

East and Southern Africa Region

IMPACT





UNFPA

Delivering a world where every pregnancy is wanted every childbirth is safe and every young person's potential is fulfilled

Message from the Regional Director

A Delightful Experience

UNFPA team and partners in the East and Southern Africa region continue to carry out activities aimed at achieving the overall vision: a region where the sexual and reproductive health of women is achieved and the transformative potentials of young people, especially adolescent girls, are fulfilled.

We are seeing an upsurge in the number of political leaders in the region who are recognizing and embracing the need to invest in young people in order to achieve the demographic dividend.

Through committed advocacy and political engagements, many countries in the region are increasingly making the right investments in adolescents and youth, who are a major priority for the region.

Our march towards universal access to and service provision for maternal health, including family planning, is on course. By the end of 2014, 21 countries in the region had launched the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), aimed at ensuring that ‘no woman should die while giving life’. Modalities for tracking implementation have also been agreed upon and are being carried out.

Although the region faces significant humanitarian crises, I am particularly impressed at the level of commitment and energy of partners and staff in responding to emergencies. I am also very humbled by the resilience of the population that we serve.

I will never forget the fearful looks of adolescent girls I met in the camps in Juba, South Sudan. They seemed frightened and unsure of their future. Their aspiration to go to school and become empowered ladies for the future had been shattered by the political unrest.

But their eyes also radiated hope. Many of them have now become involved in youth empowerment activities supported by UNFPA. The resilience of the populations we serve is an impetus for accelerating recovery action in humanitarian settings.

Finally, our vision of being leaders in innovative programming is gradually being realized as staff and partners are increasingly meeting the challenge to ‘do things better’. We are delighted that there is increased drive and passion for finding new ways of delivering greater results for the various populations we serve.

As this summary booklet shows, we are on a steady march towards a Regional Office that is ‘fit for purpose’. And this is due to the hard work and commitment to excellence of our staff. These traits have assisted in mobilizing political leadership for commitment to the post-2015 agenda in the region.

They have enabled us to engage with young people through creative initiatives for meaningful engagement. They have assisted in increasing the visibility of our results through systematic media collaboration. Our support to women’s health and youth development are well appreciated by the African Union, Regional Economic Communities, and Member States, including beneficiaries and the populations in the region.

The seeds of a transformative future have been sown. It is up to each and every one of us to commit to this process and in due course, we can be sure that this will bear fruit.

What a delightful journey and experience.

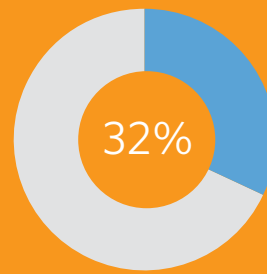
Julitta Onabanjo
Regional Director

East and Southern Africa

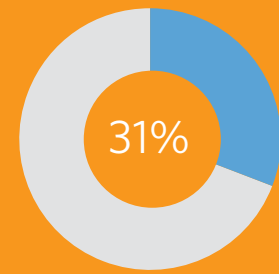




Total population in millions
521



of the population is
between the ages
of 10 and 24



of married women between the
ages of 15 and 49 use a modern
method of contraception

Context and challenges

East and Southern Africa's population of about 521 million (estimated, 2014) is expected to grow to more than 950 million by 2050. The projected growth will result from a continued decrease in mortality rates, preceding a decrease in fertility rates. A woman of reproductive age in the region today has an average of 4.8 children.

Demographic Dividend

Recent demographic shifts have resulted in a large youth population, which could set the stage for a demographic dividend, provided countries make timely investments in the development of their youth human capital through improved access to quality education and health, and their empowerment. Realizing a dividend could add billions of dollars to the region's economies and lift millions out of poverty.

Despite relatively strong economic performance in the past few years, countries in the region have not yet translated growth into sufficient job opportunities for the 170 million young people between the ages of 10 and 24 years who are entering or will soon enter the labour market.

Women and girls' empowerment

The region confronts several challenges in reducing gender inequalities, which occur in access to health, education and employment, as well as in the fulfilment of human rights. A high prevalence of gender-based violence and harmful practices such as violence against women and girls, female genital mutilation and early marriage reinforce and compromise the health and security of women and girls in the region.

- ◀ UNFPA midwife Rose Omega with community midwives at Lologo Primary Health Care Centre, South Sudan.

