UNICEF EASTERN AND SOUTHERN AFRICA REGIONAL OFFICE

UNICEF Eastern and Southern Africa Regional Office Annual Report 2017

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List of Acronyms

ACERWC ADEA AIDS ARV AU AULO AWD BBC BLNS BMGF BNLSS C4D CCEOP CDC CFC CLTS CNN CO CPD CPD CPMP CRRF CRVS CSO DFAM	African Committee of Experts on the Rights and Welfare of the Child Association for the Development of Education in Africa Acquired immune deficiency syndrome Antiretroviral African Union African Union Liaison Office (UNICEF) Acute watery diarrhoea British Broadcasting Cooperation Botswana, Lesotho, Namibia, Swaziland Bill and Melinda Gates Foundation Botswana, Namibia, Lesotho, South Africa, Swaziland Communication for development Cold chain equipment optimization platform Centers for Disease Control and Prevention (U.S.) Child-friendly communities Community- led total sanitation Cable News Network Country office (UNICEF) Country programme management plan Comprehensive refugee response framework Civil registration and vital statistics Civil society organization Division of Financial and Administrative Management (UNICEF)
DFID DROpsME	Department for International Development (UK) Deputy Representatives, chiefs of operations, and planning and monitoring and evaluation
EAC ECD EMTCT EPI EPP ERM ESA ESAR ESARO FAWE FFP FGM/c GAP GRIP HHA HACT HDI HIV HQ HR HRDC HSDP IB IBP	East Africa Community Early childhood development Elimination of mother-to-child transmission Expanded programme on immunization Emergency preparedness platform Enterprise risk management Eastern and Southern Africa Eastern and Southern Africa Region Eastern and Southern Africa Regional Office Forum for African Women Educators Food for Peace (USAID) Female genital mutilation/cutting Gender action plan Guidance on risk-informed programming Harmonization for Health in Africa Harmonized approach to cash transfers Human Development Index Human immunodeficiency virus Headquarters (UNICEF) Human resources Human resource development committee Health sector development plan Institutional budget International Budget Partnership
ICASA	International Conference on AIDS & Sexually Transmitted Infections in Africa

PPMEProgramme planning, monitoring, reporting and evaluationRECsRegional Economic CommunitiesRBMResults-based ManagementRMTRegional management teamROMPRegional Office Management PlanR-UNDGRegional United Nations Development GroupRUTFReady-to use therapeutic foodsSAMSevere acute malnutritionSDGSustainable Development GoalsSWASanitation and Water for AllUNUnited Nations Development Assistance FrameworkUNESCOUnited Nations Education, Scientific and Cultural OrganizationUNFPAUnited Nations Girls' Education InitiativeUNHCRUnited Nations High Commission for RefugeesUNICEFUnited Nations Children's FundUSAIDUnited States Agency for International DevelopmentWASHWater, sanitation and hygieneWCAROWest and Central AfricaWCAROWest and Central Africa Regional OfficeWFPWorld Food ProgramWHOWorld Health Organization

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1. Overview

1.1. Executive summary

This Regional Office annual report covers the fourth and final year of implementation of the 2014–2017 Regional Office management plan (ROMP). In 2017 the Eastern and Southern Africa Regional Office (ESARO) supported 21 country offices to achieve significant results for children in all five Regional Priority areas.

In 2017 the region continued to face multiple – and more frequent – humanitarian crises, including conflict and insecurity, economic shocks, climate-related and natural hazards and disease outbreaks. ESARO's oversight and technical assistance, including surge support, focused on:

- South Sudan, where conflict led to a catastrophic humanitarian situation for children and the largest and fastest-growing refugee crisis in Africa.
- Horn of Africa, where a combination of conflict, drought and disease outbreak particularly in Somalia and Ethiopia – left 9.7 million children in need of humanitarian assistance.
- Great Lakes region, where political instability in Burundi led to growing humanitarian needs for children, of whom nearly 200,000 sought refuge in Rwanda and the United Republic of Tanzania.
- Southern Africa, where countries continue to be affected by drought, cholera/acute watery diarrhoea (AWD) and other disease outbreaks, including plague in Madagascar and typhoid in Zimbabwe.

Programmes

The Regional Office supported UNICEF's Eastern and Southern Africa (ESA) country offices through oversight, technical assistance and quality assurance. Direct and remote technical support and quality assurance was provided for programme planning, resource mobilization, implementation and monitoring to improve the quality of country office programming. Surge support was provided to country offices responding to emergencies, and meetings and workshops were organized to build capacity and facilitate knowledge-sharing.

The Regional Office also established the conditions for programming excellence by implementing the following initiatives:

- Updating the ESA Regional Priorities, related advocacy and partnership strategies and ESARO's regional office management plan in response to the UNICEF Strategic Plan 2018-2021.
- Sustaining and enhancing implementation of the Compact of Mutual Accountability between country offices and the Regional Office, in the context of UNICEF's decentralized accountability framework and ESAR's Windsor declaration on mutual accountability.
- Rolling out the new emergency preparedness platform (EPP) across the region.
- Implementing an advocacy agenda underpinned by the Cause Framework and Regional Priorities.
- Rolling out the Gender Action Plan (GAP) 2.0.
- Updating the Regional Innovation Strategy.

Health: ESARO focused on supporting health system strengthening (HSS) efforts to scale up delivery of critical health interventions for children, most notably through equity-focused bottleneck analysis; development of evidence-based and equity-focused policies, strategies and plans; strengthening supply and health information management and reporting systems; using data for programming and accountability; and enhancing partnerships with the World Health Organization (WHO), World Bank and United Nations Population Fund (UNFPA) in support of country efforts. A regional cholera framework was developed and support was provided for its implementation. The polio-free status of countries in the region was sustained through support for the introduction of tri-valent oral polio vaccine, improved surveillance and development of polio transition and preparedness plans in high-risk countries.

Nutrition: ESARO focused on supporting country office efforts to reduce stunting. Support was provided for: integrating Vitamin A supplementation into expanded programme on immunization (EPI) services, as part of the HSS approach; scaling-up implementation of appropriate infant and young child feeding (IYCF) practices and food fortification, including salt iodization and home fortification; integrating ready-to-use therapeutic food (RUTF) into countries' list of essential medicines and the national supply chain (a collaborative effort between ESARO's nutrition and supply teams); and responding to nutrition emergencies. The Regional Office also initiated a review of country-level nutrition programmes, which will result in recommendations to strengthen nutrition programming in the region.

HIV and AIDS: ESARO focused on supporting countries to sharpen HIV programming for children and adolescents, based on the "Locate and Link, Prevent, Treat and Retain" framework. Support was provided to country offices to undertake programme reviews and develop HIV theories of change and to accelerate prevention of mother-to-child transmission of HIV (PMTCT) programmes, with a priority on point-of-care initiatives for early infant diagnosis. In addition, ESARO supported country offices to strengthen programmes for adolescents (especially girls) and young women.

Water, sanitation and hygiene (WASH): The Regional Office focused on supporting country offices to improve access to safe drinking water and sanitation and promote healthy hygiene practices. ESARO provided support for accelerated implementation of the WASH-related SDGs in the region through: sanitation market-shaping, innovative approaches to rural water supply, implementation of the community-led total sanitation (CLTS) rapid appraisal tool and post-open defecation-free interventions. Significant technical support was provided to country offices to respond to drought, cyclones and cholera and the outbreak of bubonic plague.

Education: The Regional Office focused on supporting country offices to improve the quality of education programming. Support was provided in education sector analysis and use of data for programming, learning assessments, early learning and education in emergencies. ESARO produced policy briefs on out-of-school children to help inform national education sector policies and plans, and organized a workshop to strengthen country offices' capacity in policy and programming for inclusive education, with a focus on children with disabilities.

Child protection: ESARO prioritized the scaling-up of programmes addressing: violence against children, mixed and irregular migration, child marriage and female genital mutilation/cutting (FGM/C), as well as the use of integrated case management in both development and humanitarian contexts. Working with UNFPA, UNICEF supported: social norms programming to address FGM/C and child marriage and strengthening the programmatic response to violence against children in schools. ESARO strengthened its partnership with Child Helpline International, to expand the availability and quality of helpline

services for children, and with the Regional Mixed Migration Secretariat and other partners to implement cross-border initiatives to support children on the move. ESARO increased its advocacy for birth registration – especially at the 4th Conference of African Ministers Responsible for Civil Registration – and provided support to country offices to integrate birth registration into civil registration systems.

Social inclusion: The Regional Office focused on supporting country offices to strengthen social protection systems, child-sensitive budgetary frameworks and financing for social protection, including planning, designing, implementing, managing and evaluating social inclusion interventions – including social protection linked to HIV services and response to shocks. Support was also provided to country offices to undertake budget analysis and to prepare policy briefs, and political economy and fiscal space analyses. ESARO also developed guidance and supported country offices to scale up national social protection systems to enable rapid response to droughts or other emergencies.

Communication for development (C4D): The Regional Office focused on supporting country offices to develop and implement evidence-based C4D strategies in support of the Regional Priorities. Support was provided to country offices for designing and implementing C4D approaches as part of drought response and disease outbreaks. Tools and guidelines were developed and disseminated to enhance UNICEF, government and other partners' capacities to carry out C4D interventions.

ECD: ESARO focused on implementation of the comprehensive 'Early Childhood Development and Early Learning Strategy', approved in 2016 by the regional management team (RMT). Support was provided to enable country offices to develop implementation plans, which will form the basis of scaling-up efforts in 2018.

Partnerships: ESARO established a public private partnership strategy (2018-2021) to improve fundraising and partnership engagement and promote a coordinated and strategic approach to successful leveraging of both financial and non-financial resources and engagement with the public and private sectors.

UNICEF continued to contribute to the work of the Regional United Nations Development Group (R-UNDG), including development of the R-UNDG resilience framework, and implementation of the R-UNDG middle-income-country approach in the region. UNICEF's African Union Liaison Office (AULO), based in Addis Ababa, Ethiopia, also undertook a range of activities to advocate for the needs of children and position UNICEF as a partner of choice for the African Union (AU).

Management

ESARO implemented initiatives to enhance management excellence, including:

- Decentralizing recruitment and strengthening performance management of human resources (HR), including linking compact commitments to ACHIEVE.
- Implementing staff capacity and talent development initiatives, including: an induction programme for Representatives, female talent initiative, results-based management (RBM) and other trainings, job shadowing and stretch assignments.
- Establishing a framework for greening UNICEF offices.
- Strengthening governance and investments in information and communication technology (ICT) to improve the enabling environment for programmes in the region.

- Further strengthening of country office's oversight and performance through peer reviews of programmes and operations.
- Establishing the BNLS Operational Hub in Johannesburg to improve operational efficiency and effectiveness.
- Expanding staff counselling capacity and support, including peer support volunteers, in the region.

The Regional Office prioritized mainstreaming of security risk management, and staff and premise security, and continued to oversee and support implementation of enterprise risk management (ERM), the harmonized approach to cash transfers (HACT) and the managing for results initiative.

1.2. Trends and progress affecting children and women in the region

Context

Eastern and Southern Africa is home to approximately 262 million children under 18 years of age, making up about 48 per cent of the region's total population. About 75 per cent of children in ESA live in eight countries (Angola, Ethiopia, Kenya, Madagascar, Mozambique, South Africa, Tanzania and Uganda). Over 18 million births occur each year in the region, while over 1.1 million children under age five die annually.ⁱ

Although the number of people living below international poverty line (US\$1.90/day) has been declining, 40 per cent of ESA's population still live in poverty. In Burundi, Madagascar and Malawi more than 70 per cent of the population live below the poverty line. Poverty rates are lowest in Botswana, Comoros and South Africa, where under 20 per cent live in poverty. The average human development index (HDI) rating for the region is 0.517, lowest in Burundi, Eritrea, Mozambique and South Sudan, and highest in Botswana, Namibia and South Africa.ⁱⁱ

Eastern and Southern Africa is urbanizing at a fast rate. Today, a third of the population in ESA lives in urban areas, compared to only 14 percent in 1960. Urbanization levels vary widely across countries. South Africa and Botswana are the most urbanized countries, with two thirds of the population in South Africa, and close to 60 percent in Botswana living in urban areas. Three megacities of more than 10 million population are expected to emerge in the region by 2030 (Dar es Salaam, Johannesburg and Luanda), while three others are expected to reach or surpass 5 million by 2025-2030 (Addis Ababa, Antananarivo and Nairobi).^{III} The majority of urban dwellers in ESA live in slums, including 96 per cent in South Sudan, 80 per cent in Mozambique, and 75 per cent in Ethiopia, Madagascar and Somalia.

2017 witnessed continued improvement in infrastructure, health and technological readiness, but state fragility remains a risk for programming for children in ESAR.^{iv} The number of mobile telephone subscriptions per 100 inhabitants is 74; and on average 17 per cent of the population has Internet access. However, disparity in access to ICT still exists; only in Kenya and South Africa does more than 40 per cent of the population access and use the Internet.^v

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

Africa's expanding economies and populations are putting pressure on finite resources, resulting in polluted and increasingly scarce water as well as the re-emergence of waterborne diseases such as cholera and dysentery. Increased air pollution from vehicles, industrial emissions and domestic and agricultural fires are fast becoming public health and economic issues, 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, which contributes to an estimated 600,000 deaths per year. Temperatures in the region have been rising rapidly over the past five decades – at around twice the global rate in 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.^{vii}

ESAR continues to face multiple humanitarian crises, including cyclical droughts and flooding, epidemics, cyclones, acute malnutrition, migration, insecurity and conflict. In 2017, more than 17 million people (45 per cent children) remained food insecure throughout the region. Somalia and South Sudan are two of the top 20 countries globally experiencing population displacement due to violence and conflict. South Sudan is the world's fastest-growing refugee crisis, reaching 2.1 million refugees^{viii}, the majority of whom were children, and 1.9 million internally displaced people by the end of 2017.^{ix} Ethiopia, Kenya and Uganda are among the top five countries hosting refugee populations worldwide. These countries have shouldered responsibilities for more than two decades, with multiple generations of refugee children born in some of the oldest camps.^x The number of people in need of humanitarian assistance in ESAR has more than tripled since 2014: from just under 10 million to over 30 million in 2017.

