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1 Executive Summary

In 2013, the Regional Office for Eastern and Southern Africa continued addressing a host of pressing development challenges, among them, decreasing but persistently high child mortality rates; growing but still not universal access to the treatment, care, prevention and protection of mothers and, particularly, of children at risk of HIV and AIDS; high rates of violence against children; very low learning achievements in an era of increasing school enrolment; some of the world’s highest stunting rates; and a series of chronic and recurrent humanitarian crises.

Main achievements:

Containing an acute outbreak of the wild polio virus in three Horn of Africa countries. In 2013, the Horn of Africa experienced an explosive outbreak of wild polio virus type 1 that infected three countries – Somalia, Kenya, and Ethiopia-- and put four neighbouring countries -- Uganda, South Sudan, Sudan, and Yemen— at risk. Over 200 recorded cases of wild polio virus in the Horn of Africa accounted for nearly 50 per cent of global polio cases in 2013. UNICEF ESARO worked with Global Polio Eradication Partners, including WHO AFRO and EMRO offices, CDC, and others, to roll-out an aggressive response plan. As a result, over 34 million children and adults were repeatedly vaccinated against polio.

Creating buy-in and rolling out the civil registration and vital statistics (CRVS) agenda across the region. As follow up to the 2nd Conference of African Ministers Responsible for Civil Registration (Durban, September 2012), ESARO, as part of the Core Group of partners, has supported Member States in develop an evidence-based comprehensive reform plan for CRVS. Support included: (1) the development of comprehensive CRVS assessment and planning tools, and (2) the development of a pool of 30 CRVS experts to assist in the assessment and strategic planning. More than 60 government officials and experts in CRVS, technology and child protection participated in a Study Tour about how innovations in partnerships and technology can improve CRVS systems. It was concluded with the development of a Guidance Note and Recommendations for all countries reforming their CRVS systems using innovations in programme and technology including the importance of understanding the business processes to (1) introduce technological innovations; (2) enhance the enabling environment and (3) identify and clarify the roles of critical partners. Fifteen of the 21 countries in ESAR are developing national CRVS system reform plans.

Fostering understanding of the resilience agenda and moving into programming. The ESARO has made consolidated efforts to build understanding and partnerships in advancing resilience programming, especially in countries affected by the severe 2011 Horn of Africa crisis. Somalia’s worst famine in 60 years caused an estimated 260,000 deaths, and 13 million people in Kenya, Ethiopia, Somalia and Djibouti required humanitarian assistance. In 2013, resilience work focused on developing programme guidance and options, as well as measuring resilience outcomes. All ESAR country offices had developed joint resilience programming approaches with WFP and FAO. While highlighting food security and nutrition, the joint programming addresses the critical importance of integrating social protection and service interventions to develop the medium and long-term adaptive and transformative capacities of affected populations in challenging contexts.

Main shortcomings:

Addressing the very high maternal and neonatal mortality rates has been identified as a priority for the ESA region. However, it was only in 2013, after a gap of two years, that dedicated technical assistance became available to ESARO to coordinate MNH activities in the region and provide technical support to countries. The technical review and guidance on how best to address NMR and MMR in the different country contexts of ESAR will have to continue over the coming years to be able to consecutively cover all 21 countries as needs and demand are significant.
Defining entry points for addressing the quality of education. While an initial concept note on addressing the quality of education in the region has been drafted, this still needs to be further elaborated and comprehensive programming guidance for country offices developed - that can serve as a basis for advocacy with government and partners. Education programmes continue to use the CFS vision to guide their approach to both equity and quality. It has served well as a vision, but can be difficult to apply to the specific needs of countries in terms of addressing issues such as curriculum, assessment, teacher management and training for example. While many areas interact to contribute to learning each may also require its own specific theory of change. At present there is a tendency for education programmes in the region to apply the CFS principles very differently in terms of intervention type, scope and coverage. While there are examples of good practice at scale more systematic approaches are required to address teacher supply and performance issues, for example. This is an area where ESARO intends to invest more conceptual guidance to ensure that all children are learning in schools - and not just attending.

Partnerships:

SUN: Thirteen ESAR countries have become part of the Scale Up Nutrition (SUN) partnership, with Comoros, Burundi and South Sudan being the newest members in the global movement that aims to advance health and development through improved nutrition. This development is especially significant for ESA, where stunting affects more than 25 million, or 39 per cent of all children under five. In all of ESA countries, UNICEF plays a critical role in leveraging strategic partnerships to ensure the silent emergency is afforded high priority.

AU and ECA on child protection and birth registration: Recognising the increasing role of the African Union Commission (AUC) in setting the policy agenda for issues affecting the protection of children in Africa, ESARO increased its engagement with several AUC departments on continental initiatives. These initiatives include: systems strengthening for Civil Registration and Vital Statistics (CRVS), Child Protection Systems (CPS) and policies on Children Affected by Armed Conflict (CAAC). As a result of these engagements, birth registration is now seen as a critical tool in promoting all aspects of the African Integration Agenda, while CAAC related instruments, policies and capacity development now form an integral part of the African Peace and Security architecture.

Resilience Partnerships: Partnerships around fostering the resilience agenda and joint programming were built with the WFP, FAO and the Inter-Governmental Agency on Development (IGAD) supporting the latter's Drought Disaster Reduction and Resilience platform. Collaboration with IGAD in was in the area of nutrition programme guidance and resilience measurement and analysis. A joint Resilience Analysis Unit between the four agencies was established based in Nairobi, with UNDP joining in early 2014.

Schools for Africa: The multi-country initiative has been supporting over 21 million most vulnerable and excluded children in Sub-Saharan Africa with US$ 164 million which has been raised through expanded private sector partnerships and National Committees. The initiative, originally started in 2005 with support from Nelson Mandela Foundation and Peter Krämer Stifutung, launched in 2013 its Phase 3 for the duration of 2014-2017 with the target to raise US$ 80 million to support more children in the region. Eight countries from the Eastern and Southern African region participate in the initiative, together with five countries from West Africa.
2 Trends and Progress in the Region as affecting Children and Women

The Eastern and Southern Africa Region (ESAR) comprises 21 countries. The diverse populations of these countries exceed 440 million, including 216 million children under 18 of whom 70 million are children under five. The average national population growth rate and fertility rate are 2.4 and 4.6 respectively.

Notwithstanding the global economic crisis of 2008, African countries have achieved a significant level of growth and prosperity over the last two decades. The percentage of people living below $1.25 a day fell significantly in Africa as a whole between 2000 and 2011. In terms of gross domestic product (GDP) growth, many ESAR countries are growing above global average levels. For 2012, the last year with complete data, Ethiopia led the region’s GDP growth at 8.5 per cent, followed by Rwanda (8.0 per cent), Mozambique (7.4 per cent), Eritrea (7.0 per cent), Tanzania (6.9 per cent) and Angola (6.8 per cent). Only two countries, South Sudan (-47.6 per cent) and Swaziland, (-1.5 per cent) had negative GDPs. Yet GDP growth has often failed to translate into gains in human development, and income inequalities have increased in many countries, with the relative situation of people living in poverty improving little. Countries with the highest overall wealth growth have not always made commensurate investments in assuring the rights of their most disadvantaged children: a move to less inequality is not automatic. This is also manifested by the Gini coefficient, a common measure of income inequality, on which four ESAR countries score above 0.6 (South Africa, Comoros, Namibia and Botswana), whereas another five (Lesotho, Rwanda, Swaziland, Zambia and Zimbabwe) score above 0.5 in the last year a value was established.

Disparities in education, health and other dimensions of human development are often evident, with particular social groups (especially indigenous peoples, persons with disabilities and rural populations) suffering disproportionately from income poverty and inadequate access to quality services. Despite vast improvements in the incidence of HIV/AIDS and access to antiretroviral therapy, the region includes all ten of the world’s highest prevalence nations. There are numerous examples throughout ESAR, with average country performance on such indicators as birth registration, skilled attendance at birth, malnutrition, primary school attendance, and comprehensive knowledge of HIV/AIDS all exceeding a ratio of 2:1 between the highest and lowest wealth quintiles. Correlations among low skilled attendance at birth and subsequent malnutrition and under-five mortality are well-established.

The proportion of people living in extreme poverty (defined as those living on less than $1.25 a day) has halved since 1990, with declines in every developing region. Despite this impressive global achievement, 1.2 million people are still living in extreme poverty. A disproportionate share of them now live in sub-Saharan Africa (SSA), where almost half the population lives in extreme poverty and where absolute numbers of people living in extreme poverty have continued to rise, accounting for an increasing proportion of the world’s destitute. In comparison to the global reduction of 47 per cent since 1990, poverty reduction in sub-Saharan Africa has only declined by 8 per cent.

Within ESAR, only four of the 15 countries for which comparative data are available are likely to reach the target for halving the percentage of people living below US$ 1.25 (PPP) per day based on original baselines compared with the latest reported data. These are Ethiopia, South Africa, Swaziland and Uganda. In three of the 15 countries (20 per cent), the percentage of people living below the poverty threshold has actually increased (Zambia, Kenya and Madagascar).

1 Angola, Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe
2 http://www.unicef.org/sowc2014/numbers/
4 http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG
5 http://data.worldbank.org/indicator/SI.POV.GINI
7 http://www.unicef.org/sowc2014/numbers/
9 ibid.
On the related indicator of halving the number of people who suffer from hunger, a similar pattern is discernible, without a direct correlation. Four of the 19 countries for which comparative data are available have met or are within range of meeting the target, including Angola, Ethiopia, Malawi and Rwanda. However, in eight of the 19 countries, the proportion of the population suffering from hunger has actually increased, among them, Swaziland reporting an increase of 127 per cent and Comoros and Burundi reporting increases in excess of 50 per cent. The average rate of reduction among the 19 countries has been a meagre 2.2 per cent. Hunger and poverty are generally exacerbated by climate change and deforestation, reversing related progress, particularly in rural areas, which are increasingly susceptible to droughts, flooding and chronic food insecurity.

While moderate and severe malnutrition and wasting stand at 18 per cent and 8 per cent respectively among the 21 ESAR countries, the level of moderate and severe stunting at 39 per cent is the highest sub-regional average reported by UNICEF as of late 2013. More than half of the children in Burundi (58 per cent) and Madagascar (50 per cent) are stunted; Malawi, Zambia, Eritrea, Ethiopia, Rwanda, Mozambique and Somalia all report rates higher than 40 per cent. South Africa, Swaziland and Botswana report obesity exceeding 10 per cent, in addition to high malnutrition, creating a dual challenge.

Worldwide, the under-five mortality rate (U5MR) has dropped by 41 per cent, from 87 deaths per thousand live births in 1990/91 to 51 in 2011. Despite this enormous accomplishment, more rapid progress is needed to achieve the target of decreasing the U5MR by two thirds by 2015. Increasing, child deaths are concentrated in the poorest regions and the first month of life. At a current average of 109/100,000, Sub Saharan Africa now has the highest level of child deaths in the world, with one in nine children dying before age 5, 16 times the rate of developed countries. Between 1990 and 2013, the 21 countries in ESAR have seen declines in U5MR of 53 per cent, IMR by 50 per cent and NMR by 35 per cent. Globally the annual rate of reduction (ARR) has more than tripled since the early 1990, whereas in ESAR, progress has been five-fold (from 1.0 per cent in 1990 to 5.3 per cent in 2012). While the 21 ESAR countries, at an average U5MR of 80/100,000 fare better than western African nations, nine ESAR countries are still ranked in the top 25 for U5MR, with two, Angola and Somalia, in the top five. Girls out-survive boys by a ratio of 1.1:1. Despite high U5MR ratings, by 2012, several countries had made impressive strides in diminishing very high 1990 baselines: Malawi from 244/1,000 to 71/1,000; Mozambique from 233/1,000 to 90/1,000 and Ethiopia from 204/1,000 to 60/1,000. Uganda, Madagascar, Tanzania and Rwanda are other such examples. Six of the 21 countries are expected to meet the MDG target. Another ten have made insufficient progress, and six are off-track. Neonatal mortality, at an average of 29/1,000, accounts for more than half of infant deaths (54/1,000), one of the world’s highest neonatal mortality rates; clearly, child survival efforts must be focused accordingly.

To accelerate reduction of under-5 mortality and to address the issue of a slow decline in neonatal mortality, UNICEF continues to leverage funding and to prioritize disease prevention through immunization. Increased immunization coverage has undoubtedly contributed directly to the reduction of the U5MR. Concerted efforts on measles elimination, resulted in an increase in the percentage of children vaccinated increasing from 53 per cent to 74 per cent and DPT3 coverage reaching 90 per cent.

Globally, the maternal mortality ratio (MMR) has declined by 47 per cent over the past two decades, from 410 maternal deaths per 100,000 live births in 2000 to 210/100,000 in 2010. In Sub Saharan Africa, the 1990 baseline, at 850/100,000 was significantly higher, and the rate of decline has been slower, with a 2010 rate of 500/100,000, or an average of 2.9 per cent annually. Four of the 20 ESAR countries with available data have very high MMRs (Somalia (1,000/100,000) Burundi (800/100,000), Lesotho 620/100,000, and Zimbabwe 570/100,000) and another 14 have high MMRs. Only two countries – Botswana and Rwanda – are currently on track for the MDG. Lack of access to emergency obstetric care, skilled birth providers and routine antenatal

11 ibid
14 Ibid.
15 http://www.unicef.org/sowc2014/numbers/
care, combined with poverty and isolation, are contributing factors to significant rural/urban and wealth disparities driving this high MMR. Growth in skilled birth attendants has been stagnant at about 50 per cent. These issues affect one in two women in the region.

Low access rates to modern contraceptives are generally related to a high MMR. The unmet need for family planning has diminished only slightly from 27.4 per cent in 1990 to 25 per cent in 2010 in Sub Saharan Africa, in sharp contrast to global trends.\(^{17}\) Among the 19 ESAR countries with available data, only one (Swaziland) is rated to have high access to reproductive health; the balance is evenly divided between nine countries with moderate and nine countries with low access.\(^{18}\)

Adolescent child-bearing is a striking trend in the region, with the highest birth rate among adolescent girls aged 15-19, at 118/1,000, down only a fraction from the 1990 baseline of 125/1,000. In contrast, all developing regions have reduced the indicator from an average of 64/1,000 to 52/1,000.\(^{19}\) Child marriage (under the age of 18) is still common in districts of many ESAR countries and a contributing factor. The trend has serious implications for both new-born and maternal health, and drives an inter-generational pattern of poverty.

The global incidence rate of HIV continues to fall, with a 21 per cent decrease from 2000-2011, in terms of new HIV infections among adults aged 15-49. However, 1.8 million of the 2.5 million newly infected with HIV in 2011 resided in sub Saharan Africa. In SSA, approximately 1 in 20 adults is infected, accounting for 69 per cent of the world’s burden of people living with HIV. In the ESAR countries, the estimated number of all people living with AIDS ranges from 17.9 to 20.9 million of the world’s 34 million. Three countries – Swaziland, Lesotho and Botswana – all had prevalence rates exceeding 20 per cent in 2012, and another six countries (South Africa, Zimbabwe, Zambia, Namibia, Mozambique and Malawi) had prevalence rates exceeding 10 per cent. Of particular concern is the increasing feminization of the disease among young women. Yet only 38 per cent of young women and 43 per cent of young men have a comprehensive and correct knowledge of HIV, far short of the 2001 UNGA goal of 95 per cent.

The universal goal of antiretroviral therapy to all who need it by 2010 was likewise missed, however five of the countries with generalized epidemics had achieved access of more than 80 per cent, including Botswana, Namibia, Rwanda, Swaziland, and Zambia by the end of 2011. However, treatment for children lags, with only 28 per cent of eligible children under 15 receiving treatment as of 2011.\(^{20}\)

Condom use among young people with multiple partners had risen to 51 per cent of males and 38 per cent of females aged 15-24 among the countries reporting data, a 9 per cent increase over a decade.\(^{21}\) 16 million of the estimated 17.3 million orphans and vulnerable children who have lost one or both parents due to AIDS lives in Sub Saharan Africa, with 10.4 million in ESAR countries. South Africa, Kenya, Tanzania and Uganda all have OVC populations exceeding one million.\(^{22}\)

Mortality rates from malaria fell 25 per cent between 2000 and 2010. Several ESAR countries, including Rwanda, Malawi, Tanzania and Zambia, had achieved coverage rates of over 50 per cent of children under five sleeping under insecticide-treated nets, and are well-positioned to achieve the indicator by 2015. Reductions of 75 per cent or more have been recorded in six countries. None of the 21 ESAR countries has a significant prevalence of tuberculosis, with only Zimbabwe and Namibia reporting moderate mortality from tuberculosis.

While more than 2.1 billion people gained access to safe drinking water between 1990 and 2010 globally and reached global access of 89 per cent, the rate of increased access in Sub Saharan countries was lower, with access increasing from 49 per cent to 63 per cent during the same period. 83 per cent of the people without access to safe drinking water live in rural areas, where water quality and access remain major concerns. Four

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\(^{17}\) United Nations,  Millennium Development Goals Report, 2014


\(^{19}\) United Nations,  Millennium Development Goals Report, 2014


\(^{22}\) ibid.
of the ESAR countries -- Ethiopia, Madagascar, Mozambique, and Somalia -- continue to have very low access (under 50 per cent) to safe drinking water, and another nine have low access. Access to sanitation poses yet a greater challenge for Sub-Saharan Africa. At the end of 2011, 52 per cent of the population lacked access to improved sanitation, with half using unimproved facilities and half practicing open defecation. Another 28 per cent used shared facilities. Very low access to sanitation is a challenge in 14 of 20 ESAR countries reporting data, with low access in the remaining six countries. In summary, only six countries are considered on track to meet the safe water target, and three to meet the sanitation target by 2015.

