COMMITMENT ON HIV PREVENTION AND SEXUAL HEALTH FOR YOUNG PEOPLE IN EAST AND SOUTHERN AFRICA

Expanded Technical Coordinating Group Meeting Report

Sandton Convention centre,
Johannesburg, South Africa

24th - 25th March 2014
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1.0 Background

UNESCO, in collaboration with UNAIDS and other UN partners, RECs, CSOs, development partners, religious and youth leaders led an initiative aimed at securing commitment from Education and Health ministers from 21 Eastern and Southern African (ESA) countries to accelerate access to comprehensive sexuality education and health services for young people in the region. The initiative is a strategic tool that for the first time brings together Ministries of Education and Health to strengthen HIV prevention efforts and foster positive health outcomes by advocating for access to quality, comprehensive sexuality education as well as sexual and reproductive health services for young people in the ESA region.

The historic ESA commitment was endorsed at the 2013 ICASA Conference and has time-bound actions and targets that were agreed upon by member states. Countries that endorsed the commitment include Angola, Botswana, Burundi, DRC, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. At country level the ESA Ministerial Commitment is expected to pave the way for actions which scale up delivery of sexuality education and related health services, support joint action around developing programmes, sharing information strengthening linkages and referrals between schools and health services and an overall approach which facilitates access and equity and strengthens national responses to HIV and SRH.

Following its adoption in December 2013, in order to sustain the momentum on the ESA commitment, countries held country level information meetings in early 2014. The objectives of the one day meetings were to disseminate the ESA Commitment in-country, to solicit commitment of policy makers on a mechanism for effective joint planning and monitoring of ESA commitment in country and to agree on a road map and milestones for reaching the 2015 targets, including technical assistance requests; strategies to ensure sustainability.

A Technical Coordinating Group (TCG) acted as a planning and coordinating mechanism for the first phase of the ministerial commitment, and will continue to provide guidance in the post-commitment, implementation phase. The expanded TCG meeting thus brought together the TCG partners and participants from four invited ESA Commitment countries to agree on the next steps for taking forward the ESA Commitment Process. The selected countries were Zambia, Namibia, Tanzania and Uganda. These countries were invited to participate in the meeting on the basis that there is already ongoing work which can be built on.
1.1 Meeting purpose

In order to sustain the momentum of the ESA commitment, the main purpose of the meeting was to define a process for taking forward the ESA Commitment at country level and outlining a regional accountability mechanism for tracking progress across the ESA countries.

1.2 Objectives of the meeting

The meeting sought to accomplish the following objectives:

- To discuss the outcomes of the country information and planning meetings towards the implementation of the ESA commitment;
- To agree on a process for the development of joint Education and Health sector country work plans which are in line with all the targets in the commitment;
- To agree on mechanisms for resource mobilisation to support the country and regional processes;
- To finalise an accountability framework to hold governments and partners accountable towards the achievement of the ESA commitment targets;
- To agree on a road map and milestones for reaching the 2015 ESA commitment targets;
- To map out a process for the engagement of young people and civil society partners in the development of country work plans and the accountability framework.

1.3 Expected Meeting Outcomes

By the end of the meeting the following outcomes were expected to be achieved:

- Agreement of the Regional Accountability Framework document;
- Agreement on the process for developing and resourcing country work plans;
- Clear road map and milestones for reaching the 2015 ESA commitment targets outlined;
- Modalities for engaging government, young people and civil society partners at country level agreed upon.
1.4 Meeting Participants

The expanded TCG meeting was attended by a total of 38 invited participants comprising core partners of the TCG such as: UNESCO, UNAIDS, UNFPA, UNICEF, Ford Foundation, AAI, GIZ, SIDA, SADC, EAC, INERELA+, USAID, SAfAIDS, Church of Sweden, IPPF and Youth Representatives. Representatives from the four invited countries together were drawn from Ministry of Health (adolescent and reproductive health), Ministry of Education (HIV focal point) and the United Nations country team (UNESCO/ UNAIDS). Also in attendance were representatives from the ESA Commitment High Level Group (HLG), namely Dr. Harriet Birungi, Hon. Jacqueline Amongin (MP) and Mr. Remmy Shawa. The HLG has provided ongoing high level support to the ESA Commitment process since its inception and their contribution to the expanded TCG meeting was highly anticipated and welcomed. The full list of participants is available at the end of this document.

2.0 Meeting proceedings

The following is a record of the proceedings of the two-day meeting which was held at the Sandton Convention Centre in Johannesburg, South Africa. A detailed agenda is appended in this report. The meeting was attended by 36 delegates from 09 countries and their details are annexed in the report.

2.1 Day One Proceedings– 25th March 2014

Session 1:

All our actions must position us closer to attaining the targets set out in the commitment and we need a discussion on how we will hold each other accountable for achieving the targets.

