UNICEF Eastern and Southern Africa Regional Office Annual Report 2015

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Contents

1.   Overview

1.1.   Executive Summary

This Regional Office Annual Report 2015 covers the second year of implementation of the Eastern and Southern Africa (ESA) Regional Office Management Plan (ROMP) 2014–2017. In 2014–2015, the Regional Office has achieved significant results in all five Regional Priority areas, including responding to the evolving humanitarian needs in the region, as well as in management and operations.

Programmes: The formal end to wild poliovirus in the region was achieved in 2015, with interruption of transmission in Somalia. The Regional Office contributed to this result with oversight and technical support to country-level response, and regional coordination. It also supported an effective response to vaccine-derived polio outbreaks in South Sudan and Madagascar. Significant progress was also made in routine immunization in 10 countries, leading to an over 10 per cent reduction in the number of unimmunized children between 2014 and 2015. The Regional Office provided technical support, advice and oversight to these priority countries, especially on micro-planning, cold chain and vaccine management, and communication for development.

During 2015, the Regional Office supported 7 Country Offices to strengthen the capacity of Governments in carrying out nutrition surveys, conducting costing and tracking of expenditures on nutrition, and planning and focusing increased resources on nutrition, resulting in the Governments being able to quantify and set their national multi-sectoral nutrition budgets, a major precursor to sustainable nutrition support to children.

Improvements were registered in maternal, newborn and child health. The Regional Office provided guidance and technical support to Country Offices to improve maternal, newborn and child health services in 9 countries in the region, including through newborn assessments, embedding the quality improvement (QI) approach, developing action plans to strengthen access to and quality of health services, integrating HIV services to prevent mother-to-child transmission in health facilities and communities, and introducing the new WHO guideline on simplified antibiotic regimens for treatment of neonatal infections.

Improvements were also made in birth registration in the region. The Regional Office supported 11 more Country Offices (bringing the total to 16 of 21) to undertake comprehensive civil registration and vital statistics (CRVS) assessments and support national strategy development to improve coverage of birth registration.

The Regional Office supported scaling up of sanitation and hygiene through national Community-led Total Sanitation (CLTS) programmes in 18 countries, the development of open-defecation-free (ODF) protocols in 3 countries, and introduction of innovative approaches to sanitation marketing. This resulted in 11,000 more villages and communities certified as ODF in 2015.

Humanitarian action: The Regional Office provided technical assistance, supported cross-border coordination, and engaged with UN and other partner humanitarian agencies in the region in a number of key emergency settings: Somalia; South Sudan and its 3 neighbouring countries; Burundi and its 4 neighbouring countries; and Ethiopia and 5 Southern Africa countries in the context of El Niño.

Constraints in the emergency response centred on staffing: while rapid response was assured, sourcing staff with the appropriate skills and experience to support emergency response remained a challenge. The immediate response was achieved by diverting planned technical assistance from development work to emergency response. The Regional Emergency Roster is being updated and expanded to address this challenge.

Further constraints relate to security concerns. Operational decisions continually balanced high security risk with programme criticality – especially after the killing of 4 UNICEF colleagues and injuring of 5 others in Somalia during the attack in Garowe in April 2015.

Partnerships: Alliances and partnerships were fostered in humanitarian and development contexts. The Regional Office was active in highlighting the continued vulnerability of the Greater Horn of Africa subregion to food and nutrition crises, and worked closely with the WFP, OCHA, UNHCR and FAO Regional Offices to convene all relevant United Nations teams at regional and country level on the issue. The result was that all UN Country Teams in the Greater Horn of Africa prepared integrated response plans for food security and nutrition. Donors were mobilized for support at country and regional level. UNICEF also convened UN partners at the regional level for more coordinated, and joint, technical support to priority countries. This concerted preparation and support proved to be very timely given the disruptions caused by El Niño later in 2015.

The Regional Office was designated as the 'champion' and convening agency within the Regional United Nations Development Group (R-UNDG) for development of a Strategy of Support for Middle-Income Countries in Africa. This work has resulted in an Africa-wide strategy of support and action in middle-income countries, which was completed in 2015 and is being rolled out across the continent.

The Regional Office also worked closely with the China Country Office, and Regional Offices for East Asia and the Pacific, West and Central Africa and Middle East and North Africa to lead development of a framework for UNICEF engagement in promoting investments in child health as part of China–Africa development cooperation, in order to leverage the opportunity of increased aid and investment in Africa by the Government of China. UNICEF engagement has successfully led to a specific mention of women and children's health as a key area of support as part of China's US$60 billion aid package for Africa. The draft UNICEF framework has been presented to the Global Management Team for review, and was positively received. It proposes concentration on 7 pilot countries in Africa, with UNICEF supporting national Ministries of Health to advocate for a portion of Chinese assistance to focus on maternal, newborn and child health programmes.

Management: In 2015, the Eastern and Southern Africa Regional Management Team agreed on a set of indicators to track programme and management performance against global and regional benchmarks. Management indicators are divided into four domains: governance and systems; financial management; human resource management; and programme performance. The Regional Office produces a dashboard summarizing performance of each Country Office, which is reviewed at regular intervals for support to offices as required.

Strengthened monitoring and oversight of management indicators promotes increased focus on key management practices, and facilitates rapid identification and action to address significant bottlenecks. This has already led to higher grant implementation rates, more timely submission of donor reports, reduced balance of outstanding direct cash transfers (DCTs), and better implementation of the harmonized approach to cash transfers (HACT) policy.

1.2.   Trends and Progress Affecting Children and Women in the Region

Demographic forecasts indicate that the child population of Eastern and Southern Africa[1] which currently reaches approximately 250 million, will increase by 30 per cent by 2030, 66 per cent by 2050 and over 100 per cent by 2100. The region is also experiencing rapid urbanization.

At the same time, rates of economic growth in sub-Saharan Africa are slowing, from 5 per cent in 2014 to 3.75 per cent in 2015, largely due to sharply falling commodity prices[2]. The value of nearly all African currencies has declined against the US dollar between October 2014 and 2015[3]. Countries with economies heavily reliant on commodity exports, such as Angola, are making sharp fiscal adjustments which affect allocations to key social sectors.

While globally the Millennium Development Goal (MDG) Target 1A to halve the number of people living in extreme poverty was achieved by 2010, sub-Saharan Africa is the only region where this goal has not been met[4]. Approximately 45 per cent of the population of Eastern and Southern Africa live below the international poverty line of US$1.25 per day[5].

The proportion of underweight children aged 5 and under has fallen by almost half globally between 1990 and 2015[5]. In Eastern and Southern Africa, the proportion of underweight children has fallen only by a third, to 18 per cent, with absolute numbers rising due to population growth. Stunting prevalence for the region is high at 36 per cent, affecting approximately 27 million children under 5 years of age. Recent data at the national level signal significant progress over the last few years, with an average annual rate of reduction of around 1–2 percentage points[6].

Countries of Eastern and Southern Africa have made impressive progress in improving attendance in primary education, with a particular focus on girls. The net enrolment ratio at the primary level is approximately 85 per cent, while 11 million children of primary school age are estimated to be out of school in the region[5].

Sub-Saharan Africa has both the highest child mortality rates and has achieved the highest absolute decline in child mortality over the past two decades. The annual rate of decline was over five times faster during 2005–2013 than it was during 1990–1995, accelerating from 0.8 per cent per year to 4.2 per cent per year. In Eastern and Southern Africa, the under-five mortality rate has fallen from 165 to 60 deaths per 1,000 live births between 1990 and 2015 – approaching the Millennium Development Goal target of 56.

Progress is slow in reducing maternal mortality, which is high at 420 per 100,000 live births in Eastern and Southern Africa. This is exacerbated by high rates of adolescent childbearing, at

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[1] Data covers population aged 0–19 years for 21 countries of Eastern and Southern Africa. Source: United Nations Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*, <http://esa.un.org/unpd/wpp/DataQuery/>

[2] International Monetary Fund, *Regional Economic Outlook*, IMF, October 2015

[3] Sy, Amadou (ed.), *Foresight Africa: Top Priorities for the Continent in 2016*, Africa Growth Initiative, Brookings Institute, Washington, DC, 2015, p.22, <www.brookings.edu/~/media/Research/Files/Reports/2016/01/foresight-africa/foresightafrica2016_fullreport.pdf?la=en>

[4] United Nations, *The Millennium Development Goals Report 2015*, July 2015, p.15, <www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf>

[5] UNICEF, *Every Child Counts: The State of the World's Children in Numbers 2014*, New York, 2014, p.71, <www.unicef.org/sowc2014/numbers/documents/english/SOWC2014_In%20Numbers_28%20Jan.pdf>

[6] UNICEF Eastern and Southern Africa Regional Office (ESARO), Reduce Stunting – Trends, 2015 <https://teams.unicef.org/sites/esar01/esarcollab/SitePages/ESA%20RMT%20April%202015.aspx?WikiPageMode=Edit&InitialTabId=Ribbon.EditingTools.CPEditTab&VisibilityContext=WSSWikiPage>

116 births per 1,000 adolescent girls in sub-Saharan Africa in 2015. In 7 countries of Eastern and Southern Africa, at least 40 per cent of young women aged 20–24 years reported having been married before their 18th birthday[7].

A total of 85 per cent of the world's pregnant women living with HIV and 91 per cent of children living with HIV are found in sub-Saharan Africa. In 2007, 20 per cent of pregnant women living with HIV were receiving antiretroviral therapy; the corresponding figure in 2014 is more than 60 per cent. Seven countries in Eastern and Southern Africa have achieved rates of over 90 per cent – Botswana, Mozambique, Namibia, South Africa, Swaziland, Uganda, and the United Republic of Tanzania. This increase in coverage has resulted in significant declines in the number of new HIV infections among children. In Eastern and Southern Africa, since 2009, the number of new infections among children has fallen by more than 60 per cent in Ethiopia, Mozambique, Namibia, South Africa, Swaziland, Uganda and the United Republic of Tanzania, and by more than 30 per cent in Botswana, Burundi, Lesotho, Malawi, Zambia and Zimbabwe. Despite this progress, only 37 per cent of the 1.6 million children currently living with HIV in Eastern and Southern Africa are receiving antiretroviral treatment.

More than 900 million insecticide-treated mosquito nets were delivered to malaria-endemic countries in sub-Saharan Africa between 2004 and 2014. It is estimated that 58 per cent of households in Eastern and Southern Africa have at least one insecticide-treated mosquito net and 45 per cent children sleep under nets. Over 6.2 million malaria deaths have been averted between 2000 and 2015, primarily of children under 5 years of age, in sub-Saharan Africa.

The global MDG target for drinking water has been met 5 years ahead of schedule. While sub-Saharan Africa fell short of that target, there was still a 20 percentage point increase in the use of improved sources of drinking water since 1990[5]. While an estimated 65 per cent of the population in Eastern and Southern Africa use improved sources of drinking water, access rates vary among countries and between urban and rural areas.

The global MDG target of halving the proportion of people without sustainable access to basic sanitation was not met. Over the two and a half decades since 1990, the proportion of people using improved sanitation increased from 24 per cent to just 30 per cent in sub-Saharan Africa. It is estimated that only 33 per cent of the population in Eastern and Southern Africa use improved sanitation facilities, with significant variation between urban and rural residents.

The Eastern and Southern Africa region continues to face multiple humanitarian crises, including cyclical drought and flooding, epidemics, cyclones, acute malnutrition, insecurity and conflict. While 2015 was also marked by political fragility, peaceful elections in countries such as the United Republic of Tanzania give hope for the consolidation of democratic stability in the region. The ongoing conflicts in Somalia and South Sudan and the political crisis and violence in Burundi have caused over 2 million refugees to seek shelter in neighbouring countries, including the Democratic Republic of Congo, Ethiopia, Kenya, Rwanda, South Sudan, Sudan, Uganda and the United Republic of Tanzania. As the situations in Burundi, Somalia and South Sudan remain unstable, it is expected that internal and cross-border displacement will continue in 2016, requiring continued humanitarian response.

The role of the private sector in development on the continent is growing with a rise in foreign direct investment; increase in reach of regional companies; and greater interest of private providers in social service provision in areas such as healthcare and education[8]. There are

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[7] *Child Marriage: Determinants, Consequences and the Way Forward in Eastern and Southern Africa*, 2015
[8] UNCTAD 2015, *World Investment Report 2015.* <http://unctad.org/en/PublicationsLibrary/wir2015_en.pdf>

also opportunities for stronger engagement with the corporate sector in areas such as innovation, health, and education. Businesses are also pursuing new models of engagement, including by partnering directly with Governments, or through public–private partnerships.

The predominance of radio as the main news source is increasingly challenged by new technologies and the proliferation of mobile phones. Use of social media is becoming more widespread, especially in the Southern African region, where Facebook opened its first office in Africa in 2015; around 1 in 10 people have access to Facebook or Twitter.

In conclusion, it is important for UNICEF to continue supporting countries in Eastern and Southern Africa to complete the Millennium Development Goals Agenda, which – despite considerable progress – was not fully met by 2015, with special urgency given the large and fast growing child and adolescent population. This must be undertaken in a time of slowing economic growth, increased emphasis on the importance of domestic financing of development, and high levels of vulnerability to humanitarian disasters and political instability in some countries. Innovation, including in partnerships with private industry and civil society, and in means of communication, will be key for continued and accelerated progress, while traditional intergovernmental partnerships, particularly with the African Union, remain central.

1.3.   Humanitarian Assistance

In 2015, the humanitarian context in Eastern and Southern Africa continued to be shaped by political instability and conflict as well as climate-related shocks. These shocks most profoundly affected those children and families who were already highly vulnerable due to poverty, food and nutrition insecurity, limited access to basic social services, and other risks, including high prevalence of HIV. Humanitarian situations also brought about acute protection risks and internal and cross-border displacement.

Countries in Eastern and Southern Africa currently host over 3.4 million refugees[9] and over 2.7 million internally displaced persons (IDPs)[10]. Over half of the refugees flow from 3 countries with humanitarian crises affecting over 10.2 million people[11] – South Sudan, Somalia and Burundi. The Regional Office provided technical assistance, supported cross-border coordination, and engaged with other United Nations and humanitarian partners in the region with a focus on a number of key emergency settings: South Sudan and its 3 neighbouring countries; Burundi and its 4 neighbouring countries; as well as Ethiopia and 5 Southern African countries in the context of El Niño.

Burundi continues to face civil unrest and violence following a contested presidential election in 2015. The situation has contributed to an acute protection crisis, with 17 children killed and 53 imprisoned, as well as a sharp deterioration in basic social services, partly as a result of withdrawal of donor support. This is of particular concern given the high levels of vulnerability and chronic malnutrition in the country. Over 132,000 Burundian children[12] are refugees in the Democratic Republic of the Congo, Rwanda, Uganda, and the United Republic of Tanzania.

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[9] UNHCR 2015: East, Horn of Africa and the Great Lakes Region: Refugees and asylum-seekers, 1 July 2015; Africa: Refugees and asylum-seekers as of 1 January 2015

[10] UNHCR 2015, <www.unhcr.org/pages/49e45a846.html>

[11] South Sudan, <www.unicef.org/appeals/south_sudan.html>
   Somalia, <www.unicef.org/appeals/files/Final_2015_HAC_Somalia.pdf
   Burundi, <www.unicef.org/appeals/burundi.html>

[12] ECHO, <http://ec.europa.eu/echo/files/aid/countries/factsheets/burundi_en.pdf>

With Regional Office support, within 48 hours of the arrival of the first Burundian refugees in Rwanda, UNICEF and partners were responding and supplies were deployed to refugee transit camps. As a result of UNICEF programming, over 56,000 Burundian refugee children have access to education and more than 1,800 have received treatment for severe acute malnutrition. UNICEF has also been supporting the refugee response in Uganda and the United Republic of Tanzania. Continued support is also being provided to the Burundi Country Office in advocacy for protection of vulnerable children in the country, sustained access to basic services, and provision of essential supplies, particularly in health and nutrition in light of supply stock-outs and rising malnutrition levels.

Despite the Peace Agreement signed in August 2015, the lives of children in **South Sudan** continue to be affected by ongoing conflict, violence, displacement and hunger. More than 15,000 children[13] have been recruited by armed forces and 413,000 children[14] have been forced out of school since the outbreak of violence in December 2013. Of the 757,000 South Sudanese refugees in the region, approximately 500,000 are children[15]. In **Somalia**, 1.7 million children are out of school[16] and over half a million children[17] have sought asylum in neighbouring countries due to the ongoing conflict and insecurity in the country.

The intensifying conflict in South Sudan and the resulting refugee crisis continued to be a central feature of humanitarian action in the region. ESARO provided oversight, advice and hands-on technical support to the South Sudan Country Office in the development and delivery of a range of initiatives. This included the UNICEF and WFP Rapid Response Mechanism (RRM) comprised of teams of technical specialists often deployed by helicopter to very remote locations. The RRM programme reached 540,000 people, including 95,000 children, with services such as treatment for malnutrition (including food distribution), vaccinations, repair of boreholes to enable access to safe water, communication and advocacy on key child protection concerns and the polio response at country level. During 2015, as a result of the collaboration between the Country Office and the Regional Office, an estimated 365,000 children received critical child protection services. This includes 1,755 children released from armed groups and reunited with their families benefiting from a reintegration programme.

