ESA ‘Futures 2’ strategy,³ and priorities of African Union-United Nations Framework for Sustainable Development, and regional economic communities, the regional programme has adopted a differentiated approach for the delivery of six interrelated outputs, fully aligned to the UNFPA strategic plan, 2022-2025: (a) enhanced SRHR policy, financing and accountability; (b) improved provision of people-centred, high-quality SRH care and services; (c) addressing harmful gender, socio-cultural norms and discriminatory practices affecting SRH; (d) enhanced use of population change and data for decision-making in the context of the ICPD Programme of Action and the SDGs; (e) strengthened SRHR and systems resilience across humanitarian, development, peace-responsive interventions; and (f) improved empowerment, participation and accountability of adolescents and youth for the realization of universal sexual and reproductive health and reproductive rights.

13. Building on the experiences of the “Futures 1” strategy, which established the Middle-Income Country Technical Hub, the Humanitarian Hub and the Regional Operations Shared Service Centre (ROSSC) and strengthened integrated technical support, the region will further strengthen its differentiated technical and programme advisory services to continental, regional and national institutions, in collaboration with the United Nations system, academia, multilateral development banks, civil society, women and youth networks. This will involve the pooling of regional assets through an integrated, inter-agency SRHR technical hub, including a regional virtual learning platform, in collaboration with UNICEF, UNAIDS and the World Health Organization (WHO). ESARO will further mainstream evidence, research, knowledge, scenario setting, future casting, innovation and digital solutions into tailored policies, programmes and business practices, including for COVID-19 pandemic recovery efforts. The region will strengthen evidence-based advocacy and policy dialogue at all levels through regional platforms and interagency collaboration, including through the United Nations-Africa Regional Collaborative Platform and opportunity issue-based coalitions (OIBCs), the H6 partnership, the Generation Equality Action Coalition and other regional platforms. Expanded partnerships with State and non-State actors, including through South-South and triangular cooperation, will strengthen a rights-based approach to resilience building and enhance opportunities from cross-border programmes in the Horn of Africa and the Great Lakes region. The programme will also strengthen capacities at regional and national levels to improve the generation, analysis, dissemination and use of data to leave no one behind.

Accelerating the reduction of unmet need for family planning, preventable maternal deaths and gender-based violence and harmful practices

A. Output 1: Policy 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 laws, policies, plans, financing, financial protection and accountability frameworks, in particular those related to universal health coverage

14. The programme will scale up targeted evidence-based advocacy at the regional and national levels to improve policy and financing environment for high-quality, people-centred, integrated SRH following a life-cycle

³ Eight future-focused papers prioritize differentiated interventions to accelerate progress towards the transformative results in ESAR. These are fully aligned to the revised country classification across humanitarian, development, conflict and post-conflict contexts, including the COVID 19 response and recovery.

approach, including family planning, maternal health, GBV prevention and response, HIV prevention and adolescent-friendly and young people-responsive information and services.

15. The programme will (a) leverage an increased political commitment to universal health coverage and primary health care to strengthen the integration of comprehensive SRH services into benefit packages, financing and financial risk protection, including through the Global Action Plan for Healthy Lives and Well-being for All, the African Union Maputo Plan of Action, the African Union Campaign for Accelerated Reduction in Maternal Mortality in Africa Initiative 2030, regional H6 partnership, United Nations country teams and other mechanisms; (b) promote gender-responsive and rights-based legislation and policies, in partnership with African Union, regional economic communities and human rights institutions, to improve equitable access to SRH information and services. This includes collaboration with the East African Community, SADC, the SADC-Parliamentary Forum and academic institutions to develop and implement the Model Law on GBV, and the age of consent to services; (c) enhance regional and country-level capacities to increase domestic resources for ICPD Programme of Action and financial protection for women and youth, guided by investment cases, periodic national budget analyses and country-specific actions on innovative financing; (d) advance multisectoral policies that leverage population dynamics across the life cycle and, strengthen the translation of disaggregated data, statistics, research and evidence into targeted policy actions; and, (e) scale-up collaboration with the African Union, regional economic communities and Member States to strengthen accountability frameworks for voluntary ICPD25 commitments.

B. Output 2: Quality of care and services

By 2025, strengthened capacity of systems, institutions and communities to provide rights-based and high-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

16. 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 high-quality SRHR information and services. This includes progressive integration of family planning, maternal and newborn care, access to comprehensive post-abortion care,⁴ HIV prevention, the essential services package on GBV, menstrual health and psycho-social services.