- Prof. Sheila Tlou

Welcome remarks - Prof. Sheila Tlou, UNAIDS

The meeting began with opening remarks by Prof. Sheila Tlou, the Regional Director of UNAIDS for Eastern and Southern Africa who spoke in her capacity as the Chairperson of both the ESA Commitment TCG and the HLG. Prof. Tlou welcomed all the delegates to the meeting and expressed gladness that fellow HLG member, Hon. Jacqueline Amongin was present at the meeting as she had done an excellent job of advocating for young people’s needs at the recently held meeting of the Pan African

1 Annex 1 – Expanded TCG Meeting Participants List
Parliament, also in South Africa. Prof. Tlou reminded all present that the 20 countries present at the Cape Town meeting endorsed and affirmed targets on increasing quality and coverage of sexuality education youth friendly services, reducing teenage pregnancy, eliminating gender based violence and child marriage. She highlighted that this was indeed a commendable fact, which however, led us to the point of having to ensure that all stakeholders in-country and regionally were aware of the Commitment and all speaking from the same script. Prof. Tlou indicated that the onus was now upon countries to make the necessary linkages between health and education to ensure that the limited resources available were well spent and encouraged all present to ensure that that the commitment targets are met. With those words Prof Tlou welcomed delegates and introduced Honourable Jacqueline Amongin to address the gathering.

**Welcome remarks- Hon. Jacqueline Amongin (MP), Parliament of Uganda**

The Honourable Jacqueline Amongin is a member of the Ugandan parliament and sits on the ESA Commitment High Level Group. Hon. Amongin is a champion of the rights of young people particularly with regard to poverty alleviation, empowerment health and gender-related issues. Hon Amongin thanked the team she has been working with in Uganda for the guidance on the ESA Commitment. In addition to outlining the need for the provision of good quality sexuality education coupled with accessible youth friendly services, Hon Amongin reiterated the importance of protecting the needs of the girl child as they are especially disadvantaged as they are not favored for opportunities to go to school and they are married off early so that dowry can be used to pay school fees for boys. Hon Amongin intoned that Parliament needs to be put to task to ensure that aspects of CSE and SRH are kept on the agenda. In this regard she has met with the Ugandan Speaker of Parliament and will move a motion for debate of these issues in her country.

Hon Amongin concluded by confirming her total support and commitment to engaging parliamentarians to ensure that they hold ministers to task to ensure that issues of CSE and SRH are prioritized. She also echoed the need to bring on board other Ministries such as the Ministry of Gender, Youth and Social development that shall be working hand in hand with the Ministries of Education and Health.

“A population that cares for its young generation is a population that cares for its future. The time is now to prioritise young people.”

- Hon Jacqueline Amongin
Participant introductions
The first session ended with individual introductions from participants.

Session 2:

**Background to the ESA Commitment Process – Dr. Asha Mohamud, UNFPA**

Dr. Mohamud began by stressing the importance of all the partners working and planning together regionally and appreciated how this has led to the initiative being so momentous. She provided an overview of the ESA Commitment process leading up to its affirmation, endorsement and adoption at ICASA in December 2013. Having contributed to the development of the background documents for ICPD, Dr. Mohamud reported that it was unfortunate to note that there were still controversies around young people’s sexual health and rights and expressed her sincere hope that the adoption of the ESA Commitment would help the region to make progress in this regard. Dr. Mohamud’s presentation provided participants with an overview of the Commitment including the next steps for implementation, monitoring and reporting and continued advocacy and awareness building.

At regional level the next steps outlined were:

- Wide dissemination of the commitment in 4 languages, including Swahili
- Country meetings of the TWG on young people to discuss, plan and agree on country action plans and reporting mechanisms
- Establishment of an accountability taskforce and development of an accountability framework in collaboration with RECs and civil society at regional level.

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Dr. Mohamud concluded by urging participants to engage actively in the meeting as it served as a critical stage in the ESA Commitment process.

Session 3:

Presentation of workshop objectives, outcomes and agenda - Mwansa Nejelsani, UNESCO

Ms. Mwansa Njelesani provided a rundown of objectives and expected outcomes of the meeting and ran through the two day meeting agenda as earlier discussed in this document.

Session 4:

The ESA Commitment – Dr Michael Katende, East African Community (EAC) Secretariat

Dr. Katende was tasked with presenting the ESA Commitment which is structured around five broad sections namely:

1. Preamble
2. Acknowledgements
3. Commitment
4. Targets
5. Accountability

The Preamble covers the status of CSE and SRH in the 21 countries of the region as elaborated in the regional report titled ‘Young People Today, Time to Act Now. Why adolescents and young people need comprehensive sexuality education and health services in Eastern and Southern Africa.’ The Preamble shows where the gaps are in CSE and SRH services and provides the rationale for the Commitment. Dr Katende proceeded to give an overview of the ten commitments as well as the commitment targets2.

The targets which are aimed at harmonization of the commitments in the 20 countries are divided into short term targets to be reached by 2015 and long term targets to be achieved by 2020. Dr Katende expressed his optimism that the targets can be met by 2020 as there is a lot of on-going work that countries can build upon and accelerate. It was highlighted that accountability is built into the Commitment and that various stakeholders all have a role to play in ensuring that there is accountability with regards to progress on the Commitment. At country level ministries of health and education would be expected to lead while working with other relevant stakeholders. At regional level, a joint monitoring and accountability

2 Annex 2: Targets as set out in the ESA Commitment
framework would be developed to enable biannual reporting to SADC and EAC. Finally, civil society and young people would be expected to form an accountability task force whose first task is to develop and finalise a strategy document on how civil society can hold governments and partners accountable to this commitment.