The **El Niño** weather phenomenon has intensified drought conditions resulting in over 48 million people experiencing food insecurity in the region – 18.5 million in the Horn of Africa and the Great Lakes region, and 30 million in the Southern Africa region[18]. The effects of El Niño include exacerbated drought conditions in Angola, Eritrea, Ethiopia, Lesotho, Madagascar, Malawi, Somalia, Swaziland, and Zimbabwe, and increased rainfall in parts of Ethiopia, Kenya, Somalia and Uganda, which has fortunately not led to the anticipated large-scale flooding. Lesotho, Zimbabwe and the majority of provinces in South Africa have declared a state of disaster in the face of growing resource shortages. Almost 1 million children are in need of treatment for severe acute malnutrition in the region. In Ethiopia, 6 million children require food assistance, with the overall number of food insecure people

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[13] Data from the Monitoring and Reporting Mechanism in South Sudan

[14] Data from the South Sudan Education Management Information System

[15] UNHCR, <http://data.unhcr.org/SouthSudan/regional.php>

[16] United Nations Office for the Coordination of Humanitarian Affairs (OCHA), '2015 Humanitarian Needs Overview – Somalia', OCHA, November 2014,
<docs.unocha.org/sites/dms/Somalia/Somalia%202015%20Humanitarian%20Needs%20Overview%20-%20FINAL.pdf>

[17] UNHCR, <http://data.unhcr.org/horn-of-africa/regional.php>

[18] OCHA, <http://reliefweb.int/sites/reliefweb.int/files/resources/151222_OCHA%20El%20Ni%C3%B1o%20Overview.pdf>. Please note that this number includes the Democratic Republic of the Congo. Eastern Africa: Food Security and Nutrition Working Group, <http://reliefweb.int/sites/reliefweb.int/files/resources/El%20Ni%C3%B1o_Snapshot%2018%20Dec%202015.pdf>. Please note that the Horn of Africa region also includes Djibouti in this analysis.

expected to increase from more than 10 million to 18 million by the end of the year. In Somalia, more than two thirds of those in urgent need of assistance are displaced populations, while in Kenya, El Niño-related heavy rains and floods are aggravating cholera outbreaks. In Angola, an estimated 1.4 million people are affected by extreme weather conditions and 800,000 people are facing food insecurity, mainly in the semi-arid southern provinces. Malawi is facing the worst food crisis in nine years, with 2.8 million people (more than 15 per cent of the population) at risk of hunger. Cases of severe acute malnutrition in Malawi have doubled between December 2015 and January 2016[19].

Anticipating the potential impact of El Niño, the Regional Office reached out to Country Offices and regional actors, mobilized partners and worked with Governments to protect children and enhance preparedness. In **Ethiopia**, one of the hardest-hit countries, UNICEF and partners reached over 800,000 people with access to safe water and more than 250,000 children were treated for severe acute malnutrition; the response is being scaled up in early 2016. Given rising concerns also in Eritrea, support was provided in conducting a first-time food security and nutrition survey in several regions of the country in collaboration with the WFP Regional Office, and in mobilizing funds from DFID for the UNICEF response.

In **Malawi**, where 2.8 million people are in need of food assistance due to the effects of El Niño and cholera outbreaks, UNICEF has provided over 219,000 people with safe water, and 22,950 children with treatment for malnutrition, as well as prepositioning cholera treatment supplies in 30 at-risk districts to prevent further spread of the disease. In addition to Malawi, the Regional Office convened Angola, Lesotho, Swaziland and Zimbabwe to review the status of preparedness and response actions and support requirements, given the increasing concerns over the impact of El Niño in these countries.

Cholera remains a challenge in the region, with UNICEF and partners responding to outbreaks in Burundi, Kenya, Malawi, Madagascar, Mozambique, South Sudan, Uganda, and the United Republic of Tanzania in 2015. ESARO also supported the response of the Tanzania Country Office to the severe outbreak of cholera in refugee-receiving areas of the country. This included supporting 250 health teams, equipping local health facilities with essential supplies, and installing water tanks in affected communities for over 62,300 people. In the latter months of the year, the Regional Office also detected challenges in the response to the cholera outbreak in Kenya, and immediately mobilized the UNICEF team and key partners (WHO and UNHCR) for an accelerated response, which has resulted in provision of water and sanitation supplies, hygiene and sanitation education, and social mobilization at community level for cholera awareness and prevention. Cholera case fatality rates have remained low, at 0.8 per cent (12 deaths in a total of 1,517 cases as of late January 2016).

1.4.   Mid-Term Review of the Strategic Plan

The Eastern and Southern Africa Regional Office pursued a number of programmatic, advocacy, partnership and management initiatives to advance the delivery of results in the region in the first two years of the Strategic Plan. Experience with these initiatives can inform the Mid-Term Review:

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[19] *Malnutrition mounts in Eastern and Southern Africa as El Niño takes hold*, UNICEF, 17 February 2016, <www.un.org/apps/news/story.asp?NewsID=53251#.Vsl7KbXfpYc>

Regional priorities

The Regional Priorities identified by the Regional Management Team have helped to focus implementation, advocacy and resource mobilization for increased effectiveness. The five Priorities are a subset of the Strategic Plan outcomes most generally applicable to the 21 countries in the region: (1) survive and thrive, (2) reduce stunting, (3) quality education and learning, (4) results for adolescents, and (5) social protection. The priorities reinforce, rather than replace, country-specific priorities outlined in country programme documents and agreed with national counterparts.

Managing for results

The Regional Office, in close consultation with the Regional Management Team, has implemented an action plan to strengthen management for results across UNICEF offices in the region. The action plan has strengthened and streamlined management with a strong focus on delivering and reporting on results.

This action plan entails:

1. Development of strategies to support the regional priorities in the areas of advocacy, partnerships, resource mobilization, communication for development, and innovation.

2. Aligning workplans, functions, structures, and human and financial resources to deliver on the regional priorities.

3. Strengthening capacity in selected strategic areas, including political analysis, partnership development, and risk management, as well as technical capacity in the 5 middle-income countries of Southern Africa.

4. Support for learning on the regional socio-economic and political context – especially in the form of orientation for new members of the Regional Management Team.

5. Aligning and streamlining processes to improve efficiency and effectiveness of ESARO activities, including management of internal planning, management and administrative processes, and improvement of quality assurance of management and operations through Standard Operating Procedures (SOPs).

Strengthening monitoring and oversight of management indicators

As part of the *Managing for Results* initiative, in November 2014, the Regional Management Team agreed on a set of indicators to track programme and management performance against global and regional benchmarks. Management indicators are divided into four domains: governance and systems; financial management; human resource management; and programme performance. Since their establishment, the Regional Office produces a dashboard summarizing performance of each Country Office, which is reviewed monthly by the Regional Office, twice a year by the Regional Management Team, and annually at the meeting of Deputy Representatives and Chiefs of Operations and Planning, Monitoring and Evaluation (DROpsME Meeting), increasing attention to the issues monitored for increased efficiency and effectiveness.

Partnerships and resource mobilization and leveraging

Changes in the partnership landscape in the region include the growing role of foreign direct investment (FDI); increased involvement of private sector actors in both development and emergency programmes; greater prominence of non-traditional donors including China and Turkey; and new partnerships with the private sector beyond resource mobilization – capitalizing on the growth of innovation and technology in the region. In addition, many donor Governments are revisiting their engagement models, with a greater focus on trade and private sector participation. The Regional Office has developed a Partnerships, Resource Mobilization and Leveraging Strategy, as well as specific strategies to support Country Offices.

Advocacy

The Regional Office has developed a strategy that defines advocacy actions to be undertaken in support of country programme goals. Building on an analysis of the situation, and challenges and opportunities for progress within the regional priorities, it identifies target groups that have the greatest potential for influencing the fulfilment of child rights at the regional level, develops key messages to inspire and mobilize these groups, indicates appropriate actions and mechanisms for engagement, defines accountabilities, and outlines a monitoring framework to measure progress. The aim is to use advocacy to convince decision makers, other stakeholders, and/or those who influence them, of the importance and viability of removing barriers that exclude populations and of achieving measurable improvements in the quality of life of children and families.

Innovation

Innovation can be the engine for enhanced progress in delivering results for children, if managed well with realistic planning and resourcing. Eastern and Southern Africa is regarded as the lead region for innovation within UNICEF, and the momentum continues to grow with the majority of ESA Country Offices either exploring or implementing innovations in service delivery and programme monitoring, including real-time monitoring, citizen engagement and end-user monitoring. A Regional Innovation Team supported and enhanced country-level work on innovation, with a focus on four areas:

1. Alignment of Country Office work to the global strategy and applying the strategy to regional and country contexts.

2. Capturing country experiences – documenting country-level initiatives and sharing lessons learned.

3. Advancing learning and skills building in innovation.

4. Providing technical support to Country Offices at all stages, from development and prototyping through scale-up and evaluation.

Managing risks

Recognizing the importance of an overt and deliberate approach to managing risks, the Regional Office has been implementing an initiative to strengthen risk management across the region. This initiative, launched in 2014, promotes Enterprise Risk Management (ERM) in Country Offices through a focus on 'living' rather than simply 'having' ERM by:

1. Creating a common understanding and ownership of key strategic, programmatic, operational and financial risks among management and staff within a Country Office.

2. Embedding risk management in key country programme planning, financing, implementation, and operational processes and decision-making cycles to support appropriate and timely allocation of financial, operational and programmatic resources.

3. Reinforcing Country Office management and staff responsibility and accountability for risk-informed practices and corresponding actions in decision-making, planning, and programme implementation.

Humanitarian action, resilience and peacebuilding

Part of the context for work for children in the region, which has application more widely, is chronic and recurrent emergencies, and persistent poverty and exclusion, further exacerbated by high vulnerability. Currently, 16 of the 21 countries in the region are considered to be at medium or high risk of a humanitarian emergency and 12 countries are defined as fragile states according to the OECD[20].

The Regional Office has brought together the emergency preparedness and response and disaster risk reduction and resilience functions to support the continuum between development and humanitarian programming, and to emphasize the importance of building resilience and risk reduction strategies as an integral part of development programming and humanitarian action. This has supported the timely response to major emergencies in 2014–2015, including the conflicts in South Sudan and political instability in Burundi, and resulting refugee crises, the ongoing humanitarian situation in Somalia, as well as the response to the effects of El Niño and cholera outbreaks. The Regional Office is also implementing a resilience strategy that supports risk-informed programming; promotion of adapted and scalable social services that both reduce risk and continue to deliver services despite shocks and cumulative stresses; social protection systems that protect and support household assets and economic capacity; and multi-sectoral synergy and partnerships.

Rolling out the Sustainable Development Goals in Eastern and Southern Africa

Another contextual issue for the region which is global in its implications is the new Sustainable Development Goals (SDGs). The Regional Office developed an action plan to help position UNICEF as a convener of partners to support implementation of the SDG agenda for children at country level; to support national Governments to implement the Addis Ababa Action Agenda (AAAA) and SDG commitments for children through national strategies, policies and budgets; and to review and respond to the implications of the SDGs for UNICEF programming. The action plan includes activities in four main areas:

1. Creating understanding among staff of what the SDGs mean for children in the specific country context and how domestic resources are, or could be, used to further the SDG agenda and to reduce existing inequalities.

2. Working with partners, including United Nations Country Teams (UNCTs), to convene/lead effective action to accelerate results for children in relevant SDG areas.

3. Working with partners to monitor whether national policies and budgets are used effectively to accelerate results for children toward the SDGs, and to advocate for best use of those budgets.

4. Making sure that UNICEF programmes support national efforts and bring value in helping to accelerate results for children in the social, environmental and economic dimensions of sustainable development.

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[20] OECD *States of Fragility* Report 2015

2. Analysis of Programme Strategies and Results: Development Effectiveness

The Development Effectiveness programme component of the Eastern and Southern Africa Regional Office Management Plan focuses on providing quality assurance, technical assistance, and monitoring and evaluation support to the 21 country programmes in the region, with the objective of enabling countries to deliver equity-focused, evidence- and rights-based and results-oriented country programmes in both development and emergency settings. In addition to the seven outcome areas of the Strategic Plan 2014–2017, the Development Effectiveness component also comprises cross-sectoral work of the Regional Office in the areas of early childhood development (ECD); communication for development (C4D); programme planning, monitoring and evaluation; gender; and supply and logistics.

Support to Country Offices was provided in the context of the five Regional Priorities agreed by the Regional Management Team:

1. Enabling children to **survive and thrive**.

2. **Reducing stunting** to provide opportunities for children to realize their full potential.

3. Improving **education quality and learning outcomes** to prepare children for the future.

4. Achieving **results for adolescents (R4A)** that help them manage risks and realize their full potential.

5. Scaling up **social protection** interventions to reduce child poverty and other vulnerabilities that impede the full realization of child rights.

Strategic Plan 2014–2017 Outcome Areas

2.1. Health

The Regional Office supported the efforts of 21 Country Offices to reduce under-five mortality with emphasis on improved and equitable use of high-impact maternal, newborn and child health interventions and promotion of healthy behaviours beginning with pregnancy. This was in the context of **Regional Priority 1, Survive and thrive**, which focuses on lowering child mortality, reducing neonatal deaths and increasing immunization, birth registration, and early childhood care for development.

Quality improvements in **maternal, newborn and child health services** are visible in 9 countries in the region. In 2015, ESARO has provided technical support to select Country Offices in newborn assessments, embedding the quality improvement (QI) approach, developing action plans to strengthen access to and quality of health services, integrating HIV services to prevent mother-to-child transmission in health and community facilities, and introducing the new guideline on simplified antibiotic regimens for treatment of neonatal infections in collaboration with the WHO Africa Regional Office. Supporting this, in line with South–South exchange of best practices, the health extension programme (HEP) model of Ethiopia is being considered for adoption by Uganda, Mozambique and Madagascar, while Namibia is scaling up its HEP starting with the most remote and underserved areas.

An **over 10 per cent reduction in the number of unimmunized children** has been registered in 10 ESA countries in 2014–2015, based on Health Management Information

System (HMIS) data. The Regional Office provided technical support, advice and oversight to Country Offices in countries with large numbers of unimmunized children, with a specific focus on micro-planning, cold chain and vaccine management, and communication for development (C4D). UNICEF regional and country-level engagement as part of the GAVI Joint Appraisal process in 17 countries helped support country progress in improving immunization outcomes. This support led to a stronger C4D component and more predictable funding for routine immunization programmes for 2016 and 2017.

In the area of **polio eradication**, the Regional Office contributed to the interruption of transmission of the wild poliovirus in the Horn of Africa, and an effective response to vaccine-derived polio outbreaks in South Sudan and Madagascar. The Regional Office also coordinated the introduction of inactivated polio vaccine (IPV) in 10 countries (Botswana, Burundi, Comoros, Ethiopia, Kenya, Madagascar, Mozambique, Namibia, Somalia and South Sudan) by supporting planning, training and logistical activities, as well as supporting all offices in the development of oral polio vaccine switch plans and other preparatory activities.

In addition, the Regional Office was instrumental in efforts to support **health systems strengthening** as a priority area for UNICEF globally. In 7 countries (Lesotho, Madagascar, Namibia, South Africa, Swaziland, United Republic of Tanzania, and Zimbabwe), the Office provided technical support to national health strategy reviews in the areas of situation and bottleneck analysis, costing, and development of investment cases. During 2015, ESARO and Programme Division jointly developed a concept note for increased organizational focus on health systems strengthening and convened a global meeting that resulted in identification of key areas that will be part of the new UNICEF Global Health Strategy.

2.2. HIV and AIDS

The Regional Office supported Country Offices in their efforts to **prevent new HIV infections and increase access to treatment** during both decades of a child's life, through improved and equitable use of proven HIV prevention and treatment interventions by pregnant women, children and adolescents. This was in the context of **Regional Priority 4, Results for Adolescents**, which focuses on reducing the prevalence of HIV, child marriage and violence against children by at least 20 per cent by 2017. The HIV Network Meeting held in 2015 resulted in a **common regional vision and agenda** and the UNAIDS Unified Budget and Accountability Framework (UBRAF) was allocated by ESARO to 6 Country Offices with higher need of funding to support the acceleration of HIV programming, particularly in relation to adolescents.

