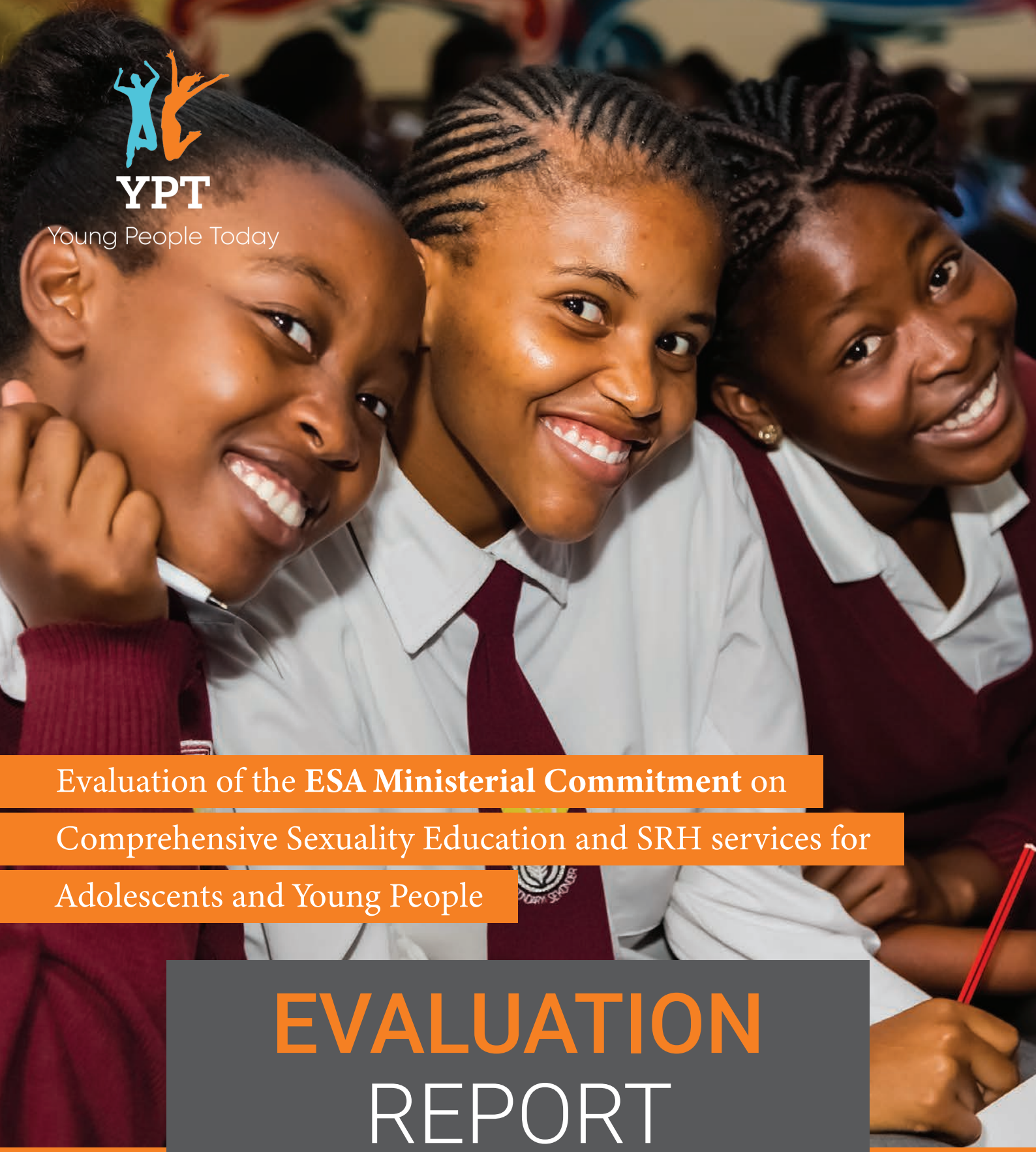
YPT
Young People Today



Evaluation of the **ESA Ministerial Commitment** on Comprehensive Sexuality Education and SRH services for Adolescents and Young People

EVALUATION REPORT

2013 - 2020

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Abbreviations

A&Y	Adolescent and Young People
AfriYAN	African Youth and Adolescents Network on Population and Development
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal care
APHRC	Africa Population and Health Research Center
ARO	Africa Regional Office
ART	Anti-retroviral therapy
ASRH	Adolescent sexual and reproductive health
AU	African Union
BMZ	Federal Ministry of Economic Cooperation and Development, Germany
CEFM	Child early and forced marriage
COMESA	Common Market for Eastern and Southern Africa
CSE	Comprehensive sexuality education
CSO	Civil society organization
DAWA	Development Agenda for girls and young Women in Africa
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
EAC	East African Community
EANNASO	East African National Networks of AIDS and Health Service Organizations
EMIS	Education Management Information Systems
ESA	East and Southern Africa
EUP	Early and unintended pregnancy
FGM	Female genital mutilation
FP	Family planning
GBV	Gender-based violence
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GFF	Global Financing Facility
HIV	Human Immunodeficiency Virus
HLG	High Level Group
HMIS	Health Management Information System
HTC	HIV Testing and counselling
ICASA	International Conference on AIDS and STIs in Africa
ICPD	International conference on Population and Development
INERELA+	International Network of Religious Leaders Living with or Personally affected by HIV and AIDS
IPPF	International Planned Parenthood Federation
ITGSE	International Technical Guidance on Sexuality Education
MDGs	Millennium Development Goals
MIET	Media in Education Trust
M&E	Monitoring and evaluation
MoE	Ministry of Education
MoH	Ministry of Health
MTV	Music Television
NGO	Non-governmental organisation
O3	Our Rights, Our Lives, Our Future programme
RAF	Regional Accountability Framework
REC	Regional Economic Community
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SACMEQ	Southern and Eastern Africa Consortium for Monitoring Education Quality
SANNASO	Southern African Networks of AIDS Service Organizations
SAT	SRHR Africa Trust
SERAT	Sexuality Education Review and Assessment Tool
SIDA	Swedish International Development Cooperation Agency
SRGBV	School-related gender-based violence
SRH	Sexual and reproductive health
SADC	Southern Africa Development Community
SADC-PF	Southern Africa Development Community Parliamentary Forum
SANCOM	Southern Africa national Networks of AIDS Service Organisations
SBCC	Social and Behaviour Change Communication
STI	Sexually transmitted infection
TACAIDS	Tanzania Commission for AIDS
TCG	Technical Coordinating Group
UN	United Nations
UNAIDS	United National Joint Program on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States Dollars
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization
YFS	Youth-friendly services

Introduction

Troubling Times

In the lead up to 2013, adolescents and young people in East and Southern Africa were documented as being in need of urgent support to safeguard their sexual and reproductive health and ensure their access to comprehensive sexuality education. This came in the wake of high rates of new HIV infections within the target group, as well as early and unintended pregnancies. Adolescents and young people in the region were not receiving antiretroviral therapy on time and as a result, HIV was the leading cause of death among adolescents in Africa.

School completion rates were low, with data estimates reflecting an average of 6.5 years of education completed by young people. Consequently, HIV knowledge levels in the region were at less than 40% compared to the global agreed target of 95%. These low levels of knowledge were largely attributed to young people not having access to comprehensive sexuality education both in and out of school, and were a key driver of new HIV infections and early and unintended pregnancies amongst adolescents and young people in the region.

School related gender-based violence continued to disproportionately affect adolescent girls and young women, as did HIV infection risk and barriers to accessing SRHR services. Child marriage rates were at alarming levels, driven by poverty, lack of access to education and harmful gender norms affecting adolescent girls and young women in particular.

A New Commitment

It was in the wake of related adolescent health and education trends that UN agencies, RECs and other development partners under the leadership of UNESCO, initiated a process to develop a regional commitment within the East and Southern African (ESA) region. More specifically, the commitment-making process was led by three coordination platforms created for this purpose, that is, a Technical Coordinating Group (TCG), a High-Level Group (HLG), and a Civil Society Platform, with the TCG handling the day-to-day decision making and the HLG serving as a convening platform for political leaders to drive the process.

To help inform the process, a diagnostic report (UNESCO, 2013) was commissioned by UNESCO to surface major data trends regarding adolescent and youth health and education needs in the region. Following the release of the report, in December 2013, the political process to create the commitment was met with success as 20[1,2], ministers endorsing the new ESA Ministerial Commitment. Through the ESA Commitment, governments committed themselves to work together for the good of adolescents and young people to deliver comprehensive sexuality education and SRH services. More specifically they committed to a set of nine targets, which form basis of the accountability for the commitment:

Box 1:

Nine targets at the basis of the Regional Accountability Framework

1. A **good quality CSE curriculum** is in place and being implemented in each of the 20 countries;
2. **Pre- and in-service SRH and CSE training** for teachers, health and social workers are in place and being implemented in all 20 countries;
3. By the end of 2015, **decrease by 50%** the number of adolescents and young people who do not have access to youth-friendly SRH services including HIV that are equitable, accessible, acceptable, appropriate and effective;
4. **Consolidate** recent and hard-won gains in the reduction of HIV prevalence in ESA, and push towards eliminating all new HIV infections amongst adolescents and young people aged 10-24;
5. **Increase to 95%** the number of adolescents and young people, aged 10-24, who demonstrate comprehensive HIV prevention knowledge levels;
6. **Reduce early and unintended pregnancies** among young people by 75%;
7. Eliminate gender-based violence;
8. Eliminate child marriage;
9. Increase the number of all schools and teacher training institutions that provide CSE to 75%

The commitment was framed within the context of existing regional and global commitments on education, health and human rights including the Dakar Framework for Education 2000, Maseru Declaration 2003, Africa Health Strategy 2010-2015, Convention on the Rights of the Child 1990 and the African Union Plan of Action for the Decade of Youth 2008-2019 amongst others.

[1] Angola, Botswana, Burundi, DRC, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe

[2] Rwanda did not officially endorse the commitment as their ministers of education and health were unavailable for the December 2013 meeting, however, they were part of the ESA commitment process and actively participate in coordination and reporting on the commitment.

Emerging Trends

Following the birth of the ESA Commitment, countries set out to meet the 9 targets and to improve adolescents' and young people's sexual and reproductive health outcomes in the ESA region. As this work has been underway, changes have been taking place in specific adolescent and youth health and education indicators across the region.

The population of young people aged 10-24 years in the region has grown by approximately 36 million between 2013 and 2019, which is more than the total populations of Zimbabwe, Malawi, and Lesotho combined. The total number of adolescents and young people aged 10-24 years is expected to grow up to an estimated 282.2 million by 2050 (Young People Today, 2015). This trend is in tandem with projections of Africa's rapidly growing population, estimated to host more than one third of humanity by the end of the century (WHO, 2014). With such a large cohort of adolescents and young people, the development challenges experienced by this group have significant implications for the socio-economic and health prospects of the ESA region. This growing youth population is not without its challenges, particularly as regards sexual and reproductive health and rights in the region.

Firstly, adolescent pregnancy remains a significant impediment to improving development outcomes of adolescents and young people in the region, all the more as it increases mortality and morbidity in young mothers and their children. In 2014 it was estimated that 35% of young women had started having children by age 19 in half of the ESA Commitment countries (UNESCO, 2014), whilst in 2015, 27% of women had given birth by the age of 18 in the region (UNESCO, 2015).

Secondly and closely linked to the high rates of adolescent pregnancy is child early and forced marriage, with the region reported to be home to 1 of the 20 countries with the highest rates of child marriage and adolescent fertility in the world (UN Women, 2019). Child marriage laws have changed in most countries within the region; however, the prevalence rates of child marriage remain stubbornly high due to factors such as poor birth registration systems, social norms and beliefs that enable its continuation (SADC Parliamentary Forum, 2016). Child marriage is especially prevalent among girls in rural areas and poor urban communities that lack opportunity and access to basic services such as education, health, employment, housing and economic livelihoods (SADC Parliamentary Forum, 2016). This compounds the risk of girls dropping out of school, becoming pregnant, and experiencing sexual and gender-based violence (UN Women, 2020).

Thirdly, in addition to child early and forced marriage, adolescent girls and young women in the region remain exposed to sexual and gender-based violence. In 2015 it was reported that in Southern African countries, one in three girls had been forced to have sex by the age of 18 years (UNESCO, 2015). Across the ESA region, young people continue to experience different forms of violence at school, and at home, from various perpetrators including peers, teachers and adults, with girls being at a much higher risk of experiencing such violence than their male counterparts (UNESCO, 2020). Within schools, gender-based violence persists, and it results in poor mental health and education outcomes among adolescents, all the while perpetuating the cycle of poverty (UNESCO, 2020).

Fourthly, adolescents and young people in the ESA region are battling high rates of HIV infection. In 2013, it was estimated there were over 370,000 new HIV infections among young people aged 15-24 years, a figure which reduced to 260,000 in 2018. New infections disproportionately affect adolescent girls with approximately 72% of new infections among 15-19 year-olds registered among adolescent girls in a 2016 report (UNESCO, 2016). Although AIDS-related deaths are falling at a very high rate, new HIV infections are reducing at a much slower rate, especially among adolescent girls aged 15-19 years (UNESCO, 2018).

Fifthly, the high rates of HIV infection and adolescent pregnancy are partly due to adolescents and young people's lack of access to adolescent and youth friendly health information and services, including comprehensive sexuality education. In 2018, it was reported that condom use at last sex remained low among sexually active young people,

[3] Kenya, Mozambique, Tanzania, Uganda, DRC and Ethiopia

and that the majority of adolescents in the region did not know their HIV status (UNESCO, 2018). In this regard, it was surfaced that only 10% of young women and 15% of young women were aware of their HIV status in 2018, whilst HIV knowledge levels were less than 50% for both young women and young men aged 15-24 years (UNESCO, 2018).

Finally, these emerging trends continue to expose the gender inequalities that particularly impede on the development outcomes of adolescent girls and young women. This is self-evident in the restrictions that adolescent girls and young women face in attempting to access health services, education and employment opportunities, as well as in their experience of violence. Adolescent girls in the region are still prevented from continuing their education during and after pregnancy, and as a result, experience difficulties when attempting to transition to gainful employment in later years. They remain at a higher risk of being infected with HIV and dying from AIDS than their male counterparts. In addition to this, they constitute the majority of victims of child, early and forced marriage.

The Evaluation

In light of these emerging trends and the related conclusion of the ESA Commitment's mandate in 2020, an evaluation has been commissioned to document the journey travelled by the 21 ESA Commitment countries in attempting to meet the nine set targets, as well as to explore opportunities to sustain the momentum that the commitment has generated over the years. The evaluation covers the entire implementation period of the commitment from 2013-2020 and aims to generate knowledge and evidence that will inform the rationale for the extension of the ESA commitment to 2030 in line with Agenda 2030.

More specifically, the evaluation spotlights cases from 10 selected countries and presents analysis of available evidence using the DAC criteria (relevance and coherence, effectiveness, efficiency and emerging issues) to respond to agreed evaluation questions agreed with TCG members. The data under review includes the above-mentioned country case studies, available literature published between 2013-2020, key informant interviews and online surveys. The report has been developed in close consultation with regional partners, Government ministries, UN staff, donor agencies, INGOs, academia, CSOs and rights-bearers.

Core to this evaluation is an overview of trends as per selected indicators informed by the ESA Commitment targets. The trend analysis includes data on youth friendly health services, creating an enabling environment, CSE, as well as community mobilisations around GBV, adolescent pregnancy and child marriage. The report also includes a political economy analysis with a power map, an overview of resource allocation dynamics, and a breakdown of influential stakeholders and interest groups.

The evaluation was guided by the 9 targets, shown in box 1, and 22 indicators that make up the Regional Accountability Framework for the commitment as developed by the TCG and approved by the commitment countries for reporting purposes.

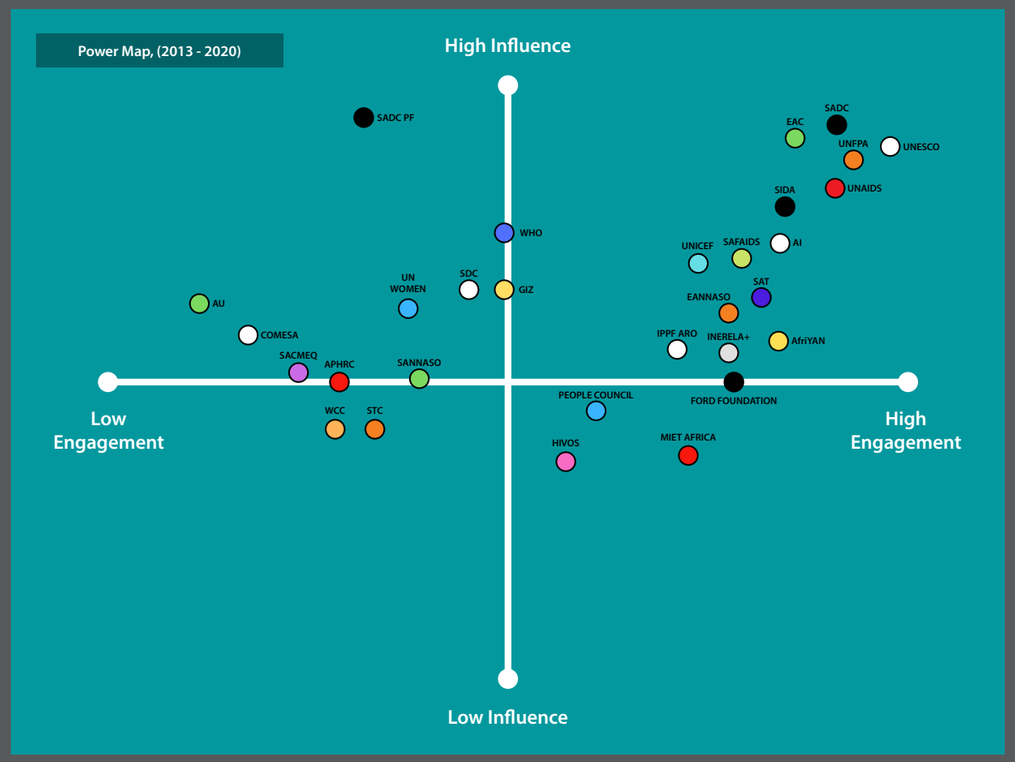
[4] Developed by the Organisation for the Economic Co-operation and Development, Development Assistance Committee (DAC) in 2019 and approved by the TCG for use in the evaluation.

1. Regional Stakeholder Analysis

1.1 Power Map

The evaluation revealed that some stakeholders presented evidence of higher engagement in the ESA Commitment processes and implementation, and some had high influence on how the ESA Commitment was implemented. At the same time, other stakeholders were found to not have been engaged in the ESA commitment as such. Figure 1 and 2 shows the mapping of these different stakeholders. Notably, the level of engagement changed over time, with some being more engaged at the beginning, and less so at the end, or more engaged at the end that at the beginning of the Commitment.