17. Building on the Swedish-funded regional joint programme “2Gether4SRHR” with UNICEF, WHO and UNAIDS, UNFPA thematic trust funds⁵ and other regional interventions, the regional programme aims to (a) strengthen capacities of regional and national institutions to improve readiness, functionality and resilience of primary health care systems, including enhancing efficiency and effectiveness of supply chain management systems to ensure ‘last-mile’ assurance, expand contraceptive choice and scale up new and less-used methods; (b) improve adherence to normative standards for the provision of people-centred, rights-based, integrated high-quality comprehensive SRH information and services, including through proven self-care approaches; (c) enhance strategic partnerships with regional institutions, academia and professional networks to implement regulatory and accountability frameworks at national levels; (d) strengthen thought leadership for enhancing midwifery education and practice, including optimizing digital solutions; and, (e) strengthen rights holder accountability systems to enhance user experience of SRHR services.

C. Output 3: Gender and social norms

By 2025, strengthened mechanisms and capacities of multisectoral actors, institutions and systems to advance gender equality and women’s rights and address discriminatory gender and sociocultural norms and stereotypes affecting sexual and reproductive health and reproductive rights, including gender-based violence and harmful practices

18. ESARO will strengthen the capacities of regional-level and national-level stakeholders to promote gender-equitable social norms and address harmful socio-cultural practices, including the prevention of sexual exploitation and abuse, sexual harassment and GBV in emergencies. This will build on the regional Africa Spotlight Initiative

⁴ Support in this area will be in line with WHO guidance and consistent with paragraph 8.25 of the ICPD Programme of Action

⁵ UNFPA Supplies Programme, and Maternal Health Trust Fund

and country programmes aimed at eliminating violence against women and girls. It will also leverage the ongoing work with the African Union and regional economic communities, and joint programmes to end child marriage and female genital mutilation, including the Saleema Initiative and African Union Campaign on Child Marriage. The programme will also build on partnerships with UN-Women, UNICEF, the Council of Traditional Leaders in Africa and other partners.

19. The programme will leverage gender-responsive legislation and enabling a policy environment for women and girls to exercise their rights to access tailored, integrated, multisectoral services for GBV prevention and response, including for vulnerable populations. Advancing gender equality and preventing GBV in humanitarian emergencies will complement actions to empower women, adolescents and young people.

20. Guided by evidence, the regional programme will (a) strengthen partnerships with continental, regional and national institutions to address negative and discriminatory social norms that affect SRH, including by building the capacity of duty bearers and gatekeepers for positive change; (b) enhance meaningful engagement of men and boys through networks and champions; (c) scale up efforts to promote independent and accountable social movements for the ICPD agenda; (d) enhance innovation for taking high-impact practices to scale to improve women's and young people's agency, bodily autonomy and decision-making, and; (e) strengthen the integration of SRHR into human-rights reporting and accountability mechanisms.

D. Output 4: Population change and data

By 2025, improved availability and use of population data and evidence for policy analysis and action on the impacts of demographic change and other megatrends, including climate change on sexual and reproductive health and reproductive rights, across the life course, prioritizing maternal health, family planning and prevention of HIV, gender-based violence and harmful practices

21. ESARO will build on established partnerships with regional and national institutions to deliver on this output, including with the African Union, regional economic communities, national statistical offices, the United Nations Economic Commission for Africa and other United Nations agencies, through the Africa regional OIBC on integrated data and statistics for sustainable development, and with data champions, academia and experts. The programme will strengthen capacity for evidence-based decision-making, scenario setting, forecasting, identification and targeting populations left furthest behind across the region.

22. The programme will (a) strengthen regional and national capacities for the generation, analysis and use of disaggregated data and evidence to guide people-centred decision making in development, humanitarian and conflict and post-conflict settings to leave no one behind. It will build on the institutional strength of UNFPA in supporting population and housing censuses, civil registration and vital statistics, demographic health surveys, and periodic measurement and assessment of progress towards the three transformative results, voluntary ICPD25 commitments and the SDGs; (b) provide technical assistance to enhance the 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 the capacity for cutting-edge research and evidence to guide policies and programmes, including the impact of megatrends on SRH, particularly climate change, migration, displacement, urbanization and inequality; (d) enhance the use of innovation and digitization for a revolution in population data and evidence to guide contributions to the SDGs; (e) leverage United Nations system-wide efforts to position, monitor and report on the voluntary ICPD25 commitments within continental, regional and national development agendas, including the Addis Ababa Declaration on Population and Development, voluntary national reviews, the SDGs and the African Union Agenda 2063.

