UNICEF Eastern and Southern Africa Regional Analysis Report 2014

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Contents

Part 1. Overview

1.1. Executive Summary

In 2014, the Eastern and Southern Africa Regional Office (ESARO) rolled out the Managing for Results initiative which outlines key measures to enable the office to more effectively manage for results. The initiative has contributed to both clarity about the key *results* to be achieved and efficient and effective *management* for those results, including through:

a. aligning work plans and existing ESARO processes, as well as human and financial resources, to deliver on key regional priorities;

b. strengthening capacity in selected strategic areas;

c. streamlining processes to improve efficiency and effectiveness of ESARO activities.

Within the framework of the UNICEF Strategic Plan 2014–2017 and in line with the Managing for Results initiative, the Eastern and Southern Africa Regional Management Team identified five programmatic priorities to focus cross-country action and learning, and to reinforce joint accountability:

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

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

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

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

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

The regional priorities reinforce country-specific priorities outlined in country programme documents agreed with national counterparts, and articulate what UNICEF will prioritize in the Eastern and Southern Africa region to contribute to the achievement of organization-wide Strategic Plan results.

To foster more connected, comprehensive and effective collaboration with partners across the region at the country level and beyond, the Regional Office developed a Regional Partnerships, Resource Mobilization and Leveraging Strategy. The strategy outlines a new model of engagement that is strategic in developing or expanding selected bilateral and multi-stakeholder engagements, focuses on building deeper partnerships, and benefits from greater support and coordination at the regional level. The model was developed against the backdrop of *Generation 2030 | Africa* and the *Africa Engagement Framework*, which focus on maximizing opportunities for Africa's children.

ESARO also developed a Regional Advocacy Strategy that defines advocacy actions to be undertaken in support of the regional priorities. The strategy outlines target groups that have the greatest potential for influencing the fulfilment of child rights at the regional and country level, key messages to inspire and mobilize these groups, appropriate actions and mechanisms for engagement, respective accountabilities, and a monitoring framework to measure progress.

ESARO strengthened its Communication for Development (C4D) capacity with the position of a Regional Adviser on C4D, and the development of a Regional Strategic Framework to guide C4D programming across the region, and assist country offices with the development, implementation and monitoring of evidence-based and effective C4D strategies to support programme results.

ESARO also strengthened support to early childhood development (ECD), with the work led by a new ECD Specialist supporting the capacity of Country Offices to enhance national provision of early childhood education, culminating in a Regional Workshop on Affordable, Quality Pre-Primary Education in the United Republic of Tanzania. Nearly 200 delegates and observers attended the 3-day workshop which provided global and regional pre-primary education research and guided country delegations to

develop 2-year pre-primary education action plans. Guidance and tools were also provided to Country Offices to enhance other areas of early childhood development.

Countries in the region received technical support to strengthen and expand maternal, neonatal and child health services, including through development of national strategies, increased access to health facilities and community-based systems, strengthening of the cold chain, introduction of new vaccines, and supplementary immunization activities for polio eradication.

The Regional Office prioritized support to countries to integrate HIV and maternal, neonatal, and child health services. In collaboration with the World Health Organization, UNICEF ESARO helped build capacity in high-performing countries to ensure they have the tools and ability to validate the elimination of vertical transmission of HIV. This has contributed to tremendous progress in expanding access and utilization of services to prevent new HIV infections in children and keep mothers alive, including increased coverage of lifelong treatment for women living with HIV who begin to receive the treatment while pregnant.

In the field of nutrition, advocacy and technical support have included technical support contributing to the development of the African Regional Nutrition Strategy (ARNS) 2015–2025 that is to be adopted by the African Union (AU), and also facilitated the development of the first IGAD Regional Nutrition Policy and Strategy.

Regionally, the Community-led Total Sanitation (CLTS) programmes resulted in over 7.6 million people living in newly open-defecation-free (ODF) communities. In the region, 16 countries are implementing CLTS and 7 countries have declared national targets of reaching national ODF status before 2020.

ESARO launched the Out-of-School Children (OOSC) regional study with the UNESCO Institute of Statistics on the Day of the African Child in June 2014. The study revealed that 9 million children of primary school age and 8 million children of lower secondary school age were not enrolled in school in the region in 2010 and demonstrated the importance of addressing income poverty and issues related to location, gender, culture, language, security and environment. The study was used by the African Union (AU) and resulted in increased focus on out-of-school children at its annual Conference of Ministers of Education and in preparations of the next AU Education Plan.

ESARO prioritized the application of innovative technological tools to facilitate the integration of civil registration into health systems, providing support to 11 countries to develop evidence-based national civil registration and vital statistics (CRVS) reform plans. Three countries also received support to design funding proposals to support the implementation of national CRVS strategic plans. The dramatic increase in birth registration in Uganda and Zambia validates the theory of change on the inter-operability of civil registration and health systems, and shows how innovative applications of information and communication technology (ICT) can support desired change. Similar evidence exists in Botswana, Namibia and South Africa.

ESARO leadership in the development of a strategic partnership with the African Union (AU) on children and social protection systems was a major achievement in 2014. This partnership emerged from an AU Expert Consultation on Children and Social Protection and contributed to increased political will to finance and expand coverage of social protection as evidenced by the Ministerial Declaration of the Fourth Session of the AU Conference of Ministers of Social Development.

ESARO supported the development of a joint resilience framework and approach for use in Eastern and Southern African countries. The IGAD-led Resilience Analysis Unit (RAU) project was launched with partners (UNDP, WFP, FAO) and a regional review of adaptive basic social services was completed and disseminated to UNICEF Country Offices in Somalia, Uganda and Kenya.

Challenges in the region centre mainly around the fragile and high-risk nature of many of the countries in which UNICEF works. The result is that it is both important and difficult to sustain the necessary risk mitigation processes related to direct cash transfers (DCT), the harmonized approach to cash transfers

(HACT) and partnership management. That is why ESARO has made major efforts to support country offices to strengthen those safeguards and processes during 2014.

In addition to the successful partnership with the AU and other partners, ESARO has initiated outreach and engagement with several private sector partners, including Unilever, Jovago, ELMA Foundation, and Airtel to mobilize resources or leverage capacity and technical expertise in support of programmes.

1.2.   Trends and Progress Relevant to Children and Women

"The future of humanity is increasingly African," states the *Generation 2030 | Africa* report[1], which projects that in 2050, around 41 per cent of the world's births and 40 per cent of all children under five will be African. Sub-Saharan Africa is one of the fastest growing regions in the world with 6 out of 10 of the world's most rapidly expanding economies. Increasing wealth is accompanied by inequality, with millions of children marginalized in rural and, increasingly, urban settings. [2]

With a significant increase in the discovery of oil and mining deposits, the resource base of many countries in the region is changing rapidly, bringing investment and wealth potential. Foreign investment continues to increase. Economic growth in many countries in Eastern and Southern Africa (ESA) outstrips the global average; GDP growth rates for Angola, Ethiopia, Mozambique, South Sudan, Uganda, United Republic of Tanzania, and Zambia exceed 6 per cent.[3] In light of current trends and organizational goals, it was recognized in 2014 that UNICEF would benefit from a new, more focused approach to partnerships, resource mobilization and leveraging to bring about results for children.

Some 45 per cent of people live below the poverty line in the Eastern and Southern Africa region. In many countries, over 40 per cent of children are deprived in at least 3 dimensions of child poverty. Disparities in education, health and other dimensions of human development are often evident where particular groups (especially indigenous peoples, persons with disabilities and rural populations) suffer disproportionately from income poverty and inadequate access to quality services.[4] The richest segment of the population enjoys outcomes that are at least double that of those from the poorest quintile on indicators such as birth registration, skilled attendance at birth, nutrition, and primary school attendance.[5]

The high levels of poverty, exclusion and inequality which continue to prevail across the region have highlighted the need to reform social protection systems – resulting in specific commitments by members of the African Union in 2014. These relate to expanding coverage or scaling up existing programmes, unifying fragmented programmes into comprehensive national systems, and progressive transition from donor-supported projects to nationally-owned and financed systems.

The average rate of reduction of the under-five mortality rate (U5MR) has doubled to 2.4 per cent during 2000–2010[6] compared with 1990–2000 rates, and progress in the region has accelerated further since 2010[7] to about 9 per cent. Vaccination has contributed significantly to the recent reduction in under-five deaths, with a 14 per cent reduction in the number of unimmunized children from 2010 to 2011. Still, only 6 of 21 ESA countries are on track to meet Millennium Development Goal (MDG) 4.

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[1] UNICEF, *Generation 2030 | Africa*, August 2014, <http://www.unicef.org/publications/index_74751.html>,

[2] Four ESAR countries (Comoros, Botswana, Namibia and South Africa,) have Gini coefficients over 0.6, and another five (Lesotho, Rwanda, Swaziland, Zambia and Zimbabwe) over 0.5. The higher the Gini coefficient (maximum value = 1), the more unequal the income distribution in the country.

[3] <http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG>

[4] United Nations Department of Economic and Social Affairs (DESA), *Inequality Matters: Report on the World Social Situation 2013*, <http://www.un.org/esa/socdev/documents/reports/InequalityMatters.pdf>

[5] <http://www.unicef.org/sowc2014/numbers/>

[6] 2012 MDG Report

[7] IGME estimates

Five countries have made no progress at all in this area. ESA also has a very high neonatal mortality rate, at 27 per 1,000 live births in 2013, and progress is stalling[8].

Only 36 per cent of children under five years of age are registered at birth in the Eastern and Southern Africa region overall, with less than 20 per cent of children registered in Ethiopia, Malawi, Somalia, United Republic of Tanzania and Zambia.[9]

Stunting prevalence has not improved over the last two decades. Approximately 39 per cent (in excess of 26 million) of children under five in the region are stunted: the rate is highest in Burundi (58 per cent) and Eritrea (50 per cent); eight other counties have rates exceeding 40 per cent. Moreover, in addition to high undernutrition, Botswana, Comoros, and Swaziland report childhood obesity rates exceeding 10 per cent, suggesting a two-pronged nutrition problem.[10] Severe and moderate acute malnutrition (SAM and MAM) remain a serious concern in the Horn of Africa region, where many populations experience chronic malnutrition and there are pockets of acute malnutrition at crisis level. Although many countries in Eastern and Southern Africa report high rates of timely introduction of complementary foods for children, these foods are frequently inadequate in quality.

Access to improved drinking water and sanitation facilities in Sub-Saharan Africa is one of the lowest globally; in Eastern and Southern Africa, while access has been improving, only 65 per cent households have access to improved drinking water and 33 per cent households have access to improved sanitation facilities.

Only a quarter of children of aged 3 to 6 years are enrolled in pre-primary schools in ESA. The Primary School Net Enrolment Ratio (NER) is 86 for boys and 83 for girls, while the Secondary NER is 34 for boys and 32 for girls[11]. The regional Out-of-School Children Initiative (OOSCI) study suggests that there are approximately 19 million children of school age who are out of school in the region. In addition, many students who do attend school are over age, as a result of late entry (in 38 per cent of cases) and high repetition rates. The average primary repetition rate is 12 per cent. Only 57 per cent of grade 6 pupils are attaining minimum learning standards in reading and only 25 per cent in mathematics[12].

ESA has one of the lowest numbers of mobile phone users (60 per cent of the adult population) and Internet subscribers (15 per cent) of any region[13]. In 2013, Facebook, together with other private sector partners, launched *Internet.org* to bring affordable Internet access to everyone. With UNICEF support, *Internet.org* was first introduced in Zambia to enable mobile phone users to have access to a rage of critical information, including *Facts for Life* and key messages on HIV and AIDS and Ebola. Subsequently, United Republic of Tanzania and Kenya introduced the app in 2014, and another 9 countries have plans to adopt it in 2015.