ESARO played a pivotal role throughout 2015 in **improving evidence-based programming in HIV for adolescents** by leading *All In!* rapid assessments in 7 countries (Botswana, Kenya, Mozambique, Namibia, Rwanda, Swaziland and Zimbabwe) resulting in Government buy-in to put in place more evidence-based national HIV programming. *All In!* is an initiative designed to strengthen the evidence base for programming for adolescents living with and affected by HIV. The Regional Office facilitated dialogue between Country Offices, Programme Division, and external partners; provided technical support for epidemiological and programme data analysis; and supported Country Offices to work with Governments to collate, review and validate data on adolescents, HIV and crosscutting issues. This support has been critical in establishing a baseline that is age- and sex-disaggregated, which has previously not existed for the 10–19 age group. This work has made visible the trends of declining new infections among adolescents, and has prompted prioritization of access to services such as HIV counselling, testing, treatment and care for adolescents. In Botswana, for example, the

Government was mobilized to review bottlenecks faced by adolescents in accessing HIV services. This contributed to programme refinement, course correction, and better access and uptake of services at district level.

The **joint HIV programme for 5 countries in Southern Africa** – Botswana, Lesotho, Namibia, South Africa, and Swaziland – was developed, focusing on Country Offices working together for greater efficiency and impact around two priority programming areas: the *All In!* initiative to end adolescent AIDS, and eliminating mother-to-child transmission of HIV. Strengthened advocacy, knowledge management, resource mobilization and joint activities are key aspects of the joint programme.

2.3.   Water, Sanitation and Hygiene (WASH)

The Regional Office supported UNICEF Country Offices in their efforts to eliminate open defecation, and improve equitable access to and use of safe drinking water, sanitation and healthy environments, and to strengthen hygiene practices. This was in the context of **Regional Priority 2, Reduce Stunting**, which focuses on reducing stunting through nutrition interventions as well as increasing access to safe water and sanitation.

The Regional Office supported scaling up of sanitation and hygiene through national **Community-led Total Sanitation (CLTS)** programmes in 18 countries, the development of open-defecation-free (ODF) protocols in 3 countries, and introduction of innovative approaches to sanitation marketing. This resulted in 11,000 more villages and communities certified as open-defecation-free in 2015. ESARO also finalized a Rapid Appraisal Protocol for Community-led Total Sanitation which was applied in 3 countries (Kenya, Zambia and Zimbabwe) as a first step in improving monitoring of results in this area.

The Regional Office helped strengthen capacity for **sustainable and equitable scale-up of rural water services** by developing and testing public–private partnerships and self-supply strategies and disseminating lessons learned to other countries in the region. New partnerships were also finalized with the American Standard, a plumbing fixtures manufacturer, in Kenya, Rwanda and Uganda to promote access to improved sanitation through sanitation marketing.

2.4.   Nutrition

The Regional Office supported Country Office efforts to reduce undernutrition, with a particular focus on stunting, through improved infant feeding practices and effective management of severe acute malnutrition. This was in the context of **Regional Priority 2, Reduce Stunting**, which aims to reduce stunting prevalence among children under 5 years of age by 8 percentage points by 2017.

In 2015, ESARO supported 7 Country Offices with technical assistance, capacity development and related assistance to Governments in carrying out nutrition surveys assessing barriers and opportunities in **infant feeding practices**, scaling up micronutrient provision, and drafting legislation around marketing breast milk substitutes. Twice-yearly vitamin A supplementation was provided to all children under 5 in those countries either through routine health systems or through Child Health Weeks.

In partnership with the Scaling Up Nutrition (SUN) Movement, the Regional Office supported Country Offices in 7 countries (Burundi, Kenya, Lesotho, Madagascar, South Sudan, Uganda

and Zambia) in budgeting and tracking expenditures in nutrition. The regional focus on an **inter-sectoral approach to reducing stunting** was further enhanced through a study on supply chain management for nutrition products that consolidated findings based on experiences from 5 countries in the region, and the joint participation of nutrition, water, sanitation and hygiene, and supply staff in a network meeting.

In light of the exacerbated drought affecting the Horn of Africa and Southern Africa in 2015, several Country Offices were supported to scale up their programmes addressing **severe acute malnutrition** and to ensure efficient nutritional supply chain management. Technical skills of Country Office staff were enhanced in the areas of infant and young child feeding (IYCF), complementary feeding, micronutrient deficiencies, and emergency preparedness and response, particularly in South Sudan and the Great Lakes region. The Regional Office supported the scale-up, protocol update and bottleneck analyses of integrated management of severe acute malnutrition, contributing to enhanced results.

Five Country Offices in Southern Africa (Botswana, Namibia, Lesotho, South Africa, and Swaziland) began implementing the Joint Programme to Reduce Stunting using collective and country-specific advocacy to influence changes in legislation (including support for a special session of the International Parliamentary Union), support action as part of the Scaling Up Nutrition (SUN) movement, and conduct research on the determinants of stunting in the subregion.

2.5.   Education

Regional Priority 3, Quality Education and Learning, focuses on promoting early learning, education quality, secondary education for an employable workforce, and learning for children who are out of school.

In 2015, the Regional Office strengthened its focus on student **learning outcomes**, with particular attention to 4 countries in the region. Quality assurance and technical support was provided for situation analyses and the design of new country programmes to 10 Country Offices.

Four countries – Eritrea, Namibia, United Republic of Tanzania and Zimbabwe – embarked on focused programmes to **reach out-of-school children** in 2015. This was informed by an ESARO-led survey and results-oriented package shared with Country Offices, which included examples of good practice on profiling, identifying barriers, and developing evidence-informed policies and practical actions to reduce the number of out-of-school children.

Increased focus was placed on **education in emergencies**. The Regional Office supported national and subnational capacity development on conflict and disaster risk management and reduction to raise the quality of schooling in fragile contexts, with a first pilot rollout in Uganda. The success of this work led to its replication in South Sudan in 2015. Comprehensive refugee education strategies were also developed in Ethiopia, Rwanda and the United Republic of Tanzania, and communication for development strategies to support school attendance were developed in Malawi, Mozambique and Uganda with ESARO support.

2.6.   Child Protection

The Regional Office supported Country Office efforts to strengthen child protection systems and respond to protection risks for children, especially those in emergency situations. This

was in the context of **Regional Priority 1, Survive and Thrive** and **Regional Priority 4, Results for Adolescents**.

In 2015, 11 additional Country Offices were supported to undertake comprehensive **civil registration and vital statistics (CRVS) assessments** and support national strategy development to improve the coverage of birth registration, bringing the total number to 16 out of 21. In addition, with UNICEF support, Governments in 8 countries developed CRVS strategic plans, which include a scaling up of use of information and communications technology, and establishing interoperability between health and CRVS systems to increase birth registration through the health sector.

The Regional Office supported 7 Country Offices (Botswana, Mozambique, Namibia, Rwanda, Uganda, Zambia and Zimbabwe) in undertaking surveys on **violence against children** as a foundation for national evidence-based plans of action to address such violence. The Regional Office also assisted 4 Country Offices (Ethiopia, Mozambique, Uganda and Zambia) in their work with Governments to accelerate national plans to **end child marriage**.

Five Country Offices in Southern Africa (Botswana, Namibia, Lesotho, South Africa, and Swaziland) began implementing the Joint Programme on Violence Against Children building on the evidence base collected on violence against children through surveys and *All In!* assessments to strengthen advocacy and planning for adolescents. Costing studies started in 2015 following the assessments will provide the basis for Governments to plan and move ahead on services for children affected by violence, and a standard monitoring and evaluation framework will enable measurement of interventions to address violence against children.

2.7.   Social Inclusion

Regional Priority 5, Social Protection, focuses on reducing vulnerability of children and families to poverty and exclusion by increasing social protection coverage for vulnerable households by at least 10 per cent in 10 target countries by 2017. To achieve this result, two focus areas have been identified: social protection systems strengthening, and child-sensitive budgetary frameworks and financing for social protection.

The Regional Office provided technical assistance to 12 Country Offices – Botswana, Comoros, Kenya, Lesotho, Namibia, Rwanda, South Africa, Swaziland, United Republic of Tanzania, Zambia, and Zimbabwe – in the design, implementation and evaluation of inclusive HIV-sensitive social protection policies, programmes and systems. In addition, the implementation of a 4-country **HIV-sensitive social protection** initiative began in 2015 in Malawi, Mozambique, Zambia and Zimbabwe, aimed at building systemic linkages between comprehensive social protection systems and HIV services. The Regional Office also provided quality assurance of research undertaken at country level.

In 2015, the Regional Office also continued its efforts to strengthen Country Office capacity in conducting **child poverty and deprivation analyses** as part of evidence generation on child poverty to inform programming and help establish strong baselines for country-level Sustainable Development Goal (SDG) targets. At least 14 of the 21 Country Offices will have conducted child poverty analyses by 2017. ESARO also provided technical support in the application of the Multiple Overlapping Deprivation Analysis (MODA) in Botswana, Madagascar, and Zimbabwe, as well as in Malawi and the United Republic of Tanzania jointly with the UNICEF Office of Research.

In the context of the rollout of the SDGs, the Regional Office and Country Offices increased focus on **public finance management for children**. In partnership with Harmonization for Health in Africa (HHA), WHO and the International Budget Partnership (IBP), the Regional Office provided support to Country Offices in budget analysis to identify how efficiently Government spending reaches children, through high-level advocacy with parliamentarians, civil society organizations and the media. Four Country Offices were also supported in producing budget briefs to identify how well national budgets address issues of child poverty.

The Joint Programme on Social Protection brings together the Country Offices in Botswana, Lesotho, Namibia, South Africa and Swaziland to support coherent and integrated HIV-sensitive social protection programmes addressing child deprivation and poverty in all 5 countries, and to support development of nationally financed social protection frameworks and programmes, designed in ways to enhance efficiency as well as reach.

2.8.   Humanitarian Action, Resilience and Peacebuilding

The main focus of the Regional Office as part of the **Humanitarian Action, Resilience and Peacebuilding (HARP) programme** is to address the underlying causes of high vulnerability of populations recurrently or chronically affected by crises and emergencies and focusing on the continuum between prevention, preparedness and response activities before, during and after emergencies.

In 2015, ESARO provided significant technical support and oversight to **humanitarian responses** in Burundi, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Africa, South Sudan, Uganda, United Republic of Tanzania and Zimbabwe. Specific capacity building was provided through delivery of the UNICEF Emergency Preparedness and Response training package to UNICEF staff and global standby partners in Burundi, Ethiopia, Kenya, Lesotho and South Africa.

The Regional Office also provided support to a number of Country Offices in the development of preparedness and response plans in support of Government planning to mitigate the impact of **El Niño**. With continued investment and support from the Regional Office, 76 per cent of UNICEF Country Offices in the region were compliant with the minimum preparedness measures within the organization's **Early Warning/Early Action monitoring system** by the end of 2015. In addition, ESARO contributed significantly to the development of UNICEF-wide guidance on preparedness, and the redesign of the corporate preparedness system, which included a pilot of the new system in the region.

In addition, ESARO developed a **Regional Resilience Strategy** for Eastern and Southern Africa and supported the pilot of a guidance and training package on risk-informed programming for equity and resilience in Ethiopia in December 2015. Burundi, Ethiopia, Kenya, Somalia, South Sudan and Uganda Country Offices were also assisted in delivering education programmes that strengthen resilience. Guidelines were developed for mainstreaming **conflict sensitivity and peacebuilding** into sector-based programming, in particular for the education sector in conflict-affected contexts.

ESARO support to the Regional Management Team (RMT) Meeting sessions on humanitarian action and fragile contexts led to agreement on ways to advocate more effectively and expand partnerships in humanitarian and complex settings. ESARO provided support in setting up a new **Regional Management Team Peer Group on Fragility** in April 2015 to bolster UNICEF

performance in fragile settings in the region. Finally, two induction courses on humanitarian and fragile contexts were developed for Representatives and delivered in partnership with the Rift Valley Institute in 2015.

Crosscutting Areas

2.9. Communication for Development

The Regional Office provided technical support to the development, implementation and monitoring of evidence-based **Communication for Development (C4D) strategies** in 2015. This includes support to communication plans for introduction of new vaccines in 11 countries; national maternal, newborn and child health C4D strategies in 4 countries; strategies to enhance inclusive education and girls' participation in 3 countries; and multi-sectoral C4D strategies in 2 countries.

ESARO supported the inclusion of C4D sessions in **training** for immunization plans in countries, helping strengthen community engagement and link communities to services. Country Offices were supported to train health workers in interpersonal communication on immunization in several countries, as part of the package to support introduction of new vaccines. The Regional Office also provided technical assistance to the Tanzania Country Office on the addition of a community education package to the social protection programme, which is a new inter-sectoral initiative in the region.

ESARO also supported Country Offices to generate behavioural and social data to inform C4D strategies. These included *Knowledge, Attitude and Practice* surveys and formative research on health and immunization, violence against children, child marriage, and birth registration. In addition, the ESAR C4D launched the Research, Monitoring and Evaluation initiative in 4 Country Offices (Kenya, Malawi, Uganda and the United Republic of Tanzania).

2.10. Early Childhood Development

The Regional Office developed and convened a major workshop for senior Government officials and UNICEF and WHO staff from 7 countries to introduce an **integrated Early Childhood Care for Development** approach. Subsequent follow-up from ESARO and Country Offices has secured continued Government buy-in and rollout of this approach.

2.11. Gender

The Regional Office supported Country Offices in strengthening the capacity of Government and other partners to identify and respond to specific challenges related to gender equality and the empowerment of girls and women. During a dedicated session on gender programming in April 2015, the Regional Management Team committed to accelerate the implementation of the **UNICEF Gender Action Plan 2014–2017** by focusing and monitoring programmatic work with respect to four key priorities.

- **Gender-responsive adolescent health**. The adolescent health component is set in the context of 1.3 million adolescents living with HIV in the region, with an estimated 160,000 new HIV infections occurring among adolescents every year, 62 per cent among girls. HIV is the second leading cause of death for adolescents in the region. The Regional Office provided technical support to Country Offices that are part of the *All In!* initiative, which aims to accelerate reduction in AIDS-related deaths and new HIV infections among adolescents (by 2020) in Botswana, Ethiopia, Kenya, Lesotho,

Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.

- **Ending child marriage**. Almost 5 million adolescent girls in ESA are married and 34 per cent of all women aged 20–24 reported being married before the age of 18, with 9 per cent before the age of 15 in sub-Saharan Africa. Eritrea, Ethiopia, Malawi, Mozambique, Uganda and Zambia have been identified as focus countries for ending child marriage under the Results for Adolescents Regional Priority. The Regional Office provided oversight and technical assistance to Country Offices in these countries to ensure that programme design is in line with the global UNICEF child marriage programme.

- **Secondary education for girls**. Country Offices in 10 focus countries (Ethiopia, Lesotho, Malawi, Mozambique, Rwanda, South Africa, Swaziland, Uganda, Zambia and Zimbabwe) were supported as part of the Quality Education and Learning Regional Priority, focusing on enhancing access and retention in secondary education for girls.

- **Addressing gender-based violence in emergencies**. UNICEF Country Offices in South Sudan and Somalia are participating in the global pilot of *Communities Care: Transforming and Preventing Violence* from 2013 to 2016. The programme encourages communities to use positive social norms to prevent and respond to sexual violence. UNICEF continued as the co-coordinator of the global Gender-Based Violence Area of Responsibility in emergencies with UNFPA in South Sudan, Somalia and Ethiopia. Furthermore, several UNICEF Offices, including those in South Sudan and Burundi, used Peacebuilding, Education and Advocacy (PBEA) programmes to address the issue of sexual and other gender-based violence, with ESARO support.

2.12. Programme Planning, Monitoring and Evaluation

In 2015, ESARO moved forward the *Managing for Results* agenda supporting the full rollout of the results-based management score and strategy notes across the organization. Support was provided to Country Offices in Ethiopia, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe to develop results- and equity-focused country programmes for Executive Board approval. All Country Offices were also supported to improve the use of PIDB coding for programming, as well as alignment of resources to priorities and results.

Programme monitoring in the region was also strengthened through implementation of a project on innovation in programme monitoring in 4 countries (Kenya, Swaziland, Uganda and Zimbabwe); the establishment of programmatic and management indicators linked to the regional priorities; and strengthening monitoring and oversight of performance and results in the region. The Regional Office also supported MICS and other household surveys, and provided oversight and quality assurance of evaluations.

Common Constraints, Lessons, and Good Practice in 2015

2.13. Common Constraints

Among the common constraints which affected programme implementation were: emergencies and security risks, resource, staffing and capacity constraints, limited resource mobilization, and lack of baseline data and limited guidance for new areas of work, such as public finance management.

There were several major **emergencies in the region** – continuing and new – that required Regional Office surge support to Country Offices. However, sourcing staff with the appropriate skills and experience to support emergency response remains a challenge. To address this challenge, the regional emergency roster is being updated and expanded in 2016.

In some country contexts, UNICEF must continually weigh programme criticality against **high security risks.** Four UNICEF staff members were killed, and 5 others injured, in a targeted terrorist attack in Garowe, Somalia, in April 2015. High security risks make parts of countries such as Somalia inaccessible for UNICEF staff, which necessitates third-party programme monitoring.