International migration continues to play an important part in demographic dynamics worldwide. ESAR had over 9 million international migrants, with Ethiopia, Kenya and South Africa as the main destinations. On average, 27 per cent of international migrants in the region are children under 18: ranging from 44 per cent in Ethiopia to 13 per cent in Zimbabwe.^{xi}

International migration pathways within Africa reflect both the continent's regional and linguistic groupings, as well as its history of protracted humanitarian crises.^{xii} 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 labourers and those seeking an education.

Situation of women and children

Thanks to a concerted global effort, the number of children dying before reaching the age of five in ESA has fallen by 63 per cent, from 167 deaths per 1,000 live births in 1990 to 61 deaths per 1,000 live births in 2016.^{xiii} Pneumonia and diarrhoea are the leading causes of death (at 17 and 10 per cent, respectively), and undernutrition contributes to elevated child mortality. Neonatal deaths – defined as deaths within the first 28 days of life – account for an increasing share of under-five deaths: from 28 per cent in 1990 to 38 per cent in 2015.^{xiv}

Nearly two thirds of all children and adolescents living with HIV in the world are found in ESAR. Girls aged 15–19 are approximately two-and-a-half-times more vulnerable to HIV infection than boys of the same age. Efforts to eliminate new infections in children have paid off: the proportion of pregnant women living with HIV receiving antiretroviral (ARV) treatment to prevent mother-to-child transmission of the virus in ESA increased from 59 per cent in 2010 to over 89 per cent in 2016. As a result, new HIV infections among children experienced a 56 per cent decline between 2010 and 2017.^{xv}

Just over half of children under five 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.^{xvi} In Ethiopia and Somalia only 3 per cent of children are registered, while the figure is around 80 per cent in Botswana, Comoros, Namibia and South Africa.

Stunting prevalence among children under five – a measure of chronic undernutrition – decreased from 52 per cent in 1990 to 34 per cent in 2016 in ESAR.^{xvii} But rapid population growth means that the absolute number of stunted children under five has, in fact, risen from

nearly 24 million to 28 million over this period. In most countries, children from the poorest quintile of the population are twice as likely to be stunted (42 per cent) as those from the richest (19 per cent). Moderate acute malnutrition (MAM - low weight for height, or wasting) affects approximately 7 per cent of children under five years of age in ESA. At the same time, the number of overweight children in that age group rose from 2.1 million in 1990 to 3.5 million today.⁷

Across the region, only about a third of children aged 36 to 59 months are attending some form of early childhood education programme. In Malawi, Rwanda, Swaziland and Zimbabwe about 35 to 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. Disparities in access between the richest and poorest households are significant.^{xviii}

Most ESA countries fell short of achieving the universal primary education goal of at least 95 per cent net attendance; region-wide, average primary net attendance was 79 per cent in 2016^{xix}. The challenge is especially acute in Angola, Eritrea, Ethiopia, Madagascar, Mozambique, Somalia and South Sudan, where at least one of every four children of primary school age does not attend school. ESAR also has the world's lowest secondary net attendance; only 27 per cent of secondary-school-age adolescents attend secondary school.^{xx} In Burundi, Mozambique, Somalia, South Sudan and Uganda, 80 per cent or more of adolescents of the appropriate age do not attend secondary school.

While ESA countries fell short of meeting the Millennium Development Goal target on drinking water, the region saw a 19 percent increase in the proportion of population with access to an improved source of drinking water between 1990 and 2015.^{xxi} In 2017, slightly over half of the region's population had access – ranging from 19 per cent in Eritrea to more than 75 per cent in Botswana, Comoros, Namibia and South Africa. The gap in access between rural and urban areas is still stark; 80 per cent of urban dwellers have access to safe water compared to only 40 per cent of rural dwellers. The region is home to some of the countries with the least access to improved sanitation in the world. While rates of open defecation have been halved since 1990, the practice continues. Access to basic hygiene at home is low across the region. In most countries with available data, less than one of every four people live in households with a place for hand-washing equipped with soap and water. Even in countries with the highest levels of coverage observed (Namibia and Tanzania) more than half of the population lacks access to basic hygiene at home.^{xxii}

Adolescent development, protection and participation is a key priority in the region. The focus is on increasing utilization of HIV prevention, treatment and care services for adolescents; reducing violence and the number of out-of-school children; and eliminating child marriage and FGM/C. Child marriage continues to be an issue of major concern; only South Asia exceeds Africa's rates of child marriage. A slow pace of decline combined with population growth has resulted in an increased number of child brides in the region, with wide variations among ESA countries: from 5 per cent in Swaziland to 52 per cent in South Sudan.^{xxiii} Global prevalence of FGM/C has declined from 51 to 37 per cent since 1985, but due to population growth the number of girls who have undergone the procedure rose from 9.3 to 14.3 million during this period. The practice of FGM/C also varies widely across countries, from more than 80 per cent in Somalia to only 1 per cent in Uganda.^{xxiv}

1.3. Humanitarian assistance

Humanitarian situations within the region can be split into four distinct sub-regions, each with its own characteristics:

- South Sudan and Uganda, where the war in South Sudan has led to a catastrophic humanitarian situation for children inside the country and the largest and fastest-growing refugee crisis in Africa
- The Horn of Africa, where a combination of conflict, drought and disease outbreak (particularly in Somalia and Ethiopia) has left 9.7 million children in need of humanitarian assistance
- The Great Lakes region, where political instability in Burundi has led to growing humanitarian needs for children in the country and in neighbouring countries where nearly 200,000 children have sought refuge (primarily Rwanda and United Republic of Tanzania)
- Southern Africa, where countries continue to be affected by drought, cholera/AWD and other disease outbreaks, including plague in Madagascar and typhoid in Zimbabwe.

Other natural disasters in the region, such as cyclones in Comoros, Madagascar and Mozambique, also posed a risk. In 2017, ESARO enhanced emergency preparedness and response in the region through ongoing advocacy, resource mobilization, coordination and technical guidance, including the development of situation analyses and dissemination of lessons learned from past emergencies. Through UNICEF engagement, the needs of children, aligned to the UNICEF Core Commitments for Children in Humanitarian Action, were embedded and addressed within regional inter-agency planning and response.

ESARO contributed to efforts to respond to the drought in the Horn of Africa (a Level 2 emergency); the Level 3 South Sudan crisis response; the ongoing situation in Burundi, affecting neighbouring countries; and the Southern Africa response to El Niño through implementation of the Regional Inter-Agency Standing Committee plan of action for Southern Africa. Humanitarian action in the region included responses to conflict, refugee influxes and other humanitarian situations, such as outbreaks of AWD and cholera. Country office capacity in medium and high-risk countries was significantly strengthened as a result of Regional Office capacity-building initiatives.

ESARO is increasingly focusing on strategies to build community resilience and strengthen the capacity of families to cope with frequent shocks and stresses without deepening their vulnerability. During 2017 seven risk analysis products were developed to support country offices to analyse risk and determine its impact on ongoing programming. A joint paper on integrating risk management approaches produced with country offices and UNICEF headquarters (HQ), concluded that UNICEF's key approaches – Guidance on Risk informed Programming (GRIP) and ERM – are complementary and should be methodically applied as part of country-level planning processes. In addition, ESARO rolled out the GRIP approach during situation analysis and country programme document (CPD) development processes for the Kenya and Malawi country offices.

A number of policy briefs, strategic documents and knowledge products on migration and the refugee response, including the comprehensive refugee response framework (CRRF), were developed in partnership with the United Nations High Commission for Refugees (UNHCR). ESARO also worked to document good practices in refugee response, provided inputs to the UN Secretary-General's report (Assistance to Refugees, Returnees and Displaced Persons)

in Africa) and developed a regional strategy for children on the move that addresses the needs of migrant and refugee children.

The Regional Office provided support for overall coordination, oversight, technical input and representation for the multi-country grant from the UK Department for International Development (DFID), covering El Niño response in four countries. Within the lifespan of the programme, 723,136 children aged 6 to 59 months were successfully screened for malnutrition in the four countries. Additionally, more than 23,000 children were admitted and treated for severe acute malnutrition (SAM), and more than 430,000 home caregivers of children aged 0 to 23 months received IYCF services in the context of emergencies. To ensure that nutrition services follow national guidelines and are of good quality, UNICEF supported training for 5,959 health care workers in emergency nutrition and/or child health care. In addition to nutrition screening, UNICEF country offices were supported to treat more than 255,000 children for diarrhoea, pneumonia or measles; Vitamin A supplementation was provided to nearly 639,000 children; and de-worming tablets to more than 545,000 children.

1.4. Strategic Plan 2018–2021

UNICEF's programmatic work in ESA was focused around the region's 2014-2017 Regional Priorities, agreed by the RMT:

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

In 2017 the ESA Regional Priorities were reviewed and updated to align with the 2018–2021 UNICEF Strategic Plan. ESARO also developed a results framework for monitoring Regional Priorities, along with complementary advocacy and partnership strategies.

2. Analysis of programme strategies and results: Development effectiveness

The ROMP's development effectiveness programme component 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 develop and implement high-quality country programmes in both development and emergency settings.

2.1. Health

Regional Office support to country offices focused on accelerating the reduction of under-five mortality, with an 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.

In 2017 ESARO provided guidance technical support, quality assurance and programmatic oversight on:

- Equity-focused bottleneck analysis and evidence-based policy and strategy development and planning to nine country offices (Eritrea, Ethiopia, Madagascar, Malawi, Mozambique, Somalia, United Republic of Tanzania, Zambia and Zimbabwe).
- Immunization systems strengthening, including the: introduction of central/remote temperature monitoring devices and solar direct drive in nine countries (Angola, Eritrea, Kenya, Lesotho, Rwanda, Somalia, South Sudan, Swaziland and Uganda); submission of applications for the Gavi Alliance cold chain equipment optimization platform (CCEOP) in six countries (Eritrea, Ethiopia, Rwanda, Somalia, United Republic of Tanzania and Zambia); and submission of operational deployment plans in four countries (Kenya, Malawi, South Sudan and Uganda).

ESARO also organized workshops for high-risk countries on standard operating procedures for preventing polio transmission (Angola, Kenya, Somalia and South Sudan), which contributed to updating country-level polio outbreak preparedness plans and polio outbreak simulation exercises undertaken in Somalia and South Sudan. Preventive supplementary immunization activities carried out in these high-risk countries also reached nearly 90 per cent of children in accessible areas, with less than 2 per cent of families refusing vaccination. In line with the guidelines of the Global Polio Eradication initiative, a polio transition plan was drafted in Ethiopia and the recommended activities were completed in Angola and South Sudan, but delayed in Somalia. Due to a global shortage of inactivated polio vaccine, most non-priority countries for polio moved their introduction dates to the first quarter of 2018.

As part of the partnership agenda, ESARO also worked closely with:

- UNICEF's Programme Division, WHO and UNFPA: to strengthen capacity of more than 12 countries in the region to design programmes for addressing maternal and neonatal health, focusing on improving the quality of antenatal and postnatal care available in communities.
- UNICEF's West and Central Africa Regional Office (WCARO) and Programme Division, Management Sciences for Health and WHO: to design the integrated community-based framework and to support implementation of the Child Friendly Communities (CFC) approach in at least 10 countries (Burundi, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, South Africa, Uganda and Zambia).
- Harmonization for Health in Africa (HHA) members, including WHO, the World Bank and UNFPA: to support UN teams in countries with weak coordination mechanisms to provide harmonized inputs to the development/update of national health sector plans /health sector development plans.
- UNHCR, the Office for the Coordination of Humanitarian Affairs (OCHA) and the World Food Programme (WFP): to support at least six countries (Ethiopia, Kenya, Madagascar, Malawi, Somalia and Uganda) to develop preparedness plans by establishing functional coordination and assessment mechanisms for responding to health emergencies.

2.2. HIV and AIDS

Regional Office support to country offices focused on accelerating action to prevent new HIV infections and increase access to treatment during the first and second decades of life, with emphasis on promoting improved and equitable use of proven HIV prevention and treatment interventions by pregnant women, children and adolescents. This work was undertaken in the context of Regional Priorities 1 and 4.

ESARO organized a network meeting for country office HIV focal points in May 2017, which helped establish a foundation and common approach for evidence-based HIV programming at the country level, based on the "Locate and Link; Prevent; Treat and Retain" framework.

Throughout the year, ESARO provided timely guidance, quality technical assistance, quality assurance and programmatic oversight for:

- Developing a theory of change and strategy notes, and undertaking deep-dive discussions and/or mini programme reviews in Kenya, Lesotho, Malawi, Mozambique and Zimbabwe.
- HIV programming for the first decade of life to country offices in the final year of implementing the optimizing HIV treatment access initiative (Malawi, Uganda); accelerating country-level implementation of the point-of-care diagnosis initiative (Ethiopia, Kenya, Malawi, Mozambique, United Republic of Tanzania, Uganda and Zambia); and empowering country teams to engage in consultations with WHO on elimination of mother-to-child transmission (EMTCT) through a regional workshop on care of HIV-exposed infants.
- HIV programming for the second decade of life, with priority on deepening understanding of local obstacles that prevent adolescents from accessing HIV prevention and treatment services (Botswana, Kenya, Malawi, Mozambique, Namibia, Rwanda and Uganda); quality assurance for grant applications to the Global Fund, which helped secure funding for programming to support engagement of adolescent girls and young women in Kenya, Lesotho, Swaziland, Uganda and Zimbabwe; and reviewing adolescent strategy notes in Burundi, Madagascar, Namibia, Rwanda, Swaziland and Uganda.

In addition, ESARO undertook an analysis of 2017 paediatric HIV estimates by the UN Joint Programme on AIDS (UNAIDS) and reviewed national EMTCT strategies in Botswana, Kenya, Lesotho, Rwanda, Swaziland, United Republic of Tanzania and Zimbabwe. The Regional Office also disseminated promising practices at a continent-wide community engagement meeting, a UNFPA regional meeting and the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA).

