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1. Overview

1.1. Executive Summary

This Regional Office Annual Report 2016 covers the third year of implementation of the Eastern and Southern Africa (ESA) Regional Office Management Plan (ROMP) 2014–2017. In 2016, the Regional Office supported the 21 Country Offices of Eastern and Southern Africa to achieve significant results for children in all five Regional Priority areas, in addition to effectively responding to evolving humanitarian needs in the region.

Programmes

The Regional Office continued to support improvements in the quality of maternal, neonatal and child health services. Coverage of postnatal care services increased by more than 5 per cent in at least 8 countries (Eritrea, Ethiopia, Malawi, Mozambique, Rwanda, Swaziland, Uganda, Zambia).

ESARO’s support to countries in microplanning, the cold chain, vaccine management, and demand generation contributed to a 4 per cent reduction in the number of unimmunized children in the region. The Regional Office also contributed to an effective response to vaccine-derived polio virus outbreaks in Madagascar and South Sudan, cholera and malaria outbreaks in the Great Lakes region and a yellow fever outbreak in Angola, and provided technical oversight for measles immunization in areas affected by drought and conflict in South Sudan, Ethiopia and Somalia.

The Regional Office developed a strategy to strengthen adolescent programming in the region, Working with, and for, Adolescents, and supported the implementation of the HIV response for adolescents through the All In! to #EndAdolescentAIDS initiative through data assessments and programmatic reviews. The regional HIV team also supported Country Office efforts to prevent new HIV infections and increase access to treatment during the first and second decade of life, through up-to-date strategies, country missions and guidance on, inter alia, preventing mother-to-child transmission of HIV (PMTCT) and paediatric AIDS.

Country Offices were supported in their efforts to eliminate open defecation, improve access to safe drinking water and sanitation, and strengthen hygiene practices. The Regional Office carried out a comprehensive review of water, sanitation and hygiene (WASH) in schools and health centres and supported 8 Country Offices (Burundi, Eritrea, Ethiopia, Kenya, Lesotho, Namibia, Swaziland, Uganda) to strive for full elimination of open defecation. In addition, the Community-led Total Sanitation (CLTS) Rapid Appraisal Protocol tool was finalized and applied in 2 additional countries (Ethiopia, Uganda).

The Regional Office produced nutrition programme guidance and a nutrition toolkit, as well as guidance on joint programming for WASH and Nutrition, which was piloted in Mozambique, Uganda, the United Republic of Tanzania, and Zambia. Country Offices were also supported...
to scale up services to address severe acute malnutrition (SAM) and improve infant and young child feeding practices, Vitamin A supplementation and food fortification through technical guidance, bottleneck analysis, and capacity strengthening activities.

Efforts to reduce the number of out-of-school children in the region were boosted through improved reporting to the *Educate a Child* initiative by Country Offices in Comoros, Kenya, Somalia, South Sudan and the United Republic of Tanzania. To improve the quality of education, UNICEF conducted mappings on the use of the mother tongue as the language of instruction, learning assessments, and inclusion of children with disabilities in all the 21 countries of the region. A comprehensive Early Childhood Development and Early Learning Strategy for Eastern and Southern Africa was finalized in May 2016.

Together with partners including WHO and the World Bank, UNICEF played a strategic role in successfully advocating to recognize the important role of the health sector in birth registration. Another important area of work centred on eliminating violence against children, as well as the practice of child marriage and female genital mutilation/cutting. In partnership with the Office of the Executive Director, the Regional Office worked urgently to support survivors of, and prevent additional sexual exploitation and abuse (SEA) of children by African Union military personnel in Somalia. Similar work was carried out in Burundi and South Sudan where violence and instability have increased the number of reported cases of sexual violence and grave child rights violations.

In the area of social inclusion, focus was placed on strengthening (i) child-sensitive budgetary frameworks and financing; (ii) HIV-sensitive social protection systems; and (iii) strengthening the quality and dissemination UNICEF research. The Regional Office supported Country Offices in budget analysis and advocacy for domestic investments in children; the office also supported 4 Country Offices (Malawi, Mozambique, Zambia, and Zimbabwe) in the design and implementation of inclusive, HIV-sensitive social protection systems. The timely release of budget briefs in Zambia prior to approval of the 2017 National Budget led to additional domestic resources targeted to equitable services for children and women in the country. The Regional Office team also led the development of the first ever Africa Publications Catalogue, promoting over 250 knowledge products generated by UNICEF and partners throughout Africa.

In addition, the Regional Office held a workshop and designed a dashboard to enhance Country Office capacity to use communication for development (C4D) approaches in preparing for and responding to emergencies, as well as launching a new resource website with C4D guidance, messages and materials.

In early 2016, a workshop co-hosted by the Field Results Group and ESARO on Innovation in Programme Monitoring concluded that some UNICEF-developed and ESAR-tested innovations, including mTRAC, U-Report and mVRS, were ready for national scale-up and global deployment. Citizen engagement with UNICEF expanded dramatically during the year: UNICEF regional and Africa-wide social media platforms including Facebook, Twitter and Instagram reached a milestone of more than 1 million followers on the continent.

The Regional Office offered technical guidance, capacity building, and quality assurance and oversight to Country Offices to effectively prepare for and respond to humanitarian situations. In countries of Southern Africa, where the El Niño-induced drought was the worst in 35 years, the Regional Office supported nutrition, health, water, sanitation and hygiene, communication and development (C4D), child protection and communication interventions. The El Niño
A weather event also doubled the number of people facing critical and emergency food insecurity levels to nearly 24 million in the Horn of Africa region.

Technical and operational support was provided to the ongoing Level 3 Corporate Emergency response in South Sudan, including in emergency coordination and establishing a Situation Centre following the July 2016 crisis in Juba, as well resource mobilization, human resource capacity, and business continuity and contingency plans. The Regional Office also supported multi-country refugee operations in 4 countries neighbouring South Sudan (Ethiopia, Kenya, Uganda and Sudan), and those receiving refugees from Burundi, Eritrea, Somalia and the Democratic Republic of the Congo. Research and technical support on integrating conflict-sensitive education approaches in education sector programming were undertaken.

Common constraints affecting programme implementation included resource constraints (staffing and capacity constraints within ESARO and Country Offices); difficulties in identifying specialist sources of external support; and lack of baseline data for programming. In some areas, weak systems, as well as limited funding, capacity, and inter-agency collaboration at the national level also posed a limitation; delays in fund transfers affected progress in others. Insufficient resources to address gender at country level continue to hinder progress across UNICEF programmes.

**Partnerships**

Alliances and partnerships were fostered in humanitarian and development contexts. The Regional Office worked with the African Union on a campaign to end child marriage; supported the work of the African Committee of Experts on the Rights and Welfare of the Child on children in conflict and crises, and promoted birth registration as part of the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics.

New partnerships in 2016 included the ECD Global Action Network to help map the new global ECD agenda supporting the Sustainable Development Goals, and the International Budget Partnership to increase available evidence on budget transparency, promote greater openness, participation and accountability in domestic budgets and maximise investments for children throughout the region. The Regional Office also led a number of strategic regional partnerships in the area of water, sanitation and hygiene, including revitalizing the Joint Initiative for Cholera in Southern Africa; coordination of the regional WASH Humanitarian Group; and collaborating with the Oxford University Reach Programme which develops innovations for rural water supply sustainability.

The Regional Office contributed substantially to revive and adjust the Harmonization for Health in Africa (HHA), a WHO-led initiative aimed at harmonizing technical support to governments to strengthen health systems and health programmes. ESARO supported a formal review of the current coordination practices leading to key recommendations for coordination between Ministries of Health, UN agencies and key health actors.

The Regional Director also continued to lead inter-agency support to the Regional United Nations Development Group (R-UNDG) Strategies on Middle-Income Countries, Great Lakes, and Resilience. The Regional Office contributed to the work of the ESA R-UNDG Peer Support and Quality Assurance Team by leading the development of a briefing pack on new guidance for the United Nations Development Assistance Framework and draft guidance on partnerships as an enabler for United Nations Country Teams.

**Management**
The Regional Office advanced the Managing for Results (M4R) initiative, supporting the rollout of the Results-Based Management (RBM) and Strategy Notes across the organization, beginning with a regional Training of Trainers workshop in May 2016, followed by more than 700 staff being trained through 23 workshops. An online ‘RBM Corner’ was set up to provide tools and support on application of RBM in the region. The testing of new eTools, designed to make core UNICEF processes such as work planning, partnership management and implementation monitoring smoother, was rolled out in 6 Country Offices (Ethiopia, Kenya, Rwanda, Somalia, South Africa, South Sudan) with Regional Office support.

Peer reviews of Country Programme internal controls and performance were, for the first time, jointly conducted by ESARO Operations, Programme, HR, ICT and Supply staff in 6 Country Offices (Eritrea, Kenya, Mozambique, Rwanda, United Republic of Tanzania, Zambia) and the Regional Office.

The Regional Office also supported the development of 7 new results- and equity-focused country programmes (Botswana, Eritrea, Ethiopia, Lesotho, Mozambique, Somalia, United Republic of Tanzania), provided oversight and quality assurance for country office annual reports, work plans, annual management plans, Compacts, evaluations, Multiple-Indicator Cluster Surveys (MICS) and innovations in programme monitoring.

The Regional Office secured significant multi-country grants in support of the Regional Inter-agency Standing Committee (RIASCO) plan on El Niño emergency response programme in Southern Africa and in support of refugee education programs in five countries (Ethiopia, Kenya, Rwanda, United Republic of Tanzania, Uganda). The Nairobi-based Private Sector Regional Support Centre for Sub-Saharan Africa, worked with Country Offices to leverage an additional US$22 million from the private sector. In addition, good practices were evident in relation to the expansion of knowledge management and the use of communication innovations to promote advocacy and public discourse.

ESARO coordinated a review of the Botswana, Namibia, Lesotho, South Africa and Swaziland (BNLSS) review leading to “Pretoria Principles” for making country office and programmes fit for purpose and affordable, and the establishment a sub-regional Operations Hub to increase efficiency in operations in Botswana, Namibia, Lesotho and Swaziland (the BNLSS group). A new Compact of Mutual Accountability which defines key programme and management results for each Country Office in terms of indicators and targets against which performance will be assessed at the end of the year and required technical support from the Regional Office was operationalized across the region and linked to ACHIEVE.
1.2. Trends and Progress Affecting Children and Women in the Region

Context

Eastern and Southern Africa is home to approximately 250 million children under 18 years of age – a population that is expected to double by the end of the century. The region is also experiencing rapid urbanization. Among developing regions, sub-Saharan Africa alone accounts for 56 per cent of the total increase in the number of slum dwellers between 1990 and 2014.

Economic growth in sub-Saharan Africa is projected to fall to 1.6 per cent in 2016, the lowest level in over two decades, and well below population growth. Economic growth across countries is heterogeneous: while most of non-resource-intensive countries continue to perform well, as they benefit from lower oil prices, an improved business environment, and continued strong infrastructure investment (with countries including Ethiopia, Rwanda, and the United Republic of Tanzania growing at annual rates of over 6 per cent), commodity-exporting countries (including Angola and South Africa) are under severe economic strain.

Latest studies suggest extreme income poverty is declining globally and its profile is shifting. In 2013, sub-Saharan Africa was home to half the world’s people living on less than US$1.90 a day – a total of 389 million people. The age profile of poverty is also changing. Nearly half of people living in poverty in sub-Saharan Africa are children below 14 years of age; the region accounts for over half of children growing up in extremely poverty. Sub-Saharan Africa also has the second highest average in-country income inequality after Latin America and the Caribbean.

While the African continent is rich in untapped natural resources, it is also faced with a number of significant environmental challenges, including low access to clean forms of energy, weak environmental governance systems, illegal trade in wildlife and loss of biodiversity, pollution and inadequate waste management practices, and climate change and variability. Despite being Africa’s most prized asset for food production, nutritional health and economic development, about half million square kilometres of land are being degraded every year due to soil erosion, salinization and deforestation. The key drivers of land degradation include urbanization and population growth, and unsustainable farming.

Africa’s expanding economies and populations are putting pressure on finite resources, resulting in polluted and increasingly scarce water, and re-emergence of waterborne diseases such as cholera and dysentery. Increased air pollution from vehicles, industry emissions, and domestic and agricultural fires, is fast becoming an important human health and economic issue, especially in high-density urban areas such as slums. About 90 per cent of people in sub-Saharan Africa are exposed to indoor air pollution, with an estimated 600,000 deaths per year attributed to it. Temperatures in the region have been rising rapidly over the past five decades, at around twice the global rate in the subtropical parts of Southern and Northern Africa. A drier future is projected for Southern Africa, with more frequent dry spells and droughts. At the same time, shifts in rainfall patterns suggest increasing large-scale flood events over East Africa and a higher frequency of landfalls over northern Mozambique.

The Eastern and Southern Africa region continues to face multiple humanitarian crises, including cyclical drought and flooding, epidemics, cyclones, acute malnutrition, migration, insecurity and conflict. The 2015/2016 El Niño-induced drought was the worst to hit Southern Africa in the space of 35 years. Angola, Lesotho, Madagascar, Malawi, Mozambique, Swaziland and Zimbabwe were the most heavily affected. Malawi and Mozambique were also...
subject to severe flooding in parts of the country. The El Niño event contributed to increased needs for the treatment of severe acute malnutrition (SAM) with up to 237,000 children under age 5 needing treatment in 2016 in Southern African countries, lack of access to clean water and basic sanitation for more than 4 million people, more than 634,000 livestock deaths, a maize production shortfall of 9.3 million tonnes, and sharp increases in food prices.