Resource, staffing and capacity constraints in UNICEF and partners affected many programmes. These included: delays in the recruitment of a Regional Gender Advisor affecting the capacity of the Regional Office to offer comprehensive technical support to Country Offices (partly mitigated through a short-term consultancy to undertake analytical preparatory work); limited technical advisory capacity on education quality (subsequently addressed with recruitment of a senior consultant to provide technical assistance to Country Offices); challenges in identifying experts to support Country Offices in developing education sector analyses as required for the Global Partnership for Education (GPE) new funding modalities resulting in delayed implementation in some countries; challenges related to staffing gaps in partner organizations, and limited partner resources to develop guidelines for HIV-sensitive child protection systems, and implement the Regional Information Sharing Protocol (RISP) for cross-border tracking and family tracing systems to support unaccompanied and separated children from South Sudan and Burundi (which will be partly addressed through the recruitment of a Care and Protection Specialist, as well as consultants to operationalize the RISP at country and regional level); limited in-country and regional capacity on results-based management, particularly in the area of programme monitoring (being addressed through the ESARO initiative launched in 2015 to systematically collect and analyse programmatic results against a set of standard indicators around the Regional Priorities and UNICEF Strategic Plan as well as a regional training programme on results-based management); and the need for additional investment in health systems and facilities to support care for paediatric HIV in addition to the good progress being made in the area of integrating services to prevent mother-to-child transmission of HIV in existing maternal, neonatal and child health programmes. In order to support Country Offices to overcome resource constraints, the Regional Office undertook a public sector donor mapping exercise in 2015, and produced investment cases in support of the regional priorities.

Other programmes were held back by a **lack of detailed data**, e.g. in the context of early learning programmes. To address this gap, ESARO will work with the World Bank to expand availability of SABER (Systems Approach for Better Education Results) data on early learning and tracking early learning policies for all 21 countries in the region. In the case of the social inclusion programme, a major challenge was the **absence of a common UNICEF agenda for Public Financial Management (PFM)** work in the region. The Regional Social Inclusion Network Meeting in 2015 provided an opportune moment to define a common agenda and agree on planned activities, including in areas such as budget analysis related to child poverty and advocacy to increase public investment for children, especially in the context of increased fiscal space in many countries which has not yet resulted in a proportional increase in spending for children.

2.14. Good Practice

Selected examples of good practice in 2015 included:

The effective use of **regional mechanisms such as Regional Management Team Meetings** and **Regional Network Meetings** which have been critical in enhancing coherence, building leadership commitment, and helping to support effective oversight and promote accountability in effective programme management to achieve strategic results for children in line with the regional priorities. The two Regional Management Team meetings conducted in 2015 resulted in concrete actions relating to managing for results, implementing the regional priorities, the Gender Action Plan, dedicated support to joint programming in 5 middle-income countries of Southern Africa (Botswana, Lesotho, Namibia, South Africa and Swaziland) countries and countries with complex or fragile contexts.

Systematic **use of programmatic data in VISION**, resulting in greater transparency around the results being achieved in countries across the region, and around how the Regional Office prioritizes technical support and oversight of Country Offices. ESARO generated and shared dashboards summarizing programmatic progress with Country Offices at regular intervals, with targeted support provided to address identified areas of need.

Using **Communication for Development (C4D)** as a platform for cross-sectoral programmatic integration, for example in the areas of polio and birth registration; polio, and water, sanitation and hygiene; and the Expanded Programme on Immunization and maternal, neonatal and child health services. These successful examples can be expanded to other areas. Social mapping and community engagement has been critical in bringing services to hard-to-reach populations, especially in the context of Somalia's nomadic populations, and in accelerating the UNICEF *Reaching Every Community* strategy.

Strengthening **regional programme monitoring capacity** through a set of standardized output-level indicators for use by Country Offices based on Strategic Plan and Regional Priority indicators. The Regional Office designed the indicators, which were then validated with Country Offices and agreed by the Regional Management Team. The 21 Country Offices in Eastern and Southern Africa will regularly report on these common indicators at half-yearly and annual intervals to help track progress against Regional Priority and Strategic Plan targets at the regional level.

2.15. Key Lessons in 2015

The Regional Management Team Meeting on the Regional Priorities held in April 2015 and the ESARO Annual Review meeting held in December 2015 provided opportunities to take stock of progress and lessons learned and to discuss planned key priorities, risks and deliverables for the coming period. Key lessons include:

Data demands continue to increase, so there is a clear need to increase **investment in data and indicators, trends and outcome indicators, measuring progress and results** to strengthen monitoring of results. Regional capacity in monitoring and evaluation (M&E) was bolstered with the recruitment of an M&E Specialist and the development of a standard of set of output indicators for use by the 21 Country Offices to better monitor progress against the Strategic Plan and Regional Priority indicators. More efforts will be made to strengthen the region's results-based management (RBM) capacity by rolling out regional training in this area in 2016.

To bring about catalytic changes and further results for children, UNICEF should continue to focus on **finding new ways for UNICEF-supported projects and pilots to shape national programmes and strategies.** ESARO will continue to support and engage with Country Offices in the design of new country programmes and critically review country programmes through programme reviews and mid-term reviews to ensure programmes are designed to achieve maximum impact at scale.

There is scope for **improving research and knowledge management activities** in the region to ensure that evidence generated is strategic, and that promising practices and lessons are documented and disseminated to help improve UNICEF programming overall. The Regional Research Strategy adopted by the Regional Management Team in 2015 will help guide UNICEF research initiatives at country level.

Public financial management is becoming an increasingly important area for UNICEF – and one where **greater capacity** is needed at all levels. This includes **monitoring domestic financing** for key social sectors at country level, in particular through budget analysis and developing budget briefs, and engagement in the process of determining a country's budget, particularly in the context of the rollout of the Sustainable Development Goals and Financing for Development commitments. To this end, ESARO developed an Action Plan to support the rollout of the Sustainable Development Goals in the region, which was endorsed by the Regional Management Team in April 2015. The Action Plan highlights the importance of domestic resource mobilization in accelerating results for children, and includes actions to strengthen UNICEF staff capacity in the areas of: public domestic financing, budget analysis and fiscal space; building partnerships and promoting accountability platforms to support citizen engagement on the SDG agenda; policy advocacy and monitoring including supporting Governments in programmatic and financial target setting for investments in children; and effective programming to ensure country-level United Nations Development Assistance Frameworks (UNDAFs) are in line with the SDGs.

The Regional Office will continue to deliver tailored support to Country Offices, including direct support, remote support, and facilitating South–South cooperation among offices. In order to ensure support is strategic, the Regional Office undertook a **prioritization exercise** to identify where support is most needed based on a set of criteria which took into account country-level needs, capacity, and programmatic and operational risks.

Another key lesson was that **innovation in programmes requires** more time, resources and original thinking to design and implement and a long-term commitment requiring concerted advocacy efforts with Governments. To consolidate lessons and share experiences from 2015 more broadly, ESARO and the Field Results Group co-hosted a workshop on innovation in programme monitoring in January 2016.

A more **strategic approach to learning on humanitarian issues** helps support programme quality. This may include scheduling relevant training in advance of emergencies, including simulation exercises for better preparedness, and building staff capacity through a mix of learning options for an effective response and risk-informed programming, and integration of humanitarian issues into UNICEF Programme Policy and Procedures.

3. Analysis of Programme Strategies and Results: Global and Regional Programme

The ESARO Global Regional Programme (GRP) involves the delivery of public goods that contribute to the seven outcome areas of the Strategic Plan 2014–2017, and facilitates accelerated achievement of results at country level. The following strategies were pursued in the region:

- Mobilizing partners and influencing global and regional discourse.

- Leveraging resources in support of country programmes – in both humanitarian and development contexts.

- Generating evidence on both the situation of children and scalable and innovative models for programme delivery.

3.1. Influencing Global and Regional Discourse and Policy

Policy dialogue with partners

The ESARO Global and Regional Programme has achieved results at policy level across sectors, creating an enabling environment at regional level in support of results for children at country level.

In 2015, the Regional Office, together with Country Offices in Malawi, Ethiopia and Zimbabwe, jointly advocated for investing in children, along with partners including WHO, Save the Children and the International Budget Partnership at the **Harmonization for Health in Africa (HHA)** regional meeting on budget analysis, which also counted parliamentarians and representatives of civil society organizations and the media among attendees. Harmonization for Health in Africa is a collaborative initiative to support African countries in strengthening their health systems, including in the area of health financing.

Partnership with the **Intergovernmental Authority on Development** (**IGAD**) resulted in the first nutrition policy for IGAD, which includes strengthening resilience in Eastern Africa. Regional engagement with the **Scaling Up Nutrition (SUN)** movement has enabled increased capacity development in tracking national investments in nutrition, which led to 7 countries in the region quantifying their multi-sectoral nutrition budgets.

Successful global and regional advocacy including with the **Southern African Development Community (SADC)** led to the inclusion of key areas including equity and gender equality, focus on education quality and learning, inclusive education for children with disabilities, and the importance of early childhood care and education, and financing for education in emergencies in the *Kigali Statement* resulting from the Sub-Saharan Africa Regional Ministerial Conference on Education Post-2015 in May 2015, the World Education Forum (WEF) *Incheon Declaration*, and the Education 2030 Framework for Action.

ESARO supported the **Third Conference of African Ministers Responsible for Civil Registration**, the concluding resolutions of which recognized birth registration as the principal form of identification for identification management systems, and noted that good civil registration and vital statistics (CRVS) systems are critical to good governance in Africa. The meeting also launched the **African Committee of Experts on the Rights and Welfare of the Child (ACERWC)** General Comment No 2 on the right to registration at birth.

Horizontal cooperation for children

In March 2015, UNICEF ESARO and the two **Save the Children Regional Offices in Eastern and Southern Africa** signed a Statement of Intent and Framework for Collaboration to foster closer collaboration in realizing the rights of children in the region. The joint Letter of Intent builds on the global Letter of Collaboration signed between UNICEF and Save the Children in 2012. The Framework for Collaboration sets out specific regional-level commitments in seven areas: six programmatic areas – child protection, nutrition, health, public advocacy, education and social protection – and one cross-cutting management-related area: partnership cooperation agreement (PCA) management.

ESARO, in collaboration with the other two UNICEF Regional Offices for the continent, continued focused engagement with the **African Union (AU)** to advance regional results for children through the dedicated UNICEF Liaison Office to African Union and United Nations Economic Commission for Africa (UNECA). The Regional Office fostered strong relationships with the AU through joint programmes such as the Africa Nutrition Security Partnership (ANSP) and strengthened AU capacity through staff secondments and financing of posts in the areas of nutrition and children affected by armed conflict. Specific areas of engagement included social protection, HIV, child marriage, and inter-sectoral support to the African Committee of Experts on the Rights and Welfare of the Child (ACERWC). Technical support was provided to the AU in the development of regional strategies on nutrition, health and education as well as a study on the impact of armed conflict on children. ESARO also worked to position the African child firmly on the continental agenda through high-level advocacy at key AU meetings and conferences as well as support for AU campaigns, such as that to end child marriage, at country and regional levels.

Corporate engagement

New regional partnerships supporting Country Offices across the region were developed with private sector partners, including Airtel, American Standard/Lixil, and Unilever in Africa. Technical support to Country Offices resulted in enhanced country-level financial and non-financial partnerships with the IKEA Foundation and Tigo. Existing partnerships, including those with the Graça Machel Trust and Jovago were leveraged to support both programming and advocacy work. Key opportunities, such as the World Economic Forum held in Cape Town, South Africa, were used to co-convene a corporate roundtable event with partners including the Graça Machel Trust, Unilever and KPMG to explore sustainable investments in children and youth and to initiate new engagements with prospective partners.

In recognition of the growing role and contribution of private sector partners in advancing development goals, in 2015 the Regional Office started piloting a job shadowing project for UNICEF staff with select corporate and foundation partners as a learning opportunity for staff and to facilitate knowledge sharing.

Public discourse

Public advocacy and engagement in 2015 centred on the regional priorities and countries in emergency. More than two dozen media interviews were given on stunting, child survival, social protection, violence against children, and emergencies, including South Sudan, Burundi and El Niño. Sample results include 10,348 media mentions for coverage of South Sudan, 3,310 for Burundi, 639 for the floods in Malawi and 2,691 for El Niño in 2015.

Media coverage in support of emergency work and UNICEF work in the region included the following outlets: BBC, CNN, Al Jazeera, *The Guardian*, *The New York Times*, *and The*

Washington Post. High-level opinion pieces written by the Regional Director on child survival, the Millennium Development Goals (MDGs) and the situation in Burundi appeared in *The Guardian*, *The East African,* and *The Huffington Post*. During the reporting year, digital reach on internet.org rose from 50,000 monthly users in December 2014 to 700,000 in December 2015. Additionally, *UNICEFAfrica* social media platforms reached over 1 million people.

UNICEF advocacy efforts in 2016 will be guided by the Regional Management Team agreement at its November 2015 Meeting that such efforts should be evidence-based, context-driven, principled and nonpartisan, and always focused on the best interest of the child in line with the Convention on the Rights of the Child and the Secretary-General's *Human Rights Up Front* agenda.

Market shaping

Market shaping and influencing are key strategies of the UNICEF supply function. At the global level, there is substantial focus on the vaccine market, where influencing strategies have improved availability and affordability of new vaccines. Pneumococcal and Rotavirus vaccines were introduced widely in the region in recent years, and the Regional Offices has supported the 10 Offices in countries where Governments are shifting to the oral polio vaccine in 2016.

At the regional level, major efforts have been made to reduce dependency on a small number of international manufacturers and to expand local production capacity of ready-to-use therapeutic foods (RUTF) used in treatment of malnutrition in children. This resulted in 6 local manufacturers certified to deliver such products.

While market-influencing strategies have largely stabilized the availability and affordability of essential and lifesaving supplies at country level, attention is now increasingly placed on strengthening national systems to ensure that essential supplies reach intended recipients efficiently. For example, in 2015, ESARO led a pilot of Procurement and Supply Management (PSM) integration initiatives in Uganda and Zambia under the agreement between UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria. ESARO also consolidated country-based nutrition supply chain reviews in Burundi, Ethiopia, Kenya and Malawi to inform planning and implementation of logistics activities for UNICEF and partners.

3.2. Evaluation and Research, and Data

A list of completed evaluations, research, studies, surveys and publications is available in the online monitoring and evaluation plan, PRIME[21]. Of the 42 activities included in the integrated monitoring and evaluation plan (IMEP) for 2015, 18 were completed, 22 are on track and 2 have been delayed. Monitoring and evaluation activities are listed in Annex II.

3.3. Implementation Strategies

Research

ESARO developed a **Regional Research Strategy** to strengthen the overall quality and use of research in the region. The related action plan addresses four pillars: knowledge, quality, coordination, and use, clearly delineating respective roles of Country Offices and the Regional Office. In 2015, as part of the implementation of the strategy, the Regional Office issued a

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[21] <https://icon.unicef.org/apps02/cop/Prime/SitePages/MainView.aspx>

regional publication catalogue and established a roster of pre-screened institutions and individual consultants; signed two long-term agreements for quality assurance of research; and founded a Research and Evaluation Committee.

In addition, ESARO supported the quality assurance of multi-country studies in the areas of health, humanitarian action, education and nutrition, as well as supporting Country Offices with quality assurance of methodologies, terms of reference and reports, as well as country-level Research and Evaluation Committees.

Among the publications of the Regional Office is *Social Cash Transfers and Children's Outcomes: A Review of Evidence from Africa* which provides a synthesis of available evidence on the impact of cash transfers as a critical instrument for child poverty alleviation in Africa[22] and a **regional study on child marriage** – a critical first step providing evidence for advocacy and action. In the area of nutrition, the Regional Office completed a **multi-country study on ready-to-use therapeutic food (RUTF) supply chain management integration** in collaboration with the West and Central Africa Regional Office (WCARO) and Supply Division. In education, research was generated on children with disabilities, language of instruction, and learning assessments. In C4D, as mentioned above, ESARO entered into a partnership with the Royal Melbourne Institute of Technology to strengthen UNICEF **research and monitoring and evaluation capacity on C4D**.

Data and evidence gathering

Country Offices and Government partners in Kenya, Malawi, Swaziland and Zimbabwe, which began the data analysis and report writing stage based on **Multiple Indicator Cluster Survey (MICS)** data collected in 2014, benefited from technical support from ESARO to complete their respective Key Findings and Final Reports. South Sudan also benefited from extensive technical assistance from the Regional Office in preparing for the 2016 Expanded Maternal Mortality Survey/MICS. More broadly, the Regional Office contributed to the development and testing of the Social Protection module, a new tool for the next round of MICS.

A **regional information management system** for tracking programme performance and **peacebuilding impacts** was developed in 2015 and is now fully operational. In addition, Peacebuilding Education and Advocacy (PBEA) programme advocacy tools were produced and distributed to Country Offices working in conflict settings throughout the region.