Between 2000 and 2011, the number of children out of school declined by nearly half globally, from 102 million to 57 million. However progress has stalled in recent years, with the poorest children being three times more likely to be out of school than children from rich households, and girls, from all wealth quintiles, more likely to be out of school than boys. More than half of out-of-school children live in sub-Saharan Africa. Between 2000 and 2011, the adjusted net enrolment level for primary school grew from 60 per cent to 77 per cent. Slightly more than two out of five children will drop out of primary school before completing it, with poverty and isolation being the primary drivers. Despite these trends, seven of the 18 countries reporting data are likely to reach the MDG target, including Malawi, Mozambique, Rwanda, South Africa, Tanzania, Uganda, and Zambia. Another nine countries are within moderate reach, with Lesotho and Ethiopia facing the greatest challenges, along presumably, with South Sudan and Somalia. The quality and relevance of education and the related learning outcomes remain serious concerns across the region, and are now the foci of numerous interventions, along with transition to secondary education. The most recent Southern African Consortium for Monitoring Education Quality (SACMEQ) III survey reported that only 57 per cent of grade 6 pupils are attaining minimum learning standards in reading and only 25 per cent in mathematics.

Gender parity in primary enrolment is close to being achieved in sub-Saharan Africa, with an overall index of 0.93 in 2011, up from .83 in 2000. Sixteen of the 20 ESAR countries reporting data are either at parity, or close to parity, with four countries (Angola, Comoros, Eritrea and Somalia) achieving low progress or moving away from parity. With an index of .55, Somalia has the region’s lowest gender parity rating. Despite the overall trend towards parity, gender disparity becomes more pronounced at the secondary level, with the rate of change increasing from 76 per cent to 83 per cent in Sub-Saharan Africa during the same period, and dropping to 61 per cent at the tertiary level. The level of female representation in members of Parliament in sub-Saharan Africa at 21 per cent, as of January 2013, is closely proximate to the global average of 20.4 per cent. However this average masks diverse national experiences, ranging from very high representation in countries like Rwanda and South Africa, to very low representation in countries like Botswana, Comoros and Kenya.

General elections were held in four ESAR countries in 2013 viz. Kenya, Madagascar, Swaziland and Zimbabwe while Parliamentary elections were held in Rwanda. On March 4, 2013, Uhuru Kenyatta of the Kenya Africa National Union (KANU) was elected as President of Kenya, along with a new senate and Members of Parliament. The elections were generally peaceful, in contrast to the prior elections. They also were the starting point for enacting devolution of powers from the central level to the county level although the details of implementation remained significantly unclear by the end of the year. Zimbabwe held its General Elections on July 31, 2013, the first under its new Constitution, resulting in the re-election of President Robert Mugabe, with his party, the Zimbabwe National Union (ZANU), maintaining a two-thirds majority in the House of Assembly. The major opposition group dropped its efforts to have the elections declared null and void after seven days, and post-election violence and reaction were constrained. Swaziland’s General Elections under its tinkhundla electoral system, in which the political parties are not allowed to participate, took place on September 30, 2013. Voters elected 55 new Members of Parliament, while the King appointed 10, in accordance with the 2005 Constitution. Presidential and parliamentary elections were in Madagascar on 20 December 2013, following a first round of presidential elections on 25 October. The December presidential elections, were a runoff between Jean Louis Robinson and Hery Rajoanarimampianina, the top two candidates to emerge from the first round of voting in October. The official results of the second round were announced on 7 January 2014 with Rajoanarimampianina proclaimed the victor with nearly 54 per cent of the vote. Hopefully, the new government will now pursue a firm focus on development policies and political stability, as the country has one of the
highest poverty and stunting rates in the world. The country's economic growth has stalled and social indicators have declined since the political crisis of 2009. The outcome of Rwanda’s Parliamentary elections from September 16-18 reinforced the absolute majority of the Rwanda Patriotic Front (RPF) in the Chamber of Deputies, gaining 41 of 80 seats.

While these elections were generally peaceful, there were significant incidences of conflict and deteriorating security which had serious implications for ESAR programmes which included an escalating conflict in the DRC and internal strife within Somalia and South Sudan. The increased vulnerability of uprooted populations poses special challenges and burdens for domestic and international resettlement areas, which seek to protect and assist them.

A deteriorating security situation since 2012 in the eastern Democratic Republic of the Congo (DRC), especially in North Kivu and Province Orientale, caused Congolese refugees to flee to Uganda and Rwanda in 2013. In July 2013, the situation worsened with attacks on Kamango town, North Kivu province, resulting in an influx of over 66,000 Congolese into Bundibugyo District in Uganda and 15,000 into the Kivu District of Rwanda. The Congolese, at 172,650 people, represent two-thirds of the total refugee and asylum-seeker population in Uganda, followed by Somalia and South Sudan. In Rwanda there were almost 75,000 refugees, located in four camps and a transit centre, at the end of 2013.

In 2013, the new Federal Government of Somalia, established in 2012, sought to reassume authority over the entire country. The distribution of authority and resources between the Federal Government and the local administrations has proven challenging. Although the African Union Mission in Somalia (AMISOM) and the Somalia National Armed Forces (SNAF) pushed opposition forces out of the major cities in south-central Somalia in late 2011, the latter remain in control of small towns and large areas of the countryside where conflict continues. The security situation in Mogadishu is likely to remain volatile in 2014. Access to south-central Somalia presents a challenge. The main populations of concern as of Dec 2013 were: refugees (2,550, primarily from Ethiopia), returnees (70,000) and IDPs (1,040,000).

The Horn of Africa crisis of 2011-2012 affected 13 million people, primarily in southern Ethiopia, south-central Somalia and northern Kenya, when regional drought acerbated successive bad rains and rising inflation. It ramped up a chronic livelihoods crisis into a tipping point of potential disaster by putting extreme pressure on food prices, livestock survival, and water and food availability. Many affected populations in the region needed ongoing humanitarian assistance and are at high risk of sliding back into a crisis. Somalia’s 1.1 million displaced people are currently in a particularly vulnerable situation; with 75 per cent of them unable to meet their household food needs are also displaced and often face violence, discrimination and abuse. Conflict and violence continue to exacerbate food insecurity.

To exacerbate matters, a large-scale wild polio outbreak (WPV1) occurred in the Horn of Africa with its epicentre in South-Central Zone of Somalia with nearly 200 cases in 2013, primarily in Somalia, but also crossing borders into Kenya and Ethiopia. The wild poliovirus is now confined to local areas in Kenya and Ethiopia.

During 2013, inter-ethnic conflicts continued in various parts of South Sudan, causing internal and cross-border displacement. In Jonglei State, more than 132,000 were displaced by August 2013. Deadly clashes between competing factions within the Sudan People's Liberation Movement/Army (SPLM and SPLA) broke out in Juba on December 15, causing more than 180,000 South Sudanese to flee their homes and some 10,000 to cross into neighbouring countries (Uganda, Kenya and Ethiopia) by the end of the year, as the conflict spread to seven of South Sudan’s 10 states. The continued fighting and insecurity continued to escalate in early 2014, causing the UN Emergency relief coordinator to announce a system-wide level 3 humanitarian response, and refugees to rise to 156,000 in neighbouring countries. As of January 2014, the International Crisis Group reported an estimated 10,000 people dead due to the conflict.

This situation analysis has numerous implications for the realization of rights articulated in the CRC, CEDAW and CRPD Conventions and will inform UNICEF’s future efforts in this area. It is essential that advocacy efforts are accelerated to inform the post-2015 agenda to address the persistent inequalities and deprivations of child rights, with a particular view to emphasizing policies with demonstrated effectiveness on reducing
inequalities, ranging from creating fiscal space for increased public allocations to resilience. Significant capacity and resource gaps that constrain national and local abilities to fulfil duties to children and other vulnerable groups must continue to be addressed, including technical capabilities. The further rollout of the MoRES approach, with its embedded human rights and results-based management principles, should help sharpen analyses, and accelerate measurable development results for the most disadvantaged children and communities, supporting the national attainment of the MDGs and other development targets. The approach should build on the strengths of the attainment of the current MDGs, while addressing their limitations and shortfalls.

There is a broad expanse of priority areas for the post-2015 agenda, including a focus on the precarious second decade of life; expanded investments in access to sanitation and safe water; reducing maternal, neonatal and under-five mortality; reducing patterns of chronic under-nutrition and wasting, improving the quality of education and attaining universal access to antiretroviral treatment. A fine balance must be achieved between maintaining a focus on the development agenda, including developing long term capacity and systems, while responding to the humanitarian needs of populations affected by conflict, climate change and natural disasters.

3 Analysis of Programme Strategies and Results in the Region

3.1 Overview of Programme Strategies

Effective Advocacy

In 2013, UNICEF continued to engage in advocacy to secure increased attention and commitment to child rights by working closely with governments in the region, and a wide range of partners - from private sector, civil society, academia, to philanthropies, UN agencies and donors. Such advocacy efforts have resulted in the ratification of the Optional Protocol on Sale of Children, Child Prostitution and Child Pornography to the Convention on the Rights of the Child by the Government of Zimbabwe, and the passing of the CRC and the optional protocols by the Parliament of South Sudan. They also contributed to Zambia submitting reports to the CRC Committee for the first time since 2002.

Campaigns to put a stop to violence against children were conducted in Zimbabwe and Swaziland; and 41 children were released from the ranks of the militia group Al Shabaab in Somalia. This year, children with disability were highlighted with the launch of UNICEF’s flagship report “The State of the World’s Children,” and the International Day of the Girl Child was celebrated for the first time in the region.

As a result of successful advocacy and leveraging efforts, an increasing number of countries now have child-friendly or child-sensitive policies and budgeting in place. These include Zimbabwe (Child-Friendly Budgeting Initiative), Uganda (Child-Sensitive Social Protection Policy), South Sudan (Social Protection Policy Framework), and Lesotho (Child-Sensitive Budgeting). In South Sudan, the national Consortium on Social Protection was formed in 2013, with the support of a high-level advocacy group which identifies the most vulnerable children through research and advocacy.

Platforms such as the Children’s Parliament are empowering more children and youth to express their opinions in countries such as Burundi, Namibia, Rwanda, South Africa, Uganda and Zambia. In Uganda, U-report, a free SMS-based system developed by UNICEF Uganda, has allowed the voices of young people to be heard during the country’s parliamentary debates.

Given the trend of shrinking donor funding, advocacy for domestic funding has become a top priority for UNICEF. Towards this end, UNICEF has achieved considerable success. In Lesotho, the government absorbed the programme cost of the Child Cash Grant, which was a UNICEF initiative, with funding provided by the European Union. In South Sudan, the government co-financed pentavalent vaccines when they were introduced in 2013. In Namibia, the government allocated US$18 million for the Health Extension Worker programme, following its demonstrated success in Ethiopia. Important advocacy work was also initiated in Kenya to ensure that the government’s devolution process benefits all children, particularly the most marginalized.
Capacity Development

The ESA Regional Office has made particular efforts in building capacities related to the following areas: (1) Marginal Budgeting for Bottlenecks (MBB) tool for identifying bottlenecks in service provision and budgeting in the health sector, and the roll-out of the District health system strengthening approach (DIVA) to identify priority interventions and solutions to identified bottlenecks, both responding to a high demand among ESAR CO’s; (2) ESARO supported capacity building of SUN focal points from 19 countries, country partners on the costing and tracking of investments in scaling-up nutrition plans. This was to ensure that participants have access to a range of available methodologies for costing and tracking their plans and enable them to reflect specificities of their country situations in the selection and application of different methodologies. ESARO hold a regional nutrition forum for countries and regional economic entities to develop further capacities for improved progress on stunting reduction. In order to support improvement in infant and young child feeding in the region, a capacity building workshop was conducted on PROPAN, a tool for use in needs assessment and improving delivery in infant and young child feeding practices. (3) Civil registration and vital statistics systems in child protection, to develop region-wide capacity for governments. In this effort, Government retirees formerly involved in statistics/birth registration within the region participated in a two week orientation before being dispatched as senior experts to support countries across the region, a South-South collaboration approach. The first set of countries to benefit were Mozambique, Kenya, Zambia and Botswana; more countries will benefit in 2014. To ensure sustainability, ESARO has also supported training young and graduate statisticians who will be engaged by governments as interns to help set up civil registration systems, with opportunities to later become professional staff. (4) Building the capacities of the AU and peacekeeping missions to respond to GBV and children and DDR is another ESARO child protection capacity building initiative. GBV training packages were specifically developed for AMISOM and the “LRA task force,” as well as guidance for assisting children associated with armed forces and groups (CAAFAG). Further, ESARO has taken the lead in developing separate DDR field operations guidelines for women and children for use by governments and peacekeeping missions. As of 2014, a dedicated Child Protection advisor will be seconded to the African Union for these purposes, and it is further envisaged to second another advisor to AMISOM (through the Somalia country office). (5) Conceptualisation and facilitation of a first global UNICEF workshop aiming at defining resilience and identifying existing bottlenecks to resilience programming In order to support global engagement and understanding, was supported by ESARO, accompanied by a reference document preceded by an inter-regional position paper drafted by WCARO and ESARO.

As part of ensuring that the resilience agenda is well understood and that concepts are translated into action, staff from eight offices in Eastern Africa from UNICEF, FAO and WFP participated in a joint regional workshop and were invited to define and review a possible road map for resilience programming. Participants were also introduced to approaches for measuring resilience and exposed to the resilience concepts and expectations of key donors operating and investing in the Horn of Africa. This was followed up by developing programme guidance and defining possible programme modules for resilience, and coaching specific country offices engaging in resilience programming by supporting the development of project/programme design and recruitments. Future support in the ESA region will focus on building capacities within UNICEF offices to understand the concept and related opportunities including those arising from closer collaboration with agencies like the FAO. The setting up of a regional “Resilience Analysis Unit” in Nairobi with FAO and WFP is expected to build capacities among the Inter-Governmental Authority on development (IGAD) as well as countries to better monitor and analyse progress made related to building resilience in the wake of recurrent/chronic crisis.

Capacity development is a strategy utilised by every ESAR CO. The resilience agenda has emphasised the importance of capacity development as part of humanitarian response activities and in contexts of chronic emergencies where it is even more important to build the capacity of households, communities and fledgling service systems to ensure preparedness and timely adaptability in the face of recurrent crisis, ideally reducing the need for recurrent and costly emergency interventions. The Somalia and Kenya country offices provided good examples through their nutrition programmes, where efforts are made to integrate development and humanitarian approaches through capacity development within scalable service delivery systems, and that utilise community-based approaches for preventive management of malnutrition.
There is an increasing regional capacity development trend for planning and budgeting and results based management for decentralised government institutions (beyond the health related MBB and DIVA approach). This has been comprehensively demonstrated in Ethiopia over the past year. As governments increasingly adopt decentralised governance approaches, UNICEF encounters provincial, district or county level counterparts with little expertise and capacity for preparing budgets, and ensuring programme execution and monitoring. Given the increasing importance of this technical assistance, ESARO will undertake a brief review of capacity development interventions in 2014/15 related to planning, budgeting and monitoring support to decentralised governments, and in tandem with regional planning, monitoring and evaluation staff and a specialized professional institution, identify the most effective and qualitative approaches.

Communication for Development

In 2013, ESARO C4D support to COs was focused predominantly on immunization and WASH sectors. With the raging polio outbreak in the Horn of Africa, an aggressive introduction schedule for new vaccines, and expansion of CLTS / hygiene promotion programmes, limiting opportunities to support other sectors. Technical C4D support was provided to COs in conducting KAP surveys and formative research, development of C4D EPI strategies and products.

Most ESAR countries moved forward in 2013 with comprehensive cross-sectoral C4D strategies encompassing health, WASH, education, and child protection. These participatory KAP programmes aim at engaging community health workers, volunteers, leaders, and other stakeholders to influence social change, particularly demand creation and increased utilization of services.

Another notable positive trend concerns increasing innovation around the use of mobile technology for participatory communication – T4D (Technology for Development). Online and mobile platforms are increasingly used to collect data, provide feedback and enable young people to voice their concerns. The impact of these platforms needs to be systematically evaluated and documented.

Some areas for future C4D priority include: increasing HIV knowledge among young people (15-24 years) and the promotion of key behaviours to reduce neonatal mortality. Both could be designed to include a rigorous C4D monitoring and evaluation component which documents results at the output and outcome levels, thereby substantially increasing the utility of communication and social data for decision-making, and addressing the current tendency to report on C4D inputs throughout the region.

Service Delivery

UNICEF in ESA procured goods and services for US$800 million in 2013. Vaccines alone represented more than one third of the throughput underscoring the commitment to polio eradication and introduction of new vaccines. Service delivery remains a strong component of country programmes in the ESA region with the exception of the middle income countries. The Regional Office provides technical assistance and supports bottleneck analysis with regards to service delivery interventions within countries, including through supply sector peer reviews, supply chain analysis and assistance in large scale procurement processes, together with the Supply Division, Copenhagen. Increasingly, governments are requesting UNICEF to provide a high level of technical assistance and knowledge sharing rather than service delivery, such as Kenya where partnerships are being established to address supply challenges linked to the devolution process. In contrast, where it appears that basic commodities and services cannot be provided by the government for various reasons, the Country Offices engage and the Regional Office advises to maintain a strong service delivery component, most notably in chronic emergency and humanitarian contexts (e.g. Burundi, Madagascar, Somalia, South Sudan and Zimbabwe).