In the Eastern Africa region, close to 24 million people were facing critical and emergency food insecurity levels as of August 2016, double the number during the same period the year prior. In Ethiopia alone, nearly 10 million people required emergency food assistance to meet their basic food needs, and there are close to half a million children who are severely acutely malnourished. El Niño-related weather events affected several countries in the region; with the World Health Organization reporting cholera and Acute Watery Diarrhoea outbreaks in Kenya, Uganda, United Republic of Tanzania, Ethiopia, and South Sudan.

Conflicts in Africa displace more people internally than internationally. In 2015, an estimated 12.4 million people were internally displaced by violence and conflict, with South Sudan among the top 10 countries for populations displaced by violence and conflict. International migration pathways within Africa reflect both the continent’s regional and linguistic groupings as well as its history of protracted humanitarian crises. In Southern Africa, primary migration routes are into South Africa, which hosts the largest number of immigrants in Africa, being a primary destination for migrant labour and for education migration, with nearly half of mobile students within the subregion studying there. This is distinct from education mobility elsewhere in the continent, which is generally directed towards Europe and Northern America.

Situation of women and children

Thanks to a concerted global effort, the number of children dying before reaching the age of five in Eastern and Southern Africa has fallen by 60 per cent, from 167 deaths per 1,000 live births in 1990 to 67 deaths per 1,000 live births in 2015. Pneumonia (17 per cent) and diarrhoea (10 per cent) are the leading causes of death, with undernutrition an important factor contributing to high child mortality. Neonatal deaths – defined as death within the first 28 days of life – account for a large share of under-five deaths, rising from 28 per cent in 1990 to 38 per cent in 2015.

Nearly two thirds of all children and adolescents living with HIV in the world are found in ESA countries. Girls aged 15–19 years are approximately two and a half times more vulnerable to HIV infection compared with boys of the same age. Efforts to eliminate new infections in children have paid off: the proportion of pregnant women living with HIV in sub-Saharan Africa receiving antiretroviral (ARV) treatment to prevent mother-to-child transmission (PMTCT) of the virus has increased from 1 per cent in 2005 to 80 per cent in 2015.

Just over half of children under age 5 in Africa have had their births registered. Wide variations exist across the region, with 84 per cent of births registered in Southern Africa and only 40 per cent in Eastern Africa.

Stunting prevalence among children aged under 5 years, a measure of chronic undernutrition, has decreased from 52 per cent in 1990 to 36 per cent in 2015. Rapid population growth means that the absolute number of stunted children under 5 has in fact risen from nearly 24 million to 27 million over this period. In most countries, children from the poorest 20 per cent of the population are nearly twice as likely to be stunted (45 per cent) as those from the richest (26 per cent). Moderate acute malnutrition (low weight for height, or wasting) affects on average 6.2 per cent of children under 5 years in ESA. At the same time, the number of
overweight children under 5 years has increased from 2.1 million in 1990 to 3.4 million in 2015\textsuperscript{viii}.

Only about a third of children aged 36 to 59 months are attending some form of early childhood education programme in Eastern and Southern Africa. In Malawi, Rwanda, Swaziland, and Zimbabwe some 35–40 per cent of children in this age group are not developmentally on track in at least one of the following domains: literacy–numeracy, physical, social–emotional, and learning\textsuperscript{viii}.

Countries in the Eastern and Southern Africa fell short of achieving the universal primary education goal of at least 95 per cent net attendance, with the average primary net attendance being 79 per cent in 2015\textsuperscript{ix}. The challenge is especially acute in Angola, Eritrea, Ethiopia, Madagascar, Mozambique, Somalia, South Sudan, and the United Republic of Tanzania, where at least 1 in every 4 children of primary school age does not attend school. Eastern and Southern Africa also has the lowest secondary net attendance in the world, with only a third of secondary-school-age adolescents attending secondary school. In Angola, Burundi, Ethiopia, Somalia, South Sudan and Uganda, 80 per cent or more of adolescents of the appropriate age did not attend secondary school in 2015\textsuperscript{xx}.

While the ESAR fell short of meeting the Millennium Development Goal (MDG) target on drinking water, the region saw a 19 percentage point increase in the proportion of population with access to improved sources of drinking water since 1990\textsuperscript{xxi}. In 2015, on average 66 per cent of people had access to improved sources of drinking water across the region – ranging from approximately 50 per cent in Angola, Madagascar and Mozambique to more than 90 per cent in Botswana, Namibia, and South Africa. The gap in access between rural and urban areas has also steadily decreased since 1990, from 55 to 31 per cent in 2015. Progress in sanitation has been slower: 22 per cent of the population had access to improved sanitation in 1990 and in 2015 that figure was 33 per cent. The region is home to some of the countries with the lowest access to improved sanitation in the world. Open defecation has been halved since 1990, but remains high at an average 21 per cent, ranging from about 33 per cent in Zimbabwe, Ethiopia, Angola, and Lesotho; 40 per cent in Mozambique and Madagascar; and more than 70 per cent in Eritrea and South Sudan\textsuperscript{xxii}.

Child marriage continues to be an issue of major concern; only South Asia exceeds the rates of child marriage in Africa. A slow pace of decline combined with population growth has resulted in an increased number of child brides in the region, from approximately 12 million in 1990 to 18 million in 2015. Eastern Africa has one of the highest rates of child marriage on the continent, with an average 37 per cent of women aged 20–24 reporting having married before age 18\textsuperscript{xxiii}. The practice varies widely across countries in ESA, from 7 per cent in Namibia to 50 per cent in Ethiopia\textsuperscript{xxiv}.

The global prevalence of female genital mutilation/cutting (FGM/C) has declined from 51 to 37 per cent since 1985, but, with population growth, the number of girls who have undergone the practice has increased from 9.3 to 14.3 million over this period. FGM/C is concentrated in Africa, with wide variations across countries, from levels close to or above 90 per cent in Somalia to only 1 per cent in Uganda\textsuperscript{xxv}.

1.3. **Humanitarian Assistance**

*Humanitarian preparedness and response*
The Regional Office Humanitarian Action, Resilience and Peacebuilding (HARP) programme supported regional inter-agency humanitarian initiatives, including the response to the situation in Burundi, South Sudan, and neighbouring countries, the El Niño crisis in the countries of Southern Africa, and the Regional Contingency Plan for the Democratic Republic of the Congo. Coordination with partners resulted in plans providing the basis for more coherent preparedness and response.

Stronger engagement with the Southern African Development Community (SADC) and the Regional Inter-Agency Standing Committee for Southern Africa (RIASCO) in the context of the El Niño-induced drought affecting several countries in Southern Africa resulted in a more effective multi-sectoral response.

The Regional Office also provided quality assurance for multi-country refugee operational plans: in South Sudan and 4 neighbouring countries (Ethiopia, Kenya, Uganda and Sudan), and Burundi and 4 nearby countries (Rwanda, Uganda, the United Republic of Tanzania, and the Democratic Republic of the Congo), Somalia, Eritrea and the DRC Interagency Contingency Plan. This resulted in strengthened programme response, joint planning and resource mobilization efforts, as well as enhanced preparedness for influx of refugees and internally displaced persons (IDPs), and greater emphasis on the protection and education needs of child refugees.

Resilience

Recommendations for strengthening the humanitarian action and resilience response were included in quarterly inter-agency regional outlooks for the Horn of Africa, Great Lakes and Southern Africa. The regional HARP and Nutrition teams continued to engage with the Intergovernmental Authority on Development (IGAD), which resulted in enhanced IGAD nutrition analysis and new tools for resilience analysis.

Global and regional humanitarian policy

Support provided by the HARP section for the development of policy briefs, documentation and frameworks helped to inform global and regional humanitarian policy dialogue, and improve conceptual frameworks and tools for programmes that bridge the humanitarian and development divide, focusing on resilience, risk-informed programming, fragility and refugee policies. These included: (i) the UNICEF ESARO Framework for Fragility; (ii) contribution to UNICEF Global Consultation on Fragility, and providing quality assurance for the case studies; (iii) UNICEF ESAR Strategy for Resilience Development; (iv) R-UNDG Strategic Framework for Resilient Development (together with Social Policy). HARP also led the development of the Briefing Paper, *Children on the Move in Eastern and Southern Africa: Enhancing Education and Protection to promote development, resilience and social cohesion*" for the United States President’s Leaders’ Summit on Refugees. In Ethiopia, HARP supported the review of the Partnership Agreement between UNICEF and UNHCR, which helped strengthen collaboration with UNHCR.

1.4. **Strategic Plan 2018–2021**

UNICEF’s work in Eastern and Southern Africa is focused around 5 principal Regional Priorities, which were identified in 2014 for the period of the 2014–2017 Strategic Plan. A 2016 review of the Regional Priorities against the expected results in the draft UNICEF Strategic Plan 2018–2021 established continued relevance of the ESA Regional Priorities.
Specific areas in the draft UNICEF Strategic Plan 2018–2021 not reflected in the current Regional Priorities include: gender-responsive health and nutrition approaches, skills development, birth registration, access to justice, adolescent empowerment and engagement, disaster risk reduction and social cohesion, gender based violence in emergencies, child-responsive urban settings, and issues surrounding environmental pollution and climate action. Conversely, early childhood development (ECD) and secondary education are covered in the Regional Priorities but not clearly articulated in the current draft of the new global Strategic Plan.

In November 2016, Regional Management Team (RMT) Members held a session dedicated to reviewing the emerging priorities and the roadmap for developing the new UNICEF global Strategic Plan. The session focused on the implications of the Strategic Framework for UNICEF in Eastern and Southern Africa, and distilled actions to be taken by Country Offices and the Regional Office to contribute to the development of the new Strategic Plan and update the ESA Regional Priorities. To inform the discussions, UNICEF collected views from a regional U-Report polling exercise carried out in September and October 2016 to assess the needs of young people lading to education, health, and employment as key priorities. Approximately 80,000 respondents took part in the exercise using the U-Report mobile-phone-based survey instrument. More than 620,000 people are registered as U-Reporters in 6 countries in Eastern and Southern Africa: Burundi, Mozambique, Swaziland, Uganda, Zambia, and Zimbabwe.

RMT members discussed and suggested revisions to the draft Strategic Framework, focusing on the ‘whats’, ‘hows’ and ‘enablers’, as well as implementation in low- and middle-income countries and fragile country contexts in the region.
2. Analysis of Programme Strategies and Results: Development Effectiveness

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

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

1. Enabling children to **survive and thrive**.
2. **Reducing stunting** to provide opportunities for children to realise 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 realise their full potential.
5. Scaling up **social protection** interventions to reduce child poverty and other vulnerabilities that impede the full realisation of child rights.

2.1. Health

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

The Regional Office team provided technical support and oversight mainly to Country Offices in countries with large numbers of unimmunized children, focusing on microplanning, the cold chain, vaccine management, and demand generation, in collaboration with partners including GAVI, WHO, USAID, MSH, JICA, and CHAI. As a result about 330,000 hard to reach children were immunized, bringing the number of unimmunized children in the region below 3 million for the first time in the last decade.

The Regional Office supported the 17 GAVI-eligible countries (Angola, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, South Sudan, United Republic of Tanzania, Uganda, Zambia, Zimbabwe) to conduct joint appraisals to identify persistent challenges impeding the coverage and equity of immunisation. Through coordination and quality assurance, the polio team contributed to an effective response to vaccine-derived polio virus outbreaks in South Sudan and Madagascar, and is currently supporting response to the ongoing circulating vaccine-derived poliovirus (cVDPV) outbreak in Mozambique, which was reported in December 2016. ESARO also provided technical support to all 21 Country Offices in the region for the successful switch from trivalent OPV (tOPV) to bivalent OPV (bOPV), which took place simultaneously across the globe.
The Regional Office supported improvements in the quality of maternal, neonatal and child health services. Eight countries (Eritrea, Ethiopia, Malawi, Mozambique, Rwanda, Swaziland, Uganda, Zambia) have increased their postnatal care coverage by 5 per cent or more. In collaboration with partners, the Regional Office supported 5 Country Offices – in Ethiopia, Kenya, Malawi, Uganda and Zambia – in newborn assessments and development of action plans to expand maternal and newborn programming within the context of HIV-sensitive reproductive, maternal, neonatal and child health. With Regional Office support, 3 early adopter countries (Namibia, Swaziland, Zambia) are spearheading quality-of-care, in line with the new Every Mother, Every Newborn guidelines. ESARO also supported the rollout of new World Health Organization (WHO) guidelines on simplified antibiotic regimens for treatment of newborn infections in 5 countries (Kenya, Malawi, Tanzania, Uganda, Zimbabwe).

Despite human resource constraints, the regional Health team supported the response to cholera and malaria outbreaks in the Great Lakes region and a yellow fever outbreak in Angola; provided technical oversight for measles immunization in areas affected by drought and conflict in Ethiopia, Somalia and South Sudan; and contributed to the Regional Inter-agency Standing Committee (RIASCO) El Niño response.