The **Bottleneck Analysis Tool for WASH (WASHBAT),** a sector analysis and monitoring tool developed by UNICEF and the World Bank, was rolled out in the region to identify and prioritize national and subnational actions to increase access to and sustainability of water, sanitation and hygiene interventions.

ESARO successfully rolled out a **programme monitoring innovation multi-country project** funded by the Bill and Melinda Gates Foundation, with an inception meeting held in Zimbabwe in 2015. This project is expected to provide important learning for evidence-based decision making for accelerated delivery of results at a decentralized level in 4 countries: Kenya, Swaziland, Uganda and Zimbabwe.

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[22] *Social Cash Transfers and Children's Outcomes: A Review of Evidence from Africa*, UNICEF ESARO, 2015

Evaluations

In 2015, ESARO supported Country Offices to consistently use PRIME as the tool for planning and implementation of research and evaluation. Feedback on the importance of ensuring that planned evaluation and research activities are undertaken, as well as being of high quality and well used, was provided following the review of Country Office Annual Reports. In addition, evaluation performance indicators were monitored throughout the year and discussed at the April and November Regional Management Team Meetings. ESARO also maintained the evaluation quality assurance facility providing support to Country Offices and the Regional Office in reviewing terms of reference and draft evaluation reports, resulting in good performance in evaluation among Country Offices in the region.

The Regional Office completed the Transfer Project (evaluations from different countries on the impact of social cash transfers), as well as an impact evaluation of the CIDA HIV–Nutrition Project on Prevention and Treatment of HIV and Undernutrition in Infants and Young Children. Management responses will be developed for both evaluations to guide the use of the evaluations for programming. A multi-country independent review of technological innovations in ESAR and a study on the impact of new vaccine introduction on national immunization programmes were launched in 2015 and are due to be completed in 2016.

To strengthen national evaluation capacity, a partnership with CLEAR Anglophone Africa was initiated and the Regional Office supported the South Africa Monitoring and Evaluation Association (SAMEA).

Knowledge exchange

ESARO issued a publication catalogue, *Knowledge for Children in Eastern and Southern Africa,* summarizing 130 available and planned publications by ESARO and Country Offices in 2015, which has been disseminated in various forums, including during the Social Policy Network Meeting as well as with external partners.

ESARO's HIV team led the process of identifying and disseminating examples of good practice in the elimination of mother-to-child transmission of HIV, which were presented to African Heads of State at the AIDSwatch Africa meeting in June 2015 as part of the African Union best practices initiative.

The ESA *Sanitation and Hygiene Learning Series* spotlights the experiences of UNICEF Offices in 8 countries – Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Somalia, South Sudan and Zambia – on sanitation sustainability and programming at scale. Topics include Community-led Total Sanitation (CLTS) in fragile contexts, CLTS at scale, small-town sanitation, mobile-enabled sanitation and hygiene programming, regional supply chains for sanitation, sanitation marketing, and hand-washing with soap.

The Regional Office published the *Polio Outbreak in the Horn of Africa – Best Practices, Lessons Learned and Innovations 2013–2014* report, completed a study on multiple injections to inform new vaccine introduction including IPV, and supported the publication of a supplement to an Ethiopian medical journal to share lessons learned on implementing integrated community-based case management (iCCM).

The Regional Office enhanced the ESAR Intranet to provide a single portal for sharing information with Country Offices and facilitate online collaboration. ESARO also organized webinars and knowledge-sharing sessions in relation to innovation in programme monitoring.

Innovation

In 2015, the Regional Office facilitated an analysis of 'innovation entry points' in 14 Country Offices, supported capacity development of staff, and strengthened innovation processes in support of Regional Priorities across the region. Notable achievements include support to the Somalia Country Office in coordination with the Global Innovation Centre and Supply Division on the development, release, and implementation of an end-user supply tracking system, which is also being piloted in Uganda in 2015–2016.

The Regional Office supported the reconceptualization of *Anthrowatch* (a mobile phone-based nutrition surveillance tool) in Malawi, adapting the programme to improve reporting rates and increase data usage. The new design was piloted in the last quarter of 2015.

During the reporting period, ESARO also supported real-time monitoring in education focusing on the design and implementation of *EduTrac* in Lesotho, Malawi, Mozambique, and Zimbabwe. The Regional Office also provided technical and advisory support to the Burundi, Kenya, Malawi, Mozambique, Swaziland, Uganda, and Zimbabwe Country Offices on citizen engagement and social accountability work with specific support for adopting *U-report* provided to the Burundi, Malawi, and Mozambique Country Offices.

Key lessons from implementing innovative approaches in the region include: the need for dedicated, knowledgeable staff to guide the design and implementation of successful and sustainable initiatives; the need for continual review of initiatives to determine implementation status, performance in terms of results achieved, and any need for course correction; and the critical importance of understanding national policies and long-term vision in the context of initiatives destined for Government ownership. As real-time monitoring becomes an area of increased interest, Country Offices should carefully analyse what data is collected, at what level, and how this data should be used to make decisions, noting that the design and deployment of tools such as *EduTrac* requires significant human and financial resources.

South–South cooperation

ESARO supports South–South cooperation initiatives, including building capacity of both UNICEF staff and Government counterparts. The initiatives undertaken in 2015 facilitated joint learning and joint action; adoption of best practices; and partnerships among countries to advance key programmatic initiatives through experience-sharing.

The Regional Office facilitated the visit of the Ministry of Health of Uganda to study the Ethiopia **Health Extension Programme (HEP)**, including integrated community-based case management (iCCM). In addition, ESARO facilitated a dialogue between Mozambique and Malawi paediatric associations on quality improvement of essential newborn care, as well as a dialogue between Kenyan and Ugandan health ministries on early planning to provide mothers the option of delivering in the culturally preferred birthing position with the assistance of skilled attendants.

ESARO facilitated on-the-ground learning and sharing related to the *All In!* initiative. When a small number of Country Offices in the region began a dialogue to initiate phase 1 of *All In!* with Government counterparts, ESARO brought together UNICEF HIV focal points from 6 Country Offices (Kenya, Lesotho, Malawi, South Africa, Uganda, and the United Republic of Tanzania) to join missions in Botswana and Zimbabwe to observe and use lessons to develop plans to fast-track *All In!* rapid assessments in their countries. In some cases, UNICEF

colleagues were joined by Government and United Nations counterparts, which further enhanced the capacity-building opportunity.

The **Community-led Total Sanitation (CLTS)** initiative supported capacity building and strategic planning support from Zambia to both Lesotho and Namibia via exchange visits by Government staff, national trainers and secondment of staff. This led to increased Government buy-in to scale up national CLTS programmes in these 2 countries.

ESARO facilitated a visit by a Kenyan Government delegation to Zimbabwe to support the Government in developing **public–private partnerships for rural water supply** through field visits and direct technical support.

ESARO continued to give technical and financial support to the **African Union Commission for Peace and Security** and **Committee of Experts on the Rights and Welfare of the Child** in their work, including direct country missions in conflict environments such as South Sudan and the Central African Republic to investigate the child rights situation and provide high-level feedback and recommendations to African Union Member States.

Within the context of strengthening UNICEF programming in middle-income countries, UNICEF continued to implement the **BNLSS initiative** bringing together Country Offices in Botswana, Namibia, Lesotho, Swaziland, and South Africa to more effectively address key issues through joint programmes, and mutual support and learning. The Regional Management Team organized a Learning Day as part of its April 2015 Meeting to share the experiences and lessons learned by the Offices progressively working closer together.

Partnerships

The **Partnerships, Resource Mobilization, and Leveraging Strategy** was finalized and began to be implemented across the region in 2015. Relevant country-level strategies were subsequently developed, mirroring the regional priority focus areas. Investment cases for the regional priorities were created as a key tool to support regional resource mobilization. A mapping of existing and potential public sector partners was conducted across the region. In addition, funds were secured to address nutrition challenges in priority countries in the Horn of Africa, with a focus on Eritrea.

Capacity building across the region was enhanced with a first **partnerships workshop** in the region, bringing together staff from ESAR and WCAR Country Offices to develop skills in UNICEF engagement with partners. In addition, technical assistance missions supported Country Offices working on specific partnerships and initiatives as well as country-level strategies.

Key NGO partnerships supported by the Regional Office during 2015 include: a practical and focused joint workplan with Save the Children at regional level to enhance synergy between the work of the two largest child rights organizations in the region; and a focused regional engagement with the Graça Machel Trust to build capacity of civil society organizations, and undertake advocacy and joint policy dialogue on key issues of common concern, including child survival, stunting, early childhood development, and child marriage.

ESARO was active in highlighting the continued vulnerability of the Greater Horn of Africa subregion to food and nutrition crises, and worked closely with the FAO, WFP, OCHA and UNHCR regional offices to convene all relevant UN teams at regional and country level to **strengthen preparedness and action in response to food and nutrition insecurity** in the

subregion. This resulted in all **UN Country Teams** from affected countries preparing integrated response plans for food security and nutrition. Donors were mobilized for support at country and regional level. UNICEF also convened UN partners at the regional level for more coordinated, and joint, technical support to priority countries. This concerted preparation and support proved to be very timely given the disruptions caused by El Niño later in 2015.

The Regional Office, in collaboration with the China Country Office, and UNICEF Regional Offices for East Asia and the Pacific, West and Central Africa and Middle East and North Africa, led development of a framework for UNICEF engagement in **leveraging investments in child health as part of China–Africa development cooperation**. UNICEF engagement has successfully led to a specific mention of women and children's health as a key area of support in China's US$60 billion aid package for Africa (confirmed in late 2015). The draft UNICEF framework, which has been well received by the Global Management Team, proposes starting with 7 pilot countries, with UNICEF supporting national Ministries of Health to advocate for a portion of Chinese assistance to focus on maternal, newborn and child health programmes.

In addition, the Regional Office collaborated with a number of strategic health partners for the region, including the **European Union**, and provided quality assurance for country proposals for the **Reproductive Maternal, Newborn and Child Health Trust Fund and Global Financing Facility (GFF)**, resulting in increased financial support to high-burden countries to overcome some of the critical gaps in health, including adolescent health, and in the area of birth registration. Strategic engagement with the **Global Fund to Fight AIDS, Tuberculosis and Malaria** enabled a US$35 million commitment for integrated community-based case Management (iCCM) of common childhood illnesses.

ESARO played a role with regional bodies in harmonizing **nutrition programming**. **Strategic engagement with the AU Commission** enabled the continental prioritization of nutrition through the African Nutrition Champion, revitalization of the African Taskforce on Food and Nutrition Security, and finalization of the African Regional Nutrition Strategy 2014–2025, which was launched at a side event of the Financing for Development Conference in July 2015.

The Regional Office has **strengthened collaboration with UNAIDS, UNFPA** and other key partners in 2015, including through participation in joint activities; contributions to UNAIDS strategy consultations, planning joint prevention and treatment strategies, and mobilizing partners for the *All In!* initiative.

As part of **enhanced collaboration between UNHCR and UNICEF**, missions to refugee camps in several ESA countries highlighted key areas that will be more effectively addressed through a regional intervention including recognition of certification, youth educational needs and girls' education. In partnership with the **Global Partnership for Education (GPE)**, ESARO developed a regional framework for education for South Sudanese and Sudanese refugees.

ESARO also strengthened its engagement with the **Regional United Nations Development Group** (R-UNDG) to improve support to UNCTs and ensure that children's issues are fully reflected in country-level United Nations Development Assistance Frameworks (UNDAFs). The Regional Director was designated a 'champion' within the ESA R-UNDG for development of a **Strategy of Support for Middle-Income Countries in Africa**. This work resulted in an Africa-wide strategy for engagement in middle-income countries, completed in 2015 and being rolled out.

Among **key lessons learned** in partnerships is the importance of a long-term engagement strategy with key partners such as Save the Children, UNHCR, and UNFPA to bring about sustainable change. Consistent active engagement at the regional level with other United Nations agencies provided results in joint advocacy and resource mobilization efforts to support humanitarian response actions. However, continued work is required to ensure the partnerships are institutionalized across all sectors. In the health sector, where many inter-agency partnerships exist, there is a need to find the right niche for R-UNDG and Harmonization for Health for Africa actions. There is also a need to strengthen the partnership with the African Union, including through continued secondment of UNICEF staff.

The results of the 2015 **annual ESARO Client Satisfaction Survey (CSS)** confirmed the strategic role of the Regional Office in supporting Country Offices to apply the implementation strategies of the UNICEF Strategic Plan. Feedback obtained from Country Offices indicates overall satisfaction across all key accountability areas of the Regional Office, with good ratings related to most of the key implementation strategies: advocacy, bottleneck analysis, C4D, evaluation and research, and partnerships and resource mobilization. ESARO will be tailoring Country Office support in 2016 based on the specific areas highlighted as part of the feedback, including resource mobilization, knowledge management and intellectual leadership, and UN coherence.

3.4.   Normative Principles

The human-rights-based approach to cooperation

ESARO supported Country Offices to develop country programme documents underpinned by human rights principles. Specifically, ESARO contributed to training United Nations Country Teams in Botswana, Eritrea and the United Republic of Tanzania in the normative principles, which included the human-rights-based approach to programming as part of the UNDAF development process. A regional workshop on Programme Policies and Procedures (PPP) held in June 2015 also included a core session on the human-rights-based approach.

The Regional Office provided technical leadership in the substantive commemoration of the 25-year anniversary of the African Charter on the Rights and Welfare of the Child (ACRWC) in November 2015. This initiative fostered close collaboration between UNICEF, Plan International and the ACERWC in the development of advocacy and information materials, press releases, as well as the use of digital media. With support from the Regional Office, ACRWC engaged in country missions to advocate for the ratification of the Charter – which has been ratified in all countries of Eastern and Southern Africa bar Somalia and South Sudan – as part of a campaign to achieve universal ratification and reporting on the implementation of the ACRWC.

Gender equality

In April 2015, the Regional Management Team reviewed the global and regional status of the UNICEF **Gender Action Plan 2014–2017** and its implications for programming in the region, and shared country experiences, enabling factors for effective gender-sensitive programming, and mainstreaming gender into all programmes. A case study on barriers to boys' education among pastoralist communities in Lesotho underscored the importance of tailoring interventions to context. In preparation for the meeting, ESARO conducted a mapping of existing gender programmes and produced a set of **gender profile dashboards** showing the country-by-country and regional status against the programmatic and institutional benchmarks

of the Plan. Sex-disaggregated data and gender analysis are critical elements of high-quality programming. The Regional Management Team committed to further accelerate the implementation of the Gender Action Plan with a focus on the identified four priority areas for the region, including increasing funding for gender programmes and strengthening office capacity through dedicated gender experts or focal points.

ESARO provided technical support to several Country Offices, including Eritrea, Mozambique and the United Republic of Tanzania, in conducting gender analyses as part of the design of new country programmes in 2015. The Comoros Country Office developed its own country-specific Gender Action Plan. The Regional Office has also been using the Gender Equality Marker (GEM) and the Programme Budget Information Database (PIDB) coding system to effectively track spending on programmes in line with the Gender Action Plan. Country Offices preparing new country programmes will undertake gender analysis as a key element of the planning process in 2016. Finally, ESARO also finalized the recruitment of a Senior Gender Advisor, which will strengthen regional capacity in this area beginning 2016.

Environmental sustainability

Climate change and environmental degradation are equity issues that undermine the rights of children and must be addressed in line with UNICEF commitments to the Sustainable Development Goals.

In 2015, ESARO provided inputs to the Strategic Framework for WASH Climate-Resilient Development, developed by UNICEF in collaboration with the Global Water Partnership. In addition, ESARO supported an Arid and Semi-Arid Lands (ASAL) Resilience Strategy to be developed for Kenya, incorporating key recommendations for addressing the needs of pastoralist communities in such settings.

The Regional Programme Policies and Procedures (PPP) training carried out annually by the Regional Office included a module on key areas related to environmental sustainability and implications for programme planning and implementation. This will be followed with more emphasis on supporting Country Offices to systematically take environmental sustainability into account in programme design and implementation.

As part of the Global Environmental Footprint Analysis exercise, ESARO concluded that 92 per cent of its carbon emissions were as a result of air travel – not only because extensive travel is inherent to the work of a Regional Office, but also because the office buildings located in Nairobi use no fuel for heating or cooling. The findings will be used in prioritizing travel and selecting locations for network meetings in 2016. Finally, the ESARO Staff Association included a plan for 'greening' the office as part of its 2016 workplan.

## 4.	Management

### 4.1.	Management and Operations Results

The ESARO Management Programme focuses on oversight, risk management, financial stewardship, management of human resources and representation, to maximize efficiency and effectiveness in the use of resources for children. The Regional Office Management Plan includes the three globally defined outputs: governance and systems; management and stewardship of financial resources; and management of human capacity; as well as five additional priority issues that require focus, continued investment, monitoring and reporting: information and communications technology (ICT), especially as it relates to innovation; public and private partnerships; the Harmonized Approach to Cash Transfers (HACT); Communication; and managing for results, which have been reported on above.

