<table>
<thead>
<tr>
<th>Acronyms and Abbreviations</th>
<th>Meaning</th>
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</thead>
<tbody>
<tr>
<td>AU</td>
<td>African Union</td>
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<tr>
<td>AWP</td>
<td>Annual Work Plan</td>
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<tr>
<td>BNLSS</td>
<td>Botswana, Namibia, Lesotho, South Africa, Swaziland</td>
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<tr>
<td>C4D</td>
<td>Communication For Development</td>
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<tr>
<td>CABA</td>
<td>Children affected by AIDS</td>
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<td>CCC</td>
<td>Core Commitments for Children in Emergencies</td>
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<td>CFS</td>
<td>Child Friendly Schools</td>
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<td>CHD</td>
<td>Child Health Day</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CP</td>
<td>Country Programme</td>
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<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>DFID</td>
<td>UK Department for International Development</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>ECA</td>
<td>Economic Commission for Africa</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>EPR</td>
<td>Expanded Programme on Immunization</td>
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<td>ESAR</td>
<td>Eastern and Southern Africa Region</td>
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<td>ESARO</td>
<td>Eastern and Southern Africa Regional Office</td>
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<td>EU</td>
<td>European Union</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<tr>
<td>FGM/C</td>
<td>Female Genital Mutilation and Cutting</td>
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<td>GAVI</td>
<td>Global Alliance on Vaccines and Immunization</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>HACT</td>
<td>Harmonized Approach to Cash Transfers</td>
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<tr>
<td>ICCM</td>
<td>Integrated Community Case Management</td>
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<tr>
<td>ICT</td>
<td>Information and Communications Technology</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>IMEI/P</td>
<td>Integrated Monitoring and Evaluation Plan</td>
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<td>IR</td>
<td>Intermediate Result</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>KEPSA</td>
<td>Kenya Private Sector Alliance</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MENARO</td>
<td>Middle East and North Africa Regional Office</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MNS</td>
<td>Micronutrient Supplementation</td>
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<td>MTR</td>
<td>Mid Term Review</td>
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<tr>
<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<tr>
<td>NGO</td>
<td>Non-governmental Organisation</td>
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<tr>
<td>NYHQ</td>
<td>New York Headquarters (UNICEF)</td>
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<td>OOSD</td>
<td>Out Of School Children</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PBR</td>
<td>Programme Budget Review</td>
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<tr>
<td>PCR</td>
<td>Program Component Result</td>
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<tr>
<td>PEPFAR</td>
<td>US President’s Emergency Plan for AIDS Relief</td>
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<tr>
<td>PER</td>
<td>Performance Evaluation Report</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission (of HIV)</td>
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<tr>
<td>RBM</td>
<td>Roll Back Malaria</td>
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<td>RDT</td>
<td>Regional Directors Team</td>
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<td>RESU</td>
<td>Regional Emergency Support Unit</td>
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<td>RLA</td>
<td>Regional Leadership Agenda</td>
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<td>RMT</td>
<td>Regional Management Team</td>
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<td>RO</td>
<td>Regional Office</td>
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<tr>
<td>SACMEQ</td>
<td>Southern African Consortium for Monitoring Education Quality</td>
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<td>SADC</td>
<td>Southern Africa Development Community</td>
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<td>SIA</td>
<td>Supplementary Immunization Activity</td>
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<td>SUN</td>
<td>Scaling Up Nutrition</td>
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<td>SWA</td>
<td>Sanitation and Water for All</td>
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<tr>
<td>TOR</td>
<td>Terms of Reference</td>
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<tr>
<td>U5MR</td>
<td>Under-5 Mortality Rate</td>
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<td>UNAIDS</td>
<td>Joint UN Programme on HIV/AIDS</td>
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<td>UNCT</td>
<td>United Nations Country Team</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
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<td>UNHCR</td>
<td>UN High Commission for Refugees</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>USAID</td>
<td>US Agency for International Development</td>
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<tr>
<td>VAC</td>
<td>Violence Against Children</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<tr>
<td>WCARO</td>
<td>Western and Central Africa Regional Office</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>YCSD</td>
<td>Young Child Survival and Development</td>
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<td>ZCCC</td>
<td>Zambian Children’s Climate Conference</td>
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1. **Executive Summary**

Economic activity in sub-Saharan Africa expanded by 5 per cent in 2010 and is predicted to increase by 5.5 per cent in 2011. East Africa, which weathered the global crisis relatively well, is likely to achieve average growth of around 6 per cent or more in 2010-11. In geographic terms, it was the southern part of the continent that was hit hardest by the global recession.

Progress towards Millennium Development Goal and Millennium Declaration targets in the Eastern and Southern Africa region is mixed. Uganda is the only country on track to halve poverty by 2015. Angola, Mozambique and Swaziland are the only countries in the ESAR on track to reach the MDG 1 underweight target. Stunting in eastern Africa remains very high at 45 per cent and insufficient progress is observed in southern Africa, with only a small decrease from 35 to 33 per cent. The latest education sector data (2007-08) indicate that 8.8 million children (15 per cent) in the ESAR remain out of school, despite positive trends in enrolment. Primary school completion or survival rates average only 55 per cent. The U5MR in the region has declined from 166 (1990) to 108 (2009) per 1000 live births, but the pace of the decline is insufficient at only 2.3 per cent per annum. HIV prevalence among young people 15-24 years of age has declined by over 25 per cent in 11 countries in the region, primarily as a result of reductions in high-risk behaviours. Nine of 20 countries in the region are on track to achieve the water-related MDG 7 target, but only four countries are on track for the sanitation target. Fewer natural disasters affected ESAR countries in 2010, continuing the downward trend observed since 2007.

Key results achieved in the region in 2010 include: elimination of Maternal and Neonatal tetanus in Mozambique, bringing the total number of countries that have attained elimination status to 13; ten ESAR countries made a policy shift to permit Community Health Workers to treat pneumonia with antibiotics; seven countries in the region are implementing social protection interventions, particularly cash transfers, as a tool to respond to economic vulnerability of Children affected by AIDS (CABA); and nine countries are undertaking legal and policy reform as part of a process to mainstream justice for children in line with the UN Common Approach. New social protection or social assistance frameworks or strategies are underway in nine countries, usually as an element within national development strategies.

Procurement Services in the ESAR totalled US$ 272 million in 2010 (including GAVI). The value of Procurement Services in ESAR is the highest of all the UNICEF regions and exceeds Programme funding (US$ 226 million in 2010). While the region has made significant efforts to meet the upstream agenda –mirrored in the UNICEF country office’s changed HR compositions - the need to engage in direct service delivery in a region with weak government services is reflected in the majority of the ESAR country programmes.

Major partnerships that have facilitated achievement of results in 2010 include: partnerships with the Southern African Development Community (SADC) and East African Community have helped build capacity and leverage support for PMTCT and paediatric HIV care and for a minimum package of services for OVCY; GAVI for introduction of new vaccines and health systems strengthening; UNITAID for scaling up of quality PMTCT services; GFATM for funding for HIV and malaria programmes. In the education sector, UNICEF engaged in a key partnership with SACMEQ on learning assessment. The region hosts 3 One UN pilot countries (Rwanda, Tanzania, Mozambique).

Major shortfalls against expected results include: treatment services coverage for children born to HIV-positive mothers is lagging behind PMTCT coverage. The child mortality reductions that have been achieved remain concentrated in the post-neonatal period, and neither neonatal nor maternal deaths show any significant reduction. Several countries in the region are experiencing low or decreasing routine immunization coverage. In Somalia, Eritrea, Angola, Lesotho, and Comoros over 25 per cent of children are out of school. The quality of education remains of concern in the region: primary school completion rates are only 55 per cent.
2. Trends and Progress in the Region affecting Children and Women

Political and economic developments. The International Monetary Fund estimates that economic activity in sub-Saharan Africa expanded by 5 per cent in 2010 and will increase by 5.5 per cent in 2011.1 East Africa, which weathered the global crisis relatively well, is likely to achieve average growth of around 6 per cent or more in 2010-11. In geographic terms, it was the southern part of the continent that was hit hardest by the global recession. Output contracted in Botswana, Namibia, and South Africa in 2009 and expanded only slightly in Lesotho and Swaziland. Reduced demand for minerals and precious stones, and in the case of South Africa its strong links to the global economy and reliance on exports to advanced countries, contributed to the observed slump. The legacy of the global financial crisis can be seen in the substantial rise in unemployment in countries with more developed manufacturing sectors; the deterioration in fiscal balances, particularly in middle-income countries and oil exporters; the failure of exports to return to pre-crisis levels; and persistently low credit growth. Angola was affected by the volatility in oil prices, and growth decelerated from more than 13 per cent in 2008 to under 1 per cent in 2009. Inflation rates in sub-Saharan Africa fell from 13 per cent in 2008 in the wake of the spike in food and fuel prices. Donor countries generally maintained their aid flows to Africa, despite domestic fiscal pressure. Debt relief under the Heavily Indebted Poor Countries initiative reduced debt service costs.3 Financial injections through Chinese investors across the region may have contributed to continued cash inflows buffering some of the fall-out.

Presidential elections were held in Burundi (June), Comoros (November and December), Ethiopia (May), Rwanda (August), and Tanzania (October). Constitutional referenda were held in Kenya and Madagascar in August and November respectively. The voting passed relatively peacefully in most cases, with only isolated incidents of violence and intimidation reported. The widespread protests and violence experienced in the previous Ethiopian election were not repeated in 2010. There have been no emergencies of scale in the region in 2010 but this fact should not obscure high levels of chronic vulnerability experienced by large proportions of the population. Armed conflict continued in Somalia and parts of Uganda.

Millennium Development Goal 1. Poverty rates in the Eastern and Southern Africa Region are amongst the highest in the world, and only one country, Uganda, is on track to halve poverty by 2015. In countries that have made progress in reducing poverty, inequalities persist. In eastern Africa, underweight decreased from 35 per cent to 29 per cent between 1990 and 2007, whereas in southern Africa it increased marginally from 17 per cent to 18 per cent. Angola, Mozambique and Swaziland appear to be the only three countries in the ESA region that are on track to reach MDG 1, target C. There is no measurable progress on underweight in Burundi, Madagascar and South Africa. Underweight malnutrition rates remain very high and often above or close to the emergency threshold level of 20 per cent. Progress at national level masks sub-national disparities; twice as many children from poor households (31 per cent) are undernourished compared with children from the richest quintile (15 per cent). The current drought in the Horn of Africa, due to La Niña, will further negatively affect the short term nutrition situation in late 2010 – early 2011 and potentially beyond. In eastern and southern Africa, prices of the main staple foods: maize, sorghum and millet, remained generally low due to good harvests and adequate availability in markets. However, parts of Uganda, Burundi, Somalia, Ethiopia and Mozambique are witnessing increased food prices, further affecting the local food security and nutrition situation. Climate change is a major threat to all determinants of under-nutrition, at a time when coping strategies of poor people are already strained. It is expected that, by 2050, underweight rates in sub-Saharan Africa will increase to 52 per cent compared to 42 per cent in the absence of

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climate change effects. Implementation of comprehensive nutrition policies that focus on stunting reduction, as part of overall poverty reduction strategies, is urgently needed. Of 24 countries contributing 80 per cent of the global stunting burden, seven are in the ESAR (Ethiopia, Kenya, Madagascar, Mozambique, Tanzania, South Africa and Uganda). Five countries have stunting rates above or equal to 50 per cent (Burundi, Malawi, Rwanda, Madagascar and Zambia) and ESAR countries contribute to almost 15 per cent of the total number of stunted children. Stunting in eastern Africa remains very high at 45 per cent and insufficient progress is observed in southern Africa, with a small decrease from 35 to 33 per cent. Child stunting is now accepted as one of the best indicators of the quality of future human capital. The success of sustainable actions to alleviate poverty is best measured by their capacity to reduce the prevalence of stunting in children and it is now recommended that countries and development partners report on the prevalence of stunting in children, rather than the official indicator, child underweight. The Governments of Botswana, Ethiopia, Eritrea, Malawi, Mozambique, Namibia, Rwanda, Tanzania, Uganda and Zambia are ready to revise, develop and/or implement comprehensive nutrition strategies and/or subscribed to the global Scaling Up Nutrition (SUN) framework. In ESAR, over 500,000 severely malnourished children, or 50 per cent of the total caseload, were reached with Integrated Management of Acute Malnutrition services. Ethiopia and Somalia account for approximately 70 per cent of the total number of severely malnourished children admitted for treatment in ESAR. Progress is uneven and Ethiopia, Somalia, Malawi and Kenya are the only countries reaching 50 to 90 per cent of the populations in need. Vitamin A Supplementation coverage averages 77 per cent across the region, but remains below 70 per cent in Kenya and Uganda. Only 53 per cent of households consume iodized salt.

Millennium Development Goals 2 and 3. Assessing trends in progress towards the education-related MDGs is difficult, as data included in UNESCO’s Global Monitoring Report exhibit a lag of two to three years. The latest data (2007-08) indicate that 8.8 million children (15 per cent) in the ESAR remain out of school, despite positive trends in enrolment. Progress is uneven, with 78 per cent of Out-Of-School Children (OOSC) being in five countries (Ethiopia, Angola, Kenya, Somalia and Mozambique). In Somalia, Eritrea, Angola, Lesotho, and Comoros over 25 per cent of children are out of school. The situation is likely to have worsened since 2007-08 due to decreased internal and external investment following the global financial crisis. Primary school completion or survival rates give cause for even more concern, averaging only 55 per cent in the region. Learning outcomes, although very low by global standards, have improved overall in the countries that are members of the Southern African Consortium for Monitoring Education Quality (SACMEQ), except for Mozambique and Uganda – countries that are experiencing rapid enrolment expansion. Partnerships with UNICEF National Committees and the private sector continue to be strong through the Schools for Africa Initiative, while partnership with government and other development partners is being strengthened through commitment to sector wide approaches. Partnership with SADC has been very strong in the area of care and support for orphans and vulnerable children, and partnership with UNESCO has been strong in relation to enhancing the analysis of equity. Plans to strengthen partnerships with major bilaterals, including the European Union (EU), and with the African Union (AU) and new donors are underway. Seventeen countries in the region have rolled out emergency preparedness and response plans for education, in some cases taking them down to the district (e.g. Mozambique) and school levels.

Millennium Development Goals 4 and 5. Major challenges facing mothers, newborns and children in ESAR continue to be pregnancy, childbirth complications, newborn disorders, childhood infections, HIV and AIDS and undernutrition. Malnutrition is an underlying factor in over 30 per cent of child deaths and 20 per cent of maternal deaths, and HIV is the major contributor in high prevalence countries. Ethiopia, Tanzania and Uganda are among the ten countries in which the most under-five deaths occur. The U5MR in the region has declined 35 per cent from 166 (1990) to 108 (2009) per 1000 live births; and while this is significant, the rate of decline is insufficient at only 2.3 per cent per annum. According to 2009 UN estimates, only Eritrea and Madagascar are on track for MDG 4, while in Zambia and Zimbabwe, child mortality is increasing and in Somalia and South Africa it is stagnating. In almost all countries, deaths in the first 28 days of life have not measurably reduced. Policies, strategies and coherent programmes on postnatal care are limited or non-existent across the region. Despite
progress in reducing overall child deaths in some countries, children from poorer or rural households are disproportionately vulnerable. Retrospective analysis of household survey data in 19 eastern and southern Africa countries demonstrated marked inequities in child deaths, according to income, residence, and maternal education. Of the 11 countries contributing 65 per cent of global maternal deaths in 2008, three are in ESAR (Ethiopia, Kenya, and Tanzania). The region contributes about 20 per cent of global maternal deaths. In ESAR, the estimated Maternal Mortality Rate reduced from 750 (1990) to 550 (2008) per 100,000 live births, but the annual decrease was only 1.7 per cent, far less than the required 5.5 per cent. Only Eritrea is on track. Seven countries (Kenya, Lesotho, Somalia, South Africa, Swaziland, Zambia and Zimbabwe) show no progress. The average coverage of skilled attendance at birth has also changed little in the last decade and currently stands at only 37 per cent. Skilled birth attendance coverage is more than three times higher in the wealthier segments of populations in the region. The rate of caesarian section, a measure of the provision of obstetric emergency services, is only three per cent.