The Regional Office partnered with WHO, HQ and Oslo University to provide specialized support to review or develop National Health Sector Plans (NHSPs) based on situation and bottleneck analysis, and costing and development of investment case for Country Offices in 5 countries (Ethiopia, Kenya, Lesotho, Malawi and Zimbabwe); supported capacity building and implementation of the Monitoring Results for Equity System (MoRES) and results-based management (RBM) in 11 Country Offices (Burundi, Comoros, Malawi, Mozambique, Lesotho, Namibia, Madagascar, South Africa, Swaziland, United Republic of Tanzania, and Zimbabwe.), which allowed the 11 countries to align their National Health Strategic plans to global strategies such as SDGs and the Every Mother Every Baby Every Child (EMEB) Strategic plan.

2.2. HIV and AIDS

The Regional Office supported Country Office efforts to prevent new HIV infections and increase access to treatment during the first and second decade of life by promoting improved and equitable use of proven HIV prevention and treatment interventions by pregnant women, children and adolescents. This work was in the context of both Regional Priority 1, Survive and Thrive, and Regional Priority 4, Results for Adolescents, which focuses on reducing the incidence of HIV and scaling up treatment and care for adolescents living with HIV, reducing child marriage and violence against children by at least 20 per cent by 2017.

A key achievement for the HIV section in 2016 was drafting the ESAR Adolescent Strategy – *Working with, and for, Adolescents* – presented to the Regional Management Team (RMT) in April 2016. The HIV section coordinated inputs from other programmatic sections and Country Offices, and produced the strategy which was endorsed by the Regional Management Team, as a living reference document for the region.

In 2016, the Regional Office held a Strategic Moment of Reflection (SMR) together with the HIV Section in Programme Division, which helped identify three focus areas and six core strategies to advance the UNICEF HIV response in the Eastern and Southern Africa region (ESAR). Focus areas – ‘treat and retain’, ‘locate and link’, and ‘prevent’ – were validated by Country Offices and shared at a global UNICEF HIV meeting, as key inputs for the UNICEF global strategy on HIV.
The Regional Office also provided critical inputs to the development of a global UNICEF vision for HIV; coordinated and supported the corporate evaluation of preventing mother-to-child transmission of HIV (PMTCT); helped to shape post-Global Plan strategies for PMTCT; supported development of global programmatic tools and guidance on adolescents and supported integration of adolescents into HIV prevention through the All In! to #EndAdolescentAIDS initiative.

Country Offices also benefitted from three Regional Office joint missions and technical updates on PMTCT and paediatric AIDS programming, as well as from the technical review of six national strategies and plans and support for elimination of mother-to-child transmission of HIV (eMTCT) pre-validation discussions. Joint missions between programmatic teams (e.g., Nutrition and HIV in Lesotho; Adolescents and Education in Madagascar) and between agencies (e.g., UNICEF and WHO for eMTCT in Rwanda) contributed to multiplying the impact of these activities.

The regional HIV team also supported the All In! Phase 1 data assessments in 10 countries (Botswana, Kenya, Lesotho, Mozambique, Namibia, Rwanda, Swaziland, United Republic of Tanzania, Uganda, and Zimbabwe) and Phase 2 comprehensive programmatic reviews in 4 countries (Botswana, Namibia, Rwanda and Uganda). Support was also provided to 7 Country Offices (Ethiopia, Madagascar, Mozambique, Namibia, Rwanda, Swaziland and the United Republic of Tanzania) on development of adolescent strategies and programmes.

In collaboration with the regional Partnerships team, the HIV section supported multi-country funding opportunities, including an application to the PEPFAR Innovation Challenge Fund; the Dutch sexual and reproductive health and rights (SRHR) call for proposals, proposals related to HIV-sensitive social protection and the Great Lakes Strategy Framework.

2.3. Water, Sanitation and Hygiene (WASH)

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

The Ethiopia, Kenya, Malawi, Kenya, Uganda and Kenya Country Offices carried out large sanitation and hygiene programmes which were actively supported by the Regional Office with technical assistance and knowledge management activities. Support to the Country Offices in Botswana, Namibia, Lesotho, South Africa and Swaziland (the BNLSS group) has resulted in stronger national strategies for the elimination of open defecation and community-based approaches to total sanitation. The Regional Office also worked to address the human and financial resource constraints in national sanitation programmes in the middle-income countries through thematic funding support and strategic technical inputs. The Regional Office is working to make the BNLSS sub-region completely open-defecation-free – a plausible goal given the already low absolute scale of the issue.

The Community-led Total Sanitation (CLTS) Rapid Appraisal Protocol tool was finalized and applied in 2 countries (Ethiopia, Uganda). Private sector engagement in sanitation was strengthened in 3 countries (Kenya, Rwanda, Uganda) thanks to an innovative project co-led
by ESARO and the UNICEF Supply Division. The Regional Office also continues to support expansion of innovative approaches to rural water sustainability across the region.

A comprehensive overview of water, sanitation and hygiene in institutions (schools and health centres) in the region was developed. Finally, critical support to emergency preparedness and response was provided across the region, with a particular focus on the El Niño response in Southern Africa; and also a number of cholera outbreaks in the region.

2.4. Nutrition

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

A UNICEF regional nutrition programme guidance and a nutrition toolkit were produced, and guidance on joint programming for WASH and Nutrition was piloted in Mozambique, Uganda, the United Republic of Tanzania, and Zambia. The Nutrition team also supported Country Offices in scaling up services to address severe acute malnutrition (SAM) through technical guidance, bottleneck analysis, and capacity strengthening activities. The partnership between UNICEF and USAID Food for Peace for SAM management has increased to 8 countries (Burundi, Ethiopia, Kenya, Malawi, Mozambique, Somalia, South Sudan, Zimbabwe) in 2016, thus, improving country capacity to scale up SAM management.

The Regional Office supported 4 Country Offices (Burundi, Ethiopia, Mozambique and Rwanda) to strengthen multi-sectoral programming to improve infant and young child feeding (IYCF) practices, through the Dutch-funded project on improving child nutrition. IYCF programing was also scaled up with Regional Office support using the ProPAN, which is a tool for designing, implementing and evaluating programmes on infant and young child diet and feeding in Botswana and Somalia and the Bottleneck Analysis (BNA) in the United Republic of Tanzania. While many countries in Eastern and Southern Africa countries have made significant progress on exclusive breastfeeding, with 11 countries (Burundi, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Rwanda, Swaziland, Uganda and Zambia) meeting the global target, knowledge on appropriate complementary feeding practices remains low. In 2017, the Regional Office will focus on developing regional guidance and strengthening national action plans in this area.

Through the UNICEF Global Affairs Canada (GAC) partnership, the Nutrition team is scaling up Vitamin A supplementation activities in 6 countries (Burundi, Madagascar, South Sudan, United Republic of Tanzania, Uganda, Zambia) through integration with EPI, bottlenecks analysis (BNA) and programme monitoring initiatives (Lot Quality Assurance Sampling, RapidPro). Child health days has been used successfully by many countries in the region to boost the routine system and attain high levels of coverage for vitamin A supplementation. In partnership with USAID, the Regional Office also supported food fortification (universal salt iodation) action plans, investigate key determinants of iodine excess in 3 countries (Kenya, United Republic of Tanzania and Somalia) and development of regional guidance for iodine excess. Home fortification has been piloted and/or scaled up in 10 countries (Burundi, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Somalia, Uganda and Zambia).
The Regional Office supported emergency preparedness and response activities in 17 countries (Angola, Burundi, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Swaziland, United Republic of Tanzania, Uganda, Zambia, Zimbabwe) through technical assistance on emergency nutrition programming in the areas of planning, capacity development, resource mobilization, and surge staffing support. In addition, joint communication and a joint support mission with the World Food Programme (WFP) and the regional Food Security and Nutrition working group were carried out for advocacy and coordination purposes. The regional WFP–UNICEF nutrition and food security assessment led to the development of technical guidance on nutrition and food security, which was then validated at country level.

ESARO supported Country Offices through technical oversight and quality assurance, effective grant management and regional coordination, which included consolidation of donor reports, mid-point reviews and project evaluations. Resources for accelerated implementation of nutrition programmes in the areas of SAM, IYCF and micronutrient supplementation were secured for 3 additional countries in 2016 (Kenya, Somalia, South Africa) and additional resources were secured to expand programming in 8 countries (Burundi, Ethiopia, Madagascar, Malawi, Mozambique, Rwanda, South Sudan and Zimbabwe).

2.5. Education

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

Through the Regional Education Network Meeting and continuous technical assistance and capacity building activities, 21 Country Office education teams received Regional Office support on programming, monitoring and reporting on: learning assessments; improved teaching and learning; girls’ secondary education; profiling, analysis and programming for out-of-school children; education sector analysis and planning; education in emergencies; early learning; conflict and disaster risk reduction and peacebuilding; and results-based management for education.

Efforts to reduce the number of out-of-school children in the region were boosted through improved reporting, including analysis of prevalence of out-of-school children, to the Educate a Child (EAC) initiative by Country Offices in Comoros, Kenya, Somalia, South Sudan and the United Republic of Tanzania. The Regional Office also supported 17 Country Offices (Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe) participating in the Global Partnership for Education (GPE) through quality assurance of all GPE related documents, which helped improve education sector analysis and planning, and led to better targeting of resources.

The regional Education team also supported Country Offices with quality assurance and technical oversight in the areas of recruitment; development of country programme documents and mid-term reviews; programme budget reviews; Strategic Moments of Reflection (SMRs) and Emergency Management Team (EMT) Meetings; as well as the development of Strategy Notes and Country Office Annual Reports. Furthermore, two global UNICEF tools were shaped to improve quality and ensure relevance to ESAR: the Learning Concept Note and the MICS Learning Assessment module. To improve early learning data, the 'Measuring Early Learning and Quality Outcomes’ tool, the Kenya ‘School Readiness
Assessment’ and ‘Ethiopia Accelerated School Readiness’ models were developed and refined.

The Regional Office also focused on strengthening resource mobilization for education in the region, through, inter alia: updating the investment case for education and developing donor proposals for private sector donors; developing concept notes for *Education Cannot Wait* (Ethiopia) and one for the United States President’s Leaders’ Summit on Refugees, resulting in a US$15 million allocation for 5 Country Offices (Ethiopia, Kenya, Rwanda, Uganda and the United Republic of Tanzania); quality assurance for proposals to the *Let Girls Learn* Fund (Ethiopia, Malawi and Uganda) and for the World Bank Skills for Youth Employment platform (Burundi, South Africa).

### 2.6. Child Protection

The Regional Office supported Country Office efforts to strengthen child protection systems and respond to protection risks for children, especially in emergency situations. This work was in the context of *Regional Priority 1, Survive and Thrive* and *Regional Priority 4, Results for Adolescents*.

In 2016, the Regional Office continued to support expansion of birth registration in the region. Together with partners, including WHO and the World Bank, UNICEF played a strategic role in successfully advocating for recognizing the important role of the health sector in national civil registration and vital statistics (CRVS) systems. The 2016–2018 Strategic Plan of the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS) forms the basis of a promising partnership. As of 2016, 16 countries (Angola, Botswana, Burundi, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Somalia, Rwanda, South Sudan, Swaziland, United Republic of Tanzania, Uganda, Zambia) are applying the game-changing strategy of strengthening interoperability between civil registration and health sectors.

In addition to supporting interoperability between the civil registration and health sectors at country level, the Child Protection team provided technical assistance to 11 Country Offices (Angola, Ethiopia, Madagascar, Mozambique, Namibia, Rwanda, South Sudan, United Republic of Tanzania, Uganda, Zambia and Zimbabwe) including 7 Country Offices (Angola, Ethiopia, Mozambique, South Sudan, United Republic of Tanzania, Uganda, Zimbabwe) receiving European Union and Global Affairs Canada (GAC) grants. With the support of ESARO, comprehensive CRVS assessments were carried out in Madagascar and Rwanda.

The Regional Office also focused on supporting efforts to eliminate violence against children. Technical support to Country Offices in Botswana, Mozambique, Namibia, Lesotho, South Africa, Swaziland and Zimbabwe placed particular emphasis on programming for results and strengthening national capacity to protect children, and prevent and effectively respond to violence against children, including through integrated case management, which brings together health, education and social services.

In addition, the Regional Office provided technical assistance and organized two regional workshops to support work to eliminate child marriage and female genital mutilation/cutting in collaboration with HQ and in the context of the Joint UNICEF–UNFPA programme. Country Offices in countries where the prevalence of child marriage is high, including Ethiopia, Mozambique, Uganda and Zambia, have conducted assessments and studies on drivers of child marriage to help strengthen programme design, with an initial focus on upstream work i.e. strengthening laws, policies and regulations.
In partnership with the Office of the Executive Director, the Regional Office worked urgently to support survivors of and prevent sexual exploitation and abuse (SEA) of children by African Union military personnel in Somalia. Similar work was carried out in Burundi and South Sudan where violence and instability have increased the number of reported cases of sexual violence and grave child rights violations.

The Regional Office also supported child protection in emergency preparedness and response through technical assistance to Country Offices in countries affected by conflict and El Niño. Recognizing the increased cross-border mobility of children in the region, the Regional Office worked with partners, including the International Organization for Migration (IOM) and the Regional Mixed Migration Secretariat, to shape a coordinated multi-country response to migration.