Figure 1:
Power Map of key regional stakeholders in relation to the ESA Commitment



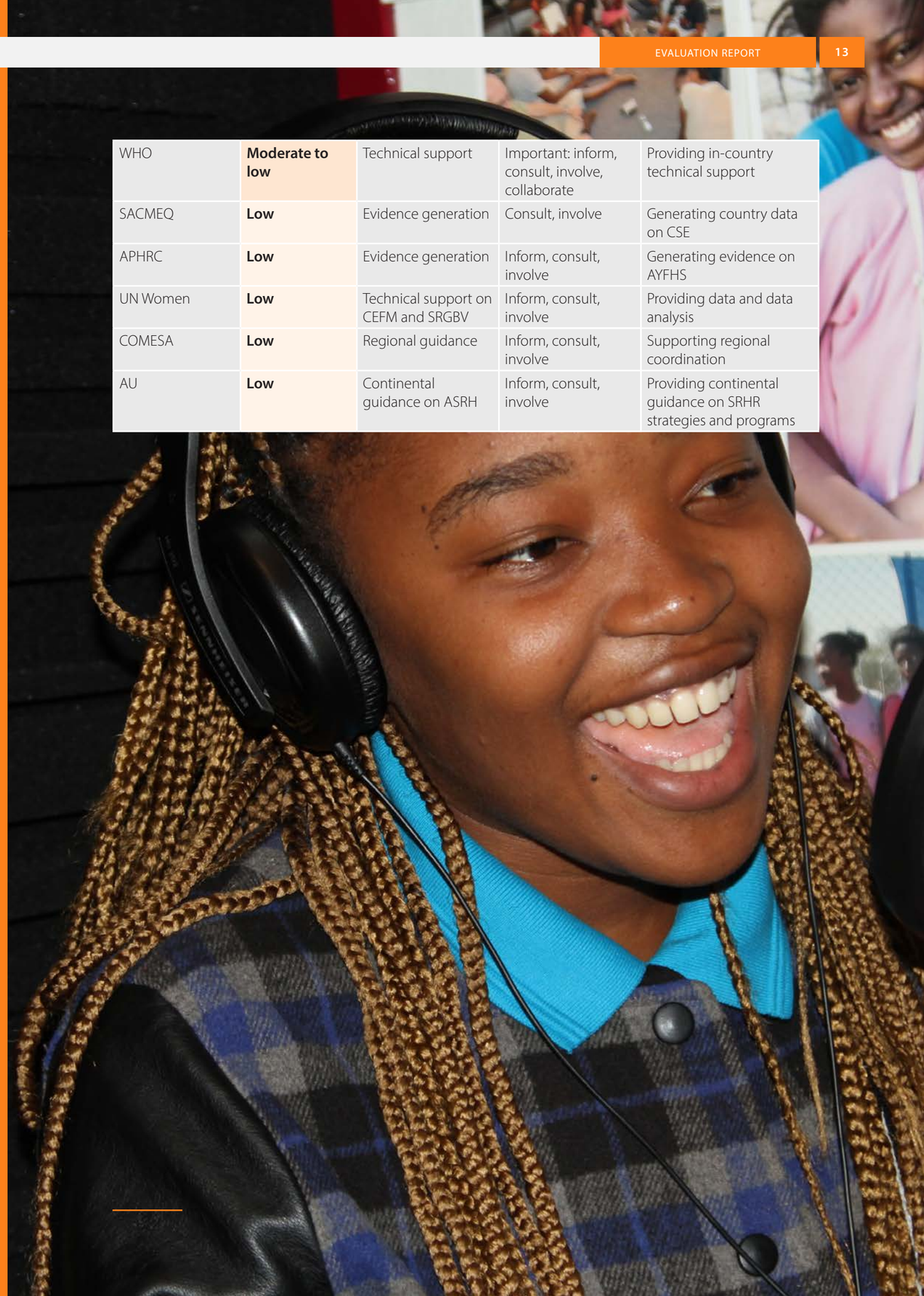
1.2 Influential Stakeholders

Table two shows the list of stakeholders that came up to be influential according to the respondents of the evaluation, as well as the available implementation reports. The table highlights their level of engagement in the ESA Commitment processes and implementation and indicates their influence, type of engagement and their roles.

Table 1:
Analytical overview of influential stakeholders in relation to the ESA Commitment

Name of Organisation	Level of Engagement	Type of Influence	Type of Engagement	Role
EAC	**High**	Sub-regional coordination	Important: inform, consult, involve, collaborate, co-create	Coordinating Member State reporting
SADC	**High**	Sub-regional coordination	Important: inform, consult, involve, collaborate, co-create	Coordinating Member State reporting and developing regional guidance documents on SRHR
UNAIDS	**High**	Technical support on ending AIDS, CSE and political mobilisation	Important: inform, consult, involve, collaborate, co-create	Coordinating high-level political engagement, leading global initiatives to end AIDS
UNESCO	**High**	Technical support on CSE and coordination	Important: inform, consult, involve, collaborate, co-create	Mobilising regional technical and financial resources, coordinating regional meetings and platforms, supporting in-country delivery, data collection and reporting
UNFPA	**High**	Technical support on AYFHS and CSE	Important: inform, consult, involve, collaborate, co-create	Mobilising regional technical and financial resources, supporting in-country delivery and reporting
AfriYAN	**High**	Youth engagement	Important: inform, consult, involve, collaborate, co-create	Regional youth representation and, in-country advocacy, coordination of youth CSOs
SAfAIDS	**High**	CSO engagement	Important: inform, consult, involve, collaborate, co-create	Supporting in-country advocacy and delivery
INERELA+	**High**	Engagement of faith leaders	Important: inform, consult, involve, collaborate, co-create	Providing guidance and support for engagement of religious leaders
EANNASO	**High**	CSO coordination	Important: inform, consult, involve, collaborate, co-create	Coordinating CSO advocacy and delivery

Accountability International	**High**	Coordinating CSO engagement	Important: inform, consult, involve, collaborate, co-create	Facilitating CSO convening and supporting CSO engagement
SRHR Africa Trust	**High**	CSO engagement	Important: inform, consult, involve, collaborate, co-create	Regional engagement, supporting CSO coordination and reporting
World Council of Churches	**High**	Engagement of faith leaders	Inform, consult, involve	Providing guidance and support for engagement of religious leaders
Save the Children	**High**	Technical support	Consult, involve, collaborate, co-create	Supporting in-country delivery
UNICEF	**Moderate to high**	Technical support on education and CSE	Important: inform, consult, involve, collaborate, co-create	Supporting in-country delivery and reporting
Ford Foundation	**Moderate to high**	Funding and guidance	Important: inform, consult, involve, collaborate, co-create	Supporting regional and in-country delivery
IPPF ARO	**Moderate to high**	In-country CSE and AYFHS delivery	Important: inform, consult, involve, collaborate, co-create	CSE implementation and AYFHS delivery, supporting regional coordination and engagement
Swiss Agency for Development Cooperation	**Moderate to high**	Funding and guidance	Inform, consult, involve, collaborate, co-create	Supporting regional and in-country delivery
Sida	**Moderate to high**	Funding and guidance	Important: inform, consult, involve, collaborate, co-create	Supporting regional and in-country delivery
SADC PF	**Moderate to high**	Legal support	Consult, involve	Providing regional legal guidance
GIZ	**Moderate to high**	Funding and guidance	Inform, consult, involve, collaborate, co-create	Supporting regional and in-country delivery
MIET Africa	**Moderate to high**	In-country delivery	inform, involve, collaborate	Supporting CSE delivery in-country, regional engagement
Hivos	**Moderate to high**	Funding and guidance	Inform, consult, involve, collaborate, co-create	Supporting regional and in-country delivery
Population Council Kenya	**Moderate to low**	Supporting in-country delivery	Inform, consult, involve, collaborate	Providing technical support, supporting in-country delivery
SANNASO	**Moderate to low**	CSO coordination	Important: inform, consult, involve, collaborate, co-create	Coordinating CSO advocacy and delivery
WHO	**Moderate to low**	Technical support	Important: inform, consult, involve, collaborate	Providing in-country technical support
SACMEQ	**Low**	Evidence generation	Consult, involve	Generating country data on CSE
APHRC	**Low**	Evidence generation	Inform, consult, involve	Generating evidence on AYFHS
UN Women	**Low**	Technical support on CEFM and SRGBV	Inform, consult, involve	Providing data and data analysis
COMESA	**Low**	Regional guidance	Inform, consult, involve	Supporting regional coordination
AU	**Low**	Continental guidance on ASRH	Inform, consult, involve	Providing continental guidance on SRHR strategies and programs



2. Regional Context

2.1 Overview of Trends & Patterns

Indicator Trend Analysis

New HIV infections went down from 366,900 to 258,192 between 2013 and 2019 among 15-24-year-old young people in the region, a 30% reduction. In terms of HIV knowledge, the percentage of young people aged 15-24 years who both currently identify ways of preventing the sexual transmission of HIV and who reject misconceptions about HIV transmission went up slightly by a 4% margin from 36% in 2015 to 40% in 2018.

Changes in Regional Guidance/Framework/Regulatory Environment and Engagement in Continental/Global Processes and Initiatives

In March 2014, 54 African Union Member States, inclusive of all 21 ESA Commitment countries, became party to the Luanda Commitment on UHC in Africa. As part of the commitment, countries pledged to establish mechanisms to enable the continent to attain UHC by 2025. With reference to work around the ESA Commitment targets, the Luanda agreement committed governments to improve policies and strategies for health financing to reduce out of pocket expenses for vulnerable populations, including adolescents. It also committed governments to decentralise health service delivery and to provide people-centred health services. Through these inclusions, the commitment added impetus to resource mobilisation and allocation calls from Ministries of Health, and provided a new frame within which to position adolescent and youth friendly service provision in the region's political discourse on health.

In May 2014, the AU launched a Continental Campaign to End Child marriage in Africa, running for an initial two years in four of the ESA Commitment countries[5], these countries were later joined by South Africa. The goal of the campaign was to lobby for the change of laws to increase the minimum age of marriage to 18, as well as to build community awareness and acceptance for changes in attitudes and behaviours regarding child early and forced marriage. The proposed actions included increased resource allocation, changed legislation, improved monitoring and evaluation, better birth registration and involvement of stakeholders from multiple sectors. The campaign would later ensure that child early and forced marriage stayed high on the political agenda, and that resources would be secured for more work in the area including in ESA Commitment countries.

In September of the same year, the UN General Assembly was convened for a Special Session to develop a follow up resolution to the Programme of Action of the International Conference on Population and Development. In the assembly, 17[6] of the ESA Commitment countries made statements which then contributed to a set of key commitments and themes for the further implementation of the Programme of Action for the ICPD. The resultant aggregation of High-Level Global Commitments showed renewed global commitment to SRHR, including areas relevant to the ESA Commitment (contraceptive access and family planning, HIV and AIDS, comprehensive sexuality education, gender-based violence, education, and ending child early and forced marriage). This renewed commitment would serve as a local rallying call for UN agencies, CSOs and government ministries to continue prioritising young people's SRHR in the region.

Later in 2014, the Government of Zambia hosted a regional symposium on ASRH and HIV, which was used by TCG members to launch the first ESA Commitment annual progress report and to convene CSOs to determine their next steps. One of the results of the meeting was the crafting and launch of the CSO and Youth Engagement Strategy on the ESA Commitment, complete with guidelines for stronger government and CSO accountability. The strategy would then form the basis of CSO and youth engagement within the ESA Commitment process as has been described in detail earlier in the report.

[5] Ethiopia, Mozambique, Malawi and Zambia
[6] Botswana, Burundi, DRC, Ethiopia, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe

In 2015, all governments in East and Southern Africa adopted the Sustainable Development Goals alongside other countries across the world. The SDGs included targets with relevance to HIV prevention, adolescent pregnancy, access to health services, education, gender-based violence, child, early and forced marriage and contraceptive access, in line with the ESA Commitment. Each of these targets had attendant indicators, which now form the basis of country reporting on development. This served as helpful impetus for improve data collection on adolescent and youth SRHR in the region, and provided a basis to strengthen work on ESA Commitment areas included in the SDGs.

In 2015 still, the All-In to End Adolescent AIDS initiative was launched by UNAIDS and UNICEF, with 14 of 25 priority countries[7] coming from the ESA region. The global initiative acknowledged the low levels of ART access among adolescents and sought to fast-track progress to end AIDS by 2030 through reaching adolescents with HIV services. It continues to guide efforts and reporting in the priority countries, and is influencing delivery on ESA Commitment related targets on new HIV infections and ART uptake.

In the same year, the Africa Common Position on the AU Campaign to End Child Marriage in Africa was adopted at the Africa Heads of State Summit, with all ESA Commitment countries represented. It was a follow up to the launch of the Campaign to End Child Marriage in Africa done the previous year. The outcome statement committed governments to develop national plans and programmes to end child marriage, as well as to implement laws to raise to minimum marriage age to 18. Governments committed to support continued education for survivors of child marriage and to provide free and quality SRH services for survivors, the majority of whom are adolescents and young women. Governments also committed themselves to improve systems to collect disaggregated data on ending child marriage. The commitments provided the highest level of political support for work in ESA Commitment countries to ensure the reduction of child, early and forced marriage in line with the 2013 agreement.

Within SADC, member states came together in 2015 to agree on and publish 'Minimum Standards for the integration of HIV and Sexual and Reproductive Health in the SADC Region'. The standards were created to ensure consistency across SADC borders in terms of access to harmonised and integrated SRH and HIV services. The standards identified adolescents and youth as a key population group and recommended the prioritisation of CSE, reproductive health commodities and youth-friendly health services as essential integrated interventions. These minimum standards served as a benchmark for countries in the sub-region for improving the quality and availability of SRH services, including those with relevance to adolescents and young people, and in line with the ESA Commitment targets.

Throughout 2015 and part of 2016, health experts from across the African continent worked closely together to develop the Africa Health Strategy (2016-2030). With UHC high on the agenda, the strategy provided guidance to governments on increasing finances for health, strengthening accountability for health service delivery, ensuring access to SRH services, ending AIDS and fostering multisector collaboration. It would serve as the strategic blueprint for Ministries of Health in the years to come, and helped to direct technical, financial and political support to AYFHS.

In 2016, SADC adopted the Model Law on Ending Child Marriage and Protecting Children in Marriage (UN Women, 2019). The role of the law was to initiate policy reforms, including the formulation and review of marriage laws within the region. The model law is now being used as a yardstick for development of national laws, as well as an advocacy resource to push for legal changes in the region with respect to marriage laws.

In June of the same year, Heads of State and Government and representatives of States and Government made a 'Political Declaration on HIV and AIDS: on the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030'. The declaration served as a high-level political commitment to support in-country efforts to increase resources, improve interventions and track progress on ending AIDS by 2030. It included explicit references to increasing ART coverage to 81% in adolescents and young people living with HIV by 2020, scaling up CSE delivery, and reducing new infections among young people in ESA to 210,000.

[7] Botswana, eSwatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Uganda, Tanzania, Zambia and Zimbabwe

The highlight of 2016 was the reaffirmation of the ESA Commitment by ministers from across the region. In their reaffirmation, they referred to the SDGs, especially SDGs 3 and 4, and committed to continue work to ensure adolescent and youth health, as well as young people access to education. They also acknowledged the SADC Parliamentary Forum Model Law for the Eradication of Child Marriage and Protecting Children Already in Marriage and its 'recognition of the importance of comprehensive sexuality education for young people' (Young People Today, 2016). In making their reaffirmation, they pointed out the importance of youth leadership in driving progress on the ESA Commitment, a position which was not as clear in the original commitment.

More importantly, the ESA Commitment countries agreed on a roadmap to fast-track action on the delivery of the 2020 commitment targets. In the roadmap, they called for the prioritisation of the following actions:

Table 2:
Overview of the prioritisation of action to fast-track the achievement of the ESA Commitment

Ending AIDS	CSE	EUP	GBV	CEFM
Scale up provision and increase no. of health facilities providing adolescent and youth friendly health services	Scale up and accelerate delivery of quality CSE in primary, secondary and tertiary	Provide good quality education for all learners and ensure that girls complete secondary school	Mobilise communities to promote egalitarian gender norms, engage men and boys, and end gender-based, sexual and intimate partner violence	Invest in programs that improve educational and economic opportunities for girls at risk of child marriage
Institutionalise AYFHS content and guidelines in pre and in-service health provider training programmes to enhance capacity of service providers to deliver AYFHS	Institutionalise CSE in pre and in-service teacher training to enhance the capacity of teachers to deliver quality CSE in schools	Provide CSE that develops learners' knowledge and skills to prevent pregnancy through integrating content on pregnancy prevention, access to contraceptives, gender equality and power dynamics within relationships	Prevent and respond to gender based violence in and around schools, in partnership with other sectors and with schools and communities	Engage families, communities and young people to change attitudes and behaviours related to child marriage
Ensure age and sex disaggregation of health management information systems and monitor the no. of young people utilizing AYFHS	Promote uptake of services by strengthening linkages between schools and health facilities	Develop and implement re-entry policies for pregnant and parenting girls and put in place programs that reduce drop out of adolescent mothers	Strengthen reliable data, evidence and knowledge about what works to end school-related gender-based violence	Ensure that services provided across the education, health, youth and economic sectors reinforce each other and are tailored towards the needs of adolescent girls and young women at risk of child marriage
Intensify efforts to eliminate extremely high levels of sexual abuse and violence against female children, including underage, child and forced marriage	Develop specific policy provisions and programmes for out of school and other marginalised youth, using creative and innovative behaviour change communication approaches in partnership with young people	Increase adolescent access to health education and services including contraception, through establishment of referral systems between schools and health facilities	Prioritise and expand financing to support programs addressing GBV especially among marginalised and under-served populations	Enforce a robust legal and policy framework for preventing child marriage and supporting married girls
Engage young people's networks, civil society and communities to accelerate HIV prevention efforts to ensure the region's achievement of the target to end AIDS by 2030	Engage key gatekeepers at the state and community level in order to garner their support in the creation of an enabling environment for the provision of CSE	Eliminate school-related gender based violence and engage boys and young men in learning and practicing pregnancy prevention		Adopt and implement model child marriage eradication laws such as the SADC Model Law on Child Marriage in all ESA countries

In 2018, UNESCO released revised international technical guidance on sexuality education to accommodate emerging issues in the delivery of sexuality education in various contexts. The new guidance incorporated new evidence and good practices in the delivery of CSE, and adapted to the evolutions that had taken place in the field since the release of the original guidance. It presented 8 key concepts and provided guidance for topics in each of these areas.