Eastern and Southern Africa accounts for about two thirds of new HIV infections in children in sub-Saharan Africa, which in turn accounts for almost 90 per cent of the global total. The number of people living with HIV in the region is estimated to be between 17.7 and 19.5 million, about half of all the people living with HIV around the world. Botswana, Lesotho and Swaziland have prevalence rates exceeding 20 per cent, and in another 6 countries (Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe) rates exceed 10 per cent. Only 33 per cent of young women and 39 per cent of young men have a comprehensive and correct knowledge of HIV, far short of the 2001 United Nations General Assembly goal of 95 per cent.

A total of 92 per cent of the world's pregnant women living with HIV are found in Sub-Saharan Africa. In 2007, 20 per cent of pregnant women living with HIV were receiving antiretroviral therapy; this has risen

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[8] UNICEF, *The State of the World's Children 2015: Reimagine the Future*

[9] UNICEF, *The State of the World's Children 2015: Reimagine the Future*

[10] UNICEF, *The State of the World's Children 2015: Reimagine the Future*

[11] UNICEF, *The State of the World's Children 2015: Reimagine the Future*

[12] Study of the Conditions of Schooling and the Quality of Education (SACMEQ) III survey report

[13] UNICEF, *The State of the World's Children 2015: Reimagine the Future*

to over 60 per cent resulting in significant declines in the number of new infections among children. The number of new infections among children has fallen by more than 40 per cent in Burundi, Kenya, Namibia, South Africa, and Zambia, and by more than 20 per cent in Botswana, Ethiopia, Lesotho, Malawi, Rwanda, Swaziland, Uganda and Zimbabwe in the last few years.

Adolescent childbearing is strikingly high in the region, which has the highest birth rate among adolescent girls aged 15–19, at 113 per 1,000, down only a fraction from 125 in 1990, while the global average stands at 50. Child marriage, a contributing factor, is still common, especially in rural areas.

The region is characterized by high levels of internal and cross-border mobility of vulnerable populations, including children. Women and children continue to be affected by armed violence (child recruitment, killing and maiming of children and gender-based violence) mainly from insecurity and conflict in countries such as South Sudan, Somalia, and the Great Lakes region, and in fragile areas of Kenya, Ethiopia and Uganda. A series of studies has confirmed an endemic pattern of violence against all children; homes and schools are not safe from violence. Rates of sexual violence reported by 18–24-year-old women as occurring before the age of 18 are 38 per cent in Swaziland, 33 per cent in Zimbabwe, and 32 per cent in Kenya – and likely similar for other countries in the region.

The political environment in the Great Lakes region contributed to significant internal and cross-border population displacement, giving rise to acute protection concerns, especially for children and women. The region hosts an estimated one million refugees from Somalia and the Democratic Republic of the Congo (DRC).

Elections, political instability and insecurity affected programme implementation in countries such as Lesotho, Mozambique, Somalia and South Sudan. In Botswana the timely implementation of planned activities was a challenge, with some activities being delayed as a result of strong involvement of Government officials in election preparations. The grave consequences of the political conflict in South Sudan which broke out in December 2013 had implications for UNICEF programmes in 2014. Nearly 750,000 children have been displaced and the number of children estimated to be suffering from severe acute malnutrition doubled to 235,000. Approximately 400,000 children left school due to the conflict, and approximately 12,000 were recruited by armed groups. The ethnic dimension of the conflict affected UNICEF national staff as harassment intensified and ethnically-motivated attacks increased.

1.3. Humanitarian Assistance

The humanitarian context in the Eastern and Southern Africa region continues to be shaped by high levels of chronic vulnerability, conflict and displacement, food and nutrition insecurity, climate variability, epidemics, and pockets of political instability that negatively impact children and women.

The conflict in South Sudan has led to mass displacement, critical levels of food and nutrition insecurity and widespread violations of human rights. The South Sudan crisis has also led to almost half a million people[14], more than 70 per cent of whom are children, to seek asylum in neighbouring countries including Sudan, Uganda, Ethiopia and Kenya. It is estimated that some 35,000 South Sudanese children are unaccompanied or separated in the region. The Regional Office provided extensive technical support in the area of nutrition to the Level 2 and 3 humanitarian crises in South Sudan through remote and extended field support. ESARO also provided technical support to the nutrition response in countries affected by the South Sudan crisis, including Ethiopia, Kenya, and Uganda.

The scale-up of humanitarian programmes in South Sudan and countries receiving the influx of South Sudanese refugees has been the focus of humanitarian action in the region. By December 2014, UNICEF and partners reached 88,000 conflict-affected children in South Sudan with life-saving assistance and protective services, and treated close to 90,000 children for severe acute malnutrition.

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[14] UNHCR, 478,109 people as of 21 November 2014

ESARO has also provided significant support through: emergency surge capacity to South Sudan and refugee receiving countries, regional coordination, development of communication and advocacy strategies, piloting cross-border child tracing schemes, scaling up food security, water, sanitation and hygiene and nutrition programming; and support to management of cholera and measles outbreaks.

UNICEF has played a key role in inter-agency regional coordination and support to the South Sudan crisis, which has included development of the Strategic Response Plan (SRP) and Inter-Agency Regional Refugee Response Plan.

Despite the sheer number of crises affecting children and families around the world in 2014 and the challenge for UNICEF to raise awareness and mobilize global support for each of them, the UNICEF South Sudan Country Office, with support from the Regional Office, Headquarters and National Committees for UNICEF, has been able to generate much-needed media coverage through proactive pitching, particularly around strategic events and Rapid Response Missions. This led to a significant volume of reporting in major international media outlets (including the BBC, Voice of America, Newsweek, Huffington Post, and Bloomberg News), as well as many regional and national media channels in the region. The development and implementation of an advocacy strategy was key to promoting the visibility of the work of the UNICEF Sudan Country Office, the situation of children, and policy leveraging undertaken at country and regional level.

The situation in Somalia deteriorated in 2014, with more than one million people requiring lifesaving assistance due to chronic vulnerability, nutrition insecurity and conflict.

Regular cycles of flood and drought, as well as other hazards, require continued investment in preparedness across the region and support is needed for building resilience of communities and systems at national and subnational levels. In 2014, the Horn of Africa experienced another episode of heightened food and nutrition insecurity. While 2014 did not witness an acute regional food and nutrition crisis, the situation remains serious, with some areas in a state of chronic crisis, with pockets of acute food insecurity and emergency-level malnutrition.

Together with FAO, UNHCR and WFP, UNICEF ESARO spearheaded an inter-agency approach to scaling up preparedness and response to food and nutrition insecurity in the greater Horn of Africa region. With support of the regional inter-agency team, seven country teams developed integrated programme scale-up plans which also formed the basis of a regional support plan. Specific investment cases are under development. This initiative has spurred greater coordination at country level and led to alignment of support provided by different agencies at the regional level.

Through engagement with WFP and UNICEF Country Offices and national authorities in Burundi, Madagascar, Rwanda and Uganda, ESARO supported Government-led disaster-related policy development and preparedness initiatives that included national simulation exercises. ESARO brought together agencies working in the Great Lakes region to improve coordination on child protection in emergencies. Humanitarian Performance Monitoring was also supported in 6 countries.

ESARO also supported the development of a joint resilience framework and approach for use in Eastern and Southern African countries. The IGAD-led Resilience Analysis Unit (RAU) project was launched with partners (UNDP, WFP, FAO) and a regional review of adaptive basic social services was completed and disseminated to UNICEF Somalia, Uganda (Karamoja region) and Kenya Country Offices.

Twelve high- and medium-risk countries participated in a regional workshop on how to integrate conflict and disaster risk reduction (CDRR) in education sector planning. ESARO contributed to the establishment of a regional Education in Emergencies (EiE) Working Group with the aim of addressing EiE issues from a regional perspective (e.g. refugee education for South Sudanese refugees, education for Somali returnees). The ESARO Basic Education and Gender Equality section provided technical support to South Sudan to assist with the education emergency response and conducted joint missions

with UNHCR to 3 of the 4 countries hosting South Sudanese refugees in the region to support the development of comprehensive national refugee education strategies.

Technical support was also provided in 2014 to high-risk countries in preparation for a potential Ebola outbreak. Ebola prevention and response plans including behaviour and social change strategies were developed. All ESA countries have established national coordination bodies for communication activities and disseminated generic messages and tailored information for different audiences though IEC (information education communication) materials and other communication tools. Ebola preparedness will continue to be a priority for the region until the outbreak in West Africa is contained.

1.4.   Equity Case Studies

Programming in ESAR has a strong focus on the promotion of equity and the reduction of multi-dimensional poverty. Below are a few examples of region-wide initiatives that were conducted in 2014.

As part of regional efforts to refocus on equity in **education**, ESARO initiated a regional study on education provision for **children with disabilities** at preschool, primary and lower secondary levels in all countries in the region. The study examines the current situation and legal framework at the country level in relation to the Convention on the Rights of Persons with Disabilities and identifies and analyses specific strategies to support inclusive education. It also includes in-depth country studies of Comoros, Madagascar and Rwanda to identify main barriers and bottlenecks in terms of the enabling environment, supply, demand and quality of education. The results of this study, due to be finalized in 2015, will be used to inform education sector planning and policy frameworks.

In 2014, ESARO conducted two regional studies to examine factors contributing to the improvement of **learning outcomes for the most disadvantaged and marginalized children**. The first study documented theories of change and examples of good practice that contribute to improved learning outcomes for disadvantaged children. The second study examined the impact of the language of instruction on learning outcomes. These studies will be used to produce a guidance note to help government partners focus on measures to help improve primary education learning outcomes in literacy and numeracy. A policy brief on language and learning will also be disseminated in 2015.

The gross enrolment ratio in **pre-primary education** is 25 per cent in Eastern and Southern Africa and 54 per cent globally. Evidence shows that those **children who are most disadvantaged**, as a result of poverty, ethnic and linguistic minority status, gender discrimination, remoteness, disability, violence, and/or HIV status, stand to experience the most dramatic gains from quality early childhood care and education (ECCE) programmes – but are least likely to have access.

The ESARO Education and Social Policy sections collaborated on a study to review and map existing evidence on the **impact of social protection interventions on education** outcomes in Sub-Saharan Africa. The results of this study, which will be available in 2015, are expected to provide government partners with an evidence base to support social protection interventions such as cash transfers, removal of user fees, and legislation ensuring access to services, to effectively lower or eliminate financial and social barriers to accessing education services.

Despite economic growth and investment in key social sectors, economic and social barriers still prevent the **most vulnerable and excluded population groups from accessing essential services** and realizing their rights. Persistent economic inequality and social exclusion in all countries in the region is the rationale for a strong and explicit commitment to strengthening social protection systems as one of the five regional priorities, with 18 of the 21 ESA Country Offices committing to support this priority.

ESARO is managing a multi-country project funded by the European Union to increase birth registration of children under five by at least 20 per cent, and to **reduce disparities between urban and rural birth registration** by 50 per cent. This project targets Uganda and Mozambique in Eastern and

Southern Africa, as well as countries in West and Central Africa and East Asia and Pacific regions. The Monitoring and Evaluation Plan used for each country in the context of this project drew on the Monitoring Results for Equity System (MoRES) approach, supporting country offices to track results in addressing coverage with an emphasis on disadvantaged groups by regularly collecting and analysing data on progress achieved and changes in context to inform decision-making processes, adapt implementation strategies, and adjust project design, as appropriate.

Part 2. Analysis of programme strategies and results: Development Effectiveness

2.1.   Development Effectiveness (DE) Analysis

ESARO provided technical support to all 21 countries in the region to improve quality of programmes and ensure that they are equity-focused and risk-informed. Angola, Comoros, Kenya, Madagascar, Malawi, Uganda, United Republic of Tanzania and Zimbabwe were supported to update the situation of women and children and review the programming environment during Strategic Moments of Reflection which helped to identify key programme and management priorities as part of Country Programme development or Mid-term Review processes. Support was provided in the context of the five regional priorities agreed by the RMT:

1. Enabling children to **survive and thrive**.
2. **Reducing stunting** to provide opportunities for children to realize their full potential.
3. Improving **education quality and learning outcomes** to prepare children for the future.
4. Achieving **results for adolescents (R4A)** that help them manage risks and realize their full potential.
5. Scaling up **social protection** interventions to reduce child poverty and other vulnerabilities that impede the full realization of child rights.