E. Output 5: Humanitarian action

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 for sexual and reproductive health in crisis situations

23. The UNFPA East and Southern Africa Regional Office will support countries in preparedness and building system resilience to improve the equitable access to SRHR services, in collaboration with United Nations humanitarian agencies and regional and national institutions. Given the impact of the COVID pandemic, climate change and conflict-related humanitarian emergencies in disrupting essential health and protection services, the

programme will build on evolving evidence on resilience building, guided by a United Nations system-wide, ‘whole of system’ approach to improving the forecasting, maintenance and protection functions of systems. This will strengthen early warning, pre-positioning, preparedness and anticipatory action. In recognition of the cross-border and transboundary issues in the region, the programme will leverage regional partnerships for the Horn of Africa, the Great Lakes region, small island developing States and landlocked developing countries.

24. The regional programme will (a) strengthen partnerships with the African Union, the Africa Centres for Disease Control, regional economic communities, pan-African institutions, Member States, the regional Inter-Agency Standing Committee, and the regional Humanitarian Partnership Team to integrate MISP into regional and national disaster preparedness and response plans; (b) support capacity building of regional and national actors to improve resilience system functions for the delivery of MISP across health, education, water, sanitation and hygiene, migration and refugee response, food security and protection sectors; (c) strengthen the capacity to generate, analyse and use data and evidence on the multiple impacts of climate, fragility, conflict and violence on SRH for decision-making. This will include disaggregated and georeferenced population data within vulnerability assessments; and scenario planning, (d) enhance engagement of human rights institutions, women-led and youth-led groups and networks to amplify their voice and representation in national preparedness, anticipatory and response in humanitarian emergencies, including climate-sensitive and peace-responsive actions.

F. Output 6: Adolescents and youth

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

25. 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, comprehensive sexuality education for in-school and out-of-school youth, and the progressive realization of human rights of all adolescents and youth in their diversity for bodily autonomy and protection from harmful practices.

26. The regional programme will provide countries with tailored support, guided by evidence and good practices in people-centred, high-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 the Africa Youth and Adolescents Network, and young women’s and young men’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, particularly adolescent girls and young persons living with a disability. To promote the full realization of young people’s potential and build human capital, the programme will support initiatives aimed at harnessing the demographic dividend through investments in youth empowerment initiatives, in collaboration with international financial institutions and other partners, at national and regional levels.

27. Building on the successes of the ESA flagship Safeguard Young People programme and the joint programmes on HIV, child marriage and female genital mutilation, the regional programme will (a) leverage multisectoral partnerships to promote youth leadership and accountability for the ICPD Programme of Action; (b) enhance advocacy for the legal and policy reforms required to accelerate the implementation of adolescent-friendly and youth-responsive interventions; (c) strengthen synergies to scale up innovative solutions for equitable access to information and services by adolescents and youth to strengthen their agency and bodily autonomy; and (d) enhance coverage of comprehensive sexuality education for in-school and out-of-school adolescents and young people.

Enhancing organizational effectiveness and efficiency

G. OEE 1: Improved programming for results

28. Enabled by a reformed regional United Nations development system, the regional programme will adapt its programme and business practices to ensure organizational readiness and a ‘future fit’ regional office. In this

regard, UNFPA will improve programming and operational approaches, strengthen resource and risk management, including human resource capacities, and expand partnerships for the ICPD Programme of Action.

29. The regional office will provide tailored integrated technical, policy and programme advisory support to countries to be able to respond to national development priorities, including through the United Nations Sustainable Development Cooperation Frameworks, towards achieving the SDGs and the voluntary ICPD25 commitments. The technical assistance platform established under the Regional Interventions Action Plan, 2018-2021 will be strengthened to manage, monitor and evaluate the quality, timeliness and relevance of differentiated technical assistance provided to country offices and regional institutions. The regional knowledge assets repository will be updated regularly to provide the region with expertise and skills in support of regional office and country office interventions.