Session 5:

The status of young people in ESA – Mr. Rick Olson

The purpose of the session was to present key SRH and HIV statistics on young people in the region. Mr Olson began by discussing the targets in the Commitment and clarifying that some of them may be regarded as aspirational. As he presented the various data on HIV prevalence, teen pregnancy, condom use and other indicators related to young people in the region it became clear that there is a need to disaggregate data on young people by sex, age, wealth status, urban/rural etc. This would enable programmers to develop more targeted interventions as there are differing needs in the various categories of young people. Issues that emerged included the following:

- In order to eliminate new infections we need to start with younger age groups. This is built into the commitment which calls for the provision of CSE from primary school;
- Comprehensive knowledge: some countries have not improved knowledge over the years therefore to get to 95% by 2015 will be challenging;
- Young people may know that condom use can prevent HIV, and where to get one but they do not always use them;
- Acceptability issues: some young people believe that unmarried women should not get condoms even if they know where to get them;
- Access: even when young people know where to get condoms they don’t think they could get a condom if they went there. This suggests that there is either a problem with availability and supply or service providers aren’t providing them;
- Availability: there is a good association between condom availability and use; however there is a huge gap in condom availability;
- Teen pregnancy rates have either increased or remained static in countries;
- Data disaggregated by age shows that most countries seem to start with low teen pregnancies among 15 year old and very high rates in 19 year olds
- Low transition into secondary school is associated with higher teen marriage and high teen pregnancy;
- There is need to engage social protection and child protection ministries to address child marriage;
- Most reasons for not getting tested are fear related. This can be addressed through the education sector which can then refer young people to health facilities for testing and sensitive issues can be dealt with.

“It always seems impossible until it’s done.”

-Nelson Mandela
An integrated approach is required to meet the needs of those most at risk and build an enabling environment for those not at risk.

Mr. Olson challenged the group to think outside the box, to engage in building a relationship between health and education, to include child protection and social protection counterparts as they have accountability for gender-based violence and child marriage.

**Key comments arising from the presentations, Session 1 - 5:**

- There were concerns that the targets in the ESA commitment looked ambitious and may not be achieved in 2015 which looks too soon based on the current data as presented by Rick Olson, UNICEF;
- There is need to unpack the data and segregate it according to age groups of young people, social status, high prevalence etc for purposes of better planning and strategic implementation
- Countries need to carefully prioritize which key areas they can focus on to achieve the intended ESA commitment targets
- There is need to bring on board at the country level other line Ministries that deal with young people, beyond the Ministry of Education and Health

**Session 6:**

**Introduction to the country processes – Ms. Helen Frary, UNAIDS Zambia**

Ms. Frary reiterated previous speakers’ comments that we need a game changer to make a big difference and a departure from the usual. She spoke of the need for youth friendly systems as opposed to just youth friendly services and encouraged those present to work with ambition and urgency. Ms. Frary noted that we talk about the need for an HIV free generation, however this means we need to be aiming for an HIV socially responsible generation today and the longer we take the longer we lose young people to HIV, early pregnancy and other preventable negative health outcomes.

She encouraged participants to attend suggested a CSE lesson to get a sense of the potential impact it has on their countries as it provides perspective and reveals that children are interested, inspired and they want to be given information. Ms. Frary concluded her presentation by remarking that the ESA Commitment initiative has the potential to make a
difference and Zambia is already doing great on this. She then called on the countries present to make their presentations.

**Country presentations – Namibia, Tanzania, Uganda and Zambia**

The four ESA Commitment starter countries made presentations covering the status of CSE and SRH and the relationship between Health, Education and other sectors in the young people agenda.

**A. Namibia:**

The country presentation for Namibia was done by Ms. Aina Heita, UNESCO NPO with support from Dr. Tharcisse Barihuta, UNAIDS and Ms. Felicity Haingura from the Minisitry of Education. Namibia has a conducive policy environment for achieving the ESA commitment targets and put in place a number of policies such as National School Health Policy, the Education Sector HIV/AIDS Policy, Prevention and Management of Learner Pregnancy Policy, a policy on ensuring adolescent friendly health services and other relevant policies.

In terms of key interventions, School based HIV testing is being introduced in 2014 within Secondary schools. The MoU between MoHSS and MoE on implementation of school health program has been revised to ensure that the ESA commitment targets are integrated.

There is also and MoU between the Ministry of Youth and the Ministry of Health on the provision of Adolescents Friendly Health Services in youth centres. Other interventions are including the training of nurses in providing Adolescents Friendly Health Services, an aspect that has also been integrated in nursing curriculum.

**To take the ESA commitment forwards the country agreed on the following priorities:**

* Provide CSE to out-of-school youths
* Provide comprehensive & integrated SRH & HIV to adolescents & young people
* Develop national strategies on CSE
* Advocate for CSE at pre service training
* Increase access to HIV Testing, Counselling and Prevention services
* Equip adolescents & young people with SRH & HIV information, knowledge & skills
* Multisectoral approach prevention & reduction of gender based violence
* Generate Strategic Information on adolescents & YP in relation to CSE;GBV
* Develop capacity of service providers in all sectors especially Education, Health, Youth & Gender.
Next steps towards the implementation of the ESA commitment:

• Validation of the ESA operational plan 2014-2015
• JUTA to support the implementation of the plan through the joint program of support.
• Endorsement of the MOU on school health by MOE and MOHSS
• Presentation of the ESA commitment to cabinet
• Roll out the plan

B. Uganda:

The country presentation was made by Dr. Irene Mwenyango, MOH supported by Dr. Nsubuga Yusuf, and Charles Draecabo and the country indicated that Life skills based Sexuality Education is taught in upper Primary but yet to be taught at lower Secondary school awaiting for the review of the curriculum to include Sexuality Education.