Table 3:
Key concepts in the international guidance on CSE

Key Concepts	
Relationships	Values, Rights, Culture and Sexuality
Understanding Gender	Violence and Staying Safe
Skills for Health and Well-being	The Human Body and Development
Sexuality and Sexual Behaviour	Sexual and Reproductive Health




The new guidance was used by Ministries of Education, CSOs and other institutions supporting the design and delivery of CSE in and out of school across the globe. Within the region, the release of the new guidance influenced the launch of new programmes including the UNESCO 03 programme describe in more detail below.

In 2019, SADC Member States developed and assented to the SRHR Strategy for the SADC Region (2019-2030), which is described as 'a framework for the Member States to fast-track a healthy sexual and reproductive life for the people in the region, and for all people to be able to exercise their rights' (UNFPA, 2018). It was released in tandem with a scorecard on monitoring achievement against the targets set in the strategy and emphasized incorporating an essential SRHR package, improving monitoring and evaluation, strengthening regional leadership, aligning member-state policy and accelerating implementation of existing SRHR commitments including the ESA Commitment. With particular relevance to the ESA Commitment, SADC Member States agreed to fast-track progress on these outcomes:

Box 2:

Relevant areas of the SRHR Strategy of the SADC in relation to the ESA Commitment

- **HIV and AIDS** as a public health threat is ended by 2030;
- **Sexual and gender-based violence** and other harmful practices, especially against women and girls, are eliminated;
- Rates of **unplanned pregnancies** and unsafe abortion are reduced;
- Rates of **teenage pregnancy** are reduced;
- Universal access to **integrated, comprehensive SRH services,** particularly for young people, women and, key and other vulnerable populations, including in **humanitarian settings,** is ensured;
- An **enabling environment** for adolescents and young people to make healthy sexual and reproductive choices that enhance their lives and well-being is created;
- **Barriers,** including policy, cultural, social and economic, that act as an impediment to the realization of SRHR in the region, **are removed**

The attendant scorecard identified 20 indicators to measure progress on the strategy, 5 of which are in line with the ESA Commitment targets. It is not a coincidence that the overlap between the ESA Commitment and SADC SRHR Strategy was significant, as both SADC Secretariat staff and interviewed TCG members reported the use of the ESA Commitment as a guiding document during the development of the strategy. Some of this overlap is evident in the inclusion of the indicators below:

Box 3:

Relevant indicators of the SRHR Strategy of the SADC in relation to the ESA Commitment

- **Adolescent birth rate**, 10-29 years of age;
- Percentage of primary and secondary schools that provided **life-skills HIV and sexuality education in the previous academic year;**
- Unmet need for **family planning;**
- Percentage reduction in **new HIV infections** in females aged 15-24 years;
- Percentage of **condom use** with last high-risk sex among adolescent girls and young women aged 15-24 years of age.

In 2018, the Our Rights, Our Lives, Our Future (O3) programme was launched with a focus on delivering quality CSE and supporting adolescents to prevent EUP and new HIV infections. More specifically, the programme ran with the goals of securing political commitment, delivering good quality CSE, supporting safer schools and strengthening evidence in CSE and safer schools. The programme was led by UNESCO, with support from the governments of Sweden and Ireland.

Shortly after this, the "Let's Talk" Regional Campaign to Reduce Early and Unintended Pregnancy (EUP) was launched, through a partnership including UNESCO, UNFPA, SAfAIDS and Save the Children Sweden. The social and behaviour change campaign was developed in response to the ESA Commitment target of reducing EUP by 75% in 2020 and with a focus on advocating for completion of education for adolescent girls, delivery of CSE, increased access to health services, eliminating SRGBV and shifting cultural norms that increase the risk of EUP. It helped ESA Commitment countries to accelerate action on the commitment's targets, with an emphasis on social and behaviour change communication.

Within the same year, a Global Learning Symposium on Ending School Related Gender-Based Violence was held, co-hosted by UNESCO and UNGEI. The meeting brought multiple partners together, including ministries of education, civil society, UN agencies and education unions from the ESA region, with the aim of developing solutions and resources to strengthen work in the area. Some of the topics discussed included policy development and implementation, creating safe spaces, shifting gender norms and strengthening monitoring and evaluation.
In 2020, the final year of ESA Commitment implementation, an independent evaluation was commissioned, to ascertain progress made as a result of the commitment, and to identify recommendations for the development of a future commitment. This report is a product of this evaluation process, and will serve as a foundation for discussions on the future of the commitment.

Youth Friendly Health Services

Within the first year of the commitment's implementation, 80% of reporting countries were providing youth friendly services, which include modern contraception, FP counselling, STI services, safe abortion (where legal), pregnancy advice, safe delivery care, voluntary medical male circumcision and confidential testing and counselling for HIV (Young People Today, 2014).

In 2018, all countries were providing training on youth friendly health services, giving 100% coverage (Young People Today, 2019). Despite the self-reported high levels of coverage, a TCG meeting in 2018 surfaced that AYFHS were still 'fragmented, poorly coordinated and uneven in quality', aspects which were not captured in the published ESA Commitment regional report for 2018, thereby raising questions on the accuracy of self-reported country data.

Table 4:

Number of countries that provide pre-service and/or in-service training programmes on the delivery of adolescent/ youth friendly services

Number of countries that provide pre-service and/or in service training programmes on the delivery of adolescent/youth-friendly services	
	2018
Angola	✓
Botswana	✓
Burundi	✓
DRC	✓
Eswatini	✓
Ethiopia	✓
Kenya	✓
Lesotho	✓
Madagascar	✓
Malawi	✓
Mauritius	✓
Mozambique	✓
Namibia	✓
Rwanda	✓
Seychelles	✓
South Africa	✓
South Sudan	✓
Uganda	✓
United Republic of Tanzania	✓
Zambia	✓
Zimbabwe	✓

Comprehensive Sexuality Education

In the first year of implementation of the commitment, countries were recorded as increasing the integration of CSE in the school curricula, as well as developing programmes for out of school youth. Nearly half (14[8] out of 21) of ESA Commitment countries had achieved some integration of CSE in the school curriculum in either primary or secondary school, or both, with at least five[9] of them including CSE as a standalone and examinable component of the curriculum in either primary or secondary school or both. Seven[10] of the countries were still in the process of integrating CSE in at the time of this report, with Uganda in pilot phase.

It is however unclear if the inclusion of CSE in the curriculum in the 14 countries reporting progress, was directly attributed to the onset of the ESA Commitment or related in-country implementation. This is especially pertinent as there was no baseline data available for the respective countries to be able to respond to such a line of inquiry.

With regards to data collection on CSE delivery, in 2014, national EMIS officials from all of SADC, including Kenya, Rwanda, South Sudan and Uganda had received training on the use of global HIV and AIDS indicators in their EMIS and other school surveys, whilst all SADC countries had proposed roadmaps on the integration of global HIV and AIDS indicators following from the ESA Commitment (UNFPA, 2015). This laid the ground for stronger reporting on the ESA Commitment targets on CSE.

In 2018, 17 of the 21 ESA Commitment countries[11] had a CSE strategy or framework for youth out of school. As a result, there was an overall increase of 4% in the number of adolescents and young people demonstrating comprehensive knowledge of HIV, from 36% in 2015 to 40% in 2018 (Young People Today, 2018). However, the achieved result was still less than 50% of the target.

In 2015, a five[12]-country analysis of the 12-15 age-group CSE curricula by content, revealed gaps in areas relating to pregnancy testing, rights, harmful behaviour to foetal development, aspects of sex and gender, negotiating the use of contraceptives, and accessing health services (UNESCO, 2016). The analysis also revealed a lack of teacher ability to deliver quality content due to deficits in the quality of teacher training in CSE.

In 2018, a UNESCO-supported assessment of 12 countries revealed that all 12 countries had a training programme for in-service health workers, a strategy for delivering AYFHS (with 6 of those costed), and policies to address school related gender-based violence (Young People Today, 2018). Additionally, 11 countries had a comprehensive policy to manage adolescent pregnancy whilst in school. From a broader regional perspective, all 21 countries reported offering pre and in-service SRH and CSE training for teachers and health and social workers in 2018 (Young People Today, 2018).

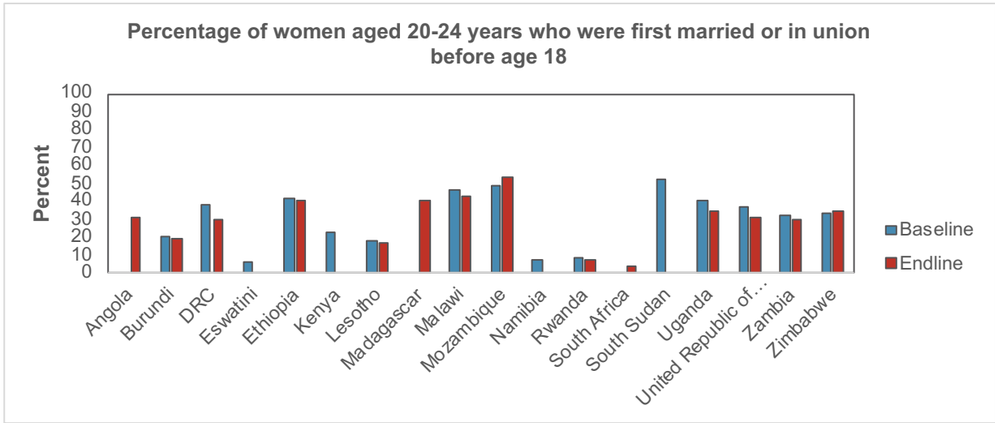
In terms of prevailing gaps in implementation, sexuality education in the region was criticised for taking a biological approach, predominantly focused on life-skills and HIV, without adequate attention given to gender and human rights, or topics such as contraceptive use, all of which have been evidenced to improve sexual and reproductive health outcomes in adolescents. Further to this, the majority of students in some countries were not taken through the entire curriculum as teachers were reported to be inconsistent in their delivery of lessons (APHRC, 2019). Some teachers were reported as not teaching topics around sexuality in a way that enables adolescents to learn and retain important knowledge and skills to prevent pregnancy and HIV. Some were reported to be lacking motivation, skills, teaching material and adequate infrastructure in schools to deliver CSE effectively. To further compound matters, some parents stood in the way of CSE delivery by challenging the content of the CSE curriculum, especially content on sexual intercourse, relationships and contraceptive use (APHRC, 2019).

Community Mobilisation around GBV, Adolescent Pregnancy & Child Marriage

The commitment set out a boldly ambitious target of eliminating gender-based violence, child marriage and unintended pregnancy by 2020. In its first year of implementation, four countries (Lesotho, Malawi, Eswatini and Zambia) had begun work to build the evidence base on rites of passage and their correlation with child marriage, with the aim of identifying and developing approaches and frameworks to prevent harmful practices including child marriage. In addition to this, four countries (Malawi, Ethiopia, Zambia and later South Africa) joined the Continental Campaign to End Child marriage in Africa to spur their efforts to change laws, attitudes and practices relating to child marriage in their respective countries.

No changes were measured in the first year of implementation regarding teenage pregnancy and child marriage, however, the data presented in the one-year review report reflected that five countries had a disproportionately high rate of both teenage pregnancies and child marriage within the group of commitment countries (that is, Zimbabwe, Ethiopia, Zambia, Uganda and Malawi). Other countries with significantly high rates of either teenage pregnancy or child marriage were Rwanda, Namibia, Kenya, Lesotho, Tanzania, Eswatini, DRC, Madagascar and Mozambique.

Figure 2: Percentage of currently married/in union women, aged 20-24 married before 18



By 2018, 16[14] countries were recorded as implementing a national policy/strategy on pregnant learners. Similarly, 16[15] countries also had programmes to prevent and mitigate child marriage by the same year. Further, 18[16] countries were recorded as having education sector policies that addressed school related gender based violence.

[8] DRC, Ethiopia, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda and Zambia
[9] Malawi, Namibia, South Africa, Swaziland and Uganda
[10] Angola, Botswana, Kenya, Rwanda, South Sudan, Uganda and Zimbabwe
[11] Angola, Botswana, Burundi, DRC, Eswatini, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia and Zimbabwe
[12] Uganda, Zambia, Lesotho, Malawi and Namibia

[14] Burundi, Eswatini, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe
[15] Angola, Eswatini, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe
[16] All countries had, except for Botswana, Burundi and DRC

Table 5:
Number of countries implementing a national policy/ strategy on pregnant learners

Number of countries implementing a national policy/strategy on pregnant learners	
	2018
Angola	✗
Botswana	✗
Burundi	✓
DRC	✗
Eswatini	✓
Ethiopia	✗
Kenya	✓
Lesotho	✗
Madagascar	✓
Malawi	✓
Mauritius	✓
Mozambique	✓
Namibia	✓
Rwanda	✓
Seychelles	✓
South Africa	✓
South Sudan	✓
Uganda	✓
United Republic of Tanzania	✓
Zambia	✓
Zimbabwe	✓

By 2018, 7 ESA countries had set the legal age of marriage as 18 years without exceptions (DRC, Kenya, Rwanda, Uganda, Botswana, Malawi, Eswatini), while 12 countries set the legal age as 18 with exceptions that included permission with parental consent[16] or after review and approval by a Minister of Justice[17] (African Union, 2018). Seychelles, Tanzania and South Africa still permitted marriage below the age of 18. implementation of child marriage laws and policies was hindered due to lack of will to enforce laws, insufficient investment in law enforcement, fear to report, low education levels in affected communities and dominance of negative traditional and religious beliefs and practices (UN Women, 2019).

During the course of the commitment's implementation period, inclusive and multi-dimensional approaches were adopted in the region to end child marriage. In Mozambique for example, supportive frameworks like the National Child Policy (2015), National Plan of Action and National Standards Guidelines for Services and Programmes for Vulnerable Children (2016), and the Strategy to End Child Marriage were implemented. In Tanzania, and Education Policy (2014) introduced free education at primary and secondary levels to address one of the drivers of child marriage. Taxes were also removed on the purchase of sanitary pads, hence supporting efforts to minimise disruption of girls' education. In Zambia, the Council of Traditional Leaders of Africa was launched, created with the goal of transforming cultural norms and practices that discriminate against women and girls. Community by-laws were also introduced to end child marriage. Similarly, in Lesotho, community courts were established to deal with early marriage. In nearby Malawi, community by-laws were developed using survivors of child marriage as advocates against child marriage, whilst in Kenya, laws were enacted to end child marriage, with primary and secondary education subsidized. In Ethiopia, an Islamic decree (Fatwa) was introduced by religious leaders to support efforts to end child marriage.

In tracking child marriage trends, decreases in the prevalence of child marriage were concentrated among girls aged 15-17 years, however, no significant progress was experienced in reducing the prevalence of marriage among girls younger than 15, according to a multi-country study including data from Kenya, Rwanda, Zambia, Namibia, Lesotho, Tanzania, Madagascar, Burundi, Uganda, Malawi, Comoros, Zimbabwe (Koski, Clark and Nandi, 2017).

With regards to early and unintended pregnancy, there was a higher recorded rate of adolescent pregnancy and birth in Africa in the years 2016 to 2018 than studies conducted before 2015, which could be related to a higher detection rate than recent years because of increased access to SRH services in rural areas, and more research in rural areas than before (Kassa, Arowojolu, Odukogbe and Yalew, 2018). Meanwhile, in 2018, 16[18] of the 21 countries had a policy to protect girls from dropping out of school after pregnancy or childbirth, and for re-admission thereafter, an increase from five countries in 2013 and nine in 2015.

By the close of 2018, Kenya had drafted national re-entry guidelines in Basic Education in 2017 to facilitate re-entry of pregnant adolescents and young mothers where health permits. Malawi on the other hand had drafted a revision of their re-entry policy in 2017 to facilitate unconditional re-entry (UNESCO, 2018). In South Africa, a Draft National Policy on Prevention and Management of Learner Pregnancy in 2016 was put together to facilitate unconditional re-entry. In nearby Zambia, Zimbabwe and Namibia, policies to facilitate re-entry were already in place, whilst Lesotho did not have a re-entry policy by 2018. Further east, the Ugandan government provided guidance on EUP in schools, but with conditions for expulsion or suspension at the personal discretion of the head teacher (UNESCO, 2018). Tanzania on the other hand received a Presidential directive to expel girls who fall pregnant in 2017, thereby reneging on progress made in supporting girls' education.

Gender-based violence (GBV) in school was a focus for 18 out of 21 countries reporting education sector policies related to GBV in 2018, up from 11 in 2014 and 12 in 2015. Additionally, Rwanda, Zambia, Botswana and Uganda conducted the Violence Against Children Survey, a cross-sectional national household survey following the signing of the ESA Commitment. Global School-based Student Health Surveys were also conducted in Mozambique and Tanzania. In spite of these actions, social norms were reported as still enabling violence, with a range of women aged 15-24 years believing wife-beating was justified, from as low as 6% in South Africa up to as high as 60% in Ethiopia.

Table 6:
Number of countries whose education sector policies address School Related Gender Based Violence

Number of countries whose education policies address school-related gender-based violence (SRGBV)	
	2018
Angola	✓
Botswana	✗
Burundi	✗
DRC	✗
Eswatini	✓
Ethiopia	✓
Kenya	✓
Lesotho	✓
Madagascar	✓
Malawi	✓
Mauritius	✓
Mozambique	✓
Namibia	✓
Rwanda	✓
Seychelles	✓
South Africa	✓
South Sudan	✓
Uganda	✓
United Republic of Tanzania	✓
Zambia	✓
Zimbabwe	✓

Creating an Enabling Environment

For the purposes of this report, data was collated from region and country reports against set indicators in the RAF, with regards to legal and policy changes, changes in resource allocation and improvement in coordination of ESA Commitment efforts. **Our findings are as follows:**

Coordination of a multi-sectoral response: In supporting the coordination of the various sectors, working groups from different sectors developed joint work plans with priority activities reflected in pursuit of the 9 targets. These working groups were inclusive of civil society, government ministries, youth groups, religious and traditional leaders as well as UN agencies. In some countries like Namibia and Eswatini, the ESA commitment was tabled before

[14] Burundi
[15] Ethiopia
[18] Burundi, Eswatini, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe

parliament as early as 2014, in order to facilitate its ratification into law, and to embed it into local coordination mechanisms.

Human and financial resources mobilised for implementation: By the end of 2014, 5 countries were recorded as having a costed, multi-sectoral plan in place for delivery on the ESA Commitment targets, 2 others were in the process of developing them, while an additional 2 had completed planning but were yet to cost their plans. Further to this, in 2015, 10 countries reported having mobilised/identified financial resources, a number which went up to 12 at the close of 2018 (Young People Today, 2018), whilst 9 countries had mobilised human resources to support delivery on the commitment at the close of 2015 (Young People Today, 2015).