30. Refined tools and methodologies to facilitate programme excellence will support regional and country office actions and facilitate knowledge management, exchange and experience sharing on “what works”, including through South-South and triangular cooperation. The programme and operational excellence dashboard will be strengthened as a mechanism for tracking regional and country office performance on programme and management indicators.

31. ESARO will support the implementation of regional and country frameworks to scale up innovation and proven digital solutions for SRHR within a primed ecosystem. Recognizing the prevailing digital divide in the region, the programme will also engage key actors to advance non-digital technologies. The regional innovation strategy will be supported by relevant industry data, targeted research and market intelligence.

H. OEE 2: Optimized management of resources

32. ESARO will strengthen operational capacity for evidence-based preparedness, anticipatory actions and rapid response during emergencies, with an emphasis on improving supply-chain management, forecasting and regional repositioning of supplies and human resource capacity to identify and respond to the needs of vulnerable groups.

33. Through the Regional Operations Shared Services Centre and integrated operational and programme support, ESARO will scale up management and oversight of core and non-core resources, in the region, with emphasis on strengthening procurement, finance and administration beyond middle-income countries, in line with the common back-office initiative and the business operations strategy. ESARO will also collaborate with headquarter units to support country offices in the roll-out of the new enterprise resource platform and the information and communication technologies transformation project.

I. OEE3: Expanded partnerships for impact

34. The regional office will accelerate strategic actions to mobilize resources to achieve the three transformative results, including (a) diversifying the resource base to raise at least \$400 million from non-core resources for tailored country and regional programmes; (b) securing at least 5 per cent of the non-core resource target through domestic resources, innovative financing, and non-traditional donors; (c) strengthening implementation of the value proposition for regional humanitarian response, including climate action; (d) mobilizing increased annual core contributions from at least 16 countries in the region; (e) sustain internal capacity building and donor intelligence to country offices; and (f) expand partnerships with regional and national institutions, United Nations agencies, academia, international financial institutions, the private sector, civil society and other key actors.

35. Given the importance of strategic communication for the regional efforts to accelerate progress towards the three transformative results, ESARO will (a) enhance the capacities of regional and country office staff to effectively communicate results and raise awareness on the unfinished ICPD business for women, adolescents and youth in the region; (b) strengthen organizational credibility and brand visibility; (c) develop a campaign-based approach to digital communications, capitalizing on innovative digital platforms, and identifying emerging digital technologies and trends for dynamic engagement with target audiences, and, (d) protect the UNFPA brand by implementing a crisis communications strategy to mitigate risks and enhance collaboration with brand ambassadors.

III. Programme and risk management

36. The programme will support the 23 countries in the East and Southern Africa region. In recognition of the increased impact of climate and humanitarian emergencies in Mauritius and Seychelles, with impact on demographic transition and widening inequalities, the regional office will support the re-established physical presence of UNFPA as a resident agency in Mauritius with oversight for Seychelles.

37. The ESA Regional Director, in collaboration with the ESA management team, will have oversight for the implementation, monitoring and evaluation of the regional programme action plan for 2022-2025, and will ensure regional initiatives are aligned to the UNFPA strategic plan, 2022-2025, voluntary commitments related to ICPD25, the Addis Ababa Declaration on Population and Development, and other strategic frameworks at global and regional levels. The regional office will strengthen UNFPA engagement with the regional United Nations development system in Africa, including the United Nations-Africa Regional Collaborative Platform, opportunity issue-based coalitions, and the regional programme support group, to ensure timely and relevant support to United Nations country teams, UNFPA country offices and regional institutions.

38. While the programme will be implemented in part by the regional office team, implementing partners will be engaged to support the delivery of results. Implementing partners can be selected on a competitive or non-competitive basis, taking into account their expertise on the UNFPA mandate and comparative advantage, including coverage and reach, capacity and strategic value, among others. The harmonized approach to cash transfers will continue to be utilized in a coordinated fashion with relevant United Nations agencies to manage financial risks. Assurance activities, as well as financial audits, in line with UNFPA programme and financial policies, will be conducted, and recommendations will be implemented to strengthen programme delivery and enhance risk management.