Together with UNFPA, UNAIDS and WHO, UNICEF ESARO mobilized significant new funding from Swedish International Development Cooperation Agency (SIDA) to support the integration of sexual and reproductive health and HIV services in five countries (Lesotho, Malawi, Uganda, Zambia and Zimbabwe). The envelope includes US\$12 million for UNICEF programming in Eastern and Southern Africa during the period 2018–2021. The regional team successfully positioned UNICEF as the go-to agency for HIV programming for adolescent girls and young women, leveraging new funding from the Global Fund to accelerate programming in Kenya, Lesotho, Swaziland, Uganda and Zimbabwe, and supporting development of joint funding proposals in South Africa and the United Republic of Tanzania.

Capacity at the Regional Office was strengthened by the recruitment of two professionals specializing in PMTCT and nutrition, and paediatric diagnosis and treatment.

2.3. Water, sanitation and hygiene

Regional Office support to country office focused on engaging governments to improve WASH services, including reducing open defecation and promoting hygiene practices. This work was undertaken in the context of Regional Priority 2.

In 2017 ESARO organized a joint WASH and Nutrition regional network meeting that brought UNICEF professionals together to discuss how to improve integrated and synergistic programming between sectors and other key themes to advance the SDG agenda, such as public financing for children, strengthening the enabling environment, menstrual hygiene management (MHM), and resilience and climate change. Development of the new ROMP 2018–2021 also provided an opportunity to further align UNICEF's WASH activities to its WASH strategy 2016-2030, the ESA Regional Priorities and the SDGs.

Throughout the year, ESARO provided guidance, technical support, quality assurance and programmatic oversight to country offices in the areas of:

- Monitoring processes to establish baselines for WASH in schools, and assisting national governments to agree on SDG 6 baselines, in collaboration with the WHO-UNICEF joint monitoring programme.
- Developing CPDs and related strategic moments of reflection, including providing advice for drafting programme strategy notes (Burundi, Kenya, Malawi, South Sudan, Somalia, and Swaziland country offices).
- Implementing innovations in sanitation market-shaping (Ethiopia, Kenya and Somalia) and UNICEF's CLTS Rapid Assessment Protocol tool, and for the sustainability of open defecation-free communities in Angola, Lesotho, Swaziland and Uganda.
- Undertaking a water resource mapping exercise (Madagascar), and implementing innovative approaches to rural water supply (Angola, Rwanda and Zimbabwe)
- Implementing urban WASH programming (Mozambique, Zambia and Zimbabwe) and developing advocacy materials around WASH in institutions (Comoros, Kenya and United Republic of Tanzania).
- Training of staff from 11 country offices on WASH in urban settings, in collaboration with the UNICEF Supply Division and Ethiopia Country Office.
- Rolling out WASH resilience programming approaches in Angola, Eritrea, Kenya, Madagascar, Malawi, Namibia, Swaziland and Zimbabwe.
- Responding to emergencies and humanitarian crises, including addressing the effects of El Niño (Madagascar, Malawi, Mozambique and Zimbabwe) and in the 12 countries affected by cholera outbreaks (Angola, Burundi, Kenya, Malawi, Mozambique, Rwanda, Somalia, South Sudan, United Republic of Tanzania, Uganda, Zambia and Zimbabwe), as well as the outbreak of pneumonic plague in Madagascar.

ESARO also undertook a number of capacity-building activities to improve the quality of WASH programming and overall emergency preparedness and response, including:

- Rapid WASH training in cholera treatment centres (Ethiopia and Somalia),
- Training in plague response protocols for 297 Ministry of Health officials (Madagascar)
- Training in WASH in emergencies for UNICEF and UNHCR staff, organized in collaboration with the UNICEF Programme Division and UNHCR.
- Training on WASH and epidemiology (Uganda and Ethiopia), organized in partnership with the U.S. Centers for Disease Control (CDC).

Regional Office staff were also deployed on surge assignments to country offices (Angola, Ethiopia, Kenya, Madagascar, Somalia, South Sudan and Yemen).

2.4. Nutrition

Regional Office support to country offices focused on accelerating the reduction of undernutrition, with a particular focus on stunting, through improved infant feeding practices and effective management of SAM. This work was within the context of Regional Priority 2.

In 2017 ESARO provided guidance, technical support, quality assurance and programmatic oversight to country offices in the areas of:

- Scaling-up implementation of appropriate IYCF practices, SAM and food fortification, including salt iodization and home fortification.
- Integration of Vitamin A supplementation into EPI services as part of the health systems strengthening approach (Burundi, Madagascar, South Sudan, Uganda, Tanzania, Zambia, Malawi and Kenya).
- Integrating RUTF into countries' list of essential medicines and the national supply chain

 a collaborative effort between ESARO's nutrition and supply teams.
- Responding to nutrition in emergencies, including assessments, field monitoring visits, and support in surge identification and placement. The Regional Office also organized regional nutrition in emergencies training, as well as country-specific training for UNICEF, government and implementing partner staff in the Somali Region of Ethiopia, Lesotho, Mozambique and Uganda). ESARO worked with Save the Children to validate a regional capacity mapping for IYCF in emergencies and the response framework in Kenya, Somalia and South Sudan.
- In the area of resource mobilization and grant management, ESARO successfully mobilized additional resources to scale up programmes to reduce stunting among children through partnerships with the Bill & Melinda Gates Foundation and the USAID Office of Food for Peace (FFP). Support was provided to country offices for: developing new proposals to support universal salt iodization (Ethiopia, Madagascar and United Republic of Tanzania), a Canadian Government grant for enhanced Child Health Days (Burundi, Madagascar, Malawi, Mozambique and South Sudan), and a USAID FFP grant for SAM management (Burundi, Kenya, Somalia and South Sudan). In addition, ESARO managed grants from the British, Canadian, Dutch and German governments, USAID, and USAID FFP, and the Bill & Melinda Gates Foundation.
- Undertaking the first-ever integrated food security phase classification for acute malnutrition (IPC-AMN) analysis (Uganda) and multi-country study on iodine excess (Kenya and Tanzania).

ESARO also undertook a number of capacity-building initiatives to improve the quality of nutrition programming in country offices:

- Training of trainers on community-based IYCF in six countries (Eritrea, Kenya, Malawi, Rwanda, Somalia and Uganda), which included government counterparts and UNICEF staff in the region, in partnership with the USAID 'Strengthening Partnerships, Results, and Innovations in Nutrition Globally' project.
- Training on the new IPC-AMN for regional partners, UN agencies, Action Against Hunger and Catholic Relief Services, in partnership with the UN Food and Agriculture Organization.
- Workshop on an integrated national action plan for complementary feeding (Ethiopia), organized in partnership with the UNICEF Programme Division.

2.5. Education

Regional Office support to country offices focused on promoting early learning, education quality, secondary education and learning for children who are out of school. This work was within the context of Regional Priority 3.

In 2017 ESARO provided education guidance, technical support, quality assurance and programmatic oversight to country offices in the following areas:

- Expanding access to quality early learning and pre-primary- education by developing cost-effective models of service provision in 17 country offices (Angola, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe) and harnessing the vital role of parents and caregivers in their children's early learning in six country offices (Kenya, Mozambique, Namibia, Rwanda, Tanzania, Rwanda, Tanzania, Zambia).
- Improving the robustness of education programming by advising on RBM and theory of change (Angola, Comoros and Eritrea), evidence-based programming and education data analysis/utilization for advocacy with national partners and key stakeholders (Zambia and United Republic of Tanzania), strengthening education management information systems in four country offices (Eritrea, Lesotho, Namibia, Swaziland) and informing education sector analysis and participation in the Out-of-School Children Initiative (Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Uganda, United Republic of Tanzania, Zambia and Zimbabwe).
- Improving learning outcomes by supporting the development of learning assessments (Botswana, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Tanzania, Uganda, Zambia) and improving teaching quality and pedagogy (Comoros, Kenya, Mozambique, Rwanda, South Sudan, Somalia, Tanzania, Uganda).
- Promoting equity in education through a focus on removing the barriers that adolescent girls face in continuing their education beyond primary school (Ethiopia, Malawi, Uganda, Zambia); improving data on out-of-school children (Angola, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe); and promoting the inclusion of children with disabilities in formal schooling (Angola, Burundi, Comoros, Eritrea, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe).
- Supporting country office education sections' preparedness and response to emergencies (Angola, Burundi, Ethiopia, Eritrea, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe).

ESARO's education team also worked with other programme sections to develop guidelines for including digital learning in education, with the ICT/Innovation team, and to implement C4D strategies promoting girls' education and ending gender-based violence in schools, with the gender and C4D teams.

ESARO pursued strategic partnerships with the Global Partnership for Education, Schools for Africa, Educate a Child, Education Cannot Wait and the United Nations Education, Scientific and Cultural Organization (UNESCO) to support countries to integrate SDG 4 into national plans; with the Southern and Eastern Africa Consortium for Monitoring Educational Quality and UN Girls Education Initiative, to strengthen regional partnerships on quality learning for girls; with UNHCR, the Association for the Development of Education in Africa (ADEA), the African Early Childhood Network, the Forum for African Women Educators

(FAWE), the World Bank and Save the Children to secure commitments for early learning, reduce the number of out-of-school children and strengthen education systems to: focus on learning outcomes, respond to fragility and improve equity.

2.6. Child protection

Regional Office support to country offices focused on strengthening child protection systems and responding to protection risks for children, especially in emergency situations. This work was within the context of Regional Priorities 1 and 4.

In 2017 ESARO provided guidance, technical support, quality assurance and programmatic oversight to country offices for:

- Scaling-up programmes addressing violence against children (Ethiopia, Kenya, Malawi, Mozambique, Somalia, South Sudan and Uganda), violence in schools (Eritrea, Ethiopia, Kenya and Mozambique), and child marriage and FGM/C. The work included training on social norms related to FGM/C – organized jointly with UNFPA and the UNICEF Middle East and North Africa Regional Office – for CO staff and their implementing partners.
- Developing advocacy and C4D strategies on sexual violence against children (Botswana and Swaziland).
- Rolling out the child protection management information system to effectively record and manage data related to protection cases (Kenya, Uganda and United Republic of Tanzania).
- Preparing protocols ahead of the data collection phase of the children on the move project (Mozambique, South Africa, Zambia and Zimbabwe). ESARO worked in partnership with the International Organization for Migration and UNHCR on crossborder initiatives for children on the move, and participated in the Migration Dialogue for Southern Africa meeting, where senior government officials from the Southern Africa Development Community discussed migration issues of concern in the region.
- Responding to the emergency in South Sudan, including work to support unaccompanied and separated children and child protection during drought and famine response, in partnership with UNHCR.
- Co-organizing a regional conference on case management, with the objective of sharing lessons learned from Zimbabwe's experience in strengthening integrated case management, with participants from 12 countries (Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe).

ESARO also signed a partnership agreement with Child Helpline International to develop a regional platform to upgrade the electronic case management system and expand the availability and the quality of helplines that allow children to report issues such as violence, child marriage and FGM/C.

In the area of CRVS, the Regional Office provided significant technical support to all country offices in preparation for the Fourth Conference of African Ministers Responsible for Civil Registration, held in Mauritania in December 2017. Additionally, technical assistance on demand creation was provided through the development of a business analysis of birth registration processes, and the design of measures to identify bottlenecks and review innovations and interoperability with health systems was provided to seven country offices (Angola, Kenya, Mozambique, South Sudan, United Republic of Tanzania, Uganda and Zambia).

2.7. Social inclusion

Regional Office support to country offices focused on reducing the vulnerability of children and families to poverty and exclusion, with a priority on strengthening social protection systems, child-sensitive budgetary frameworks and financing for social protection. This work fell within the context of Regional Priority 5.

In 2017 ESARO provided guidance, technical support, quality assurance and programmatic oversight for implementing the social inclusion agenda. This included the dissemination of technical guidelines to country offices on developing national budget briefs, as well as briefs on education, health and social protection. This contributed to improvements in the quality and standardization of budget analyses and policy briefs, as well as a significant increase in the number of country offices producing such analyses (from two in 2015 to 19 in 2017) (Angola, Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Swaziland, United Republic of Tanzania, Uganda, Zambia and Zimbabwe). ESARO also organized a two-day workshop to strengthen budget analysis capacity among staff in country offices of the BNLSS group (Botswana, Namibia, Lesotho, South Africa and Swaziland).

A guidance note on collecting budget information on civil registration, particularly on birth registration, was developed with the child protection section. The Regional Office also provided guidance to country offices on the role of social protection in the response to the Horn of Africa drought, with a focus on how national social protection systems can be scaled up to respond to drought in Ethiopia and Kenya, and how cash transfer programming could be designed, with a social protection lens, in Somalia.

Political economy and fiscal space analyses were supported in 14 countries. The Regional Office also organized a workshop on the linkages between social cash transfers and HIV services for vulnerable children and women, during which country offices shared lessons learned and examples of good practice.

In addition, technical assistance missions were conducted to 18 country offices to support work on social protection and public finance in Angola, Botswana, Burundi, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Swaziland, the United Republic of Tanzania, Zambia and Zimbabwe.

2.8. Cross-cutting areas

Early childhood development

The Regional Office supported country offices to expand access to quality early learning opportunities and innovative early learning approaches. A comprehensive UNICEF ECD and early learning strategy for Eastern and Southern Africa was developed in consultation with country offices, following a dedicated session at the April 2016 RMT meeting.

ESARO promoted the implementation and scale-up of the global UNICEF-WHO comprehensive parenting programme, Care for Child Development, which promotes healthy development and protection of children. As of December 2017, 16 country offices (Botswana, Burundi, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Somalia, South Africa, South Sudan, Swaziland, Uganda, Zambia and Zimbabwe) were participating and had begun rolling out the programme, with Regional Office support. National governments in these countries have developed plans to integrate Care for Child Development content in country-level guidelines and training curricula.

Country offices' capacity in programming for early learning was strengthened through a workshop (co-organized by ADEA and the Senegalese Government), hosted at the ADEA Triennale and at another workshop conducted by the Regional Office, in which 17 country offices participated.