Table 7:
Number of countries that have identified/mobilized financial resources for the implementation of the ESA Commitment

Number of countries that have identified/mobilised financial resources for the implementation of ESA Commitment		
	2013	**2018**
Angola	✗	✗
Botswana	✗	✓
Burundi	✗	✗
DRC	✗	✗
Eswatini	✗	✓
Ethiopia	✗	✗
Kenya	✗	✗
Lesotho	✗	✓
Madagascar	✗	✓
Malawi	✗	✓
Mauritius	✗	✗
Mozambique	✗	✓
Namibia	✗	✓
Rwanda	✗	✗
Seychelles	✗	✗
South Africa	✗	✓
South Sudan	✗	✗
Uganda	✗	✓
United Republic of Tanzania	✗	✓
Zambia	✗	✓
Zimbabwe	✗	✓

By the end of 2014, there were seven completed multi-sector plans, with five of them costed, whilst nine countries managed to allocate financial resources towards ESA Commitment priorities (Young People Today, 2015). Significant funding increases were identified in support of teacher training and curriculum reviews. In Tanzania for example, over USD5,000,000 was budgeted towards implementation of the ESA Commitment, and of that figure, USD2,920,222 was committed by development partners. Education and health sectors, civil society organisations, faith based organisation and NGOs committed human resources to complement and support the implemented of the joint work-plan development for the implemented of the commitment.

In spite of these positive steps, funding for CSE was reported as still being inadequate and largely donor driven, which in turn created dependencies that affected the sustainability of CSE projects and the ability of governments and CSOs to coordinate interventions effectively (APHRC, 2019).

Policies, strategies and legal frameworks: Of the 21 ESA Commitment countries, 13 were recorded as having legal frameworks on access to youth friendly services, with one in progress. Angola had this integrated elsewhere. 10 countries had legal frameworks supporting access to comprehensive sexuality education, whilst three were still in progress, and Angola had it integrated elsewhere. 8 countries had legal frameworks on teenage pregnancy, with two in progress. 11 countries had legal frameworks on gender-based violence, with two in progress, and Angola having integrated it elsewhere. 10 countries had legal frameworks on child marriage, with one in progress and Angola having it integrated elsewhere.

Meanwhile, trainings of journalists were conducted in Uganda, South Sudan, Zambia and Namibia, with a focus on harnessing the potential of community radio to share messaging on CSE and reach millions of listeners. Further to this, in Uganda, 500,000 young people and 1 million condoms were distributed through a Multi-Media Young People Today campaign. In Tanzania, in the same year, a collaboration with TACAIDS, UNICEF and MTV Shuga led to 3 million people being reached through a radio series focused on SBCC.

3. Evaluation Findings: Status of ESA Commitment Implementation in Countries

3.1 Relevance and Coherence

3.1.1 ESA Commitment influence on the development of national and regional ASRHR laws, policies, and strategies

The ESA Commitment influenced the development of national ASRHR policy, strategy and plans over the period, demonstrating its relevance in advancing A&Y SRHR in the region. It did this by heightening attention regionally, and within countries to specific thematic issues through advocacy, policy dialogue, capacity building, monitoring, measurement and reporting. While emphasis differed between countries, notable progress has been made towards some targets in all countries.

Country level prioritisation

The ESA commitment has increased political will and engagement on SRHR related to A&Y at country level. For example, in 2014, a Cabinet Paper for implementation of CSE and SRHR services in eSwatini, and in Lesotho, an SRH declaration, were developed to advance implementation of A&Y interventions in the countries. New laws and policies around child marriage and management of learner pregnancies were also adopted as a result of the ESA Commitment. This was observed in South Africa which draft a National Policy on Prevention and Management of Learner Pregnancy in 2016 to facilitate unconditional re-entry. In Malawi, for example, the government signed a commitment to end child marriage. Countries with legal and policy frameworks in place used the ESA Commitment to advance implementation by developing national strategies and implementing guidelines on SRHR including Zambia's national programme on CSE, and inclusion of ASRHR priorities in existing national guidelines documents in South Africa's National Maternal and Child Health Review.

Highlights: Cutting-edge policy making on adolescent health is taking place in the region as with the 2019 **Tanzanian National Accelerated Investment Agenda for Adolescent Health & Wellbeing (NAIA-AHW)**, focusing on catalytic and accelerated action and investments for adolescent health and well-being. Innovations include: participatory development of the policy through several mechanisms of consultation including focus groups, workshop, and surveys with adolescents including marginalized and vulnerable youth groups; broad stakeholder consultations; prioritization of interventions based on feasibility and impact, reflecting a holistic approach to youth wellbeing; age harmonisation across all pillars to 10-19 years; and coordination sitting with the Prime Minister's Office. http://www.tzdpg.or.tz

Country efforts were supported by UN and bilateral donor support for A&Y SRH programming. Significant programming that was influenced by the ESA Commitment in the sub-region included the design and roll-out of new CSE interventions and programmes for early and unintended pregnancy, including UNESCO's Our Rights, Our Lives, Our Future (O3), and the Swiss Agency for Cooperation and Development's (SDC) Safeguard Young People programme.

Beyond government and UN actors, the ESA Commitment also facilitated the creation of advocacy windows for CSOs to engage government. Intergenerational dialogue on SRHR in Uganda is such an example.

Despite political will in many countries, challenges remain in harmonisation of laws to align to national commitments - especially related to the age of consent to sex, marriage and access to SRH services such as family planning commodities. Restrictive or administratively misaligned abortion, GBV and pregnant learner policies also severely affect access to care and education by young people, even if they are within the bounds of the law to receive services. For example, while some countries have national legislation allowing pregnant learners to return to school, teacher or principal authorisation is required limiting, in practice, re-entry for girls. Likewise, in many contexts, while laws and policies exist to protect victims of violence, in practice onerous procedures such as a police report and multiple medical documents may be required to prosecute abusers. Lack of confidentiality in such procedures further limits utilisation of the law to protect victims and prosecute perpetrators. While abortion laws may be in place for specific social or medical conditions, as in Rwanda, application of the law may be harder to achieve – particularly within the gestational window permitted by law. How authorities and providers interpret and apply what may seem to be supportive legislation, can be equally as prohibitive as restrictive laws or the absence of law. The ESA Commitment targets do not detail progress towards effective and supportive implementation of the law for adolescent and youth, nor whether such laws contribute to an overall enabling legal, policy or regulatory environment for youth. Such process indicators are included related to implementation of CSE or YFS; however, opening an opportunity to consider expansion of ESA targets to include process measures related to enabling environment as well.

As describe in section 2.1 (Overview of Trends and Patterns), legal, policy and programme priority changes that occurred during the ESA commitment period indicate areas where case study countries made advances. It is notable that while countries work to align their national strategies and plans to the ESA commitment, intervention priorities have largely focused on CSE implementation, and addressing child marriage, early and unintended pregnancy, and the needs of pregnant learners. YFS and HIV remain a priority though additional resources, strategies and plans (in Southern Africa particularly) appear to be a "work in progress" that has yet to be achieved but rather limps along, often underfunded. This may reflect that since 2013, donors have given priority to CSE and child marriage for example, and that, as one stakeholder mentioned, youth services were already being integrated into the public services. Many considered SRHR services already had significant support, even from government ministries, and that the challenges which limited expansion such as human and financial resources shortfalls and infrastructure cannot be easily addressed through limited duration projects.

Regional prioritisation

At the regional level, the ESA commitment has raised awareness within the Regional Economic Community including the East Africa Community and the Southern Africa Development Community of the fundamental importance of improving A&Y SRH in the sub-regional as an economic priority. Evidence of SADC endorsement is the creation of SADC SRHR Strategy which embraces the ESA Commitment.

Stakeholders in countries, and regionally reported that the fact that the ESA Commitment is housed within the Economic Communities, and that SADC remains the regional convener of the Commitment sends a powerful political message to country signators that maximising on the potential of the youth demographic dividend in their countries is critical to economic growth and prosperity. Regional Campaigns by the African Union (AU) and others further reinforce the message that investment in youth health, education, citizenship and employment are fundamental to the region's future prosperity. The AU African Youth Charter, its legal frameworks for youth development; and its' programmatic framework through the African Youth Decade Plan of Action (2009–2018) all are testament of the heightened importance of achieving for A&Y in the region.

The ESA commitment's unique placement within the Regional Economic Communities' (RECs) structural platforms adds gravitas to the commitment – particularly for countries seeking to project economic stability and growth in the region. The RECs, as convener of the ESA Commitment, with support from UN agencies, plays a critical role in giving legitimacy and pressure for achievement of targets by Member States. For example, SADC, with its 16 Member States, and sufficient staff for health and education, was able to provide support and monitor progress against the Commitment. This is done through coordinated periodic reporting at the SADC Ministers of Education meetings, a process that will also soon be managed at the Ministers of Health meeting during the annual SADC meeting. EAC, representing fewer countries (6 Member States), currently lacks the resources of SADC to do the same.

It was suggested that raising the level of review to include finance ministries would further emphasise the endorsement by SADC and EAC, and heighten the pressure on countries to commit the necessary financial resources for A&Y interventions. Placing the annual review of progress towards the commitments in all three ministries sub-committees would build bridges between health, education and economic development interests in youth programming and intervention strategies to meet ESA targets, for example. A stakeholder suggested that a future Commitment could also include stronger accountability measures to ensure progress made on A&Y SRHR will be institutionalised within existing structures (and budgets) with the necessary monitoring, review and oversight needed to fundamentally change how government is meeting youth needs.

Relevance to the needs of adolescents and young people

The ESA Commitment has contributed to an acceleration of legal and policy developments and strengthening of ASRHR in some areas (as shown in Table 1 above). While all topics are interrelated and important, countries have opted to focus on creating an enabling environment through regulatory frameworks, particularly in the areas of CSE, YFS, early and unintended pregnancies. Other critical topics such as child marriage, and the elimination of HIV and GBV among youth has other regional and international political drivers that played a more influential role thematically (e.g. UNAIDS Fast-Track to Accelerate the Fights against HIV and to End the AIDS Epidemic by 2030; UN Global Programme on Child Marriage; AU campaign on Ending Child Marriage; Girls not Brides)].

UN sponsors have largely driven the topical areas that have received the most attention. For example, early in the ESA Commitment period, UNAIDS leadership-focused attention on curbing HIV transmission among adolescents and youth as a top priority. This role was then handed over to UNESCO which increased focus on CSE and life skills education, as well as keeping pregnant learners in school. Resource availability and investment also contributed to country foci with some UN organisations prioritizing specific agendas within the ESA commitment over others based on their mandate (e.g. UNESCO's Our Rights, Our Lives, Our Future (O3)). Stakeholders noted that campaigns that are driven my multiple institutions and sectors have gained the most traction, particularly when they include government, UN, donors and civil society organisations. Examples include the Family Planning 2020 campaign, Global Polio Eradication Initiative: GPEI, Girls not Brides, and more recently "Let's Talk" Regional Campaign to Reduce Early and Unintended Pregnancy.

The ESA Commitment's Young People Today platform offers a campaign opportunity that has yet to be fully exploited. While nicely branded, respondents noted that it has not, as yet, been used to bring young people and their adult partners and advocates at all levels together to advocate for progress on implementation of the ESA commitment. The inception of the ESA Commitment was driven by UN agencies and supported by the economic communities of the region. The fact that youth organisations and networks, partners and advocates from global, regional and national youth constituencies have yet to be mobilized to push for increased action around the commitments and the Young People today platform is a missed opportunity.

3.1.2 Meaningful Adolescent and Youth Engagement

The ESA commitment initially involved young people regionally in the Technical Coordinating Group (TCG) and the HLG through AfriYAN, a regional youth network focused on HIV, SRHR and other youth issues as the representative of all relevant youth sector stakeholders. From 2016 onwards, the organisations, Young Positives (Y+) was also included in the TCG though their role and level engagement were not well documented. While such efforts to engage a regional network and a few larger youth organisations in the coordination mechanisms for the Commitment are noted, the narrowness of the representation is striking - particularly as the Commitment themselves call for meaningful youth engagement. As a government level commitment, sponsored by the regional economic communities and supported by UN partner agencies as the secretariat, three was not broad youth representation in the design of the Commitment.

AfriYAN played an important representative role for youth organisations in the region, supported by its presence in many of the ESA countries. As the most robust youth network in the region, they were able to engage in global and regional forums and platforms to advocate for the ESA commitment. However, AfriYAN, as a regional network made up of country-level network of youth organisations, could not fully represent the diversity of national and sub-national level youth, youth organisations and networks, particularly beyond the ASRHR domain (e.g. economic empowerment, climate change, civic engagement etc.). Indeed, stakeholders commented that it was unclear whether country-level AfriYAN networks successfully disseminated regional and even country level progress on the ESA commitments to their associated members, or whether national AfriYAN affiliates participated in AfriYAN's regional level advocacy and activities on the TCG and HLC. The absence of other representative networks in the region limits broader engagement with other, diverse youth organisations in countries that are not affiliated to AfriYAN.

As highlighted in the Global Consensus Statement on Meaningful Adolescent and Youth engagement (MAYE), participation of youth requires dedicated resources to support youth networks to engage, do advocacy, and play a leadership role at regional and national level[19]. As an inter-governmental commitment, the role of civil society, and youth in particular, has not been well defined. Resources have not been set aside to ensure youth engagement limiting accountability to youth as rights holders of the commitment. Lack of indicators on youth led and youth serving CSO engagement in the monitoring and evaluation of progress on the Commitment is a missed opportunity.

To ensure accountability to youth, and better reflect their interests, respondents stressed that the Commitment should be expanded to include youth movement building in support of greater youth engagement in civic and political life in the ESA region. Youth must be brought into the Commitment as a partner in the endeavor, avoiding political affiliation, but with sufficient civic space to build citizenship, increase peace and security, and create opportunities for decent work. Currently, within the ESA Commitment power-sharing between youth and adults in the coordination mechanisms remains limited. Reaffirmation of the Commitment must include new modalities of engaging with youth, not only as beneficiaries, but as full partners in all aspects of the design, implementation and monitoring of progress on the ESA Commitments.

3.1.3 Inclusion of youth human rights related to SRH and HIV in the ESA commitments

Human Rights language underpins the ESA Commitment with emphasis placed on the respect, protection and fulfillment of youth Human Rights related to SRHR. Specifically, the Commitment focuses on advocating for an enabling to legal, and policy environment, particularly related to age of marriage (elimination of child marriage), age of consent to access health services, and special protection for school reentry for pregnant learners and protection from gender based violence. Progress in advancing youth human rights in countries was supported by the SADC SRHR Strategy and a model law on child marriage crafted in support of ESA Commitment implementation.

The ESA Commitment includes Human Rights language into the Commitments, and indicators monitoring implementation of strategic interventions (including the removal of barriers to access), and the legal and policy environment mentioned previously. It does not however emphasise and advocate for youth Human rights more broadly. Restrictions on rights, as previously noted, are often insidious, undermining implementation on the full intent of the law or policy. They often present as "small exceptions" depending on individuals' will; limited enforcement of existing laws, or biased implementation of the law. For example, currently the ESA Commitment does not have an indicator to measure whether standards of non-discriminatory service provision is adhered to, or whether there is professional accountability in the system to ensure youth rights are upheld.

SADC itself has made consider progress in recent years to set and monitor minimal standards for service provision, but evidence of impact of these measures is still pending. The renewal of the ESA Commitment offers an opportunity to standardize respect of youth rights through accountability mechanisms such as spot checks, digital youth report on issues; feedback loops; or the use of technology to ensure real-time responses of youth on their access to service. There are numerous ways to monitor and measure the quality of implementation of rights based interventions which could be explored in a future ESA results framework.

Young Key Populations

Implementation of the Commitments to date has largely focused on married young mothers/ young people living with HIV at regional level. At country level advocacy around the commitments has been broader and included rights of young people living with disabilities to SRHR – an issue some respondents felt was critical to include in a renewed

[19] https://www.csogffhub.org/resources/meaningful-adolescent-and-youth-engagement-in-the-global-financing-facility-analysis-and-recommendations/

ESA Commitment. Given the political discrimination associated with homosexuality in some of the countries in the region, the LGBTI youth constituency has not been explicitly involved in the Commitment's CSO engagement to date.

3.1.4 Country aspirations for youth SRHR

Coherence and ownership of the ESA Commitments, as measured by full reporting on progress against targets, follows national priorities, and the degree to which these align with accepted global, regional and country-specific targets. In Rwanda for example, high priority is given to reducing EUP, which has led them to endorse FP targets, and work with donors to roll-out CSE across the country as a prevention measure. In Mozambique, there is heighten interest in reducing child marriage as their number had increased in recent years. Elimination of new HIV infections in the Southern Africa region also remains a top priority for most countries.

Commitment to implementation of CSE and YFS is often influenced by national politics and how it has been represented in the popular media. Socially conservative countries may not want to publically engage in topics easily associated with youth sexuality, expect in preventative messaging or education. Others engage when resources are made available through bilateral donor or UN projects (or both). In past years, YFS was a donor priority which received considerable support. Today, it is considered the responsibility of government to provide such services to youth which they say they do with varying degrees of investment and accountability. CSE is currently popular among donor, thus the concentrated interest in such programming as shown above. Other emerging issues that should be integrated into the SRHR agenda for the Commitment is youth economic empowerment. For a renewed ESA Commitment, it will be important to take stock of country priorities, indicators for which countries are already reporting against, particularly the SDGs, and produce a renewed Commitment based on the outcomes of this review as was done for ICPD beyond 2014).

3.1.5 Aspirations of the Regional Economic Community related to youth SRHR

The situating of the ESA Commitment within the RECs is a powerful platform for advocacy. The leadership provided by SADC has certainly contributed to the engagement of Member States. By making reporting a standing agenda item at the annual SADC meetings, countries are force to report (and thus monitor) progress. The UN facilitates benchmarking country progress which creates further impetuous to improve and achieve targets. This approach has had a positive effect on country efforts.

Currently reporting is done in the education, and soon, health subcommittees. A suggestion was made to raise the level of reporting to the Prime Ministers' meeting to ensure ESA Commitment reporting is multi-sectoral, and receives the highest level of attention. SADV leadership has already contributed to reducing opposition to CSE in countries. Greater visibility within SADC of the Commitment would broaden the dialogue beyond the CSE focus that generates so much opposition, and increase support for what can be received as an investment in youth (harnessing the potential of the demographic dividend) that is critical for economic growth and future prosperity. By creating a larger frame for national investment in youth SRHR and participation, the RECs can reorient the discussion to focus on common economic concerns of Member States and how progress on ESA indicators will contribute to that goal. A similar effort is needed from the EAC to increase awareness and Member State engagement in the ESA Commitment.