The country highlighted that they will be using some of these opportunities within their policy environment to achieve the ESA commitment targets i.e. School Health Policy, Sexuality Education Curriculum Reform, Nurse Training Curriculum as an opportunity for including ASRH and CSE, Continuous Medical Education to address some targets of ESA, Teacher Information Management System Review to incorporate indicators on CSE and use the existing CSO structures to support for Adolescent Heath Youth Friendly Services.

Key meeting outcomes of the country information meeting:

The outcomes of the information meeting that comprised of Members of Parliament from the key sectoral committees (health, education and social development), Technical staff from health, education and GLSD ministries, Development partners, UN agencies(UNAIDS, UNESCO and UNFPA), and CSO partners (57 people) resulted into the following outcomes;

• *Increase lobby and Advocacy for ASRH and SE, with focus on the out of school youth that seems less prominent.*

• *Need to anchor the ESA commitments to existing policies and programmes; School Health Policy needs to be endorsed as a starting point. MPS committed to support it when it comes to parliament*

• *Personnel and staffing requirements (including capacity building needs to be addressed to respond appropriately to the service provision in education and health setting.***

• *Role and participation of Young People stressed*
• Need to review some of the targets and indicators, to make them realistic, especially those that cannot be realized by the year of 2015.

• To achieve ESA commitments we need to address some of the structural constraints. E.g. School feeding which is a major challenge in schools; High school dropout rate and unwanted early pregnancy rates.

• Advocate for increased allocation of resources for ASRH services.

• Increase allocations for adolescent and school health program in Ministry of Health

Next steps for the country:

• Continued advocacy, resource Mobilization and awareness creation

• Constituting an inter ministerial committee to ensure the line ministries work towards the target of the ESA commitments

C. Tanzania:

The presentation was made Vicky Chuwa, HIV/AIDS Specialist, UNICEF, in collaboration with Dr. Laetitia Sayi - Assistant Director (Diversity), MoEVT, Dr. Elizabeth Mapella - Coordinator ARH, MoHSW, Mathias Herman - National Programme Coordinator, UNESCO, in their presentation it was noted that Young people receive HIV and AIDS life skills education at both primary and secondary school.

Sexuality education in Tanzania is not provided as a standalone subject; rather, it is integrated in various subjects (e.g. Social Studies, Civics, Personality Development and
Sports, Science and Biology) where 15% to 45% of key contents of sexuality issues are covered in the school and teacher education curricula. Efforts to strengthen the content and quality of CSE that is age-appropriate as well as improve provision of CSE in school and teachers colleges are however going on (e.g. development of guidelines for integrating CSE into school and teacher education curricula; development of TEP module on CSE; review of policy guideline and development of teachers training manual).

It was also noted that the country has put in place programmes/ policies that will go along way in supporting the implantation of the ESA commitment such as the development of the National Multi-sectoral Strategic Framework for HIV and AIDS (2013/14 – 2017/18) where one of the five strategic areas of primary investments is on CSE and SRH Services; the development of the third Health Sector HIV and AIDS Strategic Plan (HSHSP III) 2013 – 2017 which focuses on expanding adolescent and youth sexual and reproductive health (AYSRH) services and to address the complex drivers of adolescents’ poor SRH outcomes by targeting the barriers to health care access at the individual, social, and structural levels.

The National Adolescent Reproductive Health Strategy 2010-2015 makes provision for the creation of an implementation framework designed to support interventions geared towards increasing adolescents’ access to young people friendly sexual and reproductive health information, education and services (MoHSW). While the final Draft Education Sector Third HIV and AIDS Strategic Plan (ESHSP III, 2013/14 – 2017/18) in place and aligned to ESA commitments (MOEVT) and the National Plan of Action for the prevention and response to violence against children is in place and under implementation (MCDGC).

**Key meeting outcomes of the country information meeting:**

- Joint and Coordinated UN efforts and approach at country level to supporting country process
- Consensus has been made regarding possible steps towards appropriate and effective national coordination and accountability mechanism
- Enhanced team work spirit in particular working together toward achieving ESA Commitment Targets
- Draft joint work plans
- Final draft of ESA Commitment Country information notes
Next steps:

- Extended ESA Country Technical Team Meeting to finalize and validate the two Joint plan (Dissemination and Work Plan)
- Consultative Meeting with relevant official at PMO-RALG to discuss coordination mechanism as well as accountability issues
- National level dissemination and advocacy meeting
- Implement the agreed joint plan
- Organize mid-year review to assess implementation status of the joint plan

D. Zambia:

The meeting delegates were informed that in Zambia the Education sector policy and the curriculum framework recognize the need to teach sexuality education. Comprehensive sexuality education has been integrated/strengthened in the Zambia education syllabi and was introduced in schools in January 2014. The country has also integrated CSE indicators in the EMIS. And there is growing interest in CSE related activities among civil society which creates opportunities for partnerships especially on reaching the out of school young people.

The current policy environment favors for the integration of Current status of CSE and SRH services for young people in Zambia. SRH has been prioritized in several government policies and strategies such as NASF 2011-2016; National Health Strategy. In order to specifically address issues of young people regarding SRH; government has developed the Adolescent Health Strategic Framework; the Adolescent Health Communication Strategy; the SRH & HIV Integration Linkages; the Youth Friendly Minimum Standards among others.