Considering the emphasis placed on addressing behavioural and socio-cultural determinants within the UNICEF Strategic Plan and Regional Priorities, ESAR developed a *Communication for Development* (C4D) Regional Strategic Framework 2015–2017 to guide C4D programming in the region, and assist country offices in the development, implementation and monitoring of evidence-based and effective C4D strategies across programme sectors.

Regional Priority 1. Survive and Thrive

The first ESAR priority, Survive and Thrive, focuses on newborn mortality reduction through integrated mother and child health services and the Expanded Programme on Immunization (EPI), and broadening access to birth registration and early childhood development.

Four ESARO Management Plan Outputs relate to this ESAR priority:

a. *Health*. Enhanced national and subnational capacity for the accelerated delivery of priority and equity-focused maternal, newborn and child health (MNCH) interventions;
b. *HIV and AIDS.* Enhanced country capacity for scaling up the equitable use of HIV prevention, treatment, care and support interventions among children, pregnant women and adolescents;
c. *Child protection: Birth registration.* Enhanced capacity of countries to design, implement, monitor and evaluate programmes for birth registration, prevention of violence against children, and care and protection of children;
d. *Early childhood development (ECD).* Enhanced country capacity for cross-sectoral programming to scale up early childhood development (ECD), strengthen behaviour and social change interventions and respond to gender inequalities and supply-side bottlenecks.

Maternal, newborn and child health

The rate of reduction in under-five mortality in the Eastern and Southern Africa region accelerated in recent years: child mortality fell by almost 25 per cent between 2010 and 2013, from 98 to 74 per 1,000 live births. Currently, 6 out of 21 countries are on track to meet MDG 4, 10 countries need to speed up progress in reducing under-five mortality and the remaining 5 countries to reverse the current trend. Despite overall improvements in reducing the under-five mortality rate (U5MR), maternal and neonatal mortality continue to lag behind. UNICEF in Eastern and Southern Africa is prioritizing platforms for integrated delivery of maternal and newborn services to support progress in this area.

Specifically, the Regional Office supported countries, including Eritrea, Ethiopia, Madagascar and the United Republic of Tanzania, to develop costed strategies and plans for the implementation of the *Committing to Child Survival: A Promise Renewed* initiative (APR) to end preventable deaths by 2030. Six ESAR countries – Kenya, Somalia, Uganda, United Republic of Tanzania, Zambia and Zimbabwe – were supported to review and sharpen their behavioural and social change communication interventions for maternal, newborn and child health in line with the APR recommendations. Technical support was also provided to countries with large reproductive, maternal, neonatal and child health (RMNCH) grants, such as Zambia, to facilitate smooth programme implementation, and to Somalia and South Sudan to facilitate resource mobilization from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In 2014, ESARO supported countries to strengthen community-based health service delivery, contributing to expansion of integrated community case management (iCCM) services. For example, support was provided to Ethiopia, Kenya, Malawi, Namibia, Rwanda, Somalia, South Africa, Uganda, Zambia and Zimbabwe to sharpen their community health policies and strategies; Ethiopia to expand access to iCCM and community-based maternal and newborn care; Kenya to expand iCCM in 3 counties; Malawi to deploy community-based health workers, resulting in 83 per cent of villages in 11 of 28 districts providing adequate treatment of childhood illnesses; Madagascar to strengthen health services in 27 districts for the implementation of Mother and Child Health weeks covering 3.5 million children; and Kenya, United Republic of Tanzania, and Zambia to accelerate implementation of communication for development (C4D) for iCCM and malaria. The government of Mozambique agreed to double the current number of community health workers to 7,600 by 2017.

Expanded Programme on Immunization (EPI)

Significant progress has been made in the region with regard to introduction of new and underutilized vaccines. The introduction of pentavalent vaccine in South Sudan in 2014 completed the introduction of the life-saving vaccines in the region. In addition, 14 of the 21 ESAR countries (Angola, Botswana, Burundi, Ethiopia, Kenya, Madagascar, Malawi, Namibia, Rwanda, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe) have introduced all three of the new and underutilized vaccines (pentavalent, PCV (pneumococcal conjugate vaccine), and rotavirus). Every country which introduced new vaccines in 2014 developed communication plans and information, education and communication (IEC) materials, and conducted mass media campaigns before the launch of the new vaccines with ESARO support.

A number of countries in the region have also introduced the second dose of measles vaccine, while others have conducted demonstration projects for the human papillomavirus vaccines (HPV) ahead of nationwide introduction. So far 3 countries (Lesotho, Rwanda and South Sudan) have introduced the HPV vaccine nationwide. As part of one of the objectives of the Polio Eradication and Endgame Strategic Plan 2013–2018, all countries not currently using inactivated polio vaccine (IPV) are required to introduce at least one dose of IPV into their routine immunization schedules by end 2015. As of December 2014, all ESAR countries have been approved for IPV introduction by GAVI.

ESARO prioritized support to strengthen national immunization systems to the 10 countries accounting for 90 per cent of under-immunized children in the region: Angola, Ethiopia, Kenya, Madagascar, Mozambique, Somalia, South Sudan, Uganda, United Republic of Tanzania, and Zambia. In addition,

support was also provided to Madagascar and Mozambique to pilot strategies aimed at addressing inequity in immunization coverage.

ESARO also supported 10 countries to develop action plans for immunization supply chain improvement; 3 countries to develop cold chain equipment inventories and equipment replacement plans; and contributed to global and regional discussions on strengthening immunization supply chain management.

The regional health team also effectively coordinated the polio outbreak response in the Horn of Africa region. An outbreak of polio was registered in the Horn of Africa in April 2013, with 199 cases in Somalia, 14 in Kenya and 10 in Ethiopia. Thanks to a successful response, only 6 wild poliovirus (WPV) cases were reported in the Horn of Africa in 2014. No new cases have been reported since the most recent one in Hobyo district, Mudug region, Somalia, in August 2014. Together with the World Health Organization, donors and other partners, regular liaison with affected (Somalia, Ethiopia and Kenya) and high-risk countries (Eritrea, Uganda, United Republic of Tanzania) facilitated timely and high quality supplementary immunization activities to curb transmission. ESARO played a significant role in supporting the Somalia, Kenya, and Ethiopia Country Offices to research and develop flexible immunization strategies to reach pastoralist populations.

HIV and AIDS

The Regional Office prioritized support to countries to integrate HIV and maternal, neonatal, and child health services. In collaboration with the World Health Organization, UNICEF ESARO helped build capacity in high-performing countries to ensure they have the tools and ability to validate the elimination of vertical transmission of HIV. This has contributed to tremendous progress in expanding access and utilization of services to prevent new HIV infections in children and keep mothers alive, including increased coverage of lifelong treatment for women living with HIV who begin to receive the treatment while pregnant.

All countries have now adopted option B+/B as the core strategy for eliminating vertical transmission of HIV and services have been rapidly scaled up with 80 per cent of countries showing good to moderate progress and over 70 per cent of pregnant women living with HIV receiving appropriate interventions to prevent new HIV infections in children. Seven high-burden countries – Botswana, Ethiopia, Malawi, Mozambique, Namibia, South Africa and Zimbabwe – have recorded a 50 per cent decline in new HIV infections among children and 4 countries – Botswana, Namibia, South Africa and Swaziland – are on track to meet targets for elimination of mother-to-child-transmission.

ESARO also provided technical and financial support to Malawi, Swaziland, Uganda, Zambia and Zimbabwe to develop and implement national strategies for accelerating paediatric HIV diagnosis and treatment.

Birth registration

ESARO prioritized the application of innovative technological tools to facilitate the integration of civil registration and health systems, providing support to 11 countries to develop evidence-based national civil registration and vital statistics (CRVS) reform plans. Three countries also received support to design funding proposals for the implementation of national CRVS strategic plans. Angola, Mozambique, Uganda and Zambia made notable progress in birth registration by giving it prominence in policy discussions and strengthening CRVS systems. In Uganda, the birth registration rate increased from 30 per cent in 2011 to 60 per cent in 2014, while in Zambia over 10,000 children received their birth certificates in 2014 – five times as many as in 2012. The increases in birth registration in Uganda and Zambia validate the benefits of integrating civil registration into health systems, and using innovative applications of information and communication technology (ICT) to support desired change. Similar evidence exists in Botswana, Namibia and South Africa.

ECD – early learning and nurturing

Early childhood development (ECD) and Family Support Services have emerged as an important priority in the region with the work led by a new Regional ECD Specialist supporting the capacity of Country Offices to enhance national provision of early childhood education. In 2014, ESARO used new neuroscience evidence to encourage increased investment in the early years – to guide capacity building of UNICEF and partner staff, inform policy dialogue and support integrated and cross-sectoral linkages in ECD service delivery.

Early childhood development (ECD) has been organized into two key developmental age groups: prenatal to 3 years of age, and 4–7 years of age[15]. The younger age group focuses attention to the essential contribution of care, caregiver responsiveness, early brain development, and stimulation of very young children. The second emphasizes early learning and school readiness. Kenya, Lesotho, Mozambique, Rwanda, South Africa, Uganda, United Republic of Tanzania and Zambia were supported to develop and implement ECD policies and strategies to accelerate scale-up of ECD services and to ensure a holistic and integrated approach to the development of young children. Through successful advocacy, South Africa established ECD as a public good, contributing to the provision of ECD services in over 19,000 centres, and Rwanda established Early Childhood and Family model centres in 10 districts, serving over 1,100 young children and 1,500 parents and demonstrating ECD approaches to be replicated nationwide. Kenya, United Republic of Tanzania, and Zambia prioritized integrated early childhood development in policies and programmes responding to the needs of young children affected by HIV and AIDS.

Regional Priority 2. Reduce Stunting

The second ESAR priority includes infant and young child feeding (IYCF), management of severe acute malnutrition (SAM), and water, sanitation and hygiene (WASH). Two ESARO Management Plan Outputs relate to this ESAR priority:

a. *Nutrition.* Enhanced capacity of countries to design, implement, monitor and evaluate equity-focused, and innovative, evidence-informed and results-oriented programmes for accelerated delivery of high-impact nutrition interventions that protect children and pregnant women from malnutrition;

b. *Water, sanitation and hygiene.* Strengthened household, community and institutional (health centres and schools) capacities for sustainable and equitable scaling up of water, sanitation and hygiene services.

Nutrition

In 2014, ESARO prioritized expanding the reach of the Scaling Up Nutrition (SUN) movement, with Lesotho and Somalia joining in 2014, bringing the total number of SUN countries to 17 in ESAR. UNICEF national-level advocacy and technical assistance also contributed to:

- The Comoros parliament adopting a law on the sale and marketing of breast-milk substitutes;

- Integration of UNICEF-supported nutrition commodities in Kenya's national supply chain system;

- Design of nutrition strategies in Malawi, Namibia and Rwanda;

- The Rwanda social change campaign on stunting reduction, *1,000 days in the land of 1,000 hills,* which reached over 2 million people;

- Positioning nutrition in national development plans in Burundi, Ethiopia, Uganda, and the United Republic of Tanzania and supporting Malawi, Rwanda and Zambia to identify and address bottlenecks to stunting reduction, including at the decentralized level.

Progress has been made in infant and young child feeding practices (IYCF) across ESAR, with 51 per cent of infants aged 0–5 months exclusively breastfed. In the 14 countries with recent data on the

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[15] The latter group is described under Regional Priority 3. Quality Education and Learning.

frequency and quality of complementary feeding for children aged 6 to 23 months, the proportion of children receiving a minimum acceptable diet ranged from just 4 per cent in Ethiopia to 37 per cent in Zambia, indicating that urgent attention is needed to support improvements in this area of child nutrition.