3.2 Effectiveness

The ESA Commitment is reported to have influenced country prioritisation of AYFHS, CSE and work to end CEFM and SRGBV. When placed in the context of the SDGs, the commitment priority areas can be divided according to two core goals, that is, SDG 3 on health (covering AYFHS and CSE) and SDG 5 on gender equality (covering CEFM and SRGBV). Using the SDGs as a reference point for measuring effectiveness, at a country level, the ESA Commitment directly contributed to the delivery of SDGs 3 and 5, with reference to the following paired indicators:

Table 8:
Overview of related SDG and ESA Commitment indicators

SDG Indicator	ESA Commitment RAF Indicator
3.3 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations	**4.4.1** Number of new HIV infections among adolescent girls and boys 15-19 and young women and men (20-24)
3.7.1 Proportion of women of reproductive age (aged 15-19) who have their need for family planning satisfied with modern methods	**4.6.2** Percentage of never-married women and men age 15-24 who had sexual intercourse in the past 12 months and used a condom at the last sexual intercourse
3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	**4.7.1** Percentage of women age 15-19 who have begun childbearing
5.3.1 Proportion of women aged 20-24 years who were married on in a union before age 15 and before age 18	**4.6.1** Percentage of women 20-24 years old who were first married or in union before they were 15 years old and percentage of women 20-24 years old who were first married or in union before they were 18 years old
5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	**4.3.3** Number of countries implementing a national policy strategy on pregnant learners

Loosely translated, the commitment accelerated action to ensure good health and well-being, as well as to achieve gender equality in the ESA region as per the indicators above.

SDG 3: Good Health and Well-Being

Across the board, countries carried out health-focused interventions in advancing the ESA Commitment, however, they encountered similar challenges with inadequate domestic funding and sensitivity around certain topics like sexuality education and the age of consent for adolescents to be allowed to access SRH services.

With regard to improving health outcomes, the commitment catalysed action to provide youth friendly services, with over 80% of commitment countries providing these services during the implementation period. The most significant strides made by governments in this regard, were in the establishment of strategies/frameworks, delivery of training programmes and adoption of policies to support young people's access to sexual and reproductive health services. An example of this is that 17[20] out of 21 countries reported having a CSE strategy/framework for out of school youth at the end of 2018. By creating an enabling environment for service delivery, governments in the region were able to collectively influence a 4% increase in young people's knowledge levels on preventing sexual transmission of HIV and rejecting major misconceptions about HIV prevention. Furthermore, aided by progress in provision of YFHS and CSE, the region saw a decrease in new HIV infections by 108,708 between 2013 and 2019.

[20] Angola, Botswana, Burundi, DRC, Eswatini, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia and Zimbabwe

Figure 3: Number of new HIV infections among females aged 15 -24

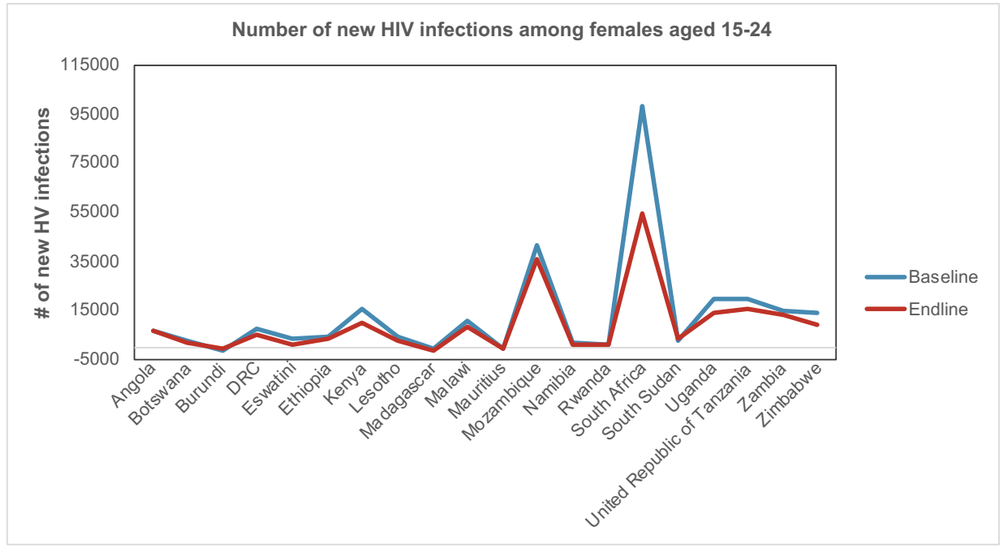
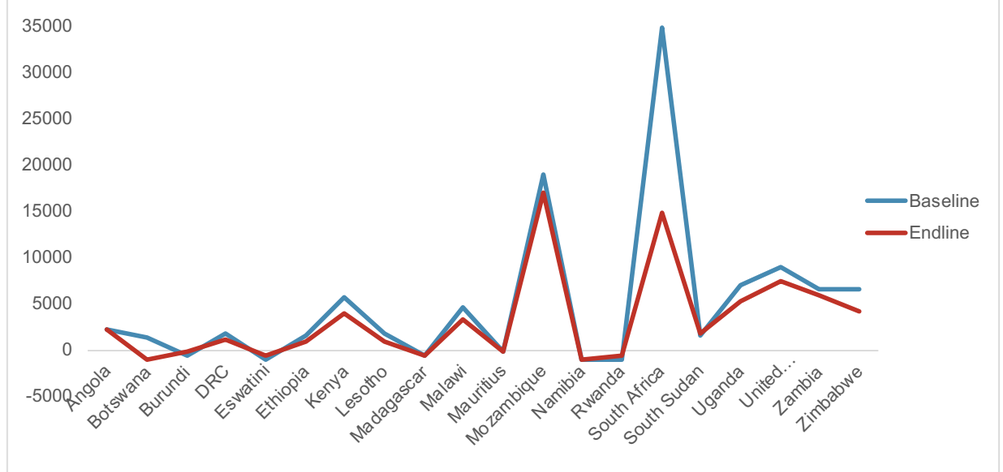


Figure 4: Number of new HIV infections among males aged 15 -24



As the evidence suggests, adolescents and youth did receive more SRH services throughout the lifetime of the commitment, however, the data was not analysed according to disparities relating to rural/urban settings, income status, education level, etc. In the absence of this, key informant interviews surfaced that it was difficult for countries to achieve high levels of service uptake, particularly within already resource-constrained settings. It was particularly challenging to advance a specialised service (youth-friendly) within communities where health services had not been specialised prior, as 'women-friendly' or 'child-friendly' for example. In some contexts, public health services were not widely available or of good quality, thereby presenting difficulties in making additional requests to specialise these services as youth-friendly. Opportunities to respond to this require the leadership of ministries of health, especially in mainstreaming quality-of-care standards for the whole population and testing alternative delivery models in areas with limited resources.

There were similar dynamics at play in the delivery of CSE, concerning reliance on the intervention as a cornerstone of ASRHR work. The empowerment of adolescents and young people to respond to threats to their health, requires education-focused interventions, however, these form only one part of a potentially broader suite of interventions. This can include work on economic empowerment, harnessing innovations in technology and addressing the more deeply rooted gender inequalities that persist in the region.

With the spread of COVID-19 and its impact on health service delivery and education, governments, CSOs and private sector partners worked to bridge the gap in service delivery in addressing ASRHR. In Zimbabwe for example, the Ministry of Education alongside UNFPA and UNESCO, incorporated CSE as 'life-skills' in the delivery of radio lessons to primary school students, within a broader education curriculum. In Uganda, the ride-hailing service SafeBoda teamed up with UNFPA and the e-commerce platform Jumia to provide reproductive health commodities to young people, whilst adhering to the relevant COVID-19 safety protocols.

Through such interventions and others, some stakeholders adapted to emerging threats and worked to maintain service delivery to adolescents and young people in the region with some success. These experiences were not universal however, and identified good practices were limited on how best countries can adapt their existing delivery models to COVID-19 and any future pandemics. In this regard, a recently released WHO and UNFPA report on the same, dubbed 'Not On Pause', offers early insights into what different service providers can expect when preparing to adapt to the new threat of COVID-19. Drawing a leaf from this, 'pandemic-proofing' service delivery models in the ESA region has the potential to be a cornerstone for any future-looking political commitment on ASRH.

It was relatively difficult for the evaluation team to accurately measure the effectiveness of services delivered as a result of the commitment, due to gaps in the availability of indicators. In this regard, the inclusion of indicators on the use of services, the range of available services and delivery models, as well as benchmark indicators for effectiveness, could have added clarity to evaluation findings, in substantiating qualitative data shared through key informant interviews. In order to track changes in the determinants of young people's health and education, a larger results framework could have been explored covering youth development more holistically.

SDG 5: Gender Equality

With regard to achieving gender equality, the commitment influenced the prioritization of policy changes and support to end child, early and forced marriage, school-related gender-based violence, and early and unintended pregnancy. This included the introduction of programmes to prevent and mitigate against child marriage in 16 countries, the introduction of education sector policies to address SRGBV in 18 countries and the implementation of national policies/strategies on pregnant learners in 16 countries by 2018.

In spite of these positive steps, progress on indicators fell short of addressing underlying factors driving gender inequality, including harmful social norms, poverty and the perceived value of girls in different communities. This was partly attributed to the absence of RAF indicators on the drivers of gender inequality, as well as on some of the social determinants of health. In this regard, reporting on gender-transformative effects was limited, including on changes in the perceived value of girls, the eradication of poverty and young people's experiences of violence. In an effort to address this, a roadmap with 24 transformative actions was developed as part of the 2016 Reaffirmation of the ESA Commitment and it included references to improving economic opportunities, changing attitudes and behaviours, engaging men and boys, and changing gender norms among others. Moreover, in the absence of indicators for the respective roadmap priorities, progress on work in these areas was not captured. In this respect, some interviewees highlighted the need to advance gender equality in the crafting of a potential follow-up commitment, with the reaffirmation roadmap as a reference document to build on.

3.3 Efficiency

In-country coordination

At its inception, the ESA Commitment was not expected to result in the creation of new coordination platforms in countries but was intended to be embedded in the work of existing in-country coordination mechanisms around adolescent health and well-being. As such, most countries had national coordination structures in different forms, including task-teams, steering committees, and reference groups that involved CSOs, government ministries, UN representatives, young people and funders among other stakeholders. These structures facilitated coordination through scheduled meetings, harmonized reporting, and support to resource mobilisation, communication and advocacy actions by in-country implementers. The resultant inclusion of the ESA Commitment RAF in reporting processes through these coordination platforms in-country, was said to have increased accountability among government parties around SRHR for adolescents and young people.

In spite of the novel attempt by the commitment to foster collaboration between the ministries of health and education, collaboration between the two ministries in-country was still reported as being weak in some countries. This was partly attributed to the absence of a higher political office to convene both ministries, which was the case in South Africa for example where neither ministry had the legal basis to convene the other and so both ministries reported separately on the ESA Commitment. Gaps were also reported in the lack of strength and responsiveness of monitoring and evaluation systems in some countries, which resulted in delayed or absent reporting on certain indicators. In Burundi for example, there was no data available on 10 out of 18 indicators reported on in the RAF. Additionally, some CSO partners reported being excluded from country reporting processes as governments perceived ESA Commitment reporting to be a wholly government owned and driven process, given the branding of the commitment as being 'ministerial' as opposed to 'multi-stakeholder/multisectoral'. The result was the absence of qualitative data in country reports, and the exclusion of data from non-state implementers of commitment-related targets.

Regional coordination

At the regional level, the coordination of ESA Commitment reporting was led by the two RECs, SADC and EAC, with significant technical support from UNESCO, UNFPA and UNAIDS. The coordination of operational considerations around the commitment, like resource mobilisation and commissioning of various commitment-related reports, was led by the TCG. The TCG served as the technical lead for all ESA Commitment processes and consisted of representatives from government ministries, CSOs, youth networks, UN Agencies, RECs, donor agencies and other multilaterals. The HLG was an additional layer of coordination focused on facilitating high level political engagement to create and sustain political will for the commitment. Its role was most relevant in the creation of the commitment, but was not as prominent in the ensuing implementation years. The final layer of coordination was the CSO Engagement Mechanism which was co-chaired by a youth network (AfriYAN) and a regional CSO (Accountability International). The platform had its own strategy and accountability framework, with the aim of supporting the coordination of CSO participation in the implementation of the commitment. It was expected that the platform would be replicated at country level but this was not the case, and the reasons for this were not clarified by interviewed stakeholders.

Coordination at regional level was reported to have resulted in effective reporting on the commitment from education ministries at SADC level, the successful launch of two regional programmes and the sustained political prioritisation of ESA Commitment targets in all countries. It brought together CSOs from East and Southern Africa to coordinate efforts in CSE and AYFHS implementation and advocacy, and provided a platform for youth movements to directly engage with regional and national decision-makers on their advocacy priorities through the TCG, HLG and CSO Engagement mechanism. The leadership of UN agencies in facilitating technical support for the commitment, unlocked resources for regional and national campaigns, and provided much-needed coordination support for the gathering of country-level data used for the regional report. This was especially the case for UNESCO regional and country offices, and the work of UNFPA and UNAIDS regional offices in support of the commitment's implementation. In substantiating this, some interview respondents reported that ESA Commitment implementation was strongest in countries where UN agencies led coordination efforts, which was especially the case in countries with UNESCO presence.

It was reported that most coordination successes at regional level were attributed to the leadership of influential individuals who facilitated key political processes and drove the engagement of some stakeholder clusters like CSOs. An example of this is the important role of Prof. Sheila Tlou (former UNAIDS Regional Director ESA) in securing the political support of government ministers that brought the commitment to life, and that of David Molokele (former Executive Director of Accountability International) in driving civil society engagement at the inception of the CSO Engagement Mechanism. In the absence of these influential individuals, some momentum was lost in the retention of political will and the coordination of CSOs. This finding was a reflection of how political leadership within the ESA Commitment ecosystem was not institutionalised, and that instead it was individual-focused. In response, some respondents recommended a more regularised membership of the HLG, with permanent representation of leaders of related UN agencies, seconded government representatives, executive secretaries from SADC and EAC, and delegated representatives of CSOs and youth movements. Recommendations were also made in respect to CSO coordination, with suggestions including that one CSO be designated to lead coordination and facilitate the engagement of both new and existing CSOs, which would follow the example set by CSOs in regions like Latin America that have a similar commitment.

"SADC has shown great strides made in implementing the programmes related to young people. The active participation of the East African Community is needed help increase national participation."

- Respondent from South Sudan

Both RECs reported having inadequate human resources and financial support to fulfil their coordination role for the commitment; this gap was particularly stark in the EAC and it impeded on the ability of RECs to effectively support their Member States. Linked to this was the overlap in functions of the different coordination structures operating at regional level, which led to role-duplication and inefficiencies. An example of this is how both the TCG and RECs led regional reporting processes, with the TCG at times taking up the envisaged role of the RECs whenever they observed that the RECs didn't have the human or financial resources to support data collection. A more efficient way of managing situations like the one described could have been to allocate human and financial resources to the RECs to help them deliver on their mandate, without having to duplicate functions on occasion. This role duplication muddled lines of accountability, as countries were noted as having difficulties in some years in knowing who they were meant to report to and how. CSOs also experienced difficulties in defining their roles in supporting regional accountability, given the government and UN-heavy reporting process that offered few entry points for CSOs to make their inputs at country level.

Resourcing

There was a reported increase in resourcing for priorities in the ESA Commitment, however the scale of the increase was difficult to quantify because allocations were not earmarked or clearly tracked in country budgets. This was partly due to the commitment's RAF not making this a requirement, or providing a clear indicator to be reported on to track the amounts of money invested for commitment priorities at regional and national level. Financing was provided mainly through line ministries (education and health) from domestic funding, although a significant proportion was donor funded via UN Agencies and direct funding by donor agencies and philanthropies. The absolute amounts of funding provided were not availed by different stakeholders, and going forward this is an area that could be reported on better. In this regard, financing of the ESA Commitment could be done via a regional financing framework, with funding targets, reporting mechanisms and clarified roles and responsibilities of different stakeholders in resourcing the delivery of commitment-focused activities.

In the absence of quantitative data on funding levels, regional reports, interview and survey data surfaced that the areas that were not properly funded during the implementation of the ESA Commitment were infrastructure development, monitoring and evaluation, staffing and coordination. CSOs, RECs and youth representatives also reported funding challenges in supporting advocacy activities, managing coordination and ensuring diverse representation of beneficiaries respectively. Given the importance of these three stakeholders in the delivery of the commitment, their resourcing needs should be prioritised in any future fundraising effort for the commitment.

With regards to funding sources, there was reported donor-dependency in-country, and where domestic resources were available, there was weak budget-tracking. Some interviewees noted a hesitancy from governments to allocate 'new money' towards the commitment's activities, as they opted to maintain existing budget priorities in health and education, under the assumption that commitment activities would receive support in existing priority areas. This made it difficult to track budget allocations towards ESA Commitment targets, with the exception of some countries like Tanzania that were able to report on funding data towards CSE in their country reporting. Furthermore, given that the ESA Commitment did not necessarily introduce new areas of work for governments, most of the targets were already incorporated in the work of health and education ministries. As such, budget increments towards the commitment's targets couldn't directly be attributed to the introduction of the commitment itself.

Innovation for domestic resource mobilisation for (A)SRHR, including engagement with the private sector, exist and must be documented. A compelling example is the pledge from Mining Companies in DRC to invest in Family Planning, as part of the 2018 annual review of Mining Indaba.

In respect to UN agencies, UNESCO, UNAIDS and UNFPA pulled together the resources they had at regional and country level to fund jointly-prioritised activities. This approach helped coordinate the contributions of UN agencies better, and it came as no surprise that the coordinated efforts of UN agencies served as a bedrock of commitment coordination and implementation. In the absence of such coordination at UN agency level, the commitment may not have yielded the results in did in its seven years of implementation. The example set by UN agencies could be remodelled in-country and for different stakeholder groups to make efficient use of limited resources and improve reporting on the same.

Opposition

Emerging opposition to CSE and SRHR affected the efficiency of commitment implementation in some countries. For example, Family Watch International (FWI) and civic groups in Zambia, including faith leaders and parent associations, lobbied for the banning of CSE delivery in schools. Their arguments were based on a FWI-reported list of alleged harmful effects that CSE had on children, which was in turn used by CSE opposition groups in country to frame their engagement on the same. Part of the argument for opposing CSE delivery in schools was that western governments were using deceptive strategies to sexually radicalise young children, and that the ESA commitment was signed by health and education ministers under false pretence because they had not been shown the CSE curriculum prior to signing. They implicated the UN in the alleged deception, particularly UNESCO and UNAIDS, and linked the commitment to a similarly worded one in the Caribbean and Latin America. In response, teacher associations and civil society collectives presented counter-arguments through the press and other platforms explaining how CSE delivered in Zambia was in line with national development priorities and the interests of local stakeholders that were consulted. Similar opposition to CSE was recorded in Kenya and Uganda, and remains potent in these countries.