**Millennium Development Goal 6.** HIV prevalence among young people 15-24 years of age has declined by over 25 per cent in 11 countries in the region. This is primarily due to reductions in high-risk behaviours. With an estimated 400,000 new HIV infections among young people annually (65 per cent of these among young women), substantial HIV prevention challenges remain. Across the ten countries prioritised by the UN Business case for ‘empowering young people for HIV prevention’ only 50 per cent of females aged 15-24 report using condoms at last high risk sex, while their HIV comprehensive knowledge levels were around 40 per cent and just over 1 in 4 reported having had an HIV test. Regionally, significant progress has been made in reaching HIV-infected pregnant women with essential prophylactic regimens to prevent transmission to their infants, with 68 per cent of all HIV infected pregnant women now receiving PMTCT services. Botswana, Namibia, South Africa and Swaziland have reached the goal of providing PMTCT services to 80 per cent of HIV+ pregnant women, and Kenya, Lesotho, Mozambique, Rwanda, Tanzania and Zambia are reaching over 60 per cent. PMTCT coverage in these countries, plus the seven (Angola, Burundi, Ethiopia, Eritrea, Malawi, Uganda and Zimbabwe) reaching less than 60 per cent, needs to be scaled up to halt vertical transmission in the region. Fifty-five per cent of infants born to HIV+ women in the region remain in need of prophylaxis, with only Botswana, Namibia and Swaziland currently reaching over 80 per cent.

Ten countries have reduced malaria morbidity and mortality compared to 2000 levels and Ethiopia, Rwanda and Zambia have all registered declines in malaria morbidity and mortality of over 50 per cent.

**Millennium Development Goal 7.** Nine of 20 countries in the Eastern and Southern Africa region are on track to achieve the water-related MDG target, but only four countries are on track for the sanitation target. If current trends continue, only 39 per cent of the population of ESAR will be using improved sanitation in 2015 (MDG target is 64 per cent) and 65 per cent of the population will be using improved water (MDG target is 74 per cent). Access to water and sanitation in rural areas lags behind that in urban areas. In 2008, 80 per cent of users of unimproved sanitation in the ESAR lived in rural areas. In sub-Saharan Africa the poorest quintile is 16 times more likely to practice open defecation (the riskiest sanitation practice) than the richest. In Burundi, Ethiopia, Kenya, Lesotho, Malawi, Mozambique and Zambia collecting water takes longer than 30 minutes per round trip for more than a quarter of the population. Surveys show that women collect drinking water in almost two-thirds of households and children collect water in 12 per cent of households. Limited human resource capacity to support Water, Sanitation and Hygiene (WASH) sector development, and a weak sectoral policy environment are challenges to providing an enabling environment for sustainable WASH interventions. Insufficient funding, especially in the countries that are lagging behind, hinders progress and makes it difficult to address the rural/urban disparities that exist in many countries.

Fewer natural disasters affected ESAR countries in 2010, continuing the downward trend observed since 2007. Armed conflict continued in Somalia, with large-scale violations of human and child rights. Over 3.2 million people were at risk, mostly in Southern and Central regions, as a result of which refugee movements to neighbouring countries continued, mostly to Kenya, where a total of 75,000 new
arrivals were registered. A further 24,000 entered Ethiopia. The political situation in Madagascar remained precarious, though government capacities for disaster response were not fully tested in what was a relatively quiet cyclone season.

**Partnerships with regional institutions.** In the context of its collaboration with the African Union, UNICEF supported the Government of Uganda to organise a first African Youth Forum, which was held as a pre-event to the 15th Ordinary session of the Assembly of Heads of State and Government of the AU. The youth forum focused on ‘Maternal, Infant and Child Health and Development in Africa’ in line with the main theme of the AU Summit. Additional topics included HIV/AIDS, youth rights, climate change and access to quality education for all. The outcome of the forum – a Call to Action - was presented to the leaders at the Assembly of the African Union Summit and again at a First Ladies meeting. UNICEF is actively engaging with the Association for the Development of Education in Africa in the areas of OOSC, life skills and teacher education.

**Private Sector Partnerships.** Country Offices throughout the region strengthened their engagement with the corporate sector to raise and leverage funds for children. Country Offices used events, such as International Business Fairs, and engaged Chambers of Commerce to promote corporate social responsibility in favour of children. Cell phone companies are key partners, facilitating SMS communication, advocacy and behaviour change campaigns, as well as providing direct support to programme implementation. The Madagascar CO for instance facilitated the establishment of a joint telephone number by the main phone companies for a Child Helpline, through which child victims of abuse can report incidents and receive support. The Kenya Private Sector Alliance (KEPSA), representing all companies in the country, signed a Breastfeeding Code and in September 2010 KEPSA and its partners committed to supporting five key ‘Better Business Practices’ facilitating exclusive breastfeeding in the workplace.

**Civil Society Partnerships.** Country Offices developed a more strategic engagement with Civil Society Partners. The Mozambique Country Office, for example, supported the establishment of a Civil Society Network for Child Rights, which now has 150 member organisations. UNICEF played a key convening role between government and civil society in the education sector in some countries (e.g. Zimbabwe and Uganda). The focus of C4D work has been at the community level with civil society, faith-based organizations, community based organizations, health workers, and community radio, and engaged children and young people in working across sectors to promote positive behavioural and social change.

UNICEF ESARO is positioning itself as a catalyst for improving equity in development outcomes across the region. Specific strategies being adopted include: strengthening the evidence base on equity through supporting data collection, impact evaluations and operational research; providing technical support to COs to push for incorporation of an ‘equity lens’ in national development processes, UN system and country programme planning processes; developing tools and guidelines for the analysis of the political economy from an equity perspective; increasing support to regional and country activities in budget analysis; and strengthening engagement with AU mechanisms on equity, including the African Commission on Human Rights and the African Peer Review Mechanism.

3. Analysis of programme strategies and results in the region

3.1 Overview of programme strategies

The renewed focus on equity within UNICEF is the most important new element in directing regional and country level programming and research across all Focus Areas.

To advance the renewed emphasis on equity in health, YCSD promoted the revitalization of Primary Health Care, especially iCCM, in partnership with WHO, NGOs and the Bill and Melinda Gates Foundation. The introduction of two new vaccines (pneumococcal and rotavirus) by countries in the region presents an opportunity to revitalize efforts to reduce diarrhoea and pneumonia.
The regional education sector strategy on including the excluded has been revisited in light of the new global thrust on equity, and a regional overview was developed through the Regional Leadership Agenda (RLA). The overview identified the need to expand the focus on girls’ education to include a broader consideration of gender. This includes addressing social norms and Gender-Based Violence.

The development of the UNAIDS Outcome Framework, and the interagency agreement to focus on achieving three key results, helped facilitate more effective interagency collaboration around HIV prevention programming with and for adolescents.

Significant changes in 2010 that required strategic shifts in the child protection priorities included: an increased focus on the equitable achievement of the MDGs, highlighting disparities and deprivation of vulnerable families; maturing CO programming skills in developing and implementing child sensitive social protection as a key intervention; increased protection concerns for children in countries affected by political crisis and natural disasters; and emerging priorities, such as children on the move.

**Capacity Development.** The capacity of the African Ministers’ Council on Water, an AU committee is being reinforced to provide political leadership, policy direction and advocacy. Two training events for UNICEF staff on social protection and one on social budgeting were held in 2010. Regional networking has been strengthened through the Social Cash Transfer Implementers Meeting held in Lesotho in September 2010, which brought together implementers from 14 different African SCT programmes to share experiences and discuss common challenges in design and implementation. The virtual network evolving from this meeting aims to create a regional community of practice. An interagency workshop and two joint missions were undertaken with UNFPA to support country offices to prioritise their HIV programming with and for adolescents. In partnership with UNAIDS, capacity development training was provided to UN Country Teams (UNCT) to strengthen their leadership capacity for HIV prevention.

**Advocacy.** The RO used regional and international events such as the AU Summit in Uganda and the MDG Summit at UN HQ to call for stronger investment in social services for children and to meet the commitments made by African governments to allocate 15 per cent of national budgets to health, 20 per cent to education and 0.5 per cent of GDP for improved water and sanitation. In collaboration with the African Union and WHO, ESARO produced a Maternal, Neonatal and Child Health technical report and a ‘snapshot’ to inform the June 2010 African Heads of State summit.

ESARO embarked on a project to introduce into the region a Child Rights Syllabus originally created by The Dublin Institute of Technology for UNICEF CEE/CIS. Zimbabwe and Tanzania are offering the course at UNICEF partner universities, and Mozambique could launch it in 2011.

**Strategic Partnerships.** During 2010, the RO supported strategic partnerships with SADC, UNESCO, UNFPA and UNAIDS on assessing and defining an effective HIV response in the education sector. YCSD continued to work with Harmonization for Health in Africa agencies (WHO, UNFPA, UNAIDS, World Bank, African Development Bank) to strengthen health systems in pursuit of the health MDGs. UNICEF ESARO served as co-chair of the UNDG-ESA regional health group (WHO, UNFPA, UNAIDS) in 2010. A new partnership, Sanitation and Water for All (SWA), that brings together national governments, donors, multilaterals, civil society organizations and other development partners has been established, with the aim to address critical barriers to achieving universal access to sustainable sanitation and drinking water. ESARO is fostering greater UN coherence, not least through its support to the three UN Delivering as One pilot countries in the ESAR (Mozambique, Rwanda and Tanzania).

**Knowledge Management.** ESARO is still evolving its strategic approach to knowledge management, and this should be completed in 2011. In 2010, ESARO provided remote support to Country Offices on DevInfo implementation and direct technical support to the African Union, resulting in the launch of the Africa Info Database. Eighteen of the twenty countries in the ESAR have existing DevInfo adaptations, of which eight are on-line. Support was provided to Madagascar to develop a public access inter-agency knowledge management portal for information sharing, utilising a communities of practice approach.
Communication for Development. In 2010 the regional C4D team provided technical assistance in the area of immunization and polio eradication, particularly in Angola. The RO supported Kenya as the first country to introduce PCV10 vaccine, through social research to inform the training, development of materials and to guide the introduction of this vaccine. Some specific results include:

- Outbreak preparedness plans to respond to pandemic outbreaks and other communicable diseases, including polio and measles, were developed. This led to >95% coverage during polio campaigns in Uganda and 93% awareness.
- The national initiative to address poor coverage of health interventions among Apostolic communities in Zimbabwe led to 96 per cent coverage during a measles campaign.
- KAP data informed the training and communications plan for the introduction of pneumococcal vaccine in Kenya in 2011.
- Youth media participation was enhanced through the establishment of a Junior Reporters Club network with 300 members reaching 22 regions of Madagascar.
- In Burundi the use of community dialogues encouraged community ownership of education and led to enhanced school enrolment (15,526 drop-outs reintegrated and 46,622 over age children enrolled in 2010).
- An estimated 8 million women of child-bearing age were reached with messages about exclusive breastfeeding in Kenya through the Ya Mama Yabamba campaign.

Human Rights-based approach to Cooperation. ESARO commissioned a Regional Overview of the Application of HRAP in the region in 2009 in order to identify opportunities, challenges and good practice. The review found that since its promotion in the early 2000s, HRAP had lost much of its momentum by 2004. In order to give HRAP in ESAR renewed leadership, the RMT requested that ESARO undertake a number of initiatives to launch an HRBAP “renaissance”. Key recommendations from the review included: 1) A post for a Regional HRBAP/Gender Adviser should be established to more effectively coordinate HRAP and Gender in the region; 2) Funding proposals should be aligned with OECD/DAC development principles; 3) All COs should access HuriTalk and monitor against agreed HRBAP/gender indicators; 4) CCAs, UNDAF, PRS processes, global campaigns/initiatives should reflect or include HRAP; 5) “Islands of excellence” in the region should be recognised and supported as good practice examples for replication; 6) Deputy Representatives and/or Chiefs of Planning should be mandated as HRBAP/Gender Focal People, supported by HRBAP/Gender champions, and held accountable (rewarded); 7) Improved HRBAP tools should be developed, and better use of other agency (UN/NGO) experience in HRBAP and collaboration was recommended. The report and recommendations were followed-up in 2010.

Gender Equality and mainstreaming. In 2009 global funds to support work on gender enabled ESARO to provide additional funds to COs; however, no additional resources were provided in 2010 and this limited RO capacity to support COs. In addition, the RO Gender Advisor post established in 2010 was never funded or filled. In February 2010 ESAR sent a delegation to the UNICEF Global Consultation on Gender in Istanbul and prepared a review of all Gender Audits conducted in 2009 for the event. One of the key outcomes of the global consultation was the development of a Strategic Priority Action Plan for promotion of Gender Equality. ESARO participates in the Global Gender Task force on a quarterly basis and provides updates/inputs on the implementation of the SPAP in ESAR. Key innovations / successes in ESAR include efforts to introduce gender responsive budgeting in Malawi, and the introduction of a gender advisor for the cluster implementation in Mozambique.

In 2010 Gender Audits were conducted in Somalia, Kenya, Tanzania and Burundi. In addition, Gender Audits with an emphasis on HIV and OVC were conducted in five countries in southern Africa with a high HIV prevalence and high OVC populations (Botswana, Namibia, Lesotho, Zimbabwe and South Africa). The audits were undertaken with technical support from the International centre for Research on Women; ICRW prepared a synthesis report that analyzed the results from all five countries. In addition ICRW organized a ‘webinar’ (internet seminar) with all the concerned countries to allow an
opportunity for electronic discussion on the outcomes and follow up from the audit processes. In ESAR, twelve countries have now established or are planning to develop Joint Programmes or initiatives on Gender. In 2010, plans were put in place to finalize joint programmes in both Ethiopia and Kenya, while some progress was made in the joint programme plans for South Africa. In addition, a number of countries are establishing Joint Programmes on GBV, including in Burundi and Uganda. Gender Audits of the Education sector were conducted in Zimbabwe, South Africa and Mozambique in 2010.

Environmental Sustainability. Together with NYHQ, ESARO started to address climate change and disaster management; issues that have not been sufficiently integrated across sectors in the region. WASH climate change assessments were conducted in Eritrea, Ethiopia, Madagascar, and Zambia. A Climate Change-related WASH impact report card has been prepared for each country and will be followed by a plan of action for adaptation, advocacy and further support and a Vulnerability and Risk analysis workshop is to be held in 2011.

Reinforcing Results Based Management. ESARO is working with countries to ensure that programme documents (CPD, CPAP and AWPs) have SMART M&E frameworks and IMEPs. The region is also engaging with Headquarters and supporting country offices to roll out the new results framework comprising Program Component Results (PCR) and Intermediate Results (IR).