Strategic Partnerships

Across Eastern and Southern Africa, UNICEF plays a strategic role in promoting dialogue among governments, civil society, private sector, development agencies and donors, to leverage commitments and resources for the advancement of child rights in the region. Thirteen ESAR countries have become part of the Scale up Nutrition (SUN) partnerships, with Burundi and South Sudan being the newest members in the global movement that
aims to advance health and development through improved nutrition. This development is especially significant for ESA, where stunting affects more than 25 million, or 39 per cent of all children under five. In all of these countries, UNICEF plays a critical role in leveraging strategic partnerships from various actors to ensure the silent emergency is given high priority.

Building on past successful collaboration, a major agreement was reached with the European Union to support critical programmes in health, nutrition, child protection (especially birth and civil registration), and social protection.

In 2013, the EU supported a Pan-African study tour on birth and civil registration in Uganda, as part of a broader partnership among the AU, UNECA, AfDB and other UN partners to support African governments in building fully functional and comprehensive civil registration systems.

Countries are increasingly benefitting from the Global Partnership for Education (GPE), in which UNICEF plays a pivotal role in implementing education programmes, and supervising grants agreements and the disbursement of funds. UNICEF is also the management entity for the GPE in seven countries: Burundi, Comoros, Eritrea, Madagascar, Somalia, South Sudan and Zambia. In Zimbabwe, US$24 million was recently mobilized through GPE, thanks to UNICEF and the World’s Bank assistance in developing a successful application.

In Tanzania and Uganda, UNICEF has been working with telecommunication companies to develop innovative mobile applications for birth registration. Civil society organizations, faith-based organizations and the media are engaged not only in humanitarian and development programming, but also in behaviour change and social transformation. Examples include the Interfaith Network in Rwanda, the Child Rights Network in Namibia, the Child-Friendly Media Network and the Child Marriage Coalition in Mozambique. UNICEF also leverages partnerships with private sector partners to raise awareness about corporate social responsibility through the dissemination of Child Rights and Business Principles.

**Knowledge Management**

During 2013, the Regional Office developed a framework and strategy for knowledge management. The P-Drive, a repository of key documents was redesigned and formatted to improve information storage and retrieval. The region also piloted TeamSites as a collaborative workspace, maintains the intranet as a tool for sharing up to date information on key activities such as RMT meetings, DROps meetings, regional programme network meetings, etc. Country Offices were encouraged to also establish their own collaborative spaces to foster internal discussion and information sharing. For example, Tanzania is implementing the “Wiki SitAn”, an online and real-time update of situation of women and children.

ESARO is also piloting e-IMEP, a global initiative to share plans for evaluations, studies and surveys in real-time and to get global and regional perspectives on trending topics and information gaps and needs. Countries in the region, such as Burundi, Malawi, Rwanda, Uganda, Tanzania, Zambia and Zimbabwe, are rolling out key Technology for Development (T4D) initiatives that contribute to improving programme monitoring, reporting, accountability and citizen’s engagement in programmes. ESARO also commissioned a baseline study of the T4D and Innovation landscape in ESAR. The survey, the first of its kind in the organization, identified 64 initiatives across 18 countries and ten Programme Sections. The purpose of this exercise was threefold: 1) identify initiatives; 2) analyze project information; and 3) report back on T4D trends and project analysis in order to inform programme strategy at the Country and Regional level as well as contribute to Regional and Global ICT strategies.

The overall understanding of knowledge management among staff in ESARO continues to be diverse and ranges from the generation of knowledge through research, studies and surveys, as well as information management and publication. KM continues to be an area where UNICEF, including the ESAR, needs to invest more to ensure that it maintains an engaging outreach to the external world. Examples of countries that have focused efforts on developing KM strategies to define and streamline knowledge generation, dissemination, storage and retrieval include Madagascar and Tanzania that have launched web-based information sites within the Delivering as One approach as well as Angola, Burundi, South Sudan and Zimbabwe. Country offices also
maintain their individual websites where selected information and materials are posted on programme issues and advocacy.

**Human Rights-based Approach to Development**

The Programme Policies and Procedures (PPP) training carried out every year for nine days by the Regional Office regularly familiarises new staff with the Human Rights Based Approach to Development. The recent T4D initiatives rolled out in the region have boosted dialogue between duty bearers and rights holders around service delivery: On one hand, they help amplify the voices of rights holders and on the other, help duty bearers monitor and understand capacity levels required to deliver services. The ESARO has been documenting these approaches across the countries and has shared best practices.

Country offices engaging in programme reviews or planning processes have exposed existing household survey data sets to equity-focused analyses to demarcate deprivations in relation to geographic locations or wealth quintiles. While this enables most vulnerable and deprived populations to be identified in terms of broad categories, the approach often lacks the understanding of the context and driving factors necessary to determine appropriate and context relevant programming. For example, in Comoros, a worrying increase in wasting could be measured, yet it was unclear what was driving this trend, requiring additional qualitative research to better understand the reasons, be they related to high inflation or population groups being excluded from receiving remittances; a correlation that the existing data sets could not identify. Therefore, current approaches to equity analysis need to be much more finely-tuned and supplemented to lead to an adequate HRBAP that clearly identifies those most vulnerable and excluded and incorporates them in the ensuing programme design.

**Gender equality and mainstreaming**

The ESARO supported Country Offices to strengthen gender equality and mainstreaming in their Country Programmes in 2013, using the existing opportunities of the MTR and CPD, regular missions and on-going technical support. Special efforts were made to ensure national legislation is consistent with the key international treaties, especially the Convention of the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of Children (CRC). Knowledge generation and analysis of gender for policy advocacy and gender focused programming was carried out in many COs. Ethiopia, South Africa and Uganda undertook gender audits to strengthen gender focus in programming analysis and design. Within the Peace Building Education and Advocacy programme, the RO supported South Sudan, Uganda, and Burundi to undertake conflict analyses and identified that the ‘normalization of violence’ as a result of conflict has a disproportionate negative impact upon girls’ education. Ethiopia, Mozambique, South Sudan and Zambia undertook Out-of-School Children surveys to identify the characteristics of out-of-school girls and boys and analysed barriers and bottlenecks in order to influence the respective governments’ education planning. A situation analysis of adolescent girls was conducted in Lesotho to explore the disproportionate effects of HIV on women and girls. Namibia, Botswana and Swaziland COs collaborated to mobilise resources and exchange best practices around the mother-to-child transmission of HIV and gender-based violence. A gender sensitive approach has been integrated in WASH capacity development, policy and standards to inform WASH construction in Angola, Kenya, and Tanzania. One Stop Centres for gender based violence survivors were operating in Malawi, Rwanda, South African and Swaziland. In Somalia, 450,000 additional girls were enrolled as a result of the Go-to-School campaign.

**Environmental Sustainability**

Most country programmes in the region give some attention to environmental sustainability but for many COARs reference to environmental sustainability is somewhat perfunctory. While interventions are still limited largely to WASH and Education, increasing application of risk assessment in identifying environment related hazards is a positive development in programming for increased resilience. In WASH, relevant interventions included the application of renewable energy options for water pumping, implementation of environmentally sustainable biogas sanitation systems, sustainable water management strategies and introduction of environmental considerations in the selection of appropriate construction materials in community sanitation and water programmes. Examples of environment-related programme activities in education include school campaigns and curriculum development activities to increase emphasis on environmental sustainability,
disaster risk reduction (DRR) and climate change mitigation and adaptation. Environmental impact assessments, however, are not mentioned at all, suggesting that they are not conducted. The Regional Office plans to increase focus on environmental sustainability by using the resilience agenda to promote risk-informed programming and raising awareness in country offices of the links between environmental sustainability, climate change, DRR and resilience.

3.2 Overview of each MTSP Focus Area

FA 1 – Young Child Survival and Development

a) Major initiatives

A Promise Renewed (APR), the global drive to reduce U5MR to less than 25/1,000 live births by 2025, has taken root in the region, with the successful engagement of the African Union, countries and development partners to end preventable deaths. The ESARO’s technical support in 2013 resulted in all 21 CO’s identifying MNH as a priority future focus, up from nine in 2012.

YCSD supported CO’s in sharpening the national strategies linked with the post-MDG agenda. UNICEF with ALMA, USAID, WHO and other partners supported the country adoption of national and subnational RMNCH Scorecards, a tool to strengthen national and decentralized accountability mechanisms, and encourage greater action and investments in women’s and children’s health. Following Ethiopia’s pioneering work, three ESAR countries – Malawi, Tanzania and Mozambique – have initiated Scorecards, with many more planned.

The ESARO Nutrition Team focused on two major priorities in 2013: 1) systems development through high-level advocacy to increase nutrition security awareness, institutional capacity building and knowledge management, and 2) direct support to countries. The RO Nutrition Team hosted the Eastern and Southern Africa Nutrition Forum, the HIV and Under-nutrition Experience Sharing Workshop, and the ProPAN Capacity Building Workshop. The RO jointly coordinated the 5th Meeting of the African Task Force for Nutrition Development; a SUN session at the AgriKnowledge ShareFair; two CAADP Agriculture Nutrition Capacity Development Workshops, and the Infant Feeding in the context of HIV Workshop, funded by CIDA. Initiatives have been initiated by the RO to assess and strengthen strategic capacity and adaptive management, nutrition leadership and management, nutrition-agriculture linkages, and nutrition curricula. The RO supports the ongoing review of the African Regional Nutrition Strategy, mapping of nutrition stakeholders and the African Union Nutrition Champion and Ambassadors. The RO Nutrition Team helped formalize the Regional Nutrition Sub-Group under the Regional Food Security and Nutrition Working Group co-chaired by FAO and IGAD. Technical country support was provided to all countries, with in-country missions to 12: Burundi, Comoros, Eritrea, Ethiopia, Kenya, Madagascar, Mozambique, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

In the area of scaling up Option B+ for elimination of MTCT of HIV, UNICEF and partners supported countries in developing task-shifting and decentralized approaches to PMTCT service delivery that are integrated within maternal and child health clinics, resulting in that enhanced integration of HIV and SRH services within the MNCH platform (Kenya, Swaziland, Tanzania Angola, and Ethiopia). Decentralization and adoption of task shifting have led to improved service delivery of PMTCT services on the MNCH platforms from national level down to communities.

In collaboration with WHO, UNICEF provided technical support to the SADC secretariat in the development of SADC Minimum Standards for child and adolescent HIV, TB and Malaria Continuum of Care and Support (2013-2017). The Standards, validated and adopted by Member States at a SADC Ministerial Meeting in 2012, will serve to strengthen child and adolescent specific policies and programmatic frameworks in HIV, TB and malaria; to guide the integration of HIV, TB and malaria services/programmes within primary health care (PHC) and with basic child care services; and to facilitate harmonization across Member States. Additionally UNICEF supported SADC in compiling Best Regional Practices for Paediatric HIV, TB and Malaria, which were endorsed by Health Ministers in the SADC region for adoption and scale-up.

In 2013, the Horn of Africa experienced an explosive outbreak of wild polio virus type 1 that infected three countries – Somalia, Kenya, and Ethiopia-- and put four neighbouring countries -- Uganda, South Sudan,
Sudan, and Yemen—at risk. Over 200 recorded cases of wild polio virus in the Horn of Africa accounted for nearly 50 per cent of global polio cases in 2013. UNICEF ESARO worked with Global Polio Eradication Partners, including WHO AFRO and EMRO offices, CDC, and others, to roll-out an aggressive response plan. As a result, over 34 million children and adults were repeatedly vaccinated against polio.

ESARO lent significant support for countries to leverage funds through the GFATM-NFM (and other funding streams), including plans for inclusion of iCCM within several malaria control concept notes.

The RO analysis of data from the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) 2013 update was used to review progress towards MDG 7 in Eastern and Southern Africa and to analyze equity indicators. This led to a WASH needs prioritization process whereby countries were categorized by (1) current access to WASH services, (2) equity in service provision, (3) funding gaps and (4) in-country capacities. This categorization was applied in determining funding allocations for global WASH funds from DFID and SIDA.

An analysis was undertaken to investigate the links between sanitation in schools and educational efficiency indicators such as female enrolment, repetition and drop-out. The RO led the AfricaSAN preparations for the majority of countries in the region, to track progress towards the sanitation MDG and develop country action plans for sanitation. ESARO was also at the forefront of testing the WASH Bottleneck Analysis Tool (WASH-BAT), applied in several countries to strengthen sector planning and implementation.

**Innovations**

ESARO spear-headed the fusion of a novel bottleneck analysis costing technique for integrated Community Case Management (iCCM) malaria control programs with the Roll Back Malaria (RBM) gap analysis tool to potentially leveraging substantial funding from the GFATM-NFM, PMI, RMNCH Fund and other donors. This innovative strategy is supported at global level and has been taken up by WCARO. The GFATM-NFM concept note submissions in May 2014 are likely to include iCCM for several ESAR countries. Similarly, ESARO helped support the integration of MNCH within the HIV/AIDS GFATM-NFM concept note, to leverage additional funding for MNCH health system platforms in May 2014.

Innovative service delivery approaches were also piloted. These included the use of cell phone technology and short-text-message (SMS) printers to improve the reporting of EID results and link children with HIV into care and treatment. Such efforts are now being taken to scale in five countries (Zambia, Malawi, Mozambique, Swaziland, and Uganda). Three countries were supported in introducing mobile phone technology to increase early antenatal care and institutional delivery (Uganda, Zambia, and Malawi).

**b) Key results pursued and achieved in 2013**

**Regional achievements**

The regional office has met or exceeded targets on: (i) Number of countries with WHO standardized IYCF indicators used in their IYCF national policies and strategies (target: 7; achieved: 13; in 2013: 4); (ii) Number of regional formal joint activities or PCA or MOU developed with partners (target: 5; achieved: 14; in 2013: 4 partnerships and 5 joint activities), and (iii) Number of countries who have joined the SUN Movement (target: 9; achieved: 13; in 2013: 2).

Between 1990 and 2013, the 21 countries in ESAR have seen declines in U5MR of 53 per cent, IMR by 50 per cent and NMR by 35 per cent. Globally, the annual rate of reduction (ARR) has more than tripled since early 1990; ESAR made a fivefold increase progress (from 1.0 per cent to 5.3 per cent) during the same period. Six countries are on track to reach MDG 4, ten have made some, but insufficient progress and five are off track. Increasingly, a higher proportion of child deaths occur in neonates. To accelerate reduction of under-5 mortality and to address the slower rate of decline in neonatal mortality, UNICEF has continued to leverage funding and prioritize disease prevention through immunization and expanded community-based integrated case management and new-born care.

Maternal mortality has declined by 47 per cent from 740 to 410 deaths per 100,000 live births between 1990 and 2013—an average reduction of 2.9 per cent per annum. Most ESAR countries are unlikely to achieve MDG
5. A contributing factor is that skilled birth attendant coverage in the region has been stagnant at around 50 per cent: innovative approaches are required to accelerate results.

In collaboration with the Countdown, which tracks key global health data by country for the 75 highest-burden countries through 2015, the CO’s in Ethiopia, Malawi, Rwanda and Tanzania are compiling country case studies to document lessons from their experiences with the significant reduction of child mortality. Each case study will explore the health system, health care financing, human resources, health services and equity, while developing national capacity in related analytic methods and facilitating south-to-south learning.

| Progress towards MDG 4 in Eastern & Southern Africa, 1990-2012 |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Country        | 1990 | 2000 | 2012 | Decline (%) | Average annual rate of reduction (percent) | Average annual rate of reduction (percent) | Average annual rate of reduction (percent) | Number of under-five deaths (thousands) | Remarks |
| Malawi         | 244  | 174  | 71   | 51          | 5.4                        | 7.5                        | 5.5                        | 179         | On track |
| Tanzania       | 166  | 102  | 54   | 62          | 3.3                        | 7.4                        | 5.1                        | 179         | On track |
| Ethiopia       | 204  | 146  | 55   | 67          | 3.3                        | 7.5                        | 5.4                        | 179         | On track |
| Eritrea        | 150  | 89   | 52   | 65          | 5.2                        | 4.5                        | 4.8                        | 111         | On track |
| Madagascar     | 159  | 103  | 55   | 64          | 5.9                        | 4.6                        | 4.6                        | 80          | On track |
| Rwanda         | 181  | 102  | 55   | 64          | 5.5                        | 4.6                        | 4.6                        | 80          | On track |
| Mozambique     | 233  | 165  | 90   | 41          | 5.1                        | 4.3                        | 3.2                        | 132         | On track |
| Uganda         | 173  | 147  | 69   | 51          | 1.9                        | 0.5                        | 0.5                        | 145         | On track |
| South Sudan    | 231  | 181  | 104  | 43          | 5.3                        | 4.5                        | 4.3                        | 105         | On track |
| Senegal        | 197  | 169  | 89   | 54          | 3.5                        | 3.5                        | 3.5                        | 53          | On track |
| Namibia        | 73   | 73   | 73   | 11          | 0.0                        | 0.1                        | 0.1                        | 43          | On track |
| Burundi        | 164  | 190  | 104  | 37          | 3.0                        | 3.1                        | 3.1                        | 43          | On track |
| Comoros        | 124  | 99   | 79   | 41          | 3.3                        | 2.1                        | 2.1                        | 23          | On track |
| Kenya          | 96   | 110  | 75   | 25          | 1.7                        | 1.4                        | 1.4                        | 23          | On track |
| South Africa   | 81   | 74   | 67   | 19          | 2.9                        | 2.2                        | 2.2                        | 18          | On track |
| Angola         | 233  | 209  | 164  | 29          | 0.9                        | 1.1                        | 1.1                        | 23          | On track |
| Somalia        | 177  | 171  | 107  | 66          | 0.6                        | 0.8                        | 0.8                        | 66          | On track |
| Botswana       | 46   | 85   | 59   | 15          | 10.0                       | 2.9                        | 0.5                        | 23          | On track |
| Sweden         | 378  | 372  | 279  | 123         | 2.3                        | 1.1                        | 1.1                        | 33          | On track |
| Senegal        | 95   | 114  | 105  | 22          | 1.8                        | 1.6                        | 1.6                        | 23          | On track |
| Zimbabwe       | 74   | 102  | 90   | 39          | 1.1                        | 1.0                        | 1.0                        | 23          | On track |

ESAR progress towards the WASH MDG targets has been highly variable, with only six of 21 countries on track to meet the water target and three on track to meet the sanitation target.