© UNFPA / Amadou Baraze



The contraceptive prevalence rate is about **50 per cent** in Southern Africa and about **30 per cent** in East Africa

A Burundian woman disembarks from MV Liemba, ready to be transported to Nyarugusu refugee camp in Kigoma. In May 2015, Tanzania witnessed an influx of refugees who came in through Kagunga village; UNFPA has responded to the crisis by providing reproductive health services and commodities.

© UNFPA / Sawiche Wamunza.



Average number of children per woman

4.8



An increasing number of governments in the region are taking steps to meet the unmet need for voluntary family planning

Most countries in the region have developed gender policies and corresponding plans for action and have committed to various declarations and protocols aimed at the full realisation of all human rights and fundamental freedoms, including the goals of women's empowerment, and equality between women and men. Countries are making significant progress in women's participation in decision-making, particularly at the ministerial level and in parliaments. Women account for about half of the parliamentarians in Rwanda—the highest proportion anywhere in the world.

High maternal deaths

Complications of pregnancy or childbirth claim the lives of thousands of women each year in the region. Poorer women are disproportionately affected by higher mortality ratios because of lower access to, and use of, health services. Haemorrhage, hypertension, HIV and AIDS, tuberculosis, malaria and other health threats are other important factors contributing to maternal deaths. Rwanda, Ethiopia, Eritrea and Mauritius are among the countries that have made progress in reducing maternal deaths, partly because of increased access to skilled birth attendants. All countries in the region have roadmaps to accelerate reductions in maternal deaths.

The challenge of HIV

East and Southern Africa is the region most affected by HIV, which remains the single largest source of life-years lost, particularly among young people and people of reproductive age. Although the region is home to only 5.4 per cent of the world's population, nearly half of the world's new HIV infections occur there. Eighty-four per cent of sub-Saharan Africa's 1.2 million new HIV infections occurred among people aged 15 years or older. Sexual transmission accounts for 80-90 per cent of infections.

112

of every 1,000 females
between the ages of
15 and 19 give birth



Gender parity index (1=parity)



Primary
education

0.96



Secondary
education

0.91

Humanitarian crises

The conflict in South Sudan has resulted in 1.6 million internally displaced persons (IDPs), the largest concentration of which is found in the states of Unity, Jonglei, Upper Nile and Central Equatoria. Thousands of people have been killed or wounded since hostilities broke out, while hundreds of thousands have lost their livelihoods and access to basic services. South Sudan has one of the highest maternal mortality ratios in the world; pregnant women are particularly vulnerable in this conflict situation. Prior to the crisis the total fertility rate was 6.7 births per woman. UNFPA estimates the anticipated number of births in 2015 at 140,000, including around 8000 Caesarian sections.

In July 2015, an election-related crisis led to the significant movement of Burundians to the neighbouring countries of Tanzania, Rwanda, the DRC and Uganda.

Progress

Reducing maternal deaths

East and Southern Africa has made steady progress in reducing maternal mortality ratios, with an average annual decline of 3 per cent recorded between 1990 and 2013. Among the 23 countries in the region, Eritrea and Rwanda, with annual reduction of maternal mortality ratios of 6.2 per cent and 6.1 per cent respectively, are the two countries on track to achieve the Millennium Development Goal 5 target for improving maternal health. Fifteen countries are making progress, reporting an average annual maternal mortality ratio decline between 2 per cent and 5.5 per cent.

UNFPA supported the African Union in the ten-year review of the Maputo Plan of Action for implementation of sexual and reproductive health and rights (SRHR) issues on the continent.



A UNFPA midwife assists a pregnant woman in labour at the UNFPA-supported maternity ward at Juba Teaching Hospital in Juba, South Sudan.

© UNFPA / Tim McKulka

Women and children waiting to receive services at Mangochi District Hospital, an SRH-HIV Linkages project pilot site in Malawi.

© UNFPA / Åsa Andersson



Access to sexual and reproductive health information increased to **73 per cent of adolescents and youth** in Botswana, Lesotho, Namibia, Malawi, Swaziland, South Africa, Zambia and Zimbabwe in 2014

In the ESA region, 21 countries have launched the African Union's Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA), with UNFPA's support. In Madagascar, UNFPA supported the launch and implementation of CARMMA in 2014, raising the number of African countries participating in the effort to 44.