ESARO also facilitated the piloting, adoption and data analysis of school readiness and child development instruments, including the multiple indicator cluster survey (MICS), and provided technical assistance on pre-primary education to 12 country offices (Angola, Botswana, Kenya, Madagascar, Mozambique, Rwanda, South Africa, South Sudan, United Republic of Tanzania, Zambia and Zimbabwe).

The Regional Office oversaw the production and dissemination of numerous materials on ECD and early learning, including studies and reports on measuring early learning and quality outcomes, linkages between ECD programming and HIV and the *Lancet* Series 2016. It also promoted the expansion of quality partnerships at strategic events and sub-regional summits, including the AU and Regional Economic Communities (RECs), by explicitly situating pre-primary education in education sector plans and budgets – with a view to expanding access to pre-primary education across sub-Saharan Africa. In addition, ESARO developed a pre-primary costing report in collaboration with the World Bank.

Communication for development

Regional Office support to country offices focused on developing, implementing and monitoring evidence-based C4D strategies, as well as enhancing the application of C4D strategies across the Regional Priorities and as part of emergency preparedness and response, in line with the ESAR C4D Framework 2015–2017.

In 2017 ESARO provided guidance, technical support, quality assurance and programmatic oversight to country offices to:

- Design C4D approaches in the context of drought response and disease outbreaks (Angola, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, South Sudan, Somalia, Swaziland, Tanzania, Uganda, Zimbabwe).
- Implement robust C4D interventions (Madagascar, Malawi, Mozambique, and Zimbabwe), resulting in enhanced knowledge on key behaviours, higher incidence of positive behaviours and stronger community engagement.
- Undertake operational research on C4D in education (Malawi) and develop evidencebased C4D strategies on child marriage; violence against children; birth registration; maternal, neonatal and child health; and education in eight country offices (Botswana, Burundi, Eritrea, Kenya, Rwanda, South Sudan, Swaziland and Zambia).

ESARO developed guidance notes on HIV and standard tools and a C4D package on maternal, neonatal and child health and nutrition to inform country-level programming. The C4D team contributed to the development of a UNICEF Strategic Framework for Cholera in Eastern and Southern Africa (2018-2022) and other sub-regional and country-level WASH/C4D initiatives. The regional cholera framework draws on findings from three main sources: a C4D desk review of WASH and cholera-related knowledge, attitudes, and practice studies in Southern Africa; a comparative assessment of promising interventions for promoting hand-washing with soap in four countries (Eritrea, Malawi, Mozambique and Zambia); and a review of evidence on care-seeking behaviours in the context of cholera treatment in Somalia and the Somali region of Ethiopia.

Regional Office participation in, and facilitation of, key global and regional meetings contributed to positioning UNICEF as a leader in the area of C4D. Meetings included: (i) a stakeholders meeting on vaccine safety communication, organized by UNICEF HQ, with participants from UNICEF, WHO, CDC and other partners working on vaccine communication;(ii) an EPI managers' meeting organized by the WHO and UNICEF Regional Offices, involving EPI managers, WHO, UNICEF and partners working on immunization; (iii) the FAWE conference, with participation by staff from ministries of education, the AU, UNESCO, UNICEF and other partners; and (iv) a workshop on integrating social science-based interventions into emergency work, organized by WHO, with participants from WHO, UNICEF and the social sciences. The Regional Office also used these opportunities to strengthen key partnerships in 2017, and to build capacity within UNICEF, governments and partners through trainings, orientations and learning days.

ESARO worked with WHO, the Gavi Alliance and the CDC on comprehensive, multi-year immunization plans, including the development and implementation of C4D strategies for both routine immunization and the introduction of new vaccines. UNICEF involvement contributed to a stronger emphasis on community engagement and communication in the plans, as well as increased resources for C4D activities.

Humanitarian action, resilience and peacebuilding

Regional Office support to country offices focused on addressing the underlying causes of the high vulnerability of populations affected recurrently or chronically by crises and emergencies, with priority on strengthening the continuum from prevention, preparedness and response activities before, during and after emergencies.

In 2017 ESARO provided guidance, technical support, quality assurance and programmatic oversight to country offices on:

- Effective preparation for and response to humanitarian situations, through dedicated capacity-building initiatives in which 240 staff from 12 country offices received training in humanitarian action (Angola, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Madagascar, Rwanda, Swaziland, Uganda and Zimbabwe).
- Rolling out the new online Emergency Preparedness Platform, through pilots in Madagascar and Zimbabwe and expanding to Uganda as a second-wave pilot country. In Country Offices with existing EPPs (Angola, Comoros, Eritrea, Ethiopia, Lesotho, Rwanda and Swaziland), these will be integrated into existing platforms over time.
- Developing and/or updating risk registers to inform existing situation analyses and country programme development processes. The improved analysis has assisted UNICEF to influence national planning and risk management processes.

Strengthening resilience is increasingly recognized as an essential aspect of UNICEF programming in the region. At least seven country offices (Ethiopia, Kenya, Malawi, Madagascar, Somalia, Uganda and Zimbabwe) have incorporated resilience strategies into their country programming. To examine current approaches to strengthening resilience and assess their impact, the Regional Office prepared a set of four detailed case studies on resilience, which provide recommendations to inform the expansion of programming on resilience across the region. The case studies focus on drought-resilient water supply solutions in Ethiopia, social protection linked to maternal and new-born child health services in Kenya, disaster risk reduction in education in Madagascar and community-based health and nutrition services in Somalia.

Programme planning, monitoring and evaluation

The Regional Office focused on programming excellence, with a priority on supporting country offices and Regional Office teams to develop fit-for-purpose, affordable programmes and strengthen programme monitoring and response, in the context of UNICEF's managing for results initiative.

In 2017 ESARO focused on updating the ESA Regional Priorities 2018–2021 to align with the new UNICEF Strategic Plan 2018–2021 and developing the ROMP 2018–2021. ESARO also developed a results framework comprising indicators, baselines and targets for monitoring the new Regional Priorities and supported its translation into the 2018 Regional Office/Country Office Compacts of mutual accountability for results.

ESARO also provided support to country offices for the development of CPDs and related programme strategy notes, as per UNICEF guidelines (Kenya, Lesotho, Malawi, Rwanda, Somalia and South Sudan), and for undertaking mid-term reviews (Ethiopia and Zimbabwe).

The Regional Office coordinated the review and reporting on 2016 UNICEF's performance in the region. A status update on the Regional Priorities presented during the April 2017 RMT meeting sparked interest from senior staff of the UNICEF HQ-based field results group, and led to a request that ESARO work with group to pilot a global nutrition results update using ESARO's framework. The resulting analysis was presented at the Global Management Team meeting in September 2017 and contributed to UNICEF's thinking around monitoring and demonstrating results.

In 2017 the quality of UNICEF programming in ESAR was further strengthened in relation to the managing for results initiative. ESARO coordinated the development of 2017–2018 rolling work plans for the Regional Office, ensuring that they are results-focused and respond to country-level needs. In addition, the ESARO team provided quality assurance for 2017 Country Office work plans, annual management plans and related compacts, and worked to strengthen alignment between country-level support needs and Regional Office technical assistance plans.

ESARO also developed a new version of the affordability analysis tool, which enables country offices to compare scenarios (staff structure and projected expenditure) against projected income levels, to determine overall programme affordability in future years. The tool was rolled out in Angola, Burundi, Ethiopia, Rwanda, Somalia and South Sudan; country office feedback helped to further enhance the instrument. The tool will be used to inform the development of CPDs and management plans in 2018.

Country office capacity in programme planning, monitoring and reporting and evaluation was further strengthened through training of 294 staff in RBM. By the first quarter of 2018, all ESAR country offices will have conducted at least one RBM workshop. The regional programme planning, monitoring, reporting and evaluation (PPME) team is working to integrate the RBM workshop format into a targeted CPD development workshop in 2018.

The Regional Office also provided technical assistance and quality assurance on results formulation, compacts, integrated monitoring and evaluation plans, and the use of corporate systems such as the results assessment module, Insight (Management Dashboards), Evaluation and Research Database and PRIME, a software platform for planning and tracking all studies, research work and evaluations. Staff capacity in evaluation was also strengthened through a regional workshop on evaluation of humanitarian action, which was organized in conjunction with UNICEF's HQ Evaluation Office. ESARO also supported Country Office staff capacity in the area of knowledge management through training sessions and technical assistance.

2.9. Common constraints, lessons, and good practice in 2017

Common constraints

Some key constraints limiting the impact of programmes supported by ESARO in 2017 included:

- **Emergencies**. The increased number and severity of humanitarian situations, combined with difficulty in accessing some programme areas during emergencies, constrained programme implementation, stretched limited resources and exposed weak national systems and limited agility of regular programmes to respond to emergencies.
- Fragmented approaches and insufficient integration across programmes. Weak alignment across sectors, reinforced by fragmented donor support – with a large number of small grants dictating the scale of interventions – resulted in a suboptimal business model characterized by lack of synergies across sectors and limited effectiveness in bridging the humanitarian-development nexus in programming. A shift toward a more integrated country programme approach may reduce the visibility of certain programme areas, such as HIV and C4D.
- **Data gaps.** Limited availability of timely disaggregated data, poor data quality and inconsistent reporting processes across programme areas limited the use of evidence for programming and accountability.
- Limited human and financial resources. Limited human and financial resources to support evidence generation and respond to emergencies, alongside gaps in staff continuity in areas such as ECD and uneven internal capacity in some programme areas (e.g., systems strengthening, financing, resilience and climate change) constrained programme implementation. Political, economic and social changes in countries in the region, as well as in donor countries, resulted in slow funding pipelines and changing priorities, especially for WASH and HIV.
- **Technological challenges**. Limited online access to platforms such as the Early-Warning/Early-Action system and EPP and unstable ICT infrastructure in countries were constraints to effective programme monitoring.

Good practices in 2017

Selected examples of good practice in 2017 include:

Risk-informed programming. Pilot testing of risk-informed programming in the Kenya and Malawi country offices informed situation analysis and development of CPDs. The pilot programme in Malawi was based on the global UNICEF GRIP, which was found to closely mirror the RBM process. This led the Regional Office to integrate GRIP into RBM and other risk management approaches.

Effective use of regional mechanisms and partnerships. RMT and network meetings were excellent fora for discussing and agreeing on strategic issues in ESA, including the Regional Priorities. Regional partnerships, especially within the R-UNDG, and with WFP and UNHCR, were critical to enhancing programme coherence, building leadership commitment and supporting programme oversight and accountability.

Strategic moments of reflection. Early support to country offices at critical junctures in the CPD development processes (e.g., during strategic moments of reflection and development of programme strategy notes) led to better alignment between country-level plans and the Regional Priorities and UNICEF Strategic Plan, as well as more effective integration of

cross-cutting issues such as gender, adolescent programming, ECD and C4D in country programmes.

Continued focus on tracking progress through data. The Regional Office encouraged greater transparency with regard to results achieved for children in the region; e.g., by supporting country offices to systematically log programme data in the global enterprise resource planning system, VISION. In 2017 ESARO used a set of updated criteria to help strategically prioritize country office technical support needs. This served as the basis for an office-wide technical assistance plan, which rests on CO/ESARO Compacts. Dashboards summarizing progress against management and programmatic indicators were also shared with country offices at regular intervals and used for accountability and course correction.

Key lessons in 2017

Key lessons from 2017 included:

- **Good programme design and agility matter.** UNICEF offices that design fit-forpurpose, risk-informed and affordable programmes and adopt an agile approach to programme implementation are able to deliver and demonstrate results for children and effectively position UNICEF in different contexts.
- **Country focus matters.** ESARO should continue to prioritize oversight and technical support to country offices over Regional Office accountabilities for effective delivery of results for children. Coordinating support in programme design and implementation across sectors reduces fragmentation and improves efficiency and effectiveness.
- Building resilient national systems ensures sustainability. UNICEF needs to
 redouble efforts to build sustainable, resilient national systems to adequately respond to
 emerging challenges. When designing programmes, best practice is to build on existing
 platforms; e.g. using nutrition and antenatal clinics as entry points for HIV programming,
 or expanding existing PMTCT programming to also cover prevention and support
 services for adolescents.
- UNICEF staff are the most important resource. Investing in staff capacity at the country and regional level is essential to bring about results for children in a changing development landscape particularly in areas such as C4D, social protection and public finance management. It is also critical for UNICEF to strengthen its focus on gender equality, both internally and as part of its programmes.
- Data use and knowledge management should be priorities. Greater impact can be achieved with increased investment in data use, learning and knowledge exchange. It is also important to explore the role of technology in delivering and monitoring results and empowering communities to hold service providers accountable.

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 country-level results. Strategies pursued in ESAR 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

UNICEF ESARO continued to lead and contribute to the work of the R-UNDG. The Regional Director led development of the R-UNDG Resilience Framework to support national efforts to embed longer-term resilience strategies, especially in countries affected by periodic droughts and weather events such as El Niño. The framework, already piloted in Somalia and South Sudan, will also be rolled out in Comoros and Zimbabwe. The Regional Director also provided direction for implementation of the R-UNDG strategy for middle-income countries adopted in 2016. A number of United Nations Country Teams (UNCTs) have drawn on the framework when developing United Nations Development Assistance Frameworks (UNDAFs). In addition, the Regional Director visited Eritrea in her capacity as R-UNDG country focal point, and represented the R-UNDG in Botswana. The PPME and Operations teams also provided support to UNCTs in the development of UNDAFs and business operation strategies.

WFP and UNICEF held a joint RMT meeting in May 2017 to take stock of areas of collaboration and complementarity between the two organizations. Participants reflected on their joint work at both the country and regional levels and discussed challenges, solutions and new areas for potential collaboration in the areas of social protection and nutrition.

The regional partnership with Save the Children continues to progress, with nutrition, child protection and child poverty as key focus areas. In addition, partnerships with the Bill & Melinda Gates Foundation and the World Bank were expanded in 2017, with a focus on child survival and development, driving learning for the next generation, ECD, social policy and gender.