Proportion of population using improved drinking water and improved sanitation in ESAR countries, 1990 and 2011
Programme results

Integrated Community Case Management and Malaria Control: In all ESAR countries, pneumonia, diarrhoea, and neonatal complications are the main contributors to under-five mortality and thus impede the achievement of MDG 4. Scaling up interventions to prevent and manage these diseases at the health facility and community is essential. UNICEF has been supporting the community-based health system development in Ethiopia, Namibia, Malawi, Zambia and Mozambique where CHWs are paid by the government to deliver high-impact health and nutrition interventions. In Ethiopia over 4.6 million sick children received iCCM services since 2010. Together with HQs, the RO supported the Gates Foundation-funded project of adding pneumonia treatment to large-scale malaria case management programs in Zambia and Madagascar, with the intention of providing strategic evidence for the further integration of community case management of major childhood diseases. Assistance was also provided to DFATD Health for Poorest Populations (HPP) work in Zambia and Uganda, and demand creation and expansion of pneumonia and malaria case management at community level in Kenya, Tanzania and Ethiopia, including the private sector. The gap analysis support for iCCM to Kenya facilitated a change in policy for community case management, but pneumonia treatment remains limited to a trial in a County, also supported by UNICEF.

MNH: To optimize cross-grant synergies, especially about health systems strengthening, technical assistance was invested in scaling up integrated RMNCH programmes using different entry points. Examples include the PMTCT bottleneck analysis in SSD to focus back on health systems strengthening; promoting FANC, SBA, and postnatal care; and support for Somalia’s Joint Principal Recipient (PR) workshop to review the progress of existing Global Fund Grants on AIDS, TB, and Malaria (ATM). As more countries move to embrace a salaried, institutionalized community health workforce and community health strategies, RO supported conceptualization and planning processes (Comoros, Mozambique) for the design of community-based maternal new-born care programmes. Ongoing support and new funding has benefitted two countries in initiating or expanding postnatal home contacts or visits as part of broader community-based service delivery (Zambia, Kenya). With the issuance of the new WHO Postnatal care guidelines, and the Every Newborn Action Plan’s emphasis on home visits, 2014 will expand opportunities to support the expansion of community-based maternal and newborn programmes, a regional priority.

For Knowledge Management, the RO initiated monthly MNH thematic briefs summarizing the state of the science and programming, paving the way for an ESAR Quarterly MNH Newsletter in 2014. The RO contracted and provided oversight for an ESAR MNH Evidence and Practice Review, publication pending the completion of country case studies (2014). ESAR’s MNH Fact Sheet was updated, and an MNH briefing note developed. As part of the AU’s 50 Year Celebration, UNICEF helped develop of a pre-conference ‘Child Health’ module for the AU’s International MNCH Conference.

EPI: Technical support was invested in bringing the large-scale polio outbreak in the Horn of Africa with epicentre in South-Central Zone of Somalia under control, with the wild poliovirus confined to localized parts of Kenya and Ethiopia. A major focus of ESARO’s EPI work was supporting countries in developing evidence-based communication approaches to reach more children during SIAs, and strengthening cold chain and vaccine management. As part of accelerated disease control efforts in the region, 10 countries were supported in conducting measles follow-up SIAs, in total reaching 25.7 million children under 15 years. Countries were also supported to implement activities towards maternal and neonatal tetanus elimination, with a successful pre-validation conducted in Madagascar. As part of efforts to reach the “fifth” child with immunizations, UNICEF accessed GAVI funding and collaboration to provide support to those ESAR countries with large numbers of un-immunized children and others with immunization equity problems.

With assistance from UNICEF HQ and the RO, six countries developed EPI C4D plans, both for the introduction of new vaccines and routine immunization in 2013. Technical assistance was provided to conduct KAP surveys and formative research in four countries. ESARO is working with WCARO and AFRO to develop a regional EPI C4D strategy; as a first step, a literature review of existing C4D strategies in 9 countries in Africa has been completed. This process will continue in 2014. In 2014, C4D support will be provided for new vaccine introduction, including IPV and HPV demonstration projects in countries, and to document and report on good practices and lessons learned. The integration of other related behaviours on hand washing and sanitation, new-born care, and breastfeeding will be also prioritized.

PMTCT: Significant progress has been made in the scale-up of PMTCT services in ESAR. Data from the 2012 UNAIDS Global indicate seven countries are potentially on track to achieve their eMTCT targets; three
(Namibia, Botswana and Zambia), have reached the Global Plan ARV PMTCT coverage target of 90 per cent while another four countries have coverage rates exceeding 80 per cent and are likely achieve 90 per cent in 2014 (Zimbabwe, South Africa, Mozambique and Swaziland). With an accelerated effort, countries like Tanzania and Uganda with current coverage rates over 70 per cent also have the potential to achieve their elimination targets. However, paediatric HIV treatment in the region remains unacceptably low. Only 28 per cent of eligible children in the region are currently on treatment with variations within the region. Botswana has achieved more than a 90 per cent treatment rate for children with coverage rates of 87 per cent, 67 per cent, and 54 per cent in Namibia, South Africa and Swaziland respectively; all other countries have coverage rates of lower than 50 per cent.

In collaboration with WHO and other partners, UNICEF provided support to 15 Global Plan focus countries (Angola, Botswana, Burundi, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe) in ESAR to implement the “Global Plan to Eliminate New HIV Infections among Children and Keep their Mothers Alive”. Specific support was directed at the development of costed eMTCT plans and monitoring frameworks which were informed by robust bottleneck analyses and were informed by the most recent technical guidance. Bottleneck analyses also aided in better targeting of the unreached, reducing missed opportunities at the facility level, and strengthening community approaches for the inclusion of those not accessing services.

UNICEF provided technical support to countries to scale up EID linked to PMTCT and PITC for children in nutrition centres, MCH clinics, and hospitals, with the aim of increasing Paediatric treatment coverage (Mozambique, Zimbabwe and Malawi). Recognizing that progress on paediatric treatment, an integral component of prong four of EMTCT, was lagging, UNICEF and WHO with support from the IATT conducted a four country (Zimbabwe, Tanzania, Uganda and Swaziland) assessment to gather empirical evidence on key barriers and bottlenecks for improving programming and accelerating progress. Results from these assessments also informed the paediatric treatment acceleration framework that was launched at ICASA 2013.

WASH: With a view to reducing the burden of water collection and increasing equity in access to safe water, ESARO worked with HQ on the promotion of manual drilling and cost-effective water supply strategies. Support to country offices has been provided for monitoring sustainability and promote innovative strategies to increase the sustainability of rural water sources. The RO has supported national strategies to eliminate open defecation through the development of national open defecation free (ODF) protocols, and has provided technical leadership in sanitation marketing to scale up access to and use of improved sanitation across ESAR.

Emergency: The RO provided emergency nutrition technical support to four countries (Angola, Namibia, Uganda and South Sudan) to address the humanitarian needs of these countries in 2013. When any cross-border movement occurred, there was close collaboration with UNHCR to ensure that the nutrition response was adequate. In countries such as Madagascar and Burundi, the RO supported reviews of country level programming preparedness for the management of severe acute malnutrition. RO technical support and oversight was provided to nine countries (Angola, Kenya, Madagascar, South Sudan, Uganda, Ethiopia, Somalia, Namibia, and Eritrea) in the review and preparation of the Humanitarian Action for Children (HAC). Along with such regional partners as SADC, FEWSNET, WFP and FAO, the RO Nutrition Team is involved in Southern Africa Region task force to integrate nutrition information within annual food security vulnerability assessments and analyses.

A command post was established in UNICEF ESARO for the Horn of Africa Polio response. ESARO worked on rolling out an aggressive response plan with Global Polio Eradication Partners, including WHO AFRO and EMRO offices, CDC, and others. During SIAs, over 34 million children and adults were repeatedly vaccinated against polio. While the intensity and magnitude of the outbreak are decreasing, the sensitivity of the Acute Flaccid Paralysis (AFP) surveillance systems in detecting the virus still causes concerns. ESARO’s major contribution to the response was a) the timely delivery of vaccines, including in logistically-challenging areas of Somalia; b) strengthening the use of communication and social data for evidence-based communication programmes for high vaccine uptake, c) leadership in mobilizing Polio eradication partners and stakeholders for joint appeal in fund-raising and resource mobilization, and d) regular coordination with countries. This work will continue in 2014 to maintain the achieved momentum and a continued response to contain the outbreak.

M&E and Knowledge Management for YCSD: A Promise Renewed: Most countries have signed the APR pledge and three countries (Ethiopia, Zambia and Uganda) are developing sharpened MNCH strategic plans
using evidence-based planning and budgeting tools (LiST, MBB, OHT) to improve the strategic quality of the country diagnosis, bottleneck analysis and selection of strategies to deliver optimal interventions. The APR opportunity was also used to develop the National Scorecards mechanism, with additional support was provided to DRC Country Office for the same.

Capacity strengthening on tools and methodologies: Two regional capacity building workshops (WCARO and ESARO) on the One Health Tool (OHT) were conducted to increase the capacity within the region to plan and forecast the potential cost and impact of scaling up investments to remove health system constraints. On iCCM ESARO and WCARO conducted jointly a workshop on iCCM gap analyses, with participation from HQ. One regional capacity building on LQAS was carried out in 2013.

A paper on iCCM costing (using bottleneck analysis to generate more accurate estimates) in Ethiopia, Kenya and Zambia was submitted for publication to the iCCM supplement in the Ethiopian Medical Journal. ESARO is also tasked as a guest editor for 24 papers in an iCCM supplement in the Ethiopia Medical Journal (EMJ) in 2014, which will provide evidence for other country programs on the results-based management of iCCM scale-ups to reduce under-five mortality.

Research & Evaluation: The RO supported six countries (Malawi, Ethiopia, Mozambique, Ghana, Niger and Mali) in conducting a multi-country evaluation of CI/IHSS. Support was also provided in the development of the HHA M&E Framework. In the areas of paediatric HIV/TB and Malaria, RO helped in the finalization and adoption of a regional assessment and minimum standards for SADC countries. Finally, three multi-country studies were conducted in the areas of Alignment, CHW profiles, and MNCH.

MoRES support: Technical support was provided to strengthen decentralized implementation through DIVA and multi-sectoral collaboration in Tanzania, South Soudan, Kenya and Malawi. This initiative was intended to build the capacity of district level managers and communities in strengthening decentralised health systems, including community based actions. Other cross-sectoral support was realised for costing national strategic plans (Ethiopia, Botswana).

c) Major partnerships

Global Programme Partnerships

On behalf of the UN System Network, the RO co-organized a workshop with the SUN Movement Secretariat on “Costing and Tracking Investments in Support of Scaling Up Nutrition”. The RO hosted three international conferences on Maternal Health, Newborn Health, and the AU’s International Conference on MNCH. The latter two also hosted stakeholder consultations on the global Every Newborn Action Plan led by UNICEF and WHO HQs. All 21 ESAR MoH RMNCH leaders and UNICEF MNH Specialists participated in at least one of these Conferences. Three additional countries held national stakeholder consultations on Newborn Health, resulting in heightened visibility of the significant implementation gap for high impact newborn interventions. All four ESAR countries which have sharpened RMNCH roadmaps during 2013 have a strong focus on Newborn Health, and two have newborn action plans/frameworks.

ESARO developed various strategic partnerships with academic and research institutions, NGO and other UN organizations (KEMRI, APHRC, CAFS, AMREF, HHA partnership, H4+ partners) in support of studies and research in the region, M&E, capacity building, health systems strengthening and harmonization of assessment methodologies and tools.

UNICEF’s partnership with the Rural Water Supply Network (RWSN) promotes best practices in rural water supply; a partnership with the Government of the Netherlands continues to support the entire region through the demonstration of good practices, especially related to sustainability of WASH services; and a global programme partnership was launched with DFID in 2013 to support off-track countries to accelerate WASH service provision.

In collaboration with WHO, PEPFAR and other partners, UNICEF provided support to 15 Global Plan focus countries (Angola, Botswana, Burundi, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe) in the ESAR to implement the “Global Plan to Eliminate New HIV infections Among Children and Keep their Mothers Alive,” launched in 2011.
Regional and sub-regional inter-governmental bodies:

ESARO has worked with the African Ministers’ Council for Water (AMCOW) and the World Bank’s Water and Sanitation Program (WSP) to facilitate country engagement with the AfricaSAN process to track progress and develop country action plans for sanitation.

Primary partnerships in malaria include support through UNICEF/Roll Back Malaria (RB M) (EARN and SARN) on Malaria Program Reviews (MPRs), and TA was provided to update malaria strategic plans as a foundation for the GFATM-NFM concept notes, coordinate academic and malaria control partnerships, and support the elimination of malaria in several countries.

The RO strengthened its ongoing collaboration with the African Union Commission (5th Meeting of the African Task Force for Food and Nutrition Development, review of the African Regional Nutrition Strategy and mapping the nutrition stakeholders) and several Regional Economic Entities. The RO lent technical support to develop the East, Central and Southern Africa Health Community (ECSA-HC) Food, Nutrition and Health Strategy, The RO works with the Intergovernmental Authority on Development (IGAD) to develop the IGAD Regional Nutrition Policy and Strategy. The RO has also an MOU with New Partnership for Africa’s Development (NEPAD) to support the Food and Nutrition Security in ESAR, including the Comprehensive Africa Agriculture Development Program (CAADP) Capacity Building Workshops. All partnership initiatives across regional entities and national authorities are focused on stimulating political engagement and concerted multi-sectoral efforts towards stunting reduction.

The Harmonization for Health in Africa (HHA) partnership has been one of the RO’s key partnerships in recent years. HHA is a collaborative initiative by AfDB, JICA, NORAD, UNAIDS, UNFPA, UNIFEM, UNICEF, USAID, WHO, RBM and WB to provide joint regional support to African governments in health systems strengthening. During 2013, within ESAR, significant progress in harmonizing and improving partners’ practices were noteworthy. Major achievements included (1) providing technical support at both national and sub-national levels to Kenya, Uganda, Zambia, South Sudan, and South Africa; (2) advocacy for value for money in the health sector through co-sponsoring a high level and international conference in Tanzania; (3) promoting dialogue for sustainable and quality financing for health, including country-based health financing options and mechanisms aligned to the Tunis Declaration; (4) joint technical support missions to countries to advise on the development of national health strategies and plans and; (5) organization of a regional ToT on the One Health Tool in Zimbabwe. ESARO also supported the HHA Secretariat for the development of an M&E framework.

United Nations agencies: The RO worked closely with WHO, UN-OCHA and Oxfam on the Joint Cholera Initiative for Southern Africa (JCISA) to monitor cholera outbreaks in the region and develop a regional cholera control and risk reduction mechanism. Two joint missions were conducted with FAO, WHO and WFP in Madagascar and South Sudan to support nutrition programmes. The joint mission in South Sudan resulted its request to enter the SUN movement.

With UNH4+, the RO coordinated inception planning for a new two-ESAR Country SIDA Grant in Zimbabwe (lead agency UNFPA); and Ethiopia (lead agency WHO), and partnered with WHO planning for the multi-country (South Africa, Lesotho, Zambia & Zimbabwe) OFID/OPEC PMTCT Grant to WHO to ensure linkages and synergies with existing UNH4+ Grants. The RO co-hosted a Regional workshop on MDSR (UNFPA lead), in close collaboration with WHO and UNICEF. The RO sponsored an expert session on Perinatal Death Reviews (South Africa) during a workshop which directly benefitted 13 ESAR countries. Two joint missions were performed with FAO, WHO and WFP: to Madagascar and South Sudan to support nutrition programmes.

Civil society organizations: The RO worked alongside the ECHO-funded, NGO-led Regional Emergency Cluster Adviser to support the Kenya, Madagascar, Somalia and South Sudan cluster coordinators in capacity building and knowledge management; and also partnered with the Gates Foundation to develop a learning series on best practices in sanitation in the region.

Regional and sub-regional inter-governmental bodies: The AU 50 Years of Health and Development: Child and Nutrition Health Module was produced to stimulate the African Union’s vision for health and nutrition for the next 50 years during its 50th year celebration. Partnerships were strengthened with the RECs, including AU,
 IGAD, SADC, EAC, and ECSA-HC, and with UNH4+, particularly around the MPDSr accountability agenda, Country RMNCH Scorecards planning, and the Open Health Initiative (EAC). The RO sits on the AU’s MNCH Taskforce and supported both UNICEF-sponsored new-born and child health sessions at the AU’s International MNCH Conference, and the development of the AU’s Action Plan to end preventable deaths. The RO also partnered with regional USAID, ECSA-HC and the RCQHC on the recently convened Regional Forum on MNH which addresses the capacity of national and regional Professional Associations to address regional MNCH issues. The RO further strengthened its collaboration with the AU Commission (5th Meeting of the African Task Force for Food and Nutrition Development, review of the African Regional Nutrition Strategy and mapping the nutrition stakeholders) and several Regional Economic Entities. The RO lent technical support to develop the East, Central and Southern Africa Health Community (ECSA-HC) Food, Nutrition and Health Strategy. The RO is working with the Intergovernmental Authority on Development (IGAD) for the development of the IGAD Regional Nutrition Policy and Strategy. The RO co-organized the CAADP Capacity Building Workshops with the New Partnership for Africa’s Development (NEPAD).