2.7. Social Inclusion

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

The Regional Office supported Country Offices in budget analysis and advocacy for domestic investments in children. The Social Policy and Research team reviewed over 50 Budget Briefs on key sectors for children produced by 12 Country Offices (Angola, Botswana, Burundi, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe). The Office also offered technical assistance in developing country-level advocacy strategies to support policy and financing changes for children in the social sectors and established a new post of Public Finance Management (PFM) Specialist to meet demand for specialized guidance. 19 Country Offices (Angola, Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe) benefitted from a regional Public Finance Management (PFM) course, of which 7 Country Offices (Burundi, Comoros, Ethiopia, Kenya, Madagascar, Malawi, Namibia) have developed action plans to scale up PFM activities as a result of a regional training held in June 2016. The section has also entered in a new partnership with the International Budget Partnership in order to expand the coverage of the Open Budget Survey in the region and promote budget transparency, participation and accountability as a key step to maximise investments in children.

Technical support was provided to 4 Country Offices (Malawi, Mozambique, Zambia, and Zimbabwe) for the design, implementation and evaluation of inclusive, HIV-sensitive social protection systems. The linkages made between cash transfer programmes and HIV services strengthened recognition of the importance of a comprehensive range of interventions to reach results in the area of HIV. Funding was mobilized from the Netherlands (US$4.2 million) for these 4 Country Offices. The Burundi and Madagascar Country Offices were supported in designing and implementing cash transfer programmes, while Angola received support to strengthen implementation of a large-scale, EU-funded social protection programme. In addition, Country Offices in Southern Africa received guidance for strengthening shock-responsive social protection systems in the context of the humanitarian response to the drought induced by El Niño.
The Regional Office organized a workshop together with the Office of Research to develop standard methodology and road maps for conducting child poverty analyses. Child poverty reports for 3 countries (Botswana, Malawi and the United Republic of Tanzania) have been finalized while a further 12 (Angola, Burundi, Ethiopia, Kenya, Lesotho, Madagascar, Mozambique, Namibia, Rwanda, South Africa, Zambia, and Zimbabwe) are on track for release in 2017.

2.8. Early Childhood Development (ECD)

The Regional Office supported Country Offices to expand access to quality early learning opportunities, including through innovative early learning approaches. A comprehensive Early Childhood Development and Early Learning Strategy for Eastern and Southern Africa was developed in consultations with Country Offices, following a dedicated session at the April 2016 RMT Meeting.

With Regional Office support, 9 Country Offices (Botswana, Burundi, Kenya, Malawi, Mozambique, Namibia, Uganda, Zambia, Zimbabwe) have been participating in the UNICEF–WHO ‘Care for Child Development’ global parenting programme as of December 2016, with 7 Country Offices (Eritrea, Ethiopia, Lesotho, Somalia, South Africa, South Sudan, Swaziland) planning to be trained in 2017. Partners including Save the Children, Child Fund, PATH, and USAID also use the materials in programmes they support or are urging their sub-contractors to use them. In 2017, Eritrea, Ethiopia, Lesotho, Somalia, South Sudan) will be trained on the programme.

2.9. Communication for Development (C4D)

The Regional Office provided technical support for the development, implementation and monitoring of evidence-based Communication for Development (C4D) strategies in 2016.

The Communication 4 Development (C4D) team provided technical assistance, guidance and oversight to all 21 Country Offices in Eastern and Southern Africa to enhance the application of C4D strategies across the regional priorities, in line with the ESAR C4D Framework 2015–2017.

Key developments in 2016 included a regional workshop on C4D to enhance capacity to prepare and respond to emergencies, including in the context of disease outbreaks, which brought together governments, WHO and UNICEF staff from 16 countries (Angola, Burundi, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Swaziland, United Republic of Tanzania, Uganda). A regional C4D Emergency Dashboard was developed and used to monitor levels of C4D preparedness and response, and a new resource website for Country Offices that brings together relevant C4D guidance, messages and materials was launched. The C4D team worked with the HARP, Health, and Nutrition sections, to support emergency preparedness and response efforts in 11 countries affected by El Niño, cholera, chikungunya, and yellow fever (Angola, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Somalia, Swaziland, Uganda, Zimbabwe). The findings of the knowledge, attitudes and practice study on cholera and water, sanitation and hygiene in Southern Africa, which was completed in 2016, will feed into development of a new regional UNICEF strategic framework on cholera.
The Regional Office provided technical support to 4 Country Offices (Kenya, Malawi, Uganda, United Republic of Tanzania) in C4D for research and monitoring and evaluation (M&E), with a focus on adolescents.

The C4D team worked with partners including WHO and GAVI to support countries to enhance proposals for health systems strengthening; conduct joint appraisals, immunization programme reviews, strengthen the community engagement and communication components in national plans, and increase resources for C4D activities. UNICEF also used the occasion of the first Ministerial Conference on Immunization in Africa to brief 44 Ministers on the importance of community engagement in immunization.

An online regional C4D package covering maternal, newborn, and child health and nutrition was developed. This resource, designed to improve health and nutrition knowledge and access, contains technically approved content for use by Country Offices. Country Offices are increasingly employing the recommended evidence-based socio-ecological theory of change in planning and implementing C4D interventions, particularly those around child survival and essential family practices.

2.10. Humanitarian Action, Resilience and Peacebuilding

The main role of the Regional Office in the areas of humanitarian action, resilience, and peacebuilding (HARP) is working with Country Offices to address the underlying causes of high vulnerability of populations affected recurrently or chronically by crises and emergencies, through a focus on the continuum between prevention, preparedness and response activities before, during and after emergencies.

The Regional Office provided technical support, quality assurance and oversight to Country Offices to enhance their capacity to effectively prepare for and respond to humanitarian situations in 2016. These include countries affected by El Niño-induced drought in the Horn of Africa and Southern Africa; conflict (Burundi, Somalia, South Sudan); refugee influxes (Ethiopia, Kenya, Rwanda, Uganda, United Republic of Tanzania) and other humanitarian situations (Eritrea). Together with the Humanitarian Action Group, the Regional Office supported the development of 15 Humanitarian Action for Children appeals, which were instrumental in mobilizing over US$330 million, which is 58 per cent of the total regional appeal). The HARP team conducted 20 missions to provide technical support to Country Offices in meeting relevant benchmarks and standards. The Regional Office also held capacity-building trainings in emergency response and preparedness for 120 UNICEF staff in 6 Country Offices (Angola, Burundi, Kenya, Uganda, Swaziland, Zimbabwe) and provided quality assurance of the quality and rigour of humanitarian reporting for 149 reports produced in 2016.

Technical support was provided to strengthen humanitarian preparedness in the context of the Level 3 Corporate Emergency response in South Sudan, including for Emergency Management Team coordination, resource mobilization, building human resource capacity, strategies and contingency and response plans, as well as technical programme guidance. The Regional Office offered specific support in establishing and running the Situation Centre following the July 2016 crisis in Juba, which helped enhance emergency coordination, business continuity and operational support.

Concentrated, multi-sectoral support was also provided to ensure a timely humanitarian response to the drought induced by El Niño. HARP section provided technical support for all
Country Offices experiencing the impacts of the El Niño induced drought through missions, the development of UNICEF and interagency humanitarian response plans, the development of advocacy and resource mobilization documents and proposals, including the development of a UNICEF Regional Humanitarian Requirements document for the El Niño response. In addition, all Country Offices in Southern Africa received guidance for strengthening shock-responsive social protection systems in 2016.

The Regional Office provided technical support to 5 Country Offices (Burundi, Ethiopia, Somalia, South Sudan, and Uganda) on integrating conflict-sensitive education approaches in education sector programming. Four research case studies on education, conflict sensitivity and peacebuilding were finalized in Ethiopia and Kenya to generate evidence around the impact of peacebuilding through education in fragile and conflict-affected states, and a further three major studies were completed on education, conflict and peacebuilding. A regional information management system (IMS) for tracking programme performance and peacebuilding impacts was updated to include relevant countries in Eastern and Southern Africa. A Pan-African Symposium on Education, Resilience and Social Cohesion led to a policy commitment by Ministries from 14 countries including 6 from the region (Burundi, Ethiopia, Kenya, Somalia, South Sudan and Uganda) to integrate conflict-sensitive and peacebuilding approaches into education curricula.

2.11. Programme Planning, Monitoring and Evaluation

In 2016, the Regional Office advanced the Managing for Results (M4R) initiative, supporting the rollout of the Results-Based Management (RBM) and Strategy Notes across the organization. Support was provided to 7 Country Offices (Ethiopia, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe) to develop results- and equity-focused country programmes for Executive Board approval.

The Results-Based Management learning strategy in the region was launched through a regional Training of Trainers workshop in May 2016, followed by training in Country Offices. Some 747 staff members (93 per cent of the 2016 target) were trained through 23 workshops in 14 Country Offices (Botswana, Comoros, Eritrea, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Somalia, South Africa, South Sudan, Swaziland, Zambia, Zimbabwe) and the Regional Office. Overall satisfaction with the training was high - 90 per cent of participants reported that they would be able to apply the concepts. An “RBM Corner” was set up on the ESARO intranet to provide relevant information on RBM to Country Offices in the region in July 2016.

Programme monitoring was also strengthened through a project on innovation in programme monitoring in 4 countries (Kenya, Swaziland, Uganda and Zimbabwe); introduction of programmatic and management indicators linked to the Regional Priorities: The Regional Office also supported Multiple-Indicator Cluster Surveys (MICS) and other household surveys and provided oversight and quality assurance of evaluations.

The Programme Planning, Monitoring, and Evaluation (PPME) team coordinated the Country Office Annual Report review process, providing substantive feedback to 21 Country Offices, and facilitated the rolled out, monitoring and reporting on Compacts between the Regional Office and each Country Office.
The PME team developed a framework for undertaking fit-for-purpose and affordability analyses of country programmes and applied it to the five Country Offices in Southern Africa (BNLSS – Botswana, Namibia, Lesotho, South Africa, Swaziland).

The regional PPME team worked with the Human Resources section to establish a Rolodex comprising an up-to-date database of pre-screened candidates for consultants covering various programme areas. The team also worked with the South Africa Country Office to carry out an internal value-for-money stocktaking exercise and initial findings were shared at the regional Meeting of Deputy Representatives, Chiefs of Operations, Planning, and Monitoring and Evaluation (DROpsME) and then the Regional Management Team Meeting leading to benchmarks and recommendations for improving VFM of Project Cooperation Agreements (PCAs).

**2.12. Common Constraints, Lessons, and Good Practice in 2016**

**2.12. Common Constraints**

In the area of health, examples of external constraints include weak national health systems, while internal constraints include overstretched staff responding simultaneously to a yellow fever outbreak in Angola and two polio-related events in other countries. In addition, available data/evidence for monitoring performance in areas such as WASH is inconsistent between countries in the region. Funding for HIV has become increasingly scarce, and the end of the Global Plan for Preventing Mother-to-Child Transmission has caused a loss of momentum in this area. Nutrition programming faced challenges in terms of linking theories of change and strategic programming focus, as well as quality of funding proposals and reporting.

Constraints in the area of early childhood development (ECD) included limited capacity at country level and long processes for developing partnerships. The same is true for the area of gender, where limited knowledge, experience and human resources at the country level create pressure on the Regional Office.

Many Country Offices lacked capacity to move forward in the area of Social Inclusion, especially in relation to analysis and advocacy around budgets. Progress in Child Protection was affected by institutional challenges at the African Union which postponed initiatives and slowed the translation of political commitments into action. Similarly, delays with the Global Humanitarian Learning Strategy led to delays in the region. In addition, a wide range of country support needs placed the regional humanitarian team under strain. Similarly, high demand for Regional Office support and the absence of updated data for Regional Priority indicators were challenges identified by the Programme Planning, Monitoring and Evaluation (PPME) section.

**2.13. Good Practice**

Selected examples of good practice in 2016 included:

**Programme responses, both in humanitarian and development contexts.** Examples included holistic learning programmes for young children linked to the *Lancet* series on ECD; guidance and advocacy on communication for development and peacebuilding in education, and release of budget briefs in Zambia prior to approval of the 2017 National Budget. Timely ESARO support for these interventions at the country level led to expanded parenting programming, an inter-ministerial commitment by 14 countries including 6 from the region
(Burundi, Ethiopia, Kenya, Somalia, South Sudan, Uganda) to integrate peacebuilding approaches into education curricula, and additional domestic resources targeted to bridge equity gaps in services for children and women in Zambia. Additionally, all known critical incidents related to staff safety and security were responded to within 6 hours by the Regional Staff Counsellor.

**Improved multi-sector and multi-country responses.** The coordinated regional response to the El Niño crisis in 2016 was a flagship example of this approach. The Regional Office also developed two new regional strategies built on a multi-sectoral approach to programming: one focusing on early childhood development and one on adolescents. Regional technical specialists organized joint country missions, including one on Nutrition and HIV to Lesotho, and another on Adolescents and Education to Madagascar. This approach helped resolve a range of programming bottlenecks in a timely manner. In addition, a number of new knowledge products benefitted from multi-sector contributions. Examples include Education Sector Budget Briefs, a regional C4D online resource package covering Health and Nutrition, and Nutrition Programme Guidance and a Toolkit integrating WASH linkages, a suite of tools to prevent and respond to violence against children through multi-sectoral integrated case management.

**Strengthened knowledge management and communication.** With a dedicated regional Knowledge Management Specialist on board, the Regional Office expanded and streamlined its knowledge management activities. The Regional Office Intranet was reorganized and updated to enhance its relevance as the preferred channel for sharing information and facilitating online collaboration between Country Offices and the Regional Office. A number of pilot eDiscussion boards were set up, both for UNICEF staff collaboration and external exchange with partners, e.g. in the area of innovation in programme monitoring. Advocacy and engagement with the public expanded dramatically in 2016 through the use of social media (Facebook, Twitter, Instagram) with over 1 million people reached for the first time. The Regional Office also focused on building capacity in public discourse on sensitive issues through training for 8 Country Offices and launching a Communication Toolkit on Eliminating Violence Against Children, jointly developed by the Child Protection and Communication teams.