Key meeting outcomes of the country information meeting:

- The country was able to establishment of the ESA Commitment TWG composed of government ministries, the UN and civil society organizations to lead the implementation of ESA commitment work plan;
- The Permanent Secretaries from Ministries of MCDMCH and MOESVTEE reaffirmed the government's commitment to providing sexuality education and SRH for adolescents and young people;
- A joint work plan for 2014-2015 was developed for Zambia with clearly outlined and time bound activities of how the ESA targets will be reached.(joint work plan to be shared).
Next steps:

- CSE - Integration of CSE in the teacher education curricula; development of teacher and learner materials in CSE; capacity building of pre-service and in-service teachers in effective delivery of CSE

- SRH – Strengthening of youth friendly systems that will include capacity building of health care providers in adolescent health; training of peer educators who will be providing health services to adolescents and young people in youth centers; refurbishment of youth centers under MCDMCH and MOYS; advocacy for the harmonization of age consent

- Presentation of the work plan to the relevant Ministers and parliamentarians

- Implementation of the ESA Commitment Zambia multi – sectoral work plan for 2014 and 2015 led by the Ministries of MCDMCH and MOESVTEE

Discussion following country presentations:

**Advocacy ambassadors** - it was suggested and agreed that it would be useful to engage with first ladies to serve as ambassadors, particularly in their capacities as members of OAFLA and their role in advocating for this work in the region. In Tanzania, the First Lady is already doing work through the WAMA Foundation and she is a member of the High Level group and has been committed to and highly supportive of the ESA Commitment. Tanzania is considering requesting her to be the ESA Commitment ambassador especially with regard to advocating for coordination.

**The need to review the age of consent for young people to access services** – learning from the experiences from Namibia where country is piloting school-based HCT within the secondary schools for young people aged 16 years and above, the meeting delegates requested the Ministries of Health to lower the age of consent to allow more young people access services in the region say to 14 years.

**Standardization and harmonization of CSE content** – given that CSOs are heavily involved in provision of CSE, particularly to out-of-school youth, the issue of regulating content that is delivered was discussed. In the case of Tanzania the mandate of standardization and harmonization lies with relevant government sectors for example SRH is health and education. Content development is participatory and engages all key players but government takes the lead. In Namibia out of school youth fall under the Ministry of
Youth and there is a MoU between Ministry of Health and Youth to build capacity of youth centres to ensure that interventions to out of school youth are standardized.

**Sustainability and coverage of CSO-led interventions** - Since CSOs are also key implementers of the ESA Commitment it is important to ensure that their capacity to scale up delivery of CSE and SRH interventions is strengthened and they are held accountable along with government. In Namibia, Youth information officers are deployed in the country while youth networks supported by UNFPA are functional in some regions in Tanzania.

**Ensuring that systems and not just services are young-people centred** – there was discussion of the possibility of the RECs playing a role in ensuring that there is adequate access to CSE especially for unaccompanied minors given that there are high levels of migration within the region. Participants also discussed the engagement of young people to interact with young people to advocate for their SRH rights. Tanzania is one of the WHO exemplars for best practices in this area. Adolescents have been positioned in the government systems; and the disaggregation of HIMIS by age and sex and enable better decision making in responding to the needs of young people.

**Joint planning and implementation at country level** - It would be good for existing technical working groups for health and for education to either merge into a joint taskforce or for there to be some representation from both sectors in both TWGs.

**Engagement of men** – there is a need to consider how to involve men to empower boys. How do we involve men to empower boys?

**Facilitating exchange programs** – as a result of the various country experiences presented in the room, SADC proposed that it would facilitate a program towards experiential learning so that countries can learn from each other.

**Instilling innovation in School Health Programs** – there was a request to make the school health programs more innovative to ensure that they don’t focus only on the traditional packages but to be aligned to the current needs of young people as well as the ESA commitment targets. **The need to focus on three key things that can yield results:** The meeting delegates reiterated the need for countries to focus on 2-3 key things that they can deliver upon to show for achieving the ESA commitment targets at least in the first year.

**Some missing links**: it was notable that in all presentations no one of the countries had mentioned working with Faith Based Organisation, the private sector or had planned for interventions for parents and guardians for young people. Country representatives were
therefore encouraged to bring on board these agencies as well as work with politicians and local leaders, religious entities and other technical people.

Session 7: Country work plans – Uganda, Tanzania, Zambia and Namibia

During this session, participants split into country groups to review and finalise their respective country implementation modalities. It was noted that some of the changes made will have to be presented to other country team members spearheading the ESA commitment implementation process.

TCG Technical working groups terms of reference – TCG members

The TCG has overall responsibility over

1. Advocacy, coordination and communication;
2. Accountability, monitoring and evaluation;
3. Provision of technical assistance and program support;
4. Resource mobilization and innovative financing.

TCG members were given the opportunity to review and finalize the terms of reference for the four technical working groups (TWG) tasked with leading on the aforementioned thematic areas. The four working groups have specific roles in supporting countries towards the achievement of both the short and long term targets of the ESA commitment. Members agreed on their final terms of reference to be shared with the wider group the following day.

The draft TORs for the proposed technical working groups and the feedback are annexed in this document.

2.2  Day Two Proceedings – 26th March 2014

Session 1:

Day 1 recap- Rev. Phumzile Mabizela, INERELA

The Reverend opened the day’s proceedings with a recapitulation of the salient issues arising from the previous day’s deliberations.