The High Level Event on Maternal and Newborn Health with a focus on Adolescent Girls, a partnership of UNFPA ESARO and the Organization of African First Ladies against AIDS (OAFLA), was held at the margins of ICPD UNGASS in New York in September 2014. This successful event helped ensure broad support for sexual and reproductive health and rights (SRHR) in preparation for the United Nations General Assembly Special Session (UNGASS) on the International Conference on Population and Development (ICPD) at 20 (ICPD+20) process.

UNFPA provided lead support to the Partnership for Maternal, Newborn and Child Health (PMNCH) Partners' Forum in Johannesburg, South Africa in 2014, and organized the panel of Advocacy for implementation of the Maputo Plan of Action on SRHR/RMNCAH, in addition to the youth pre-event forum.

Strengthening health systems

UNFPA supported government efforts to reduce maternal deaths through stronger midwifery services, better and more accessible emergency obstetric and neonatal care, expanded programmes to treat obstetric fistula, and building capacity of 28 national partners and programme implementers from 18 countries to scale-up maternal death surveillance and response systems. The latter capacity building meeting on SRHR increased knowledge and strengthened capacities to promote integrated implementation of all components of SRHR within the Maputo Plan of Action. Staff capacity was also built for supporting countries in implementation of comprehensive integrated sexual and reproductive health and rights in the region.



Members of UNFPA Swaziland's Condomize team compare different brands of condoms.

© UNFPA / Sabelo Mthethwa

Family planning

Governments in the region are increasingly taking steps to meet the unmet need for voluntary family planning. The Government of Kenya, for example, began revisiting policies that have impeded access at community health facilities. The Democratic Republic of the Congo pledged to triple the number of women with access to modern contraception. Malawi established a specific budget for voluntary family planning, and Uganda and Zambia increased spending by as much as 70 per cent on services and supplies.

2010 Round of Censuses

The year 2014 marked the end of the implementation of the 2010 population and housing censuses (PHCs) worldwide. In the ESA region, with the conduct of the census in Angola and Uganda, all countries had successfully implemented the 2010 round except for Comoros, the Democratic Republic of Congo, Eritrea, Madagascar and South Sudan. Angola successfully conducted its first PHC since independence, more than four decades after the 1970 incomplete census in the colonial period.

High quality technical support was provided to all the rollout countries at key stages of the census process, while 19 young statisticians were trained in the use of mobile devices in census data collection. As part of South-South collaboration with Brazil, an initiative was established to create two centres of excellence in ICT-enabled data collection, analysis and dissemination in the ESA and West and Central Africa (WCA) regions.

Demographic dividend

In 2014, countries demonstrated an understanding of the potential impact that the Demographic Dividend can have on their development efforts and what policy and investment actions they should adopt. Evidence-based advocacy and policy dialogue has been supported in a number of countries, including Botswana, Mozambique, Namibia and Uganda, to ensure national commitment, engagement and ownership of the initiative and processes on harnessing the Demographic Dividend.



A proud graduate during an alternative rites-of-passage ceremony in Tarime, Tanzania. Together with her fellow graduates she is expected to be an agent of change in her community to end female genital mutilation.

© UNFPA / Sawiche Wamunza

The Southern African musicians – KrTC from Swaziland, Brian K from Zimbabwe, Gwamba from Malawi, Zeus from Botswana, Stlofa from Lesotho, DJ Kaliwa from Zambia and The Dogg from Namibia – who worked on the SYP album 'We Will'.

© UNFPA Gareth Wentzel



Under the East and Southern Africa (ESA) Commitment on Comprehensive Sexuality Education and Youth-Friendly Services, **countries are scaling up comprehensive sexuality education for young people**

UNFPA built a strategic partnership with the African Institute for Development Policy (AFIDEP) in 2014 to help governments and development partners in the countries that have expressed an interest in analysing their potential for harnessing the Demographic Dividend conduct their own country-level in-depth analyses. During the year, AFIDEP led Demographic Dividend studies for Mozambique, Tanzania, Uganda and Zambia and contributed to the one completed in Kenya. ESARO also substantially contributed to the completion of the Demographic Dividend study in Burundi.