The AULO undertook a range of activities to advocate for the needs of children and to position UNICEF as a partner of choice for the AU. The Office facilitated interactions between leaders of the two organizations and participated in key AU meetings with the aim of increasing the visibility of children's issues at the AU level:

- Advocacy for investment in children and young people, to harness the demographic dividend, as outlined in the *Africa Generation 2030 2.0* report.
- Budget transparency during the conference of ministers, covering health, HIV, nutrition, social protection, child marriage, girls' education, peace and security, urbanization and climate change.
- The AU campaign to end child marriage continued to be a significant area of ESARO's work in 2017.

ESARO also continued to work with the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) to advance ratification and reporting efforts, and played a role in the continental commemoration of the Day of the African Child. The Regional Office provided technical inputs for the new general comment on means of implementation for ACERWC and other AU policy instruments, such as a draft gender strategy, social agenda 2063, Africa health strategy and continental education strategy.

Resource mobilization

During 2017 ESARO mobilized about US\$232 million from the public sector for UNICEF programmes in the region. It produced three regional concept notes in collaboration with technical experts in country offices that captured cross-border Regional Priorities and formed the basis for partner outreach at both the regional and global levels. Large-scale

partnerships were also with a number of government donors, multilateral organizations and foundations, forming the basis for future collaboration on major emerging issues affecting the region.

With regard to engagement with the private sector, the ESARO team supported efforts involving the West and Central Africa region. It established 13 new holistic (encompassing financial and non-financial resources) and/or multi-country private sector partnerships and made significant progress toward several more, to be consolidated in 2018. As a result, ESARO mobilized US\$17 million from private sector partners such as Nokia and Philips Healthcare, of which US\$7.8 million is in support of ESAR, and provided significant support to country offices to secure eight local private sector partnerships. The Regional Office also rolled out Child Rights and Business Principles in several countries.

The team provided technical support and organized or participated in several capacitybuilding workshops throughout the year on both public and private sector engagement, reaching nearly 200 CO staff from both the ESA and WCA regions. Capacity-building sessions on public sector partnerships were conducted, together with UNICEF HQ's Public Partnerships Division, as part of regional network meetings for HIV/AIDS, WASH and nutrition, as well as at the regional meeting of deputy representatives and chiefs of operations and PPME (DROpsME), thereby reaching approximately 100 staff from across the region. ESARO also organized an Africa partnerships workshop, training approximately 70 staff on shared-value partnerships.

The partnerships team continued to provide technical assistance to all 21 country offices in the region, advising on the development of public and private sector partnership strategies and action plans. In addition, given chronic funding challenges to country offices in southern Africa, ESARO provided focused support via a dedicated staff member out-posted to Johannesburg, South Africa.

Public discourse

In 2017 ESARO engaged the media to focus on the situation and needs of children in the region, especially in emergency contexts (Ethiopia, Kenya, Somalia, South Sudan and Uganda). More than 50 interviews were given ESARO to top-tier global networks, including the BBC, CNN, AI Jazeera, South African Broadcasting Corporation, New York Times, Reuters and the Associated Press. Interviews and other content were disseminated to profile children's issues and rights and continuously engage audiences – from the general public to donors – on priority areas for UNICEF, as well as to support resource mobilization efforts by raising awareness about urgent needs through media channels accessed by donors. Additional content developed by the Regional Office – media packs, key messages, photographs and videos for social media channels – helped to keep major issues in the public eye.

More than 25 video and press packs were shared with over 300 international media outlets for broadcast. The material covered issues as diverse as HIV, 'uprooted children', the Angola refugee crisis, the effects of El Niño on children and families in the region and the Madagascar plague crisis. Among key successes were profiling of the situation in Uganda, where more than 1 million children crossed the border from South Sudan in the space of a year; and sustaining media focus on the El Niño crisis. This was achieved through direct pitching, multimedia distribution, press releases, op-eds and social media content.

During the year ESARO also supported more than 17 country offices (Angola, Burundi, Eritrea, Ethiopia, Lesotho, Kenya, Madagascar, Malawi, Mozambique, Uganda, Tanzania, Somalia, South Africa, South Sudan, Swaziland, Zambia, Zimbabwe) to produce crisis communications and helped manage reputational risk of the UNICEF brand. The Regional

Office also coordinated media and public advocacy training for the Somalia and South Sudan country offices.

In line with UNICEF's advocacy and communication, public engagement framework (Cause Framework) and Regional Priority 4, ESARO continued to share content in support of eliminating violence against children through traditional and social media. A strong follow-up public service announcement on violence secured over 500,000 views in Kenya, Rwanda, South Africa, United Republic of Tanzania and Uganda, reflecting the high quality of the content and good partner support in airing the spot.

A regional advocacy strategy offering a coherent regional narrative in support of the 2018–2021 Regional Priorities was finalized and endorsed by the RMT. The strategy includes a brief situation analysis of children and women, key messages and details of primary and secondary audiences for UNICEF advocacy efforts, as well as proposed advocacy strategies and tactics to help position priority areas. Young people, celebrities, representatives of the private sector and media from more than a dozen countries attended the launch of the *Africa Generation 2030* report version 2.0 in November 2017 in Johannesburg, South Africa. Press coverage was substantial and the event trended on Twitter across the region.

The digital impact of UNICEF content improved markedly, thanks to a consistent focus on social media. The Regional Office organized online training for eight country offices (Botswana, Ethiopia, Lesotho, Madagascar, Namibia, Rwanda, Tanzania and Uganda) and in-country training for five country offices (Kenya, Madagascar, Rwanda, South Africa and South Sudan) and disseminated 25 pieces of content (videos, infographics, images and text) to build public engagement on key issues affecting children – including the drought and nutrition crisis, ECD, child marriage, FGM/C, displacement, immunization, malaria, Generation 2030 and violence against children. The average number of people reacting to UNICEF Africa Facebook content more than tripled during the year, as did likes and retweets on Twitter. The growth rate of UNICEF Africa's Facebook page doubled in 2017 and UNICEF content was shared on users' timelines over 100 million times.

Ten ESA countries (Angola, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Seychelles, South Africa, Tanzania and Zambia) are now among the 60 countries globally that run the Internet of Good Things – a UNICEF-led initiative helping to bridge the digital divide – at no cost, even on low-end devices. Several country offices (Angola, Kenya, Uganda and Zimbabwe) are in advanced discussions with local private partners for increased distribution and dissemination. Interviews with users, together with the survey, polling and commenting functions embedded in the Internet of Good Things, have allowed UNICEF to capture stories, feedback and evidence of behaviour change among the ESA population.

Market shaping and supply management

Influencing markets and strengthening national supply chains are important strategies of ESARO's supply unit. While the former focuses on stabilizing the availability and affordability of essential and lifesaving commodities, attention is increasingly being placed on strengthening national systems to ensure efficient delivery of supplies to beneficiaries.

In 2017 the Regional Office helped strengthen national supply chains by integrating nutrition supplies into national supply chain systems and ensuring that nutrition supplies were coordinated and managed through these systems in Kenya, Malawi, Mozambique and Uganda. Critical activities in nutrition supply chain integration also took place in South Sudan, through partner mobilization around supply chain management and related risk assessment. Working with country offices, ESARO supported assessments of performance bottlenecks in the nutrition supply chain in 15 countries (Angola, Burundi, Eritrea, Ethiopia,

Kenya, Madagascar, Malawi, Mozambique, Namibia, Somalia, South Africa, South Sudan, United Republic of Tanzania, Zambia and Zimbabwe). UNICEF country offices supported government efforts to strengthen and sustain efficient supply chains. Other supply chain strengthening activities for which ESAR country offices engaged with governments and partners involved: comprehensive effective vaccine management, training needs assessments and nutrition supply chain integration, as well as national system-strengthening reforms.

The success of system-strengthening initiatives, both at the regional and country levels, was a result of close collaboration between supply and programme teams and their joint work to achieve results for children, which is most visible in health and nutrition.

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, and in Annex II. Of the 35 activities included in the integrated monitoring and evaluation plan for 2017, 23 were completed, two are on track, five were delayed and five cancelled.

3.3. Implementation strategies

Research

In 2017 ESARO examined urbanization trends in the region and carried out a secondary analysis of multi-country data in the areas of pre-primary education, early learning, ECD, early childhood development hand-washing with soap and determinants and consequences of child marriage. ESARO also produced advocacy briefs on out-of-school children. Research results were shared at regional meetings and used to update the Regional Office situation analysis.

ESARO carried out a comparative assessment of C4D strategies to promote hand-washing – a comprehensive analysis of basic hygiene in the region.

A process of reviewing and documenting the impact of the All In! to #EndAdolescentAIDS campaign resulted in South-South learning through practical case studies and human interest stories. Seven promising experiences highlighting the C4D contribution to results in Angola, Kenya, Madagascar, Mozambique, Rwanda, South Sudan and the United Republic of Tanzania were disseminated as part of the 'C4D works!' series.

The 2017 edition of *Knowledge for Children in Africa*, a publications catalogue summarizing the latest UNICEF research on Africa, was jointly produced by ESARO, WCARO and UNICEF's Middle East and North Africa Regional Office. The catalogue features 287 reports and studies generated by UNICEF and its partners on the situation of children and young people on the continent, representing the collective knowledge produced by UNICEF Country and Regional Offices in Africa.

Data and evidence gathering

During 2017 UNICEF's Lesotho and Madagascar country offices received ESARO support to prepare for MICS. The Regional Office also contributed to the development of new measurement tools, including support for field-testing of a new MICS module on the impact of emergencies on household health, income, displacement, composition and access to basic services in Malawi, as well as cognitive testing of the revised ECD Index in Uganda.

ESARO worked with partners to launch a new initiative aimed at gathering information on the drivers, experiences and protection needs of children on the move. The project included development of new survey tools and interview and critical incident referral protocols. In addition, ESARO provided technical assistance to the Mozambique, South Africa, Zambia, and Zimbabwe country offices on preparations for rolling out data collection in 2018.

Evaluation

In 2017 ESARO supported country offices to carry out practical, high-quality project and programme evaluations, ensure that planned evaluation and research activities are undertaken and that PRIME (UNICEF's database for evaluations) is used consistently to plan and implement research and evaluation. The Regional Office completed and disseminated six evaluations and provided quality assurance for terms of reference related to 10 evaluations, two inception reports and nine draft evaluation reports.

Knowledge exchange

Significant enhancements were made to the ESARO Intranet in 2017, to increase its use as the single portal for sharing information and facilitating online collaboration. The intranet is increasingly becoming the core data repository for the Regional Office and the preferred platform for knowledge exchange and joint review of documents.

The Regional Office undertook a number of significant knowledge exchange initiatives in 2017 – the production and dissemination of 10 lessons learned and three case studies on near-real-time monitoring, citizen engagement and use of data for decision-making at the decentralized level – to support the programme monitoring and response initiative implemented in Kenya, Swaziland, Uganda and Zimbabwe. The Regional Office also organized 28 webinar and brown-bag lunch sessions, reaching a total of more than 800 participants, and conducted knowledge management training for staff from four country offices (Lesotho, Mozambique, South Sudan and Swaziland) and the Regional Office.

Innovation

During 2017 the Regional Office developed its Regional Innovation Strategy 2018–2019 and supported the development of:

- A strategy to implement digital registries, with immunization as the entry point
- A multi-country Child Helpline that strengthens case management and referrals and reduces duplication of systems at the country level
- A review of technological innovations in civil registration, and a multi-region research study on digital learning and education technology.

As part of a global partnership with the University of Oslo, the regional team supported development of decision support tools for district health managers. This initiative is being implemented in Malawi and Uganda and due to be expanded to more countries in 2018. Support was also provided to Malawi, Swaziland, Uganda and Zimbabwe to scale up the RapidPro Initiative, a free open-source platform designed to send and receive data using basic mobile phones, and present data in real-time. Several country offices have used RapidPro to support ongoing data collection efforts, particularly around youth engagement activities.

South-South cooperation

ESARO and the World Bank continued during 2017 to co-lead the Community of Practice on Cash Transfers in Africa, the main South-South platform for social protection practitioners in the region to share experiences and lessons learned.

ESARO also facilitated an exchange of experiences on early learning and inclusive education among 17 countries (Angola, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe) through workshops at the Regional Office and at the ADEA Triennale. Another regional workshop brought together UNICEF and government participants from 20 countries to discuss approaches to SAM management in the region. The Regional Office also led a process to review and document the impact of the 'All In! to #EndAdolescentAIDS' initiative, during which practical case studies and human interest stories were used to further South-South learning.

Partnerships

Effective collaboration between UNICEF ESARO and the WHO Regional Office for Africa focused around health emergencies, including the establishment of a regional humanitarian health working group; sexual and reproductive health, including development of training resources on antenatal care; and co-convening an inter-agency regional meeting on newborn health.

The Regional Office also provided technical support and capacity building on cross-border issues for country teams under the Global Polio Eradication Initiative. ESARO was also proactively engaged in reviving the regional-level Harmonization for Health in Africa coordination mechanism. Partnership with the Global Fund continued in 2017, with further support to first-wave countries (Kenya, Mozambique and Uganda).

The partnership with UNAIDS was revitalized in 2017, as ESARO strengthened its role as co-sponsor of the Regional Joint United Nations Team on HIV for East and Southern Africa, which involved: participation in a review of the team's working modalities; developing guidance and critically reviewing unified budget, results and accountability framework proposals; contributing to UNAIDS regional strategies and documents, including male engagement and ICASA; and co-convening restructured working groups on PMTCT and HIV treatment and prevention.

UNICEF also worked with partners including WHO, Gavi and the CDC to support countries on a number of immunization-related initiatives, including: the updating of comprehensive multi-year plans on immunization; contributing to health system strengthening proposals; Gavi joint appraisals and technical assistance plans; national immunization programme reviews; and the development and implementation of C4D strategies to support routine immunization and the introduction of new vaccines.

A report on Adaptation and Response for Children Affected by Droughts and Disasters: How National Social Protection Systems are Responding to El Niño in ESAR – which provides practical recommendations for strengthening existing systems to respond to the negative impacts of humanitarian situations (such as the El Niño-induced drought) on children – was produced as part of the regional partnership between ESARO and Save the Children.