**Continued focus on tracking progress through data.** The Regional Office encouraged greater transparency on results achieved for children in the region, e.g. by supporting Country Offices to systematically log programme data in the global Enterprise Resource Planning (ERP) system, VISION. In 2016, ESARO generated a set of criteria to help strategically prioritize Country Office technical support needs and developed an office-wide Technical Assistance Plan used by all sections. Dashboards summarizing programmatic progress are also shared with Country Offices at regular intervals, with targeted support realigned during the course of the year as new needs are identified.

**Effective use of regional mechanisms and partnerships,** such as Regional Management Team Meetings, Regional Network Meetings, and Regional Memoranda of Understanding (MOUs) and Joint Strategies. The two Regional Management Team meetings conducted in 2016 resulted in concrete actions relating to implementation of Regional Priorities and enhancing partnerships with UNICEF National Committees and multi-stakeholder partnerships for children. Regional mechanisms have been critical in enhancing coherence, building leadership commitment, and helping to support effective oversight and accountability in programme management to achieve strategic results for children.

The April 2016 Regional Management Team (RMT) Meeting which focused on the Regional Priorities, and the December 2016 ESARO Annual Review Meeting were just some of the opportunities to take stock of progress and lessons learned and to discuss key priorities, risks and deliverables for the coming period.

Among recurring themes was the ongoing need to build capacity and expand the talent pool at Country Offices in the region. There is also scope for Country Offices to make better use of available tools, such as bottleneck analysis, to help identify programming constraints. Training in results-based management (RBM) has been identified as a useful entry point to enhance understanding of good programming. Investments in RBM have had a positive impact on reporting on child marriage and FGM/C, for example. Early support, e.g. during UNICEF country programme development processes including Strategic Moments of Reflection (SMRs) programme reviews and the Country Programme Strategy Notes led to better embedding of gender in individual country programmes. Timely support, at the early warning stage, was also of critical importance in emergency situations.

Among the chief roles of the Regional Office is supporting Country Offices to build requisite capacity. The All In! platform has proven to be a useful tool for supporting Country Offices in the collection and analysis of data to inform programming for adolescents affected by HIV. Country Offices need to be supported to retool as necessary, when shifting from direct implementation to a more upstream programming approach, or dealing with a decrease in funding. New global initiatives also create demands at country level and Country Offices need to be supported to e.g. work to realign national health strategies and plans with the Sustainable Development Goal (SDG) agenda and emerging national priorities. Given high demand and limited capacity to deliver specialized support at the regional level, it may be necessary to consider expanding support options, e.g. by increasing involvement of academic and research institutions in technical assistance.

Further lessons included recognition of the importance but also the complexity of multi-sector or multi-country initiatives and the need for national ownership of country programme analyses and national investment in key areas, including efforts to address the endemic cholera risk, improve sanitation at scale, and comprehensive nutrition programming, especially in the context of delivering quality emergency responses. Partnerships remain critical to success, and it is important to invest time in effectively disseminating, testing, and adjusting new initiatives, e.g. for early childhood development.

Finally, better linkages between humanitarian action and development programming are needed, and Country Office humanitarian response capacity and preparedness are critical areas for investment.

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

The Global and Regional Programme (GRP) involves the delivery of public goods that contribute to the seven outcome areas of the Strategic Plan 2014–2017, and facilitate accelerated achievement of results at country level. Strategies pursued in the Eastern and Southern Africa region included:

- Mobilizing partners and influencing global and regional discourse
- Leveraging resources in support of country programmes – in both humanitarian and development contexts
• Generating evidence on both the situation of children and scalable and innovative models for programme delivery and programme monitoring.

3.1. Influencing Global and Regional Discourse and Policy

Policy dialogue with partners and horizontal cooperation for children

The thrust of ESARO work in this area was in relation to UNICEF engagement with the African Union (AU) and other sub-regional bodies. ESARO also engaged with the Southern African Development Community (SADC) chiefly on the response to El Niño.

Work with the African Union primarily focused on three areas: supporting the AU campaign to end child marriage; working with the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) including on children in conflict and crises; and supporting birth registration in the context of the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS).

The UNICEF AU Liaison Office (AULO) based in Addis Ababa, Ethiopia, undertook a range of activities to advocate for the needs of children and position UNICEF as a partner of choice for the African Union. The Office facilitated interactions between leaders of the two organizations and participated in key AU meetings to increase visibility of children’s issues at the AU level.

Strengthened partnerships with Regional Economic Communities, in particular with the Southern African Development Community (SADC) led to enhanced regional harmonization. SADC Health Ministers issued a consensus statement committing to prioritizing stunting reduction in partnership with UNICEF in the region.

The HIV section continued active engagement in the joint inter-agency UNAIDS regional team. ESARO has re-established its co-convening role in the PMTCT/paediatric HIV working group and will serve on the regional validation secretariat for elimination of mother-to-child transmission of HIV. The regional UNICEF HIV team continued to lead the All In! to #EndAdolescentAIDS process in 10 countries (Botswana, Kenya, Lesotho, Mozambique, Namibia, Rwanda, Swaziland, United Republic of Tanzania, Uganda, Zimbabwe), mobilizing regional- and country-level partners to complete rapid assessments and bottleneck analyses to strengthen service provision.

Resource mobilization

In 2016, the Nairobi-based Private Sector Regional Support Centre for Sub-Saharan Africa, worked with Country Offices to leverage an additional US$22 million from the private sector. The Public and Private Partnerships (PPP) team focused on development and expansion of multi-country partnerships with corporations, foundations and high-net-worth individuals; establishment of a new ‘hub’ approach for identifying and developing new partnerships in East Africa and Southern Africa; capacity-building within Country Offices to support country-level private sector strategies and partnerships; and implementation of Child Rights and Business Principles and industry-specific approaches. Some of the largest regional partners include Unilever, the Dangote Foundation, Airtel, Safaricom and Lixil Corporation.

The WASH team supported resource mobilization through multi-country proposals principally aimed at strengthening sustainability and resilience in emergency and outbreak contexts. A proposal for cholera preparedness and response in Eastern Africa was developed in collaboration with OCHA. The DFID-supported Southern Africa El Niño drought response
A programme was developed in collaboration with the Health and Nutrition teams across 4 countries (Madagascar, Malawi, Mozambique and Zimbabwe) and a WASH sustainability concept was developed for Dutch Directorate General for International Cooperation (DGIS) funding to support sustainability of WASH services in 5 countries (Kenya, Madagascar, Mozambique, Rwanda, Zambia).

**Public discourse**

In 2016, the ESARO Communication team organized a 3-day workshop in Johannesburg to strengthen skills in managing media communication on sensitive issues. The team also led efforts to support Country Offices in facilitating public dialogue on sensitive issues in 8 countries: Angola, Burundi, Malawi, Somalia, South Africa, South Sudan, Swaziland and Zimbabwe.

Citizen engagement expanded dramatically during the year: UNICEF regional and Africa-wide social media platforms including Facebook, Twitter and Instagram reached a milestone of more than 1 million followers on the continent.

Public advocacy efforts in 2016 centred on emergencies and the 5 Regional Priorities. Opinion pieces on HIV and El Niño by UNICEF and WFP Executive Directors, as well as by youth reporter Siyanda Mohutsiwa, were published in the Mail & Guardian, Daily Vox, and The East African. Representatives of UNICEF in Eastern and Southern Africa appeared in, inter alia: The New York Times, The Guardian, The East African, BBC, CBC, Al Jazeera, Reuters, AP, AFP, CCTV, and AllAfrica.com. More than 40 media interviews were conducted around the ESA regional priorities in the areas of HIV, education, gender, education, birth registration, and child protection, including migration. Additionally, more than 25 interviews took place on emergencies (El Niño, South Sudan, Burundi) with coverage extending to 6,280 media mentions of El Niño alone.

**Market shaping**

Market shaping and influencing are key strategies for the UNICEF Supply function. While market-influencing strategies focus on stabilizing availability and affordability of essential and lifesaving commodities, attention is increasingly placed on strengthening national systems to ensure that essential supplies reach intended recipients efficiently.

During the reporting period ESARO has taken leadership in defining key Supply Chain Management (SCM) standards including integration of nutrition supply chains at country level based on 6 country reviews (Burundi, Ethiopia, Kenya, Malawi, Mozambique, Uganda) in the region (the Copenhagen Consensus, June 2016); development of methodology for and assessment of national human resources for supply chain management in 7 countries (Ethiopia, Kenya, Lesotho, Malawi, South Sudan, Uganda, Zambia) in the region; and development of plans for inclusion of commercial financing strategies to bridge funding gaps in 9 countries (Eritrea, Ethiopia, Kenya, Lesotho, Namibia, Mozambique, United Republic of Tanzania, Uganda and Zambia). In addition, in 2016, influencing strategies contributed to a successful transition from tOPV to bOPV vaccines throughout the region in support of the global polio eradication programme. The parallel introduction of inactivated polio vaccine (IPV) was more difficult.

At the regional level, efforts continue to reduce dependency on a small number of international manufacturers and to expand local production capacity for ready-to-use therapeutic foods (RUTF) used in treatment of malnutrition in children. Six local manufacturers are now certified to deliver such products as of December 2016.
3.2. Evaluation and Research, and Data

A list of completed evaluations, research, studies, surveys and publications is available in the Global Evaluation and Research Database, PRIME. Of the 46 activities included in the integrated monitoring and evaluation plan (IMEP) for 2016, 27 were completed, 7 are on track, 8 have been delayed, 3 not started and 1 cancelled. Monitoring and evaluation activities are listed in Annex II.

3.3. Implementation Strategies

Research

Support was provided to implement the Regional Research Strategy and Action Plan. An external quality assurance mechanism was designed and established to assure the quality of research in Country Offices and the Regional Office. Uptake of this new mechanism has been disappointingly low, with a total of 9 reviews conducted for 3 Country Offices (South Africa, Uganda, United Republic of Tanzania) in 2016, despite a cost-sharing arrangement between the Regional Office and Country Offices. In 2017 the Regional Office will continue to focus on supporting research quality and access to research, including through the compilation of a regional Publications Catalogue.

A review of the effectiveness of national social protection systems to respond to the negative impacts of El Niño on children was completed jointly with FAO and Save the Children.

In the area of health, the Regional Office contributed to the completion of 8 studies on topics including immunization, polio, prevention of mother-to-child transmission of HIV and maternal and neonatal health. A multi-country independent review of technological innovations in ESAR and a study of the impact of new vaccine introduction on national immunization programmes were both completed in 2016. Another multi-country study on determinants of child mortality and success factors linked to good programming is underway. Inputs were provided to the concept note and terms of reference for an external evaluation of the Rwanda community-based newborn care programme and a country countdown newborn case study supported Lesotho, Namibia and Swaziland Country Offices. Documentation of lessons learned is ongoing, as is the development of advocacy tools for use on Child Health Days and in support of universal salt iodization. The study on ‘Determinants and Impact of Iodine Excess in East Africa’ (based on Kenya, Somalia, the United Republic of Tanzania) was completed in October 2016, leading to the development of national action plans and regional guidance.

Significant achievements were made in building the knowledge base on efforts to tackle violence against children. The Malawi Country Office has completed a national study on violence against children, and reviews in 3 additional Country Offices (Rwanda, Uganda and Zambia) are underway. To ensure consistent messaging in communication campaigns, the Child Protection and Communication sections have developed a dedicated communication toolkit on the issue.

Data and evidence gathering

The PPME team contributed to establishing evidence on the situation of women and children through the use of visual, analytical regional and country profiles using child data drawn from various surveys. The UNICEF Multiple Indicator Cluster Surveys (MICS) programme is a valuable tool that enables countries to produce statistically sound and internationally comparable development indicators. In 2016, UNICEF launched the sixth round of the MICS programme, MICS6, with a Survey Design Workshop organized by ESARO. The Regional
Office also contributed to the development of new MICS6 instruments through participation in global meetings and pilots and supporting field testing and validation of a new module on child learning in Kenya. The final reports and datasets for MICS5 Swaziland and MICS5 Kenya County were completed and disseminated with support from the regional PPME team. The Somalia and South Sudan Country Offices also benefited from technical assistance on MICS.

The ESAR Programme Monitoring and Response Initiative, co-funded by the Bill and Melinda Gates Foundation and the United States Fund for UNICEF is operational in 4 countries (Kenya, Swaziland, Uganda, and Zimbabwe) in the region. The initiative is expected to provide important information for decision-making to accelerate results for children thanks to increased use of real-time monitoring and citizen feedback. An annual review of this initiative was organized by the Regional Office in February 2016 in Swaziland.

To provide inputs for planning actions that improve the quality of education, UNICEF ESARO published and disseminated the mappings across the 21 countries of the region to inform Country Office programming on three key issues: the use of the mother tongue as the language of instruction; learning assessments; and inclusion of children with disabilities. The Regional Office provided guidance on communication for development approaches in education and peacebuilding education, which was shared with Country Offices to advocate for improved policies and programmes.