Improving Strategic Planning, Quality and Use of Evaluations. The evaluation function in the regions is decentralized to countries in line with UNICEF’s Evaluation Policy. In 2010, Country Offices conducted over 150 evaluative studies that provided a wealth of information for programme design, improvement and advocacy. However, management responses were developed for only 44 per cent of evaluations and quality was not always assessed. Support to evaluation Terms of Reference has been provided and all country offices have been advised to enhance this function. In 2011 the RO will: further improve evaluation planning through strengthening quality of IMEPs and use of a management tool; roll out a regional technical assistance facility to assure and improve quality evaluations; and promote the development and follow up of management responses to evaluations.

Enhancing quality and timeliness of Household Surveys. In 2010, ESARO provided extensive support to various phases of Multiple Indicator Cluster Survey (MICS) implementation in six countries and ad-hoc remote support to other household surveys in a further ten countries, ranging from instrument reviews to planning. As a result, the quality of MICS completed in 2010 was improved. Challenges remain in terms of speed of reporting and utilisation of results. In 2011, support will focus on on-going MICS implementation and planning exercises, as well as on equity analysis. Extensive advocacy to inform and prepare COs and countries for data collection activities for MDG reporting is planned.

3.2 Overview of each MTSP Focus Area

MTSP FA1 Young Child Survival and Development

a) Major initiatives

The YCSD section, in collaboration with EQUINET, carried out a retrospective analysis of DHS and MICS data for 19 countries to determine inequities in access to and utilization of essential health services. The analysis revealed both aggregate and accelerated improvements towards achieving the health MDGs since the 1990s. Nevertheless, these gains were achieved with evidence of wide inequities according to residence (province/district/rural), wealth, and levels of maternal education.

Major killers of children in the region are being addressed through the introduction or strengthening of iCCM of pneumonia, diarrhoeal diseases, malaria and acute malnutrition in several countries (e.g. Eritrea, Ethiopia, Malawi, Mozambique, Uganda, Zambia) in collaboration with CIDA and USG. Studies were initiated with Johns Hopkins University to assess the longer-term impacts of iCCM on child mortality.
Pneumococcal vaccines are being introduced in Rwanda and South Africa. Kenya is the first GAVI country to introduce PCV 10 (in January 2011) and six additional countries are planning to introduce it. The rotavirus vaccine has been introduced in South Africa and six additional countries are planning to introduce it.

ESARO provided technical assistance to the development of key analytical documents in collaboration with HHA/IHP+ partners including national strategies and investment cases for the health sector in Zimbabwe, Botswana, Uganda, Rwanda, and Zambia.

An exciting initiative started by UNICEF was working with district offices to implement and assess possibilities for malaria elimination via novel community based malaria surveillance and case detection systems in Ethiopia.

Community-Led Total Sanitation is being implemented in 20 countries in sub-Saharan Africa. This outreach-based approach emphasizes halting open defecation in the community, rather than just focusing on the construction of household latrines.

b) Key results

- Maternal and Neonatal tetanus was eliminated in Mozambique in 2010, bringing the total number of countries that have attained elimination status to 13.
- Integrated measles follow up vaccination campaigns reached over 28 million children in Ethiopia, Comoros, Madagascar, South Africa, Zambia, Zimbabwe, and Malawi.
- In collaboration with partners 14 ESAR countries were supported to revise or develop comprehensive multiyear plans for immunization addressing the identified gaps.
- Ten ESAR countries made a policy shift to permit Community Health Workers to treat pneumonia with antibiotics.
- Full coverage of Vitamin A (2 doses) has increased to an average of 77 per cent in ESAR.
- Ten countries have data showing that malaria morbidity and mortality has been reduced compared to 2000 levels. Data from Ethiopia, Rwanda and Zambia show declines in malaria morbidity and mortality of over 50 per cent.
- The number of countries conducting Child Health Days increased to 19.
- Eritrea, Ethiopia, Madagascar, Malawi, and Mozambique have adopted CATS as a key national strategy to scale up sanitation. Five other countries have taken the first steps towards initiating and/implementing CATS.
- Community-based management of severe acute malnutrition has been expanded to all countries in the region.
- The Mother Baby Pack initiative was launched in Kenya and Zambia and refined in Lesotho.

c) The major partnerships

Global Programme Partnerships.

- ESARO co-chaired the UNDG-ESA Health partnership in 2010.
- In 2010 UNICEF partnered with UNAIDS, WHO, UNFPA, UNDP, PEPFAR and others to support countries to re-programme existing Global Fund resources to support PMTCT acceleration towards virtual elimination by 2015 in high HIV burden countries (South Africa, Kenya, Mozambique, Tanzania, Zambia, Ethiopia, Malawi, Uganda, Swaziland, Botswana, Namibia, Lesotho, Zimbabwe, Angola and Burundi).

Regional and sub-regional inter-governmental bodies.

- ESARO strengthened its partnerships with SADC and East African Community to build capacity and leverage their comparative advantage to obtain recognition and support for
PMTCT and paediatric HIV care in the member states. UNICEF has an HIV technical officer within the SADC Secretariat focusing on paediatric HIV prevention and care.

United Nations agencies.
- A WASH interagency cholera / Acute Watery Diarrhoea agreement has been signed between Oxfam GB, UNICEF, WHO and OCHA to better support countries.

d) Common constraints
Common challenges encountered in the region include: slow pace of policy reforms; weak health systems; inadequate budgetary provision; low quality service delivery; acute human resource crises; high prevalence of stunting; and low access to and utilization of health services.

The main challenge in immunization was sustained wild poliovirus transmission in Angola and recently in Uganda. In 2010 about 14 countries were affected by measles outbreaks as a result of gaps in routine immunization services, suboptimal coverage during recent SIAs, declining financial commitment from partners and governments and the existence of resistance / objector groups who refuse vaccination in southern African countries.

The main bottlenecks for iCCM have been lack of national policies to allow Community Health Workers to treat pneumonia using antibiotics, and slow progress in developing strategies for integrating case management of pneumonia, malaria and diarrhoea at community level. This is now changing with several countries developing new iCCM strategies and implementation plans. However a major constraint for some countries, such as Zambia, Rwanda, Tanzania and Kenya is lack of funding both in the UNICEF COs and at the Ministries of Health.

Virtual elimination of MTCT HIV transmission from countries in the region is achievable; however, more resources are required to strengthen health systems and fund programmes that are now required to deliver more complex interventions.

Sanitation progress is impacted by a lack of appropriate policies, strategies and mechanisms and insufficient human and financial resources. UNICEF Country Offices are facing insufficient multiyear funding to support continuous sector development and to scale up WASH activities.

e) Validated good practices and any lessons learned
The economic evaluation of Child Health Days in Somalia concluded that using CHDs as a platform for delivery of child survival interventions in a conflict setting, despite the high operational costs, provides good value for money. Annual National Paediatric HIV conferences have been used to advocate for HIV interventions for children, including PMTCT and paediatric HIV care at national level. Rwanda is the pioneer and UNICEF has supported Uganda and Tanzania to introduce them.

f) “Value added”
The renewed emphasis on equity in health, together with efforts by WHO, UNICEF and other partners to revitalize Primary Health Care, has taken on increasing importance in ESARO. The RMT Regional Leadership group for strategic positioning of YCSD articulated strategic priorities, namely: building a ‘knowledge centre’ for information on YCSD, identifying learning and training opportunities, delivering on specific and time-bound regional priorities, strategic partnerships, technical support, and integration.

UNICEF ESARO convened a regional UNITAID consultation meeting following the decision by UNITAID to end their support for PMTCT by 2011. The meeting helped UNICEF to facilitate planning for the one-year extension in four countries. Practical approaches and challenges to developing transition plans were shared. UNITAID PMTCT continued to provide significant support for antiretroviral drugs and commodities to scale up quality PMTCT in eight countries in the region.
MTSP FA2

a) **Major initiatives**
The RLA overview document reinforces the need to move away from projects to sector wide approaches, through mainstreaming Child Friendly Schools (CFS) principles, informed by an evidence-based focus on equity and quality for all children. A regional strategy has been developed to support a decentralised approach to marginalised populations, including for the pastoralist communities that predominate in the countries with the largest numbers of out of school children (Ethiopia, Somalia, Kenya, Eritrea). UNICEF continues to play a key role in supporting government membership of the Fast Track Initiative in the region.

b) **Key results**
- A regional evaluation on UNICEF’s effectiveness in partnerships at the sector level, involving five countries, was conducted in 2010.
- ESARO supported a review of teacher education and management in three countries as part of the overall emphasis on enhancing the evidence base for systemic approaches to addressing quality and equity.
- UNICEF played a critical role in managing large trust funds in three countries experiencing difficult political situations (Madagascar, Zimbabwe and Somalia) to ensure that children still access education, despite difficult circumstances. Evaluations will take place in 2011.
- Fourteen countries now have finalised ECD policies, 14 have gender audits to influence sector plans, all countries have EPRPs, and several countries have developed or are developing national minimum standards for primary education.
- The Education Section produced a concept note on the education response to climate change and a multi-sectoral support strategy for Early Childhood Development with an equity focus.

c) **Major partnerships**
Major regional partnerships include: SADC on Care and Support for OVC, FAWE on girls education, save the Children on EPRP, SACMEQ on learning assessment, UIS on Out of School Children, UNESCO on HIV/AIDS Prevention and Care and Support for OVC, corporate sector on CFS/quality improvement.

d) **Common constraints**
Constraints include the need to adapt the approach to CFS so that it responds to varied donor expectations and to the Paris Principles. Considerable progress has been made in this area and a pragmatic approach that responds to the specific context appears necessary; this is linked to lack of evaluation on the effect and cost of CFS as a scalable approach. Inadequate M&E was highlighted by a global evaluation on use of Dutch M&E funds, which noted a lack of data reliability and inadequate use of mainstream data.

Ensuring inter-sectoral approaches to children’s issues continues to be a struggle. Maintaining focus can be problematic as UNICEF is being asked to address many issues due to a lack of other partners, not least in small states (e.g. Eritrea and Comoros) and Middle-Income Countries that have wide disparities, e.g. Lesotho and Swaziland. Some of these constraints are being addressed, at least incrementally, with guidance and support provided by BEGE section in ESARO.

While thematic funding for education has continued, but funding for ECD has come to an end while funding for EIE is also due to end in 2011 and CFS funds are only available to mid 2012.

e) **“Value added”**
Support to enhanced evidence-based planning has been provided at the country office level through technical assistance, e.g. in Ethiopia and Comoros, while the region is also part of the global Out of School Children Initiative (OOSCI) which should enhance the quality of analysis and policy related
to OOSC. Extensive support has been provided to enhance SITANs (e.g. in Ethiopia and Namibia). Support was provided to COs to identify quality consultants and for the recruitment of Chiefs of Section in Angola, Kenya, Malawi, Rwanda, and Tanzania. ESARO Education section provided support for: policy and curriculum development in ECD in several countries; EPRP in all countries; sector planning in several countries (Ethiopia and Comoros now have equity-focused plans); sharing of experiences in mainstreaming CFS; and life skills education, including evaluation of impact in several countries in Southern Africa.

MTSP FA3 Children and AIDS

a) Major initiatives

- Strengthening the quality and impact of evidence-based national HIV and AIDS plans, frameworks and responses and the capacity of key institutions and stakeholders. Development of HIV and AIDS National Strategic Plans was supported in Zimbabwe and Namibia. Tanzania’s National HIV Policy was revised and development of a National HIV Prevention Strategy for Lesotho was supported, to ensure a focus on adolescent girls. UNDAF/CPD development was supported in Malawi, Swaziland, Tanzania, and Zambia.
- Accelerating scale-up of national PMTCT programmes, follow-up care for HIV-exposed infants, and care and treatments of children, and adolescents living with HIV. Countries have identified facilitating factors and bottlenecks and developed plans of action.
- UNICEF partnered with UNAIDS, WHO, UNFPA, UNDP, and PEPFAR to support reprogramming of Global Fund resources in support of PMTCT acceleration in high burden countries (South Africa, Kenya, Mozambique, Tanzania, Zambia, Ethiopia, Malawi, Uganda, Swaziland, Botswana, Namibia, Lesotho, Zimbabwe, Angola and Burundi). UNICEF strengthened its partnership with SADC to build capacity and leverage for recognition and high level support for PMTCT in the member states. UNICEF now has an HIV technical officer within SADC Secretariat focusing on paediatric HIV prevention and care under the ADB/SADC-UNICEF project.
- Advocacy and Mobilization: Within UNDG–ESA’s (RATESA) HIV Prevention cluster, UNICEF has been influential in ensuring PMTCT remains a priority agenda for the UN regional offices and works with key regional and national partners to implement PMTCT scale up strategies.
- Scaling up services: ESARO supported development of national PMTCT scale up plans in Uganda and Burundi, and MBP roll out plans in Kenya and Zambia. ESARO supported the implementation of the UNITAID initiative in Malawi, Tanzania, Zambia, Rwanda, Lesotho, Swaziland, Uganda, Zimbabwe aimed at scaling up more efficacious regimens for PMTCT and EID. All countries were supported with the implementation of provider initiated testing and counseling (PTC) in ANC and delivery wards for pregnant women, children in paediatric wards, and nutrition centres. Some countries such as Kenya, Uganda and Malawi have embarked on community HIV testing and counseling targeting households.
- Strengthening the evidence base: All ESAR countries were supported to strengthen understanding of the UNGASS indicators and to improve completeness and accuracy in the reported data. RapidSMS technology is being piloted in Malawi and Zambia to improve health outcomes for women and children in high HIV settings. Malawi and Tanzania conducted feasibility studies for implementation of New WHO guidelines.

b) Key results

- The HIV section established a regional technical support mechanism for strengthening national monitoring and evaluation systems for the protection, care and support of orphans and other vulnerable children.
- Following an analysis of the risk and vulnerability of adolescent girls to HIV infection and trends in knowledge and behaviours in 14 countries, ten countries have now prioritized their HIV prevention programming around most at risk adolescent girls.
• Five countries (Botswana, Lesotho, Malawi, Swaziland, and Tanzania) have initiated and started to roll out large scale HIV prevention interventions that focus on behaviours that drive the epidemic in the region. Botswana is implementing an HIV testing and condom promotion campaign. Swaziland rolled out a targeted age-specific campaign on five key behaviours. Lesotho implemented the Red Card campaign with Grassroots Soccer and produced 26 episodes of multimedia communication materials. Malawi implemented the life skill plus Sister to Sister initiative which focuses on risk perception.

• Acknowledgement of the fact that adolescent girls are acquiring HIV from older men led to assessment and advocacy around the behaviour of men 5 to 10 years older, and the support for the sub-regionalization of approaches to address this population group (the scale up of the South Africa Brothers for Life campaign, to Zimbabwe, Zambia, Malawi and Tanzania, in partnership with John Hopkins, UNAIDS and USG).

• Four countries (Kenya, Swaziland, Zambia, and Rwanda) have developed and are implementing national social mobilisation campaigns around safe male circumcision. Public acceptance of medical circumcision increased in 15 countries through joint work with UNAIDS and WHO and a toolkit for effective social mobilisation finalised and rolled out regionally. Lessons learned on social communication around male circumcision in Zambia and Kenya were developed and shared within the region. Partnerships were initiated with Impact Project in Kenya and South Africa AIDS Information Dissemination Network in Zambia to scale up targeted youth mobilisation for MC acceptance.