3.4. Normative principles

ESARO 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 2017 ESARO contributed to training UN Country Teams in Comoros and Malawi in normative principles, including the human rights-based programming approach, as part of the process of developing the UNDAF, and supported four country offices (Kenya, Malawi, Rwanda and Somalia) to develop CPDs underpinned by human rights principles and equity.

The human rights-based approach is a core component of global and regional training on RBM. Participants use sample strategy notes from the region to practice identifying causes of deprivations that UNICEF has chosen to address and ensure 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

The Regional Office contributed to the development of the new UNICEF GAP 2.0, advocating for continued focus on key areas for the region: preventing gender-based violence, ending child marriage and prioritizing adolescent health. In addition, ESARO guidance on gender programming under the Regional Priorities assisted country offices to develop annual reporting and work plans for 2017/2018.

Building staff capacity on gender has been a key priority for the Regional Office. Efforts included appointing dedicated gender specialists and enhancing the role and skillset of gender focal points, as well as supporting country office recruitment processes. At the end of the year, seven country offices (Ethiopia, Malawi, Mozambique, Rwanda, South Sudan, United Republic of Tanzania and Zimbabwe) had gender specialists, and four (Burundi, Malawi, Somalia and the United Republic of Tanzania) undertook internal gender programmatic reviews in 2017. But introducing gender-responsive indicators and effective tracking of expenditure against results are areas of weakness for a number of country offices.

The effectiveness of the current gender focal point system varies from office to office. One of the constraints (lack of access by country offices to best practices on design and implementation of gender programmes) is being addressed through training as part of a global gender focal points accreditation package (GenderPro). The first cohort of trainees, including five staff members from ESAR, took part in web-based training, interactive webinars and mentorship from the regional gender advisor, and will receive accreditation in 2018. The regional gender team also supported implementation of the first female talent initiative workshop, where 22 senior and junior female staff received training as part of a regional mentoring programme.

The Regional Office also provided capacity building support for country offices and regional WASH staff to increase staff knowledge and skills in programming around MHM. A Regional MHM steering committee was established to implement regional standards and serve as a platform for knowledge-sharing on the topic. The committee met twice in 2017. In addition, the regional gender team and UNFPA co-led joint regional training on gender-based violence in emergencies for UN, government and partner staff.

Environmental sustainability

ESAR's approach to environmental sustainability was reviewed at the 2017 DROpsME meeting, where it was concluded that the Regional Office is in a position to play a lead role on climate change-related issues impacting children, advocate with donors for support to build on existing country office work and engage with partners with strong environmental credentials and private sector partners specializing in green technology. A new tool to study the effects of climate and environmental shocks on poverty and energy shortages (the climate landscape analysis for children), can strengthen planning for large-scale responses.

Greening and access

ESARO continued its efforts to lower the carbon footprint of offices in the region and improve environmental sustainability. In line with UNICEF's commitment to support accessibility improvement and environmental impact reduction projects for UNICEF premises, ESARO recruited a consultant to undertake water and energy assessments in 15 ESAR countries (Burundi, Comoros, Eritrea, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Swaziland, United Republic of Tanzania, Uganda and Zambia). This effort will maintain the momentum toward reducing UNICEF's environmental footprint in the region and continuing the commitment to sustainable greening and access.

ESARO took steps to reduce its carbon footprint by monitoring paper consumption (through an electronic monitoring system). Staff improved printing practices by 25.8 per cent since 2015, reducing the number of printed copies from 603,990 in 2015 to 447,880 in 2017. ESARO launched the first edition of the greening initiative bulletin 'Green-it' in 2017, with information and tips on greening practices, and circulated it to all staff.

Meetings of the common service unit targeted greening efficiency gains and proposed initiatives that contribute to greening sustainability, such as (i) including clauses on greening in long-term agreements with major ongoing service providers (e.g., hotels), (ii) discouraging the use of paper cups in the office, and (iii) encouraging the use of power invertors as opposed to generators for staff residences. This information was included in the Welcome Note to new staff members.

ESARO is positioning itself to play a lead role in lowering UNICEF's carbon footprint in the region in 2018, and will continue to do so, through the common services unit and other greening initiatives.

4. Management and operations

In 2017 ESARO focused on oversight, risk management, financial stewardship, human resource management and representation to maximize efficiency and effectiveness in the use of resources for children.

4.1 Governance and management

During 2017 the Regional Office supported all ESAR country offices for the institutional budget (IB) review, and coordinated programme budget review (PBR) submissions for 10 country offices (Angola, Burundi, Ethiopia, Malawi, Mozambique, Namibia, Somalia, Uganda, Zambia and Zimbabwe), as well as activities of the technical review panel and PBR, and timely implementation of PBR decisions. In collaboration with other sections, ESARO's operations section achieved 100 per cent of IB utilization in 2017.

Targeted support was provided to the Somalia Country Office to develop its country programme management plan (CPMP); cross-sectoral peer reviews were performed to

appraise internal controls; reports and compliance for country offices in Botswana, Burundi, Lesotho, Malawi, South Sudan and Zambia; and Angola, Botswana, Lesotho, Ethiopia and South Sudan received regional support for internal audits. External audit processes in Kenya, Uganda and Zimbabwe also received ESARO support.

The Regional Office reviewed audit observations to ensure adequate reflection of country office internal controls and general comments on recurring issues raised with the Office of Internal Audit and Investigations. Outstanding Regional Office audit observations were closed, and thanks to regular monitoring, outstanding country office audit observations were also completed well within the 18-month timeline.

Implementation of the Hub to support BLNS (Botswana, Lesotho, Namibia and Swaziland) country offices was completed, resulting in significant improvement in the quality of operational support for these offices.

Monitoring of indicators ensured country offices' targeted support for enhanced performance. Thanks to focused monitoring, the volume of outstanding direct cash transfers declined from 3.4 per cent (US\$6.6 million) in June 2015 to 1.1 per cent (US\$2.4 million) in November 2017.

On-demand tailored training on the VISION system was conducted in South Africa, the United Republic of Tanzania and the Regional Office. ESARO also provided general support to all 21 country offices, in particular for key system transitions, leading to reduced VISION user violations. Optimal support on implementation of an electronic tool for HACT was also secured, thanks to training on the rollout process for operations staff.

The regional business continuity plan was scaled up, with a number of country offices identifying devolution processes as a key aspect to consider in programming; the Regional Office also put in place service-level agreements to ensure that adequate mechanisms are in place for temporary support to offices in transaction processing during the onset of emergencies.

The Regional Office continued to support the Division of Financial and Administrative Management (DFAM) to conceptualize the online budget formulation tool due to be rolled out in 2018.

4.2 Human resources

Oversight, quality assurance and technical support continued to be provided to all 21 ESAR country offices in 2017. The regional HR team completed the recruitment process for 20 international professionals, achieving an average 51-day timeline, well below the global 90-day target.

The Regional HR team saw a substantial increase in the number of national officer recruitment cases submitted for review before approval by the Regional Director, from 144 in 2016 to 210 by end of 2017. The decentralization of recruitment for international professional staff (through the P5 level) to the region resulted in increased responsibilities for oversight of most of the 236 IP recruitment cases carried out in ESAR in 2017. ESARO invested time in ensuring that HR reforms related to the three pillars (recruitment, performance management and business partnering) are clear to everyone and that system workflows for selection processes are implemented correctly.

Emergency HR support was provided to country offices dealing with humanitarian crises in Ethiopia, Kenya, Madagascar, Somalia and South Sudan. The Regional Office assisted

country offices through: timely identification of candidates for internal deployment and stretch assignments, temporary appointments and special service agreement contracts and engaging standby partners.

The Regional Office organized an HR network meeting on implementation of the global UNICEF HR Reform and carried out missions to five country offices (Ethiopia, Malawi, South Sudan, Zambia and Zimbabwe) to provide support on key HR processes and conduct peer reviews. Surge support continued, although challenges were experienced with some roles, such as cluster coordination. The demand for standby partners due to multiple emergencies resulted in the depletion of their rosters and inability to provide support that was previously relied on very heavily.

The HR team also continued to lead implementation of ESARO's learning and training plan, and supported meetings of the human resource development committee (HRDC). To ensure improved learning and training reporting in synch with HRDC recommendations, the report's checklist and guidelines for reports and plans were updated and disseminated to country offices. The regional team also continued to provide advice to country offices on all issues related to the working environment.

4.3 Information and communications technology

In 2017 the Regional Office focused on developing a modern ICT infrastructure to improve the efficiency and effectiveness of operations and programme monitoring, as well as engaging in ICT innovation and partnerships.

The Regional Office carried out 10 ICT peer review missions^{xxv}; facilitated technical training to enhance knowledge management and collaboration within the region; strengthened ICT resilience and emergency preparedness; and supported country offices to complete their ICT profiles and security compliance.

ESARO also worked to strengthen the efficiency and effectiveness of operations by supporting infrastructure upgrades for country offices and common services, rolling out global systems and implementing the consolidated, cloud-based data centres (LIGHT) in Nairobi and Pretoria for efficient and cost-effective ICT infrastructure. To support and accelerate results of the five Regional Priorities for 2018-21, ESARO developed a regional innovation and technology for development strategy.

In addition, the regional ICT team held regional governance committee meetings to oversee ICT investments and provide strategic direction on technology-enabled projects. The team also contributed to the definition and dissemination of global ICT standards, supported country offices to align their ICT work plans with the global ICT strategy and strengthened region-wide compliance with UNICEF's ICT policies.

4.4 Supply management

With a total annual supply throughput of almost US\$786 million, procurement by ESAR country offices is second highest of all UNICEF regions. A breakdown of 2017 spending shows: US\$367 million for procurement services and Gavi-related costs (downward trend); US\$227 million for programme supplies (upward trend); US\$162 million for services (upward trend); US\$13 million for operational supplies (downward trend); and US\$16 million in freight costs (downward trend).

The service component, although showing a slight decline from 2016, was still significant in 2017. Service procurement is largely related to achieving increased access to quality health and education services and drinking water, which have a direct impact on programme results.

Programme supplies increased in 2017, compensating for declines in procurement services and GAVI-funded procurement. Health commodities (vaccines, pharmaceuticals, cold chain and medical devices and treated bed-nets) are still the commodities with highest throughput, followed by nutritional products for treating malnutrition.

In 2017 Gavi-funded procurement and UNICEF procurement services accounted for 60 per cent of total programme procurement, excluding freight and services. Costs for these two items declined significantly from 2016 (US\$485 million) to 2017 (US\$367 million). This trend is linked to the number of ESAR countries graduating from eligibility for Gavi-financed vaccines, and thus reflects positive signs of economic development and growth within the region. ESAR country offices are shifting their focus toward ensuring that government priorities include sustainable financing for strategic and essential commodities and achieving and maintaining sustainable supply chains for children. For example, countries that must now undertake their own procurement were offered innovative financing mechanisms to ensure the timeliness of supplies and eliminate the risk of stock-outs.

ESAR country offices are strongly focused on assessment and utilization of local markets. In 2017 local procurement by ESAR country offices rose to account for 35 per cent of total UNICEF-funded programme supplies.

Also in 2017, the regional supply team participated in conducting peer reviews in five ESAR country offices (Burundi, Ethiopia, Malawi, South Sudan and Zambia). The reviews resulted in recommended steps for achieving full compliance with UNICEF's policy and procedures, and thus improving the supply function.

The regional supply team provided support to country offices, in collaboration with the regional WASH, health and education teams and UNICEF's Supply Division, especially for technical guidance on contracting construction services and emergency response. The team also worked closely with the humanitarian action, resilience and peacebuilding team to provide continuous support to countries affected by L3 and L2 emergencies.

4.5 Office of the Regional Director

The Office of the Regional Director (ORD) provided strategic oversight and direction to region's 21 country offices and to the Regional Office during 2017. It led the development of the ROMP 2018–2021 and the updated Regional Priorities, following a dedicated successful mini-RMT meeting on this topic in February 2017. The 2018–2021 Regional Priorities were endorsed by country offices, with baselines and targets established for agreed indicators.

The ORD also led the country office annual report review and Regional Office mid-year and annual reviews, including a mid-year review of compacts, to ensure that ESARO and country office priorities were in line with the Regional Priorities, and that work processes were efficient and effective. The ORD also oversaw preparation of the Regional Office Annual Report and annual work plan and implementation of the ROMP.

The ORD continued its oversight of security, crisis management, HR policy and advocacy issues, with support from the regional security advisor. The regional security team continued to focus on mainstreaming security risk management, security of staff and premises and
staff training. In 2017, in collaboration with UNICEF's Office of Emergency Programmes, ESARO conducted a women's security awareness training for 318 staff members from 11 country offices and partner organizations.

The creation of a national officer staff counsellor position, in addition to the regional staff counsellor, expanded staff support capacity in the region. All known critical incidents were responded to within six hours. In addition, staff continued to benefit from the peer support volunteer programme. Staff support missions were carried out at seven country offices (Burundi, Lesotho, Madagascar, South Africa, South Sudan, United Republic of Tanzania and Zimbabwe), and field locations in Ethiopia and Kenya.

Country Office/Regional Office Compacts

In 2017 ESARO updated the Compact of Mutual Accountability between ESARO and country offices, to ensure alignment with the Regional Priorities results framework. The 2017 compacts were reviewed at mid-year, and guidance for 2018 was issued. The compacts integrate regional and country priorities and align regional and country results with ACHIEVE objectives, and hence has become a tool for effective performance management.

4.6 Key constraints and success factors

Some of the constraints limiting achievement of results in 2017 included difficulties in identifying suitable candidates for UNICEF vacancies in the region. This resulted in multiple rounds of recruitment for some posts. Identifying more effective ways to develop, attract and retain talent should receive organizational priority.

Key success factors for ESARO in 2017 included active support by 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 RMT were also instrumental for monitoring country office performance and targeting support. Finally, the Regional Priorities, compacts and regional framework provide clarity and focus for both country offices and Regional Office support.

Risk-mitigation practices

The Regional Office facilitated 'Living ERM' exercises for the South Africa and South Sudan country offices, and a joint ERM/GRIP was tested at the Malawi Country Office. This resulted in a concept note on risk management approaches in ESAR, and how they are integrated and connected. Living risks in the organization continue to be a priority, along with collaboration with DFAM in the new governance, risks, and compliance project, to ensure adequate regional and country office inputs. Priorities for 2018 will include risk management, audit and peer review support, roll-out of the budget formulation tool and continued improvements at the BNLS operations hub.