**Common constraints and supporting factors across the Region**

- Country capacity to establish robust monitoring systems and generate good data at sub-national levels for equity tracking is still weak, although improving.
- Access to water and sanitation progress is impacted significantly by insufficient human and financial resources and high staff turnover. Most CO’s, especially small- and medium-sized, have not secured sufficient multi-year funding to support long term WASH sector development and scale-up.
- Within ESAR, increasing awareness about the long term developmental impact of nutrition investments has prompted governments to join the SUN Movement and align results through multi-sectoral and multi-stakeholder platforms. However, support continues to be needed in operationalizing the nutrition-sensitive dimension, along with nutrition-specific interventions across multiple sectors. Expressed country needs include strengthened capacity and tools for costing national nutrition plans and tracking investments to support scaling up implementation with coordination across multiple platforms. At the community level, leadership, management, monitoring and supervisory skills are vital to move multi-sectoral implementation forward cohesively. The Netherlands-funded regional WASH programme and new multimillion dollar, multi-year funding agreements with DFID and the EU have enabled UNICEF to scale-up WASH programmes considerably in specific countries, and have led to increased sustainability of WASH services. Technical innovations in cost-effective water supply and community approaches to total sanitation (CATS) have increased the equity of programme interventions, in particular by helping to reach remote and vulnerable communities.
- HR and financing for MNH (a JPO job announcement has been posted to support MNH work.

**d) Validated good practices and lessons learned**

An evaluation of Community Approaches to Total Sanitation (CATS) identified the need to improve the supply side of the rural sanitation sector so that households are able to access quality material and services locally from the inception of the CATS intervention. Evaluations of hand-washing programmes in the region also identified lessons for scaling-up hand-washing and led to practical guidance for including hand-washing promotion within CATS. The RO reviewed experience of urban WASH in the region and as a result developed strategic guidance to country offices with a focus on equity and reaching the urban poor.

The use of cell phone technology and point of care diagnostics are emerging as important tools for improving programme uptake and service continuation in PMTCT and Paediatric HIV.

Evidence-based C4D strategies related to EPI and Polio eradication have been found effective in changing peoples’ perceptions and practices.

Un-coordinated technical support from the HQs and ESARO to country offices has been recognized as an area for improvement.

**e) Value added to progress in the Focus Area by the RO or under auspices of the RMT RLA strategic priorities – Knowledge centre**

The leadership and coordination by the “Horn of Africa polio command post” at UNICEF ESARO contributed to quality and rapid response to the outbreaks. The outbreak intensity and magnitude is decreasing, although
the sensitivity of the Acute Flaccid Paralysis (AFP) surveillance systems to detect the virus still causes concerns.

The ESA Regional WASHNet provided an excellent opportunity for country offices to share lessons learned and best practices in the region; this had a particular focus on scaling-up sanitation, sustainability and sector evidence and monitoring. Training initiatives were also facilitated by the regional office in relation to urban WASH, sanitation marketing, manual drilling and WASH in emergencies. Technical support provided by ESARO led to leveraging of funds for WASH and strengthened initiatives in elimination of open defecation, WASH in schools, urban WASH and increased resilience and sustainability of WASH services.

ESAR contributed to the documentation of the Ethiopia iCCM programme. Over 20 respective academic papers are ready for publication.

The ESARO organized the first ESA Nutrition Forum in May 2013 with presentations from experts, discussion sessions and sharing from 88 participants from 15 countries, the Department of Rural Economy and Agriculture of the African Union Commission, four Regional Economic Communities (the New Partnership for Africa’s Development, Southern Africa Development Community, East African Community and the Intergovernmental Authority on Development), the East, Central and Southern Africa Health Community, institutions and regional stakeholders. The Nutrition Forum achieved its overall goal of promoting stunting reduction in participating countries through knowledge sharing of best practices and updates on maternal nutrition and quality complementary feeding as key joint interventions. The meeting recommended the institutionalization of the Nutrition Forum as a platform for Member States to meet and discuss both technical and policy issues, some of which may require high-level political endorsement.

During the year, the regional office also continued to produce and disseminate the bi-annual Nutrition Newsletter, with updates on the regional nutrition situation and programmes, and the monthly Nutrition Digest, which highlights and discusses one recent significant nutrition publication.

**FA 2 – Basic Education and Gender Equality (BEGE)**

**a) Major initiatives**

In 2013, ESARO convened a Regional Network Meeting (RNM) for education staff from 19 Country Offices to enhance understanding and strategic positioning around key emergent issues affecting UNICEF’s programming in education in ESAR, especially in the context of UNICEF’s new Strategic Plan 2014-2017 with a focus on equity, learning and innovation. ESARO also co-organised a regional event to celebrate the International Day of the Girl Child in partnership with Plan International, UNESCO, Save the Children, UN Women and UNFPA.

The Peacebuilding, Education and Advocacy (PBEA) programme transitioned from the ESARO education section to Programme and Planning to ensure a more cross-sectoral approach to peacebuilding.

A consultant was hired by ESARO to enhance M&E capacity among country offices according to MoRES principles and to roll out OOSCI studies in the region for enhancing enhance equity in education. They were shared during the RNM. Ministry of Education representatives from 15 countries met in Nairobi to look at practical ways to strengthen systemic resilience through the integration of conflict and disaster risk reduction into education sector planning, from national to community and school level.

**b) Key results registered in 2013**

A total of 21 COs received guidance and global perspective on ECD at the RNM and through missions; ECD gained an elevated role in many COs. During 2013, the Conrad N. Hilton Foundation (CNHF)/UNICEF partnership was strengthened; a meeting with CNHF Representative took place in Nairobi; the SitAn was nearly finalized, and project implementation support was provided to Kenya, Zambia and Tanzania. ECD suffered from serious capacity constraints, but a new IECD Specialist has been recruited and is due to start in March 2014. Five countries were supported in their successful applications to join the Global Partnership for Education (GPE): Comoros, Eritrea, Somalia, South Sudan, and Zimbabwe. The regional and the Ethiopia, Mozambique, and Zambia Out-of-School Children studies were completed while the South Sudan
study is being finalised.

Enhanced collaboration with UNHCR at regional and national levels led to improved access to quality education in refugee camps in the region.

c) The major partnerships

UNICEF developed a critical new partnership with UNHCR to enhance our support for refugees, and continued partnering with UNESCO IIEP on school grants research and qualitative research around girls’ education. UNESCO UIS was a critical partner in our support for the global Out-of-School Children Initiative, and relations with the UNESCO Regional Office were also enhanced around the EFA agenda. The Global Partnership for Education (GPE) was supported in numerous countries as previously noted. Our support for UNGEI has included expanding beyond our traditional regional partner, FAWE. Save the Children has been a key partner on EiE, SACMEQ collaboration continued around learning outcomes, and our engagement with the Association for Development of Education in Africa (ADEA) included acceptance of two UNICEF-authored ADEA publications. Schools for Africa, a multi-country initiative since 2005 which aimed at transforming the lives of children in Sub-Saharan Africa – particularly the most vulnerable and excluded children – by providing them with quality education, has been successful. Phase 3 (2014-2017) of this initiative was launched in 2013 to raise US$80 million to support eight countries in ESAR, together with 5 countries in West Africa, with support from Nelson Mandela Foundation and Peter Krämer, National Committees, and private sector partners. New partnerships were developed around the disability agenda with Special Olympics (African Forum on Disability), and the Centre for British Teachers.

d) Common constraints and supporting factors

- Increasing demands on UNICEF to expand the scope of assistance (from children to adolescents and from basic to secondary education) continued in 2013.
- Reduced presence of traditional partners, balanced to some extent by new partners, including Educate a Child, and a shift in interest from some donors from education to human security and resilience in fragile states have been other factors.
- During 2013, UNICEF strengthened its focus on learning, equity (inclusion), innovation (ICT4D) and girls’ education.
- UNICEF is playing an increasing role in support of the Global Partnership for Education, especially in fragile states.

e) Validated good practices and lessons learned

In the ESA region, it is important to address conflict and natural hazards, two drivers which create fragility and weaken education systems, simultaneously. Although policy gaps remain in some countries, UNICEF has continued to shift its programmatic focus to more mainstream engagement through SWAPs and support to systems development. This has led to systems maintenance in fragile states and/or states where donors will not channel funds through government, such as in Madagascar and Zimbabwe, and systems strengthening in teacher education, such as in Uganda and Tanzania. There has also been an increased focus on factors affecting the actual delivery of services, which will be further reinforced through applying MoRES principles.

f) Value added

ESARO assisted Country Offices through the provision of technical assistance for strategic work in many areas including: (1) ECD; (2) curriculum development, (3) teacher education, (4) the development of Global Partnership for Education proposals, (5) emergency preparedness and response; (6) conflict sensitivity and resilience; (7) the dissemination of analytical and programming tools to enhance equity and quality in education, (8) the development of country programme design and (9) re-strategizing through Mid-Term Reviews and programme reviews. ESARO also assisted with the recruitment of Section Chiefs for seven country offices and with the co-ordination of reporting for the Peace-building and Education programme, Conrad Hilton Foundation and Schools for Africa.
FA 3 – HIV/AIDS and Children

a) Major initiatives
Under the 2011-2015 strategy for the Joint UN Programme on HIV and AIDS (‘Getting to Zero’) and the Unified Budget, Results, and Accountability Framework (UBRAF) and associated Division of Labour, UNICEF is co-convenor for the strategic response in three critically important areas: PMTCT and Paediatric AIDS; HIV Prevention of HIV among young people Protection and Care and Support of Children Affected by AIDS.

PMTCT and Paediatric AIDS: UNICEF together with WHO, provided technical support to the SADC secretariat in the development of SADC Minimum Standards for child and adolescent HIV, TB and Malaria Continuum of Care and Support (2013-2017) which were validated and adopted by Member States at a SADC Ministerial Meeting in 2012. These Standards will serve to strengthen child and adolescent specific policies and programmatic frameworks in HIV, TB and malaria, to guide the integration of HIV, TB and malaria services/programmes within primary health care (PHC) and with basic child care services, and to facilitate harmonisation across Member States. Additionally UNICEF supported SADC to compile Best Practices for Paediatric HIV, TB and Malaria in the region which were endorsed by Health Ministers in the SADC region for adoption and scale-up.

HIV Prevention among young people: UNICEF in collaboration with UNESCO, UNFPA and UNAIDS, supported the SADC and EAC Secretariat to mobilize political support to commit national HIV programmes to ensure that young people in the region will have access to high quality, life skills-based comprehensive sexuality education (CSE) and to appropriate sexual and reproductive health (SRH) services. This joint initiative was supported through the development of a regional diagnostic study on the situation of sexuality education and SRH in the region. Based on report the ESA Ministerial Commitment to improvement of the quality CSE life skills education and SRH services for young people was endorsed by Ministers of Education and Health from 20 countries in December 2013. Joint regional level technical assistance will support country level implementation in 2014.

Protection, Care and Support of Children Affected by AIDS: Under Building the African Agenda, UNICEF supported the African Union and Government of South Africa in the development of a continent wide Ministerial and Expert dialogue on Children and Social Protection in the context of the AU Ministers of Social Development Conference (May, 2014). This dialogue provides an opportunity to discuss key achievements on social protection in the region, highlighting evidence on impacts, including on HIV universal outcomes, innovative policies and implementation strategies, as well as options for expanding and scale-up of effective and sustainable systems. As a result of this initiative Member States have reaffirmed their commitments to the expansion of comprehensive and inclusive social protection systems on the continent. In November 2013, the Pan-African Child Protection Systems Strengthening Inter-Agency group, created with the support of UNICEF (ESARO and WCARO), launched a Joint statement at the African Committee of Experts on the Rights and Welfare of the Child (ACERWC). The committee has agreed to monitor Member states’ reporting against the African Charter on the Rights and Welfare of the Child using a child protection systems approach. The Statement makes the case for investing in child protection systems as a means to reduce children’s multiple vulnerabilities, including to HIV and AIDS.

b) Key results pursued and achieved in 2013
The elimination of mother to child transmission (eMTCT) has made significant progress with 7 countries on track to achieve their eMTCT targets. Three of these countries (Namibia, Botswana, Zambia) have reached the Global Plan PMTCT ARV coverage target of 90 per cent and 4 other countries (Zimbabwe, South Africa, Mozambique and Swaziland) have coverage rates >80 per cent and will most likely achieve coverage rates of the 90 per cent by 2014. With accelerated effort, countries like Tanzania and Uganda with current coverage over 70 also have the potential to achieve their elimination targets. Paediatric HIV treatment in the region still remains unacceptably low. Only 28 per cent of eligible children in the region are currently on treatment. There are wide variations within the region with Botswana and South Africa having around 90 per cent treatment coverage while Namibia has 67 per cent Swaziland 54 per cent. The rate is below 50 per cent in all other countries in the region. Efforts are ongoing, in collaboration with WHO and other partners, to assist countries to implement their eMTCT national plans. Technical support was provided to 15 focus countries (Angola,
Botswana, Burundi, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe) to implement their eMTCT plans through addressing bottlenecks, improving targeting, increased utilization, reduce missed opportunities at the facility level, and strengthening community approaches. Countries were assisted to develop task-shifting and decentralized approaches to PMTCT service delivery through the by integrated of HIV and SRH services within the MNCH platform Kenya, Swaziland, Tanzania Angola, and Ethiopia). Technical support was also provided to countries to scale up early infant HIV diagnosis (EID) linked to PMTCT and to promote provider initiated testing and counselling (PTC) for all children in nutrition centres, MCH clinics and hospitals to increase coverage of Paediatric treatment (Mozambique, Zimbabwe and Malawi). To address the low coverage of paediatric treatment, UNICEF and WHO supported a four country assessment (Zimbabwe, Tanzania, Uganda and Swaziland) to generate solutions for addressing bottlenecks. The country assessments were used to inform the development of the paediatric treatment acceleration framework. The framework was launched at ICASA in December 2013 and will be scaled up in 2014.

ESARO has continued to support HIV prevention efforts for adolescents through our country offices to increase: levels of comprehensive knowledge; the consistent use of condoms; and utilization of HIV testing and counselling (HTC). In 2013, over US$ 700,000 in regional level funds were allocated across 9 UNICEF offices (13 funded in total over 2012-13) and 24 technical assistance missions (2012-2013) were undertaken to UNAIDS priority countries to strengthen HIV C4D activities and materials; develop adolescent sensitive HTC Plus services for both negative and positive adolescents; to improve comprehensive condom programming (CCP); and increase demand among adolescents for voluntary medical male circumcision (VMMC); and improve access and retention in treatment and care for adolescents living with HIV (ALHIV).

In 2013, 15 country offices reported supporting HIV life skills activities for adolescent in and out of schools to increase HIV prevention knowledge and skills. Among these 15 countries, five reported activities in support the joint ESA initiative - from training secondary school teachers (Swaziland) to integrating CSE into curriculum (Malawi). Eight other CO reported innovative C4D activities to increase knowledge and utilization of HIV services. In Zambia over 21,000 adolescents receiving quality HIV and STI counselling through the U-Report SMS service. In the area of comprehensive condom programming (CCP), joint work was undertaken with UNFPA to generate strategic information on access, utilization and bottlenecks for advocacy and reprogramming and two joint missions were undertaken (Swaziland and Zambia). The RO CCP programming note was updated and re-disseminated and eight offices reported promoting the consistent use of condoms in their 2013 annual reports. RO funds and technical assistance (TA) were provided to 6 UNICEF offices (Lesotho, Mozambique, Swaziland, Zambia, Zimbabwe and Tanzania) to support utilization of HIV testing and counselling (HTC) and to strengthened referral and develop post-test services (the Plus) for both HIV negative and positive adolescents. The ESARO HTC Plus programming note was updated along with a guide for bottleneck analysis of HTC. Ten country offices reported HTC Plus activities in their annual reports, from demand creation (4), to improving quality (4), and strengthen referrals (2). RO support was provided to 3 countries around demand creation and making VMMC adolescent friendly. An additional 4 country offices reported supporting VMMC programming in 2013 – from promotion (Malawi and Zambia), to policy development (Namibia) and piloting the delivery of infant MC (Rwanda). TA and funds were provided to 3 countries to strengthen programming with ALHIV through making ART services more adolescent sensitive.

In 2013, an additional 4 country offices reported supporting activities with and for ALHIV. The RO provide TA into the USAID guidance on ALHIV care and support. Regional level analysis of evidence and disaggregated behavioural data was an ongoing activity and findings were used for advocacy, identifying bottlenecks, and programming guidance on HTC Plus and condom programming for adolescents. Eight country offices reported, in 2013, supporting studies, assessments or reviews on the HIV and SRH and situation of adolescents.

Technical support, evidence generation, advocacy have contributed to the development and adoption of inclusive, HIV-sensitive social and child protection strategies and policies, as well as to multi-country capacity to ensure increased access to HIV-sensitive social and child protection interventions by vulnerable children, including those affected by HIV and AIDS.