• The development of the joint framework for action and the specific business case on empowering young people around HIV prevention has been an effective tool for UNICEF to leverage our country offices, UNCTs and national partners, to reassess and re-prioritise HIV prevention responses for most-at-risk adolescents.

c) Major partnerships

Regional and sub-regional inter-governmental bodies. With SADC, UNICEF has supported the HIV and AIDS Strategic Framework and Business Plan, developed Interagency HIV Prevention Working group recommendations for member states and partners for scaling up MCP programming, developed the OVCY Framework and Business Plan, and the OVC/Y Minimum Package and regional situation analysis. Joint work with SADC, NYHQ and UNESCO also refocused the education sector on a comprehensive response to HIV and AIDS. UNICEF continues to serve as the secretariat for the Regional Interagency Task Team on Children and AIDS. With EAC, UNICEF provided technical support to the East African Legislative Assembly on the development of HIV Legislation and provided technical support related to regional OVC programming.

In partnership with REPSSI, the African Centre for Childhood (ACC) and the University of KwaZulu Natal (UKZN), with support from AusAID and DFID, an innovative distance learning course, “Working with Children, Families and Communities affected by HIV and AIDS, Conflict, Poverty and Displacement in Africa”, was developed and was awarded an accreditation certificate from UKZN. The course was piloted in 8 countries (Lesotho, Malawi, Swaziland, Tanzania, Uganda, Namibia, Zimbabwe and Zambia) with 553 students participating.

An HIV education sector review was conducted in partnership with SADC, UNESCO and other regional bodies, resulting in strategic assessment of the education sector response to HIV programming and new perspectives on life skills design and implementation. In partnership with NYHQ, a new vision and focus for HIV prevention in the region was developed in line with the UNAIDS business case and IATT guidelines.

Joint work was undertaken with UNAIDS and WHO, around the engagement of young men in the development of HIV prevention male circumcision programmes in three countries.
Corporate Alliances. A Memorandum of Understanding was signed with Johns Hopkins, which involved the Spanish and UK National Committees and Barcelona and Manchester United Football Clubs, in support of the regionalisation of the Brother for Life initiative, an appreciative approach media campaign which focuses on men and their responses to risky sexual behaviours.

ESARO-supported strategic partnerships include: the Africa Broadcast Media Partnership on AIDS; a Pan-African coalition of more than 60 public and commercial broadcast companies across 38 countries, including almost all ESAR countries (with the exception of Eritrea, Somalia and Comoros). Members of the coalition reach an estimated combined audience of some 200 million people. Member companies commit themselves to dedicate a minimum of 5 per cent of daily airtime to HIV/AIDS programming and choose an HIV-related theme on which to focus during the year. In 2010/2011 the focus is on PMTCT.

UNICEF engaged in a partnership with the news agency Inter Press Service (IPS) around a project called “Children on the frontline” to highlight the needs and issues facing children infected and affected by HIV/AIDS.

d) Common constraints
A major challenge was balancing the technical support needs of UNICEF country offices, which often have a project focus, with the need to support wider UN coherence, interagency and national level HIV prevention programmes. The introduction of the UNAIDS Business Case on empowering young people for HIV prevention, in the second half of 2010, provided an effective lever for engaging UNICEF COs, UNCTs and their partners around better prioritisation and the need to scale up more results-focused approaches to HIV prevention.

Weak M&E systems at country level, as well as lack of adequate understanding of PMTCT indicator definitions continue to contribute to the poor quality of data. On-line submission of UNGASS and UA data template bypassed the regional offices the opportunity to have the data reviewed and certain mistakes corrected before submission at global level was unfortunately missed.

The capacity of line ministries responsible for vulnerable children continues to be a significant hindrance to the implementation and management of coordinated, comprehensive, multisectoral national responses. Inadequate government-civil society partnering continues to constrain the potential impact of civil society on delivering national plans of action for children, and continues to hinder the monitoring and evaluation of program coverage and impact.

e) “Value added”
Together with UNICEF and WHO HQ and GNP+, the RO supported an expert consultation that generated evidence for effective HIV programming with and for adolescents living with HIV, especially those who were vertically infected.

Technical support missions to 15 of 20 countries in the region were conducted to strengthen the capacity of UNICEF offices and partners to apply an evidence-informed response on HIV prevention with and for adolescents. The HIV Prevention Unit developed Programming Information Notes, to help country offices and partners support evidence informed approaches on achieving key results of the UNAIDS business case on young people: undertaking condom promotion; supporting risk reduction counseling; applying behavioural and social change communication; and strengthening school based life skills plus prevention responses.

f) Validated good practices and lessons learned
- Use of age and sex disaggregated data on HIV prevalence and risk behaviours of adolescents and young people was very effective in helping country offices to assess their response and refocus their prevention programs towards most-at-risk adolescents.
The assessment of education sector policy and programmatic response to HIV, undertaken jointly by UNICEF, UNESCO and SADC, was effective in engaging UNCTs and education sectors around a reanalysis and reprogramming of the current response in 11 countries.

The distance learning course, “Working with Children, Families and Communities affected by HIV and AIDS, Conflict, Poverty and Displacement evaluation conducted by The South African Institute for Distance Education (SAIDE) revealed overwhelmingly positive perceptions regarding the delivery methodology and impact of the programme on improved practices of those working with OVC. SAIDE found that the project has had unprecedented success for a distance education programme with 90% (495) of students who enrolled, completing the programme. Critical success factors were: among others, strong collaboration among partners and in country support, well designed learning materials, sound management of the decentralized student support model, an appropriate assessment strategy and proactive and responsive central coordination during the initiation and implementation of the project.

The Sisters to Sisters intervention demonstrated that an intensive, 14 hour, peer-led sexual health skills development intervention was simple to implement and very easy to scale up and had sufficient impact on knowledge and reported behaviours, even after six months. The intervention demonstrated increased comprehensive knowledge, increased condom use, and increased self-efficacy around utilizing HIV testing services among the intervention group of secondary school girls 15-18 years of age.

The assessment of education sector policy and programmatic response to HIV, undertaken jointly by UNICEF, UNESCO and SADC, was effective at engaging UNCTs and education sectors around a reanalysis and reprogramming of the response in 11 countries.

MTSP FA4

a) **Major initiatives**

Violence Against Children: The UNSG 2006 study and call to document and respond to the epidemic of violence against children (VAC) was sub-Saharan Africa’s first population-based survey to measure the magnitude, context and nature of sexual, physical and emotional VAC. Tanzania (2009) and Kenya (2010) have completed the study and results from Zimbabwe and Malawi are expected by the end of 2011, representing one quarter of countries in the region. The study planning and implementation processes and the evidence generated, have harnessed national level support and ownership and improved coordination among international agencies.

Birth Registration: The Africa-wide partnership for the Improvement of Civil Registration and Vital Statistics initiated by UN-ECA, AUC, AfDB, in collaboration with UNSD, UNICEF, UNFPA, UNHCR and WHO Health Matrix Network has given greater urgency and impetus to strengthening birth registration systems. Within ESAR the five countries with the lowest coverage are being prioritised, using a multi-country strategy in partnership with the health sector that builds on high immunization rates in many countries and utilises digital technology to improve access and reduce costs currently involved with registration.

b) **Key results**

Seven countries (Angola, Burundi, Ethiopia, Malawi, Rwanda, Tanzania and Zambia) utilize the inter-agency global toolkit on mapping child protection systems as part of child protection system reform. Political and conceptual consensus has been attained among duty bearers, especially from Government Ministries with obligations for child protection. Children affected by HIV/AIDS benefited from the largest regional CABA programme in nine countries (Angola, Botswana, Lesotho, Namibia, Malawi, Mozambique, South Africa, Swaziland and Tanzania) through strengthening of national capacity and community responses and increased access to basic services for vulnerable children. This programme also provided an opportunity for ‘ground truthing’ global policy frameworks and commitments on how to protect children affected by HIV and AIDS.
Social cash transfer programming has expanded. Mozambique reached a further 100,000 children with the PSA, the Lesotho Child Grant rolled out to 4,752 households, the Kenyan OVC CT programme reached a further 11,000 households (total 86,000), the Malawi poverty grant expanded from 7 to 10 districts, and in Zambia social cash transfers were scaled up and a new five-year child grant was introduced in the three districts with the worst under-five mortality rates.

The Transfer Project, a joint multi-country research project on impact of social cash transfers, has completed a study on targeting approaches in Kenya and provided technical assistance to evaluations in Ethiopia, Lesotho, South Africa, Zambia and Zimbabwe. Evaluations of cash transfer programmes were designed for Malawi and Kenya.

Nine countries are undertaking legal and policy reform as part of a process to mainstream justice for children in line with the Secretary General’s Guidance Note on the UN Common Approach to Justice for Children. Botswana, Tanzania and Malawi are working on implementation plans; and in South Africa the implementation of the costed plan has started. Kenya, Lesotho, Namibia, Mozambique, Swaziland and Uganda continued to work on amendments to existing Acts or preparation of new bills to ensure better harmonization with the UN CRC and the ACRWC. Swaziland, Tanzania, Kenya, Zimbabwe, Malawi, Uganda and Mozambique are working on programmes for VAC prevention and remedial services nested within national child protection systems.

Eritrea, Ethiopia, Kenya, Somalia and Uganda are working on programmes to strengthen legal norms and promote social change to accelerate the abandonment of female genital mutilation / cutting (FGM/C). In Kenya the FGM/C Abandonment Cabinet Policy was approved and a FGM/C Bill drafted. Social mobilization activities resulted in public declarations on the abandonment of FGM/C in Eritrea, Ethiopia, Kenya, Somalia and Uganda and education and training materials on social change were developed in Eritrea and Uganda.

Somalia remains the only country on the Annex 1 list of the Secretary General’s Report on CAAC (a UN Security Council agenda item). Both Burundi and Uganda, who were removed from the list, continue to implement the action plans. Uganda developed a monitoring and reporting plan in collaboration with other UN agencies on Lord’s Resistance Army activities in Central African Republic, Democratic Republic of Congo and South Sudan. A regional review of Security Council Resolution 1612 implementation, involving the three countries still listed in the SRSG’s Report on CAAC (Burundi, Uganda and Somalia) was carried out.

c) Major partnerships
Regional and sub-regional inter-governmental bodies. A regional Inter-Parliamentary Union workshop for members of parliament from 13 countries on child-sensitive social protection was convened and priority actions for countries were identified. Policy development for SADC countries on a Minimum Package of services for OVCY and the Regional Framework for Psychosocial Support are being pursued. The scaling up of birth registration will benefit from the continental partnership with UN-ECA, AUC, AfDB, UNSD, UNICEF, UNFPA, UNHCR and WHO Health Matrix Network to strengthen National Civil Registration and Vital Statistics systems.

Civil society organizations. National governments and civil society are forming partnerships in Kenya, Malawi, Mozambique, Swaziland, Tanzania, Uganda and Zimbabwe to tackle the global epidemic of violence and are linking up with the global “Together with Girls” Campaign. Child HelpLine International, a network of agencies running telephone hotlines through which children report abuse and violence is another partnership established around the regional work on VAC.
Harvard University and the Professionals in Humanitarian Action and Protection (PHAP) organized a one-week training on IHL and a thematic workshop on Children in Armed Conflict as part of a regional partnership. Funding from PEPFAR was received in Lesotho, Swaziland and Uganda.

d) **Common constraints**
Securing the political will to transform cash transfer pilots into programmes with national coverage of all vulnerable children continued to be elusive due to government concerns on affordability, fiscal space and fear of dependency. Securing funding for upstream policy reform work, especially in middle-income countries, remains problematic. In low resource countries concerns over lack of fiscal space for strengthening child protection system reform is delaying political commitment to the mapping process. This will be further exacerbated with the end of the Children and AIDS Regional Initiative and the shift in the financing landscape for HIV response away from protection, care and support programmes towards PMTCT and Paediatric AIDS in pursuit of virtual elimination. In some countries, delays in the enactment of child protection legislation reform hinder the development of a multi-sectoral system to respond to violence, abuse and exploitation of children. Lack of capacity and models to address social norms have limited efforts to prevent violence against children.

e) **“Value added”**
Nine countries benefited from intensified technical support and regional resource mobilization efforts. CARI created the space for strengthened regional learning and policy and programming capacity of partners in relation to children affected by AIDS. Through a Technical Support Facility for birth registration, five countries received technical support to study options for scaling up coverage and completeness in partnership with the health sector and through the use of ICT. Advocacy with UN ECA, AUC, AfDB resulted in the inclusion of birth registration as one of four critical events (out of a global total of eight) for prioritisation in national plans for the improvement of Civil Registration and Vital Statistics. Child Protection is a Regional Leadership Agenda item, with five key strategic priorities. Countries working on the same strategic priorities will be able to share experiences and use common technical support facilities.

**MTSP FA5**

a) **Major initiatives**
A concept note on the impact of the global financial (3F) crisis in the ESAR region was written, disseminated and updated at the end of 2010 and concluded that the hardest hit countries were South Africa, Swaziland, Lesotho, Botswana and Namibia. Studies of impact at the community level or on children have been undertaken or put in place in Botswana, South Africa and Zambia. Two separate mailing lists were maintained for regional staff interested in social protection and social policy. Weekly newsletters shared recent literature and news with social policy staff and all UNICEF staff in the region, including most Deputy Representatives.

b) **Key results**
- Social budgeting, public finance and/or public expenditure reviews have been carried out in nine countries in the region. Kenya, South Africa and Mozambique have conducted the most sophisticated analyses to date. Kenya has continued with social policy budgeting and SIR work to influence budget allocation, including through positioning a Social Policy Adviser in the Treasury and developing a Budget Performance Monitoring Framework.
- Child poverty assessments were undertaken in six countries and situation analyses updated in two countries and completed in a further five.
- A regional profile on child well-being has been undertaken and support given to innovative empirical analysis on women and children in Mozambique.
- Madagascar completed a Peace and Conflict Impact Assessment reviewing the inter-relation between development aid and conflict drivers in the country.

c) **Major partnerships**
In Social Protection, the UK Department for International Development (DFID), the European Union, the World Bank, Help Age International, ILO and Save the Children UK are major partners. The World Bank, the IMF, FAO, Save the Children, ILO and Help Age are important partners in advocacy, research and operations.

d) **Common constraints**
Social Protection policies are more easily written than passed by Cabinet, made into legislation or operationalised. Countries outside southern Africa are still wary of taking on such a major financial commitment and prefer to leave the funding to donors.

e) **Validated good practices and lessons learned**
Lessons learned include the importance of qualitative work to complement quantitative work, as in the evaluation of the South African Child Grant Programme currently underway with support from the Transfer Project. Note has also been taken of the difficulties faced by non-technical functionaries in contracting IE expertise and the need for honest brokers to act as intermediaries.

f) **“Value added”**
ESARO’s social policy unit was heavily involved in providing technical assistance to the development of cash transfer schemes and social protection approaches in the country offices. In this sense, policy and programmatic guidance from ESARO in Social Protection enabled Country Office staff to understand better where Social Protection fits within the agency’s mandate, to experience the power of evidence-based programming and advocacy, and to be able to prepare engagement strategies in the sector. The Regional Office played a major role in facilitating the sharing, understanding and interpretation of information and experiences and in promoting research and policy analysis, which support the design, implementation and advocacy of programmes and policies. The regional response to the issue of equity has been led by the RO, with a report prepared and disseminated to country offices.
4. Management and Operations