Support was provided to Botswana, Burundi, Kenya, Madagascar, Uganda, and the United Republic of Tanzania on universal salt iodization, infant and young child feeding, food fortification and micronutrient programmes. In particular, a joint International Council for Control of Iodine Deficiency Disorders (ICCIDD), WHO and UNICEF review mission was conducted in the United Republic of Tanzania and a joint ICCIDD and UNICEF advocacy mission was conducted in Madagascar. ESARO has placed particular emphasis on strengthening human resource capacity in the field of nutrition by strategically addressing needs identified through gap analysis. A nutrition curriculum assessment is ongoing in 8 countries.

ESARO supported countries to scale up Community Management of Acute Malnutrition (CMAM) programmes, contributing to the treatment of 18,223 severely acutely malnourished children in Malawi, 13,200 children in Uganda and over 11,000 children in Eritrea. In collaboration with UNICEF Programme Division (PD) and West and Central Africa Regional Office (WCARO) and Action Against Hunger UK, ESARO organized two inter-regional workshops on community management of acute malnutrition (CMAM) to share experiences around integration of CMAM into national systems and supply management, monitoring coverage of severe acute malnutrition, routine information systems, and bottleneck analysis. In addition, ESARO supported Malawi to undertake a national and subnational bottleneck analysis for scaling up the SAM programme and develop the CMAM operational five-year plan. In Burundi and Comoros, ESARO facilitated the identification and coordination of the provision of high-level technical support for the revision or development of up-to-date standards for SAM management and capacity building of medical practitioners.

ESARO provided technical support in the areas of HIV and nutrition to Malawi, Mozambique, and Zimbabwe, and strengthening capacity of Government counterparts in Kenya, Lesotho, and the United Republic of Tanzania on nutrition SMART surveys, which led to the first national nutrition SMART survey being undertaken in the United Republic of Tanzania.

Water, sanitation and hygiene (WASH)

ESARO support to national elimination of open defecation programmes has led to initiation and/or scale-up of Community-led Total Sanitation (CLTS) programmes and introduction of sanitation marketing approaches to address access to improved sanitation. Global challenges, such as the need for programme sustainability and resilience to climate change shocks, and adequate adjustment to urbanization, are being increasingly addressed in support of country programmes and in reviewing strategies, approaches and partnerships at the regional and country level.

National policy and strategic advocacy efforts have been enhanced, particularly through the application of the WASH Bottleneck Analysis Tool (WASHBAT) which supports sector analysis prioritization and costing of bottlenecks through a consultative process. The use of other strategic analysis tools such as sustainability checks and micro-planning have supported critical analysis of programming gaps and challenges. Capacities for humanitarian preparedness, response and co-ordination in WASH continue to be strengthened across the region, with a focus on high-risk countries.

Regionally, CLTS has resulted in over 7.6 million people living in newly open-defecation-free (ODF) communities. In the region, 16 countries are implementing CLTS and 7 countries have declared national targets of reaching national ODF status before 2020. In the BNLSS[16] subregion, sanitation practices are a true marker of disparities with open defecation rates reaching over 50 per cent in rural areas, and stunting rates also high. This subregion has been a priority, with elimination of OD programmes initiated in Lesotho and Namibia.

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[16] BNLSS – countries of Southern Africa: Botswana, Namibia, Lesotho, Swaziland and South Africa

Elsewhere in the region, the large-scale CLTS programmes embedded within the Ministry of Health in Ethiopia and Zambia have achieved significant progress. In Ethiopia, a reduction in open defecation rates from 92 per cent in 1992 to 37 per cent in 2012 has been attributed largely to the efforts of a 38,000-person-strong health extension worker programme that promotes sanitation and hygiene through the Community-led Total Sanitation and Hygiene approach. In Zambia, the scaling-up of community-based hygiene and sanitation has reached over 2.1 million new users with improved sanitation while increasing the practice of hand-washing with soap or ash from 9 per cent to 59 per cent in target communities in 67 districts. In 29 districts, scale-up is backed by an innovative mobile-to-web surveillance system covering a population of 2 million, which has resulted in greater accountability, better data quality, and high cost-efficiency per village.

ESARO supported Eritrea to shift responsibility for community-based training, triggering, and monitoring of CLTS from regional government to community-based health facilities, which contributed to the country exceeding the 2014 target of certifying 75 new communities as open-defecation free (ODF): 173 certifications were made. In Madagascar, the number of villages declared ODF reached 1,255. Over 329,000 residents now live in more sanitary environments. Similar CLTS approaches in Malawi and Uganda led to ODF status for 1,670 and 120 villages, respectively. Furthermore, in Malawi, 200,000 people living in rural communities benefited from access to safe water supply services and 128,300 people constructed household latrines with hand-washing facilities without any financial subsidy.

Regional Priority 3. Quality Education and Learning

The ESAR priority on Quality Education and Learning focuses on promoting pre-school (early learning), education quality, secondary education (for an employable workforce) and out-of-school learning. The related ESARO Management Plan Output is: enhanced capacity of countries to design, implement, monitor and evaluate programmes for early learning, education quality, secondary education and out-of-school learning.

Pre-school (Early learning)

ESARO provided technical assistance to Botswana, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, South Africa, United Republic of Tanzania (Zanzibar), Uganda, Zambia and Zimbabwe to guide quality early childhood education (ECE). ECE received attention at the highest levels of Government in Botswana while Lesotho and Zambia are developing an integrated early childhood development (IECD) policy and setting up institutional arrangements to facilitate implementation.

To facilitate provision of early childhood development (ECD) services, ESARO supported Malawi to model improvement in quality education, reaching 1,000 schools and 600 model Community-based Care Centres and the 269,500 children utilizing Children's Corners. ESARO supported Rwanda to prioritize and scale up early learning through training of 1,260 teachers (almost two thirds of pre-primary teachers in Rwanda), building and equipping new preschools, and Rwanda and Zambia to develop a competency-based curriculum. In South Africa, a new ECD policy to improve the quality of daily services was endorsed by the Cabinet in December 2014. Uganda expanded access to ECD for the most disadvantaged children through, inter alia, successful advocacy for increased Global Partnership for Education (GPE) allocation for ECD services.

In November 2014, ESARO, in collaboration with GPE, GIZ and several other partners, convened the Regional Workshop on Affordable, Quality Pre-Primary Education in Zanzibar, United Republic of Tanzania. Nearly 200 delegates and observers attended the 3-day workshop which provided global and regional pre-primary education research and guided country delegations to develop 2-year pre-primary education action plans. In South Sudan, a national ECD in Emergency training for Government and civil society partners was held to provide an orientation for partners on the science of ECD and the appropriate use of the UNICEF ECD Emergency kits.

Quality education

ESARO supported Country Offices to improve quality education for all children by ensuring UNICEF plays a strategic role in the design, implementation and management of the Global Partnership for Education (GPE) grant. As of the end of 2014, 16 ESAR countries had joined the GPE: Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Uganda, United Republic of Tanzania, Zambia and Zimbabwe. UNICEF acts as the Managing Entity in 5 of these countries, Comoros, Eritrea, Somalia, South Sudan and Zimbabwe, managing a total of US$104 million. ESARO facilitated a GPE orientation and learning workshop with the 16 GPE countries to promote understanding of GPE modalities and funding models and improve partnerships and delivery of results at country level.

ESARO initiated two regional studies to examine factors that contribute to the improvement of learning outcomes for the most disadvantaged and marginalized children. The first study examines the impact of policy and practice around the language of instruction on children's learning outcomes. The second study focuses on examples of good practice in the region with a view to replicating success and improving learning outcomes for disadvantaged children. It also includes an analysis of existing learning assessment and monitoring systems in order to identify gaps and find ways to further strengthen education systems. The studies, due to be completed in 2015, will be used to help ESAR Governments focus on measures to help improve literacy and numeracy learning outcomes in primary education. An additional study on arid and semi-arid lands (ASAL) had important findings for quality education, especially related to cultural and economic dimensions.

Sixty-seven education stakeholders from 12 countries in the Eastern and Southern Africa region (Angola, Burundi, Eritrea, Ethiopia, Kenya, Lesotho, Mozambique, Somalia, South Sudan, United Republic of Tanzania, Uganda, and Zimbabwe) met in Kampala, Uganda, to strengthen national capacities in mainstreaming conflict and disaster risk reduction (C/DRR) in education sector planning. At the end of this regional seminar, participants returned to their respective countries with a tangible country-level action plan and with ideas on how to contribute toward preventing conflict and mitigate the impact of conflict-induced shocks and disaster risk through education nationally as well as regionally.

Secondary education (for an employable workforce)

Recognizing the need to improve access and quality of secondary education, the ESA Regional Management Team (RMT) identified secondary education to equip adolescents with marketable skills as a key regional priority. Burundi, Madagascar, Swaziland, and Uganda are already developing programmes to respond to this regional priority. For example, Swaziland has developed and piloted a set of five teacher handbooks on life skills education, HIV prevention and health promotion, which were validated by the National Curriculum Centre for use in all secondary schools to improve the quality of education and learning for children and adolescents.

In order to achieve gender equality in education and in line with the UNICEF Gender Action Plan 2014–2017, the RMT agreed to increase the focus on education for adolescent girls. To advance this commitment, ESARO supported countries to increase focus on gender equality in education planning and strategy, and Malawi and Uganda developed National Strategies on Girls' Education in 2014. In partnership with the United Nations Girls' Education Initiative (UNGEI), Malawi and Eritrea undertook a gender analysis of the education sector. At the regional level, ESARO partnered with UNGEI to support the Good Practice Fund Initiative and succeeded to support six proposals from the region to join the initiative. These will be disseminated in 2015 for replication in the region.

Out-of-school learning

Equity remains a big challenge in Eastern and Southern Africa, where 9 million children of primary school age and 8 million children of lower secondary school age were out of school in 2010. To support countries to reduce the number of children who are out of school and improve equity in education, ESARO provided technical support to countries relating to out-of-school children, girls' education, and inclusive education. Progress is already being reported in Eritrea, where the proportion of children out of school at the elementary level has been reduced from 23 per cent in 2011/2012 to 19 per cent in

2014 while enrolment in nomadic education rose from 7,555 in 2011 to 11,934 in 2014 toward the 2016 target of 30,000.

In 2014, ESARO supported Country Offices to produce quality proposals and progress reports to support the expanding regional partnership with the Educate a Child (EAC) programme of the Education Above All Foundation to reduce the number of out-of-school children. UNICEF Country Offices in Comoros, Somalia and South Sudan received funds from EAC (expected total of US$35 million by 2017) with the aim of enrolling 1.2 million out-of-school children in primary school. Ethiopia, Kenya, and the United Republic of Tanzania (Zanzibar), are currently developing proposals with ESARO technical support.

The findings of a regional study on children with disabilities, due to be finalized in 2015, will be used to advocate for inclusive education, and provision for children with disabilities in education sector plans and policies. ESARO provided technical support to the first African Leaders' Forum on Disability held in Malawi in February 2014, which concluded with a commitment to challenge stigma and to further support the African Union's Decade of Persons with Disabilities (2010–2019), with a goal of achieving full participation, equality and empowerment of people with disabilities in Africa.

Regional Priority 4. Results for Adolescents

The fourth ESAR priority focuses on the health and well-being of adolescents and includes scaling up HIV prevention and treatment for adolescents, reduction in violence against children and adolescents, and reduction of child marriage.

Two ESARO Management Plan Outputs relate to this ESAR priority:

a. *HIV and AIDS.* Enhanced capacity of countries for scaling up the equitable use of HIV prevention, treatment and care and support interventions among children, pregnant women and adolescents;

b. *Child protection.* Enhanced capacity of countries to design, implement, monitor and evaluate programmes for birth registration, prevention of violence against children and care and protection for children.