3.4 Sustainability

3.4.1 Aspirations of the Regional Economic Community related to youth SRHR

From the perspective of many stakeholders, the integration of the ESA Commitment priorities in national policy and development frameworks and the set-up of national coordination mechanisms on adolescent health, often spanning across different sectors, are testimonies of national ownership and sustainability of the interventions.

In practice, levels of national ownership of the ESA Commitment by governments are mixed across the region. Coordination issues at the interface between Ministries and siloed ways of working remain, leading to inefficiencies. Significant policy and legal changes were achieved across most areas but their dissemination, implementation or enforcement at subnational levels, among service providers and local decision makers, remain limited, partly explaining the low performance on some indicators.

The leadership of SADC and the introduction of two new frameworks (Model law on child marriage and SADC SRHR Strategy) embedding a number of ESA commitment targets and key intervention areas, were seen as a promise of continuity, facilitating country adaptation of these instruments into national policy landscapes.

Major gains were achieved across the region in the area of in-school CSE. Where it is embedded in the national curriculum, and is a testable subject along with other school subjects, with a system to ensure appropriate and repeated teacher training, these are strong indications of sustainability but the need for sustained advocacy for CSE remains in light of regularly emerging opposition movements. Across the region, the tendency is that out-of-school CSE remains implemented as small-scale projects through civil society actors or UN partners, leading to coverage gaps and risks of fragmented approaches. Discussions on the scale-up of out-of-school CSE approaches remain limited.

The principles of YFHS are usually well-embedded in national laws, guidance and standards, but their implementation varies across countries. Insufficient data collection related to YFHS in some countries prevents monitoring, evaluation and an evidence-based assessment of coverage. Where they are implemented, YFHS need continuous funding and provider training to ensure sustainable service delivery, along with monitoring and evaluation of the quality of services delivered.

Gains in the areas of GBV, early pregnancy and child marriage have been modest overall as these issues are rooted in larger socioeconomic issues, requiring to work closely with communities and to address harmful social norms that maintain gender inequality. There is promising programming in these areas (e.g. the AGYW programmes supported by the GF; the pilot programming on ending child marriage supported by the UNFPA-UNICEF Global Programme on ECM; the framing of child marriage and early pregnancies as interconnected issues), but sustained technical and financial efforts will be needed to achieve progress at scale. The extension of the Global Programme on ECM to other countries in the ESA region or the dissemination of its best practices should be considered.

Youth engagement, where it has taken place, has mostly been consultative and relying on a few youth structures, with limited representation of the diversity of youth. Sustainability requires investing in youth-movement building able to not only contribute but also lead in key areas of youth programming.

Where country ownership and youth engagement are both low, the sustainability of advocacy efforts for legal changes can be undermined.

Regarding funding of youth programming, the dependency on donors' investments remains high across the region. Strategies for domestic resource mobilisation must be found by mobilising private sector partners where they can contribute. Innovations such as the pledges from Mining Companies in DRC to invest in Family Planning, as part of the 2018 annual review of Mining Indaba, could be further explored.

The COVID-19 pandemic has highlighted the sustainability gaps of youth programming in view of domestic funding being re-directed to mitigate the effects of the pandemic, health and education service disruption, and heightened vulnerability of A&Y, especially girls, to violence, abuse and early pregnancy.

3.4.2 Sustainability and best practices

Overall, there was limited identification of best practices related to the ESA Commitment programming. Instead, stakeholders reflected on their experience and suggested a range of practical approaches that facilitated the implementation of the ESA Commitment. These approaches touched upon two areas: 1) governance, coordination and ways of working; and 2) content-related aspects of adolescent health programming.

Governance, coordination and ways of working

A range of strategies were put in place to improve multisectoral and multi-stakeholder collaborations, which are perceived as an improvement in the governance of youth health issues. Some of the strategies included: creation or use of existing multi-sectoral national coordination structures; inclusion of a larger range of partners in the

multisectoral coordination including CSOs and youth; joint planning, quarterly national reviews and monitoring meetings (to help identify achievements, gaps and targets).

It was often noted that for these mechanisms to be functional, strong leadership from the government and parliamentary buy-in were necessary. In some countries, improvement in governance and coordination culminated in the creation of new functions or institutions: e.g. full-time adolescent health focal points under MoH structures in all provincial and district (Zambia), or the creation of the Secretariat of State for Youth and Employment, and the National Institute of Youth (Mozambique). The regional accountability mechanism, through the SADC meeting of Ministries, was seen as critical for the success of the exercise.

Programming approaches

On the CSE front, a range of capacity building initiatives for teachers, provision of pedagogical material and other tools for monitoring (e.g. CSE observation checklist in Lesotho) were frequently mentioned as good practices. Greater sustainability for CSE was perceived when it was offered as a compulsory subject, integrated in other ASRHR issues (e.g. or when it was advanced through participatory approaches such as a national CSE curriculum technical working group (Lesotho) or a multi-stakeholder involvement in the consultative stages of the inclusion of CSE in the school curriculum (Zambia).

Many respondents highlighted the importance of efforts made to ensure mutual understanding and acceptance of CSE, and more largely ASRHR, in the communities, including parents, guardians and traditional leadership through approaches such as community dialogue, inter-generational dialogue, engagement of religious and cultural leaders and institutions. Best practices reported by respondents comprised: the inclusion of CSE in initiation ceremonies in Malawi; closer linkages between schools and health centres to provide safe spaces within schools in Zambia, or the development of an integrated school health policy in Zimbabwe.

There was much less mention of best practices related to YFHS, limited to training and monitoring of providers in YFHS provision and increasing linkages between schools and the nearest health facilities to facilitate access to YFHS.

"The countries that have focused on working with traditional and faith leaders seem to be getting more traction towards local relevance and sustainability".

- Zimbabwe

Other inspirational initiatives mentioned by respondents targeted girl-programming and included: the Adolescent Girl and Young Women (AGYW) programme implemented with financial support from the Global Fund (Tanzania); the Smart Start approach to delaying first pregnancy among married adolescents (Ethiopia) and the Ending Teenage Pregnancy (regional and national) Campaign (Kenya).

Overall, there was limited space created within the ESA Commitment coordination mechanisms for the dissemination of best practices. Regional reporting allowed for sharing some country successes but these were not pitched as "best practices". Documentation of evidence-based approaches on certain topics exist but they are not branded as a product of the ESA Commitment (e.g. strategies to end child marriage are being disseminated as a product of the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage).

The ESA Commitment fostered exchanges that have been primarily focused on policy and structural changes and less on interventions, and therefore discussions on scalability are lacking. Documenting best practices and supporting upscaling efforts is a work area that the extension of the ESA Commitment should prioritize at the level of its regional coordination instances.

3.5 Emerging Issues

Governance & coordination of the ESA Commitment

Many stakeholders commented on the need for improved or strengthened coordination mechanisms, both in countries and at regional level, to drive forward the ESA Commitment. At country level, it was suggested to strengthen existing technical working groups by creating sub-committees following on specific aspects related to CSE and ASRHR (in line with the above suggestion to unpack and expand the education agenda for example).

In addition, different ways to strengthen the oversight of country level commitment at country level were proposed. Firstly, more high-level representation of other sectors beyond education and health, especially those ministries with youth-relevant portfolios, should be included in the national coordination mechanisms. Secondly, the oversight of the ESA Commitment should be positioned at a political level able to coordinate other Ministries, to weigh in on Ministries' agenda-setting and to establish clear division of labour among Ministries. The engagement of Prime ministers or Parliament could be explored. Thirdly, it was suggested to include a binding element to the ESA Commitment, for example by situating the reviews of accountability framework indicators within country Parliaments. Finally, there were repeated claims for sufficient resource allocation from national funding streams to allow effective programme implementation and to support country-based coordination mechanisms.

There is a need for strategies to maintain the sustainability of country ESA Commitment despite political and electoral changes. Approaches such as embedding roles and responsibilities of the ESA commitment in specific "functions" or "institutions" (e.g. National AIDS Councils) rather than in persons, or a framework clarifying the roles and contributions of the different stakeholders (Government, UN, CSOs, Private Sector, Cultural and Religious institutions) to the ESA Commitment, were suggested. Embedding the ESA Commitment within the larger development agenda of countries or within the SDGs was also mentioned.

Despite the RAF and reporting procedures to SADC, several respondents highlighted that country accountability could be strengthened through in-country participatory mechanisms inclusive of the civil society, and through more involvement of Parliaments.

Strengthening of the regional coordination of the ESA Commitment

To strengthen the regional oversight of the ESA Commitment, it was suggested that regional-level coordination mechanisms be led by the Regional intergovernmental structured, i.e. SADC and EAC Secretariats, with dedicated staff and budget for this coordination role.

The regional coordination mechanisms have a stronger role to play to support countries, including through more frequent interactions with individual countries, more regional review meetings, disseminating experience and good practices across the region and providing technical support with evaluation of progress.
Stakeholders saw a need for improved communication and technical support between the Regional and the Country Coordination Mechanisms, especially to support national advocacy efforts and strategic planning in the technical areas of the ESA Commitment.

Acceptability, sensitivity and ways of working to ensure local relevance

A recurring theme mentioned by many survey respondents was the need to make ASRHR and especially CSE more locally relevant and acceptable. It was felt important to adopt a terminology that is more easily translated in local languages and less inclined to hurt local values and perceptions. There were recommendations to change names of programs (e.g. ASRHR into Adolescents Health; CSE into Education for Health and Wellbeing or Lifeskills). Respondents were mindful not to lose the defining features of both area, and keep ASRH and CSE as part of the programming, but overall suggested to adapt terminology to facilitate acceptability.

"Countries should be allowed to use terms that are acceptable in their contexts without losing the meaning or the intended content."

- Kenya

Beyond lexical changes, there is a need for approaches and ways of working that are more inclusive of local and religious decision-makers, and take into consideration the values of the communities. It was emphasized that international guidance must go through a process of national adaptation and contextualization to respond to local priorities, including by engaging early on in the process, religious and traditional decision-makings. Actual bottom-up programming is needed and community engagement must start at design stage.

Programming adaptations

There is a need to unpack and expand the education agenda of the ESA Commitment. The unpacking would entail the development of model roadmaps, action plans and elaborated guidance for high-level officials to guide country implementation. At the same time, expanding the education work would allow for more holistic approaches such as education for health and wellbeing.

As countries achieve different levels of progress across the domains of the ESA commitment, country needs and requests for technical support start to differ. While some countries are still striving to roll-out CSE and YFHS, others are ready to further advance and formulate requests for more specific programming support for example the involvement of tertiary institutions to strengthen pre-service training on CSE and SRHR, or technical support for better integration of SRH services in school and for the monitoring and coaching of YFHS. Sub-regional support packages to clusters of countries with comparable performance, could be explored.

The monitoring, evaluation and accountability systems related to the ESA Commitment need strengthening and alignment to other global of sub regional reporting, by integrating the ESA commitment-related indicators in the existing regional and national reporting mechanisms. Period reporting, at country and regional levels, should apply to more ESA Commitment indicators.

There were diverse country experiences with the meaningful engagement of young people in the ESA Commitment process. Overall, a dominant trends was that engagement of young people was upon demand of adult stakeholders, in the forms of consultations. Youth engagement approaches need to shift towards supporting and funding sustainable and inclusive youth-led movements in countries to spearhead and own the agenda of ASRHR programming. Youth representation must become more diverse and inclusive of groups such as youth people living with disabilities. The focus must on adolescents and young people must be holistic to counter opposition to CSE.

3.6 Future areas of work in view of an extension of the ESA Commitment beyond the year 2020

Future areas of work suggested by stakeholders clustered on topics already covered by the previous framework, but also revealed emerging priorities for A&Y development.

Programming

Where ESA targets were not fully met, it will be critical to work on the continuity and scale up of interventions to increase depth and coverage, and target both national and subnational levels with relevant interventions. Where significant sectoral progress has been reached, cross-sectoral linkages and synergies should be developed.
Work on the enabling policy environment must continue, including policy review, update and harmonization on a range ASRH aspects, including child marriage and GBV. Dissemination is another important step, including advocacy, education and communication, and SBCC in local languages.

CSE

CSE-related priorities reflect the variable implementation status of CSE across the region. While some countries prioritize additional advocacy and technical support for teacher training, school-based roll-out, and life-skills re-branding, others look at consolidating the gains in this sector by ensuring more national and local ownership of the programme. Key suggestions included:

- More assessment and research on school-based CSE
- Inclusion of gender transformative approaches and norm deconstruction in CSE
- More sensitisation of communities on CSE to achieve a citizen-owned CSE programme
- Rolling out CSE for out-of-school youth

YFHS

There is room for improvement with the implementation of the YFHS agenda across the region. Suggested future areas of work are thus in the continuity of the 2013 Commitment and target the development and consolidation of YFHS, increasing access to services; ensuring universal coverage of YFHS; capacity building, monitoring and coaching of providers in delivering youth-friendly services.

When the status of YFHS is more advanced, recommendations target the need for more integrated service delivery and the possibility to explore new platforms and innovations to reach young people with SRH information and services in the communities.

Gender

Many stakeholders signalled the need for more efforts to address gender inequality and GBV. Technical support is needed to work on community norms and deconstruct harmful gender norms with community leaders, parents and teachers. Gender transformative approaches must be researched and disseminated. Male involvement in SRHR issues remain a key priority.

Girl Programming

A number of recommended areas of work cluster around consolidated girl programming to address the interconnected issues of EUP, abortion, out of school girls, child marriage, structural factors fuelling HIV prevalence among young girls, school retention policies for pregnant adolescent and adolescent mothers. Recent experience with AGYW programming in the region can be a source of reflection to promote girls and young women's agency. Menstrual Hygiene Management was also mentioned as a priority.

Holistic approaches to adolescent health and well-being

As ASRHR continues to be critical, other health and lifestyle issues related to youth wellbeing gain visibility. They include: mental health, substance abuse, nutrition (including under nutrition and prevention of obesity), and physical

activity. Holistic school-health programmes offer a platform to address a larger range of health aspects relevant to youth.

Economic empowerment

Future programming should provide the opportunity to invest in young people's development, including health, education, and social protection, and increasingly integrate youth SRH and youth economic empowerment. The three E's of UNFPA's demographic dividend policy framework (empowerment, education and employment) are cited as an inspirational guidance.

Inclusion and diversity of young people

There is a large agreement that future interventions supported by the ESA Commitment must be more inclusive of a diversity of youth groups including young people living with disability, young people living with HIV and young people in correctional facilities and in closed communities settings. Their specific needs must be reflected in CSE and ASHRH strategies and programming.

MAYE

Future programming must advance meaningful youth participation and truly engage with adolescents and young people as agents of change. Youth participation remains too often at the level of ad-hoc consultations while MAYE requires sustainable investment in youth-led CSOs and youth movement building.

Approaches for Community Engagement

ESA Commitment programming must engage with communities, parents, traditional and religious leaders in all aspects of the work and early on in the process, to mitigate opposition and develop local ownership. It is suggested to provide resources for community grants to steer concerted action, reporting and engagement of key stakeholders at the local level. There must be intentional involvement of community gate keepers and regular monitoring that there is shared understanding and vision for youth development.

Research, data and accountability

The ESA Commitment and the RAF provide opportunities to strengthen data systems at all levels by ensuring that data is disaggregated by sex, age, economic status, and geographical location. There must be investments in evaluation and research and data must be used to engage with decision-makers and track accountability.

4. Key Considerations for Advancing the ESA Commitment

4.1 Relevance & Coherence

RCR1: Create a robust engagement mechanism for young people's participation

Description: The ESA Commitment is focused on adolescents and youth, and as such, should be grounded in the experiences, perspectives and expectations of adolescents and youth. Work to end AIDS, prevent early and unintended pregnancy, end child early and forced marriage and prevent school related gender based violence should be carried out in close partnership with young people. ESA Commitment coordination and implementation should be conducted in a way that promotes young people's rights, recognizes their agency and dynamics, builds youth-adult partnerships, and prioritises adolescents who are marginalised and most vulnerable.

The involvement of young people needs to go beyond a simple recognition of their importance or inclusion in decision-making platforms, to instead ensure that they have the necessary resources to influence decisions and lead coordination and implementation of the ESA Commitment. Adopting more transformative frameworks for the engagement of young people like the YIELD and Three-Lens frameworks, can support the effective tracking of the levels of youth representation and provide the guidance needed by adult allies to make the right investments in youth engagement at regional and country level.

An extension of the ESA Commitment, even if it is situation at the level of Governments, must include a measurement framework that involves youth in the design, implementation, monitoring and evaluation of the Commitments, in true application of the "Nothing for youth without youth" principles. Stronger commitment to youth engagement requires resource allocation for this purpose. It also requires that representatives of youth networks demonstrate accountability to the broader youth community, which they represent including mechanisms to collect inputs and disseminate information to all network members, and the large constituencies they represent.

Action Points	
Governments	Include country targets on meaningful youth engagement in the next iteration of the ESA Commitment's accountability framework.
	Include diverse representatives of young people in local coordination mechanisms for the ESA Commitment.
	Allocate domestic resources to support youth movements to sensitize communities on the importance of the commitment and its priorities for the achievement of national development goals.
RECs	Recruit a regional youth focal point to support coordination of young people's meaningful engagement in coordination and implementation of the ESA Commitment.
	Facilitate the representation of youth networks and coalitions in regional convenings on health, education, youth and gender.
UN Agencies	Allocate resources for regional and country social and behaviour change campaigns led by young people and youth-serving partners, working on ESA Commitment priority areas including EUP, SRGBV, CEFM and HIV prevention.
	Provide technical support to REC and country governments on how to effectively embed meaningful youth engagement within youth development related policy and practice.
	Support resource mobilisation for funding of youth focal points at regional and country levels who will help facilitate implementation of the ESA Commitment.
CSOs	Incorporate relevant standards and guidelines on meaningful adolescent and youth participation in the organisation's programmes and operations.
	Support youth consultations at different levels to inform the next ESA Commitment, and to support its coordination and implementation once endorsed.
	Support youth-led groups and youth movements representing a larger youth constituency to strengthen their own representativeness and internal accountability towards the youth they represent, by supporting more transparent internal processes and feedback loops.