4.1. Overview of achievements during 2010 against the Regional Office Management Plan (ROMP) for the biennium 2010-2011 and the 2010 Annual Work Plan

Summary ROMP 2010-2011

<table>
<thead>
<tr>
<th>Expected Results of the Division/Office* (2010-2011)</th>
<th>Key performance indicator</th>
<th>Target value</th>
<th>2010 status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Function 1: Programme Guidance and Oversight</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expected Result 1.1:</strong> ESARO is aware of all Country programmes in the region that are not operating at maximum efficiency and effectiveness for protection, respect and fulfilment of children’s rights, attainment of MDGs/MD and CCCs in ESAR and takes corrective action within its remit.</td>
<td>% of CPD Summary Result Matrices reviewed by RO at mid term and end of cycle</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% of MTRs, JSRs with clear recommendations</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% of Joint Strategic Meetings, Reviews and Evaluations with ESARO participation</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of requests for oversight intervention from COs or RCs acted upon</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of annual reports assessed with less than 20% items incomplete or partially complete</td>
<td>20/20</td>
<td>16/20</td>
</tr>
<tr>
<td></td>
<td>% of major CO and RO ToRs and evaluations that RO has reviewed and approved</td>
<td>80%</td>
<td>No data*</td>
</tr>
<tr>
<td></td>
<td>Number of RO TA missions to COs that submit less than 80% of donor reports on time</td>
<td>At least 1 per country office per year</td>
<td>Not Applicable &gt;80%</td>
</tr>
<tr>
<td></td>
<td>% of humanitarian situations for which ESARO assessed CO response and identified additional actions where necessary</td>
<td>100%</td>
<td>(6 COs undertook ‘Level 2’ response)</td>
</tr>
<tr>
<td></td>
<td>% unsatisfactory audit findings that have been given ESARO support to resolve</td>
<td>100%</td>
<td></td>
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<tr>
<td></td>
<td>% of audit exit meetings that are attended by ESARO staff</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of non-MOSS compliant offices (including zonal offices) that have received follow-up support from ESARO</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of vacant posts in ESAR where RO has provided support and / or temporary solutions to the CO (excluding non-funded posts)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% of CPMP reviews by ESARO (TRT) completed on time to permit CO finalisation before PBR</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Function 2: Quality Assurance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expected Result 2.1:</strong> All 20 Country Offices are receiving regular and timely support in producing quality programmes, strategies, and in the implementation of UNDAF and UNICEF CPs. (to be assessed against best practices, standards and norms that are demonstrated by current evidence</td>
<td>% of missions by RO staff that are for oversight or quality assurance purposes</td>
<td>20%</td>
<td>19.3%</td>
</tr>
<tr>
<td></td>
<td>% of UNDAFs for which UNICEF contributed to development and/or critical review through RDT/QSA</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% of countries with health MDGs tracking system that does not report regularly followed up</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Regional Office reviewed and commented on the ToRs for evaluations on request from country offices. However, moving forward, a regional Evaluation Quality Assurance System has been put in place.
<table>
<thead>
<tr>
<th>Expected Results of the Division/Office* (2010-2011)</th>
<th>Key performance indicator</th>
<th>Target value</th>
<th>2010 status</th>
</tr>
</thead>
<tbody>
<tr>
<td>across six regional priority areas:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Young Child Survival and Development;</td>
<td>Number of RO TA missions</td>
<td>At least 1</td>
<td>Not applicable. All reports satisfactory or better</td>
</tr>
<tr>
<td>(2) Basic Education and Gender Equality;</td>
<td>to COs that submit donor</td>
<td>per year</td>
<td></td>
</tr>
<tr>
<td>(3) Prevention of HIV and AIDS;</td>
<td>reports that are rated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Social Policy and Social Protection</td>
<td>less than satisfactory in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including child protection); (5) Emergency</td>
<td>terms of established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>preparedness and response; (6) UN Coherence)</td>
<td>standards and requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>Expected Result 2.2:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best possible quality assured of processes and</td>
<td>Number of HR submissions</td>
<td>60/90</td>
<td>150</td>
</tr>
<tr>
<td>decisions in all 20 COs related to human</td>
<td>from COs reviewed and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>resources, operations, ICT, property, security</td>
<td>feedback given to improve</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of combined</td>
<td>(target = 4)</td>
<td>1 OPS-HR</td>
</tr>
<tr>
<td></td>
<td>Operations-HR-ICT missions</td>
<td></td>
<td>6 OPS-Supply-ICT</td>
</tr>
<tr>
<td></td>
<td>undertaken, reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>prepared, per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Function 3: Technical Assistance and Capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development**</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Expected Result 3.1:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country office and other UN offices are better</td>
<td>% of trips by RO that are</td>
<td>50%</td>
<td>45.5%</td>
</tr>
<tr>
<td>able to plan, manage, implement, monitor,</td>
<td>are for technical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>evaluate and report in their technical areas,</td>
<td>assistance, capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>including in new upstream, partnership and UN</td>
<td>strengthening (non-RO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coherence fora across six regional priority areas:</td>
<td>% of technical areas for</td>
<td>target 50%</td>
<td>98% satisfactory or higher</td>
</tr>
<tr>
<td>(1) Young Child Survival and Development;</td>
<td>which “good or very good”</td>
<td>good or very</td>
<td></td>
</tr>
<tr>
<td>(2) Basic Education and Gender Equality;</td>
<td>rating is achieved in annual</td>
<td>good or very</td>
<td></td>
</tr>
<tr>
<td>(3) Prevention of HIV and AIDS;</td>
<td>client satisfaction survey</td>
<td>good or very</td>
<td></td>
</tr>
<tr>
<td>(4) Social Policy and Social Protection;</td>
<td>and % for which “satisfactory” or higher is achieved</td>
<td>satisfactory or higher</td>
<td></td>
</tr>
<tr>
<td>(5) Emergency preparedness and response; (6) UN</td>
<td>Quality of regional</td>
<td>(target = Rank of 3.5/4)</td>
<td>No quantitative data</td>
</tr>
<tr>
<td>Coherence.</td>
<td>workshops, training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>events and other learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>opportunities organised</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>by ESARO as assessed by</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>client satisfaction survey</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>and by workshop evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of CO sectoral</td>
<td>(target = 2-3 sectoral</td>
<td>Not realistic to monitor this indicator. 19/20 COs provide PSM Capacity Development</td>
</tr>
<tr>
<td></td>
<td>work plans and strategies</td>
<td>work plans or strategies in each of 20 COs incorporate supply chain)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>that incorporate supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>chain results and activities, by MTSP area,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>after RO follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of peer review</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>missions or meetings</td>
<td>Angola</td>
<td></td>
</tr>
<tr>
<td></td>
<td>conducted, by purpose or</td>
<td>Comoros</td>
<td></td>
</tr>
<tr>
<td></td>
<td>type of review</td>
<td>Rwanda</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Swaziland</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>South Africa</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Botswana</td>
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<tr>
<td></td>
<td></td>
<td>Lesotho</td>
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<tr>
<td></td>
<td></td>
<td>Madagascar</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>Expected Result 3.2:</strong></td>
<td>Number of RO TA missions</td>
<td>target = 15</td>
<td></td>
</tr>
<tr>
<td>Country office counterparts (government or NGO)</td>
<td>or capacity strengthening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and regional bodies are assisted in specific</td>
<td>events that directly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>technical areas as requested by the COs or UNCTs</td>
<td>improve capacity of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(through RCOs and RDT)</td>
<td>non-UN duty bearers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>at regional, national,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>subnational levels</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>modalities, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

5 ‘Clients’ recommendation is that network meetings and training programmes should be of a minimum duration of one week.
<table>
<thead>
<tr>
<th>Expected Results of the Division/Office* (2010-2011)</th>
<th>Key performance indicator</th>
<th>Target value</th>
<th>2010 status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expected Result 4.1:</strong> Positions and mandate of UNICEF and/or situation and needs of children and women in countries in the region communicated clearly with priority attention to: (1) Young Child Survival and Development (accelerating actions towards achievement of health related MDGs) (2) Basic Education (3) HIV and AIDS; (4) Social Policy and Social Protection; (5) Impact of emergency situations on children.</td>
<td>Number of key global and regional advocacy or fundraising events where UNICEF ESAR was actively represented, disaggregated by regional priority area</td>
<td><strong>YCSD:</strong> 2 regional press releases on measles outbreaks in Southern Africa and the Global Handwashing Day. AU Summit, MDG Summit, TICAD conference, Zambian Children’s Climate Conference. HIV and AIDS: 1 press conference organized on the Universal Access Report launch</td>
<td></td>
</tr>
<tr>
<td><strong>Function 5: Partnerships and coordination</strong></td>
<td>Status of integrated external communication plan</td>
<td>Mapping of regional partnerships and strategy developed</td>
<td></td>
</tr>
<tr>
<td><strong>Expected result 5.1:</strong> COs facilitated and supported in the development and maintenance of strategic partnerships at national levels</td>
<td>Status of regional partnership mapping and strategy, by programme area</td>
<td>Mapping of regional partnerships and strategy developed</td>
<td>Mapping done, individual partnerships initiated or enhanced, strategy development postponed</td>
</tr>
<tr>
<td>No of corporate alliances that were established with RO support</td>
<td>No of corporate alliances that were established with RO support</td>
<td>Initial contact with 8 Chinese companies facilitated with Angola CO.</td>
<td></td>
</tr>
<tr>
<td><strong>Function 6: Knowledge management and intellectual leadership on children’s issues</strong></td>
<td>% of OR and RR spent on research and evaluation in ESARO and in the region</td>
<td>7-10%</td>
<td>Data not available</td>
</tr>
<tr>
<td><strong>Expected result 6.1:</strong> Culture and incentives within ESARO and its 20 COs established for harvesting, assessing, selecting, disseminating and promoting usage of</td>
<td>Number of professional staff in region participating in research-oriented training p.a.</td>
<td>target = 100%</td>
<td>Data not available</td>
</tr>
</tbody>
</table>
## Expected Results of the Division/Office* (2010-2011)

<table>
<thead>
<tr>
<th>Key performance indicator</th>
<th>Target value</th>
<th>2010 status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status of cross-regional statistical databases</td>
<td>At least one African database shared across regions</td>
<td>ESARO DevInfo maintained</td>
</tr>
</tbody>
</table>

### Expected result 6.2:

**Strengthened evidence-based programming and policy guidance to COs, including in emergency preparedness and response**

- Number of surveys per year at regional, sub-regional or country levels supported by TA, QA or CD from ESARO: 20 vs. 16
- Number of people trained in emergency M&E p.a. by ESARO or ESARO with partners: 150 vs. N/A

### Function 7: Promoting and facilitating UN Coherence

#### Expected Result 7.1

Strong UNICEF contribution to the Regional UNDG, in order to mobilize, rationalize and leverage regional UN assets in support of UNCTs’ assistance to countries in their efforts to achieve MD/MDG-based national priorities; and to work strategically with our partners to identify and act upon regional priorities.

- % of UNCT requests for assistance from the RDT, to which UNICEF contributes assistance: 50% vs. n/a
- % of all official trips that are undertaken by ESARO staff, that are joint missions with staff of other UN Agencies: 40% vs. Not captured by TAM
- % of regional training courses, workshops and network meetings that include updated material on UN Coherence, Delivering as One: 75% vs. RMT yes, PPP yes, DROPS yes

#### Expected Result 7.2:

With other members of the Regional UNDG, UNCT requests fulfilled; regional partnerships harmonized and strengthened; regional and sub-regional programmes made operational; pilot countries for “One UN” implementation provided with special support; RC/UNCT performance appraisals carried out; RDT mechanisms strengthened

- Number of meetings and training events that include UN Coherence: 50% vs. n/a
- Whether RD participates in performance assessment of RCs through RDT: YES vs. YES

### Function 8: Governance and management

#### Expected Result 8.1

RMT led and managed in analysis and decision-making, including:
- Analysing trends and developments,
- Identifying regional priorities,
- Setting key strategic directions,
- Monitoring progress,
- Adopting or replicating innovative approaches,
- Resolving issues of common concern.

- % of RMT action points followed up and closed if they can not be completed by subsequent RMT meeting: 100%
- % of elements of RMT meetings assessed as satisfactory or better: 75% of elements rated satisfactory or better

#### Expected Result 8.2

ESARO human, financial and physical resources and implementation of activities, effectively and efficiently managed

- Office committees and groups meet as per SOP and minutes kept and posted: All committees or groups at least 75% in compliance with their SOP
- % of targets set in AWPs fully achieved at end of each year: 90% vs. 82%
- Post vacancy rate in ESARO (excluding unfunded posts): 5% vs. 19%
- % of DCT outstanding more than 9 months: 0% vs. 29%
- Average time that posts remain vacant: 90 days vs. 108 days (IP), 115 days (NO)
- Vacancy Rate (funded posts): 10% vs. 0%
Expected Results of the Division/Office* (2010-2011) | Key performance indicator | Target value | 2010 status |
--- | --- | --- | --- |
| Gender balance and diversity | Gender balance maintain diversity ratio | 55:45 female: male | OVERALL. In the IP category it is 42:58 and in the GS it is 90:10 |
| Placement of High Potential staff members | 10 High Potential staff members placed on key vacant posts | 9 LDI graduates from ESAR appointed to key posts in 2010 |

Summary of key results established in the 2010 RO Annual Work Plan.

**RK 802 Young Child Survival and Development (MTSP FA1)**

*KRA1 Health, Policy, Advocacy, Planning, M&E*
- Strengthening Strategic Partnerships on YCSD.
- Engage in capacity development of YCSD staff in COs.

*KRA2 Accelerated Child Survival*
- PMTCT 1. High quality, coordinated strategic and technical support provided to countries.
- High quality polio, measles, TT campaigns implemented in priority countries.
- Country level programmes assisted in raising routine vaccination to 80%.
- Two of the remaining 8 high risk countries (Mozambique and Uganda) validated for the elimination of maternal and neonatal tetanus.
- UNICEF COs supported to play an active role in the scale up of malaria control and integration of malaria with other MCH activities.

*KRA 3 Nutrition*
- Technical support to 20 countries to scale-up core integrated nutrition interventions to reduce underweight, stunting, wasting and MNS.
- Countries provided with training on latest WHO guidelines on flour fortification
- High HIV Burden Countries trained on latest WHO guidance on HIV and Infant Feeding

*KRA4 Water, Sanitation and Hygiene*
- Capacity of 20 country Offices strengthened for EPR (with special focus on cholera, and disaster risk reduction) and to implement cluster approach.
- Technical support to 20 countries to strengthen enabling environment towards MDGs 4+7.
- 20 countries supported to scale up WASH activities towards achieving MDGs 4+7.

**RE 802 Basic Education and Gender Equality (MTSP FA2)**

*KRA1 Early Childhood Development*
- All 20 countries assisted in ECD policy and at least 5 countries assisted to develop national ECD standards for monitoring development readiness.

*KRA2 UN Girls’ Education Initiative*
• All 20 countries assisted in development of effective emergency preparedness and response plans in education and in capacity strengthening in order to fully implement CCC targets and to lead/coordinate the education cluster-based activities.

**KRA3 Child Friendly Schools**
• At least 12 countries assisted to develop national standards for quality basic education and assessment system, using rights-based Child Friendly School (CFS) or similar models.