HIV prevention and treatment in adolescents

ESARO supported country offices in the region to strengthen advocacy for the inclusion of adolescents in national HIV and AIDS strategies. This contributed to Mozambique including 10–14-year-olds as a target group in the 2015–2019 National Strategic Plan for HIV, also linked to the national strategy for eliminating child marriage and promoting girls' education. ESARO also supported the prioritization of high-impact interventions to reduce new infections and support treatment for women, children and adolescents living with HIV in the Zambia National HIV and AIDS National Strategic Framework. The inclusion of HIV-related health needs of vulnerable adolescents is now also highlighted for the first time in the Kenya AIDS Strategic Framework. This was partly a response to the findings of a multi-sectoral assessment of adolescents' priorities in 10 counties.

In order to ensure the scale-up of services for adolescents, ESARO supported resource mobilization efforts in a number of countries. This included reviewing funding applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria from Botswana, Mozambique, Swaziland, United Republic of Tanzania, and Zambia which led to the integration of reproductive, maternal, neonatal and child health services with HIV, as well inclusion of age- and sex-disaggregated data allowing for the articulation of specific services for children and adolescents in the concept notes. Through UNICEF support and advocacy, the Government of Zambia secured US$152 million from the Global Fund, of which 40 per cent is allocated for paediatric and adolescent HIV programming.

Zambia and Zimbabwe were supported to improve access and utilization of condoms and promote HIV testing and counselling and voluntary medical male circumcision. Critical support was also provided to Malawi, South Africa, Swaziland and Zambia to implement innovative approaches to increase utilization

of HIV services by adolescents. This included a mobile phone SMS platform for U-report, providing much-needed information on HIV prevention and treatment to adolescents.

Reduction in violence against children and adolescents

ESARO provided technical support for evidence generation to address violence against children (VAC). During 2014, 5 countries initiated planning for the implementation of national violence against children surveys with the aim to establish a prevalence baseline, gain an understanding of the perpetrators and circumstances of (particularly) sexual violence and, finally, develop national action and advocacy plans to address violence against children. In total, 10 of the 16 countries committed to this regional priority have either completed or are working on a violence against children survey. In addition, 3 countries have conducted follow-up studies exploring the drivers of violence to strengthen their theory of change to effect a reduction in violence against children. Furthermore, while 9 of the 16 focus countries have a policy and guidelines in place for the provision of multi-sectoral response package for victims of sexual violence and have institutionalised post-rape care services, all of the countries except South Africa have limited geographical coverage of the multi-sectoral response packages and only 6 of the 9 countries are currently providing child-sensitive post-rape care services. One good example of such care is the "Isange One Stop Shops" in Rwanda which provided free multi-sectoral assistance to over 4,000 victims of gender-based violence and child abuse.

ESARO has provided technical support to strengthen countries' child protection systems. For example, Child Helplines in Kenya and Uganda have been supported and identified as a key component of the system for identification and referrals for children affected by violence. In Uganda, the national Child Helpline supported by UNICEF received 214,404 calls, and 86 per cent of the reported cases of abuse were responded to. Community-based mechanisms for identification and referrals, such as child protection networks, have also been identified as a key component; in Madagascar, more than 10,000 children were identified through child protection networks and benefited from at least one intervention.

Progress was also made in strengthening the child protection sector's capacity to use routine administrative data for monitoring. This included provision of technical assistance to Malawi and the United Republic of Tanzania to strengthen their administrative data systems. The United Republic of Tanzania has since expanded coverage of its Child Protection Information Management System from 4 to 12 districts. Seven ESAR Country Offices were also supported to strengthen the result frameworks of their programmes, and 5 countries were supported to develop national plans for the prevention and response to violence against children.

ESARO supported the establishment of a regional inter-agency mechanism to track and trace over 30,000 unaccompanied and separated children in South Sudan and countries of asylum (Ethiopia, Kenya and Uganda) ensuring complementarity of national information management systems. Similar cross-border systems were set up to support more than 1,200 child migrants of Ethiopian origin from Yemen with repatriation and reintegration services. In addition, a multi-country and multi-agency process was instituted to ensure cross-border child protection dimensions are embedded in emergency preparedness plans for the Great Lakes region, which resulted in all countries updating plans and making use of agreed tools.

The issue of child marriage has gained prominence in the global public policy discourse and is now included in the proposed Sustainable Development Goals (SDGs) and the Common Africa Position (CAP). In addition, at the Girls' Summit in London in July 2014, the Prime Minister of Mozambique launched a national campaign to end child marriage and the Ethiopian Deputy Prime Minister committed to eliminate harmful traditional practices in Ethiopia by 2025. As a result of the increased attention from policy-makers, national coordination structures have been set up in both these countries as well as in Uganda and Zambia.

Continuing the work commenced in 2013, in 2014, 3 of the 6 regional priority countries initiated formative research on child marriage that will contribute towards the development of a theory of change. In Zambia, for example, the research on dynamics leading to child marriage will contribute to support chiefs and headmen to engage with their communities in a more constructive dialogue on the

choices against child marriage. In Ethiopia, a programme mapping and qualitative data analysis was completed in 2014 and the outcome will contribute to the establishment of a national intervention plan.

Regional Priority 5. Social Protection

Social protection priorities include systems strengthening, child-sensitive budgetary frameworks, poverty analysis and financing for social protection. The ESARO Management Plan Output related to this ESAR priority is: enhanced capacity of countries to plan, design, implement, manage and evaluate social inclusion interventions, including social protection.

Social protection systems strengthening

In 2014, ESARO provided technical assistance to Burundi, Comoros, Ethiopia, Kenya, Lesotho, Malawi, Madagascar, South Sudan, Swaziland, United Republic of Tanzania, Zambia, and Zimbabwe in the design of policy frameworks and programmes to operationalize the systems approach and scale up inclusive and child- and HIV-sensitive social protection programmes. UNICEF advocacy also contributed to the Governments of Kenya, Lesotho, United Republic of Tanzania and Zambia committing to a significant expansion of their social protection programmes. In Lesotho, Kenya, Malawi, Mozambique and Zimbabwe, key structures and platforms to facilitate coordination and integration of social protection interventions were strengthened.

ESARO also supported countries to reform and scale up social protection systems. For example, in Kenya, diverse national social protection programmes were harmonized, reaching 516,600 households. The UNICEF-piloted cash transfer for children without appropriate family care reached 875,000 children. In Lesotho, the Child Grants Programme (CGP) expansion resulted in an increase in the number of vulnerable children receiving external support from 59,000 in 2013 to 65,000 in 2014, and the proportion of households caring for children without appropriate family care increasing from 19,813 in 2013 to 25,600 in 2014. Malawi expanded its Social Cash Transfer Programme from 9 to 18 districts and currently reaches 56,000 households with over 200,000 beneficiaries, 68 per cent of whom are children. In Zambia, ESARO provided technical assistance for the scale-up of the Social Cash Transfer (SCT) Programme, resulting in an increase in the number of beneficiary households from 60,000 in 2013 to around 145,000 in 2014. A multi-year cash transfer impact evaluation conducted jointly by the Government and UNICEF since 2010 revealed that the cash transfers enhanced resilience and food security, and facilitated livelihood improvements through productive investments and local economy effects.

ESARO also supported countries in linking the design and/or reform of social protection systems to resilience. For example, support was provided to the Somalia Country Office in the move from a cash-in-emergency response to a flexible social protection framework that contributes to strengthening household and community resilience.

As part of South-South exchange and strategy to strengthen implementation capacity at country level, ESARO, in partnership with the World Bank, supported the Community of Practice on Cash Transfers, which held its third face-to-face meeting in Zambia, gathering government delegates from over 11 ESA countries. Key partnerships with the World Bank, FAO and ILO have been strengthened at regional and country level (in Kenya, Lesotho, Malawi, Mozambique, United Republic of Tanzania, among others) as part of an effort to provide coherent support to countries in costing and financing, as well as operationalization of a social protection system.

Child-sensitive budgetary frameworks and financing for social protection

ESARO strengthened its leadership in budget analysis, fiscal space analysis and expenditure tracking and use to support evidence-based advocacy for increased allocation of domestic resources to social services. In addition, the region is progressively investing in multi-dimensional poverty using the multiple overlapping deprivation analysis (MODA) approach.

ESARO has provided technical support to ESA country offices in enhancing capacity to conduct poverty and deprivation analyses to update situation analyses, as well as to inform programming; to generate

evidence on public finance for children, especially through budget analyses, fiscal space analyses, expenditure tracking and costing; and to strengthen the national social protection policy and programmatic response. In addition, support was provided to 12 countries to conduct or initiate Public Financial Management (PFM) analysis and share the findings with Governments, civil society organizations, Parliamentarians and the media for decision-making and awareness-raising. Botswana, Burundi, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, Uganda, the United Republic of Tanzania and Zimbabwe were also supported to conduct or initiate Public Finance for Children (PF4C) activities in 2014 to advocate for increased domestic funding of social services.

In Botswana, Burundi, Comoros, Ethiopia, Mozambique, and Swaziland, key milestones toward advancing child-sensitive social protection investments were achieved through the commissioning of analytical work, pilot-testing, technical assistance, partnership development and knowledge exchange. ESARO conducted a capacity and needs assessment as part of its efforts to develop a regional capacity building plan on public finance for children. The analysis showed that only 20 per cent of country offices have appropriate staff profiles to conduct research and engage around PF4C-related issues. ESARO is building UNICEF and partners' capacity on PF4C in collaboration with Programme Division.

ESARO is leading in providing technical support to countries on multiple overlapping deprivation analysis (MODA). To that end, support has been provided in application of MODA in the region and 4 countries – Botswana, Madagascar, Namibia and Tanzania – have completed or initiated combined analyses of MODA and monetary poverty. The Regional and Country Offices have come to realize that, to provide a comprehensive picture of the poverty situation of a country, such analysis should be disaggregated by subnational entities (regions, districts) in order to identify and locate the most deprived areas and groups and better target poverty eradication activities. In 2014, MODA analysis has been conducted for 15 countries.

2.2.   Lessons Learned

ESARO has provided quality assurance and technical assistance that has helped Country Offices better position their programmes in relation to regional priorities. This included strengthening focus in some areas and scaling back programmatic engagement in others, e.g. supporting the Malawi Country Office to exit from school construction.

Collaborative relationships with Headquarters, including in the context of the implementation of the compact with Programme Division, as well as strategic partnerships with the World Bank, UNECA, ILO, FAO, and the Transfer Project, have been critical for the provision of timely, comprehensive technical support to Country Offices on a wide range of issues, as well as for strengthening coherent joint advocacy efforts pertaining to key areas such as the investment case for social protection and its role in achieving key sector outcomes, including those in the areas of HIV and AIDS, education and productive development.

During 2014, more coordinated support to Country Offices by Headquarters Divisions and the Regional Office contributed to better alignment and efficiency. Regular quarterly calls between Headquarters and Regional Advisors, regular sharing of Headquarters and Regional Office travel plans with Country Offices and joint country visits to allow for more integrated support to Country Offices are some of the good practices to be highlighted. Joint support from the Regional Office and Headquarters has also proved particularly critical for the successful management of large grants. This oversight has helped to address key risks and bottlenecks, and assisted Country Offices in delivering on commitments.

ESARO has played a key role in promoting inter-sectoral collaboration. For some programme areas, such as HIV and AIDS, working across sections and sectors is challenging but necessary as many Country Offices have HIV capacity embedded in a number of sections, including Health, Child Protection, Social Policy and Education. While integrating HIV accountabilities into other sections makes sense, defining how best to optimize HIV outcomes through this approach was sometimes a

challenge. Going forward, the Results for Adolescents Regional Priority will provide a platform to effectively support the HIV programme.

ESARO support has been key to enhancing capacity for programme monitoring, which remains a challenge in some sectors and Country Offices. Although some progress has been made, monitoring results and documenting impact of interventions and using this to inform further programming remains a challenge in programmes such as Child Protection and Results for Adolescents. Part of the challenge includes the capacity of Country Offices to articulate a robust theory of change for the programmes and inadequate investments in national monitoring and evaluation systems. ESARO will continue to strengthen country capacity in programme design, establishing baselines for indicators and routine reporting of results.