39. In line with the 2020 quadrennial comprehensive periodic review, the regional office will strengthen internal capacity to provide tailored support to the typology of countries represented in the region, using a differentiated approach for landlocked developing countries, middle-income countries and small island developing States. In addition, the region has benefitted from technical assistance from a 'roving' humanitarian team. The new programme will also contribute to building forward better from the COVID pandemic, including by supporting SRH financing within recovery financing initiatives, scaling up knowledge management and research, strengthening humanitarian capacity, and building climate resilience and adaptive capacity for delivering integrated comprehensive SRHR across development, humanitarian, conflict and post-conflict contexts. Human resource capacities 'fit for the future' have been costed and will be strengthened in the region.

40. Several risks threaten the implementation of the regional programme, including (a) persistent conservatism towards SRHR; (b) political and social instability; (c) varying national operational capacities to deliver on SRHR commitments; (d) constrained fiscal space for SRH, and (e) an increase in humanitarian crises, conflicts, climate change and inequalities, exacerbated by the COVID-19 pandemic. The regional office will consistently review the risk likelihood and impact, and develop a risk response plan with appropriate controls that will be frequently monitored and implemented to mitigate risk. Among the key programme assumptions are that countries will scale up domestic resources for SRH, including through innovative financing, and that Governments will exercise leadership for SRHR and the fulfilment of their voluntary ICPD25 commitments.

IV. Monitoring and evaluation

41. ESARO will scale up the capacities of regional and country offices to strengthen results-based management of the respective business units and partners, emphasizing real-time monitoring and analysis. The programme will leverage innovations and digital solutions developed during the COVID-19 pandemic to enhance the monitoring and evaluation functions, including remote approaches and tools.

42. ESARO will monitor the implementation of the regional programme by collecting, analysing and using high-quality monitoring data and by convening periodic review meetings, including with country offices and partners, to assess the progress made towards the three transformative results. This will also inform programme adaptation in a timely way to respond to scenarios and ensure targeted resources deliver measurable results. Corrective measures will be taken to address bottlenecks, and acceleration plans will be developed where gaps are identified in programme implementation. A regional monitoring system will be developed to effectively track the implementation of voluntary ICPD25 commitments. The regional office will also collaborate with the United

Nations Economic Commission for Africa, through the OIBC on data and statistics and with national planning and statistical institutions, to strengthen monitoring and reporting of the SDGs in the region.

43. UNFPA will ensure the implementation of relevant evaluations, as outlined in the costed evaluation plan. Findings from the evaluations will inform programme management decisions, ensure value for money and inform the development of the next regional programme.

Annex 1: Results and resources framework for the East and Southern Africa regional programme (2022-2025)

UNFPA strategic plan, 2022-2025, Goal: Achieved universal access to sexual and reproductive health and realization of reproductive rights, and accelerated progress on the implementation of the ICPD Programme of Action			
UNFPA strategic plan, 2022-2025, Outcome 1: By 2025, the reduction of preventable maternal deaths has accelerated		Indicative resources \$13.4 million: (\$6.4 million from regular resources and \$7.0 million from other resources)	
UNFPA strategic plan, 2022-2025, Outcome 2: By 2025, the reduction of unmet need for family planning has accelerated		Indicative resources \$15.3 million (\$7.3 million from regular resources and \$8.0 million from other resources)	
UNFPA strategic plan, 2022-2025, Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated		Indicative resources \$9.5 million: (\$4.5 million from regular resources and \$5.0 million from other resources)	
Organizational Effectiveness and Efficiency		Indicative resources \$2.1 million: (\$2.1 million from regular resources and \$0 from other resources)	
Regional programme output	Output indicators, baselines and targets	Partner contributions	Indicative resources
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 laws, policies, plans, financing, financial protection and accountability frameworks, in particular those related to universal health coverage	<ul style="list-style-type: none"> Number of ESA countries supported to integrate comprehensive SRHR into universal health coverage, primary health care-related laws, policies, plans, strategies, financial mechanisms and guidelines Baseline: 10; 2022Target: 15, 2023Target: 18 2024Target: 20, 2025Target: 23 Number of ESA countries supported to integrate ICPD Programme of Action Commitments into national policies and plans Baseline: 2; 2022 Target: 7, 2023 Target: 10, 2024 Target: 15, 2025Target: 23 Number of ESA countries supported to increase domestic financing for comprehensive SRHR services Baseline: 9; 2022Target: 10, 2023Target: 12 2024Target: 14, 2025Target: 16 Number of ESA countries supported to report on multi stakeholder SRHR accountability mechanisms. Baseline: 10; 2022Target: 14, 2023Target: 17 2024Target: 20, 2025Target: 23 	National governments, WHO, UNICEF, UNAIDS, UNWOMEN, AU, RECs, RIASCO, RHTP, Academia, CSOs	\$8.4 million: (\$4.2 million from regular resources and \$4.2 million from other resources)