Session 2:

Draft regional accountability framework – Dr Patricia Machawira

The ESA Commitment has 9 targets (at process, outcome and impact level) compared to the LAC Commitment which has two major targets. Accountability is written into the Commitment document which refers to a “joint monitoring mechanism.” The onus is on the implementers
of CSE and SRH to hold themselves and each other accountable and as such it is necessary to consider how civil society can be drawn into the accountability mechanism. The accountability framework is being developed as a tool to monitor country and regional progress towards achieving the 9 targets of the ESA Commitment. The draft Regional Accountability Framework (RAF) that was presented for consideration comprised 37 indicators to monitor progress the 9 targets of the commitment. The indicators presented were grouped into 5 categories as shown below:

![Draft regional accountability framework indicator groupings](image)

**Figure 4: Draft regional accountability framework indicator groupings**

**Plenary discussion:**

The following points were raised in the plenary discussion following presentation of the draft accountability framework:

- **Consider having a benchmark on reporting i.e. on the number of countries collecting data and reporting on the indicators. This implies that each country is expected to have a baseline in regard to the state of CSE and SRH services;**
- **Who would verify and validate the data from countries? While the 2020 indicators are mostly from DHS which is already acceptable as a data source, the process indicators would need a strategy for validation;**
- **Country level monitoring tools need to be able to define the indicators clearly and standardize the benchmarks defined e.g. unpack what exactly comprises a good quality CSE curriculum;**
- **It is important to make the RAF useful and workable at country level;**
• **Countries hold their DHS on different years every five years so this may impact reporting;**

• **There are 9 targets and 37 indicators which is a lot. It may be useful to choose the most important indicators which can be tracked to ensure that countries are meeting the targets;**

• **How shall we measure the quality of CSE? We need to help countries understand the difference between CSE and life skills**

• **How will the assessment be done to ensure that countries have reached the desired targets?**

• **There is a need to discuss and consider potential limitations that may hinder progress to the targets.**

Participants were then divided into groups to discuss the different sections of the draft Regional Accountability Framework (RAF) in the following session.

**Session 3:**

**Review of the draft accountability framework**

Participants discussed the draft accountability framework and provided feedback on the various sections as summarized below:

<table>
<thead>
<tr>
<th>Scaling up CSE Group Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All the indicators relevant and useful.</td>
</tr>
<tr>
<td>• Progress definition for CSE should define a good quality curriculum framework as per the ITGSE</td>
</tr>
<tr>
<td>• Provision of CSE as a standalone subjects or integrated into carrier subjects is a country level decision</td>
</tr>
</tbody>
</table>

**Indicator 1.8:** 75% benchmark is too ambitious given that this 2015 indicator measures the provision of CSE in the previous academic year i.e. 2014. Recommend changing this to 50% depending on country baselines.

**Indicator 1.9:** Recommend reduction of progress definition from 75% to 50% of schools provide an orientation process for parents on CSE by 2015 to allow for financial considerations.

**Indicator 1.10** is not realistic for 2015 because of the long timeframes involved in obtaining advocacy, accreditation, etc.

**Indicator 1.11:** the progress definition should define components of a CSE strategy in accordance with international best practice. It is also important to note that out-of-school youth range in age from children to older young people.

**Indicator 1.12:** collection can be done in 2014 but analysis and reporting can be done the following year. There is also a need to clarify the type of data to be collected.
Teenage pregnancy, child marriage and GBV group comments

- Indicators should not be repeated from one section to the other
- Annual targets should be set by the countries according to their baselines in order to track progress
- Other sources of data should be used such as MICS

The following proposals were made:

CSE indicators: Keep only the indicator on knowledge of any contraceptive method

Services indicators: Have one indicator on access to services; unmet need for family planning; post abortion care

Early and unintended pregnancies: keep indicator 3.1 and extend it to 15 – 24 years; indicator 3.2 to focus on use and not knowledge

Elimination of child marriage: indicator 3.7 should just mention the % not the number; a target of 90% is not achievable by some countries

There should be specific 2015 process indicators for each of the issues.

Developing and scaling up youth-sensitive health services

Remove indicators that have been already included e.g. 2.1

Indicator 2.1 requires incidence data while DHS collects prevalence data

Replace 2.1 as follows: At least 80% of young people aged 15-24 who have received HIV testing in the last year by 2015 in countries with generalized epidemic.

Reword 2.3 as follows: % of sexually active women between 15 – 24 years old who reported using a modern contraceptive method by 2020

Recommendation for 2.4: unmet need for contraception for sexually active young people between 15-24 years old reduced by 2020

Recommendation for Indicator 2.7: % of young people accessing integrated SRH services in school

Recommendation for Indicator 2.8: % of out-of-school young people accessing youth friendly SRH services

Detailed comments for each group are annexed in this report
Regional accountability framework next steps - plenary

It was thereafter agreed that the technical working group on Accountability and M&E would work on preparing a revised regional accountability framework taking this feedback into consideration. The revised draft framework will be disseminated to the TCG and the 16 other ESA countries for comments on 11 April 2014 for feedback by 22 April 2014 and a final version will be shared with countries by the end of April or early May 2014. It was also agreed that baselines and proxy indicators would be included as well as re-ordering or reconfiguration of the indicators.