Adolescent sexual and reproductive health

UNFPA in partnership with UNESCO supported advocacy, implementation, monitoring and evaluation of the East and Southern Africa (ESA) Commitment on Comprehensive Sexuality Education and Youth-Friendly Services in 2014. Under the commitment, countries are scaling up comprehensive sexuality education for young people. Public schools and other institutions cover topics such as sexuality, gender equality, prevention of sexually transmitted infections including HIV, relationships and sexual and reproductive health and rights in an age-appropriate and accurate way. Countries have also taken steps to strengthen health systems to ensure accessible, affordable and effective health services for young people.

Safeguard Young People

The Safeguard Young People programme was launched in 2014 to increase access to quality integrated services and information by adolescents and young people in eight countries in southern Africa. It aims to reach 3 million youth with comprehensive sexuality education and services from 2014 to 2016. In 2014, SYP reached more than 740,000 young people through a mix of communication channels and over 905,000 young people were reached with integrated HIV and SRH services. More than 4,000,000 condoms were distributed during youth events.



A portacabin used to provide services delivered at Mochudi Clinic 1, an SRH-HIV Linkages pilot site in Kgatleng District, Botswana.

© UNFPA / Koketso Omphilel

End Child Marriage Campaign

UNFPA and other partners supported the launch of the African Union Campaign to End Child Marriage in 2014. The campaign aims to accelerate the end of child marriage in Africa by raising awareness about this harmful practice. The campaign has since been launched with support from UNFPA in Ethiopia, DRC, Malawi, Tanzania, Madagascar, Uganda and Zimbabwe. UNFPA supported national efforts to remove barriers and bottlenecks to law enforcement, and helped implement National Strategies and programmes.

Reducing sexual transmission of HIV

The ESA region has made measurable progress in preventing HIV – overall, new HIV infections have declined by 32 per cent between 2005 and 2013. UNFPA has contributed to this by expanding reach and access to effective combination prevention interventions, focusing on young people and key populations such as migrants, sex workers and refugees. UNFPA has supported countries to strengthen condom quality assurance, supply and demand generation, with 1.3 billion condoms supplied to the region in 2014. Studies were conducted on HIV and ageing and sex workers' access to SRHR and HIV services, which will contribute towards delivery of evidence-based targeted HIV prevention services. The Fund contributed to the development of a regional action plan to advance the rights of and services for key populations, which elevates the regional advocacy agenda and contributes to revitalising HIV prevention in an effort to fast track the response towards ending AIDS by 2030.

Integrating HIV and sexual and reproductive health services

UNFPA and UNAIDS helped increase the capacity of seven countries in East and Southern Africa to deliver integrated sexual and reproductive health and HIV services in 2014. Efforts during the year included supporting the development of the first-ever costed, national, scale-up plan for sexual and reproductive health and HIV integration, in Botswana, and the development of a training programme for integrating service delivery in Zimbabwe. In the seven countries, synergies were achieved by



The Safeguard Young People Programme aims to empower 3 million young people with comprehensive sexuality education and services over three years

Youngsters march against female genital mutilation (FGM) at a graduation ceremony in Tanzania.

© UNFPA / Zainul Mzige



UNFPA supports a new campaign highlighting the critical role of media in helping to end female genital mutilation, **the aim being to end this practice within a generation**

addressing the unmet need for family planning among women of reproductive age, preventing unintended pregnancies among women living with HIV, expanding antenatal care and preventing HIV infections.

Gender equality

Collaboration with and capacity building of faith-based organizations (FBOs) from 13 countries helped strengthen interfaith commitments to support UNFPA's sexual and reproductive health and rights (SRHR) programme. Regional training on the Universal Periodic Review (UPR), in collaboration with OHCHR-ROSA and OHCHR Rwanda, built capacity in reporting and preparing plans to implement recommendations in-country to advance sexual and reproductive health and rights.

Violence against women

UNFPA ESARO collaborated with the World Health Organization (WHO), AFRO and UNAIDS to build capacity on the issue of violence against women (VAW). This has increased understanding among policy makers and practitioners of VAW as a public health problem, and improved knowledge of prevention and care, as well as the challenges faced.

Female genital mutilation

UNFPA ESARO supported a new campaign highlighting the critical role of media in helping to end female genital mutilation in 2014. The campaign engages global media outlets, particularly in Africa, on how to improve their coverage of the consequences of this practice on women and girls, their families and their communities. It also encourages reporting on the communities' efforts to abandon this harmful practice and protect women's and girls' rights. The aim is to help end this practice within a generation.



AMODEFA activist Faustina Diamond sensitizes young women on family planning in Mocimboa da Praia District in Cabo Delgado Province, Mozambique.