With 15 out of 21 ESA countries at high risk of humanitarian crisis and likely to require international assistance according to the Index for Risk Management (InfoRM), supporting humanitarian preparedness and response in the region will be a key area of work for ESARO going forward. Lessons learnt from the South Sudan crisis, the Horn of Africa crisis, and regional implications will be instrumental in improving emergency preparedness, and coordinating the response in future emergencies.

Part 3. Analysis of programme strategies and results: Global and Regional Programme

3.1.   GRP Analysis

In 2014, ESARO developed and/or implemented a number of strategies in support of the regional priorities, including: evidence generation, advocacy, strategic partnerships, resource mobilization, innovation and knowledge exchange including South-South and triangular cooperation. The November 2014 Regional Management Team (RMT) Meeting was specifically dedicated to a discussion to the 'hows' of the regional priorities.

Evidence generation

In order to strengthen the research function and better harmonize and coordinate research activities across the region, ESARO developed a Regional Research Strategy and Agenda under the oversight of the RMT. The draft strategy will be presented to the RMT in April 2015 for endorsement.

ESARO is also promoting the use of multi-country and multi-sectoral studies for advocacy and programming in support of the regional priorities. Key studies completed included:

- The **Out-of-School Children** regional study, which was launched with the UNESCO Institute of Statistics on the Day of the African Child in June 2014. The study demonstrates the importance of addressing demand- and supply-side barriers, including income poverty and issues related to location, gender, culture, language, security and environment, as well as policies and education financing constraints, and has helped the African Union (AU) to focus on out-of-school children at its annual Conference of Ministers of Education and in the evaluation to prepare for the next AU education plan.

- A literature review on pastoralist populations in the Horn of Africa in the context of resilience and health provided information on the movement of the mobile populations which was used in the polio and routine immunization programmes as well as other social development programmes.

- A study on integration of efforts to prevent new HIV infections in children and keep mothers alive with routine maternal, neonatal and child health interventions provided information on the additional benefit in terms of lives saved, which should support efforts to enhance the use of integrated programming.

In addition, a number of partnerships were pursued to support evidence generation. These included:

- An innovative research partnership with the University of Oxford to design, test and assess a new financing and management model to increase the sustainability of rural water services.

- Partnerships (with Sussex, Ulster and Harvard Universities) to generate evidence around linkages between peacebuilding, education and social services.

- A partnership with Cornell University to implement and document the development of multi-sectoral nutrition systems; the results are likely to benefit nutrition programming worldwide.

Advocacy

ESARO developed a regional advocacy strategy that defines actions to be undertaken in support of the regional priorities. The strategy identifies target groups that have the greatest potential for influencing the fulfilment of child rights at the regional and country level, key messages to inspire and mobilize these groups, appropriate actions and mechanisms for engagement, respective areas of accountability, and a monitoring framework to measure progress.

ESARO contributed to the finalization of the UNICEF Global Communication and Public Advocacy Strategy 2014–2017 and supported the implementation of key campaigns and launches, such as the #ENDviolence and *Imagine* campaigns, the launch of the *Generation 2030 | Africa* and *State of the World's Children* reports, and activities marking the 25th Anniversary of the Convention on the Rights of the Child, through strategic engagement with traditional and new media partners, the production of high quality communication material and social media. Key programmes such as the European Union birth registration project, the African Nutrition Security Project, and cash transfers (social protection) – were also given media and public advocacy support, through production of five videos, four op-ed pieces, and pitching resulting in extensive media coverage. UNICEF social media platforms continued to gain attention in the region with a 60 per cent increase in the number of Twitter followers, a 650 per cent increase in the number of Facebook 'likes' and a 100 per cent increase in the number of daily visitors to the ESARO website.

The Regional Office provided technical support to all 21 Country Offices on public advocacy and digital communication and supported 8 Country Offices in a timely response to sensitive issues to mitigate reputational risk. The UNICEF Africa Support Unit in Johannesburg supported all three L3 emergencies in Africa (Central African Republic, South Sudan and Ebola response) with video and media support which resulted in BBC, CNN and Reuters coverage, among others.

Strategic partnerships

ESARO and WCARO put in place a number of initiatives to reposition UNICEF engagement with the African Union. These included the development of the Africa Engagement Framework in partnership with the Division of Data, Policy and Research, support for the development of the AU Engagement Plan and secondment of staff to support the AU Commission, including a nutrition technical advisor seconded to the Department of Social Affairs, contributing to the development of the African Regional Nutrition Strategy (ARNS) 2015–2025, and a child protection expert seconded to the Department of Peace and Security for better protection of children affected by conflict. The ESARO strategic partnership with the AU on **children and social protection systems** emerged from the AU Expert Consultation Meeting on Children and Social Protection (Cape Town, April 2014), and contributed to increased political will to finance and expand coverage of social protection as evidenced by the Ministerial Declaration of the Fourth Session of the AU Conference of Ministers of Social Development (Addis Ababa, May 2014).

In partnership with the African Child Policy Forum, ESARO assisted with the development and validation of the Strategic Plan 2015–2019 of the African Committee of Experts on the Rights and Welfare of the Child (ACERWC). ESARO specifically contributed to a technical paper on civil

registration and vital statistics (CRVS) and governance, to promote the interoperability between governance systems and civil registration.

ESARO has strengthened its partnership with the Intergovernmental Authority for Development (IGAD), which contributed to the establishment of the Resilience Analysis Unit (RAU) in collaboration with FAO, UNDP and WFP to support the national resilience strategies of IGAD member states. To date, support has included the definition of analytical approaches and context analyses in Ethiopia, Kenya and Uganda. ESARO also facilitated the development of the first IGAD Regional Nutrition Policy and Strategy and supported regular meetings of the Regional Nutrition Working Groups to improve alignment in nutrition advocacy and commitments. ESARO has also contributed to global dialogue with partner organizations (UNDP, Interpeace, United States Institute of Peace (USIP), and Save the Children) on integrating peacebuilding with resilience frameworks.

The Regional Office initiated, facilitated and coordinated an inter-agency (FAO, UNHCR, WFP, UNICEF with OCHA participation) multi-country consultation to review the food security and nutrition situation in the greater Horn of Africa region and agree on joint approaches to food security and nutrition and emergency preparedness and response. Country teams from Djibouti (MENA), Eritrea, Ethiopia, Kenya, Somalia, Sudan (MENA) and Uganda as well as the regional offices worked together on country-level action plans and a regional support plan to be implemented in 2015–2016. The donor community at regional and country levels was involved in the consultation.

UNICEF has co-convened through RATESA (Regional AIDS Team for Eastern and Southern Africa) the task team on HIV and young people, and provided leadership to revitalize the HIV-social protection working group. Through engagement with the AU, regional bodies and networks, the Regional Office supported the South African Development Community (SADC) and the East African Community (EAC) to focus on the impact of HIV and AIDS on adolescents in their 2014 workplans; contributed to strengthening the Regional Interagency Task Team on Children and AIDS; and supported country level application of global guidelines on treatment, HIV testing and counselling, and support for adolescents living with HIV.

ESARO and the UNHCR Regional Support Hub initiated the process of developing a regional information-sharing protocol for countries affected by the South Sudan crisis. This protocol enables routine sharing of information across borders between agencies to help speed up reunification of unaccompanied and separated children with their families. The Regional Office continued to strengthen its collaboration on education with UNHCR at global, regional and national levels mainly through participation in the newly established regional Education in Emergencies Working Group. UNICEF ESARO signed a partnership agreement with the UNESCO International Institute for Educational Planning (IIEP) to strengthen systemic resilience through the effective integration of conflict and disaster risk reduction (CDRR) into education sector planning, in high- and medium-risk countries in the region.

In late 2014, UNICEF ESARO and the Regional Office for Save the Children began to explore ways to increase collaboration to achieve results for children in Eastern and Southern Africa in nutrition, health, child protection, advocacy, education, social protection and Programme Cooperation Agreement (PCA) management.

Resource mobilization

The Public and Private Partnerships Section was established in the Regional Office to lead efforts in resource mobilization and leveraging. The first steps undertaken included a mapping of potential private sector partnerships on the African continent and development of a Strategic Framework for Partnerships, Resource Mobilization and Leveraging for the ESA region, incorporating a new model of engagement with the private sector.

This model, implemented at both the regional and country levels, has several key elements. The first is deeper engagement with partners, beyond the traditional funder–recipient relationship, allowing for meaningful discussions at the programme and policy level and leveraging of resources. These

discussions are already bearing fruit with partners such as Unilever, General Electric, DFID, and Canada Department of Foreign Affairs, Trade and Development that are interested in working with UNICEF to transform Africa for children.

The second element is multi-faceted partnerships, which have historically included funding and leveraging, and now include advocacy, innovation, programmatic collaboration, and corporate social responsibility. One example is the newly established partnership with the Graca Machel Trust, with a focus on both public and private advocacy in target countries in the region.

A third key element is multi-level engagement, which is a way to maximize the impact of strategic partnerships by engaging with partners at several levels of the organization – at headquarters, regional office, or country level. An early success story is the partnership developed through the Regional Office with the information and communication technology company Millicom and two of its African subsidiaries, Jovago and Tigo, encompassing several countries in the region.

Innovation

ESARO focused on defining innovation strategies and core strategic areas where innovations could be applied to advance the 2014–2017 Regional Priorities and accelerate the achievement of results for children. The November RMT meeting reviewed the regional innovation strategy and agreed a programmatic framework around which innovation initiatives would be implemented:

- Programme implementation monitoring (Level 2 monitoring);

- End-user monitoring through real-time monitoring & citizen engagement (Level 3 monitoring);

- Strengthening national systems, e.g. birth registration.

ESARO provided support to countries to deploy technological solutions such as UReport and Edutrack that have been built on the RapidPro platform. These included:

- Real-time monitoring: Burundi, Kenya, Malawi, Rwanda, Somalia, Uganda, United Republic of Tanzania, Zambia, Zimbabwe;

- Citizen engagement: Burundi, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe;

- Programme implementation: Kenya, Rwanda, Somalia, South Sudan;

- Service delivery: Burundi, Kenya, Malawi, Mozambique, South Africa, Uganda;

- National system strengthening: Angola, Mozambique, Uganda, United Republic of Tanzania.

The year 2014 was dedicated to learning across the region, during which Country Offices reaffirmed that innovation should be a core aspect of UNICEF programming. As most innovations have been implemented as projects rather than at scale, in 2015 the Regional Office will focus on scaling up innovations for impact.

Knowledge exchange and South–South cooperation

ESARO supported South–South cooperation initiatives to build capacity of both UNICEF staff and Government counterparts; facilitate joint learning and adoption of best practices; and promote partnerships among countries in the region to advance key programmatic initiatives in countries. Activities included study tours, meetings, and capacity building and technical support missions:

- ESARO, WCARO and Headquarters Divisions facilitated a workshop on innovation for child protection in Uganda, focusing on the potential of technology to strengthen case management and birth registration.

- In partnership with the Centers for Disease Control and Prevention (CDC), PEPFAR and the *Together for Girls* initiative, and in collaboration with the Government of Swaziland, UNICEF

organized the first global meeting for knowledge exchange on violence against children, bringing together over 80 participants from 20 countries across Africa, Asia and the Caribbean.

- ESARO launched the WASH Learning Series, covering, among others, an analysis of the relationships between WASH, Health and Education, innovative work to increase the sustainability of rural water services, and monitoring of sustainability of water systems.

- The Regional Office co-edited the integrated Community Case Management (iCCM) supplement in the Ethiopia Medical Journal, which contains over 20 papers that document the early experience and lessons learned in the iCCM programme.

Within the context of strengthening UNICEF programming in middle-income countries (MICs), ESAR is implementing the *BNLSS* (short for Botswana, Namibia, Lesotho, Swaziland, South Africa) initiative to find synergies and enhance coordination among the countries. Priority areas identified for cooperation include: nutrition, violence against women and children, social protection, HIV and AIDS, operations (including human resources), and the crosscutting areas of monitoring and evaluation, communication and partnerships. The initiative aims to improve joint learning and action around the key priorities identified; improve efficiency in operations; facilitate resource mobilization and sharing resources; and foster inter-governmental cooperation required to tackle issues affecting children and women living in the BLNSS subregion.