Operations

In 2015, the Regional Office provided support and oversight to Country Offices in multiple ways, including by review of 11 Country Office Programme Budget Review (PBR) submissions, and processing a total of 74 mail poll requests for actions on 168 posts.

Six peer reviews were conducted in 2015: Regional Office and peer Country Office Operations Managers appraised internal controls, reports and compliance within Country Offices in Burundi, Ethiopia, Somalia, South Africa, and Uganda.

Specific VISION-related support and training was provided within the Regional Office in 2015, as well country-level support through 4 webinars on themes relevant for all Country Offices; 4 customized on-site trainings, and a group training to strengthen capacity of the 6 smallest Country Offices in the region.

Audit support was provided to Country Offices to prepare for both external and internal audit processes. An external audit was conducted in the Ethiopia, Somalia and Regional Offices in 2015, while internal audits were undertaken in the Burundi, Kenya, Namibia, Somalia, South Africa, South Sudan, Zambia, and Zimbabwe Country Offices. The Regional Office placed emphasis on review of internal audit observations with a view to consistency in ratings and recommendations across countries. The Regional Office also invited representatives of the Office of Internal Audit and Investigations (OIAI) to join the 2015 UNICEF Deputy Representatives, Operations and Monitoring and Evaluation (DROpsME) Meeting for a briefing and discussion on common audit findings and how internal controls can be enhanced in the region.

Regular follow-up on the Regional Management Team management indicators clarified key issues of concern in Country Offices which necessitated Regional Office support. Particular attention was spent on the follow-up on direct cash transfers (DCTs) not liquidated within 9 months resulting a significant decrease of these DCTs from 4.7 per cent of the total (US$6.6 million) in April 2015 to 2.2 per cent of all DCTs (US$4.0 million) in December 2015.

New initiatives and special reviews were also carried out by the Regional Office in 2015. A review (including RACI analysis) of the Human Resource Hub for Southern Africa offices examined the roles and responsibilities of HR support provided to the five Country Offices by the Hub, vis-à-vis that provided by the Offices themselves. The review concluded that the existing staffing is adequate; lessons from the review should ensure better service to all offices. A review of the current human resources arrangements for the Angola Country Office

to increase the duty station attractiveness to new recruits was also conducted in a collaborative approach between HR and Operations. A review of potential collaborative partnership programme and operations models for the 5 Country Offices working together in Southern Africa (BNLSS) was commissioned. The findings of this review will feed into decisions around optimal UNICEF presence and operations in these countries.

Finally, an innovation established in 2015 the Regional Office is a regional business continuity plan, to ensure that support is provided to Country Offices in the region by another UNICEF offices in the region in case of business disruption.

Human Resources (HR)

In 2015, the regional Human Resource (HR) team conducted missions to support Country Offices in Ethiopia, Kenya, Madagascar, Malawi, Rwanda, Somalia and South Sudan, resulting in recommendations for improvement in staff selection, support to staff on abolished posts, criteria for choosing between fixed-term posts and temporary appointments and consultants, leave and attendance management, and ethics and harassment.

Following reviews of country-level processes in recruitment of National Officers, the Regional HR Unit provided feedback to Country Offices on major issues observed around policy and process implementation, focusing on: further improving the quality of documentation and recommendations, criteria for assessment of candidates' suitability, special consideration for staff on abolished posts, panel composition, and reference checks. The Regional HR Unit improved the average timeline for the Regional Office review of the National Officer recruitment process from 13 working days in 2014 to 9 days in 2015. The Regional HR Unit also shared key highlights from its reviews with the regional Human Resource Network Meeting in October 2015. Consequent improvements in recruitment processes will assist reduction of the average time for review of National Office recruitment to bring it closer to the target of 5 working days.

A regular monitoring mechanism on the process of recruiting for International Professional (IP) positions was put in place by the Regional Office HR Unit in 2015 to ensure timely action at the relevant level (Country Office, Regional Office or DHR). While the performance indicator for recruitment against International Professional positions improved from 55 per cent of cases completed within the recommended maximum of 90 days in 2014 to 75 per cent in June 2015, the indicator dropped to 41 per cent in December 2015 due to the high number of recruitment cases in the latter part of the year. Measures to cope with surges in recruitment will be in place in 2016.

The Regional HR team regularly provided advice to Country Offices on policy interpretation and clarifications within the agreed timeframe (5 working days from receipt of request) and supported Country Offices in emergency situations on recruitment of surge capacity. The team also supported the implementation of learning and development activities, as well as supporting a new and comprehensive orientation process for staff joining the Regional Office.

Information and Communications Technology (ICT)

In 2015, Country Offices and the Regional Office were supported to meet and maintain global technology standards. Adherence to these standards increased the resilience of systems, and user experience for reliable ICT service delivery, which enhances staff effectiveness and efficiency. The Regional Office supported Country Offices to ensure effective ICT services

serve to facilitate the delivery of results for children at country level, through oversight and technical support, including ensuring smooth application of required system upgrades.

4.2. Office Management Practices, Systems and Structures

A number of coordination mechanisms support the management structure and ensure: (i) compliance with the rules and regulations of the organization; (ii) clear linkages and complementarity between different teams both to achieve expected results through an integrated approach and to enhance Regional Office support to Country Offices; and (iii) linkages with UNICEF global processes and Regional Office participation in UNICEF global committees and working groups.

These mechanisms include a series of committees, working groups and task forces which ensure the optimal use of Regional Office resources. Committee and working group chairs are responsible for reviewing the outputs and lessons learned of each committee in order to update the terms of reference and membership as part of the Annual Management Plan revision at the time of the Annual Review at the end of the year.

In addition to committees and taskforces, the Regional Office each year designates staff members to act as focal points for the following areas: Country Office Focal Points, Peer Support Volunteers (PSVs), Polling Officers and Respectful Workplace Advisors (RWAs).

In order to optimize the management of funds of the Regional Office, a monthly budget review meeting has been established to review utilization of funds in the different funding categories.

ESA Management Performance Indicators

ESARO continued to regularly assess Regional Office and Country Office performance against 32 RMT performance indicators, which had been identified together with Country Offices and Headquarters in 2014. The indicators cover four major domains:

- Programme performance – in relation to the five regional priorities (survive and thrive, reduce stunting, quality education and learning, results for adolescents, social protection) and humanitarian action.

- Governance and systems – accountability, audit, results-based management (RBM), enterprise risk management (ERM), harmonized approach to cash transfers (HACT), evaluation.

- Financial management – grants, direct cash transfers (DCT), supply.

- Human resource management – vacancies, recruitment process, staff distribution/gender, and performance reviews.

The Regional Office produced and disseminated dashboards to the Regional Management Team in 2015. As a result, Regional Management Team members and Country Office staff were more easily able to track the regional and country-specific programme, as well as managerial and operational performance. In addition, Country Offices in Burundi, Ethiopia, Mozambique, Rwanda, Somalia, South Sudan and Uganda have been supported to adopt and implement the humanitarian performance monitoring system.

In order to further strengthen its monitoring and oversight function, the Regional Office initiated a monthly review of performance of the 21 Country Offices and ESARO against 18

indicators covering 8 areas: budget utilization, liquidation of Direct Cash Transfers (DCTs), supply, human resources, travel, partnerships, donor reports, and a status report on implementation of the Harmonized Approach to Cash Transfers, which is derived from the RMT dashboard indicators. Based on these monthly reviews, the Regional Office engages with Country Offices to identify corrective management actions and areas for ESARO technical support.

Country Office–Regional Office Compact

The Windsor Declaration endorsed by the Eastern and Southern Africa Regional Management Team in May 2014 defines a joint accountability framework for Country Offices and the Regional Office. In 2015, implementation was enhanced through feedback letters on key results and challenges from the Regional Director to each Representative following the Country Office Annual Report review process.

For 2016, this is formalized into a **Compact of Mutual Accountability** which defines key programme and management results of the Country Office (with results and related indicators and targets against which performance will be assessed at the end of the year), and the technical advice and guidance required from the Regional Office to support those results. Key results will be included in the Country Office Annual Management Plan and reflected in the performance planning objectives of Representatives and Country Management Team members, as relevant. The Regional Director will be accountable for commitments on Regional Office support, and the Representative for achieving the key results.

4.3.   Supply Management

The volume of supply services – goods and institutional contracts – in the region amounted to US$900 million in 2015, approximately a third of the global UNICEF supply throughput and a small decrease from 2014 levels. The total share of Procurement Services (PS) within overall supply services increased by 10 per cent to US$463 million due to introduction of new vaccines by GAVI: the GAVI share grew by 16 per cent in comparison with 2014, and the volume of remaining procurement services fell by 18 per cent over the same period, largely due to handover to national Government of antiretroviral (ARV) medicine procurement in Zambia and Zimbabwe. In 2015, funding raised by procurement services remained an important source of financing for capacity development, and for activities related to strengthening Government supply chain management in Kenya, Malawi, Mozambique, Zambia and Zimbabwe.

The number of Country Offices with warehouse operations decreased from 15 in 2013 to 12 in 2015. While this suggests a positive trend in handing over supply operations to Government partners, it is also noted that complex warehouse and logistics operations are ongoing in high-throughput Country Offices, including Ethiopia, Somalia, South Sudan and Zimbabwe, which require continued vigilance. The total value of inventory held at the end of the year increased from US$36 million in 2014 to US$43 million in 2015. This is largely due to multiple ongoing emergency preparedness initiatives, including for El Niño. At the same time, the volume of ageing stock – held for 12 months or more – has decreased by 37 per cent from US$7.9 million in 2014 to US$5.0 million at the end of 2015. Adequate warehouse management has also been confirmed through third-party stock counts which are carried out for IPSAS compliance in all national and subnational warehouse locations. These reviews were undertaken on time, and identified only minor deviations in 2015.

4.4. Risk Mitigation Practices

Living Enterprise Risk Management (ERM)

Within the framework of the UNICEF Strategic Plan 2014–2017 and in line with the ESAR *Managing for Results* initiative, the concept of 'living ERM' was developed in 2014 to transform the application of Enterprise Risk Management (ERM) in ESAR Country Offices. Its aims include: (i) reinforcing Country Office management commitment to risk-informed decision-making; (ii) creating among Country Office management and staff a common understanding of key strategic, programmatic, operational and financial risks; (iii) delineating clear responsibility for proactively and systematically identifying, assessing and managing key risks within Country Offices; (iv) embedding risk management efforts into key country programme planning, financial and implementation processes; (v) reinforcing Country Office knowledge of, and commitment to, UNICEF corporate strategies, policies and guidance (UNICEF key controls); and (vi) encouraging risk management in Country Offices to be a continuous, proactive and systematic approach which informs both country-level and organization-wide risk profiles and improves the design and operating effectiveness of key controls.

This 'living ERM' concept continued to be rolled out in 2015 with Regional Office support to Country Offices in the development and review of country-level risk libraries through the delivery of an Enterprise Risk Management workshops to Angola, Botswana, Comoros, Ethiopia, Lesotho, Namibia, South Africa, Swaziland and the United Republic of Tanzania, and engagement with all Country Offices around good practice in risk management.

An Enterprise Risk Management workshop was also delivered to the Regional Office during 2015. Regional Office sections were subsequently supported to identify key risks in work plan deliverables, which enabled them to better anticipate and manage potential risks related to the achievement of specific results, and to focus on adequate planning and risk mitigation measures. Section contributions formed the basis for the 2015 Regional Office risk library, which was reviewed at mid-year and year-end.

Harmonized Approach to Cash Transfers (HACT)

As a result of Regional Office support, the total HACT assurance activity implementation rate of planned versus completed activities – programmatic visits, spot checks and scheduled audits – increased to 90 per cent in 2015. In addition, the volume of cash transfers to partners which had not had a micro-assessment decreased significantly in 2015, from US$113.4 million in January 2015 to US$10.1 million in December 2015. Finally, the majority of Country Offices in the region have finalized the recruitment of dedicated HACT staff.

Onsite and virtual HACT training was provided to 15 Country Offices: Angola, Botswana, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Swaziland and Zambia. In addition, alternative HACT implementation plans were developed to address the specific issues around monitoring projects when access is restricted for security reasons (in Somalia and South Sudan).

An improved model to estimate the costs of full HACT implementation was developed in December 2015, and starting in the first quarter of 2016, the updated HACT cost estimate model will aid Country Offices to measure, monitor and manage both external and internal HACT implementation expenditures.

4.5.   Key Constraints and Success Factors

Identification of staff with the particular skillset needed in Regional Office Operations positions took longer than expected in 2015. Two rounds of recruitment were required to identify suitable candidates for 3 key positions (1 in Operations and 2 in Human Resources).

The active support of the Regional Director, clarity brought about through a set of standard operating procedures, and clear information-sharing have been key in ensuring that Country Offices focus on improving internal controls and performance indicators. Clear benchmarks for performance agreed by the Regional Management Team have been instrumental in monitoring Country Office performance and targeting support.

Annex I. PCRs/IRs and Indicator Status by Business Area: Outcomes/Outputs (IRs) and Indicator Status

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
ROMP Output 1.1: (Health) Enhanced partnership capacity for the generation and use of evidence for improved health policies and practices around the ESA regional priorities				
Number of pre-identified regional strategic policy and programs jointly implemented with partners	2 Save the Children on iCCM and WHO/USAID etc. on newborn sepsis management	31-Jan-2015	3	**On-track**
Number of countries participating in/ benefiting from south-south exchanges	4 Malawi and Mozambique on collaboration with the pediatric association to improve quality of care. Lesotho and South Africa exchange on PMTCT	31-Jan-2015	6	
Number of multi-country studies/documentation completed	1 on IPV introduction	31-Jan-2015	8	
Availability of regional guidance on adolescent health UNICEF programming	Indicator to be reviewed as part of the MTR	31-Jan-2015	1	
Number of countries receiving additional funds from ESARO for regional priorities	2 Angola and Uganda received additional funding for Malaria control	31-Jan-2015	15	
ROMP Output 1.2: (HIV/AIDS) Enhanced regional partnerships for evidence-informed policies for accelerated implementation of HIV interventions				
Number of countries benefitting from south-south exchanges	9	31-Jan-2015	12	**On-track**
Number of regional programming tools developed (disaggregated by guidance notes, analyses, evaluations published)	1	31-Jan-2015	2	
Availability of ESARO programme guidance on adolescents and HIV	Yes	31-Jan-2015	Yes	

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
ROMP Output 1.3: (WASH) Enhanced regional partnership commitment for scaling up evidence-informed innovative WASH strategies				
Availability of joint country progress report (including actions taken) in sanitation	Yes	31-Jan-2015	Yes	<mark>**On-track**</mark>
Number of pre-identified regional strategic policies and programmes jointly implemented with partners	1	31-Jan-2015	2	
Number of strategic WASH publications related to innovation or advocacy (e.g. analysis of rural WASH sustainability and WASH in institutions)	1	31-Jan-2015	2	
ROMP 1.4: (Nutrition) Enhanced regional level intergovernmental and institutional partnerships commitment to innovate, generate evidence and leverage resources				
Number of regional partnership with enhanced capacity ("Enhanced capacity" is defined as capacity strengthening to deliver results which may include training, technical assistance, workshop, etc.)	2 [AUC, ECSA]	31-Jan-2015	4	<mark>**On-track**</mark>
Number of regional generated evidence and innovations	1 [Cornell]	31-Jan-2015	3	
Number of countries with leveraged resources for accelerated implementation of nutrition interventions ("Leveraged resources" is defined as new or additional resources/funding to the existing ones to support nutrition programmes)	11 [Burundi, Ethiopia, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe]	31-Jan-2015	12	

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
ROMP Output 1.5: (Education) Enhanced partnerships commitment to develop, finance and implement evidence informed policies and programmes for reducing the number of out-of-school children and improving learning outcomes for boys and girls in the region.				
# of Regional Public Goods developed (e.g. tools, innovations, guidance, strategies)	1 [EU]	31-Jan-2015	10	**On-track**
# of Multi-Country Research & Studies completed	3 [OOSC regional study, language and ACER]	31-Jan-2015	10	
# of Partnerships established	6 [UNHCR, Save the Children, UNGEI, UNESCO, Schools for Africa, GPE]	31-Jan-2015	10	
# of Countries benefiting from South-South Cooperation (e.g. country visits, conference calls)	21	31-Jan-2015	21	
ROMP Output 1.6: (Child Protection) Enhanced continental and regional partnerships for evidence-informed and innovative programmes for scaling up birth registration, prevention and response to violence against children and appropriate care for children in conflict and non- conflict settings				
# of regional public goods developed (disaggregated by BR, VAC and alternative care and by the type of public good i.e. tools and guidance)	**2 for BR=** Working Paper on CRVS and Good Governance and Digitization CRVS in Africa (as part of Regional Core Group) **1 for VAC=** Standard Protocol for Integration of HIV testing VACs **1 for Child Marriage=** Global ToC for Child Marriage **1 for CPiE= Regional Protection Framework South Sudan**	31-Jan-2015	BR: 3 VAC: 2 Child Protection Systems: 1 and CPIE: 2	**On-track**
Availability of a regional child protection framework for the collection, analysis and use of routine administrative data for birth registration, prevention and response to violence against children and appropriate car for children in conflict and non conflict settings.	**0**	31-Jan-2015	BR: 1; VAC: 1; Appropriate care for children: 1	