	<ul style="list-style-type: none"> • Number of outcome documents of regional intergovernmental bodies and processes supported by UNFPA that integrate the commitments related to the achievement of transformative results Baseline: 10; 2022Target: 15, 2023Target: 20 2024Target: 25, 2025Target: 30 • Number of ESA countries that have integrated SRHR and ICPD Programme of Action priorities into the national climate policies, and Nationally Determined Contributions, National Adaptation plans and Disaster Risk Reduction plans. Baseline: 2; 2022Target: 7, 2023Target: 10 2024Target: 15, 2025Target: 23 		
<p><u>Output 2:</u> By 2025, strengthened capacity of systems, institutions and communities to provide rights-based and high-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>	<ul style="list-style-type: none"> • Number of ESA countries supported to expand modern contraceptive method mix in line with women’s reproductive rights Baseline: 6; 2022Target: 7, 2023Target: 9 2024Target:10, 2025Target: 11 • Number of countries supported with tailored interventions to improve functionality of PHC delivery system through emergency obstetric and newborn care networks. Baseline: 0; 2022Target: 7, 2023Target: 15 2024Target:19, 2025Target: 23 • Number of countries provided with support to scale up innovative approaches for integrating comprehensive people-centered SRHR information and services over the life course Baseline: 8; 2022Target: 10, 2023Target: 12 2024Target: 15, 2025Target: 23 • Number of countries supported to strengthen SCM systems, in particular, logistics management information systems for FP and other RH commodities. Baseline: 0; 2022Target: 1; 2023Target: 3 2024Target: 4; 2025Target: 5 	<p>AU, RECs, IPPF, WHO, NSO’s, Academia, CSO, UNICEF, UNHCR, WFP, UNAIDS, UNICEF, UN Women, SADC, SADC-PF, EAC, innovation ecosystem</p>	<p>\$5.5 million: (\$1.6 million from regular resources and \$3.9 million from other resources)</p>
<p><u>Output 3:</u> By 2025, strengthened mechanisms and capacities of multisectoral actors, institutions and systems to advance gender equality and women’s rights and address discriminatory gender and sociocultural norms and stereotypes affecting sexual and reproductive health and reproductive rights,</p>	<ul style="list-style-type: none"> • Number of countries and regional institutions supported to strengthen and engage with accountability mechanisms on SRH, HIV, GBV and HP responses Baseline: 0; 2022Target: 1, 2023Target: 2 2024Target: 3, 2025Target: 4 	<p>National governments, CSOs, SADC, EAC, UNICEF, African Council for Religious</p>	<p>\$5.5 million: (\$2.3 million from regular resources and \$3.2 million from other resources)</p>

<p>including gender-based violence and harmful practices</p>	<ul style="list-style-type: none"> • Number of countries and regional institutions with functional mechanisms to mainstream gender norms, and women’s rights into national development and humanitarian actions Baseline: 4; 2022Target: 5, 2023Target: 10 2024Target: 15, 2025Target: 18 • Number of countries supported to develop and implement legislation to address GBV and HP in accordance with international standards and conventions. Baseline: [0]; 2022Target: 2, 2023Target: 4 2024Target: 6, 2025Target: 8 • Number of countries supported to strengthen national capacity, systems and mechanisms for collecting and using data on GBV, HP, FGM, early and forced child marriage for decision making. Baseline: 4; 2022Target: 6, 2023Target: 10 2024Target: 12, 2025Target: 14 • Number of national and regional social movements and networks supported to promote gender equality and address harmful practices Baseline: 5; 2022Target: 8, 2023Target: 10 2024Target: 15, 2025Target: 23 	<p>Leaders, FAO, WFP, UN Women, WHO, UNODC, UNDP, Africa Midwifery association, Global Fund for women, ICF</p>	
<p><u>Output 4:</u> By 2025, improved availability and use of population data and evidence for policy analysis and action on the impacts of demographic change and other megatrends, including climate change on sexual and reproductive health and reproductive rights, across the life course, prioritizing maternal health, family planning and prevention of HIV, gender-based violence and harmful practices</p>	<ul style="list-style-type: none"> • Number of countries supported to apply innovative approaches to generate and use georeferenced data and promote public access to census results Baseline: 8; 2022Target: 15, 2023Target: 16 2024Target: 19, 2025Target: 20 • Number of countries supported to produce census-based analytical products, subnational population projections, common operational datasets and disaggregated estimates of continental and global indicators Baseline: 7; 2022Target: 10; 2023Target: 14 2024Target: 18, 2025Target: 19 • Number of countries supported to conduct strategic assessments, population situation analysis and vulnerability assessments on population changes and the impact of mega trends of climate change and other humanitarian crises Baseline: 0; 	<p>AU, RECs, Regional Institutions, Academia, NSOs, UNECA, UNDP, IOM, UNCTs</p>	<p>\$6.9 million: (\$4.9 million from regular resources and \$2.0 million from other resources)</p>