RCR2: Balance support and engagement of RECs

Description: In spite of the differences in the number of members between the EAC and SADC, support for both RECs should be proportionally balanced to ensure effective coordination of ESA Commitment implementation in both sub-regions. The existing disproportionate allocation of technical and financial resources to the EAC versus to SADC needs to be adjusted to assist the EAC to function at similar levels of capacity with SADC. This is a more integrated approach and can serve to revive political commitment and coordination efforts to drive implementation of the ESA Commitment within the East African Community as a whole.

Action Points	
Governments	Allocate resources to the EAC and SADC secretariats to facilitate effective coordination of ESA Commitment implementation.
	Participate more robustly in ESA Commitment reporting and coordination activities driven by SADC and the EAC.
	Develop a resource mobilisation plan in tandem with the next ESA Commitment to ensure that both RECs have a clear pathway to effectively resource their coordination role under the commitment.
RECs	Facilitate cross-regional collaboration in identify good practices, sharing learnings, mobilising resources, conducting research and supporting Member States to address opposition to ESA Commitment implementation areas.
UN Agencies	Assess comparative funding dynamics between the two RECs and identify priority areas for resourcing in both regions.
	Increase financing for research in the East African region to help inform future commitment priorities in the region.
	Consider adjusting regional consultancy and staff recruitment practices to be more inclusive of professionals and firms from the East African region, especially for roles linked to the coordination and implementation of the ESA Commitment.
CSOs	Increase the involvement and support of CSOs based in East Africa in ESA Commitment coordination and advocacy efforts.

RCR3: Pitch the ESA Commitment at a higher political level, and with renewed narratives

Description: The ESA Commitment has the potential to draw in more government ministries, CSOs and UN agencies due to its adolescent and youth-focused mandate. However, the commitment's current limit on mainly health and education focused stakeholders falls short of the mark in driving progress towards youth development more holistically. It is a missed opportunity, especially as the commitment is situated within a very youthful continent and within two sub-regions that are working to harness the demographic dividend. Bringing all adolescent and youth-focused stakeholders together, beyond health and education, will create a more coherent commitment that is also more relevant to the population dynamics and policy priorities regarding youth within the ESA region.

Bringing in multiple government ministries to coordinate a single commitment in this way requires the involvement of a convenor above the ministerial level, which is the protocol in most countries within the region. In this respect, a Prime Minister or President can convene multiple ministries, and as such, the commitment should be pitched at this level, to support cross-ministerial collaboration to advance youth development targets. At regional level, this involves engaging the African Union, and making use of the SADC and EAC convening of Heads of State to facilitate the high level endorsement of any follow up to the ESA Commitment. In addition to this, making the commitment legally binding, through its processing by the relevant regional legal platforms, and legal definition, can elevate its political status in-country and make sure it is prioritised as needed.

Beyond the government-level, the ESA Commitment requires the involvement and leadership of diverse stakeholders including CSOs and development agencies. In spite of the importance of non-state actors in the delivery of the commitment, they are inadequately recognised within the commitment itself, as well as in the RAF. In response to this, any future ESA Commitment should include explicit references to the important contributions of non-state actors, as well as indicators that non-state actors will be responsible for reporting on. This will broaden the range of ESA commitment respondents and will increase ownership of the commitment beyond government and UN agencies.

New narratives could be explored to increase the relevance of the ESA Commitment with countries. Recognising the sensitive issues associated with key topics (CSE, ASRHR) and the requests from countries for adaptation of terminologies to ensure local relevance and acceptability, new narratives to pitch the ESA Commitment could increasingly focus on the impact youth has on the economic welfare of the region, and how investments in youth health and wellbeing across sectors contribute to the readiness of the future youth workforce.

Action Points	
Governments	Work closely with the offices of the Prime Minister and President to secure high-level political support for a new commitment on youth development.
	Facilitate cross-ministerial collaboration through the appropriate platforms, bringing together health, gender, youth, education, labour and social welfare portfolios to generate political momentum for the endorsement and implementation of a new commitment.
RECs	Pitch the new commitment as an agenda item for the next meeting of heads of state at sub-regional level, and lobby for the same at AU level.
	Introduce reporting on the ESA Commitment as a standing item in sub-regional meetings of ministers of youth, health, gender and education.
UN Agencies	Provide technical support to the offices of the Prime Minister and President to facilitate cross-ministerial collaboration for the implementation and coordination of the ESA Commitment.
	Provide technical and financial support to RECs to drive advocacy for the adoption of a higher-level political commitment that follows up on the ESA Commitment.
CSOs	Facilitate a regional campaign to build public support for a new ESA Commitment, and put pressure on governments to make it a high priority. Use the Young People Today platform as a call to action. Engage a broad coalition of actors beyond the UN, governments and selected youth networks and partners to create a movement for ASRHR in the region.
All	Pitch the extension of the ESA commitment along the integration of youth health/ wellbeing and youth economic empowerment, for an impact of the future workforce of the region. Use the Demographic Dividend and economic arguments to enlarge the support for investments into youth health and well-being.

4.2 Effectiveness

ESR 1: Use and test innovation with strong documentation of best practices

Description: At the close of the 7-year implementation period of the ESA Commitment, there were no readily available documented cases of best practices shared from regional reports, country case studies, interviews and online survey responses. Without the documentation of best practices, it is difficult to make recommendations on how governments and non-state actors can optimise service delivery to better meet the needs of adolescents and young people.

Action Points	
Governments	Commission the documentation and sharing of best practices at country level following the conclusion of the first phase of the ESA Commitment.
RECs	Facilitate a regional convening for the sharing of best practices and lessons learnt from the implementation of the ESA Commitment.
UN Agencies	Support research on best practices in the implementation of the ESA Commitment across specific thematic areas of interest at both country and regional level.
CSOs	Document possible best practices of CSO implementation of ESA Commitment activities for consideration at country and regional level.

ESR 2: Ensure further disaggregation of data

Description: There were significant data gaps from countries as highlighted in the findings section, which impeded on the ability to track progress on the commitment on key areas including ART coverage, and attitudes towards gender based violence. Data collection needs to be strengthened at country level, beyond self-reported data that is quantitative. This will ensure that progress in advancing young people's health and wellbeing is tracked constantly, and that opportunities to strengthen programming are identified ahead of time.

Action Points	
Governments	Adapt monitoring and evaluation tools drawn from the RAF to local commitments and indicator frameworks to ensure country-relevant data is collected.
RECs	Facilitate a regional indicator alignment process with Member States to support further disaggregation of data.
	Consider including indicators from the State of the African Youth Report to support countries to gather data across a wider spectrum of youth development issues.

UN Agencies	Provide technical support to countries and RECs to strengthen monitoring and evaluation mechanisms and reporting.
CSOs	Lobby governments for introduction of sub-indicators to support the disaggregation of data on adolescents and young people.

4.3 Efficiency

EYR1: Strengthen ESA Commitment coordination and accountability

Description: There was a disconnect in coordination between regional and country-level platforms, and between state and non-state actors across the East African region. There was also a disparity in coordination capacity between the two RECs as explained in the relevance section. The ambitions of the commitment on coordination were not met as the layers of coordination did not function as expected. This is described in-depth in the findings section. In order to take the ESA Commitment forward, the coordination mechanisms available need to be strengthened, and where necessary, rethought.

Furthermore, there is need to strengthen the accountability mechanism linked to the coordination of the commitment. Inviting more stakeholders to submit annual reports and increasing the number and type of indicators (both quality and quantity) that are reported on, can improve the tracking of ESA Commitment activities. More specifically, the contributions and reporting of CSOs should be incorporated in the next RAF, with resources availed for periodic reporting of stakeholders beyond country governments.

Action Points	
Governments	Increase the number of Government ministries that report on the ESA Commitment through a centralised in-country platform.
	Broaden the type of reporting conducted on the status of implementation of the ESA Commitment beyond self-reported quantitative data, to instead include qualitative data and inputs from non-state implementers of the commitment.
	Introduce national joint coordination teams led by government and CSOs.
RECs	Introduce annual country and regional performance reviews to hold governments accountable.
	Allocate more human resources to support regional coordination of the ESA Commitment.
	Redefine roles, expectations, membership and modus operandi of the HLG, with a focus on institutional representation, diversity and inclusion, and effective use of coordination resources without duplicating the role of RECs or the TCG.
UN Agencies	When resources are secured for RECs, ensure they are equitably distributed to enable both sub-regions to coordinate implementation effectively.
CSOs	Revive the CSO Engagement Mechanism and develop an implementation plan, with an attendant resource mobilisation strategy to sustain CSO engagement in the implementation of the commitment.
	Lobby government for the creation of a national joint coordination platform led by governments and CSOs.

EYR2: Improve the quality of teaching and learning materials

Description: In order to improve the existing delivery of CSE and its effectiveness in affecting adolescent health outcomes, the current teaching and learning materials need to be updated to keep up with developments in the space. This includes translating material to cater for learners living with a disability and catering for diverse local languages and contexts. In the instances where teacher training materials and learner resources are unavailable, these need to be developed and rolled out as a matter of urgency. Within school settings, support should be provided for the management of school-related gender-based violence, as this is an area identified as being in need of continued support in the evaluation.

Action Points	
Governments	Conduct a fast-track CSE curriculum review across the region, to update the last review done in 2011. This should include a review of teaching and learning materials to identify gaps for strengthening in the next iteration of implementation of the ESA Commitment.
	Convene national and sub-national consultations to identify opportunities to improve SRGBV content in learning and teaching materials.
	Urgently commission a widespread translation and reproduction of CSE learning and teaching materials consistent with existing language translation needs.
RECs	Commission the development of regional standards and guidelines for the development of teaching and learning materials on CSE to support Member States in their review efforts.
UN Agencies	Provide technical support to countries for the review of teaching and learning material, as well as their distribution across learning institutions.
CSOs	Collaborate with government in the review of CSE teaching and learning materials, particularly for content to be delivered by CSOs.

EYR3: Improve domestic, regional and global resource mobilisation

Description: The ESA Commitment is one of many commitments vying for political and financial attention from governments in the ESA region, as such, resource mobilisation efforts for the commitment need work within existing financing systems. In order to unlock more domestic resources for the coordination and implementation of the ESA Commitment, commitment priorities need to be integrated within government development planning processes and budget discussions. Furthermore, involving non-state actors in financing commitment activities holds promise in supporting CSOs and private sector implementers to complement government efforts. More broadly, integrating ESA Commitment priorities and young people's involvement in the workings of global financing mechanisms like the GFF and SDG Fund can unlock additional resources to support both regional and national coordination and implementation of the commitment. Such a concerted resource mobilisation effort is expected to help bridge funding gaps in support for REC coordination, local country coordination, and work to end child marriage.

Action Points	
Governments	Develop and implement a resource mobilisation strategy to meet funding gaps identified in the first phase of the ESA Commitment.
RECs	Convene Member States to make financial commitments towards the regional coordination of the ESA Commitment, and agree on an appropriate accountability process for this.
UN Agencies	Convene a regional and country-level multi-agency taskforce to streamline support of UN agencies towards the ESA Commitment at both levels, and monitor progress towards resource mobilisation targets.

CSOs	Develop and implement a resource mobilisation strategy to meet funding gaps identified in the first phase of the ESA Commitment, both at regional level and within respective countries.

EYR4: Strengthen referral linkages between schools and health facilities

Description: Adolescents in many schools in the region receive CSE to respond to their SRH information needs, albeit without an explicit link to a broader range of the SRH services that they need. This disconnect continues to drive unmet need for SRH services, and consequently increases the rates of EUP, HIV infection and reduces the likelihood of CEFM and SRGBV cases going unreported amongst young people. On the other hand, bridging the gap between CSE and access to SRH services is expected to increase uptake of SRH services in young people, and improve their health and development outcomes. Strengthening referral linkages between schools and health facilities is a pathway to this, and should be prioritised in the ESA Commitment moving forward. This should include the creation of confidential reporting and referral systems to manage SRGBV, in order to facilitate early detection of abused children and provision of comprehensive services amongst others things.

Action Points	
Governments	Review school health policies to incorporate referrals to health and legal services and the provision of health services in school settings where possible.
	Review relevant curriculum guidelines to allow for educators to make referrals to health services.
RECs	Provide technical support to Member States to update policies and guidelines for the linkages between health and edu-cation services, and improve reporting on the same.
UN Agencies	Support the documentation of good practices on how to effectively link health and education services, as well how to effectively support access to services in response to SRGBV.
CSOs	Test innovations in supporting adolescents and young people in school to access health services and redress for SRGBV.

4.4 Sustainability

SR1: Develop and report on a composite youth indicator for youth well-being

Description: There is a lack of convergence in indicator framing and reporting within the region, which is a significant challenge given the wide range of cross-cutting factors that affect progress on any single health or education indicator. The ESA Commitment RAF as an example, sought to reflect improvements in young people's wellbeing through tracking change on specific health and education outcomes, whilst ignoring indicators on economic empowerment and other influencers of change on the commitment's targets. The discussion on possible indicators for a new ESA Commitment presents an opportunity to introduce a much broader set of youth development indicators to constitute a composite indicator on youth well-being. Such an indicator can provide a temperature check on the status of young people within the ESA region, through tracking and scoring changes in selected sub-indicators. This type of indicator framing and tracking is in tandem with broader regional aspirations for youth development, and will substantiate calls for the involvement of a wider range of stakeholders in framing, owning and driving the next ESA Commitment.

Action Points	
Governments	Convene stakeholders from the country's leading research units and research-focused organisations to map possible sub-indicators to use to report on youth well-being in-country and at regional level.

	Resource the relevant national statistics office to build the data collection tools and protocols for a national roll-out of the envisaged youth well-being indicator framework.
RECs	Convene Member States to adopting the youth well-being index and agree to the relevant reporting guidelines.
UN Agencies	Provide technical support to countries directly and through the RECs to adapt their information management systems to the needs of having a youth well-being index.
CSOs	Partner with government and UN agencies to collect qualitative data on the performance of countries in advancing youth well-being as per the sub-indicators defined by ESA Commitment stakeholders.

SR2: Fast-track review, harmonisation and implementation of laws and policies

Description: ESA countries made significant progress in the review and adoption of laws, policies and guidelines on child marriage, school-related gender-based violence, re-entry of pregnant learners and age of consent for access to services. However, some countries are still lagging behind and have yet to finalise steps to create an enabling environment for the achievement of ESA Commitment targets.

Action Points	
Governments	The governments of Angola, Botswana, DRC, Ethiopia and Lesotho to fast-track the implementation of a national poli-cy/strategy on pregnant learners.
	The governments of Botswana and Burundi to fast-track the adoption of education sector policies that address school related gender based violence.
	The governments of Botswana, Burundi, DRC, Ethiopia and Seychelles to fast-track the development of programmes to prevent and mitigate against child, early and forced marriage.
RECs	Provide technical support to the governments of Botswana, Burundi, DRC, Seychelles, Ethiopia, Lesotho and Angola to achieve their ESA Commitment targets on the review of laws and policies.
UN Agencies	Provide technical guidance to ESA countries on gaps that remain in legal infrastructure, and that need to be addressed in the next iteration of the ESA Commitment.
CSOs	Scale up support for and implementation of advocacy campaigns in Botswana, Burundi, Seychelles, Ethiopia, Lesotho and Angola for the change of laws and policies identified in the ESA Commitment.