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
Availability of a scalable ICT innovation framework for service delivery.	**0 for BR** **CPiE** (Primero) **Case Management:** 1 (draft assessment tool and model)	31-Jan-2015	BR: 1 (MobileVRS); CPiE: 1 (Primero); Case Management: 1	
ROMP Output 1.7: (Social Inclusion) Improved regional social policy environment for reaching excluded children and women with priority sectoral and social protection interventions				
Number of regional strategies or commitments by AU, RECs and others that explicitly address social inclusion of children	2	31-Jan-2015	3	**On-track**
Number of regional research, tools, guidance notes, analyses or evaluations published	SP: 1 (mapping); CP: 1 (mapping); PFM: 2 (mapping)	31-Jan-2015	Social Protection: 5 Child Poverty : 5 PFM :5	
Availability of Regional Research Strategy	Yes	31-Jan-2015	Yes	
ROMP Output 1.8: (HARP) Enhanced regional partnership support for cross-sectoral humanitarian and resilience programming.				
Availability of regional guidance for resilience programme	Resilience strategy drafted. Risk Informed Programming guidance pilot tested	31-Jan-2015	Finalized Tool kit	**On-track**
Availability of Regional resource mobilization strategy for PBEA	Integrated into investment case for education regional priority. Specific resource mobilization strategy for PBEA to be determined.	31-Jan-2015	Yes	
Number of PBEA public good developed (Research, EBPB tools and methodologies)	Bibliography of evidence and case studies developed (12 studies completed). Further work on dissemination and advocacy.	31-Jan-2015	1	
Number of active inter-agency regional coordination mechanisms functioning	HoA Food & Nutrition group functioning, South Sudan +4, Burundi +4. Further work needed to make this coordination more strategic	31-Jan-2015	3	

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
ROMP Output 1.9: PPME Enhanced regional capacity for quality (evidence-informed, equity focused and results oriented) programming for accelerated delivery of results in the regional priorities.				
Number of dashboards on programme and operational performance produced (To be produced every half year)	4	31-Jan-2015	4	**On-track**
Level of achievement of evaluation KPIs (Disaggregated by the five KPIs)	TBC in March 2016	31-Jan-2015	100% (Coverage) 80% (planned vs. completed) 80% (quality) 100% (Submitted with mgmt. response) 80% (Implementation rate of mgmt. response)	
Number of multi countries analysis undertaken	1	31-Jan-2015	1	
ROMP Output 2.1: (Health) Enhanced national and sub-national capacity for the accelerated delivery of priority and equity-focused health interventions				
Number of countries reporting increase in coverage of post-natal care by at least 5% annually	Waiting for 2016 SWC report	31-Jan-2015	15	**On-track**
Number of countries that reduced the number of unimmunized children by at least 10% each year	10 (According to admin data)	31-Jan-2015	10	
Number of countries without transmission of polio virus	Botswana, Burundi, Ethiopia, Kenya, Lesotho, Mozambique,	31-Jan-2015	21	

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
	South Africa, Swaziland, Tanzania, Zambia			
Number of countries reporting at least 80% measles coverage among children 6 months to 15 years of age in health emergency settings	16 (5 countries reported WPV or VDPV in 2014/2015 - Ethiopia, Madagascar, Somalia, South Sudan, Uganda)	31-Jan-2015	All Countries with health emergency	
Number of countries reporting at least 50% pneumonia cases treated	Ethiopia (drought), Malawi (floods), Tanzania and Rwanda (Burundi refugees)	31-Jan-2015	15	
Number of countries with indicators on the use of specified health services by adolescents (10-24) in the HMIS	3 (Namibia, Swaziland, Zambia)	31-Jan-2015	5	
Number of countries in which at least 80% of all pregnant women living with HIV are reached with triple drug ARV regimens	TBC	31-Jan-2015	15	
Number of countries reporting an annual increase of ART coverage among children (by 20% each year)	Botswana, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Uganda, Tanzania and Zambia (2014)	31-Jan-2015	15	
ROMP Output 2.2: (HIV/AIDS) Enhanced capacity of countries for scaling up the equitable use of HIV prevention, treatment and care and support interventions among children, pregnant women and adolescents.				
Number of countries in which at least 60% of adolescents aged 15–19 used a condom at last sex	8	31-Jan-2015	14	<mark>On-track</mark>
Number of countries in which national HIV/AIDS plans include targets for addressing HIV among adolescents	5	31-Jan-2015	10	

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
ROMP Output 2.3: (WASH) Strengthened household, community and institutional (health centres and schools) capacities for sustainable and equitable scaling up of water, sanitation and hygiene services.				
Number of countries with large-scale CLTS programmes (at least 60% of all districts)	5	31-Jan-2015	8	**On-track**
Number of countries implementing innovative approaches to the delivery of sustainable rural water services	3	31-Jan-2015	4	
Number of countries with evidence-informed advocacy strategies for scaling up WASH in institutions	2	31-Jan-2015	6	
ROMP Output 2.4: (Nutrition) Enhanced capacity of countries to design, implement monitor and evaluation equity-focused, and innovative, evidence-informed and results oriented programmes for accelerated delivery of high impact nutrition interventions that protect children and pregnant women from malnutrition.				
Number of countries in which applied bottlenecks analysis in the development of stunting reduction implementation plans at decentralized level	5 [Rwanda, Malawi, Zambia, Burundi, Tanzania]	31-Jan-2015	10	**On-track**
Number of countries in which at least 50% of 0-5 months old children who are exclusively breastfed	10 [Rwanda, Malawi, Burundi, Eritrea, Uganda, Zambia, Kenya, Lesotho, Ethiopia, Tanzania]	31-Jan-2015	12	
Number of countries that monitor progress and report on minimum acceptable diet	13 [Ethiopia. Comoros, Burundi, Zimbabwe, Mozambique, Rwanda, Malawi, Eritrea, Kenya, Lesotho, Madagascar, Namibia, Zambia]	31-Jan-2015	16	
Number of countries in which at least 75% of estimated annual SAM cased are treated as per national standards	0 [Proposed indicators for SAM: Number of countries with a SAM management scale-up plan; Number of countries with a SAM management monitoring and reporting mechanism;]	31-Jan-2015	5	

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
ROMP Output 2.5: (Education) Enhanced capacity of countries to design, implement, monitor and evaluate programmes for early learning, education quality, secondary education and out-of-school learning.				
# of Countries achieving Pre-Primary Gross Enrolment Rate (%) > 50%	2	31-Jan-2015	8	**On-track**
# of Countries achieving Out-of-School Rate by at least 5%, for primary and lower secondary, for girls and boys	2	31-Jan-2015	6	
# of Countries increasing Proportion of Children achieving National Standards in Numeracy & Literacy by at least 5%	5	31-Jan-2015	8	
# of Countries achieving Gender Parity Index = 1				
Primary Education	10	31-Jan-2015	15	
Secondary Education	4	31-Jan-2015	10	
# of Countries with Education Sector Plan that meets pre-defined Standards	3	31-Jan-2015	15	
ROMP Output 2.6: (Child Protection) Enhanced capacity of countries to design, implement, monitor and evaluate programmes for birth registration, prevention of violence against children and care and protection for children.				
# of countries reporting an annual increase in birth registration rate by at least 20 %	5 (Uganda and Mozambique added)	31-Jan-2015	18 ESAR countries (Angola, Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Somalia, South Africa, South Sudan, Swaziland, Tanzania, Uganda and Zambia)	**On-track**
# of countries in which at least 60% of girls and boys that experienced sexual	Indicator to be revisited in the MTR as COs are not able to report on this indicator.	31-Jan-2015	8 ESAR countries (Ethiopia, Kenya, Namibia,	

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
violence received one or more response services.			Mozambique, Tanzania, Swaziland, South Africa, Zimbabwe)	
# of countries with functioning case management systems in humanitarian situations	5 (Kenya, Uganda and South Sudan, Burundi, Rwanda)	31-Jan-2015	5 ESAR countries (Kenya, Uganda, Rwanda, Burundi, Somalia, South Sudan)	
# of countries that have progressed in the implementation of a HIV- sensitive systems approach to child protection	2 (Mozambique and Zimbabwe)	31-Jan-2015	5 ESAR countries (Mozambique, South Africa, Swaziland, Zambia and Zimbabwe)	
ROMP Output 2.7: (Social Inclusion) Enhanced capacity of countries to plan, design, implement, manage and evaluate social inclusion interventions, including social protection.				
Number of countries that have adopted inclusive and/or HIV-sensitive social protection policies	12: Proposed correction in Baseline- change from 5 to 10. Proposed correction in Target- change from 10 to 18. Status as of June 15- 12 (Lesotho and Ethiopia)	31-Jan-2015	18	On-track
Number of countries that have progressed in the implementation of a systems approach to social protection	6: Proposed correction in Baseline- change from 0 to 1 (referring to South Africa). Proposed Correction in Target: change from 5 to 10. Status as of June: 6- (Malawi, Mozambique, Kenya, Lesotho, Zambia, Zimbabwe)	31-Jan-2015	10	
Number of countries that have conducted multidimensional child poverty and vulnerability analysis	15: Source of Baseline for CP - Online CC-MODA website: Burundi, Comoros, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Swaziland, Uganda, Tanzania and	31-Jan-2015	21	

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
	Zimbabwe: Same 13 countries included in the OoR study. Two more Countries are in an advance stage of the N-MODA: Madagascar and Botswana -			
Number of countries that have developed PFM-related analyses	18: Source of Baseline for PFM: Global Stock take on PF4C: Kenya, Lesotho, Madagascar, Malawi Namibia, Mozambique, South Africa, South Sudan, Uganda, Angola, Tanzania, Ethiopia, Somalia, Zimbabwe and Burundi - Source of current status: ESARO mapping: All are doing PFM but 3 countries: Eritrea, Comoros and Swaziland	31-Jan-2015	21	
Number of multi-country or multi-sector research or studies completed supported by ESARO (disaggregated by countries)		31-Jan-2015	TBD	
ROMP Output 2.8: (HARP) Strengthened country capacity for timely, effective and reliable programming for humanitarian action, peace building in education and resilience.				
Number of country offices meeting emergency preparedness and response benchmarks (CCCs)	Currently at 76% for preparedness. Specific indicators are being developed for CCC response indicators	31-Jan-2015	21 countries at high level of preparedness	<mark>On-track</mark>
Number of countries with integrated online data management and results monitoring system for PBEA programmes	5 Countries	31-Jan-2015	2	
Number of countries that incorporate resilience strategies within their Country Programmes	2	31-Jan-2015	5	

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
ROMP Output 2.9: (PPME) Strengthen capacity of country offices in the design, implementation, monitoring and evaluations of high quality (equity-focused, evidence-informed, results-oriented and innovative) country programmes				
Number of new CPDs that meet global minimum standards	7	31-Jan-2015	11	**On-track**
Number of COs that meet minimum standards for reporting in RAM	n/a	31-Jan-2015	tbc	
Number CO result framework that meet at least medium quality standards as measured by RBM score.	4	31-Jan-2015	21	
ROMP Output 2.10: (Crosscutting DE - Gender, ECD, Communication and C4D, supply) Enhanced country capacity for cross-sectoral programming to scale up ECD, strengthen behaviour and social change interventions and respond to gender inequalities and supply side bottlenecks.				
Number of countries that achieve pre-primary enrolment rate of at least 50%	2	31-Jan-2015	8	**On-track**
Number of countries meeting defined benchmarks in supplies management	15	31-Jan-2015	21	
Number of countries in which at least 50% of outcome areas in country programmes (as per the RAM) have gender specific results	TBD	31-Jan-2015	TBD	
Number of countries in which at least 50% outcome areas in the country programme (as per the RAM) apply C4D strategies/approaches that meet defined standards as per the C4D principles	Indicator to be reviewed during MTR	31-Jan-2015	TBD	
ROMP Output 3.1 (Output 3.1: Governance and systems) Enhanced oversight of regional office and COs functions, resources and programme performance				
Number of countries meeting defined benchmarks defined in the RMT performance indicators	5 of 21 countries met at least 60% of the benchmarks defined in the RMT performance indicators	31-Jan-2015	11	**On-track**

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
ROMP Output 3.2: (Communication and advocacy) Effective communication and advocacy strategies in support of regional priorities.				
Number of COs with communication and advocacy strategies meeting defined standards	7	31-Jan-2015	18	**On-track**
Output 3.3: (ICT) Optimal application of technology and innovation in the delivery of results for children in ESAR country offices.				
Number of countries in which use case technological solutions have been applied to the regional priorities (disaggregated by the focus areas defined in the regional priorities)	8	31-Jan-2015	4	**On-track**
Number of CO systems in which ICT systems meet the defined standards	15	31-Jan-2015	21	
ROMP Output 3.4: (Management & stewardship of financial resources) Effective management of ESARO and COs financial resource				
Financial Implementation rate (disaggregated by RR, ORR and IB)	Indicator to be revisited during MTR	31-Jan-2015	TBD	**On-track**
Total balance on expired grants	Indicator to be revisited during MTR	31-Jan-2015	TBD	
Unliquidated DCTs amounts (disaggregated by 3-6, 6-9 and over 9 months)	Indicator to be revisited during MTR	31-Jan-2015	TBD	
Number of countries in which all audit recommendations are not closed by within one year	Indicator to be revisited during MTR	31-Jan-2015	TBD	
Number of overdue donor reports	Indicator to be revisited during MTR	31-Jan-2015	TBD	
ROMP Output 3.5: (Management of human capacity) Effective management of ESARO and COs human resources				
Percentage of professional cases completed within 90 days	35%	31-Jan-2015	75%	**On-track**
Percentage of requests for surge support met within 56 days (CCC)	100%	31-Jan-2015	100%	
Percentage of regional learning funds utilization	100%	31-Jan-2015	100%	
Regional PAS/ePAS completion rate	87% (RO Mid-year) 80.1% (CO Mid-year)	31-Jan-2015	95%	

Indicators	Status	Date of Status Update	Target	PCR / IR Rating
ROMP Output 3.6: (Partnerships) Expanded strategic regional public and private sector partnerships commitment in support of the delivery of regional priorities				
Number of new regional partnerships established (disaggregated by corporates, HNWIs, persons of influence, foundations and multilaterals)	7	31-Jan-2015	8	**On-track**
Level of contributions mobilized from the private sector (disaggregated by financial and non-financial contributions)	USD 4,535,000	31-Jan-2015	TBD	
Availability of Up-to-date document on profiling the landscape of private sector contribution in ESAR	No	31-Jan-2015	Yes	
ROMP Output 3.7: (HACT) Enhanced capacity of COs in the effective implementation of HACT				
Number of COs in which HACT implementation is fully compliant with the HACT policy	21	31-Jan-2015	21	**On-track**
Number of COs without an audit observation in HACT	No update. Indicator to be revisited during MTR	31-Jan-2015	0	

Annex II. Status of Activities in the Integrated Monitoring and Evaluation Plan

Type	Section	Title	Status
Study	Basic Education and Gender Equality	Analysis of data on student learning outcomes	On track
Study	Basic Education and Gender Equality	Study and related advocacy brief on impact of language on children's learning	On track
Research	Child Protection	Research to generate evidence on what works/does not to prevent child marriage and to prevent and respond to violence against children	On track
Study	Child Protection	Multi-country study on child marriage	Completed
Study	Child Protection	Civil registration: an investment in good governance in Africa	Completed
Study	Early Childhood Development	Desk review on the impact of social protection on early learning outcomes	On track
Study	Early Childhood Development	Policy briefs on pre-primary education	On track
Evaluation	Early Childhood Development (with Social Inclusion)	Phase II of the Child Community Care Study: Children Affected by HIV serviced by community-based programmes	On track
Study	Humanitarian Action, Resilience and Peacebuilding	Programming for sustainable results in fragile and conflict-affected settings: PBEA lessons learned	On track
Study	Humanitarian Action, Resilience and Peacebuilding	Early Childhood Education and Peacebuilding in Post-Conflict Northern and Eastern Uganda	Completed
Study	Humanitarian Action, Resilience and Peacebuilding	Early Childhood Education and Peacebuilding in Areas of Ongoing Conflict and in Refugee Settlements in Western Uganda	Completed
Study	Humanitarian Action, Resilience and Peacebuilding	Curriculum, Life Skills and Peacebuilding Education – Promoting Equity and Peacebuilding in South Sudan – Results and Lessons Learned – Promoting Inclusion through Conflict Sensitivity	Completed
Study	Humanitarian Action, Resilience and Peacebuilding	Humanitarian Action, Conflict Sensitivity and Peacebuilding through Education in South Sudan – Achievements, Challenges, and Lessons Learned	Completed
Study	Humanitarian Action, Resilience and Peacebuilding	Empowering Youth through Facilitation of the National Curriculum Development Process in Somalia	Completed
Study	Humanitarian Action, Resilience and Peacebuilding	A Study of Education and Resilience in Kenya's Arid and Semi-Arid Lands	Completed
Study	Humanitarian Action, Resilience and Peacebuilding	Promoting social cohesion and resilience in the Benishangul Gumuz region of Ethiopia through school peace clubs	On track
Research	Humanitarian Action, Resilience and Peacebuilding	Two regional studies on governance, equity, education and conflict/peacebuilding (Kenya and South Sudan)	On track