	<p>2022Target: 2, 2023Target: 6 2024Target: 9, 2025Target: 13</p> <ul style="list-style-type: none"> • Number of countries and regional institutions supported to strengthen monitoring and accountability mechanisms for the integration of population dynamics into national development plans and frameworks Baseline: 2; 2022Target: 5, 2023Target: 7 2024Target: 9, 2025Target: 10 • Number of countries supported to produce a national report of the ICPD PoA commitments, Voluntary ICPD25 Commitments and SDGs Implementation. Baseline: 0; 2022Target: 3, 2023Target: 5 2024Target: 10, 2025Target: 21 • Number of countries supported to strengthen capacity for collecting SRHR indicators as part of the national routine management information systems, CRVS and Demographic Health Surveillance Systems (DHSS) Baseline: 12; 2022Target: 14, 2023Target: 15 2024Target: 16, 2025Target: 17 		
<p><u>Output 5:</u> 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 for sexual and reproductive health in crisis situations</p>	<ul style="list-style-type: none"> • Number of countries affected by climate and humanitarian crisis supported to have a functioning inter-agency coordination platform with a preparedness and response plan to address SRH and GBV in emergencies and refugee settings Baseline: 4; 2022Target: 6, 2023Target: 8 2024Target: 10, 2025Target: 12 • Number of ESA countries supported to integrate Minimum Initial Service Package in national disaster preparedness related policies and plans. Baseline: 7; 2022Target: 10, 2023Target: 12 2024Target: 15, 2025Target: 17 • Number of countries in ESA with strengthened capacity to deliver SRHR and ICPD related actions within climate change adaptation, preparedness, anticipatory and response actions Baseline: 2; 2022Target: 4, 2023Target: 6 2024Target: 8, 2025Target: 10 	<p>UNHCR, IOM, UNICEF, RIASCO, RHPT, IGAD, AU, ESA Migration Forum, SADC, EAC, AU, WHO, UNAIDS</p>	<p>\$5.4 million: (\$3.7 million from regular resources and \$1.7 million from other resources)</p>

<p>Output 6: By 2025, all adolescents and youth are empowered and have the agency, skills and tools to exercise their sexual and reproductive health and reproductive rights, especially bodily autonomy, and are equipped to exercise leadership, participation, social innovation and accountability</p>	<ul style="list-style-type: none"> • Number of countries supported to reform laws, policies and accountability mechanisms to promote access to quality and inclusive SRHR services by adolescents and young people, including the elimination of child marriage and other harmful practices. Baseline: 12; 2022Target: 13; 2023Target: 15 2024Target: 17, 2025Target: 18 • Number of countries and regional institutions supported to develop mechanisms to facilitate youth empowerment, leadership, participation and accountability for ASRHR, climate change and other emergencies Baseline: 12; 2022Target: 15, 2023Target: 17 2024Target: 19, 2025Target: 20 • Number of countries supported to institutionalize comprehensive sexuality education and social behaviour change communication of adolescents and young people furthest left behind with responsive SRHR services Baseline: 9; 2022Target: 11, 2023Target: 13 2024Target: 15, 2025Target: 16 • Number of ESA countries supported to foster partnerships that integrate ASRH into economic empowerment and sustainable livelihood initiatives to build human capital, improve and expand access to quality integrated SRHR services and information by adolescents and young people Baseline: 13; 2022Target: 14, 2023Target: 17 2024Target: 19, 2025Target: 20 • Number of ESA countries supported to strengthen national gender transformative programmes that build life skills, health, social and economic assets for all girls, including the most left behind, and engage with men and boys to promote healthy relationships and gender equality to end child marriage and other HPs Baseline: 10; 2022Target: 12, 2023Target: 15 2024Target: 17, 2025Target: 18 	<p>AUC, SADC PF, EAC AFRIYAN, CSOs Academia, IFIs, Human Rights Institutions, UNESCO, UNAIDS, OHCHR, ILO, UNODC, WHO, UNICEF, UNDP</p>	<p>\$6.5 million: (\$1.5 million from regular resources and \$5.0 million from other resources)</p>
<p>OEE 1: Improved programming for results</p>	<ul style="list-style-type: none"> • Number of ESA countries with evidence based innovative SRHR solutions including digital and cutting edge technology, developed by young people for accelerating TRs Baseline: 13; 	<p>UN system, Private sector</p>	<p>\$0.9 million: (\$0.9 million from regular resources and \$0 from other resources)</p>

