



Informal session of the Executive Board of UNDP/UNFPA/UNOPS

Statement by

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Distinguished Chair, Your Excellency Mr. Zohrab Mnatsakanyan
Distinguished Members of the Executive Board,

It is my pleasure to present for your consideration, the 9th Country Programme for Mozambique for the period 2017-2020; and the 5th Country Programme for Eritrea for the period 2017 -2021.

Overview of key macro trends in Eastern and Southern Africa

Mozambique and Eritrea represent two countries that embody the development complexity of the East and Southern Africa region.

A region with an estimated population of 457.8 million and growing at a rapid rate of 2.6 per cent annually, set to double in size in the next 35 years, and also considered particularly young, the prospects for harnessing this youthful human capital is good.

Despite significant socio-economic and technological advancements, there remains an unfinished agenda with respect to regional commitments on ICPD beyond 2014 issues in East and Southern Africa. The region has also been adversely affected by the El Nino weather system, which has created significant movements of populations, food insecurity and increased vulnerability particularly of women and girls.

In this regard, allow me to share with you, information regarding the specific development challenges in Mozambique and Eritrea and how the UNFPA cooperation will respond to these issues, starting with Mozambique.

Distinguished delegates,

Mozambique is one of Africa's least developed countries ranking 180th of 188 countries in the 2015 Human Development Index (HDI), and with growing inequalities between regions and people. With a total population of 26 million, rapidly growing at 2.7 per cent and characterised by high fertility, the country has a large youth population, with 65 per cent of the population under the age of 25 years.

In previous years, Mozambique had one of the fastest growing economies in the region. However, with the present foreign debt crisis, high debt burden, and other challenges, the economic outlook for 2016 and beyond is not encouraging. Additionally, at least 1.5 million people in the country have been affected by the El Nino weather condition.

The country's maternal mortality ratio is high, at 408 per 100,000 live births, and only 13 per cent of women with direct obstetric complications have access to emergency obstetric care. Contraceptive prevalence rate stands at 24.2 per cent and unmet need for family planning at 28.5 per cent.

Within a context where gender socio-cultural norms limit their capability to make informed decisions, 48 per cent of women are married by the age of 18, and one third of Mozambican girls have experienced violence since the age of 15 years. Mozambique has one of the highest levels of adolescent birth rates in the world.

Mozambique also faces gaps in the availability of disaggregated data by key population variables, which has resulted from limited capacity for data generation and in-depth analysis including monitoring of the national SDG targets.

Within the context of these development challenges and in response to main priorities of government as defined in the national five year Development Plan (2015-2019), UNFPA will build on the achievements of the 8th programme, backed by institutional expertise and initiatives at regional and global levels, and broad based partnerships which aim to expand and improve sexual and reproductive health and rights of vulnerable population groups; strengthen efforts to empower and protect youth; and enhance advocacy for social inclusion and equity.

Programmatic Focus of the Mozambique CP in relation to National priorities

More specifically, intervening at national level and in four provinces where key sexual and reproductive health and other social indicators are furthest behind, the programme will address four key strategic plan outcome areas in an integrated manner:-

First, improving the availability, demand for, access to, and utilisation of, high quality integrated sexual and reproductive health services by individuals and couples especially women, adolescent girls and young people. Interventions will include capacity building of health providers; modernising supply-chain management information systems and strengthening health data management systems and civil registration and vital statistics.

Second, recognising the youth demographic bonus, strengthening adolescent and youths' capacity to actively participate in economic, social, cultural and policy developments; Interventions will include supporting the review and update of the National Adolescent Health strategy, scaling up YFSRH services, and ensuring implementation of the Universal Periodic Review recommendations on adolescent and reproductive health issues including the national strategy to prevent and eliminate early marriage;

Third, enhancing a multi-sectoral integrated response to women and adolescent girls affected by gender based violence including in humanitarian settings. This includes supporting the involvement of women and girls in resilience building, and men and boys in gender based violence prevention; and

Fourth, strengthening national capacities and capabilities to collect, analyse and use high-quality data on poverty, deprivation, inequalities and demographic dividend to inform and strengthen economic and development policies and corresponding plans. This includes strengthening the national statistical system and continued advocacy for the conduct of the 2017 census.