Social Protection and HIV. ESARO has supported countries in the development of inclusive and HIV-sensitive social protection policies and strategies in Angola, Ethiopia, Lesotho, Malawi, Rwanda, South Sudan,
Uganda and Zambia, as well as in the scale-up and expansion of programmes in Kenya, Lesotho, Malawi and Zambia. In addition, critical support was provided to countries in their progressive move from donor-supported project to nationally-owned social protection systems, strengthening multi-country capacity in systems development in Kenya, Lesotho, Zambia and Zimbabwe, as well as sharing best practice, and supporting strategic regional research and knowledge products. ESARO in partnership with Country Offices, the Transfer Project, national governments and local researches in Ethiopia, Kenya, Lesotho, Malawi, Zambia and Zimbabwe, in the generation on evidence on the impact of Social Protection, mainly cash transfers, on poverty, education, health, nutrition, productivity, as well as on adolescent wellbeing. Given that these programmes target vulnerable households, including those affected by HIV and AIDS, there is strong evidence on impacts in terms of mitigating negative effects of HIV and AIDS on families, children and adolescents. In addition, evaluations have also assessed impact on HIV prevention in Kenya, South Africa (completed), Malawi and Zimbabwe (on-going).

c) Major partnerships

PMTCT. UNICEF in collaboration with WHO, PEPFAR and partners provided support to 15 Global Plan focus countries (Angola, Botswana, Burundi, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe) in the East and Southern Africa Region to implement the “Global Plan to Eliminate New HIV infections among children and keeping their mothers alive” which was launched in 2011.

HIV Prevention. ESARO collaborated, through the Global Interagency Task Team (IATT) on Young People and HIV, with WHO and other UN, bilateral and NGO partners, in the development of the Global Guidelines on HTC and HIV treatment and care for adolescents. The IATT mechanism facilitated joint work with UNFPA on regional level analysis of condom data to strengthen CCP. Under the UN Regional AIDS Team for Eastern & Southern Africa (RATESA) joint work was also undertaken with UNESCO and UNFPA on the development of an ALHIV toolkit for schools. Work was undertaken with UNFPA and UNAIDS around reducing sexual transmission of HIV – including the joint sponsorship of a satellite at the 17th International Conference on AIDS and STI in Africa (ICASA). Engagement with USAID was strengthened around VMMC and HTC. ESARO is working with HQ and USAID and partners to support an assessment of adolescent utilization of VMMC in four countries (2014). The HTC engagement with USAID Washington is around strategies to increase the utilization of HTC by high risk adolescents, e.g. the UNICEF Test-4 the-Test, the Prevention Pack, and the U-reporter interventions. In partnership with the Global Youth Coalition on AIDS (GYCA), ESARO co-funded the ICASA Youth Pre-Conference, with Stop AIDS Now, SAFAIDS, UNFPA and UNAIDS. This strategic partnership strengthens regional level networking and allowed UNICEF to promote the HTC Plus agenda. For 2014, plans are being developed to support post-conference follow-up with the GYCA delegates from 6 countries in the region.

Social Protection. In partnership with HQ and EPRI, ESARO has been supporting regional HIV-sensitive operational research, with a particular focus on assessing the effectiveness of targeting methodologies in reaching HIV-vulnerable households. Moreover, in partnership with the World Bank, UNICEF facilitates a Community of Practice on Cash Transfers in Africa as a key multi-country capacity development initiative to share lessons among government practitioners on the operationalization of social protection systems and programmes. In Partnership with the African Union and the Government of South Africa, UNICEF has been supporting the preparation of a High level Ministerial Dialogue on Children and Social Protection, to strengthen Member State commitment to the scale-up of social protection systems in the Region. The pilot-testing and validation of UNAIDS Economic support indicator will be a key contribution to strengthening the capacity of countries to monitor achievements against MDG Outcome 7.

Child Protection. ESARO continues to support SADC to roll-out the Minimum Package of Services for OVCY, plays a Secretariat role and is a Steering Committee member of RIATT-ESA (the regional inter-agency task team for children and AIDS) and is an active member of the Pan-African Inter-Agency group on Child Protection Systems Strengthening (IAG-CPSS). A partnership was forged with the newly launched Better Care Network’s regional initiative for East and Southern Africa. By participating in a wide range of regional multi-stakeholder platforms, UNICEF leverages its convening power to promote increased synergies between the child protection, social protection and HIV and AIDS sectors in the region. ESARO will continue to provide technical support in care reform processes to ensure that critical components of the alternative care and care

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and protection response are effectively in place to address the multiple vulnerabilities faced by children deprived of parental care. In addition, support will be provided to increase the evidence-base around what effectively constitutes an “HIV-Sensitive Child Protection System”, developing practical guidelines for programming across the CABA and Child Protection sectors.

d) Common constraints and factors
Despite progress and commitment by national programmes a major constraint is the lack of human resources in many countries resulting in weak health and protection systems. This limited institutional capacity at national and local levels restricts efforts to support systems building as well as promote more effective collaboration and integration between key sectors – health, education, child welfare, etc. At the regional level, co-convening faces coordination and harmonization challenges. Undertaking joint interagency missions is both a management and capacity challenge, as the ESARO advisors working on Children and AIDS have to balance their unilateral assistance to country office with the demands for joint programming missions and interagency regional representation in various meetings and forums. The development of tools and guidance on design, monitoring and evaluation of HIV prevention and treatment and child protection programming are on-going, but face challenges with developing consensus around common programming frameworks and approaches that can deliver holistic protection to the most vulnerable children, adolescents and mothers. Country offices have been facing challenges around reporting with age and sex disaggregated data on changes in health service utilization, HIV prevention behaviours. The health, education and child protection’s sector’s ability to monitor the impact of its interventions on children under age 15 has also been limited.

e) Validated good practices and any lessons learned
Innovative approaches to service delivery were piloted such as the use of cell phone technology and SMS printers to improve return of EID results and link children with HIV into care and treatment and are now being taken to scale in Zambia, Malawi, Mozambique, Swaziland, and Uganda. In addition, support was provided to countries in introducing the use of mobile phone technology to increase early antenatal care and institutional delivery in Uganda, Zambia, and Malawi. SMS technology was shown to increase utilization of HTC by 28 per cent among young people in Zambia. One lesson learned around supporting joint work at country level has been for individual agencies to promote the RATESA results during their country support missions. Joint programming with UNESCO, UNFPA and UNAIDS – which has involved the joint planning and provision of TA as well as joint funding – has been shown to generate high level commitment and a coordinated approach to improving the quality of school based CSE life skills education – with the addition of formalizing inter-sectoral collaboration between ministries of education and health. Joint work with SADC and the EAC was more successful where UNICEF had a specific joint workplan.

Priorities for 2014: ESARO will continue supporting countries to strengthen capacity through technical assistance, dissemination of evidence, best practice and lessons learned. Interagency joint programming will be supported with a focus on the 14 UNAIDS priority countries to strengthen the quality of PMTCT services and to strengthen EID and HIV/MNCH integration. Second decade programming will support HIV strengthening of the integration of prevention, treatment and care services for adolescents. In support of the new Strategic Plan – ESARO will continue to provide technical assistance and quality assurance support to country offices to increase the quality of HTC, VMMC and ART services for adolescents and to increase the consistent use of condoms by sexually active adolescents. Significant efforts will be allocated for improving child protection M&E frameworks and systems across the region, ensuring synergies with the HIV and Social Protection sectors to measure outcome of integrated response interventions. As a core priority, the development and strengthening of case management systems, ideally linked to information management systems, has been recognized as a critical entry point to strengthening cross-sector linkages. ESARO will support the development of information management model on children, adolescent and HIV for the region that becomes integral to all systems building efforts. ESARO will continue working on the generation of evidence on the impact of children and AIDS interventions, including dissemination and discussion of the state of evidence at different fora.
a) Major initiatives in UNICEF cooperation, advocacy, communication in the Region, KM

Recognising the increasing role of the African Union Commission (AUC) in setting the policy agenda for issues affecting the protection of children in Africa, ESARO increased its engagement with several AUC departments on continental initiatives. These initiatives include: systems strengthening for Civil Registration and Vital Statistics (CRVS), Child Protection Systems (CPS) and policies on Children Affected by Armed Conflict (CAAC). As a result of these engagements, birth registration is now seen as a critical tool in promoting all aspects of the African Integration Agenda, while CAAC related instruments, policies and capacity development now form an integral part of the African Peace and Security architecture. The impact of these continental initiatives can already be seen at country level. For example, 1527 of the 21 countries in ESAR have started the process of evidence-based planning for national CRVS systems reform. Newly-developed Disarmament Demobilization Reintegration (DDR) guidelines for children and women are being introduced through AU Missions in the Central African Republic28, while the Institutional Aide Memoire on Protection of Civilians with a child protection component is being adapted to the Somalia context.

b) Key Results registered in 2013

Significant progress was made in the design and implementation of CPS as a critical strategy for the response to children affected by violence, abuse, neglect and exploitation. Mapping and costing CPS, followed by population-based surveys on violence against children (VAC), has led to the emergence of new child protection conceptual and operational models. Countries engaged in ESAR include Kenya, Malawi, Tanzania and Zimbabwe. In these countries, “packages of services” are being tested, refined and costed at the sub-national level as part of the national CPS. Technical assistance to establish these models and relevant policy and legal frameworks is progressively leading to government ownership. For example, the Kenyan model for Child Protection Centres is in the process of being scaled up from four to ten counties with government resources. In Tanzania, the district CPS will be scaled up from four pilots to nine by 2014 and up to 30 districts by 2016. Malawi is developing models in seven districts while Zimbabwe already has models in 21 districts, with plans underway for national scale-up in both countries.

Other countries making significant strides are Ethiopia and Rwanda, where strategic investments in creating an evidence-base have led to emblematic child care reform processes. Following their experience, Malawi, Mozambique, Uganda, Zambia and Zimbabwe have also started to develop strategies to transform the foundations of their child care systems, moving towards a family-based conceptual model aligned to international standards29. Technical and financial support provided by UNICEF to scale up the Isibindi community-based care and support model in South Africa allowed it to reach 130,000 children and their families. The work of these countries in modelling alternative responses to the needs of children deprived of parental care is leading to the emergence of a new paradigm for CPS in Africa.

A number of model mechanisms were also developed and put in place to ensure the protection of separated and unaccompanied children including Children Formerly Associated with Armed Forces and Groups (CAAFAG), during their movement across borders. In the Great Lakes sub region, UNICEF has played a convening role across countries and agencies to establish mechanisms to bring such separated and unaccompanied children home in the safest manner possible. Further, based on learnings from previous work in Zimbabwe and neighbouring countries, the partnership with IOM has been extended and enhanced to improve cross border systems. This is exemplified by collaboration in Ethiopia where UNICEF has leveraged resources and provided technical input to ensure the return and reintegration of approximately 1,000 unaccompanied children returned

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27 Based on information compiled by the APAI-CRVS Secretariat, Botswana, Ethiopia, Kenya, Malawi, Mozambique and Zambia are developing CRVS reform action plans; while Angola, Burundi, Lesotho, Madagascar, Namibia, Rwanda, Swaziland, Tanzania, Uganda are in the planning phases of conducting comprehensive assessments or developing CRVS systems reform plans.

28 CAR is one of the four countries covered by the DFID/FCO funded project managed by ESARO. The project includes capacity building of the LRA African Union Regional Task Force and aims to ensure that women and children are better protected in areas affected by LRA operations.

from Yemen or deported from Saudi Arabia. Such work is being emulated in Somalia, with plans for a joint documentation process with potential for replication in similar settings.

As follow up to the 2nd Conference of African Ministers Responsible for Civil Registration (Durban, September 2012), ESARO, as part of the Core Group of partners, has been supporting Member States to develop evidence-based comprehensive reform plan for CRVS. Support included: (1) the development of comprehensive CRVS assessment and planning tools, and (2) the development of a pool of 30 CRVS experts to assist in the assessment and strategic planning. Of the 21 countries in ESAR, 15 countries are at various stages of developing national CRVS system reform plans.

As part of the process for the development of continental policy on CAAC, an assessment was conducted covering good practice in DDR and the evidence used to develop field guidance for AU Peace Support Missions. In relation to training, pre-deployment and in-service programmes were organised and conducted in six troop contributing countries, which focused on strengthening the capacity of troops of the AU Mission in Somalia (AMISOM) and the AU Regional Task Force countering the Lord’s Resistance Army in handling children and women. The capacity building effort also included a needs assessment which was carried out to provide evidence that will be used in the development of guidelines and materials for troops of AU Peace Support Missions.

ESARO and WCARO launched a joint initiative to conduct evidence-based mapping of existing monitoring system and tools for child protection. Preliminary analysis of child protection data collected from 10 ESAR countries shows limited application of monitoring systems by the countries. This information will be used to develop new tools and methodologies to strengthen monitoring systems for child protection programmes in ESAR.

In 2013, Webinars formed an integral part of sharing and learning with child protection professionals in ESAR. Using a south-south approach, ESARO, in collaboration with WCARO, partnered with the University of the Western Cape (UWC) to carry out a webinar on strengthening diversion interventions within national law enforcement and justice system in which 15 country offices participated. As part of the CPS strategy, ESARO influenced the agenda of the Global Social Service Workforce Alliance, which hosted seven webinars during 2013.

More than 60 government officials and experts in CRVS, technology and child protection participated in a Study Tour about how innovations in partnerships and technology can improve CRVS systems. The Study Tour concluded with the development of a Guidance Note and Recommendations for all countries reforming their CRVS systems using innovations in programme and technology including the importance of understanding the business processes to (1) introduce technological innovations; (2) enhance the enabling environment and (3) identify and clarifying the roles of critical partners.

c) **Major partnerships through which key results were achieved**

As part of the Pan-African Inter-Agency Group on Child Protection Systems Strengthening (IAG-CPSS), ESARO played a leading role in the launch of a Joint Statement at the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) meeting in November. The Committee has agreed to monitor State-Party reports against the African Charter on the Rights and Welfare of the Child (ACRWC) with a CPS lens.

ESARO continues to work within the Core Group of the APAI-CRVS Programme. Reflecting the multi-sectoral nature of CRVS systems work, each member contributes to this programme based on their comparative advantage. For example, ESARO successfully advocated for the institutionalisation of the MoRES framework into comprehensive CRVS assessment and planning tools; AfDB is providing financial support and WHO is supporting the process by strengthening the linkages between the health sector and civil registration authorities as part of their mandate within COIA while UNECA is hosting the secretariat of the Core Group.

31 The first recommendation of the Commission for Information and Accountability for Women’s and Children’s Health refers to better information for better results and sets the goal for all countries to take “significant steps to establish a
The International Bureau for Children’s Rights (ICBR) in partnership with UNICEF, Save the Children and Organisation International de la Francophonie, continued to provide capacity building workshops on developing child-friendly assessments and training tools and methodology for national police and security forces including in Angola, Burundi, Comoros, Ethiopia, Kenya, Malawi, Namibia, Rwanda, Swaziland, Tanzania, Zambia and Zimbabwe.

Consistent with the growing role of AUC, and the direct implications for child protection, the OSRSG CAAC, in collaboration with ESARO, has signed a Declaration of Intent with the Department of Peace and Security, indicating the relevant milestones towards institutional strengthening of CAAC programming and policies.

**d) Common constraints and supporting factors across the region**

The child protection sector’s ability to monitor the impact of its interventions and develop evidence based programmes has been limited when compared to other sectors. In 2013, ESARO started a body of work aimed at increasing the quality of programming by generating tools and guidance on design, monitoring and evaluation within a MoRES framework.

In regard to translating continental agendas developed with the AUC, a common constraint at the country level is the ability of country offices to conceptualise their specific programmes as part of the pan-Africa agenda. Ideally, country offices should understand that the manner in which they engage is informed by and impacts on the broader agenda and UNICEF’s relationship with the AUC.

**e) Validated good practices and any lessons learned**

In partnership with the Better Care Network, documentation of promoting care reform has been carried out in Rwanda and Malawi. This is providing evidence on how countries can develop models of alternative response for children deprived of parental care. A common trend emerging from these experiences concerns the need for a robust case management system, ideally linked to a formal information management system. This is an area of work where programmatic synergies with the social protection and HIV and AIDS sectors should be further built upon. Countries such as Malawi, Mozambique, Rwanda and Zimbabwe have developed good practice models in this field; their pioneering experiences will be analysed and used for learning across the region in 2014.

The revised APAI-CRVS Assessment and Strategic Planning Tool now focuses beyond the enabling environment, supply and quality of functioning CRVS system, and asks questions about the demand, timing and continuity of use in accordance with MoRES. As a result, national CRVS reform plans will include an equity-focused approach for improved results for marginalised children. The tools were reviewed by the pool of CRVS experts, and have been field tested in four ESAR countries. The Core Group is modifying the tools based on the feedback from the field testing.

ESARO used the lessons learned from Botswana, Kenya, Namibia, Mozambique, Tanzania and Uganda CRVS systems strengthening experience to influence the development of guidelines for civil registration and health twinning (inter-operability) at a meeting organised by WHO, the Government of Canada, UNICEF, USAID and the World Bank. The Guidelines include the importance of: (1) principles of mutuality and partnership; (2) innovations in tracking maternal, newborn and child health; (3) reporting of deaths and the causes of death; and (4) activities of the health sector that contribute to vital statistics.

**f) Value added to progress in the FA by the RO**

The field evidence on CPS strengthening, VAC and birth registration from ESAR is contributing in defining the global child protection agenda. For example, ESARO continues to coordinate, compile and share the good practice on how to measure the scale of violence against children through population-based surveys. In

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addition, strategies used by ESAR countries to accelerate birth registration are evident throughout the recent UNICEF global publications on Birth Registration.