Session 4

Advocacy Coordination and Communication

Communication tools to support the ESA Commitment process – Ms Josee Koch, Consultant

The purpose of Ms Koch’s presentation was to present some preliminary thoughts on how to proceed with communication on the ESA Commitment and the “Young People Today. Time to Act Now” campaign. In her analysis of the existing communication tools Ms Koch reported that in 2013 most communication activity and traffic around the ESA commitment was created through the website, driven by email and newsletters to mailing lists. User data analysis indicated that young people were more active on the website as compared to UN and government partners.

The campaign’s Facebook and Twitter account had limited activity and have the added challenge of being high maintenance in the sense of the high demand for updates, new photos, news and regular updates that capture the imagination of the audience and stimulate people to join the debate, using the hash tags. Ms. Koch presented options for communication around the ESA Commitment including knowledge sharing on implementation and accountability. Further to that Ms Koch pointed out that it was possible to re-structure and update the website regularly until mid-2014 by which time a sustainable long term solution and regional institutional home should have been identified and contracted.
2.3 **Road map**

In terms of next steps, it was agreed that it was important for country work plans to be finalized and for on-going implementation to be accelerated. The TWG on accountability and M&E will finalize the RAF and support countries with the development of monitoring tools.

---

**Figure 5**: Country-level road map

- Coordination mechanisms agreed (division of labor)
- Country work plans finalised and Monitoring tool agreed 30 April 2014
- Implementation (Ongoing)
- 2014 Country annual report against targets 10 November 2014

**Figure 6**: Regional level road map

- Finalisation of the RAF to include baseline data 30 April 2014
- TCG working groups support to countries (Ongoing)
- Annual progress report/meeting of ESA Commitment December 2014
- 2014 Regional progress report presented to REC structures January 2015
Prof Tlou concluded the meeting by encouraging the meeting participants to commit themselves to achieving the targets and to work in a coordinated and integrated manner to ensure that there is optimization of efforts. She emphasized the need to work closely with NGO and private sector partners to ensure coverage of appropriate and necessary services in any given location. Prof Tlou assured the country colleagues of her personal commitment and the commitment of all the partners including the high level group to supporting all ESA countries to achieving their goals with regard to protecting the health and well being of the youth of the region. She wished those travelling safe journeys back home.
# Annex 1: Participants List

## Technical Coordinating Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Michael Katende</td>
<td>EAC Secretariat</td>
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<tr>
<td>Ms Lebogang Lebese</td>
<td>SADC Secretariat</td>
<td></td>
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<tr>
<td>Rev. Phumzile Mabizela</td>
<td>INERELA</td>
<td></td>
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<tr>
<td>Mr Sekete Khanye</td>
<td>INERELA</td>
<td></td>
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<tr>
<td>Rev JP Mokgethi-Heath</td>
<td>Church of Sweden</td>
<td></td>
</tr>
<tr>
<td>Mr Rick Olson</td>
<td>UNICEF</td>
<td></td>
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<tr>
<td>Dr. Asha Mohamud</td>
<td>UNFPA</td>
<td></td>
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<tr>
<td>Ms Renata Tallarico</td>
<td>UNFPA</td>
<td></td>
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<tr>
<td>Dr. Brian Pazvakavambwa</td>
<td>WHO</td>
<td></td>
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<tr>
<td>Mr. Killian Guenther</td>
<td>GIZ</td>
<td></td>
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<tr>
<td>Ms. Lois Chingandu</td>
<td>SAF AIDS</td>
<td></td>
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<tr>
<td>Ms. Eka Williams</td>
<td>Ford Foundation</td>
<td></td>
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<tr>
<td>Ms. Phillipa Tucker</td>
<td>AAI</td>
<td></td>
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<tr>
<td>Mr. Ben Aliwa</td>
<td>Save the Children</td>
<td></td>
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<tr>
<td>Prof Sheila Tiou</td>
<td>UNAIDS</td>
<td></td>
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<tr>
<td>Mr Paska Kinuthia</td>
<td>UNAIDS</td>
<td></td>
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<tr>
<td>Mr Dhianaraj Chetty</td>
<td>UNESCO</td>
<td></td>
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<tr>
<td>Dr Patricia Machawira</td>
<td>UNESCO</td>
<td></td>
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<tr>
<td>Ms Victoria Kisaakye</td>
<td>UNESCO</td>
<td></td>
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<tr>
<td>Ms Mwansa Njelesani</td>
<td>UNESCO</td>
<td></td>
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<tr>
<td>Ms Sandisile Tshuma</td>
<td>UNESCO</td>
<td></td>
</tr>
<tr>
<td>Ms Josee Koch</td>
<td>Consultant</td>
<td></td>
</tr>
</tbody>
</table>

## High Level Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Dr. Harriet Birungi</td>
<td>Population Council</td>
<td></td>
</tr>
<tr>
<td>Ms. Bolivia Jeremiah</td>
<td>Youth Representative</td>
<td></td>
</tr>
<tr>
<td>Ms. Jacqueline Amongin</td>
<td>Parliament of Uganda</td>
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<tr>
<td>Mr. Remmy Shawa</td>
<td>Sonke Gender Justice</td>
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## Expanded List

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Designation</th>
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</thead>
<tbody>
<tr>
<td>Ms. Felicity Haingura</td>
<td>Ministry of Education</td>
<td>Head of HIV/AIDS Unit</td>
</tr>
<tr>
<td>Dr Tharcisse Bahnuta</td>
<td>UNAIDS</td>
<td>UNAIDS Country Director, Namibia</td>
</tr>
<tr>
<td>Ms. Aina Heita</td>
<td>UNESCO</td>
<td>National Programme Officer</td>
</tr>
</tbody>
</table>
### Zambia