© UNFPA / Helene Christensen

Twelve-year-old girl advocates staying in school

Josefina, a 12-year-old girl living in Mozambique, was ready to leave school behind and become a mother. This was until a community-based activist introduced her to the risks that she faced if she acted on her decision.

Josefina lives in Mocimboa da Praia District in the northern province of Cabo Delgado. Unfortunately, her mind-set is not uncommon in this province, where current trends indicate that 54 per cent of young girls aged 15 to 19 years are already mothers or are pregnant.

The province also has the highest maternal mortality ratio in the country, at 822 deaths per 100,000 live births. It is significant that the majority of these deaths are among girls and women aged 15 to 24 years. This trend is closely associated with a low contraceptive prevalence rate of 2.9 per cent in Cabo Delgado.

In response to this critical situation, UNFPA supported the community-based distribution of contraceptives and family planning services and information to

people in remote communities, through Associação Moçambicana para o Desenvolvimento da Família (AMODEFA), an affiliate of the International Planned Parenthood Federation.

The woman who made a difference in Josefina's life is Faustina Diamond, 40, an AMODEFA activist from Diaca. Working in the community in which Josefina lives, she discussed with the young girl her urge to become a mother. Faustina gave Josefina a different perspective to motherhood by discussing the potential risks and consequences of becoming a mother while she was still a child. "I talked to her about the benefits of postponing motherhood and introduced her to the different methods of family planning," she explains.

Faustina became an activist a year ago. She travels through difficult rural terrain to reach people in distant communities with information about family planning. Several times a month she joins her fellow activists at family planning 'brigades', which use theatre, community discussions and individual consultations to help inform

communities. "People are starting to value our work and appreciate the difference family planning can make in their lives," she says.

Since being taken under Faustina's wing, Josefina has decided to continue with her education and avoid motherhood in childhood. Convinced that this is the right path for her, she has also begun mobilizing her peers to consult on the benefits of family planning.

As a result of the AMODEFA intervention, it has become clear to Josefina that her role in helping to prevent early pregnancy and improve women's health in her community is vital. She is aiding people like Ameha, a 14-year-old girl attending the brigade, who dreams about becoming a nurse: "For someone at my age to become a mother is not right - we are still children," she says.

2014 Programme expenses

IN \$ THOUSANDS

(includes core and non-core resources)

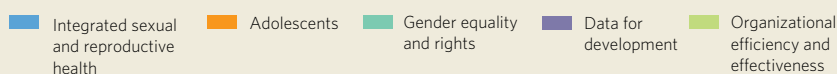
East and Southern Africa

Angola.....	2,872
Botswana	1,768
Burundi	7,486
Comoros	1,158
Democratic Republic of the Congo	14,497
Eritrea	2,444
Ethiopia.....	17,505
Kenya.....	7,313
Lesotho.....	2,061
Madagascar.....	6,020
Malawi.....	9,256
Mauritius	89
Mozambique	10,031
Namibia.....	1,674
Rwanda.....	4,845
South Africa.....	3,209
South Sudan.....	19,087
Swaziland.....	2,012
Uganda.....	20,654
United Republic of Tanzania	9,982
Zambia.....	9,200
Zimbabwe.....	21,097
Total country/territory programmes	174,260
Regional projects in East and Southern Africa	8,947
Total programme expenses in East and Southern Africa	183,207



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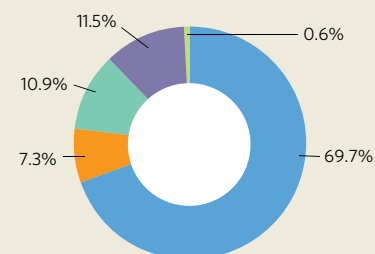
Programme expenses by purpose, 2014



IN \$ MILLIONS

From non-core resources	From core resources	Total expenses
78.6	49.0	127.6
7.7	5.7	13.4
13.4	6.6	20.0
6.4	14.7	21.1
-	1.1	1.1

PERCENTAGE OF TOTAL



© UNFPA



Sources for Indicators

United Nations Population Fund (UNFPA)

United Nations Inter-Agency and Expert Group on
Millennium Development Goals Indicators

UNESCO Institute for Statistics (UIS)

United Nations Population Division

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every pregnancy is wanted
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potential is fulfilled



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