Harmonized approach to cash transfers

The Regional Office supports HACT implementation across the region. In 2017, this included on-site and online training for country office staff and implementing partners.

During 2017 ESAR country offices met the minimum requirement for programme monitoring visits and spot-checks, and concluded a total of 391 financial audits.

All country offices have developed and are implementing and monitoring costed annual HACT plans and using the funding, authorization and certificate of expenditure tool to manage requests and report on the use of UNICEF funds by implementing partners. The

volume of cash transfers to non-risk assessed partners continued to decrease significantly, reaching US\$3.4 million in 2017.

Strategic financial (value-for-money) ratios were further enforced in 2017 to ensure that budgets developed with national and international CSOs allow for financially effective and efficient programme delivery. Three key ratios are consistently reviewed within ESAR, as per the development of CSO partnership budgets: (i) CSO contribution to direct programme cost, (ii) UNICEF contribution to overhead expenditures and (iii) overhead ratio (i.e., the cost of doing business). There are opportunities to further enhance the concept of value for money when developing CSO partnerships.

Priorities in 2018 will be implementation in ESAR of the revised UNICEF HACT and CSO procedures, which will further enhance the principles of implementing partner (financial) risk management and value for money, both for developing and implementing partnerships with CSOs and reporting results to donors.

ESARO client satisfaction survey

The annual ESARO client satisfaction survey gathers feedback from country offices on their level of satisfaction with the performance of the Regional Office against accountabilities. In 2017, the questionnaire was updated to provide a baseline for the new ROMP and assess performance of the current ROMP. The findings and recommendations from the Client Satisfaction Survey will feed into preparation and implementation of 2018 work plans and compacts.

Survey results showed a high level of country office satisfaction with support provided by the Regional Office. All country offices were satisfied with ESARO's strategic guidance, technical support, quality assurance and capacity building – all of which received satisfaction ratings above 95 per cent. The Regional Office met all of its accountabilities, and country office feedback also shows increased satisfaction in the areas of regional representation, governance and management, as well as country office focal points. Areas in need of improvement were knowledge management, intellectual leadership and the Regional Office role in UN coherence,

Office management practices, systems and structures

During 2017 several management coordination mechanisms were in place to: promote integration and complementarity between different teams, enhance Regional Office support to country offices, support compliance with the organization's rules and regulations and link the Regional Office with global UNICEF processes, committees and working groups. These mechanisms included:

- Committees, working groups and task forces that promote optimal use of Regional Office resources. For example, a monthly budget review meeting was established in 2017 to review utilization of Regional Office funds.
- Country office focal points, polling officers, peer support volunteers and respectful workplace advisors
- Risk-informed standard operating procedures to guide ESARO business processes.

To complement the work of its management team, ESARO set up a programme coordination team, which is tasked with identifying strategies and actions through which the Regional Office can best help to implement the Regional Priorities and ROMP and facilitate cross-sectoral collaboration.

The PPME team continued to track country office management indicators in five areas: quality assurance, financial management, human resource management, partnership management and programme performance. The team shared performance dashboards with the RMT on a monthly basis, enabling country offices to track their programme, management and operational performance. As part of its oversight and quality assurance activities, ESARO also conducted quality reviews of country offices' annual management and work plans, results reporting and donor reports. *Status of follow-up actions to the 2017 Global Staff Survey*

The Regional Office supported country offices' actions to address key areas identified by the Global Staff Survey and identified areas where the Regional Office could improve staff motivation and effectiveness and knowledge about the range of internal resources available to them (e.g., the Ombudsman, Ethics Office).

In 2017 the Regional Office joint consultative committee, whose members include the Regional Director, chief of human resources, chief of operations, chair of the staff association and ESARO staff counsellor, developed concrete implementation plans, which included:

- Sharing of key information on contract renewal and staff rotation exercises
- Staff development, including training on CV writing and interviewing skills
- Two Ethics Dialogue workshops
- Preparations for an all-staff retreat in the first quarter of 2018.

5. Key initiatives and priorities for 2018 (Draft)

ESARO's overall priority for 2018-2019 is to provide leadership, guidance, oversight and support to ESAR country offices and ensure the presence of an effective multi-disciplinary team and efficient processes at the Regional Office to achieve UNICEF's mission, the Strategic Plan and the Regional Priorities.

Programmatically, ESARO will:

- Deepen the quality of programming in the region, with priority on:
 - Ensuring that programmes are context-specific, results-focused, fit for purpose, affordable, achieve value for money and evolve to respond to emerging trends focusing on:
 - i. Continued oversight and roll-out of the Regional Priorities through compacts
 - ii. Testing and rolling out practical approaches for integrated programming
 - iii. Institutionalizing affordability analysis in CP processes
 - iv. Redesigning and rolling out RBM capacity building to better contribute to quality programme design and project management
 - v. Redefining and re-scoping value for money to include programmes
 - vi. Introducing evaluability assessments and rolling situation analyses
 - vii. Exploring new areas of work aimed at positioning ESARO in 2030 and beyond.

Business owners: DRD and PPME

Accelerate and sustain progress toward achieving the ESA Regional Priorities in different country contexts, with priority on:

- Reducing new-born and child mortality and vertical transmission of HIV, focusing on:
 - i. Providing guidance and technical assistance to roll out the District Health System Strengthening (DHSS) District Health Information System (DHIS2) and real-

time monitoring for improved local decision making, and increase coverage of key interventions (Uganda, Malawi, Tanzania, Zimbabwe, Kenya)

- ii. Promoting an inter-sectoral approach to reducing the number of preterm babies and adolescent pregnancies (Ethiopia, Uganda, Tanzania, Angola, Kenya)
- iii. Providing guidance and technical assistance to identify solutions for low immunization coverage in underserved population groups, including equity assessments and innovations in urban settings (Ethiopia, Kenya, Angola, South Africa, Mozambique)
- iv. Providing guidance and technical assistance to strengthen community platforms for integrated delivery of services and uptake of positive behaviours (Madagascar, Malawi, Mozambique, South Sudan, Zambia)
- v. Providing technical assistance for health emergencies response in countries, inter-agency and cross-country coordination, and building resilience for health emergencies (as needed).

Business owner: Health and HIV

- Reducing stunting, scaling up SAM management and improving maternal and infant and young child feeding, focusing on:
 - i. Completing the multi-country nutrition programme review to guide programme design and implementation
 - ii. Developing and rolling out regional guidance on maternal and adolescent nutrition
 - iii. Harmonizing regional food fortification standards in partnership with the private sector and RECs
 - iv. Developing a regional advocacy framework for sustained scale-up of SAM management
 - v. Scaling-up a cross-sectoral, community-based approach to improve quality complementary feeding, maternal nutrition and SAM management
 - vi. Strengthening Vitamin A programme monitoring, integration with EPI and transition into routine service delivery.

Business owner: Nutrition

- Improving access to basic drinking water and sanitation, reducing open defecation and promoting good hygiene practices, especially for the most vulnerable populations, focusing on:
 - i. Developing a regional overview of the state of public finance for the WASH sector
 - ii. Strengthening local government and community platforms for integrated delivery of services and uptake of behaviours
 - iii. Embedding the cholera framework in national contexts and systems
 - iv. Support to delivery of WASH in emergencies (Ethiopia, Somalia & Regional)
 - v. Assessing the status of programmatic interventions for WASH-in-schools and WASH- in-health facilities.

Business owner: WASH

- Strengthening education programmes to increase competencies and skills of children and adolescents, focusing on:
 - i. Developing a toolkit to support the removal of barriers to education for girls and children with disabilities
 - ii. Support to country offices to implement early learning costing plans
 - iii. Generating knowledge on teacher training for inclusion, learning, education in emergencies and out-of-school children
 - iv. Advocating for implementation of the CRPD, funding for education in emergencies, gender responsive planning and inclusion
 - v. Building partnerships to support the implementation of SDG4

Business owner: Education

- Sharpening UNICEF's contribution to the HIV response for children and adolescents, including helping them to make healthy choices, focusing on:
 - i. Sharpening country-level HIV strategies and programmes
 - ii. Accelerating action on EMTCT, especially for adolescent girls and young women
 - iii. Supporting the use of data for All In and adolescent girls programmes, including scale-up of evidence-based programming for adolescent girls and young women
 - iv. Delivering as one, with UNFPA, UNAIDS and WHO, to improve sexual and reproductive health and HIV outcomes and strengthen integrated approaches. **Business owner: HIV**
- Accelerating efforts for greater results for vulnerable and marginalized children at risk of abuse, violence and exploitation, and for gender-based violence, focusing on:
 - i. Targeted advocacy, policy advice and technical assistance, and building systems and service infrastructures that contribute to programming on violence against children, child marriage and FGM/C.
 - ii. Improving budgeting for children and strengthening social welfare workforce to improve the quality of service delivery and case management.
 - iii. Providing assistance to victims of sexual exploitation and abuse in humanitarian and non-humanitarian settings, including through the provision of a range of psychosocial, medical and economic services.
 - iv. Implementing strategies to support children on the move in countries of origin, transit and destination focusing on contribution to the global compact for safe, orderly and regular migration.

Business owner: Child Protection

- Building and expanding effective and sustainable social protection programmes, focusing on:
 - i. Supporting ESAR country offices to improve the quality and impact of childsensitive and shock-responsive social protection programmes (all countries except Comoros, Somalia and South Sudan; priority on Angola, Eritrea, Lesotho, Madagascar, Mozambique and Zimbabwe).
 - Supporting the generation of knowledge and roll-out of evidence-based interventions to improve the quality of social protection programming in the region (All countries except Comoros and South Sudan; priority on Angola, Eritrea, Lesotho, Madagascar, Mozambique and Zimbabwe.)

Business owner: Social Policy and Research

• Strengthen cross-sectoral programming, with priority on:

- Achieving strategic results for children in emergencies through risk-informed programming, enhanced preparedness and response and better internal and interagency collaboration, focusing on:
 - i. Rolling out the emergency preparedness platform and preparedness planning, and emergency response, monitoring, evaluating and reporting
 - ii. Strengthening early warning systems, cross-border coordination and regional impacts of crises
 - iii. Influencing interagency action through strengthened coordination with specific focus on children on the move, impact of drought and communicable diseases
 - iv. Strengthening resilient approaches within the CP cycle through integrated risk management and enhanced emergency preparedness.
 Business owner: HARP

• Implementing GAP 2, focusing on:

- i. Providing evidence, tools and capacity to guide gender and adolescent responsive programming
- ii. Oversight and quality assurance to country offices related to gender planning, programming and monitoring
- iii. Participation in and contribution to global and regional networks, and disseminating knowledge products to strengthen initiatives related to gender and adolescents
- iv. Capacity building and credentialing of gender focal points, specialists and sector staff
- v. Implementing the ESAR female talent initiative increasing female representation at all levels, including at the senior management level.
 Business owner: Gender
- Designing and implementing evidence-based and context-specific C4D strategies in development and humanitarian contexts, focusing on:
 - i. C4D diagnostic at selected country office to assess efficiency and effectiveness of structures to meet programmatic results
 - ii. Support and guide country offices to roll out the regional cholera framework, in partnership with WASH, health and HARP sections.
 - iii. Roll-out of C4D strengthening and community engagement initiative, in collaboration with HQ and country office.
 - iv. Implement integrated approach for adolescents and new-born care in collaboration with health, WASH, nutrition and HIV sections.

Business owner: C4D

- Achieving supply chain excellence, including optimizing supply chains, national system strengthening, sustainability and value for money, focusing on:
 - i. Strengthening national supply chain and procurement services
 - ii. Ensuring uninterrupted access to good quality, affordable supplies for children as part of regular programmes and emergencies
 - iii. Improving the visibility and results of the supply function.

Business owner: Supply

- Supporting governments to prioritize and maximize the impact of domestic resources in child-focused sectors, focusing on:
 - i. Supporting 19 country offices to produce timely, high-quality, actionable budget briefs
 - ii. Supporting governments in 18 countries to improve budget transparency **Business owner: Social Policy and Research**
- Supporting the generation and dissemination of knowledge, focusing on:
 - i. Expanding child poverty analysis in 17 countries where new household surveys are released
 - ii. Developing and rolling out of ESARO's research strategy, Africa Publications Catalogue and Eclectic Newsletter

Business owner: Social Policy and Research

- Win the cause for children with decision makers and the general public, through timely, effective advocacy and communication, by:
 - *i.* Positioning UNICEF as a regional leader on children's issues during crises and emergencies
 - *ii.* Creating a coherent, compelling and credible regional narrative on children's issues
 - iii. Publicly advocating and engaging on global and regional priorities, including rollout of the regional advocacy strategy, GEN2030 and the Cause Framework

iv. Creating and expanding technology platforms to galvanize social conversations and solutions, with an emphasis on young people.

Business owner: Communications

- Building regional strategic public and private partnerships and high-value alliances for children that leverage financial and non-financial resources and promote Child Rights and Business Principles among key industries, focusing on:
 - i. "Big ticket," strategic partnerships (Big Four Government Donors, China, Germany, World Bank, Bill and Melinda Gates Foundation
 - ii. Development of staging concept for country office private sector engagement capacity, leading to potential global roll-out of the model
 - iii. Driving and expanding private sector commitment to CRBP, particularly oil and extractive industries and supply chains
 - iv. Strengthening donor management information systems and analysis across ESAR
 - v. Demonstrating value for money in donor proposals.
 - Business owner: PPP

Operationally, ESARO will:

- Pursue the creation of an enabling environment for effective programme delivery, with priority on:
 - Strengthening ESARO and country office operations to ensure fit-for-purpose teams and agile, affordable, effective, efficient and risk-informed management and operations practices, focusing on:
 - i. Implementation of global initiatives: business operation strategy, budget formulation tool, greening and enterprise content management.
 - ii. Implementation of regional initiatives: business process simplification and continued improvement of BNLS hub
 - iii. ERM and oversight of key operations functions
 - iv. Strengthening operations staff capacity in country offices.