	<p>2022Target: 15, 2023Target: 17 2024Target: 19, 2025Target: 20</p> <ul style="list-style-type: none"> • Number of ESA Countries with UNFPA supported innovation projects/initiatives taken from early stage to growth stage Baseline: 3; 2022Target: 4, 2023Target: 5 2024Target: 7, 2025Target: 8 • Number of country offices that score at least 75 per cent at the programme and operational excellence dashboard of ESARO Baseline: 0; 2022Target: 10, 2023Target: 15 2024Target: 18, 2025Target: 21 • Proportion of new country programmes that meet organizational quality standards: (a) Technical quality including focus on accelerating leaving no one behind; (b) RBM and evidence-based programming quality Baseline: 0; 2022Target: 80, 2023Target: 100 2024Target: 100, 2025Target: 100 • Percentage of ESA business units supported to implement UNFPA RBM Strategy Baseline: 60; 2022Target: 70, 2023Target: 80 2024Target: 90, 2025Target: 100 • Percentage of ESA countries supported to improve Annual Planning, Monitoring and Reporting and conduct end of programme evaluations to enhance programme effectiveness at country and regional levels Baseline: 60; 2022Target: 70, 2023Target: 80 2024Target: 90, 2025Target: 100 		
<p><u>OEE 2</u>: Optimized management of resources</p>	<ul style="list-style-type: none"> • Number of Country offices supported by ESARO that demonstrate efficiency gains through BOS at the country level within the following service lines; Finance, ICT, HR and common premises Baseline: 2; 2022Target: 5, 2023Target: 8 2024Target: 11, 2025Target: 15 • Number of Country Offices in ESA that identify processes targeted for future paperless or automated operations that become digitized with ESARO support Baseline: 1; 	<p>UN system</p>	<p>\$0.7 million: (\$0.7 million from regular resources and \$0 from other resources)</p>

	2022Target: 2, 2023Target: 3 2024Target: 4, 2025Target: 5		
OEE 3: Expanded partnerships for impact	<ul style="list-style-type: none"> • Gross pipeline value (USD million) in the financial year Baseline: 100 million; 2022Target: 110 million, 2023Target: 220 million 2024Target: 330 million, 2025Target: 440 million • Total value (USD) of new contracts secured in that financial year Baseline: 119 million; 2022Target: 120 million, 2023Target: 200 million 2024Target: 300 million, 2025Target: 400 million • Number of times UNFPA ESARO is mentioned in the media. Baseline: 12; 2022Target: 18, 2023Target: 20 2024Target: 22, 2025Target: 23 • Performance of UNFPA ESARO websites in terms of number of visitors and page views, and UNFPA social media channels in terms of number of followers with engagements. Baseline: 120,000; 2022Target: 132,000, 2023Target: 145,000 2024Target: 160,000, 2025Target: 176,000 • Growth in number of social media account followers in ESARO Baseline: 28,150; 2022Target: 33,700, 2023Target: 40,700 2024Target: 48,900, 2025Target: 58,900 • Number of Regional UN coordination mechanisms that UNFPA leads in Africa and ESA regional collaborative platform, tasks teams (Regional UNDS Reform Recommendation 1-5) Baseline: 2 2022Target:2, 2023Target: 4 2024Target:4, 2025Target: 5 	UN system, media, MDBs, IFIs	\$0.5 million: (\$0.5 million from regular resources, \$0 million from other resources.)