3.2. Normative Principles

Human-rights-based approach to development

Several ESAR countries used the commemoration of the 25th Anniversary of the Convention on the Rights of the Child (CRC) on 20 November 2014 to draw national attention to child rights issues and gaps, including through child participation. In a historical moment, the Federal Parliament in Somalia approved the Convention in December 2014. The Convention was also signed in South Sudan. Previously, Somalia, South Sudan and the United States of America were the only 3 countries not to have ratified the Convention.

In an effort to better respond to beneficiaries' needs and promote citizen engagement, the ESARO Innovations Unit supported the deployment of mobile-phone-based citizen engagement platforms in Mozambique, Swaziland, Uganda, United Republic of Tanzania and Zimbabwe. The initiatives are in various stages of maturity and use different programmatic entry points and technology platforms. In addition, *TWatoto* – short for "let's talk about children" in Swahili – is a real-time mobile phone panel survey that solicits citizens' views on the performance of public services in the United Republic of Tanzania.

In order to provide a comprehensive picture of poverty and strengthen equity programming, in addition to using wealth indicators and multiple overlapping deprivation analysis (MODA), the Regional Office and ESA Country Offices are increasingly disaggregating data by region, district, or population group, in order to identify the most deprived areas and groups for programme interventions. ESARO has been providing technical support on (MODA).

The Programme Policies and Procedures (PPP) training carried out every year by the Regional Office familiarizes new staff with the human-rights-based approach to development. In 2014, 23 participants from Country Offices in Burundi, Kenya, Lesotho, Mozambique, South Africa, Swaziland, Uganda, Zimbabwe and the Regional Office attended the workshop. The objectives of the workshop were to improve understanding of the evolving programme context, to gain skills for applying a systematic approach to the country programme process, to enhance updated knowledge on MoRES, Resilience, and DRR, and to be better able to contribute to higher quality programming that fully integrates and applies core policies and procedures. In the final evaluation, 81 per cent of participants rated the overall effectiveness of the training as very good or excellent.

Gender equality and mainstreaming

ESARO continued to support Country Offices to strengthen gender equality in their Country Programmes in 2014, whether in the development of new Country Programme Documents, mid-term reviews, or in the process of regular missions and technical support. Meanwhile, efforts continued at Country Office level to translate the principles of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) into results for children and women at the national level.

A number of studies were conducted to support knowledge generation and analysis of gender for policy advocacy and gender-focused programming. The new Regional Priorities re-emphasized a focus on adolescent girls.

Finally, a position of Regional Advisor on Gender was created as part of the new ESARO Office Management Plan in 2014 to further support gender equality in the region, and a consultant has been engaged to gather baseline information on gender and gender programming in the region.

Environmental sustainability

The environmental sustainability component still seems largely absent from Country Programmes in the region, based on the review of Country Office Annual Reports. Interventions are generally limited to water, sanitation and hygiene and, to some extent, education sectors. While some Country Offices do integrate environmental factors in their risk assessment analyses with a view to increasing resilience, this cannot yet be considered a systematic approach. It is worth noting, however, the innovative work conducted by some Country Offices: in Burundi, an initiative has been developed to promote biogas as a source of rural electricity to reduce reliance on firewood to fuel cookstoves. Finally, only a few Country Offices mention measures taken to assess and reduce the environmental footprint of the Country Office itself.

3.3. Lessons Learned

There is a need for improved data and evidence collection relating to specific programmatic areas. Guided by a new research strategy and a consolidated evaluation function, in 2015, ESARO will support fewer but higher-quality studies and evaluations with clear advocacy and programming implications.

In spite of their potential in scaling up the delivery of results, facilitating citizen engagement in service delivery and promoting social accountability, innovations have been largely implemented as pilot projects and not mainstreamed into programmes. ESARO will therefore support country offices to better integrate innovations into programme strategies and implement at scale.

The new advocacy and partnerships strategies have been instrumental in increasing the focus of countries and partners on the regional priorities in the region. Smooth collaboration with WHO at both the programme and leadership levels has proved critical for both the routine immunization programme and during disease outbreaks. The partnership with the African Union Commission has been crucial in advancing child protection, nutrition and social protection interventions in the region, prompting discussion and commitment at the highest level, system building and allocation of national resources. Similar progress has been made in the areas of birth registration, protection of children in armed conflict, nutrition, HIV and AIDS, and education. Private sector engagement is emerging as an important area and will be prioritized in 2015.

Peer support has been used effectively for country programme development and strategic moments of reflection (SMR) – with one or two Representatives from other countries serving as peer reviewers at each SMR. Study tours with government and partners have been effectively used to promote shared learning. Formal and informal exchanges among subregional groups of countries such as the BLNSS (Botswana, Lesotho, Namibia, South Africa, Swaziland) and other groupings of countries facing similar challenges, such as those managing GPE grants, have been successfully employed in the region.

3.4. Additional GRP related reporting: Global Evaluation and Research Database

A list of completed evaluations, research, studies, surveys and publications is available in PRIME (https://icon.unicef.org/apps02/cop/Prime/SitePages/MainView.aspx).

3.5. Additional GRP related reporting: Innovations Database

Examples of good practice have been added to the Innovation database (<http://goo.gl/I5F82U>).

Part 4. Analysis of organizational effectiveness and efficiency results

4.1. Evaluation

In 2014, a total of 55 evaluations, studies and surveys were completed in ESAR, including 21 for Crosscutting issues (Disaster risk reduction/Resilience, Monitoring and evaluation, Technology for development, and Supply), 7 for Health, 2 for Water, sanitation and hygiene (WASH), 9 for Nutrition, 5 for Social inclusion, 8 for Education, 3 for Child protection.

Number of activities completed by type and area

	Cross-cutting	Health	WASH	Nutrition	Social inclusion	Education	Child protection	**Total**
Evaluations	2	2	1	3	0	3	0	11
Studies	17	5	1	6	5	5	3	42
Surveys / Research	2	0	0	0	0	0	0	2
Total	21	7	2	9	5	8	3	55

ESAR operates within the framework of the revised global UNICEF Evaluation Policy and related guidelines. Representatives are responsible for planning, implementing and using evidence from studies, surveys and evaluations in their countries. Country office research and evaluation committees are set up to ensure that activities listed in integrated monitoring and evaluation plans (IMEPs) are prioritized, commissioned and quality-assured, and recommendations from evaluations followed up consistently through management responses.

As of September 2014, all country offices had developed a management response in response to all completed evaluations. As a result, the total number of actions has almost doubled from 102 to 210. The proportion of actions 'completed' has also increased from 6 per cent to 30 per cent and the proportion of actions that have 'not yet started' decreased from 43 per cent to 29 per cent.

The Regional Office serves as a resource for quality assurance and technical support for the implementation of studies, surveys and evaluations. In 2014, ESARO performed quality assurance on evaluations and surveys and, to a limited extent, studies. As part of this function, ESARO rolled out the electronic IMEP tool (PRIME) to countries and undertook a comprehensive review of all country office IMEPs and provided extensive feedback on the quality, scope and feasibility of implementation. ESAR also continued the partnership with Universalia, a management consultancy firm, to maintain a Regional Evaluation Quality Assurance Facility. Under this arrangement, Universalia provided independent assessment and feedback to country offices on the quality of proposed terms of reference,

as well as inception and draft evaluation reports. A total of 31 studies were reviewed by Universalia during 2014.

4.2.   Management and Operations

A large number of Programme Budget Review (PBR) submissions from Country Offices was received in 2014. In total, the submissions from 19 Country Offices required Technical Review Panel (TRP) and PBR review and decisions. In order to streamline the process and consolidate section inputs to the TRP discussions, a matrix was used to collate contributions to put forward for discussion at the TRP. This ensured timely review and processing of TRP issues despite the high number of submissions.

The Global Shared Service Centre (GSSC) initiative required Regional and Country Offices to conduct reviews in the course of the second quarter of 2014. In order to have a consistent and systematic approach to this review, ESARO organized a workshop with the participation of approximately 50 staff representing all 21 Country Offices to ensure a common understanding and to propose and agree on a shared approach for the country-level review and regional submission. This approach was fully endorsed by the Regional Management Team (RMT). The GSSC review triggered an additional Programme Budget Review, which confirmed the target set of US$2.9 million in Institutional Budget (IB) for countries in the ESA region. The ESA GSSC submission was submitted in advance of the 15 July 2014 deadline.

A number of audits were undertaken in ESA in 2014, which required support and oversight from the Regional Office. In particular, the audits of Madagascar, Malawi and Somalia required close collaboration from the Regional Office in ensuring that the audit recommendations were relevant to the Country Office and that ratings were in line with previously assessed countries.

In addition to the regular Peer Reviews conducted by the Regional Office to appraise the internal controls, reports and compliance within Country Offices, an additional effort was made in 2014 to incorporate additional Country Office or Regional Office staff to ensure a broader scope and wider range of experience to be represented during the review. A staff member from another Country Office joined the RO team performing a Peer Review in Zimbabwe, while human resource professionals joined the Peer Review performed in South Sudan. Both approaches brought positive contributions to the Peer Review outcomes and recommendations. A total of four Peer Reviews were conducted in 2014.

A number of new organizational policies implemented in 2014 required clarification and follow-up with Headquarters and Country Offices. The new Travel Policy, implemented as of 1 October 2014, included a number of new requirements for in-country travel, entitlement travel and duty travel. The Regional Office ensured that there was clarity over implementation of the new policies. In addition, a session with colleagues representing the Division of Financial and Administrative Management (DFAM) during the meeting of Deputy Representatives, Operations, and Planning, Monitoring and Evaluation (DROpsME) Chiefs held in September 2014 was also helpful in clarifying issues and raising country-level concerns to the attention of Headquarters. New instructions around Assets and Payments processing were also raised during the DROpsME meeting.

In the Regional Office, the review of Standard Operating Procedures (SOPs) followed by staff trainings reinforced staff knowledge of requirements around key processes and ensured adequate application of organizational policies and procedures. The implementation of a paperless travel process, in compliance with organizational directives, has ensured the timely processing of travel authorizations. A targeted effort to finalize the high number of outstanding travel certifications was undertaken, which enabled the Regional Office to end the year with no pending travel certifications.

ESAR supply throughput (relating to goods and institutional contracts) amounted to US$912 million in 2014. This in an increase of 11 per cent over 2013 and represents a little less than one third of the global UNICEF supply throughput. Approximately half of the throughput value of goods relates to

vaccines. The number of ESA Country Offices with warehouse operations has decreased from 15 in 2013 to 12 in 2014, suggesting a positive trend in handing over supply operations to government partners. The value of inventory held at the end of the year decreased from US$62 million in 2013 to US$36 million in 2014, indicating continued improvement in supply management. This is also confirmed through third-party stock counts (carried out for IPSAS compliance) in all national and field warehouse locations which identified only minor deviations.

Substantial engagement in end-to-end supply chain management for essential commodities continues in a number of emergency (Somalia and South Sudan) and fragile country contexts (Zimbabwe, Madagascar, Malawi and Burundi). Furthermore, crosscutting system strengthening support was provided to bolster supply systems particularly in the area of cold chain (vaccination) and nutrition commodities.

In 2014, the regional Human Resource (HR) Unit conducted two peer reviews (for South Sudan and Madagascar Country Offices), and a mission to Swaziland resulting in recommendations for improvement and information-sharing on policies and processes in the areas of: staff selection, Contract Review Board (CRB) mandate, types of appointment and temporary appointments, consultants, education grants, overtime and attendance management.

In its review of National Officer recruitment cases, the Regional HR Unit provided feedback to countries on major issues observed around policy and process implementation, focusing chiefly on further improving the quality of recommendations, criteria for assessment of candidates' suitability, special consideration for staff on abolished posts, panel composition, reference checks, etc.