An agreement was established with the International Budget Partnership (IBP) to increase the availability of evidence on budget transparency to support UNICEF analysis of public finance for children in the region. Expansion of the Open Budget Survey (OBS) began in 6 countries (Burundi, Comoros, Lesotho, Madagascar, Somalia and Swaziland) and findings will be released in 2017 through the global IBP report. A report on budget transparency in Africa based on 2015 OBS findings, due to be released in April 2017, provides a set of policy recommendations for governments and civil society to improve transparency and investment in children in the context of Africa’s demographic boom.

Evaluation

In 2016, ESARO continued to support Country Offices to carry out high quality and useful project evaluations, and to ensure that planned evaluation and research activities are undertaken, and that PRIME an online database for evaluations is used consistently as the tool for planning and implementation of research and evaluation. The Regional Office offered a quality assurance facility for evaluations, including reviewing terms of reference and draft evaluation reports, and providing assistance with PRIME and the Evaluation and Research Database (EDB). Periodic feedback on evaluation indicators was shared during the Country Office Annual Report Review process, as well as quarterly, and discussed at the April and November RMT Meetings.

Knowledge exchange

The Regional Office undertook a number of significant knowledge exchange initiatives in 2016. These included the development of an Africa-wide UNICEF Publications Catalogue together with the Regional Office for West and Central Africa (WCARO) showcasing 278 knowledge products produced by 38 Country Offices and 2 Regional Offices. ESARO played a key role in developing this document, which has been disseminated in many online and physical forums, including through the Office of Research – Innocenti network, the African Union and the EU. In addition, UNICEF presented evidence of the impact of cash transfers on...
outcomes for children on multiple forums, including at the media launch of the Transfer Project Book.

In support of new evidence on early childhood development published in a series of articles in *The Lancet*, the Regional Office shared briefs and messaging to secure editorials in seven major newspapers in the region. A social media package and public service announcements (PSAs) produced by the Regional Office complemented the launch of the series.

The ESARO C4D team led a process to identify and disseminate examples of good practice and replicable stories to be used in C4D approaches. This included production of the first C4D Works! series showcasing experiences from countries and briefs on behaviour change approaches in education and social norms programming, some of which were presented at the first Social and Behavioural Change Communication (SBCC) Summit held in Ethiopia in February 2016.

The expanded ESA Sanitation and Hygiene Learning Series continues to capture the experiences of Country Offices in the region on sanitation sustainability and programming at scale. This is done through lessons learned and best practices documents and webinars, which in 2016 were complemented by a sub-regional workshop to promote active learning from these experiences. Five additional documents were developed for the series in 2016, bringing the total to 12. The new briefs focus on subjects such as first steps toward sanitation marketing, using social norms to strengthen community-led total sanitation in Madagascar, and mobile-phone based sanitation and hygiene programming in Somalia.

To promote learning across the organization and in the region, the Regional Office also launched the ESAR Webinar and Brown Bag Lunch (BBL) Series and organized 22 webinars and 7 BBL sessions, on topics including innovations in programme monitoring and response.

**Innovation**

During 2016, ESARO provided technical assistance on innovation with a focus on deploying and scaling proven solutions, improving innovation capacity in Country Offices, and developing effective public and private sector partnerships to support innovative approaches. The Regional Office provided support to 13 Country Offices (Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, Swaziland, Uganda, The United Republic of Tanzania, and Zimbabwe) in the region. Specific results achieved included adapting existing real-time monitoring systems to track key nutrition data in response to El Niño in Mozambique and Swaziland; integrating real-time innovation tools into the national and subnational Health Management Information System (HMIS) in Kenya, Swaziland, Uganda, and Zimbabwe; establishing a new real-time monitoring system to reduce stunting in Malawi; and introducing or expanding citizen feedback innovations in a number of countries.

Additionally, three private sector partnership proposals were developed to advance innovation in Eastern and Southern Africa and a major resilience workshop was held with International Federation of Red Cross and Red Crescent Societies (IFRC) to strengthen global partnerships around resilience programming. Finally, an ESAR Innovation Hub was established to foster learning and collaboration. Innovation continues to gain momentum in the region, as reflected by innovation strategies in 7 Country Offices (Kenya, Malawi, Mozambique, Somalia, South Africa, United Republic of Tanzania and Uganda); and the Kenya, Malawi, Mozambique, Somalia, South Africa, Swaziland, United Republic of Tanzania, Uganda, and Zimbabwe Country Offices have dedicated Innovation Leads.
In early 2016, the Field Results Group and ESARO co-hosted a workshop on Innovations in Programme Monitoring to examine the findings of a jointly commissioned independent review of 11 innovations in 4 countries (Malawi, Rwanda, Uganda and Zambia). The workshop concurred with the findings that some UNICEF-developed and ESAR-tested innovations were ready for national scale-up and global deployment. These included mTRAC, U-Report and mVRS, which started in Uganda with the technical support of the Global Innovation Centre and ESARO.

South–South cooperation

ESARO supports South–South cooperation initiatives, including building capacity of both UNICEF staff and Government counterparts. Initiatives undertaken in 2016 facilitated joint learning and adoption of best practices and partnerships among countries to advance joint action and multi-country initiatives across the Regional Priorities.

Within the context of strengthening UNICEF programming in middle-income countries, UNICEF continued to implement the BNLSS Initiative bringing together Country Offices in Botswana, Namibia, Lesotho, South Africa and Swaziland to more effectively address key issues of mutual support and joint learning. The RMT Meeting in November 2016 included a review of progress in establishing a new business model for UNICEF work in middle-income countries in Southern Africa, including the establishment of a Regional Operations Hub and implementation of change management plans.

Together with the West and Central Africa Regional Office (WCARO), ESARO organized a Public Financing for Nutrition workshop for 35 countries in Africa, which resulted in country commitments to continue to track financial allocations to nutrition. In addition, the Community of Practice on Cash Transfers in Africa jointly facilitated by UNICEF and the World Bank has continued to effectively function as the main South–South platform for social protection practitioners in the region to share experiences and lessons learned.

Partnerships

The theme of the November 2016 RMT Meeting was partnerships with and for children and adolescents. The meeting, which featured contributions from the UNICEF National Committees, Partnership for Maternal, Newborn and Child Health, International Federation of the Red Cross and Red Crescent Societies, and Ms. Graça Machel, among others, examined programme partnerships, partnerships with National Committees, and communication and advocacy partnerships in the context of the Sustainable Development Goals (SDGs). The RMT meeting concluded with specific actions and recommendations for UNICEF to strengthen and more effectively leverage partnerships for children on the continent.

A number of new partnerships and partner initiatives was established in 2016. New partners included the ECD Global Action Network to help implement the new global ECD agenda supporting rollout of the SDGs, and the International Budget Partnership (IBP) to increase the availability of evidence on budget transparency.

A new partnership with ECORYS, an economic research and consultancy company, was established to develop national fiscal space and political economy analyses to support Country Office efforts in leveraging domestic resources for children. The exercise was finalized in Zambia and is ongoing in Burundi, Kenya, South Africa and the United Republic of Tanzania.
The Regional Office also led a number of **strategic regional partnerships in the area of water, sanitation and hygiene**, including revitalizing the Joint Initiative for Cholera in Southern Africa (JICSA); coordination of the regional WASH Humanitarian Group including partners such as ECHO, IOM, MSF Spain, Norwegian Red Cross, Norwegian Refugee Council, Oxfam, Solidarités, Samaritan’s Purse, UNHCR and World Vision and collaborating with the Oxford University Reach Programme which develops innovations for rural water supply sustainability in Ethiopia and Kenya.

The Regional Office also **expanded regional engagement in the nutrition sector**, particularly with the Africa Regional Bureaus of the World Food Programme (WFP), Action against Hunger Canada (ACF-CA), Save the Children, the Iodine Global Network, and the Global Alliance for Vitamin A. Joint missions and messaging helped garner attention on the regional food and nutrition crisis. Joint efforts also focused on the use of SMART nutrition information surveys, mapping of emergency capacity in terms of appropriate infant and young child feeding practices, and universal salt iodization and expanded Vitamin A coverage.

Global Health Partnership (H6), Global Financing Facility (GFF), Harmonization for Health in Africa (HHA), and Every Newborn Action Plan (ENAP) contributed to better service delivery integration and programme coordination in selected countries. ESARO has adopted UNICEF new Strategy for Health and Health System Strengthening (HSS) Approach, including expanding interoperability between Health Management Information System (HMIS) and CRVS in Ethiopia and South Sudan to increase birth notification. More opportunities to accelerate equitable maternal and child health outcomes in close collaboration with H6 partners will be pursued in 2017 in support of the updated UNSG’s Global Strategy and Health Agenda 2030.

**Through education partnerships ESARO secured commitments** to increase the provision of early learning services; reduce the number of children out of school; strengthen education systems to focus on learning outcomes and respond to fragility; and improve equity with a focus on girls’ education. Partners included the Association for the Development of Education in Africa (ADEA), Forum for African Women Educationalists (FAWE), the Global Partnership for Education (GPE), Save the Children, the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the United Nations Refugee Agency (UNHCR). The Regional Office took part in the *Educate a Child* initiative, the National Committee *Schools for Africa* campaign, and the United Nations Girls’ Education Initiative (UNGEI).

In response to the El Niño crisis affecting 7 countries in Southern Africa (Angola, Lesotho, Madagascar, Malawi, Mozambique, Swaziland, Zimbabwe), ESARO worked closely with the Southern African Development Community (SADC) and WFP, FAO and OCHA regional offices to **strengthen preparedness and action in response to drought and flooding conditions** in the sub-region. GBP 17 million was mobilized for support from DFID at the country and sub-regional level to support the RAISCO plan.

**Relationships with many governments and donors, as well as the private sector, were strengthened** through visits by the Regional Director, including to Angola, Eritrea, Ethiopia and Uganda. The visit to Eritrea resulted in a significant opportunity to help address malnutrition in the country. The UNICEF China-Africa engagement strategy was finalized; and two regional engagement partnerships – with Save the Children and the Graça Machel Trust – are on track. The partnership with Save the Children enables the two largest child rights organizations to work together, while the the Graça Machel Trust partnership supports
capacity building of civil society organizations, and joint advocacy and policy dialogue on issues of common priority, including child survival, stunting, ECD, and child marriage.

The Regional Director also continued to lead the implementation of the inter-agency support to the Regional United Nations Development Group (R-UNDG) strategies on Middle-Income Countries, Great Lakes, and Resilience. The Regional Office contributed to the work of the ESA R-UNDG Peer Support and Quality Assurance Team by leading the development of a briefing pack on new guidance for the United Nations Development Assistance Framework (UNDAF).

Finally, 2016 saw significant results materialize under the Regional Partnerships, Resource Mobilisation, and Leveraging Strategy approved in 2015. Examples include a four-country El Niño emergency response program in Southern Africa, supported by DFID, and refugee education programs in five countries (Ethiopia, Kenya, Rwanda, Tanzania and Uganda) supported by the US Government. A number of additional cross-sectoral opportunities were pursued, including proposals to the PEPFAR Innovation Challenge Fund; the Dutch SRHR, and the Great Lakes Strategy Framework.

3.4. Normative Principles

The Eastern and Southern Africa Regional Office was guided by the following main normative principles of programming: (i) human-rights-based approach to cooperation; (ii) gender equality; and (iii) environmental sustainability.

The human-rights-based approach to cooperation

In 2016 ESARO contributed to training United Nations Country Teams in Botswana, Eritrea and the United Republic of Tanzania in normative principles, including the human-rights-based programming approach as part of the development process for the United Nations Development Assistance Framework (UNDAF) and supported 7 Country Offices to develop country programme documents (CPDs) underpinned by human rights principles.

The human-rights based approach is a core component of the global and regional training on results-based management, where participants use sample Strategy Notes from the region to practice identifying causes of deprivations which UNICEF has chosen to address and ensuring that due consideration is given to human rights, equity, gender, and bottlenecks and barriers to equity-based programmes and risks. The principles are then applied through strategic responses built around theories of change and results frameworks.

Gender equality

Following the appointment of a Regional Gender Advisor at the Regional Office, the priority has been to create and capacitate a network of gender staff in Country Offices to support quality gender programming across the Eastern and Southern Africa region. ESARO hosted the first Regional Gender Network Meeting, with participation from all 21 Country Offices; 4 Country Offices (Botswana, Kenya, Namibia, Rwanda) have produced Gender Action Plans following a gender review and a further 3 (Burundi, Malawi, Somalia) are in progress. A synthesis and impact evaluation of these interventions is planned for 2017.

Early support on gender reviews at critical junctures, e.g. during Strategic Moments of Reflection and/or the Strategic Notes process, led to more attention to gender considerations in CPDs that were developed with ESARO support in 2016. In addition, some Country Offices have improved their emphasis on gender over the year – for example, those in Ethiopia and
Uganda have a strong focus on adolescent girls; in Mozambique and Zambia, on child marriage; and Somalia and South Sudan, on gender-based violence.

The Regional Gender Advisor presented at the Regional Sharefair on Gender and Resilience organized by the United Nations Entity for Gender Equality and Women’s Empowerment (UN Women) and Intergovernmental Authority on Development (IGAD), and, together with the United Nations Population Fund (UNFPA) led joint regional training on gender-based violence in emergencies.

Opportunities for 2017 include regional collaboration on developing standards and skills related to GBV programming; incorporating gender equity considerations into health programmes; increasing girls’ access to menstrual hygiene management (MHM) and continuing the momentum in programmes to eliminate child marriage and promote secondary education for girls.