5. Bibliography

1. Adesina M. and Olufadeqa I, (2019). Comprehensive Sexuality Education (CSE) Curriculum in 10 East and Southern African Countries and HIV Prevalence among the Youth. Available at: https://www.researchgate.net/publication/336700971_Comprehensive_Sexuality_Education_CSE_Curriculum_in_10_East_and_Southern_African_Countries_and_HIV_Prevalence_among_the_Youth [Accessed 14 November. 2020]
2. African Population and Health Research Center, (2019). Comprehensive Sexuality Education in Sub-Saharan Africa [Accessed 13 November. 2020]
3. African Population and Health Research Center, (2018). Family Planning in East Africa, Trends and Dynamics. Available at: https://aphrc.org/wp-content/uploads/2019/07/Family-Planning-in-East-Africa-Report_January-2018.pdf [Accessed 13 November. 2020]
4. African Population and Health Research Center, (2018). Contraceptive Use in East Africa: What do the Numbers Tell Us? Available at: https://aphrc.org/wp-content/uploads/2019/07/FP-in-East-Africa-Fact-Sheet_October-2018.pdf [Accessed 15 November. 2020]
5. AfriYAN, AIDS Accountability International, Eannaso, and SAfAIDS. 2016. "CSOs Platform on the ESA Ministerial Commitment. IAC Durban 2016 Side Meeting Report, Wednesday, 20th July 2016." http://www.aidsaccountability.org/wp-content/uploads/2014/04/CSOs-ESA- Commitment-Durban-Report.pdf.
6. Bains A. and Armstrong A. (2017) Developing an Adolescent Operational Plan – Rwanda. [ESA ALL IN Blog Series]. Available at: https://www.childrenandaids.org/sites/default/files/2017-12/All%20In%20ESA%20-%20Blog%20Rwanda%202017.pdf [Accessed 10 November. 2020]
7. Every Woman, Every Child, (2020). Protect the Progress: Rise, Refocus, Recover. 2020 Progress Report on the Every Woman Every Child Global Strategy for Women's Children's and Adolescents' Health (2016-2030)
8. Forum for African Women Educationalists and African Population and Health Research Center, (2020). Comprehensive Sexuality Education in Sub-Saharan Africa. Available at: https://aphrc.org/publication/comprehensive-sexuality-education-in-sub-saharan-africa-2/ [Accessed 13 November. 2020]
9. Government of Botswana Department of Educational Planning and Research Services Research Unit, (2018). The SACMEQ IV Project in Botswana: A Study of the Conditions of Schooling and Quality of Primary Education in Botswana. Available at: http://www.sacmeq.org/sites/default/files/final_saqmeq_iv_report_botswana-compressed.pdf [Accessed 13 November. 2020]
10. Government of Namibia Ministry of Education, Arts and Culture, (2015). The SACMEQ IV Project in Namibia: A Study of the Conditions of Schooling and Quality of Primary Education in Namibia. Available at: http://www.sacmeq.org/sites/default/files/sacmeq/publications/final_sacmeq_iv_report_namibia-compressed-compressed.pdf [Accessed 13 November. 2020]
11. Hodgkinson K., Koster W. and Miedema E. (2016). Understanding and Addressing Child Marriage: A Scoping Study of Available Academic and Programmatic Literature for the 'Her Choice' Alliance. Available at: https://www.researchgate.net/publication/324862590_Understanding_and_addressing_child_marriage_A_scoping_study_of_available_academic_and_programmatic_literature_for_the_%27Her_Choice%27_Alliance [Accessed 15 November. 2020]
12. Kassa G., Arowojolu A., Odukogbe A. and Yalew A. (2018). Prevalence and Determinants of Adolescent Pregnancy in Africa: A Systematic Review and Meta-Analysis. Reproductive Health, [online] Volume 15(195). Available at: https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-018-0640-2 [Accessed 14 November. 2020]
13. Koski A., Clark S. and Nandi A. (2017). Has Child Marriage Declined in Sub-Saharan Africa? An Analysis of Trends in 31 Countries. Population and Development Review, [online] Volume 43(1), p. 7-29. Available at: https://onlinelibrary.wiley.com/doi/full/10.1111/padr.12035 [Accessed 15 November. 2020]
14. KPMG, (2017). Situational Analysis: Access to Sexual and Reproductive Health and Rights for Young Persons with Disabilities in East and Southern Africa. Available at: https://esaro.unfpa.org/sites/default/files/pub-
15. KPMG, (2017). The Right to Access: Regional Strategic Guidance to Increase Access to Sexual and Reproductive Health and Rights for Young Persons with Disabilities in East and Southern Africa. Available at: https://esaro.unfpa.org/en/publications/right-access-regional-strategic-guidance-increase-access-sexual-and-reproductive-health [Accessed 13 November. 2020]
16. Population Council, (2020). Understanding Local Variation in How Female Genital Mutilation/Cutting Declines, Changes, or Persists. Available at: https://www.popcouncil.org/research/understanding-local-variation-in-how-female-genital-mutilation-cutting-decl [Accessed 15 November. 2020]
17. SAfAIDS and UNFPA, (2016). iCAN Package Workbook: A Comprehensive Life Skills Package Focusing on HIV, Sexuality and Sexual and Reproductive Health for Young People Living with HIV and Their Circles of Care. Available at: https://esaro.unfpa.org/en/publications/ican-package-facilitators-manual-and-workbook [Accessed 15 November. 2020]
18. UNICEF and WHO, (2017). Tracking Progress Towards Universal Coverage for Women's, Children's and Adolescents' Health. Available at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwifg-Lx4IbtAhVIUcAKHRwFArEQFjAAegQIARAC&url=https%3A%2F%2Fdata.unicef.org%2Fwp-content%2Fuploads%2F2018%2F01%2FCountdown-2030.pdf&usg=AOvVaw3uoCnX-kXfMu1aSGgkz7E6 [Accessed 13 November. 2020]
19. UNICEF, (2017). Guidance Document: Strengthening the Adolescent Component of National HIV Programmes Through Country Assessments Adolescent Assessment and Decision-Makers' Tool. Available at: https://data.unicef.org/resources/guidance-document-strengthening-adolescent-component-national-hiv-programmes-country-assessments/# [Accessed 14 November. 2020]
20. UNICEF, (2017). Strengthening Adolescent Strategic Information: Revising Tools/Systems for Disaggregation, ESA Case Study One. Available at: https://www.childrenandaids.org/sites/default/files/2017-12/All%20In%20ESA%20-%20Case%20Study%201%20-%20Kenya%202017.pdf [Accessed 11 November. 2020]
21. UNICEF, (2015). Situation Assessment of Children and Women in South Sudan. Available at: https://www.28toomany.org/static/media/uploads/Country Research and Resources/South Sudan/unicef_south_sudan_situation_assessment_of_children_and_women_2015.pdf [Accessed 14 November. 2020]UNAIDS, (2020). Seizing the Moment: Tackling Entrenched Inequalities to End Epidemics. Available at: https://www.unaids.org/en/resources/documents/2020/global-aids-report [Accessed 15 November. 2020]
22. UNAIDS, (2020). We've Got the Power: Women, Adolescent Girls and HIV Response. Available at: https://www.unaids.org/en/resources/documents/2020/2020_women-adolescent-girls-and-hiv [Accessed 14 November. 2020]UNAIDS, (2019). Power to the People. Available at: https://www.unaids.org/en/resources/documents/2019/20191126_WAD2019_power_people [Accessed 13 November. 2020]
23. UNAIDS, (2018). Catalysing the HIV Response for Adolescents in Eastern and Southern Africa. Available at: https://reliefweb.int/report/world/all-eastern-and-southern-africa-catalysing-hiv-response-adolescents [Accessed 13 November. 2020]UNAIDS, (2016). Ending the AIDS Epidemic for Adolescents, with Adolescents: A Practical Guide to Meaningfully Engage Adolescents in the AIDS Response. Available at: https://www.unaids.org/sites/default/files/media_asset/ending-AIDS-epidemic-adolescents_en.pdf [Accessed 15 November, 2020]
24. UNESCO, (2020). A Report Informing Approaches to the Prevention of School-Related Gender-Based Violence in Eastern and Southern Africa. Available at: https://www.youngpeopletoday.org/publication/a-report-informing-approaches-to-the-prevention-of-school-related-gender-based-violence-in-east-and-southern-africa/ [Accessed 12 November. 2020]
25. UNESCO, (2019). Needs Assessment for Sexuality Education Curriculum Implementation in Eastern and Southern and West and Central Africa. Available at: https://www.youngpeopletoday.org/wp-content/uploads/2020/01/Unesco_Needs_Assessment_Report_2019.pdf [Accessed 13 November. 2020]

26. UNESCO, (2019). Needs Assessment for Sexuality Education Curriculum Implementation in Eastern and Southern and West and Central Africa. Available at: https://www.youngpeopletoday.org/wp-content/uploads/2020/01/Unesco_Needs_Assessment_Report_2019.pdf [Accessed 13 November. 2020]
27. UNESCO, (2018). Situational Analysis on Early and Unintended Pregnancy in Eastern and Southern Africa. Available at: https://www.youngpeopletoday.org/publication/situational-analysis-on-early-and-unintended-pregnancy-in-eastern-and-southern-africa/ [Accessed 12 November. 2020]
28. UNESCO, (2015). Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/CSE_Global_Review_2015.pdf [Accessed 13 November. 2020]
29. UNFPA ESARO, (2020). The Impact of Rites of Passage and Cultural Practices on Adolescents' and Young People's Sexual and Reproductive Health in East and Southern Africa – A Review of the Literature. Available at: https://esaro.unfpa.org/en/publications/impact-rites-passage-and-cultural-practices-adolescents%E2%80%99-and-young-peoples-sexual-and [Accessed 14 November. 2020]
30. UNFPA ESARO, (2020). Our Journey: A Collection of Good Practices from the Safeguard Young People Programme. Available at: https://esaro.unfpa.org/en/publications/our-journey [Accessed 15 November. 2020]
31. UNFPA ESARO, (2020). The Safeguard Young People Programme Phase II Report 2017-2019: Addressing the Urgent Needs of Youth Across Southern Africa. Available at: https://esaro.unfpa.org/en/publications/safeguard-young-people-programme-phase-ii-report-2017-2019 [Accessed 14 November. 2020]
32. UNFPA ESARO and Safeguard Young People, (2020). Evaluation of Behaviour Change of Young People Using TuneMe in Southern Africa. Available at: https://prod.uruguay.unfpa.org/en/publications/evaluation-behaviour-change-young-people-using-tuneme-southern-africa [Accessed 12 November. 2020]
33. UNFPA ESARO and Young People Today, (2019). ESA Commitment Annual Report. Available at: https://esaro.unfpa.org/en/publications/unfpa-east-and-southern-africa-annual-report-2018 [Accessed 13 November. 2020]
34. UNFPA ESARO, (2019). Safeguard Young People Programme 2018 Annual Report. Available at: https://esaro.unfpa.org/en/publications/safeguard-young-people-programme-annual-report-2018 [Accessed 15 November. 2020]
35. UNFPA UNICEF, (2019). Accelerating Change: UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation Annual Report 2018. Available at: https://www.unfpa.org/pcm/node/20729 [Accessed 16 November. 2020]
36. UNFPA ESARO, (2018). Safeguard Young People Programme 2017 Annual Report. Available at: https://esaro.unfpa.org/en/publications/safeguard-young-people-programme-annual-report-2017 [Accessed 13 November. 2020]
37. UNFPA, (2018). A Guide to Using the SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage for Parliamentarians, Civil Society Organisations and Youth Advocates. Available at: https://www.girlsnotbrides.org/wp-content/uploads/2018/12/SADC-Model-Law-Toolkit.pdf [Accessed 14 November. 2020]
38. UNFPA, (2018). The Power of Choice: Reproductive Rights and the Demographic Transition. Available at: https://esaro.unfpa.org/en/publications/power-choice-reproductive-rights-and-demographic-transition [Accessed 14 November. 2020]
39. UNFPA, (2017). Comprehensive Sexuality Education for Out of School Young People in East and Southern Africa Facilitator's Manual. Available at: https://esaro.unfpa.org/sites/default/files/pub-pdf/CSE%20Facilitators%20Manual.pdf [Accessed 13 November. 2020]
40. UNFPA ESARO, (2017). Harmonization of the Legal Environment on Adolescent Sexual and Reproductive Health in East and Southern Africa: A Review of 23 Countries. Available at: https://esaro.unfpa.org/en/publications/harmonizing-legal-environment-adolescent-sexual-and-reproductive-health-and-rights-0 [Accessed 14 November. 2020]
41. UNFPA ESARO, (2017). The Safeguard Young People Programme: Three Years on Addressing the Urgent Needs of Youth Across Southern Africa. Available at: https://esaro.unfpa.org/en/publications/safeguard-young-people-programme-three-years [Accessed 12 November. 2020]
42. UNFPA and IPPF Africa Region, (2017). Assessment of Adolescents and Youth-Friendly Health Service Delivery in the East and Southern Africa Region Regional Report. Available at: https://esaro.unfpa.org/en/publications/assessment-adolescent-and-youth-friendly-health-service-delivery-east-and-southern [Accessed 15 November. 2020]
43. UNFPA, (2017). Worlds Apart: Reproductive Health and Rights in an Age of Inequality. Available at: https://esaro.unfpa.org/en/publications/worlds-apart-reproductive-health-and-rights-age-inequality [Accessed 13 November. 2020]
44. UNFPA ESARO, (2016). Safeguard Young People Programme 2015 Annual Report. Available at: https://esaro.unfpa.org/sites/default/files/pub-pdf/SYPReport-FinalDigital.pdf [Accessed 10 November. 2020]
45. UNFPA, (2015). The Evaluation of Comprehensive Sexuality Education programmes: A focus on Gender and Empowerment Outcomes. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPAEvaluationWEB4.pdf [Accessed 13 November. 2020]
46. UNFPA ESARO, (2014). Safeguard Young People Programme 2014 Annual Report. Available at: https://esaro.unfpa.org/sites/default/files/pub-pdf/SYPReport-FinalDigital.pdf [Accessed 14 November. 2020]
47. UN Women, (2019). Multi-Country Analytical Study of Policies, Interventions and Cultural Practices on Child Marriage in Africa. Available at: https://africa.unwomen.org/en/digital-library/publications/2018/multicountry-fgm [Accessed 14 November. 2020]
48. UN Women, (2018). Multi-Country Analytical Study of legislation, policies, interventions and Cultural Practices on Child Marriage in Africa.
49. UNICEF and SAT, (2017). Reducing Age-Related Barriers to Sexual Health Services Learning to Change Policy Toolkit for Civil Society Organisations, Youth Activists, Parliamentarians and Journalists. Available at: https://childrenandaids.org/sites/default/files/2017-05/SAT%20toolkit_Reducing%20Age%20Related%20Sexual%20Barriers%20to%20Sexual%20Health%20Services.pdf Accessed 13 November. 2020]
50. WHO, (2018). Global strategy for Women's Children's and Adolescents' Health (2016 - 2030) 2018 Monitoring Report: Current Status and Strategic Priorities. Available at: https://www.who.int/life-course/partners/global-strategy/gswcah-2018-monitoring-report/en/ [Accessed 13 November. 2020]
51. WHO, (2017). Progress in Partnership, 2017 Progress Report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health. Available at: https://apps.who.int/iris/handle/10665/258504 [Accessed 12 November. 2020]
52. WHO, (2015). Every Woman, Every Child, Every Adolescent: Achievements and Prospects: The Final Report of the Independent Expert Review Group on Information and Accountability for Women's and Children's Health. Available at: https://apps.who.int/iris/handle/10665/183585 [Accessed 14 November. 2020]
53. WHO, (2015). Saving Lives: Protecting Futures, Progress Report on the Global Strategy for Women's and Children's Health. Available at: https://www.who.int/life-course/news/progress-report-global-strategy/en/ [Accessed 12 November. 2020]
54. WHO, (2014). The Health of the People, What Works: The African Regional Health Report. Available at: http://extranet.who.int/iris/restricted/bitstream/handle/10665/137377/9789290232612.pdf;jsessionid=EED8B80C228C18C35404A7D65AD205EB?sequence=4 (Accessed 13 November. 2020]
55. Young People Today, (2018). ESA Commitment Annual Report.
56. Young People Today, (2015). Civil Society Engagement Strategy on Eastern and Southern Africa Ministerial Commitment on SRH, CSE and HIV. Available at: https://www.youngpeopletoday.org/wp-content/uploads/2018/06/Civil-Society-Engagement-strategy-on-the-ESA-Commitments-30.09.15.pdf [Accessed 13 November. 2020]
57. Young People Today, (2014). Eastern and Southern Africa Commitment One Year in Review 2013-2014

6. Annexes

6.1 Indicator table of the Regional Accountability Framework

ESA Commitment	Indicators	Baseline	2015 Progress	2018 Progress	Target
A good quality CSE curriculum framework is in place and being implemented in each of the 21 countries	% schools that provide life skills-based HIV and sexuality education in the previous academic year	Not available	88% Primary 71% Secondary	14 out of 15 countries that reported on this indi-cator showed var-ying levels of coverage from 5%-100%	95%
	Number of countries that have a costed national CSE strategy or framework for out-of-school youth	2 countries	15 out of 21 countries	17 countries	20 countries
	% of schools with teachers who received training and taught lessons, in life skills based HIV and sexuality education in the previous academic year	Not available	76% primary 56% secondary	Not available	90%
Pre and in-service CSE and SRH training for teachers and health and social workers in established and being implemented in all 20 countries	Number of countries that provide pre-service and/or in-service training programmes on the de-livery of CSE	2 countries	Pre-service: 10 countries In-service: 20 countries	20 countries	20 countries
	Number of countries that provided pre and in-service training pro-grammes on the delivery of AYFHS	No baseline data	19 countries	21 countries	20 countries
Decrease by 50% the number of adolescents and young people who do not have access to youth friendly SRH services, including HIV related services that are equitable, accessible, acceptable, appropriate and effective	Number of countries with a costed national strategy/plan to improve young people's access to youth-friendly health services aligned to regional/international standards	Not available	20 countries	Not available	20 countries
	Percentage of health service delivery points that offer a standard / minimum package of adolescent/ youth friend-ly/sensitive health services	Not availa-ble	65% of countries offer a standard minimum package of YFSRH ser-vices	Eswatini 74% Kenya 23% South Africa 100% Tanzania 30% Uganda 17% Zimbabwe 20%	
	Percentage of adoles-cent boys and girls, and young women aged 10-24 and living with HIV currently receiving an-tiretroviral therapy	Not available	Not available	Not available	Increase by 75% of baseline
Eliminate all new HIV infections among adolescents and young people aged 10-24	Number of new HIV in-fections among adoles-cents and young people (15 – 24 years)	366,900 251,634 F 115,266 M	331,210 228,914 F 102,296 M	258,192	Reduction by 75% of baseline
	Percentage of never married women and men aged 15-24 years who had sexual intercourse in the past 12 months and used a condom at the last sexual encounter	Not available	Not available	Amongst reporting countries, most reported an increase in condom use at last sex except for Ethiopia, which reported a decrease, percentage increases varied from 39.2% to 72.5%	75% decrease from baseline
	Percentage of sexually active women and men aged 15-24 who have been tested for HIV and received results in the last 12 months	Not available	23% M 30% F	Not available	Increase by 75% of baseline

Increase to 95% the number of adolescents and young people aged 10-24 who demonstrate comprehensive HIV prevention knowledge levels	Percentage of AYP aged 15-24 years who have comprehensive HIV prevention knowledge	41% M 35% F	45% M 42% F	40% com-posite	95% composite
Reduce early and unintended pregnancies among young people by 75%	Number of countries implementing a policy/strategy/ guidelines on learner pregnancy and readmission	5 countries	9 countries	16 countries	20 countries
	Percentage of women aged 15-19 who have begun childbearing	Births by age 18: 27%	Not available	Not available	Reduction by 75%
Eliminate gender based violence	Number of countries whose education sector policies address school related GBV	7 Countries	12 countries	18 countries	20 countries
	Percentage of women aged 15-24 who believe that wife-beating is justified for at least one of five specified reasons	54%	52%	6.4% South Africa 13.3% Mozambique 18.6% Malawi 24.9% Angola 48.6% Zimbabwe 53.4% Uganda 59.4% Tanzania 60.3% Ethiopia	Reduction by 75% to 13.5%
	Percentage of education institutions that have rules and guidelines for staff and students relat-ing to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	Not available	Not available	Not available	50%
Eliminate child marriage	Number of countries with programmes to prevent and mitigate against child marriage where preva-lent	5	12 countries	16 countries	20 countries

	Percentage of women aged 20-24 years who were first married or in union before age 15 and age 18	10% by 15 years 38% by 18 years	10% by 15 years 36% by 18 years		Reduction of 75% from baseline to .9% married by 15 and 3.6% married by 18
Increase the number of schools and teacher training institutions that provide CSE to 75%	Not available	Not availa-ble	Not available	Not available	Not available
Creating an enabling environment	Number of countries im-plementing a multi-sectoral strategy or framework for operation-alisation of the ESA Commitment	0 countries	18 countries	19 countries	20 countries
	Number of countries with a multi-sectoral task team established and functional to provide poli-cy and technical guid-ance	0 countries	14 countries	12 countries	20 countries
	Number of countries having earmarked / mo-bilised financial re-sources for the imple-mentation of the ESA Commitment	0 countries	12 countries	12 countries	20 countries

6.2 List of Key Informants

Name of Organisation	Name	Organisation
UN agencies, INGOS and development partners	Renata Tallarico	UNFPA
	Maria Barakoudis	UNFPA
	Duduzile Simelane	SADC
	Michael Katende	EAC
	Sheila Tlou	Retired, former UNAIDS ESA Executive Director
	Michael Katende	EAC
	Patricia Machawira	UNESCO
	Remmy Shawa	UNESCO
	Chandra-Moulli Venkatraman	WHO
	Elsie Akwara	WHO
Civil society groups including youth-led organisations	Nyasha Sithole	DAWA
	Levi Singh	SAT
	Glory Chagama	EANNASO
	Yvonne Kahimbura Catherine	EANNASO
	Onesmus Mlewa Kalama	EANNASO