In preparation for the transition to a Global Shared Service Centre, support and oversight was provided for Country Office structure reviews and HR organization and documentation.

The Regional Office also supported implementation of structural changes in country offices undergoing a PBR, in particular Kenya and Ethiopia Country Offices, where such changes were challenging and the number of posts involved was very high.

The regional team regularly provided advice on policy interpretation and clarifications, and support for learning and development activities, including facilitation of some of the workshops.

4.3.   Oversight Function and Oversight-Related Accountabilities

In 2014, a number of efforts have been undertaken to clarify and reinforce the accountabilities of the Regional Office and Country Offices, namely:

a.   The 'Windsor Declaration' – Joint Principles of Accountability

b.   The ESA Regional Priorities

c.   The ESARO–PD Compact and Review

d.   The ESAR Managing for Results plan

e.   The ESA Management Performance Indicators

Below is a brief summary of these initiatives and their increased contribution to the oversight of the Regional Office.

a.   The 'Windsor Declaration' – Joint Principles of Accountability

The 'Windsor Declaration'[17] identified ten key principles of collaborative and shared accountability that underpin the results to be achieved in the ESA region. The principles include a commitment to results

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[17] The name of this document is derived from the venue for the RMT Meeting – the Windsor Hotel, Nairobi, Kenya.

for children, guided by agreed regional priorities; highlight the importance of monitoring and evaluation, including management and operations dashboards as critical programme and accountability tools; emphasize the commitment to working as one team, providing support to peers when necessary; encourage responsible risk-taking to support children's interests and advocacy for children's rights, as well as contribution to a UN system that is more coherent and clear and unequivocally supports child rights; emphasize the need to share key information with organizational stakeholders and to continuously look for more effective and efficient ways of delivering results for children; encourage UNICEF offices to uphold the highest standards of respect and support for its staff and to ensure that form follows function. The 'Windsor Declaration' was endorsed by all RMT members on 2 May 2014.

b. The ESA Regional Priorities

Within the framework of the UNICEF Strategic Plan 2014–2017 and in line with the Eastern and Southern Africa (ESA) Managing for Results initiative, the Eastern and Southern Africa Regional Management Team has identified five programmatic priorities to focus cross-country action and learning, and to reinforce joint accountability:

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

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

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

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

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

The regional priorities have been informed by the need to address inequality in key outcomes for children in the region. The priorities build on each other and share a common aim of cumulatively improving the well-being of the child across the life cycle. They will provide the basis to focus investment and resources on selected critical actions and interventions that have the highest potential for scaling up and delivery of equitable results for children. The regional priorities reinforce, rather than replace, country-specific priorities outlined in country programme documents agreed with national counterparts, and articulate what the UNICEF Eastern and Southern Africa team will prioritize as a region to contribute to the achievement of organization-wide Strategic Plan results.

c. The ESARO–Programme Division Compact

The ESARO–PD Compact was developed to improve collaboration between the Regional Office and Programme Division in ensuring a more coordinated and systematic support to country offices. The compact establishes a clear division of labour and expected contributions of Regional Office and Headquarters in relation to oversight, technical support and quality assurance of Country Offices. In addition, the Compact clarifies the priority countries for each programmatic area, thus ensuring that both Headquarters and the Regional Office have adequate resources to support Country Offices in the different programmatic areas. The Compact was developed and finalized in the second quarter of 2014 and has been reviewed and updated for 2015.

d. The ESAR Managing for Results initiative

In line with the *Reorganization to Strengthen Management for Results* discussion paper issued on 27 March 2014, the ESAR Managing for Results plan outlines key proposed measures to strengthen the ability of ESARO and the ESA RMT to more effectively and efficiently manage for results. It establishes the following principles to guide the proposed measures in ESARO:

- Implement change for better results/improved efficiencies;

- Avoid change solely for the sake of change;

- Apply a matrix management approach.

The proposed measures involve a combination of realignment of existing functions and resources, (actions that will result in effectiveness and efficiency without resource implications), and allocation of additional capacity in order to deliver on managing for results objectives.

The ESAR Managing for Results discussion paper was endorsed by the RMT in May 2014. The approach is reflected in the changes proposed as part of the ESA Regional Office Management Plan (ROMP) submitted in September 2014 and approved in December 2014.

e.   The ESA Management Performance Indicators

A total of 32 indicators have been developed by ESARO in close consultation with ESA Country Offices. The indicators can be divided into the following four domains:

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

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

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

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

The regional management indicators were developed to further strengthen accountability for results, by setting clear benchmarks and targets for all Country Offices and the ESA region. In addition, within the context of current UNICEF efforts to identify global indicators for the Strategic Plan, the ESA management indicators offer a possible basis to inform discussion at the global level. Management indicators will be shared and reviewed quarterly to track progress made toward targets and trigger required management decisions to support Country Offices.

4.4.   Harmonized Approach to Cash Transfers (HACT)

The Regional Office has taken several specific actions during 2014 to further improve the implementation of the Harmonized Approach to Cash Transfers (HACT) by country offices. A regional Programme Specialist (HACT) was recruited as at the end of September 2014 to increase the support provided to country offices and to monitor closely the progress of HACT implementation in the region.

Onsite and virtual HACT training was provided to: Comoros, Ethiopia, Kenya, Lesotho, Mozambique, Rwanda and Swaziland Country Offices. In cooperation with the Field Results Group, a HACT microsite and e-learning course were rolled out to all country offices. The e-learning course will be mandatory for all UNICEF staff that deal with implementing partners.

For the Somalia, South Sudan and Eritrea Country Offices, alternative HACT implementation roadmaps are currently under development in order to identify and implement mitigating strategies as a result of restricted access of UNICEF to project implementation sites.

A HACT cost estimate model was developed and rolled out to country offices in December 2014. Starting in 2015, the HACT cost estimate model will aid country offices to determine both external and internal HACT implementation expenditures during the entire programme cycle and support offices to identify solutions to reduce these costs.

The Regional Office has the following priorities to further strengthen implementation of HACT in the region in 2015:

- Continued support (either onsite or virtual) to all ESAR Country Offices in order to ensure full compliance with the revised UNICEF HACT policy and procedure which came into effect on 1 January 2015.

- Finalization and implementation of alternative HACT implementation roadmaps for Somalia, South Sudan and Eritrea. A 3-day dedicated workshop to assist Country Offices with issues around restricted access to implement HACT has been organized in the first quarter of 2015.

- Rollout of the HACT 2015 plan for ESARO.

- Review of country office 2015 HACT plans (both capacity assessment and assurance activities) to ensure they meet the HACT procedural requirements.

- Improvement of Country Office HACT implementation key performance indicators: in parallel to the weekly monitoring of cash transfers over US$100,000 to implementing partners that have not been assessed during the last 60 months, a quarterly review of planned versus completed assurance activities (i.e. programmatic visits, spot checks, scheduled audits) will be performed.

- Rationalization of HACT implementation expenditures across country offices with the aid of the HACT cost estimate model rolled out in December 2014.

4.5.   Inter-Agency Collaboration

While the distinction between official adoption of the Delivering as One (DaO) approach and good collaborative programming practice among United Nations agencies at country level is increasingly blurred, two thirds of the countries in the region have sent their official letter requesting Delivering as One status: Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Seychelles (not covered by a UNICEF country office), Swaziland, Uganda, United Republic of Tanzania, and Zambia. Of these, three are Delivering as One pilot countries: Mozambique, Rwanda and United Republic of Tanzania. One third of all Delivering as One countries are found in ESAR.

The Quality Support and Advice Group (QSA) was reconstituted in 2014 with leadership rotating from UNDP to WFP. A review of the UNDG working groups was undertaken at a 2-day meeting of the QSA was used to review the QSA work plan and working modalities.

To accompany the updated Delivering as One Standard Operating Procedures (SOPs) produced in 2014, the RO prepared a list of common issues for clarification together with UNICEF positioning and technical advice on how to address the challenges at country level. Implementation of SOPs was also extensively discussed during the UNICEF Regional Management Team Meeting in November 2014. One of the main outcomes of those discussions was a recognition that a programme coordination group at too high a level would lead to meetings in which substantive issues would be difficult to discuss. Experience shows that technical groups bringing together a small number of agencies concentrating on specific issues are much more productive, and high-level coordination can be accomplished either within the United Nations Country Team (UNCT) itself, or through occasional high-level meetings.

At its March 2014 meeting, the Regional UNDG resolved to move forward as an inter-agency group to clarify the role of the United Nations in middle-income countries (MICs), with the UNICEF Regional Director for Eastern and Southern Africa appointed as the regional lead on this issue. The R-UNDG jointly prepared a concept note on the role of the UN and support to MICs.

During 2014, the Regional UNDG coordinated and strengthened preparedness for the potential spread of Ebola virus to the region, with UNICEF playing a prominent role in the leadership. The R-UNDG mechanism was very important in ensuring a coherent and collaborative approach to this issue. The R-UNDG was also the forum through which inter-agency work on food security and nutrition in the Greater Horn of Africa region was linked to the Secretary General's joint visit with the President of the World Bank to the region to launch a joint initiative to support the Horn of Africa.

Joint or single missions of Regional Directors in the R-UNDG were undertaken to retreats in Zambia and Uganda, Zimbabwe, Eritrea (joint UNICEF and IOM mission), Ethiopia and Malawi.

4.6.   Lessons Learned

Global Shared Service Centre (GSSC), hubs and consolidation of transactions

The Global Shared Service Centre (GSSC) exercise undertaken in 2014 has demonstrated that a clear vision and targets in reaching efficiencies, supported by the alignment and a clear methodology can lead to concrete results in reaching cost savings to the organization.

An ESARO review of the BNLSS+A (BNLSS countries + Angola) Human Resources Hub is scheduled for 2015 to further clarify the roles and responsibilities of key stakeholders and to look for further opportunities for consolidating transactions at Hub levels for increased efficiency and effectiveness, in relation to small offices in middle-income countries (MICs) and in support of country offices in emergency settings facing increased volumes of transactions and unstable environments. These will be undertaken in parallel to the GSSC implementation in 2015 and in close collaboration with relevant Divisions.

Living Enterprise Risk Management (ERM)

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

The 'Living ERM' concept paper was reviewed and endorsed by the ESA RMT and key headquarters stakeholders. Consequently, ESARO has named risk management as a key focus area for 2015, with specific activities that will be undertaken and targets to measure performance.

Continued support and oversight on direct cash transfer (DCT) management

In 2014, ESARO regularly followed up with country offices on the status of direct cash transfers (DCTs) with particular attention to those with DCTs over 9 months. It became clear that a number of offices required attention and support in addressing issues around DCT management. As of December 2014, the outstanding DCT exceeding 9 months in the region totalled US$7 million, or 4 per cent, above the set target of 1 per cent.

ESARO will further reinforce the risk management aspects related to DCT by closely monitoring DCT status, escalating to HQ when necessary, and by systematically providing support in finding solutions on how to improve DCT management in-country, particularly in those countries facing challenging contexts.

Increased collaboration with the Office of Internal Audit and Investigations (OIAI), Division of Financial and Administrative Management (DFAM) and Field Results Group (FRG)

In 2014, representatives of the Field Results Group (FRG), Division of Financial and Administrative Management (DFAM) and Office of Internal Audit and Investigations (OIAI), among others, participated in key regional meetings, providing a meaningful link between UNICEF work at country and global level, and an opportunity for specific operational issues experienced by country offices to be addressed. The participation of DFAM colleagues at the DROpsME meeting in September 2014 enabled country offices to raise and discuss many tactical issues in the areas of Operations, HACT and Management, and receive support and necessary follow-up from headquarters.

The participation of the FRG and OIAI in the November 2014 ESA RMT Meeting has also resulted in a list of key strategic issues that will be jointly addressed at the country, regional and global level, with headquarters actively involved in finding solutions for challenges faced by country offices. FRG and OIAI have also been key contributors to the 'Living ERM' paper and have supported the region with a clear commitment to taking this initiative forward.