Type	Section	Title	Status
Study	Humanitarian Action, Resilience and Peacebuilding	Pastoralist Education and Peacebuilding in Ethiopia: Results and Lessons Learned	On track
Study	Humanitarian Action, Resilience and Peacebuilding	Peace Education and Peacebuilding in Dadaab Refugee Camp: Results and Lessons Learned	On track
Study	Humanitarian Action, Resilience and Peacebuilding	Youth Education Programming and Peacebuilding in Dadaab Refugee Camp: Results and Lessons Learned	On track
Research	Health	Study on the determinants of child mortality reduction and linkages between the community-based approach, health systems strengthening, and health service utilization	On track
Evaluation	Health	Three studies to improve implementation of health interventions through community health workers (including linkages between the Expanded Programme on Immunization and maternal, neonatal and child health services)	Constrained / delayed
Evaluation	Health	Study on the impact of new vaccine introduction on national immunization programmes	On track
Study	Health	Multi-country documentation of promising practices / policy briefs in integrated reproductive, maternal, neonatal and child health	On track
Evaluation	HIV	Impact of elimination of mother-to-child transmission of HIV / paediatric HIV programmes including preparation / determination of validation of elimination in first-wave countries	Constrained / delayed
Evaluation	HIV	Impact/project-end evaluation: Prevention and Treatment of HIV and Undernutrition in Infants and Young Children (CIDA HIV–Nutrition Project)	Completed
Study	HIV	Documentation of best practices of prevention of mother-to-child transmission of HIV programmes in sub-Saharan Africa (Chad, Nigeria, Rwanda, South Africa and Tunisia)	Completed
Evaluation	ICT	Multi-Country Independent Review of Technological Innovations in ESAR	On track
Evaluation	Nutrition	End-line Evaluation of Africa Nutrition Security Partnership	On track
Study	Nutrition	Multi-country study to investigate determinants and the impact of iodine excess in the Eastern Africa region.	On track
Study	Nutrition	Consolidation of experiences and lessons learned from Nutrition SMART surveys in ESA and WCA for improved guidance to County Offices	On track
Study	PPME	Study on child marriage: determinants, consequences and way forward	Completed
Research	Social Policy	Social Cash Transfers and Outcomes for Children: A Review of Evidence from Africa	Completed
Study	Supply	Comparative analysis of self-supply strategies in 2 countries in ESAR	Completed
Study	Supply	Consolidation study of UNICEF Nutrition Supply Chain Reviews	Completed
Study	WASH	Unpacking unimproved sanitation and lessons learned for scaling up quality community-led total sanitation	On track

Type	Section	Title	Status
Research	WASH	Analysis of EMIS data to determine relationships between WASH in schools and educational performance indicators	On track
Research	WASH	Analysis of HMIS data to determine relationships between WASH in health facilities and health performance indicators	On track
Study	WASH	Sanitation and Hygiene Learning Series	Completed
Study	WASH	Study on public–private partnerships for rural water supply in 3 countries in ESAR	Completed
Study	WASH	Financial Sustainability for Universal Rural Water Services – Evidence from Kyuso, Kenya	Completed

UNICEF Eastern and Southern Africa Regional Office (ESARO)
Selected Key Results Achieved in 2015

January 2016

1. Key results in the areas of the five regional priorities

The Eastern and Southern Africa Regional Office (ESARO) supports the work of 21 Country Offices to deliver results for children. The Regional Office is responsible for guiding Country Offices as they support national partners to roll out the Sustainable Development Goals and at country level, in line with an Action Plan endorsed by the Eastern and Southern Africa (ESA) Regional Management Team in November 2015.

The programme results achieved in ESA with support of the Regional Office during 2015 contribute to the UNICEF Strategic Plan, and can be grouped under the five regional priorities agreed by the Regional Management Team for 2014–2017. Selected key programme results are outlined below:

Regional Priority 1. Enabling children to survive and thrive.

- **Polio transmission was officially declared interrupted.** The year 2015 marked the formal end to wild poliovirus in the region, and the outbreak that centred on Somalia. The Regional Office contributed to this result with oversight and guidance to country level response and regional coordination. It also supported an effective response to vaccine-derived polio outbreaks in South Sudan and Madagascar, and coordinated the introduction of inactivated polio vaccine in 10 countries, and oral polio vaccine Switch plans in all countries using it.

- **Over 10 per cent reduction in the number of unimmunized children was registered in key countries.** In 2014–2015, significant progress was made in immunization in 10 countries. ESARO provided technical support, advice and oversight to these priority countries, with a specific focus on micro-planning, cold chain and vaccine management and communication for development (C4D).

- **Improvements were made in birth registration in the region.** The Regional Office supported 11 more Country Offices (bringing the total to 16 of 21) to undertake comprehensive civil registration and vital statistics (CRVS) assessments and support national strategy development to improve coverage of birth registration.

- **Improvements were registered in maternal, newborn and child health.** ESARO provided guidance and technical support to Country Offices to improve maternal, newborn and child health services in 9 countries in the region, including through newborn assessments, embedding the quality improvement (QI) approach, developing action plans to strengthen access to and quality of health services, integrating HIV services to prevent mother-to-child transmission in health facilities and communities, and introducing the new WHO guideline on simplified antibiotic regimens for treatment of neonatal infections.

- **Seven countries adopted an integrated Early Childhood Care for Development approach.** The Regional Office developed and convened a major workshop for senior Government officials and UNICEF staff from 7 countries to introduce an integrated Early Childhood Care for Development approach. Subsequent follow-up from ESARO and Country Offices has secured continued Government buy-in and rollout of this approach.

- **Priority attention to health system strengthening was reinforced with the experience of the region.** During 2015, ESARO and Programme Division jointly developed a concept note and for increased focus of the organization on health system strengthening. They convened a global meeting that resulted in identification of key areas of health systems strengthening that will be part of the new UNICEF Global Health Strategy.

Regional Priority 2. Reducing stunting to provide opportunities for children to realize their full potential.

- **Increased focus was placed by Governments in the region to planning for, and allocating, resources to nutrition.** ESARO supported 7 Country Offices to provide technical assistance, capacity development and related assistance to Governments in carrying out nutrition surveys, conducting costing and tracking of expenditures on nutrition, and planning for, and focusing, increased resources on nutrition. The countries were jointly selected with the Scaling Up Nutrition Movement, and are now able to quantify their national multi-sectoral nutrition budgets.

- **Sanitation and hygiene was improved in the region.** The Regional Office supported scaling up of sanitation and hygiene through national Community-led Total Sanitation (CLTS) programmes in 18 countries, the development of open-defecation-free (ODF) protocols in three countries, and introduction of innovative approaches to sanitation marketing. This resulted in 11,000 more villages and communities certified as ODF in 2015. ESARO also finalized a Rapid Appraisal Protocol for Community-led Total Sanitation which was applied in 3 countries as a first step for improvement monitoring of results in this area.

Regional Priority 3. Improving education quality and learning outcomes to prepare children for the future.

- **Four countries started focussed programmes to reach out-of-school children in 2015**. This was informed by an ESARO-led survey and results-oriented package shared with Country Offices, which included best practices on profiling, identifying barriers, and developing evidence-informed policies and practical actions to reduce the number of out-of-school children.

- **Increased focus was placed on education in emergencies.** ESARO supported national and subnational capacity development on conflict and disaster risk management/reduction to raise the quality of schooling in fragile contexts, with a first pilot rollout in Uganda. The success of this work led to its replication in South Sudan in 2015. Comprehensive refugee education strategies were also developed in 3 countries, and communication for development strategies to support school attendance were developed in a further 3 countries with ESARO support.

Regional Priority 4. Achieving results for adolescents that help them manage risks and realize their full potential.

- **Improvements were made in evidence-based programming in relation to HIV and adolescents.** Through the *All In!* initiative, ESARO led rapid assessments in 7 countries resulting in buy-in of Governments to put in place more evidence-based HIV programming in these countries.

- **Guidance was provided to countries in improving evidence and action for protection of children from violence, exploitation and abuse**. The Regional Office guided 7 Country Offices in their support to national surveys on violence against children, which have led to development of plans of action by Governments. It also supported a further 4 Country Offices in their work with Governments to improve national action plans to end child marriage.

Regional Priority 5. Scaling up social protection interventions to reduce child poverty and other vulnerabilities that impede the full realization of child rights.

- **ESAR Country Offices were supported in enhancing capacity to conduct poverty and deprivation analyses.** This is helping establish strong baselines on child poverty in the context of the Sustainable Development Goals. At least 14 of the 21 Country Offices will have conducted child poverty analyses by 2017.

- **12 Country Offices were supported in the design, implementation and evaluation of inclusive HIV-sensitive social protection policies, programmes and systems**. In addition, implementation of a 4-country HIV-sensitive social protection initiative began in 2015, aimed at building systemic linkages between comprehensive social protection systems and HIV services.

2. Support of ESARO in humanitarian assistance

ESARO provided technical assistance, supported cross-border coordination, and engaged with other UN and partner humanitarian agencies in the region with a focus on a number of key emergency settings: South Sudan and its 3 neighbouring countries; Burundi and its 4 neighbouring countries; Ethiopia in the context of El Niño; and 5 Southern Africa countries in the context of El Niño.

The intensifying **conflict in South Sudan and the resulting refugee crisis** continued to be a central feature of humanitarian action in the region. ESARO provided oversight, advice and proactive hands-on technical support to the Country Office in the development and delivery of a range of initiatives. This included the UNICEF and WFP Rapid Response Mechanism (RRM) which is comprised of teams of technical specialists often deployed by helicopter to very remote locations. The RRM programme reached 540,000 people, including 95,000 children, with services such as treatment for malnutrition (including food distribution), vaccinations, repair of boreholes to enable access to safe water, communication and advocacy on key child protection concerns and the polio response at country level. During 2015, as a result of the collaboration between the Country Office and the Regional Office an estimated 365,000 children received critical child protection services. This includes 1,755 children released from armed groups and reunited with their families, benefiting from a reintegration programme.

With ESARO active support to the Country Office, within 48 hours of the arrival of the first **Burundian refugees** in Rwanda, UNICEF and partners were responding and supplies were deployed to the transit camps. As a result of UNICEF programming, over 56,000 Burundian refugee children are accessing education and more than 1,800 have received treatment for severe acute malnutrition. Positive results have also been achieved in Tanzania and Uganda, in support of the refugee influx in these countries. Continued support is also being provided to the Burundi Country Office, in advocacy for protection of vulnerable children in the country, and continued access to basic services and provision of essential supplies, particularly in health and nutrition given the report of health supply stock-outs and rising malnutrition levels

ESARO also supported the Tanzania Country Office's **response to the severe outbreak of cholera** in refugee-receiving areas of the country, which included supporting 250 health teams, equipping local health facilities with essential supplies, and installing water tanks in affected communities for over 62,300 people. In the latter months of the year, the Regional Office also detected challenges in the response to the cholera outbreak in Kenya, and immediately mobilized the UNICEF team and key partners (WHO and UNHCR) for accelerated response, which has resulted in provision of water and sanitation supplies, hygiene and sanitation education, social mobilisation at community level for cholera awareness and

prevention. Cholera case fatality rates have remained low, at 0.8 per cent (12 deaths in a total of 1,517 cases as of late January 2016).

UNICEF ESAR was early to understand the potential impact of **El Niño**. The Regional Office actively reached out to Country Offices and regional actors, and mobilized partners and Governments to protect children and enhance preparedness. In Ethiopia, one of the hardest hit countries, UNICEF and partners have reached over 800,000 people with access to safe water and more than 250,000 children were treated for severe acute malnutrition. Given rising concerns also in Eritrea, support was provided in conducting a first-time food security and nutrition survey in several regions of the country in collaboration with the WFP Regional Office, and mobilization of funds from DFID for the UNICEF response.

In Malawi, where 2.8 million people are in need of food assistance due to the effects of El Niño and cholera outbreaks, UNICEF has provided over 219,000 people with safe water, and 22,950 children with treatment for malnutrition, as well as prepositioning cholera treatment supplies in 30 at-risk districts to prevent further spread of the disease. In addition to support to Malawi in its response, the Regional Office was also proactive in convening Angola, Lesotho, Malawi, Swaziland and Zimbabwe to review the status of preparedness and response actions and support requirements, given the increasing concerns over the impact of El Niño in these countries. Technical support has been deployed to Angola as a follow-up.

3. **Key partnerships led by ESARO**

Improved preparedness and action in response to food and nutrition insecurity in the Greater Horn of Africa. ESARO was active in highlighting the continued vulnerability of the Greater Horn of Africa sub-region to food and nutrition crises, and worked closely with the WFP, OCHA, UNHCR and FAO regional offices to convene all relevant UN teams at regional and country level on the issue. The result was that all UN Country Teams in the Greater Horn of Africa prepared integrated response plans for food security and nutrition. Donors were mobilized for support at country and regional level. UNICEF also convened UN partners at the regional level for more coordinated, and joint, technical support to priority countries. This concerted preparation and support proved to be very timely given the disruptions caused by El Niño later in 2015.

Finalised strategy of support to Middle-Income countries in Africa. The Regional Office was designated as the "Champion" and convening agency within the Regional United Nations Development Group (R-UNDG) for development of a Strategy of Support for Middle-Income Countries in Africa. This work has resulted in an Africa-wide strategy of support and action in Middle-Income Countries, completed in 2015 and being rolled out.

Increased focus on China – Africa engagement in support of health-related outcomes for children. The Regional Office worked closely with the China Country Office, and Regional Offices for East Asia and the Pacific, West and Central Africa and Middle East and North Africa to lead development of a framework for UNICEF engagement in promoting investments in child health as part of China–Africa development cooperation, in order to leverage the opportunity of increased aid and investment in Africa by the Government of China. UNICEF engagement has successfully led to a specific mention women and child health as a key area of support as part of China's US$60 billion aid package for Africa (confirmed in late 2015). The draft UNICEF framework has been presented to the Global Management Team for review. It proposes concentration on 7 pilot countries in Africa, with UNICEF supporting national Ministries of Health to advocate for a portion of Chinese assistance to focus on maternal, newborn and child health programmes.

Expanded partnerships with key civil society actors: Other productive partnerships supported by the Regional Office during 2015 include: a practical and focused joint workplan with Save the Children International at regional level to enhance synergy between the work of the two child rights organizations; a focused regional engagement with the Graça Machel Trust to build capacity of civil society organizations, and undertake advocacy and joint policy dialogue on key issues of common concern, including child survival, stunting, early childhood development, and child marriage

4. Compact of Mutual Accountability developed between Country Offices and the Regional Office

The Windsor Declaration endorsed by the Eastern and Southern Africa Regional Management Team in May 2014 defines a joint accountability framework for Country Offices and the Regional Office. In 2015, implementation was enhanced through feedback letters on key results and challenges from the Regional Director to each Representative following the Country Office Annual Report review process.

For 2016, this is formalized into a Compact of Mutual Accountability which defines key programme and management results of the Country Office (with results and related indicators and targets against which performance will be assessed at the end of the year), and the technical advice and guidance required from the Regional Office to support those results. Key results will be included in the Country Office Annual Management Plan and reflected in the performance planning objectives of Representatives and Country Management Team members, as relevant. The Regional Director will be accountable for commitments on Regional Office support, and the Representative for achieving the key results.

5. Strengthened monitoring and oversight of management indicators by ESARO

As part of the *Managing for Results* initiative, in November 2014, the Regional Management Team agreed on a set of indicators to track programme and management performance against global and regional benchmarks. Management indicators are divided into four domains: governance and systems; financial management; human resource management; and programme performance. The Regional Office produces a dashboard summarizing performance of each Country Office, which is reviewed monthly by the Regional Office, twice a year by the Regional Management Team, and annually at the meeting of Deputy Representatives and Chiefs of Operations and Planning, Monitoring and Evaluation (DROpsME).

Within the Regional Office, 'business owners' for each indicator track progress and supporting Country Offices to address significant bottlenecks. Country Office Focal Points in ESARO stay abreast of specific issues to table with the Country Management Team, and outstanding issues of concern are also raised with the Representative by the Regional Director.

Strengthened monitoring and oversight of management indicators promotes increased focus on key management practices, and facilitates rapid identification and action to address significant bottlenecks. This has already led to higher grant implementation rates, more timely submissions of donor reports, reduced balance of outstanding direct cash transfers (DCTs), and better implementation of the harmonized approach to cash transfers (HACT) policy.

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