**KRA 4 Education in Emergencies**
• All 20 countries assisted in development of effective emergency preparedness and response plans in education and in capacity strengthening in order to fully implement CCC targets and to lead/coordinate the education cluster-based activities.

**RJ 802 Children and AIDS (MTSP FA3)**

**KRA1 HIV/AIDS Strategic Policy and Positioning (incl. knowledge management)**
• Strengthen the quality and impact of evidence based national HIV and AIDS responses and the capacity of its key institutions and stakeholders.

**KRA2 HIV/AIDS Prevention (incl. programme communication & education)**
• Fifteen (10-16) country programs have refocused their HIV prevention programming to prioritize most at risk adolescent girls, and are implementing evidence based activities to address behaviours which increase adolescent girls' risk and vulnerability to HIV infection.
• Fifteen (10-16) country programmes have started to implement to-scale behavioural and social communication interventions which focus on changing social norms and cultural scripts that increase young women’s and young men's risk of acquiring or transmitting HIV.
• Five (4-6) country programmes have developed and implemented communication and youth participation activities which are increasing the acceptance and practice of safe male circumcision for young men and neonates.

**RS 802 Child Protection (MTSP FA4)**

**KRA1 Child Protection in Emergencies**
• UNICEF accountability for leadership and partnership in protection cluster and CP sub cluster, including Gender-Based Violence (GBV) sub-cluster is increased.
• Support the UN Peace and Security Agenda for countries in conflict and post conflict situations.

**KRA3 Protection, Care and Support**
• Scale Up of national CSSP systems supported to address the needs of vulnerable children in 12 country offices and regional entities.
• Access to services increased by supporting 12 country offices and regional entities to strengthen family, community and public sector.
• Setting standards and norms for alternative care in protection.

**RY 800 Representation, Governance, Management & Strategic Direction**

**KRA 3 Policy, Strategic Programme Planning and Monitoring & Evaluation**
• Improved quality of UN coherence planning and review processes and related framework, budget and planning documentation.
• Improved quality and timeliness of all UNICEF country programme planning and review processes and related programme and reporting documents.
• Capacity of UNICEF staff strengthened in programme policies and procedures.
• Strengthened contribution management, donor reporting and resource mobilization.
• Capacity of UNICEF staff strengthened in household surveys, sentinel surveillance and other forms of data collection.
- Strengthened capacity in COs to engage in the development of national M&E systems with Governments and Development Partners
- Strengthened evaluation capacity in COs.
- Increased data driven knowledge on child poverty and development, and the impact of social policies on children.
- CO staff have increased capacity to 1) design social protection and other cross-sectoral interventions for children; 2) design and commission research on impact evaluation, budgetary and economic policy and child poverty; 3) identify strategic areas of engagement for UNICEF in social policy at country level.
- ESAR COs have increased capacity on Gender and Human Rights.

**KRA 4 Emergency Preparedness and Response**
- CO capacity to respond to emergencies is strengthened and the CO preparedness enhanced.
- EPR standards and approaches are up to date and coherent and quality is assured.
- RESU and regional partners pro-active on country support and NCD for humanitarian action.
- Specific thematic and sub-regional humanitarian situations are adequately addressed.

**KRA 5 External Relations & Advocacy**
- Raise visibility and strengthen understanding of children's issues and UNICEF's work through publications and other communication channels.
- Communication support related to specific campaigns and events.
- Regional Partnerships Strategy.
- Development of Country Office media strategies.
- Build a network of child rights oriented local media partners.

**RP 805 Cross-Sectoral**

**KRA 1 Operations, KRA2 Supply Procurement and Logistics, KRA 3 Human Resources**
- Best possible quality assured of processes and decisions in all 20 COs related to human resources, operations, ICT, property, security.
- Sustained satisfactory performance ratings of internal audit for operations activities in ESAR (including Peer Review) and risk management.
- Development of staff capacities in relevant areas based on the assessment of individual and organizational performance and needs, taking into account the strategic priorities.

Summary of a) the main results achieved against the 2010 RO Annual Work Plan and specifically the Targets of the ROMP; and b) any significant areas of shortfall or of exceptional achievement.

Results achieved against RK 802 Young Child Survival and Development, RE 0802 Basic Education and Gender Equality, RJ 802 Children and AIDS, RS 802 Child Protection, and KRAs 4-6 under RY 800 Representation, Governance, Management & Strategic Direction are presented under Section 3.2 c) above. Additional key results include:

**RP 0805 Cross-Sectoral**
- ESARO systematically cooperated with the Geneva based UNICEF spokesperson (who reports to DOC) to pitch MDG related stories and particularly stories on child survival to international journalists attending the bi-weekly Palais des Nations briefing.
- ESARO developed a regional website (www.unicef.org/esaro) to disseminate data, information and analysis on children in Eastern and Southern Africa.

**RY 800 Representation, Governance, Management & Strategic Direction**
- RESU supported 12 COs to undertake EPR training; the most ever assisted in a single year.
Beyond UNICEF’s internal accountabilities, progress was made with regional partners (OCHA and WFP) in supporting inter-agency emergency simulation activities, conducted jointly with government and UN agencies in Tanzania, Burundi and Rwanda.

- A total of 16 country support missions were undertaken.
- Enhanced standards were maintained on the monitoring of CO compliance with regional EPR standards through issuance of the ‘EPR status review.’
- RESU provided direct support to Sudan referendum contingency planning coordination in the region and facilitated two major planning meetings with potentially affected countries along with Sudan, MENARO and headquarters counterparts.

**RP 0802 Operations**

- PER Completion rate for 2010 was 94% (increased from 83% in 2009);
- E-Pas Completion rate was 65% (average Global 59%);
- Vacancies increased from 12% to 19%
- Average recruitment time decreased to 108 days for IPs, 115 days for NOs, (average was 119 days in 2009).

The following major shortfalls against results have been identified:

- Access to clinical health services, including pneumonia and diarrhoea treatment, skilled attendance at birth, and postnatal care are lagging behind coverage of preventive interventions, including PMTCT and insecticide-treated nets for example.
- Treatment coverage for children born to HIV-positive mothers lags behind PMTCT coverage.
- The child mortality reductions that have been achieved remain concentrated in the post-neonatal period, and neither neonatal nor maternal deaths show any significant reduction.
- Seven countries (Kenya, Lesotho, Somalia, South Africa, Swaziland, Zambia and Zimbabwe) show no progress in maternal mortality reduction.
- Several countries in ESAR are experiencing low or decreasing routine immunization coverage.
- No measurable progress on underweight is observed in Burundi, Madagascar and South Africa.
- Underweight rates remain above or close to the emergency threshold level of 20 per cent in several countries.
- Progress in integrated management of acute malnutrition is uneven; only Ethiopia, Somalia, Malawi and Kenya are reaching more than 50 per cent of the populations in need.
- Over 25 per cent of children in Somalia, Eritrea, Angola, Lesotho, and Comoros are out of school.
- E-Learning is currently done on an ad hoc basis in many cases, and the impact of the numerous E-Learning opportunities available within the UNICEF system remains unknown.
- Significant costs were expended in selecting 18 participants for the Leadership Development Initiative, but the programme was cancelled / postponed until 2012.
- Advisor posts in the Regional Office have been filled, but females represent only 19 per cent of the workforce at senior level.

**Analysis of the factors (both internal and external to the Office) which supported the results achieved by the RO during the year and of the constraints which led to the shortfalls experienced.**

**Staffing**

Advisor posts in the Regional Office have been filled, but females hold only 19 per cent of senior level posts. Extensive efforts were made to recruit female staff, but these efforts had to be reconciled with the need to fill the vacancies within a reasonable timeframe. With 230 certified interviewers ESAR is leading the roll-out of Competency Based Interviewing. The RO was able to rely on a stable staffing structure in 2010, and did not experience the rapid turnover in key positions that occurred in 2009. The Office recruited 15 IP posts in 2010. Delays in filling Regional Office posts were caused by a lack of
good candidates and by the need to achieve gender balance, to the extent possible. Another cause of concern was the lack of funding for OR posts. This uncertainty led to attrition in middle-level posts.

**Strengthening Programme Budget Review (PBR).** Prior to the Technical Review Panel (TRP) process all documentation received from COs was quality assessed and COs contacted and assisted in ensuring their submissions were complete and of a high standard. Meetings were held with some COs in order to improve the quality of their submissions and ensure compliance with Budget and Programme Guidelines. Actions taken to improve the PBR process, include: i) Briefing session to Representatives during the RMT to share common bottlenecks and lessons learned from previous PBRs; ii) strong emphasis on rigour and excellence at the level of the TRP which included the participation of CO Focal Points; iii) COs were given an opportunity to clarify issues both through e-mail exchanges and conference calls; iv) in most cases the PBR did not find it necessary for the Representatives to attend the PBR personally and the high quality of the submissions and TRP review process enabled the PBR to be completed in a 1-2 day period rather than the previous practice of one week.

**Support Budget.** ESARO continues to face a situation of rising operating costs and zero budget growth. In 2010 ESARO faced increases in service costs of basic operations. This placed tremendous pressure on the office to take measures to economize and further increase its level of efficiency.

A C4D specialist joined the RO team in July. The regional office has not had designated C4D capacity for some time. The Education Section in ESARO was well resourced in terms of finance and staff capacity. BEGE returned RR funds so that less resourced programmes could benefit. Education Sector resources were efficiently used, although a few CRQs to COs for EIE were under-spent. Resource shortfalls for 2012 need addressing in 2011.

**Office management practices, systems and structures used by the RO to support its work**

ESARO’s Operations Peer Review exercises fulfil the accountability function for the regional office, including oversight, quality assurance and technical assistance on operational activities, through joint country visits/review missions with the aim to ensure that COs adhere to and comply with UNICEF and UN policies, rules and standards governing financial accounts, support budgets, administrative functions, physical resources and organizational assets. This includes compliance with internal control systems, processes and procedures and adherence to audit observations.

In 2010, ESARO Operations-related Sections (Operations, Human Resources, ICT, Supply, and Security) reviewed the main findings, concerns and issues obtained from a systematic review of the Country Office Annual Reports with the main purpose to determine which COs would be subject to an Integrated / Joint Operations Peer Review. The main determinants were: i) COs having an upcoming audit; ii) those with a new Operations Officer; iii) those where the Representative may have specifically requested ESARO to conduct a Peer Review; iv) those that may have made a poor quality PBR submission; and v) long period since last Operations Peer Review.

In addition, recurrent external and internal audit observations as well as Peer Review common findings were addressed during the September 2010 ESAR DROPS workshop and are a focus of attention during joint peer review visits. The control related functions reviewed during the joint visits to country offices covered segregation of duties, inconsistencies between ToA/DAT, supporting documents, official receipts of DCTs, NEP management, long outstanding PAR, and bank reconciliation, financial control points implementation, and DCT management.

Existing work processes such as institutional/ individual contracts, local procurement, and Direct Cash Transfer and travel were revised and updated by Task Forces.

ESARO continued to use a country focal point system, whereby each CO in the region is assigned a team of two to three Regional Advisers to act as focal points. The Focal Points act as a knowledge base, facilitate guidance, support, oversight and coordination; and enhance and facilitate communication.
The RO implements a Technical Assistance Management (TAM) System, through which the planning, coordination, monitoring and evaluation of assistance to COs is managed. The system captures all assistance provided to COs in the region in an electronic database that can be accessed by both the RO and COs. The TAM system also serves as a monitoring and tracking tool for Quality Assurance and oversight. The TAM also helps ESARO manage travel more effectively, through facilitating travel approval, rapidly aggregating data and linking requests with travel reports and follow-up actions.

Staff development
In 2010 a series of induction sessions were conducted for all new Representatives in the region. The sessions focused on introducing Representatives to RO advisors and relevant regional programme and operational priorities and on outlining areas for ESARO support.

A mid-year review was conducted in July 2010 and annual review and workplanning meetings were held in December. The review exercises highlighted achievements and constraints and identified areas where further acceleration of results was required. The Annual Review included a one-day meeting of section chiefs, the DRD and the RD, to brainstorm on key strategic issues to be taken forward in 2011. In January 2011, ESARO held a three-day COAR review meeting to review country level results achieved and to identify priority areas for RO action.

Country Offices demonstrated strong commitment to investing in staff capacities for emergency preparedness and response; a core accountability. By the end of 2010, 70 per cent of COs were compliant in this area (80 per cent when excluding the two low-risk countries of Lesotho and Botswana). With 12 COs maintaining pre-positioned stocks of emergency supplies, the need for Supply Division guidance on such actions ahead of IPSAS implementation is a commonly expressed need. A mapping study of UNICEF’s experience in Disaster Risk Reduction (DRR) in 12 countries in the region was conducted through an institutional contract with Northumbria University, UK and forms the reference point for more concerted DRR programming in 2011. A specialist DRR position now exists within the regional office. The COs affected by (Level 2) emergencies were mostly those with good capacity for emergency response and with Emergency Officers in place. Support missions were undertaken to Malawi to support the measles outbreak response, and to Somalia where the CO benefited from more than 13 in-country missions. In addition, and linked to Sudan Referendum Contingency Planning, the RO HR section updated the Rapid Response Mechanism and related tools.

Eighteen of 20 Country Offices conducted HIV/AIDS prevention workshops for staff and all Country Offices have PSVs or stress counselors. Staff orientation activities include: a brief orientation programme for all new professional HR staff joining the region; a joint HR Network Meeting for WCAR and ESAR, including key DHR staff; detailed feedback on NO recruitment; and individualized learning reports are provided to staff on the training and development process.

Security
ESARO continued to advocate for an increased involvement in all security-related issues in the region, advocating for active involvement by all COs in the security management process, to ensure that UNICEF’s concerns and programme needs are considered. In 2010 oversight and technical assistance were provided to all COs in the region with an emphasis on Burundi, Madagascar and Tanzania. ESARO was also actively involved in the testing of a new Security Level System that is to replace the current UN Security Phase system effective January 2011. The security situation is continuously and closely monitored in Burundi, Eritrea, Ethiopia, Kenya, Somalia and Uganda. Four countries revised their MOSS in 2010, 2 revised the MORSS, while Burundi, Madagascar, Rwanda, Somalia, Uganda, Zimbabwe revised the Security Risk Assessment. Other COs submissions are awaiting approval from UNDSS HQ. All of these documents were reviewed and commented on by ESARO. Burundi and
Tanzania have been classified as Mandated Security Relocation and Madagascar will be submitting an office relocation request. Angola, Eritrea, Ethiopia and Uganda require re-assessment of CO premises.

**Procurement Services.** Procurement Services (PS) in ESAR totalled US$ 272 million in 2010 (including GAVI), which was a decrease of US$ 32 million over 2009. However, the PS value in ESAR is the highest of all the UNICEF regions. Furthermore, supply funding in ESAR through Procurement Services exceeds Programme funding (US$ 226 million in 2010). Through PS, UNICEF provides important assistance to partners to increase access to essential supplies and commodities for children. Procurement Services in 2010 was predominantly strategic and included essential supplies for immunization, HIV/AIDS and malaria, in pursuit of results in Focus Areas 1 and 3 contributing to achievement of MDGs 4 and 6. Vaccines comprise the largest proportion of Procurement Services (US$ 113 million), followed by pharmaceuticals (US$ 80 million) and mosquito nets (US$ 42 million). Four countries account for 65 per cent of ESAR PS by monetary value: Kenya US$ 58 million, Zimbabwe US$ 49 million, Malawi US$ 42 million and Ethiopia at US$ 29 million. Angola, Tanzania, Uganda and Zambia each contribute US$ 11-22 million each to the total value of procurement services in the region.