ESARO played a critical role in the formulation of the WHO-led Global Call to Action on CRVS in Bangkok (April 2013), which included two key recommendations: (1) the formation of a Global Alliance to strengthen CRVS systems and (2) the convening of a Global Summit on CRVS for Heads of Government in 2015. Ultimately, the aim of this Global Alliance is to mobilise Member States to develop a resolution on CRVS in the UN General Assembly and to lead a global campaign to ensure that improvement of CRVS is at the forefront of the post-2015 agenda.

ESARO continues to ensure that AUC policies and programmes are informed by evidence and place children at the centre of the African Integration Agenda which in turn influences national development agendas. Moreover, donors are increasingly recognising ESARO’s convening role in promoting and defining key child protection issues within the AUC which has provided opportunities for leveraging additional resources. Recognizing the need for the use of case management to address the multiple vulnerabilities of children affected by violence, abuse, neglect and exploitation, ESARO played a lead role in providing technical input into the development of case management guidelines by the Global Child Protection Working Group. A regional case study was conducted to inform the process and ensure guidance is based in field realities. The guidelines have also been field-tested in in Somalia and South Sudan.

### FA 5 - Policy advocacy & partnerships for children's rights

This is a strategic time across Eastern and Southern Africa in adopting policies for social inclusion. Encouraged by strong economic growth and increasing revenue levels, governments adopt ambitious public budgets, recognizing the need for better resource distribution and more inclusive and sustainable economic growth. While new infrastructure projects dominate the headlines in the press, within many countries decisive steps are being taken towards fiscal decentralization and/or improving social protection in attempts to channel resources directly to poor and disadvantaged populations. As governments adopt national social policy frameworks, moving toward or scaling up social protection systems is an increasing trend. In addition, current economic, political and institutional conditions favour economic integration which enhances the importance of the African Union and regional economic communities. These are positive trends in a region where poverty, economic and political fragility persist.

#### a) Major initiatives

In 2013, major initiatives to steer political attention, policy and resources towards children, women and disadvantaged populations in ESAR included:

- The launch of a collaboration between the African Union Commission, the Government of South Africa and UNICEF to draw high level political and technical attention to the capacity of social protection systems for delivering results for children and women while concomitantly strengthening resilience, household and local economies in Africa;

- Continued support to partners for the scale up, better integration and/or enhanced operational efficiency of social cash transfer programmes through multi-country initiatives. UNICEF continued to collaborate with the World Bank on supporting the Community of Practice for CTs and CCTs in Sub-Saharan Africa, covering the majority of countries in the region. UNICEF also worked with FAO, Save the Children and international think-tank institutions to generate and share evidence about the impact of cash transfers in Africa under the Transfer Project.

- Support to and collaboration with national partners as well as FAO, WFP, the Inter-Governmental Authority on Development (IGAD) and other partners on resilience. Social protection is now considered a strategic area for resilience programming in ESAR.

- Launch of the Public Finance for Children initiative in ESAR through a joint training workshop with sector colleagues as well as participation of key partners (IFIs, Ministries of Finance and Planning, INGOs, UNDP etc.)
b) Key results pursued and achieved

UNICEF facilitated an agreement between senior officials of the AUC and the Ministry of Social Development Government of South Africa to focus political and technical attention on the capacity of Social Protection to deliver results for children in Africa. Together with partners, UNICEF drafted a Concept Note “Children and Social Protection Systems: Building the African Agenda.” This note will be instrumental in planning, organizing, managing and following-up the planned high level Expert Consultation and subsequent dialogue on Social Protection at the AU Conference of Ministers of Social Development. Currently, it is expected that both events will take place in May 2014 with participation of all African Union member states.

This promising breakthrough in creating high level recognition builds on years of investment by UNICEF’s social policy sections in COs as well as the RO in developing partnerships; building the evidence base and providing technical assistance to improve it; and the performance, funding and efficacy social protection and basic social delivery services for vulnerable populations living in poverty and/or excluded from access. Related activities and achievements in 2013 included: an important commitment of several governments to scale up child-sensitive social protection programmes through increased domestic funding. In Lesotho, where UNICEF coordinates donor support, the Child Grant Programme is expected to more than double and reach 60,000 children living in 25,000 poor and vulnerable households by 2014 due to substantial government buy-in. Zambia’s Social Cash Transfer Program is expected to reach 100,000 beneficiaries in 40-50 districts by 2014 (61,000 in 13 districts in 2013) through improved domestic financing. The Kenyan government is now committed to double the number of beneficiaries and reach over a million vulnerable children by 2015, making its social cash transfer programme the second largest after Ethiopia among the low-income African countries. UNICEF is supporting the Namibian Government to expand Child Welfare Grants from a narrowly-targeted OVC programme towards a more universal support system for all vulnerable children. In South Africa, Child Support Grant funding is expected to almost double from R26.7 billion in 2009/10 (for 9.4 million children) to R47.6 billion in 2015/16 (for 12.1 million children).

Progress in securing EU funding for modernizing and strengthening social protection systems. In late 2012, UNICEF submitted a multi-country funding proposal to the EU and in early 2013 provided technical assistance to training EU officials working in African countries. During 2013, the EU expressed interest in supporting the development of national social protection systems, in addition to Lesotho (where UNICEF has been managing a large EU funded cash transfer programmes), for Angola and Swaziland.

Building national capacities through facilitating the sharing of South-South experience within and outside the continent. As countries move from donor-supported to nationally-owned programme systems, governments increasingly request technical assistance and opportunities for knowledge exchange from international partners rather than direct financial support for the payment of benefits. In this context, the Community of Practice on Cash Transfers and Conditional Cash Transfers in Sub-Saharan Africa, jointly supported by UNICEF and the World Bank, is important: bi-monthly virtual meetings act as an effective forum to discuss and address key operational challenges through sharing information on tools and operational procedures. Preparations are now underway for a face-to-face meeting in Lesotho in 2014.

Supporting countries in the design and implementation of impact evaluations of national social protection programmes, as well as disseminating results. Rigorous impact evaluations were presented to and discussed with national partners and donor agencies at the Transfer Project Workshop co-organized by the Regional Office with FAO and Save the Children in Zambia as well as through briefings for governments. Key highlights from these programme evaluations include: improvement in child survival and nutrition outcomes as well as school attendance (Kenya’s CT-OVC programme); economic productivity and local spill-over effects (Ethiopia, Zambia); as well as impacts on HIV prevention and adolescent wellbeing (Kenya, South Africa). In addition to these survey results, UNICEF supported operational research on HIV-Sensitive Social Protection in Kenya, Malawi, Lesotho and South Africa.

Technical advice for the development National Social Protection policies in Africa. In 2013, UNICEF technical support and advocacy resulted in the adoption of national Social Protection strategies in Malawi and Rwanda, and it was instrumental in catalyzing progress towards developing national policies in Angola, Ethiopia Lesotho, South Sudan and Zambia. As the Kenyan experience demonstrates, having a national in place is important, as it strengthens accountability and offers a legal and institutional basis for scaling up and/or
integrating better government and donor-supported programmes which are effective but limited in terms of scale and coordination. ESARO facilitated the regional exchange of experience around the process and design of policy development played an important role for the operationalization of a systems approach to social protection. Linkages between the delivery of social cash transfers and essential social services (health, education, child protection) for children and adolescents requires close collaboration between different ministries and partners: a cohesive management approach was ensured through ESARO missions and technical support to Angola, Kenya, Somalia, South Sudan, Tanzania, Zambia and Zimbabwe.

Research and advocacy on child poverty. In 2013 a new child poverty study was completed in Swaziland through support from ESARO and HQ/DPS highlighting the inadequacy of existing support systems for orphans and vulnerable children. In Angola, a vulnerability analysis used the 2008/9 IBEP survey. In South Africa UNICEF worked with academics, civil society experts and government officials towards generating a consensus on how measuring and reporting on child poverty could be adopted into official statistics.

ESARO also provided technical inputs for and supported the processes of developing a resilience approach to preventing and addressing emergencies and humanitarian crises. Technical assistance included inputs into UNICEF’s Global Resilience Workshop, the UNICEF Global Position Paper on Resilience, a regional WFP/FAO/UNICEF Joint Resilience Workshop, a Resilience Strategy for Eastern and Southern Africa as well as supporting Resilience Programming in Somalia, including piloting an analytical approach to resilience measurement based on a survey. Engagement with the Swiss Tropical and Public Health Institute resulted in the finalization of a sampling strategy for surveys to include mobile populations that was applied in the Somalia resilience assessment. A guide to resilience programming was produced and a draft resilience concept for southern Africa developed with OCHA, FAO and WFP.

In 2013, ESARO initiated and delivered training on public finance for children in September 2013 in Nairobi with 64 participants from 16 UNICEF ESAR Country Offices, partners in Ministries of Finance and/or Planning, the World Bank and INgos, UNICEF headquarters and EAPRO participants. This training was followed almost immediately by a more specialized workshop on Costing and Financial Tracking of Nutrition Interventions, which ESARO organized jointly with the SUN Secretariat. An ESARO Policy Brief exploring the linkages between nutrition and social protection was produced and disseminated. Both workshops served also as a knowledge management tool: reviewing and discussing best practice around public financial management for children in African countries. In 2013, results in this area included, among others support by the UNICEF Angola, Malawi and other Country Offices to national dialogue and youth participation in discussions on the post-2015 development agenda as well as the RO collaboration with AUC and UNECA on indicators proposed for measuring progress after 2015 on sustainable development.

c) Major partnerships

Major partnerships included collaboration with FAO, IGAD, Save the Children-UK and University of North Carolina, under the Transfer Project on impact evaluations; the World Bank on promoting integrated social protection and public financial management and on the Community of Practice on CT and CCTS; the Ministry of Social Development in South Africa and AUC on building the African Agenda for Children and Social Protection; Ministries of Finance and/or Planning in Ethiopia, Uganda, Swaziland and other countries on public financial management for children, as well as academics and partners in the SUN Movement on developing financial tracking of nutrition specific and nutrition sensitive interventions.

d) Common constraints

While social policy within ESAR is much better staffed currently than it was a few years ago, staff turnover left some senior social policy positions vacant in critical periods (Somalia, Tanzania). In some offices with smaller budgets, financial constraints did not allow upstream policy work be underpinned with social policy staff. Social policy programme budgets received minimal or zero additional funding via thematic allocations, which penalized smaller offices. This situation changed with new implications for 2014 when in late 2013, ESAR social protection received significant thematic funding from one donor.
e) “Value added” to progress

The Regional Office initiated and led key partnerships with AUC, the EU, FAO and the World Bank as highlighted above. ESARO is a champion of the integrated systems-approach to social protection, national programme impact evaluations and the resilience approach. In 2013 ESARO re-launched focus on public finance and on child poverty; areas which are pivotal for UNICEF’s 2014-17 Strategic Plan. In the area of knowledge management ESARO’s progress in sharing policy and research news and updates on key events, meetings, and relevant analyses proved popular among Country Offices.

4 Management and Operations

4.1 Overview of achievements during 2013 against the Regional Office Management Plan (ROMP) for the biennium 2012-2013

Summary of key results achieved against 2012-2013 PCRs

The ESA Regional Office Management Plan 2012-2013 maintains three Programme Component Results (PCRs) and 26 active Intermediate Results (IRs).

PCR-1 Advocacy, Programme Development: ESA country programmes and humanitarian action, are based on solid evidence, employ good practices and conform to highest technical standards.

Progress: In 2013 the Regional Office conducted a total of 533 technical assistance, oversight and guidance missions to country offices within the region (YCSD: 207, BEGE: 16, HIV/AIDS: 49; Child Protection: 44; Social Policy: 11; Programme Planning: 24; M&E: 30; Front office: 12; External Communication + C4D: 40; RESU: 5; Operations + HR + ICT + Supply: 95).

PCR-2 Development Effectiveness: ESA country offices and development partners support the development and implementation of equity-based and child rights in national policies, development plans and strategies, UN joint frameworks, UNICEF country programmes and Inter-Agency humanitarian action plans towards improved results for children.

Progress: In coordination with WHO, the ESARO team has relentlessly supported the response to the polio outbreak emerged within the Horn of Africa. The outbreak has been brought under fair control by the end of 2013. The ESARO has made consolidated efforts to build understanding and partnerships in advancing the resilience agenda, especially in the countries affected by the severe 2011 Horn of Africa crisis. The focus was on developing programme guidance, programme options as well as on measurement of resilience outcomes. Eight country offices in Eastern Africa developed joint resilience programming approaches with WFP and the FAO. While significantly focusing on food security and nutrition, the joint programming emphasized the importance of integrating social service interventions and social protection as critical to ensure building medium and long-term adaptive and transformative capacities of affected populations in challenging contexts. The ESARO supported the development and submission of Country Programme Documents for Eritrea, Namibia, Rwanda and Comoros. It also supported the Mid-Term reviews in Zambia, Mozambique, Swaziland, and Somalia.

PCR-3 Effective, Efficient Management & Stewardship: ESA regional office and country offices' transparent leadership and governance, diligent risk management, operational and financial resources stewardship, and management of human capacity ensure maximum efficiency and effectiveness in supporting the achievement of equitable results for children.

Progress: In 2013, the Regional Office completed three TRP/PBR processes for Integrated Budget review of 21 country offices, one new Country Programme submission, 10 Country Offices organizational changes and 15 Mail Poll PBRs. ESARO assistance for risk assessment and management to country offices was provided through: peer review process to Burundi, Eritrea, Madagascar, Ethiopia (PBR), and Swaziland (MTMR); support to audit process of Botswana, Lesotho, Tanzania, Kenya, Eritrea, and Uganda.
Summary of shortcomings in 2013

More efforts need to be made to anchor the neonatal and maternal mortality rate agenda in country office programming including a focus on increasing skilled birth attendance rates. A further consolidation of evidence regarding causes and factors contributing to positive or negative trends in child mortality and especially NNMR will be important to have in hands to further determine regional strategy and policy support.

Reliable funding and scope of programmes for education has been decreasing (apart from GPE countries and thematic education funds) especially in middle income country contexts and addressing quality of education still requires a comprehensive response package to be defined.

The percentage of recruitment completed within 90 days in 2013 was 43 per cent, increased from 10 per cent in 2012. However this is still below the benchmark target of 75 per cent.

Risk management and office management practices

RO’s travel work process was streamlined in an effort to address bottlenecks and improve efficiency gains and cost savings. This process emphasizes the need for a quarterly travel plan and has a direct positive impact on the amount of time taken to process travel authorizations. Additionally, the presence of a dedicated in-house travel agent continues enabling immediate consultations and providing opportunities for economical fares and direct routing. The RO maintains the practice of promoting video conferencing and Skype facilities contributing to minimizing travel costs.

ESA COs took several measures towards efficiency gains and cost savings in the areas of travel management, procurement, common services, and ICT. In travel management, CO’s adopted various approaches for cost savings e.g. corporate agreements with airlines for discounted rates, on-line bookings saving time and workload, reduction of fleets of office vehicles as well as timely and appropriate maintenance schemes for fleet management. Collaboration with other UN agencies for joint services (i.e. travel, procurement, security, and internet) has resulted in economies of scale and reduction of costs through the bulk orders of supplies. Efficiencies gained in ICT by utilizing video conferencing and Skype facilities have resulted in a reduction of travel costs and conference charges. Outsourcing/leasing ICT equipment rather than owning led to significant reductions in ICT costs. The identified challenge in determining cost savings and efficiency gains continues to be the need for proper mechanisms to enable the quantification of cost saving initiatives.

Joint Contract Review Committee (JCRC). The JCRC reviews proposed commitments and renders written contracting advice to the authorized officials responsible for the commitment of UNICEF resources which are equal or above the financial thresholds established for each UNICEF office based in Nairobi (ESARO, Kenya CO and Somalia CO). The JCRC is designed to facilitate an independent review of the procurement process leading to proposed contract award recommendations for goods and/or services prior to the commitment of UNICEF resources to ensure that UNICEF’ interests are protected.

Programme Cooperation Agreement Review Committee (PCARC). The PCARC reviews Programme Cooperation Agreement (PCA) proposals with Civil Society Organizations (CSO), provides a competent, independent and unbiased review of proposals for PCAs and Small Scale Funding Agreements (SSFAs) and renders written advice prior approval by the Regional Director.

Joint Consultative Committee (JCC). The JCC serves as a two-way channel of communication between management and staff. The JCC discusses local administrative and human resources (HR) matters of general concern to staff, administrative and HR measures originated by the local management decisions and global policies which have a direct bearing on general staff welfare.

Technical Review Panel (TRP)

The Technical Review Panel (TRP) reviews country offices PBR submissions with the main objective of conducting a thorough review of the Country Programme Management Plan (CPMP) and Integrated Budget
Programme Budget Review (PBR). Under the lead of the Regional Director, the PBR reviews country offices’ submission to PBR and recommendations made by the TRP in order to ensure that proposed country programme objectives and strategies, contained in the CPD and CPMP, address key priorities for children and women in line with UNICEF mission, guiding principles, MTSP, organizational targets, performance standards and budget guidelines. The PBR focuses its review on results, proposed strategy and approach, and organizational structure to achieve results and efficiency gains.