Very limited capacity and insufficient resources to address gender at country level continues to hinder progress across UNICEF programmes. The effectiveness of the Gender Focal Points system is varied due to multiple constraints, including lack of training on best practices and available analytical tools. This gap is being addressed through a Gender Focal Points Accreditation Package being developed by Gender Unit, HQ with inputs from ESARO.

Environmental sustainability

Environmental stability formed a key theme at the regional Meeting of Deputy Representatives, Chiefs of Operations, Planning and Monitoring and Evaluation (DROpsME) Meeting. Participants from headquarters and the region discussed how best to support Country Offices to systematically take environmental sustainability into account in programme design and implementation and set out specific actions to be taken in the context of the four areas of the Executive Directive on Climate Change, namely: accountability and advocacy; adaptation to climate change by developing resilience; mitigation of climate change impacts; and greening UNICEF.

It was agreed that climate change is a key issue for UNICEF in terms of equity, urgency and impact on children as it threatens to slow or undermine progress made in the recent past. UNICEF can tap into donor interest in this area by stressing the climate change and environmental aspects of planned interventions for children.

Overarching conclusions on UNICEF’s work in support of the environmental sustainability principle in programming were that UNICEF is in a position to play a leading role on climate change-related issues impacting children, that it is important to build on existing Country Office work, and that engagement with partners with strong environmental credentials and private sector partners specializing in green technology should be a key component of the way forward.

4. Governance and Management

4.1. Management and Operations

The ESARO Management Programme focuses on oversight, risk management, financial stewardship, human resources management and representation to maximize efficiency and effectiveness in the use of resources for children. The Regional Office Management Plan (ROMP) includes three globally-defined outputs: governance and systems; management and
stewardship of financial resources; and management of human capacity; as well as five additional priority issues that require focus, continued investment, monitoring and reporting: Information and Communications Technology (ICT), especially as it relates to innovation; Public and Private Partnerships (PPP); the Harmonized Approach to Cash Transfers (HAfT); Communication; and Managing for Results.

**Governance and management**

Operations section's activities focused on support and oversight of the 21 Country Offices in the region, as well as the Regional Office, in the areas of risk management and business continuity planning, audit and peer review support, implementation of key global and regional projects, and monitoring of direct cash transfers (DCTs) to enhance performance. In 2016, major global and regional projects included the rollout of the new Governance, Risks, Compliance (GRC) project of the Division of Financial and Administrative Management (DFAM) through the continued ESAR Risk Management Initiative, the Regional Business Continuity Project (BCP) project; successfully managing the transition to the Global Shared Services Centre (GSSC); and the approval for establishing an Operations Hub in Johannesburg to support the BNLS group of countries in Southern Africa.

Peer reviews were conducted to appraise Country Office internal controls, reports and compliance. Joint peer reviews, conducted by ESARO Operations, Programme, ICT, Human Resource and Supply staff in 7 offices (Eritrea, Kenya, Mozambique, Rwanda, United Republic of Tanzania, Zambia, Regional Office), were tested and found to be more relevant and effective for Country Offices rather than individual oversight missions from the Regional Office. An audit sustainability review was rolled out in Burundi, Kenya and Zambia and a further 5 Country Offices (Ethiopia, Rwanda, Swaziland, Tanzania, Uganda) were supported in internal audit processes. Regional Office external audit observations were also closed, while progress against outstanding Country Office audit observations was regularly monitored to support closure within the specified 18-month timeline.

The Regional Office supported a review of programme risks in Malawi at a time of transition in the post of Representative, and offered targeted support on risk management to the South Sudan Country Office during and after the crisis in July 2016. Enterprise Risk Management (ERM) exercises were facilitated in Burundi, Lesotho, Mozambique, Rwanda, and Somalia. Proactive risk management continued to be a priority. The *Living ERM* paper was reviewed and a Q&A document developed and the Operations Team continued to collaborate with DFAM in the new Governance, Risk, Compliance (GRC) Project to provide regional and country inputs.

The Regional Office organized tailored training on the VISION Enterprise Resource Planning (ERP) system in Zambia, the United Republic of Tanzania and the Regional Office, and conducted a Regional Business Continuity Plan (RBCP) simulation to confirm adequate temporary support mechanisms are in place to support transaction processing in case of emergency situations. The RBCP was successfully implemented during the South Sudan crisis with temporary support provided by the Kenya Country Office and ESARO.

Preparation for the ESAR transition to the Global Shared Services Centre (GSSC) was in full swing by mid-year with successful rollout across the region. The Regional Office also played a key role in supporting the BNLS Review to increase efficiency in programming in the Botswana, Namibia, Lesotho, South Africa and Swaziland (the BNLS group), as well as implementation of its recommendations, including establishment of a BNLS Operations Hub to serve the sub-region of Botswana, Lesotho, Namibia and Swaziland (BNLS).
The regional Operations team also supported Country Offices in recruitment of key Operations staff. Identifying suitable candidates who meet the requirements for running complex UNICEF Country Office operations remains a challenge and frequently multiple rounds of recruitment are required to fill posts. Finding more effective ways to attract and foster talent in the operations area will be an area of increased focus in 2017.

Regular performance monitoring against management indicators helped reduce the proportion of outstanding direct cash transfers (DCTs) from 3.49 per cent (representing US$6.6 million) in June 2015 to 1.2 per cent (US$1.96 million) as of 31 December 2016. Recognizing that this indicator is higher for Country Offices dealing with changes in government counterpart capacity or in the country’s security environment, support and monitoring of DCTs continues to be a key priority for the Operations team.

The regional Operations team also provided timely and effective support for 2 Regional Management Team (RMT) Meetings and 1 DROPsME Meeting; 17 Country Office Programme Budget Review (PBR) submissions (Angola, Botswana, Burundi, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Swaziland, United Republic of Tanzania, Uganda); establishing key Regional Office management bodies and completing key documents (Annual Management Plan, Regional Office Management Plan and the Technical Review Panel). The team also contributed to DFAM efforts to simplify budget processes.

Human resources (HR)

Technical support and quality assurance was provided to all 21 Country Offices in the region with recruitment for 144 National Officer (NO) posts. The regional HR team completed recruitment of 24 International Professionals (IP) for the Regional Office, with an average recruitment time of 67 days – well below the global 90 day target. The overall percentage of recruitment cases completed within 90 days remains at 66 per cent. Since May 2016 the regional HR team has also stepped in to fulfil the Country Office HR role for recruitment of all IP positions for 5 Country Offices with limited HR capacity (Angola, Botswana, Comoros, Lesotho, and Swaziland).

Emergency HR support was provided to Country Offices dealing with humanitarian crises in 2016 (Burundi, Ethiopia, Rwanda, South Sudan, the United Republic of Tanzania, and the countries affected by El Niño). The Regional Office assisted Country Offices through timely identification of internal deployments and stretch assignments, as well as relying on standby partners, and Temporary Appointment (TA) and Special Service Agreement (SSA) contracts.

Support was also provided for recruitment of HR personnel in Country Offices to the BNLSS group of countries, as well as Ethiopia, Rwanda, Somalia, South Sudan, Zambia, and Zimbabwe. The regional HR team undertook 4 Country Office visits (to Angola, Burundi, Rwanda, and the United Republic of Tanzania) to provide support in key HR processes and to conduct peer reviews in preparation for upcoming audits.

In addition, the Regional Office hosted a training workshop for more than 50 HR and Operations staff members from across the region on the Talent Management System (TMS) as part of the rollout of the new e-Recruitment system. The regional HR team also provided guidance and support on other new tools and systems introduced in 2016, including the ACHIEVE Performance Management System and MyCase to handle HR administration and payroll service requests. The regional HR team also supported a smooth transition of local HR
Administration functions to the Global Shared Services Centre (GSSC). The HR team also continued to lead implementation of the Regional Office Learning and Training Plan, and supported meetings of the Human Resource Development Committee, as well as handling contracting processes of partner institutions in the learning area.

Information and Communications Technology (ICT)

In 2016, Regional Office activities in the area of information and communication technology (ICT) focused on enabling a productive operating environment and improving efficiency and effectiveness of business operations; implementing innovations in programme monitoring, including through partnerships; and improving ICT governance.

ESARO continued to implement the global UNICEF ICT strategy and supported the development of global standards, apps and tools. The regional ICT team provided technical support and guidance to the 21 Country Offices in the region to implement ICT policies, maintain technology standards, improve business resilience and emergency preparedness, and raise the quality of the user experience.

In Nairobi, the regional ICT team continued to provide support services to ESARO and the Kenya Country Office under the common services agreement, as well as providing back-stopping support to other offices, as needed. The regional ICT team also conducted 7 peer review missions (Eritrea, Ethiopia, Uganda, Rwanda, Somalia, South Sudan, Zambia) and supported 8 Country Offices (Kenya, Rwanda, Somalia, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia) with pre-audit assessments and post-audit support.

4.2. Office Management Practices, Systems and Structures

A number of management coordination mechanisms are in place to promote integration and complementarity between the work of different teams, to enhance Regional Office support to Country Offices, and to support compliance with the organization’s rules and regulations and link the Regional Office with global UNICEF processes, committees and working groups.

These mechanisms include a series of committees, working groups and task forces which ensure optimal use of Regional Office resources. A monthly budget review meeting has been established to review utilization of Regional Office funds. The Regional Office also designates staff members to act as Country Office Focal Points, Polling Officers, Peer Support Volunteers (PSVs), and Respectful Workplace Advisors (RWAs).

In 2016, the PPME section continued to track RMT Management Indicators in 5 areas – quality assurance, financial management, people management, partnership management and programme performance. The team shares performance dashboards with the Regional Management Team (RMT) on a monthly basis, enabling Country Offices to programme, management and operational performance. As part of its oversight and quality assurance activities, ESARO conducted quality reviews of Country Office Annual Management Plans (AMPs) and Work Plans, results reporting (results assessment module (RAM) statements), and donor reports.

New eTools were introduced during a workshop co-organized by ESARO and the Field Results Group with attendance from 6 Country Offices taking part in the pilot (Ethiopia, Kenya, Rwanda, Somalia, South Africa, and South Sudan). The rollout of the eTools, which are designed to make core processes such as work planning, partnership management and
imple implementation monitoring smoother, has been supported by a dedicated specialist in the Regional Office since September 2016.

The Office of the Regional Director

Leadership by the Office of the Regional Director (ORD) led to an agreement to establish a sub-regional Operations Hub to increase efficiency and effectiveness in programming for Botswana, Namibia, Lesotho, South Africa and Swaziland (the BNLSS group of countries) and to the development of the ‘Pretoria Principles’ which call for programme design to be based on affordability analyses.

The Office of the Regional Director provided oversight of country programmes by participating in Programme Budget Review (PBRs), Project Cooperation Agreement (PCA) Review Committees, and audits in Burundi, Ethiopia, Rwanda, South Africa, and Swaziland, and the United Republic of Tanzania.

Additionally, the Regional Director led the Country Office Annual Report (COAR) Review process, and Regional Office Mid-Year and Annual Reviews to monitor progress against global and regional priorities and support efficiency in programming processes, as well as leading the preparation of the Regional Office Annual Workplan, and updates to the Regional Office Management Plan (ROMP).

With support from the Regional Security Advisor, the Regional Director provided oversight on security and crisis management, HR policy and advocacy. The regional Security team delivered oversight and technical support to Country Offices and the Regional Office with a focus on mainstreaming Security Risk Management and supporting security of staff and premises, including through training of Country Office Security Focal Points, reviewing electronic security risk management systems, and updating Business Continuity Plans. Missions were undertaken to support Country Offices, e.g. in preparation for and during elections in Comoros and Uganda.

The Regional Staff Counsellor provided counselling services to staff across the region and in the Regional Office. The response to all known critical incidents was provided within 6 hours or sooner. A total of 293 staff members benefitted from individual counselling sessions. The Regional Staff Counsellor carried out 16 missions to support Country Offices and 487 ESAR staff members were trained in Personal Resiliency, Stress and Change Management. In addition, the Emergency Preparedness and Peer Support Volunteer (PSV) training manual was revised and basic training conducted for ESARO staff.

The Country Office – Regional Office Compact

The Windsor Declaration endorsed at the May 2014 Regional Management Team Meeting sets out a joint accountability framework for Country Offices and the Regional Office. In 2015, this formed the basis for feedback letters from the Regional Director to each Representative following the Country Office Annual Report review process. In 2016, the process was formalized into a Compact of Mutual Accountability between each Country Office and the Regional Office. The Compact defines key programme and management results for the Country Office in terms of indicators and targets against which performance is assessed at the end of the year and identification of the technical support from the Regional Office to achieve these results. Key results will be included in Country Office Annual Management Plans and reflected in the performance planning objectives of Representatives and Country
Management Team members, as relevant. The Regional Director will be accountable for commitments on Regional Office support, and the Representative for achieving stated results.

4.3. Supply Management

The volume of supply services – goods and institutional contracts – in the region exceeded US$900 million in 2016. This figure, similar to that for 2015, represents just under one third of the total UNICEF global supply throughput. The total share of Procurement Services (PS) within overall supply services increased by 4 per cent to US$463 million. Funds raised through Procurement Services remained an important source of financing for capacity development, and for activities related to strengthening government supply chain management in Ethiopia, Kenya, Malawi, Mozambique, Zambia and Zimbabwe.