Monthly all-staff meetings, and regular JCCs and Regional JCC meetings, are held to facilitate exchanges between management and the staff association.

Poor sequencing and coordination of implementation of change initiatives was a constraint, particularly in relation to making the new results structure compatible with UN coherence.

### 4.2. Oversight function and oversight-related accountabilities

**Methods and indicators used to monitor and assess the performance of Country Offices**

Quarterly management indicators from the 20 COs are monitored and feedback provided to the COs. Five of the 20 agreed indicators are reported and reviewed during the Regional Management Team meetings. DCT outstanding balance status is part of the Quarterly Management Performance Indicators reported by COs and reviewed by the Regional Office and reported to the RMT. The trends in DCT outstanding more than 6 and 9 months are analysed and findings reported to COs.

**ESARO Overview of key performance Indicators**

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>ESARO 2009</th>
<th>ESARO 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Implementation</td>
<td>Status of expenditure against allotment: RR = 87% OR (E) = 96% OR = 91% SB = 92%</td>
<td>Status of expenditure against allotment: RR = 85% OR (E) = 59% OR = 82% SB = 91%</td>
</tr>
<tr>
<td>Unliquidated DCT/CAG</td>
<td>DCT more than nine months overdue: 10% of DCTs issued</td>
<td>DCT more than nine months overdue: 29% of DCTs issued</td>
</tr>
<tr>
<td>Donor report status</td>
<td>100% completed on time (31 out of 31)</td>
<td>100% completed on time (33/33)</td>
</tr>
<tr>
<td>HR indicators</td>
<td>Status of 2008 PER completion by end 2009: 83% Status of vacancies end 2009: 12% Average recruitment time in 2009 = 119 days</td>
<td>Status of 2009 PER completion by end 2010: 94% E-Pas Completion rate 65% (average Global = 59%) Status of vacancies end 2010: 19% Average recruitment time in 2010 = 108 days (IP), 115 days (NO)</td>
</tr>
<tr>
<td>TIMELY closure of audit recommendations</td>
<td>Status of audit recommendations at the end of 2009: 0%</td>
<td>All audit recommendations closed</td>
</tr>
</tbody>
</table>
Overall accuracy, completeness and quality of the 2010 Country Office Annual Reports

Regional Advisors generally concluded that the information provided in the COARs is accurate. Overall, only 15 per cent of items in the COAR checklists were incomplete or partially complete, compared to 16 per cent in 2009. Malawi and Comoros had the highest number of incomplete or partially completed sections (18 and 15 respectively). In terms of quality and completeness of reporting, few annual reports made a direct comparison of expected results and actual results achieved, making it difficult to assess performance. Explanatory comments were not always provided where responses in Annex A were “NO” or “NA” or where data had changed significantly compared to previous years. Other findings include:

- Not all studies, surveys and evaluations are uploaded to the intranet, making it difficult for the RO to undertake quality assurance and several countries did not develop management responses to their studies, surveys and evaluations.
- Few COARs discussed the usefulness of the IMEP (Somalia was a notable exception).
- Few COARs incorporated climate change analysis (Mozambique was a notable exception).

Specific areas of weakness in programme cooperation or programme and operations management

The ESARO Strategic Moment of Reflection and other equity-related discussions have led to the conclusion that in most of the countries, data quality and the capacity to analyse data require improvement, in order to support policy formulation towards achieving equity. UNICEF’s capacity to provide high-level advice on technical and policy matters in middle-income countries in the region (Botswana, Lesotho, Namibia, South Africa, and Swaziland) remains limited. Headquarters funding and donor interest is often insufficient to support the senior, experienced staff required. The shortage of long-term funding for emergency and transition country programmes (Burundi, Comoros, Eritrea, Madagascar, Somalia, and Zimbabwe) restricts UNICEF’s capacity to support recovery and development in these countries. Peer reviews, joint operations country missions and technical assistance missions are the primary mechanisms for addressing identified weaknesses in country programmes. The RO, in collaboration with NYHQ, is supporting countries to develop their equity analyses and mobilise resources for countries in emergency or in transition.

Actions taken to support Country Offices

Special support was provided to the Somalia CO through periodic consultations. A CO mission was undertaken in September to Hargeisa to assist in EPR training of field staff. Given the exceptional nature of the operating environment in Somalia and the challenges linked to reliance on ‘remote programming’ in many areas, it is recommended that ESARO oversight and review with the CO be strengthened. A joint meeting is scheduled for the first quarter 2011. A literature review was undertaken of UNICEF programme evidence in assisting pastoralist populations in arid and semi-arid areas of Eritrea, Ethiopia, Somalia, Djibouti, Kenya and Uganda. The study will inform the adoption of a more coherent programme strategy in 2011 for these disadvantaged, chronically underserved populations.

During the last quarter of 2010, the Regional Leadership Group on HIV, under the RMT, and the regional advisors working on Children and AIDS, jointly with the HIV Section in New York identified a set of priority actions for the region around PMTCT / Paediatric AIDS, Child Protection, HIV prevention with Adolescents and HIV positive adolescents. These were presented to the November RMT, and accepted by the Representatives, providing the RO with a clear mandate for follow-up with COs around effective prioritization of their HIV response.

ESARO has begun providing support to COs facing funding constraints. As part of an initiative to foster National Committee fundraising for silent emergencies in the Horn of Africa, ESARO helped the Eritrea CO to organise a field visit for the Italian National Committee to raise funds for the nutrition programme. The RO worked with PFP on the selection of Country Offices for the production of National Committee Donor Toolkits. PFP will provide quality control for 40 toolkits on specific MTSP
focus areas from the ESA region. ESARO supported the selection of priority areas for the different COs and will facilitate the production of the material itself through specifically trained writers and editors.

Support was provided to Angola for recruitment and to small offices lacking HR capacity for strategic planning, e.g. Comoros and Eritrea. ESARO also supported programme re-design in several countries (e.g. South Africa, Eritrea and Namibia), including through the CPD review and TRT processes. The simplified results framework has tended to exacerbate the tendency to report against high level government indicators and UNICEF activities rather than outputs and outcomes.

**Specific actions taken for the quality assurance and improvement of donor reporting by Country Offices**

For the third consecutive year a stratified, purposive sample of donor reports from all 20 ESAR Offices and the Regional Office, representing the three major donor types, was analysed for compliance with existing guidance on reporting and coherence with funding proposals. A detailed report on the quality and compliance of the selected donor reports was sent to each Country Office, with recommendations for improvements, where necessary. 18/21 randomly-selected reports were assessed as being exemplary (11) or good (7). All 21 reports selected by Country Offices as examples of ‘best practice’ in donor reporting were assessed as exemplary (16) or good (5). The quality assurance exercise has apparently led to successive annual improvements in the quality of donor reports submitted by Country Offices.

**Lessons learned by the RO in undertaking its oversight function**

- The peer review mechanism continues to be a best practice.
- The COAR review meeting, introduced in 2010 for review of the 2009 COARs, and repeated in 2011, has been very useful in facilitating technical review of the country programmes and formulating specific recommendations to country offices.
- The equity meeting, and the October RMT (attended by the Executive Director) proved extremely useful in promoting the equity agenda.

**Recommendations to HQ arising from the RMT**

- Guidelines on DCT should be revisited to reflect the difficulties likely to be encountered in relation to financial accounting when working with the hardest-to-reach populations in pursuit of equity.
- NYHQ should work with DOCO (and other inter-agency partners) on further strengthening existing “(transition) planning guidance tools”, developing new tools for countries in crisis, post-crisis and transition and on securing donor buy-in for these tools.
- The identification of alternative country programme results hierarchies that align better with OECD/DAC definitions and Aid Effectiveness and UN Coherence requirements, and that allow country programmes to reflect a third level of results for annual planning purposes to avoid “duplicate” planning with national counterparts and partners external to the system (including using “Outcome” and “Output” should be pursued to replace the PCR and IR system.
- Corporate-wide change initiatives for 2011 need to be rationalised and effectively prioritised (taking into account national and UN coherence planning commitments) and country-specific rollout process needs to be better defined.
- NYHQ to support strengthened regional Peer Support Group/Quality Support Assurance function – either via dedicated resources attached directly to the RDT Secretariat or through additional internal human resource capacity in ROs to support this RDT (UNDG regional) inter-agency function.

**Methods used and initiatives by the RO to obtain assessment and feedback from its clients**

The RO annually implements a Client Satisfaction Survey with all Country Offices. The survey instrument is in continuous development with the aim of capturing changing demands. The survey for
2010 will be conducted in early 2011 by a consultant with only survey design inputs from the SPPME Section, ensuring complete confidentiality of individual responses. The 2010 exercise (relating to 2009 support) captured responses from only 16 of the 20 COs, which is considered unsatisfactory. However, the results were generally very positive, with all but one of ESARO’s support in 47 specific areas rated as ‘satisfactory’ or ‘somewhat satisfactory’. The highest rating was given to ‘Support to household surveys (including MICS). A favourable rating was also given on specific support to new CPD or MTR countries. The survey revealed that a majority of COs requested increased support for intra-UN, donor, and partner coordination under the RO accountability area of UN Coherence. Support in this area received the lowest rating among the six accountabilities. The ‘UNICEF ESARO 2009 Client Satisfaction Survey Results’ report is available on request.

5. Studies, Surveys, Evaluations and Publications Completed in 2010

- **Title:** Disaster Risk Reduction Mapping in Eastern and Southern Africa  
  **Year:** 2010  
  **Sequence Number:** N/A  
  **Type of report:** Study  
  **Themes:** Disaster Risk Reduction  
  **Management response:** Yes (available)

- **Title:** Health equity retrospective analysis for 19 countries in ESAR  
  **Year:** 2010  
  **Sequence Number:** N/A  
  **Type of report:** Study  
  **Themes:** Health, equity  
  **Management response:** No

- **Title:** Scaling up nutrition in 12 high priority countries in eastern and southern Africa: A focus on preventing child stunting.  
  **Year:** 2010  
  **Sequence Number:** N/A  
  **Type of report:** Study  
  **Themes:** Nutrition, stunting  
  **Management response:** No

- **Title:** A Review of the WASH/Sanitation situation in Botswana, Namibia, Lesotho, South Africa and Swaziland: Country Analysis Report.  
  **Year:** 2010  
  **Sequence Number:** N/A  
  **Type of report:** Study  
  **Themes:** WASH, sanitation  
  **Management response:** No

- **Title:** A review of select UNICEF program experience for marginalized communities in arid and semi-arid areas of the Horn of Africa.  
  **Year:** 2010  
  **Sequence Number:** N/A  
  **Type of report:** Study  
  **Themes:** pastoralists  
  **Management response:** No
- **Title:** Building a Gender Response: A Synthesis of Findings and Recommendations from Gender Reviews of UNICEF CARI and HIV Programs in Southern Africa.
  - **Year:** 2010
  - **Sequence Number:** N/A
  - **Type of report:** Study
  - **Themes:** Gender, HIV
  - **Management response:** No

- **Title:** Regional Review of ESAR Gender Audits for UNICEF’s Global Consultation on Gender.
  - **Year:** 2010
  - **Sequence Number:** N/A
  - **Type of report:** Study
  - **Themes:** Gender
  - **Management response:** No

- **Title:** Gender and HIV and AIDS in Eastern and Southern Africa: A Review of Literature and Country Programme Actions
  - **Year:** 2010
  - **Sequence Number:** N/A
  - **Type of report:** Study
  - **Themes:** Gender, HIV
  - **Management response:** No

- **Title:** Fiscal Space for Social Protection in Post-Crisis Countries
  - **Year:** 2010
  - **Sequence Number:** N/A
  - **Type of report:** Study
  - **Themes:** Social Protection
  - **Management response:** No

- **Title:** Impact of the Global Economic Crisis on Eastern and Southern African Countries (series)
  - **Year:** 2010
  - **Sequence Number:** N/A
  - **Type of report:** Study
  - **Themes:** Social Protection
  - **Management response:** No

- **Title:** Impact of the Global Economic Crisis on Eastern and Southern African Countries (series)
  - **Year:** 2010
  - **Sequence Number:** N/A
  - **Type of report:** Study
  - **Themes:** Social Protection
  - **Management response:** No

Other publications (print, CD, video) issued by the Regional Office during 2010
- **Title of the publication:** The 2008-2009 Cholera Epidemic in Zimbabwe: A Review of Significant Lessons Learned
- **Main intended audience(s) and objectives of the publication:** UNICEF COs—management and CSD sections in ESA region (also shared with key HQs and WCARO
sections). Objectives were to disseminate lessons learned from the response efforts of governments, UN agencies, NGOs and community organizations to the outbreak.

- **Authors.** UNICEF (through a consultancy: Ms. Alexia Lewnes)
- **Quantities printed (or electronic only):** 380 (electronic copies also shared)
- **Estimated cost of the publication to UNICEF:** $13,836

### 6. Innovations and lessons learned

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<thead>
<tr>
<th>Category:</th>
<th>Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTSP Focus Area or Cross-Cutting Strategy:</td>
<td>FA3, KRA3 HIV Prevention</td>
</tr>
<tr>
<td>Country:</td>
<td>ESARO</td>
</tr>
<tr>
<td>Title:</td>
<td>The Brothers 4 Life Campaign (Replication for Results)</td>
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<tr>
<td>Related links:</td>
<td><a href="http://www.brothersforlife.org">www.brothersforlife.org</a></td>
</tr>
<tr>
<td>Contact person:</td>
<td>Rick Olson – <a href="mailto:rolson@unicef.org">rolson@unicef.org</a></td>
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**Abstract:** Johns Hopkins Health and Education, South Africa launched the Brothers 4 Life campaign, with USAID funding. The campaign recognizes that young women were acquiring HIV from older men. It also noted that most of the messaging towards men was negative and blaming – and as a result not well accepted by the target audience. In addition, most population-based data on sexual behaviours showed that the majority of men have low risk sexual behaviours – they are faithful, they do use condoms and they do not engage in physical and sexual violence against women. Recognizing that to increase these ‘positive’ behaviours, would require ‘positive peer pressure’ and the development of a social movement for men – Johns Hopkins and partners designed the Brothers 4 Life campaign – an appreciative approach to HIV prevention with and for men. ESARO was engaged at the same time, with strategizing around how to leverage the Soccer World Cup around men’s HIV prevention behaviours, and decided to partner with Johns Hopkins. For the South Africa phase, the Regional Office, work with GRO, and the Spanish and UK National Committee, brought on a number of FC Barcelona and Manchester United Players, to be celebrity spokespersons for brothers for Life, in the campaign materials, during the World Cup period. At the same time, ESARO, with resources from the Spanish Committee, engaged UNICEF Zimbabwe, Zambia and Tanzania, to replicate the Brothers 4 Life campaign – using the same look, logo and approach, under an MOU with Johns Hopkins. This regional replication approach means that mobile men, travelling from Durban to Dar es salaam are being engaged with mass media materials, promoting “Brothers 4 Life” in four countries. Currently the campaign is on-going in South Africa and Zimbabwe, and being scaled up in Zambia and Tanzania. Malawi has also shown interest in replicating the campaign.