Procurement service

Through Procurement Services (PS), UNICEF assists partners to increase access to essential supplies and commodities. In 2013 PS in ESAR totalled US$ 421 million (including GAVI) - a slight decrease over 2012, caused mainly by variations in vaccine orders. The PS value in ESAR in 2013 was the highest among all regions. Procurement Services in 2013 included essential supplies for immunization, pharmaceuticals, HIV/AIDS and malaria. Vaccines comprise the largest proportion of PS (US$ 292 million), followed by HIV/AIDS (90 million) and malaria supplies (US$ 23 million). In 2013, seven countries accounted for 80 per cent of ESAR Procurement Services: Ethiopia US$ 78 m., Zambia US$ 68 m., Zimbabwe US$ 63 m., Kenya US$ 45 m., Tanzania US$ 38 m., Madagascar US$ 24 m. and Uganda US$ 23 m.

4.2 Oversight function and oversight-related accountabilities

Monitoring of COs performance

ESARO reviewed all results frameworks and performance updates of country offices available in the RAM. The objective of each review was to assess the quality, focus and performance of the country programme and identify areas for follow up action by ESAR and country teams. A systems framework comprising an analysis of input-throughput-output guided the review. The analysis of inputs included financial and human resources available to the country programme and provided a picture of the human resource mix and how financial resources were mobilized and spent on programme implementation. For the analysis of throughputs, ESARO examined the strategic portfolio of the Country Programmes in terms of:

- programme areas,
- levels of intervention (upstream versus downstream), and
- key determinants of bottlenecks, to understand the major focus of country programmes

The globally adopted operation-related performance measures and benchmarks were also assessed to establish a status of the operational management in countries. Finally, ESARO assessed the performance of each programme area within each country and the region as a whole, based on a progress rating of all the output-level results. Feedback was provided to 14 country offices on the quality of programme design and programmatic and operational performance, which included an analysis of the vertical logic (hierarchy of results), horizontal logic (quality of indicators and data sources) and quality of results reporting. A regional summary report was also presented to the Regional Management Team in November 2013 and discussed.

While ESARO continues to support CO’s to prepare for audits and gives oversight, quality assurance and technical assistance role to COs on operational activities, the RO has made an effort to delink joint in-country missions for CO internal audit preparations in order to ensure the better compliance and sustainability of recurrent audit findings from the RO’s peer-review recommendations in the areas of governance, programme and operations management. Risk management issues in the region, identified through audit and RO peer reviews, are a focus of attention and prioritization in an effort to support CO’s mitigate and address the existing risks.

The decision making process is driven by management and coordination mechanisms, which continue being led by committees such as the ROMT, JCRC, PCARC, and JCC. The ROMT is the main fora and advisory body to the Regional Director in policies, strategies, human and financial resources, programme
implementation, risk management, security and performance issues within a participatory and consultative management approach, including staff association.

The review and analysis of key performance management indicators (KPIs) across country offices has been maintained on a quarterly basis, through an analysis and feedback of the KPIs against set benchmarks as a mechanism to monitor and assess performance of country offices in the region. The RMT, during its scheduled meetings during the year, carries out a review of pre-agreed core indicators identifying management gaps and corrective actions. These core indicators, include, among others, financial implementation, direct cash transfers, donor reporting, audit recommendation and staff performance evaluations of COs in the region.

**Overall completeness and quality of the 2013 COARs**

The overall quality and completeness of the 2013 COARs showed improvements over 2012. This could have been a result of the detailed feed-back provided to the country offices over the past few years by the ESARO on every section of the COAR with a focus on the accuracy, completeness and consistency of the reporting. The large range of interventions and activities reported against a large number of results, in relation to the six strategies and three programming principles, often give rise to the impression that UNICEF is trying to address an overwhelming number of issues rather than pursuing achievement of a clear and limited set of results. Reporting against results is most convincing where progress can clearly be determined based on figures related to outcomes – which in the majority of cases is difficult as data required for outcome reporting is often not available, at least not on an annual basis. This certainly raises the question about the relevance of annual reporting against results that cannot be achieved within the time frame of a year, and that require investments and activities over the period of several years before any meaningful assessment of their eventual efficiency and effectiveness can be made.

While the COARs reflect a great level of engagement and activity in all of the country programmes, they also reflect a great level of diversity in terms of result formulation and reporting abilities. The Regional Office can increase its support to improving the reporting through a focus on the results formulation, including encouraging limiting the number of results, while maintaining them at a realistic outcome or impact level and not pitching results too low (at output levels). At the same time, clearly more emphasis on data collection processes will have to be reinforced, taking into account the often limited capacity and resources of country offices and partners to carry out survey and design/manage research. An opportunity could certainly be the application of the proposed Standard Operating Procedures (SOPs) for Delivering as One countries, which foresee joint work plans that would ideally also lead to joint investments into monitoring and data collection efforts. The Zimbabwe country office has yet again provided one of the best COARs – based on their current and past investments into data collection and evaluation alongside the country programme implementation that greatly facilitates meaningful and up-to-date reporting against results.

**Actions taken for improvement of HACT**

HACT management has become a standing item on the agenda of the ESA DROPs meetings over the past years, including 2013, with the HACT senior specialist from NYHQ facilitating respective sessions with the country colleagues. HACT management has been a core item in the Regional Peer Reviews, and special review support was provided to two country offices upon request. In 2014, the ESARO is establishing a P-4 HACT specialist reporting to the planning section that will closely work with the P-4 risk management specialist in the operations section. ESARO has also undertaken a review of the staffing structure in relation to managing HACT/quality assurance in the 11 high throughput countries of the region (over US$ 50 million in 2013) and has suggested additional post establishments or upgrades where necessary to be reviewed at the 2014 PBR.

**Specific areas of weakness in programme cooperation and management and actions taken by RO and RMT to address these**

**Middle Income Countries.** The smaller middle income countries in the region continue facing difficulties in maintaining adequate staffing structures for programme implementation and sufficient OR levels for programme implementation. Botswana reported US$ 160,000 of OR intake in 2013. The RO supported a MTR of the Botswana country office, including the submission of the MTMR. Similar support was given to the
Swaziland office that reported being unable to meet the payroll for its staff half-way through the country programme despite a doubling of its OR intake in 2013 from 0.8 million in 2012 to US$ 2 million, and where a revision of funding sources for the existing staffing structure was suggested. Discussions are underway to establish a regional funding envelope in support of middle income country operations. In order to support business consolidation and cost savings on the operations side of the staffing structure for the five middle income countries in Southern Africa, the so-called “BNLSS” plus Angola, a P-4 HR specialist position was established based in Pretoria to serve the respective offices and add professionalism to an HR function that would be supported by GS staff at the country office level. Similarly, a shared procurement function (P-4) operates out of Pretoria, the effectiveness and efficiency of which was to be evaluated by the concerned country offices in the first quarter of 2014.

2013 audits. Out of four audits carried out in ESAR in 2013, all four reported significant weaknesses in the implementation of HACT, two in the management of cash transfers. This further reinforces the need for the RO to support country offices in risk management and quality assurance activities across the operations and the programme areas – two positions have been created in this respect in ESARO to be recruited in 2014. Additional training and increased staffing capacity at the country level will also be necessary.

Cooperation with the African Union. It was perceived and discussed at the RMT that the regional engagement with the AU including through the liaison office in Addis Ababa was more reactive than proactive and that UNICEF lacked the type of strategic engagement and positioning expected. A review of the function and opportunities of the AU liaison office was carried out supported jointly by ESARO, WCARO and MENARO. Based on the findings and recommendations of the review, a joint strategy will be developed by the three concerned regional offices to enhance advocacy and engagement opportunities.

EU project management. In the ESAR, the EU is emerging to become the single largest donor of ORR, when and where it is disbursing. Currently, there are six country offices with significant EU ORR funding (Madagascar, Zambia, Angola, Lesotho, Zimbabwe, and Somalia) and several others are to receive funding or are submitting proposals in 2014. Of these six offices, three have encountered management challenges brought to the attention of UNICEF by the EU, and funding transfers to one project in one country were discontinued. The lesson learned is that UNICEF needs to scale up its capacity to engage with the EU in terms of high quality proposal development and advocacy, followed by solid fund management and reporting. The UNICEF Brussels office has been doing its utmost to provide quality assurance for proposals and reporting, but is clearly overloaded with requests. The Regional Office now needs to pay closer attention and lend support in reviewing proposals including results frameworks, proposed staffing structures for managing these funds, and quality assurance in reporting. To this end, the RO has started regular consultations with country offices about to receive significant EU grants, and has established a P-3 Reports Officer that will support quality assurance of respective donor reports, while RO programme sections will maintain technical assistance and oversight functions related to the implementation of the programme. This “failure to deliver” by UNICEF in one country office could trigger larger fall-out for UNICEF elsewhere if UNICEF is not perceived as proactively and systematically able to manage EU funds across the organisation.

Improve efficiency gains and cost savings.

RO’s travel work process was streamlined in an effort to address bottlenecks and improve efficiency gains and cost savings. This process emphasizes the need of quarterly travel plan with the direct positive impact in the amount of time taken to process travel authorizations. Additionally, the presence of a dedicated in-house travel agent continues enabling immediate consultations and providing opportunity for economic fares and direct routing. The RO maintains the practice of promoting video conferencing and Skype facilities contributing to minimizing travel costs.

ESA COs in the region took several measures towards efficiency gains and cost savings in the areas of travel management, procurement, common services, and ICT. In travel management, country offices adopted various approaches for cost savings e.g. corporate agreements with airline for discounted rates, on-line bookings saving time and workload, reduction of fleet of office vehicles as well as timely and appropriate maintenance schemes for fleet management. Collaboration with other UN agencies for joint services (i.e. travel, procurement, security, Internet) has resulted in economies of scale and reduction of costs from the bulk orders of supplies.
Efficiencies gained in ICT by utilizing video conferencing and Skype facilities have been evidenced resulting in a reduction of travel costs and conference charges. Outsourcing/leasing ICT equipment rather than owning led to significant reductions in ICT costs. The identified challenge in determining cost savings and efficiency gains continues to be the need for proper mechanisms to enable the quantification of cost saving initiatives.

Feedback from Country Offices

The Client Satisfaction Survey administered in December 2013 revealed that COs are generally satisfied with

5 Evaluations, Research, Studies, Surveys and Publications Completed in 2013

In 2013, a total of 41 evaluations, studies and surveys were completed by ESARO: 17 for Crosscutting Issues (DRR/ Resilience, M&E, T4D and Supply), eight for Health, five for WASH, four for Nutrition, three for Social Inclusion, two for Education and two for Child Protection. See table below. Furthermore, ESARO participated in the global evaluation schemes, such as Global Evaluation of the WASH Sector Strategy "Community Approaches to Total Sanitation" (CATS), which included Mozambique in ESAR, and the formative evaluation of MoRES evaluation, which included Zambia and Zimbabwe. The sections and programmes have used the reports of the evaluations and studies in refining their engagement with and support to country offices.

Number of activities completed by type and area (see Annex 1 for more detailed information)

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<th>Social Inclusion</th>
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<td>3</td>
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ESAR operates within the framework of the global evaluation policy and related guidelines. The Country representatives take responsibility for planning, implementing and using evidence from studies, surveys and evaluations in countries. Country Office Research and Evaluation committees ensure that activities in IMEPs are prioritized, commissioned and quality-assured, and recommendations from evaluation are followed up consistently through the development and tracking of management responses.

The RO serves as a resource for quality assurance and technical support for the implementation of studies, surveys and evaluations. In 2013, the RO maintained a quality assurance function of evaluations, surveys and, to a limited extent, studies. As part of this function, ESARO undertook a comprehensive review of all the country office IMEPs and provided extensive feedback on the quality, scope and feasibility of implementation. ESARO also analyzed the human resource capacity in the countries. The findings from the analysis were used to encourage COs with relatively low M&E capacity to reprioritize activities in IMEP as part of their mid-year reviews. ESARO also entered into partnership with Universalia to maintain a Regional Evaluation Quality Assurance Facility. Under this arrangement, Universalia provides independent assessment and feedback to country offices on the quality of Terms of Reference, as well as the inception and draft evaluation reports. ESARO support complements and reinforces COs in-house monitoring and evaluation capacity as well as Research and Evaluation Committees.

See Annex 1 for list completed evaluations, research, studies, surveys and publications.

6 Innovations and lessons learned

ESAR is the first region globally to create a specific regional support role for T4D and Innovation. Throughout 2013, the Regional ICT Office provided technical assistance to nine countries, six sectors, and supported regional as well as global efforts. It is intended that regional support will become institutionalised during 2014.

See Annex 2 for details of the regional support work for T4D and Innovation.

7 Report on UN Reform and Inter-Agency Collaboration

In the ESA region, more than half of the countries covered by the ESA UNDG have adopted the Delivering as One (DaO) approach: Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Seychelles (not covered by a UNICEF country office), Tanzania, Uganda and Zambia. Of these, three are initial DaO pilot countries: Mozambique, Rwanda and Tanzania.

The Quality Support and Advice Group (QSA) reconstituted itself in 2013 with leadership rotating from UNDP to WFP. A two–day meeting of the QSA was held in August 2013, where agenda items included a review of the UNDG working groups resulting in recommendations to the RDT to merge groups, maintaining the following would be: (1) Food Security and Nutrition working group, (2) Emergency Preparedness and Humanitarian Response group, (3) HIV and the Health working groups. The QSA would now incorporate working groups around such cross-cutting issues as environment/climate change, MDGs, gender, and Human Rights/HRBAP. It was also proposed to re-establish the regional Operations Committee that would focus on identifying common services or cost sharing/cost efficiency modalities in line with the new DaO SOPs.

The QSA also discussed the emerging issue of “resilience” programming and its relevance in the Southern and Eastern African region. It was agreed to pursue a regional “resilience building” agenda through joint and distinct technical assistance including at UNDAF sessions provided by the regional offices to country offices. The lead agency to develop a resilience agenda for Southern African countries was to be OCHA, with the existing resilience partnership of FAO-WFP-UNICEF for the Horn of Africa and Eastern African countries. It was further agreed to organise a one-week workshop for all 2014/2015 UNDAF roll-out countries in the first half of 2014, based on the good experience of a 2011 UNDAF roll-out workshop that had allowed QSA and WG members to engage directly with critical members of the UNCTs or PMTs of the roll-out countries, together with the Staff College and DOCO.

In 2013, the QSA reviewed and supported UNDAF processes in Rwanda, Angola, Namibia and Kenya. The UNICEF ESARO was specifically involved in supporting the Rwanda UNDAF (M&E framework and indicator
definition) and met with the Namibia HIV/AIDS inter-agency team during a country programme planning mission. Per the assigned country focal agency responsibilities, ESARO supported Kenya in the full UNDAF roll-out and completion process. All UNDAF documents submitted in 2013 were reviewed and commented upon as part of the quality assurance process by the QSA.

The Standard Operating Procedures (SOPs) for DaO developed and shared in 2013 were discussed among the QSA members. As the UNDG was not able to finalise the specific guidelines for the “One Programme”, this hampered the ESAR QSA group in engaging the country offices more constructively on the options of UNDAF Action Plan and Country Programme Action Plan. Specifically, there was no clarity on the proposed third option of establishing inter-agency work plans related to the UNDAF (instead of an UNDAF Action Plan or CPAP). In general, the ESA QSA/PSG agreed that establishing the joint work plan option would be a further step in implementing the recommendations from the 2013 QCPR. At least one UNCT has indicated an interest in adopting the joint work plan option: Comoros, a small country with a limited UNCT presence, where it would be sensible.

The QSA has been facing difficulties in sustaining its engagement to support all UNDAF roll-out countries equally. In general, QSA members of the four best-resourced agencies emerged as reliable support, while others struggled to maintain their input levels. UNDP was undergoing a restructuring exercise across their regional representation while moving the Regional Office from Johannesburg to Addis Ababa and with key positions in their regional operations left unfilled throughout the year. Country teams generally appealed to the UN Staff College and DOCO for the facilitation of Strategic UNDAF meetings. While Staff College/DOCO staff were able to provide facilitation and roadmap guidance, the concerns of the QSA were that they lacked sufficient knowledge of the context, programming environment, existing and past programmes to be able to support the identification of strategic priorities adequately and to ensure that such priorities were adequately captured by the selection and formulation of UNDAF results and accompanying implementation arrangements. It was also unclear to what extent the UNCTs could be held accountable for including or even responding to the QSA comments on UNDAF documents. The QSA receive a detailed response to its comments in only one case.

At the RDT meeting held together with RC’s towards the end of the year - a first time arrangement – RC’s requested a higher level of engagement of the RDT in providing guidance on democratisation and governance processes, as well as in crisis situations in the Horn of Africa and the Great Lakes region. Common concerns were voiced around the ability of the UN to commonly demonstrate the difference UN engagement is making at the country level.

The RDT reviewed its earlier commitments to stage a number of high level inter-agency missions during 2012/13 – none of which had taken place for various reasons. The RDT then agreed on and carried out as joint mission to Eritrea late in the year which included the ESARO Regional Director a.i. It was further agreed to affirm and review joint support to a selected number of countries according to different priorities. Countries singled out for targeted and joint support were: South Sudan, Madagascar (which will become Africa’s poorest country within 5 years as per World Bank estimates), Angola and the middle income countries in Southern Africa. The RCs of the MICs had called for support to revisit the strategic positioning of the UN for the last three years. The RDT agreed to look into a joint assessment of UN engagement in MICs during 2014. This will also have to be related to the UN’s global strategy in MICs and build on a UNEG evaluation of UN presence in South Africa completed in 2012.

No common position by the ESA UNDG was defined in 2013 with respect to a post-2015 position to influence the African agenda as intended at the beginning of the year.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ACERWC</td>
<td>African Committee of Experts on the Rights and Welfare of the Child</td>
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<td>ACRWC</td>
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