Business owner: Operations

- Facilitating timely and quality recruitment, balanced, open and effective performance management, and a conducive work environment for staff and managers in all ESAR offices, focusing on:
 - i. Completing implementation of the HR reform and sustaining the desired transformations across the region
 - ii. Providing guidance, quality assurance and oversight to all HR processes
 - iii. Supporting staff learning and capacity development initiatives, including for HR practitioners in the region
 - iv. Providing guidance and support to employee relations across the region
 - v. Recruiting, retaining and developing talent for senior-level positions, with a particular focus on females.

Business owner: HR

- Strengthening staff safety and security, including ensuring that all offices are security compliant, and enabling risk-informed programme access and implementation with a focus on:
 - i. Providing technical guidance and oversight on security compliance, related to country office's facilities, personnel and vehicles
 - ii. Supporting regional advisors and country offices to enhance programme access and implementation through early response and analysis, review of programme

risk assessments and enabling the safe and efficient deployment of staff to the field

- iii. Strengthening and developing the capacity of country offices on all aspects of safety and security through technical guidance and support for security training, as contained in the Security Training Plan, including country office security focal points trainings, woman security awareness training and training for drivers.
 Business owner: Security
- Promoting staff well-being, including provision of timely and relevant psycho-social support to staff and dependents, focusing on:
 - i. Rolling-out the proposed emergency duty station, well-being kits and predeployment preparedness briefings
 - ii. Increasing regular well-being missions and specialized staff trainings and workshops, including region-wide awareness-raising and workshops for dependents and families.
 - iii. Rolling-out region-wide training for ESARO and country office supervisors and managers on mental health literacy and managing substance abuse in the work place.

Business owner: Staff counsellor

- Implementing mature technology solutions for programme and operations efficiency and effectiveness, including ICT systems strengthening and use of Cloud computing, focusing on:
 - i. Developing an enabling environment for innovation and technology for development initiatives, in relation to governance, internal capacity and strategic partnerships
 - ii. Providing support to system strengthening, real-time monitoring (RTM), adolescent and youth engagement, C4D and demand programmes; integrated community platforms and digital learning; and cross-cutting areas such as emergency response and resilience, inclusion and access, climate change and energy and emerging technologies.
 - iii. Enabling Cloud digital workplace for improved collaboration, tools for business efficiency and reducing standalone systems in ESAR.
 - iv. Improving mobility through unified communications and modern, resilient and agile ICT infrastructure.

Business owner: ICT

Annex I. Main results achieved against 2017 workplan

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Outcomes/Outputs and Indicator status by Region/Business Area

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As of 30 December 2017

			8.86	elines		Target	Date of Status				Outcome/Ou put
Outoome Area	Programme Area	Indicators	Year	Value	Year	Value	Update	Rating	Status	Primary Source	Rating
AR ESARO, Ker											
0R/A0/08/001 E8	RAMME (2014 - 2017) A country programm	es contribute to achieving the MTSP k	ev results for (ohildren throug	h application of	country appropr	late				
-	nanitarian and develo	pment contexts.									
utputs											
	1 ROMP Output 1.1: (and the ESA regional	Health) Enhanced partnership capacity	y for the gener	ation and use o	f evidence for in	proved health p	olloles				
	1 2014 End Date =										
1 Health	01-01 Immunization	Number of pre-identified regional	2014	1	2016	3	31 Dec 2016	Fully achieved	9	Sector Review(s)	
	01-02 Pollo	strategic policy and programs jointly Implemented with partners			2017	3	08 Dec 2017	Fully achieved	13	Sector Review(s)	On-frack BE Day 2017
	eradication							-			
		Number of countries participating in/ benefiting from south-south	2014	3	2016	5	31 Dec 2016	Fully achieved	6	Sector Review(s)	
	01-04 Child health	exchanges			2017	6	08 Dec 2017	Fully achieved	10	Sector Review(s)	
	01-05 Health	Number of multi-country	2014	8	2016	12	31 Dec 2016	Partially achieved	7	Sector Review(s)	
	systems strengthening	studies/documentation completed									
	01-06 Health and				2017	18	08 Dec 2017	Fully achieved	9	Sector Review(s)	
	emergencies										
	01-07 Health # General	Number of countries receiving	2014	0	2016	4	31 Dec 2016	Fully achieved	15	Sector Review(s)	
2 HIV & AIDS	02-01 PMTCT and	additional from ESARO for regional priorities			2017	5	08 Dec 2017	Fully achieved	16	Sector Review(s)	
	Infant male										
	circumcision	I									
	2 ROMP Output 1.2	: (HIV/AIDS) Enhanced regional partne	rships for evid	ence-informed p	colloles for acce	lerated Implement	ntation of				
IV Interventions tart Date = 01 Jan	2014 End Date =:	31 Deo 2017									
2 HIV & AIDS	02-03 Adolescents		2014	1	2016	10	31 Dec 2016	Partially achieved	6	Sector Review(s)	
	and HIV/AIDS								-		
	02-04 Protect, care			0	2017	12	09 Dec 2017	Fully achieved	12	Sector Review(s)	On-track
	and support children		2044			2	24 0 44 2046	Fully ashieved		Sector Review(s)	63 Dar 20
5 Child Protection		Number of regional programming tools developed (disaggregated by	2014		2016	4	31 Dec 2016 09 Dec 2017	Fully achieved	3	Sector Review(s)	
6 Child Protection	Protection systems	guidance notes, analyses,			2017	•	U9 Dec 2017	Fully achieved	6	Sector Review(s)	
		evaluations published)									
	06-08 Child	Availability of ESARO programme rai guidance on adolescents and HIV	2014	2014 Yes	2016	Yes	31 Dec 2016	Fully achieved	Yes	Sector Review(s)	1
	Protection # General										1
7 Social Inclusion	07-01 Social	nd			2017	Yes	09 Dec 2017	Fully achieved	Yes	Sector Review(s)	
	exclusion # data and										
	evidence			0	2016				- 1-	Control Devices 6	
						2	31 Dec 2016	Partially achieved	n/a	Sector Review(s)	
	07-02 Social protection and child	Number of pre-identified regional strategic policies and/or programs	2015		2010	-					



Annex II. Status of activities in the Integrated Monitoring and Evaluation Plan (IMEP)

Section	Title	Туре	Planned start	Planned end	Status
Education	Out-of-School Analysis and briefs	Study	Jan 17	Sep 17	Completed
C4D	Comparative assessment of C4D strategies for the promotion of hand- washing in 2 Country Offices	Study	Sep 16	Jun 17	Completed
Child Protection	Good practice on civil registration and vital statistics (CRVS) in Africa	Research	Mar 16	Dec 17	Dropped
Child Protection	Review of the regional child marriage programme	Study	Oct 16	Nov 17	Completed
Child Protection	Integrated case management models and how these make use of information management systems (as building blocks of child protection systems) in development and/or emergency contexts	Study	Dec 14	Apr 17	Dropped
HARP	Case studies on resilience programming in 4 ESAR countries	Study	Jan 17	Jul 17	Completed
Health	Determinants of child mortality reduction and linkages between the community-based approach, health systems strengthening, and health service utilization (e.g. Ethiopia, Burundi, Kenya, Rwanda, Somalia)	Study	Dec 15	Jul 16	Completed
Health	Best practices related to the introduction of new vaccines, and the impact in addressing inequitable delivery of immunization services in Eastern and Southern Africa	Study	Dec 15	Nov 16	On track
Health	Lessons and best practices from the implementation of reproductive, maternal, neonatal and child health programmes (Kenya, United Republic of Tanzania, and Zambia)	Study	Jul 16	Nov 16	Dropped
Health	Multi-country study to identify the determinants of child mortality reduction and understand linkages between fast mortality decline and successful strategies	Research	Mar 16	Sep 16	Dropped
Nutrition	Regional analysis on the quality of care in integrated management of severe acute malnutrition (SAM) programme in ESA	Study	Jan 16	Dec 16	Delayed
Nutrition	Project-end evaluation: scaling up nutrition and immunization through Child Health Days in Sub-Saharan Africa (CIDA/CHD)	Evaluation	Sep 16	Jun 17	Completed

Section	Title	Туре	Planned start	Planned end	Status
Nutrition	Project-end evaluation for the Dutch grant. [Compact ESARO/HQ]	Evaluation	Mar 17	Sep 17	Completed
Nutrition	Review of progress and determinants against Regional Priority 2 in selected countries to augment global evaluation	Study	Mar 17	Jun 17	Delayed
Nutrition	Humanitarian response review (DFID grant)	Review	Aug 17	Oct 17	Completed
PPME	Final evaluation of the ESAR Programme Monitoring and Response Initiative (new 2017)	Evaluation	Feb 17	May 17	Completed
PPME	Situation of ECD in ESAR	Study	Oct 16	Dec 17	Completed
PPME	Basic hygiene in ESAR	Study	Oct 16	Feb 17	Completed
Social Policy	Financing development for children in Africa: the state of budget transparency and accountability on the continent	Study	Apr 16	Apr 17	Completed
Social Policy	The State of Education Budgets in Eastern and Southern Africa	Study	Sep 17	Dec 17	Delayed
Social Policy	The Impact of Inflation on the Real Value of Cash Transfers in Eastern and Southern Africa	Study	May 17	Sep 17	Delayed
Social Policy	The Macroeconomic Outlook for Eastern and Southern Africa: What it means for children and UNICEF engagement across countries	Study	Jul 17	Dec 17	Delayed
Supply	A New Holistic Approach for Assessing Human Resources in the Immunization Supply Chain	Review (article)	Dec 16	Sep 17	On track
WASH	Action research on innovative management and financing for rural water sustainability in ESAR	Study	Mar 16	Nov 16	Completed
WASH	Analysis of HMIS data to determine relationships between WASH in health facilities and health performance	Study	Mar 16	Jul 16	Completed
WASH	Rural water supply sustainability and links to health and burden for women and girls	Study	Jul 14	Jun 16	Completed
WASH	Public–private partnerships for rural water supply in 3 countries in ESAR	Study	Jun 14	Mar 16	Completed
WASH	Unpacking unimproved sanitation and lessons learned for scaling up	Study	Mar 16	Nov 16	Completed

Section	Title	Туре	Planned start	Planned end	Status
	community-led total sanitation with quality				
WASH	WASH in schools and educational efficiency for girls – an analysis of EMIS data in the region	Study	Mar 16	May 16	Completed
WASH	Production of 2 issues of the WASH in Emergencies learning series (i.e. Field Notes, Technical Briefs, and Research Briefs) to disseminate best practices to Country Offices	Study	Mar 17	Dec 17	Completed
WASH	Regional Cholera Strategy developed in collaboration with Health, HARP and C4D	Study	Apr 17	Dec 17	Completed
WASH	Guidance note on WASH and cross- sectoral linkages in the SDG settings	Study	Mar 17	Dec 17	Completed
WASH	Guidance note on WASH resilience programming in ESAR	Study	Mar 17	Dec 17	Completed
WASH	Guidance note on developing partnerships and collaborations with key regional WASH stakeholders to enhance WASH programming in the region	Study	Jun 17	Dec 17	Completed
WASH	Compendium of innovative strategies for rural water service sustainability relevant to ESAR	Study	Jun 17	Dec 17	Dropped

Endnotes

¹ United Nations Children's Fund, State of the World Children 2017, statistical tables, UNICEF, New York, 2017.

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ⁱⁱ United Nations Development Programme, *Human Development Index 2016*, UNDP, New York, 2016. http://hdr.undp.org/en/composite/IHDI

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2016: Urbanization and Development - Emerging Futures, UN Habitat, 2016.

^{iv} Fund for Peace, 'Fragile States Index 2017'. http://fundforpeace.org/fsi/data/

^v International Telecommunications Union, https://www.itu.int/en/ITU-D/Statistics/Documents/statistics/2017/Individuals_Internet_2000-2016.xls.

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vi United Nations Environment Programme, GEO-6 Regional Assessment for Africa, UNEP, Nairobi, 2016.

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^x UN High Commissioner for Refugees, '*Global Trends, Forced displacement'*, 2016.http://www.unhcr.org/globaltrends2016/

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xⁱⁱⁱ United Nations Children's Fund, *Levels and Trends in Child Mortality. UNICEF, New York, 2017.* https://data.unicef.org/topic/child-survival/under-five-mortality/

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

^{xv} United Nations Joint Programme on HIV/AIDS, 'AIDS Fact Sheet' for World AIDS Day, UNAIDS, New York, 2017. http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

^{xvi} Data from UNICEF global databases, based on DHS, MICS, and other nationally representative surveys, censuses and vital registration systems, 2010–2015.

^{xvii} United Nations Children's Fund, *State of the World's Children 2017*, UNICEF, New York, 2017. http://uni.cf/sowc17data

xviii Analysis based on MICS and DHS surveys, 2005–2015.

^{xix} Unless otherwise stated, figures and statements cited in this section are from UNICEF global databases for 2016, based on multiple indicator cluster surveys, demographic and heath surveys and other nationally representative surveys between 2009 and 2015. Regional averages are based on countries with available data for those years.

xx United Nations Children's Fund, State of the World's Children 2017, UNICEF, New York, 2017. http://uni.cf/sowc17data

^{xxi} United Nations Children's Fund, *State of the World's Children 2017*, UNICEF, New York, 2017. http://uni.cf/sowc17data

xxii Analysis based on comparable available MICS and DHS surveys from 16 ESAR countries (2011–2016).

^{xxiii} United Nations Children's Fund, *State of the World's Children 2017*, UNICEF, New York, 2017. http://uni.cf/sowc17data

^{xxiv} Data from UNICEF global databases, based on DHS, MICS and other nationally representative surveys, censuses and vital registration systems, 2010–2015.

^{xxv} As part of the oversight function of the regional office, the peer reviews are conducted for countries to ensure they meet the organizational standards of governance, systems, resource management compliance and security under the ICT function. Countries: Botswana, Burundi, Comoros, Kenya, Madagascar, Malawi, Swaziland, South Sudan, Zambia, Zimbabwe