**Innovation:** Johns Hopkins undertook substantial qualitative assessment and research during the design phase of the campaign and applied a new approach to men’s behaviour – to benefit young women. All materials were assessed by the target audience and the materials were broadcast in South Africa and on DSTV in the region. The MOU with Johns Hopkins was focused on the regionalization and scaling out of the campaign – using the templates – from design to style developed in SA – with each participating country office allowed to adapt the content and images to fit their context – as long as the ‘look’ remains intact. This regionalization strengthens the value of the campaign and the replication of existing materials reduces design costs for country offices. In addition, having evidence informed products designed by Johns Hopkins and funded by USAID strengthens the CO role in convening with partners for the national adoption of the campaign. UNICEF Tanzania currently has a commitment for USAID to fund the scale up of their B4L campaign and UNICEF Zambia has found National Committee funding for their scale up.

**Potential application:** As a campaign focused on changing social norms – COs and their partners are committed to running the campaign for a number of years, with changing themes – but with brothers 4 Life as a movement and anchor.
**Issue:** To reduce young woman’s risk of HIV infection also requires programme to focus on where the virus is coming from. In most of the literature, young women are said to lack power when addressing their sexual risk from men in relationships in the region. The focus has often been to stigmatise and blame men – and not programme with them. The B4L campaign takes an appreciative approach to male behaviours – recognizing that the majority actually do use condoms and are faithful – and tries to use positive peer pressure to increase the number of men with positive behaviours.

**Strategy and Implementation:** The regional office, working with John Hopkins, South Africa, produced a branding kit (colour and font guide, etc) and DVD of all the South Africa materials (print, radio and TV) which provide to the UNICEF CO, together with the MOU and conditions for replications. Seed funds were also provided to the UNICEF offices, to convene and advocate for adoption of the campaign among national partners. Currently the campaign is running in 4 countries (UNICEF South Africa has support the GBV messaging in the current SA phase of the campaign) and has the potential to expand to 4 more countries.

**Progress and Results:** The B4L campaign is on-going in South Africa and Zimbabwe and is being scaled up in Zambia and Tanzania. The local adoption of materials has been completed, and resources have been mobilized with local partners to support the scale up. In South Africa, qualitative research is being undertaken to assess the impact on men’s social norms. The UNICEF offices in Tanzania and Zambia are engaging partners around undertaking some qualitative research, to act as a baseline, for assessing the impact of the campaign on men’s social norms. Additional partners are being mobilized, though the national coordination structures – as all partners recognize that to address social norms requires a long-term response – with a high level of both coverage and intensity – and it is only by ensuring that campaign (at least an appreciative approach to men’s behaviours) be adopted by the national HIV response.

**Next steps:** Additional resources have been received by the Regional office, to support the further regionalization of the Brothers 4 Life approach. The successful fund raising undertaken by Zambia and Tanzania, will be share with the other 2 countries under taken the campaign, as well as the 2 additional countries which have expressed interest in the campaign. The process of engaging and leveraging partners will be shared during the regional HIV network meeting in early 2011 – with the aim of expanding the number of countries which are convening and leveraging partners in support of the campaign.

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**Category:** Lesson Learned  
**MTSP Focus Area or Cross-Cutting Strategy:** Child Protection (Focus Area 2, Focus Area 4)  
**Country:** South Africa  
**Title:** Child Friendly Spaces at the FIFA World Cup Fan Fests  
**Related links:** [http://www.unicef.org/southafrica/resources_5692.html](http://www.unicef.org/southafrica/resources_5692.html)  
**Contact person:** Stephen Blight  
**Abstract:** Although the establishment of Child Friendly Spaces (CFS) for children at risk is often seen as an emergency intervention, UNICEF South Africa and partners established an adapted version for four FIFA Fan Fests during the World Cup. They were designed to improve the protection of children drawn to the events, allowing them to enjoy the festivities in safety. The adapted CFS model has been tested and can be rolled out in other large-scale events taking into account the lessons learned. Participating organisations are being approached to implement the programme at South African provincial festivals and other events. Overall, South Africa’s hosting of the 2010 FIFA World Cup had positive spin-offs for child protection in the country.

**Innovation or Lessons Learned:**  
The legacy of the Child Friendly Space programme included:

- Relationships and networks were strengthened between the Department of Social Development, child protection NGOs, and other key child protection actors such as the South African Police Service and Emergency Management for a stronger child protection system. Child protection
actors worked effectively together in multi-disciplinary teams that positively encouraged people to work out of their silos.

- This CFS exercise served as a practical orientation for child protection actors on how to move from a reactive approach to a more pro-active, child friendly approach to child protection work as now outlined by the newly amended Children’s Act.
- The repositioning of welfare organisations as credible and effective resources in communities and a move away from seeing non-governmental organizations/community based organizations as contactable only when things go wrong. The Fan Fest community and parents assisted by CFS personnel were complimentary and the families of children returned home at night highly appreciative.
- The programme uncovered strengths in staff that even they were not aware of. To get their message across to children staff had to learn ‘to play again’, to shake off the professional image and reconnect themselves with the children they once were.

These lessons learned have been documented and are available to guide replication in other contexts.

Potential application: The adapted CFS model has been tested and can be applied in large-scale events, taking into account the lessons learned. Participating organisations are being approached to implement the programme at South African provincial festivals and other events.

Issue: Concerns about the potential increase in child abuse and exploitation during the tournament convinced child protection authorities and other social and welfare services to prepare for the worst-case scenario. UNICEF South Africa and partners decided to establish an adapted version of the child friendly space as part of its national child protection programme at four FIFA Fan Fests for the duration of the World Cup to serve children who are at risk of child abuse, neglect and exploitation during World Cup matches.

Strategy and Implementation:
The objectives of the UNICEF CFS were:
1. To provide a safe, supervised environment where children at risk could enjoy child appropriate activities.
2. To provide emergency care and tracing services for unattended children in and around the Fan Fests.
3. To provide a base for specialised child protection workers to ensure early identification of at-risk children and referral to appropriate services.
4. To raise awareness among children and parents on how they can protect themselves while enjoying the games.

UNICEF worked with the following partners in the development of programmes, processes, training of human resources and management of the CFS:
- Department of Social Development (DSD) developed a Child Protection Action Plan. UNICEF also supported the DSD to train 415 social workers and CFS personnel on child protection standard operating procedures (SOPs) based on the new Children’s Act through nine provincial and one national workshops.
- Approved non-government organisations such as Childline, Child Welfare South Africa, Johannesburg Child Welfare, National Association of Child Care Workers (NACCW), World Vision and the OLIVE LEAF Foundation provided trained social workers, child and youth care workers and additional trained volunteers.

Progress and Results:
CFS were established in municipalities that were willing to provide land, fencing, utilities, and security to UNICEF. Planning figures related to projected numbers of people expected at the Fan Fests were provided by FIFA. In all four locations, the actual figures were far lower.

The expected outcome was that 10,000 to 15,000 children at risk would be protected during World Cup matches. The actual result included:
- 161 children, who were left unattended, became separated from their caregivers in and around the Fan Fests, or required statutory services received either family reunification services or were referred to a place of safety.
3,778 children received services by CFS personnel, including early identification of at-risk children, awareness raising activities, psychosocial support, recreational activities, and food.

28,907 children had their identification details programmed onto wristband tags that corresponded with their parent’s details. This strategy was enormously successful in authenticating the parentage of children and in simplifying the reunification process.

CFS personnel conducted awareness raising, directly engaging 39,094 children and parents in and around the Fan Fests.

464 child protection actors were trained on the CFS procedures.

Next steps:
With the completion of the World Cup, the implementation of the World Cup Child Protection Programme was subject to a national review that included the Child Friendly Space experience. Action plans to build on this experience to strengthen the child protection system are being carried forward in 2011.

Category: Innovation
MTSP Focus Area or Cross-Cutting Strategy: Focus Area 1, Focus Area 3, Focus Area 4, Partnership, Capacity Development, Knowledge Management
Country: Ethiopia
Title: Creation of a child-friendly, protective justice system in Ethiopia
Related links:
Contact person: Douglas Webb, dwebb@unicef.org
Abstract: As part of the national programme on the creation of a child friendly and protective justice system, UNICEF together with the Federal Supreme Court in Ethiopia initiated a Court Advisory Body (CAB) at federal level which has introduced the professional services of social workers and psychologists in the court setting, dealing with children coming in contact with the justice system. The introduction of the CAB within the structures of the Federal Supreme Court in Ethiopia has brought significant results for children and families by shifting from proceedings that are often intimidating and traumatizing for children to a more caring and rehabilitative procedure. More importantly, the new initiative has enabled access to support services for children in contact with the law by designing referral arrangements among government and non-government actors and ensuring the Government’s primary responsibility and leadership for coordination and provision of services in a sustainable manner.

Innovation or Lessons Learned: Innovation

Potential application:
From the outset, the CAB establishment followed a two-phased approach with the initial phase focusing on the implementation and documentation of the initiative at Federal courts level, and the second phase focusing on the replication of the initiative in regional courts.

In the process of replicating the initiative to regions, the national technical committee will provide the required support to Regional High Courts, including the development of TOR and plans of actions for the new court advisory bodies and the adaptation of the existing guidelines and tools to assist the daily work of CABs to meet the regional requirements.

Issue:
Until very recently, courts in Ethiopia have been poorly equipped to provide protective services for children coming into contact with the law. The provision of protective services for children in the court setting, including legal aid and psychosocial support, was reliant on a limited number of NGOs. The existing gap was aggravated in 2010 when the new regulation governing CSOs came into force curtailing the services CSOs could provide the courts. Partly in response to this, the CAB independently provides, facilitates and monitors the provision of legal and social services within the federal courts.

Strategy and Implementation
In order to strengthen the child friendly court system and ensuring children’s best interests during court
proceedings, the Federal Supreme Court organized in 2009 a consultation among representatives from the justice and law enforcement systems, social workers and NGOs from around the country to agree on a joint approach and introduce social workers and psychologists to assist children appearing before courts of law as victims, witness or as alleged offenders. A technical committee was established with the mandate to develop a detailed plan of action and ToR for the Court Advisory Body.

In the first phase of the programme, 24 para-social workers with relevant background in social science were recruited and trained for 20 days at Addis Ababa University to fill the immediate need of the Federal courts. Focus was mostly on strengthening and documenting the CAB’s work at the Federal level. The second phase will focus on replicating the initiative in regional courts.

Progress and Results:
With UNICEF technical and financial support, the 24 social workers placed under the umbrella of the CAB have been providing social services, including legal aid through referral arrangements over the past months.

Crediting the professional assistance of social workers and psychologists in court proceedings, significant improvements have been observed in ensuring children’s access to justice and in the delivery of legal and social services during judicial proceedings. In particular:

- A significant increase in prosecution and conviction rate on cases where child victims are involved;
- Enhanced children’s participation in criminal and civil cases, in a less intimidating court environment;
- Child offenders socio-economic background properly assessed and presented to inform the Court’s sentences;
- Enhanced rehabilitation support to convicted children;
- Provision of counselling and mediation services to prevent family separation in divorce cases; and
- Decision on children’s custody based on the best interest of the child;

In adoption cases, assessment of the social, medical and health status of a prospective adopter with a view to determine the best interest of the child.

Next steps:
As part of the national medium to long term plan to assign social workers at all levels of courts where child cases are handled, the design of a curriculum for a distinct diploma programme for social workers in the justice system is on-going. This will significantly contribute to enhance the support provided to the justice system throughout the country.

7. **Special Report: South- South Cooperation** (1 page)

Engagement with the Association for the Development of Education in Africa was enhanced, focusing on the Out of School Children Initiative (OOSCI), Life Skills and Teacher Education. Extension of Schools for Africa into WCAR was supported. Support for development of African intellectual leadership in ECD was fostered through strengthening HE capacity in ECD in the region and sharing practices. A study tour from Kenya to Nigeria on nomadic education was supported. Ethiopia’s Education Sector Development Plan was shared with other country offices, including Southern Sudan. Inclusion policies from South East Asia were also shared with ESAR country offices. The ESAR Equity Strategy was shared with other UNICEF regional offices.

South Africa CO, in partnership with the China CO, played an important role in south-south cooperation by hosting delegations to study South Africa’s policies and operational approaches to the delivery of the Child Support Grant. An official from South Africa assisted the National Planning Board of Thailand to explore the feasibility of introducing a child grant. Officials of the Namibia Government also visited South Africa on a study tour to explore ways of scaling up the digitization of their birth registration process. Namibia Country Office also hosted officials of the Ethiopian Government interested in the partnership with the health sector in scaling up birth registration and protection and care of vulnerable
children. Angola Country Office has established a strong relationship with organizations in Brazil and several visits from professionals to build the capacity of officials on justice for children took place.

ESARO supported an international conference on budgeting for children organized by the African Child Policy Forum, which shared experiences mostly developing country experiences. A Social Cash Transfer Practitioners Workshop was held in Lesotho in September 2010, which brought together programme implementers from 14 different SCT programmes across Africa to share experiences and discuss common challenges. An online Social Protection Practitioners community, hosted by UNICEF ESARO, has evolved from the network established during the meeting and this community aims to update members on recent developments in countries and serve as a forum through which practitioners can share information, expertise and lessons learned.

Together with the Inter Parliamentary Union and the Parliament of the Republic of Namibia UNICEF convened a regional workshop on child sensitive social protection mechanisms. The workshop brought together 40 members of parliament from 13 countries in Eastern and Southern Africa who committed to strengthen the promotion and expansion of safety nets and social protection schemes for their most vulnerable children. One of the main initiatives discussed during the conference was cash transfers for the most vulnerable. Participants presented evidence of the positive impact of such investments on the health and nutritional status of the most deprived children and on quality education. Strengthening such social protection mechanisms is particularly important in a region where an estimated 9.7 million children have lost one or both parents to AIDS, and millions more are experiencing deepening poverty, lost education, and discrimination due to the impact of the HIV pandemic.

8. Report on UN Reform and Inter-Agency Collaboration

ESAR is a regular member of ten UN Coherence fora at the regional level, including the Regional Director’s Team (RDT) and the Deputy Regional Directors (DRD) group, and 8 technical clusters on Quality Support Assurance, Emergency Preparedness and Response, MDG Monitoring, Gender and Human Rights, Health, HIV/AIDS, Food Security and Nutrition and Common Services. In 2009, the ESA Regional Director’s Team and the related Deputy Regional Director and Cluster Coordinators met regularly on a quarterly basis while the technical clusters were convened on an as needs basis.

Three countries were to roll-out or complete their new UNDAF in 2010: Zambia, Zimbabwe and Ethiopia. UNICEF, as member of the QSA, has been actively engaged in the UNDAF Ethiopia preparation process with the Ethiopia UNCT.

Consistent follow-up by the QSA was hampered by weak QSA cluster coordination which often meant that key strategic planning events with UNCT’s were missed since information was shared on too short notice and participation not well coordinated among an already very small group of SA resource persons.

The UNICEF RO continued to be an active member of the Regional Aids Team for Eastern and Southern Africa (RATESA), convened and coordinated by the UNAIDS Regional Support Team for ESA (UNAIDS RST). UNICEF led the RATESA Cluster on children affected by HIV and AIDS, and was a key participant in the HIV Prevention Cluster, contributing to strengthened coordinated UN advice to several countries on strengthening HIV prevention, especially in young people. UNAIDS RST played a useful role in strengthening coordinated regional work in health aspects of HIV, including PMTCT, with the WHO and UNICEF Regional Offices.