The number of Country Offices with warehouse operations decreased from 15 in 2013 to 12 (Angola, Burundi, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Uganda, and Zimbabwe) in 2015 and 2016. While this suggests a positive trend in handing over supply operations to government partners, it is also noted that complex warehouse and logistics operations continue in high-throughput Country Offices, such as Ethiopia, Somalia, South Sudan and Zimbabwe, which requires continued vigilance. The total value of inventory held at the end of the year decreased slightly from US$43 million in 2015 to US$39.5 million in 2016. Emergency preparedness initiatives including those related to El Niño and La Niña contributed substantially to this stock-keeping. At the same time, the volume of ageing stock – held for 12 months or more – has stabilized around US$5.0 million after decreasing by 37 per cent between 2014 and 2015 and is largely related to non-expiring prepositioned supplies for emergency preparedness. Adequate warehouse management has also been confirmed through third-party stock counts which are carried out for IPSAS compliance in all national and subnational warehouse locations. These reviews were undertaken on time, and identified only minor deviations in 2016.

4.4. Risk Mitigation Practices

Living Enterprise Risk Management (ERM)

In 2016, the holistic and strategic risk management approach that helps Country Offices to take into account key strategic, programmatic, financial and operational risks was further rolled out in ESAR with Regional Office leadership. Introductory workshops and follow-up support were provided to: Burundi, Lesotho, Madagascar, Mozambique, Rwanda, Somalia and South Sudan. Regional Office sections were supported to identify key risks in work plan deliverables, which enabled better anticipation and management of potential risks related to the achievement of specific results, and helped focus on adequate planning and risk mitigation measures. Section contributions formed the basis for the 2016 Regional Office risk library, which was reviewed at mid-year and year-end.

Harmonized Approach to Cash Transfers (HA CT)

With Regional Office support, the implementation rates for programmatic visits, spot checks and scheduled audits as part of the Harmonized Approach to Cash Transfers (HA CT) assurance activities, increased to 133 per cent in 2016. In addition, the volume of cash transfers to partners which had not had a micro-assessment decreased further significantly in 2016, from US$10.1 million in January 2015 to US$3.0 million in December 2016. Finally, the majority of Country Offices in the region have dedicated HACT staff and costed HACT
assessment and assurance plans which are monitored at least quarterly. The Regional Office provided technical support on HACT to all 21 Country Offices during 2016.

**ESARO Client Satisfaction Survey**

The Regional Office administers an annual survey to gather feedback on its performance. Results of the 2016 Annual ESARO Client Satisfaction Survey confirmed the strategic role of the Regional Office in supporting Country Offices in implementing the UNICEF Strategic Plan. Feedback obtained from Country Offices indicates overall high levels of satisfaction across all key accountability areas of the Regional Office: advocacy, bottleneck analysis, C4D, evaluation and research, and partnerships and resource mobilization. In 2017, the Regional Office will tailor Country Office support in 2017 with regard to specific areas identified as part of the feedback.

**Follow up to the 2014 Global Staff Survey**

The Regional Office supported Country Offices in their actions to address key areas identified by the Global Staff Survey. Country Offices developed concrete plans, with clear indicators for monitoring, and provided mid-year and end-year updates, which were reviewed with the Regional Staff Association during the two scheduled Regional Management Teams in 2016. Recommendations to Country Offices were followed up during bimonthly scheduled bilateral meetings between the Regional Director and Representatives.

**4.5. Key Constraints and Success Factors**

Constraints related to effective implementation of the Regional Office Management Plan (ROMP) and the 2016 Annual Work Plan included identification of staff with appropriate skillsets for Regional Office Operations. Two rounds of recruitment were required to identify suitable candidates for 3 key positions (1 in Operations and 2 in Human Resources).

Factors facilitating success included the active support of the Regional Director, clear standard operating procedures, and a strong focus on information-sharing. These have ensured that Country Offices focus on improving internal controls and performance indicators. Clear benchmarks for performance agreed by the Regional Management Team have also been instrumental in monitoring Country Office performance and targeting support.
### Annex I. PCRs/IRs and Indicator Status by Business Area: Outcomes/Outputs (IRs) and Indicator Status

Click the content for the full document.

#### Outcomes/Outputs and Indicator status by Region/Business Area

**As of 25 January 2017**

<table>
<thead>
<tr>
<th>Outcome Area</th>
<th>Programme Area</th>
<th>Indicators</th>
<th>Baseline</th>
<th>Target</th>
<th>Data of Status Update</th>
<th>Rating</th>
<th>Status</th>
<th>Primary Source</th>
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**Outputs**

**2402/525/356/1001 ROMP Output 1.1: Health** Enhanced partnership capacity for the generation and use of evidence for improved health policies and actions around the CS4 regional priorities

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
</tr>
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<tbody>
<tr>
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<td>31 Dec 2017</td>
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<table>
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<th>Indicators</th>
<th>Baseline</th>
<th>Target</th>
<th>Data of Status Update</th>
<th>Rating</th>
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</tbody>
</table>

- **C1 Health**
  - 01a. Immunization
  - 01b. Polio eradication
  - 01c. Malaria and Neglected Tropical Diseases
  - 01d. Child health
  - 01e. Health System strengthening
  - 01f. Health and emergencies

- **C2 HIV & AIDS**
  - 02a. PMTCT and Intensification

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**Note:** This report contains data as of refreshed date 25.01.2017.

**Report generated on:** 27.01.2017 1:42 AM
### Annex II. Status of Activities in the Integrated Monitoring and Evaluation Plan

<table>
<thead>
<tr>
<th>Section</th>
<th>Item</th>
<th>Type</th>
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<tbody>
<tr>
<td>Education</td>
<td>Regional study on children with disabilities with a focus on education</td>
<td>Study</td>
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<tr>
<td>Education / Social Policy</td>
<td>Evidence gathering on public finance for children in the education sector in ESAR</td>
<td>Study</td>
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<tr>
<td>Education</td>
<td>Improving quality education and children's learning outcomes and effective practices in ESAR</td>
<td>Study</td>
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<tr>
<td>Education</td>
<td>The impact of Language Policy and Practice on Children's Learning: Evidence from Eastern and Southern Africa</td>
<td>Study</td>
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<tr>
<td>C4D</td>
<td>Operational research to learn from the application of C4D strategies in Education</td>
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<tr>
<td>C4D</td>
<td>Comparative assessment of C4D strategies for the promotion of hand-washing in 2 Country Offices</td>
<td>Study</td>
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<tr>
<td>Child Protection</td>
<td>Research to generate evidence on what works and what does not work to prevent child marriage and to prevent and respond to violence against children</td>
<td>Research</td>
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</tr>
<tr>
<td>Child Protection</td>
<td>Research on good practice on CRVS in Africa</td>
<td>Research</td>
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<tr>
<td>Child Protection</td>
<td>Continental study on children and armed conflict (ACERW)</td>
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<tr>
<td>Child Protection</td>
<td>Multi-country review of the impact of birth registration programmes in ESAR</td>
<td>Study</td>
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<td>Child Protection</td>
<td>Formative evaluation of the child protection systems programme approach</td>
<td>Evaluation</td>
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<tr>
<td>Child Protection</td>
<td>Review of the Regional Child Marriage programme</td>
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<td>On track</td>
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<tr>
<td>ECD</td>
<td>Desk review on the impact of social protection on early learning outcomes</td>
<td>Study</td>
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<tr>
<td>ECD</td>
<td>Policy briefs on preprimary education</td>
<td>Study</td>
<td>On track</td>
</tr>
<tr>
<td>ECD / HIV / Social Policy</td>
<td>Phase II of the Child Community Care Study: Children Affected by HIV taking part in community-based programmes</td>
<td>Study</td>
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</tr>
<tr>
<td>HARP</td>
<td>Promoting social cohesion and resilience in the Benishangul Gumuz region of Ethiopia through school peace clubs</td>
<td>Study</td>
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<td>Type</td>
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<td>HARP</td>
<td>Pastoralist Education and Peacebuilding in Ethiopia: Results and Lessons Learned</td>
<td>Study</td>
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<tr>
<td>HARP</td>
<td>Peace Education and Peacebuilding in Dadaab Refugee Camp: Results and Lessons Learned</td>
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<td>HARP</td>
<td>Youth Education Programming and Peacebuilding in Dadaab Refugee Camp: Results and Lessons Learned</td>
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<td>HARP</td>
<td>Exploring the Linkages between Education Sector Governance, Inequity, Conflict and Peacebuilding in South Sudan</td>
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<tr>
<td>HARP</td>
<td>Exploring the Linkages between Education Sector Governance, Inequity, Conflict, and Peacebuilding in Kenya</td>
<td>Study</td>
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<tr>
<td>HARP</td>
<td>A Study of Education and Resilience in Kenya's Arid and Semi-Arid Lands (ASAL)</td>
<td>Study</td>
<td>Completed</td>
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<tr>
<td>HARP</td>
<td>Development of case studies, including on M&amp;E, and development of public advocacy materials</td>
<td>Study</td>
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<tr>
<td>HARP</td>
<td>2 regional PBEA advocacy bulletins and visibility products developed for research symposium</td>
<td>Study</td>
<td>Completed</td>
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<tr>
<td>HARP</td>
<td>Policy brief on role of conflict-sensitive education programming in fragile contexts</td>
<td>Study</td>
<td>Completed</td>
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<tr>
<td>Health</td>
<td>Study on the determinants of child mortality reduction and linkages between the community-based approach, health systems strengthening and health service utilization (e.g. Burundi, Ethiopia, Kenya, Rwanda, Somalia)</td>
<td>Study</td>
<td>Delayed</td>
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<tr>
<td>Health</td>
<td>Documentation of Best Practices from the Introduction of New Vaccines in Eastern and Southern Africa and the Impact in Addressing Inequitable Delivery of Immunization Services</td>
<td>Study</td>
<td>Delayed</td>
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<tr>
<td>Health</td>
<td>Operational research and best practices in scaling up evidence-based facility and community-based RMNCH services and delivery models</td>
<td>Research</td>
<td>Delayed</td>
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<tr>
<td>Health</td>
<td>Multi-country evaluation of Health 4+ interventions and Health for Poorest Populations (HPP)</td>
<td>Evaluation</td>
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<tr>
<td>HIV</td>
<td>Secondary data analysis with regional and global partners on age- and sex-disaggregated data on adolescents and regional synthesis report</td>
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<tr>
<td>Nutrition</td>
<td>Consolidation of experiences on Nutrition SMART surveys and analysis of capacities for SMART in ESAR</td>
<td>Review</td>
<td>Completed</td>
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<tr>
<td>Nutrition</td>
<td>Regional nutrition information and bottleneck analysis (Micronutrients, IYCF, SAM)</td>
<td>Review</td>
<td>Completed</td>
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<tr>
<td>Nutrition</td>
<td>Regional analysis on the quality of care in Integrated Management of SAM programme in ESAR</td>
<td>Study</td>
<td>Not started</td>
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<tr>
<td>Nutrition</td>
<td>Multi-country study to investigate determinants and impact of iodine excess in Eastern Africa region</td>
<td>Study</td>
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<tr>
<td>Nutrition</td>
<td>Project-end evaluation: Scaling up nutrition and immunization through Child Health Days in Sub-Saharan Africa</td>
<td>Evaluation</td>
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<td>Nutrition</td>
<td>Mid project review (2016) for the Dutch supported project: Improving child nutrition in four countries in sub-Saharan Africa</td>
<td>Review</td>
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<tr>
<td>PPME / ICT</td>
<td>Multi-Country Independent Review of Technological Innovations in ESAR</td>
<td>Evaluation</td>
<td>Completed</td>
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<tr>
<td>PPME</td>
<td>Study on urbanization in ESAR using data from MICS and other household surveys</td>
<td>Study</td>
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<tr>
<td>Social Policy</td>
<td>Financing Development for Children in Africa: The State of Budget Transparency and Accountability on the Continent</td>
<td>Study</td>
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<tr>
<td>WASH</td>
<td>Unpacking Unimproved Sanitation: Implications for Programming in Eastern and Southern Africa</td>
<td>Research</td>
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<td>WASH</td>
<td>An Innovative Model for Sustainable Rural Water Services: Evidence from Kyuso, Kenya</td>
<td>Research</td>
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<td>WASH</td>
<td>Sanitation and water supply in schools and girls’ educational progression</td>
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<td>WASH</td>
<td>WASH in Healthcare Facilities: Status and Progress in ESAR</td>
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<tr>
<td>WASH</td>
<td>Regional WASH in Schools Snapshot 2016</td>
<td>Study</td>
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</table>


International Monetary Fund, Regional Economic Outlook: Sub-Saharan Africa, October 2016.

World Bank, Poverty and Shared Prosperity 2016: Taking on Inequality, 2016.

In October 2015, the World Bank updated the international poverty line from US$1.25 to US$1.90 a day. Application of the new measure and recent country-level data on living standards reduced the number of people living in poverty worldwide from 902 million (12.8 per cent of the global population) in 2012, to 702 million (9.6 per cent of the global population) in 2015.

UNICEF analysis using United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) data.


Unless otherwise stated, figures and statements cited in this section are from UNICEF global databases, 2016, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Heath Surveys (DHS) and other nationally representative surveys, 2009–2015. The regional averages are based on countries with available data on the period 2009 - 2015.

Unless otherwise stated, figures and statements cited in this section are from UNICEF global databases, 2016, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Heath Surveys (DHS) and other nationally representative surveys, 2009–2015. The regional averages are based on countries with available data on the period 2009 - 2015.


Data from UNICEF global databases, based on DHS, MICS, and other nationally representative surveys, censuses and vital registration systems, 2010 – 2015, accessed in 2016.