The resource envelope for the programme over the next four years is US\$40.1 million.

Your Excellency Distinguished Members of the Board

Allow me to now introduce the proposed Eritrea programme.

Like Mozambique, Eritrea is a low income developing country, with an estimated population of 3.5 million, with approximately 58 per cent of the population living on less than \$1.25 per day.

While Eritrea has made significant advancements in reducing the maternal mortality ratio, further progress is threatened by a low level of demand for skilled birth attendance and family planning. Only 55 per cent of women delivered at health facilities in 2014. Teenage pregnancy is a major health concern in the country, where 20 per cent of women have had their first sexual intercourse by the age of 15. Where pregnancies are unwanted, young people have resorted to unsafe abortion which accounted for over 50 per cent of all reported maternal deaths in 2014. Forty eight percent of obstetric fistula cases treated in 2015 were within the 18-25 age category.

Despite having a strong policy and legal framework to promote gender equality, gender disparities persist and affect the rights of girls and women to live free from violence in Eritrea. Female genital mutilation is still high at 83 per cent nationally, and there is also a high incidence of early marriage with almost 13 per cent of women aged 20-24 first married before the age of 15 years.

Capacity constraints affect the ability of Eritrea to produce high quality disaggregated data and information. Eritrea has never conducted a census and a functional civil registration and vital statistics system does not exist, thereby impeding access to reliable data for evidence based planning, and monitoring development progress.

The UNFPA country programme is developed under the umbrella of the Strategic Partnership Cooperation Framework (SPCF) 2017-2021 in consultation with government entities, and is fully aligned with the National Indicative Development Plan (2014-2018) and the Health Sector Strategic Development Plan.

Programmatic Focus of the Eritrea CP in relation to National priorities

The Eritrea programme will focus on the four key strategic plan outcomes, with an emphasis on increasing access to quality reproductive health services for women and young people, including through maternal waiting homes and maternal, neo-natal and fistula repair services. This component will support strengthening human resource capacity in the health system through training and deployment of health professionals.

The programme will empower girls and women with the information and skills to seek sexual and reproductive health services, and will also increase the supply of contraceptives through procurement and subsequent distribution of RH commodities country wide.

Further, the programme will focus on working at the community level in order to better coordinate efforts to prevent, monitor and report on harmful practices against women, including female genital mutilation. The programme will also strengthen the capacity of the National Union of Eritrea Women to support the implementation and monitoring of the CEDAW convention at the country level.

The programme will focus on strengthening the capacity of the National Statistical Authority to disseminate quality disaggregated data that allows for in-depth analysis on population dynamics and sexual and reproductive health, and their linkages to poverty eradication and sustainable development. This component will include strong technical and financial support from UNFPA to the statistics office, including support to the conduct of the fifth Demographic and Health Survey.

UNFPA will also actively support the monitoring of the SDGs through advocating for the establishment of a vital statistics system. Strengthening the data system is essential to identifying the most vulnerable members of the population, so that they can be targeted in an effort to ‘leave no-one behind.’

The programme’s resource envelope for the five year duration is US\$16.3 million.

Conclusion

Distinguished delegates, ladies and gentlemen;

Having presented you with the proposed Mozambique and Eritrea programmes, I am sure that we can continue to rely on your support in implementing these programmes in country.

For our part, UNFPA will continue to provide the Governments of Mozambique and Eritrea with the requisite technical and financial support and will advocate with development, private sector and other partners to mobilize the resources to support their respective development objectives. With our regional and global network, we are certainly in a position to facilitate the exchange of good practices among countries so that they can learn from, and build on each other’s experiences.

Your Excellency, distinguished delegates,

I thank you for the invaluable support that you have provided to the countries of the East and Southern Africa region, and we look forward to your continued contributions.