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Francis Kapapa,</td>
<td>Ministry of Community Development Mother and Child</td>
<td>Adolescent Health Officer</td>
</tr>
<tr>
<td>Ms. Cecilia M.</td>
<td>Science, Vocational Training and Early Education</td>
<td>Director; Standards and Curriculum</td>
</tr>
<tr>
<td>Sakala</td>
<td></td>
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<tr>
<td>Ms. Helen Frary</td>
<td>UNAIDS</td>
<td>UNAIDS Country Director, Zambia</td>
</tr>
<tr>
<td>Ms. Alice Saili</td>
<td>UNESCO</td>
<td>National Programme Officer</td>
</tr>
</tbody>
</table>

### Tanzania

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Elizabeth</td>
<td>Ministry of Health and Social Welfare, Tanzania</td>
<td>National Coordinator, Adolescent Reproductive</td>
</tr>
<tr>
<td>Mapella</td>
<td></td>
<td>Health</td>
</tr>
<tr>
<td>Dr. Laetitia</td>
<td>Ministry of Education and Vocational Training, Tanzania</td>
<td>HIV and AIDS Focal Point</td>
</tr>
<tr>
<td>Sayi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Victoria Chuwa</td>
<td>UNICEF</td>
<td>HIV&amp;AIDS Specialist</td>
</tr>
<tr>
<td>Mr. Mathias Herman</td>
<td>UNESCO</td>
<td>NPO</td>
</tr>
</tbody>
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### Uganda

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Nsubuga Yusuf</td>
<td>Ministry of Education and Sports</td>
<td>Director Basic and Secondary Education/HIV and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AIDS Sector Coordinator</td>
</tr>
<tr>
<td>Dr. Irene Onyango</td>
<td>Ministry of Health</td>
<td>Programme Officer School Health Programme</td>
</tr>
</tbody>
</table>
Annex 2: ESA Commitment Targets

To ensure effectiveness, impact and accountability, working together within a multi-sectoral and whole government approach, as education and health ministers we affirm our determination to achieve all of the aforementioned ten Commitments and the following targets by the end of 2015:

4.1 A good quality CSE curriculum framework is in place and being implemented in each of the 20 countries;
4.2 Pre and in-service SRH and CSE training for teachers, health and social workers are in place and being implemented in all 20 countries;
4.3 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.

In the longer term, we will work towards reaching the following targets by the end of 2020:

4.4 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;
4.5 Increase to 95% the number of adolescents and young people, aged 10-24, who demonstrate comprehensive HIV prevention knowledge levels;
4.6 Reduce early and unintended pregnancies among young people by 75%;
4.7 Eliminate gender-based violence;
4.8 Eliminate child marriage;
4.9 Increase the number of all schools and teacher training institutions that provide CSE to 75%.
## Annex 3: Meeting Agenda

### Expanded Technical Coordinating Group Meeting

#### 24-25 March 2014

**Meeting Agenda**

**Day one**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Objectives</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900-0915</td>
<td>Opening Remarks introductions</td>
<td>Welcome and give participants a chance to know each other</td>
<td>Prof Sheila Tiou</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>UNAIDS Jacqualine Amongin MP Uganda</td>
</tr>
<tr>
<td>0915-0930</td>
<td>Background to the ESA Commitment process</td>
<td>Ensure all TCG members are up to date on the process so far.</td>
<td>Dr Asa Mohamud</td>
</tr>
<tr>
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<td>UNFPA</td>
</tr>
<tr>
<td>0930-0945</td>
<td>Presentation of workshop objectives and agenda</td>
<td>Understanding of key objectives and expected meeting outcomes</td>
<td>Juliette Nkensiale</td>
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<td>IPPF</td>
</tr>
<tr>
<td>0945-1000</td>
<td>The ESA Commitment</td>
<td>Take participants through the commitment document</td>
<td>Michael Katende</td>
</tr>
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<td>EAC</td>
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<tr>
<td>1000-1030</td>
<td>The Status of YP in ESA</td>
<td>Presentation on key stats on YP in the ESA Region</td>
<td>Rick Olson</td>
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<td>UNICEF</td>
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<tr>
<td>1030-1040</td>
<td>Tea Break</td>
<td>Tea Break</td>
<td>Tea Break</td>
</tr>
<tr>
<td>1100-1110</td>
<td>Introduction to the country processes</td>
<td>Describe the process leading to the country information meetings to provide background for the country presentations</td>
<td>Helen Frany</td>
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<td>UNAIDS UCC Zambia</td>
</tr>
<tr>
<td>1110-1230</td>
<td>Country Presentations</td>
<td>Countries present their status according to a template provided. Presentation will cover current status on CSE and SRH and the relation between Health, Education and other sectors in the young people agenda.</td>
<td>Patricia Machawira</td>
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<td>UNESCO</td>
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<tr>
<td>Methodology:</td>
<td>Country Templates will be provided.</td>
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<td>Presentation – 10 mins per country</td>
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<td></td>
<td></td>
<td></td>
<td>Discussion – 5mins per country</td>
</tr>
<tr>
<td>1230-1300</td>
<td>Plenary discussion</td>
<td>Participants have an opportunity to discuss the status in the different countries ; and potential implications for support from TCG.</td>
<td>Helen Frary</td>
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<td>Patricia Machawira</td>
</tr>
<tr>
<td>1300-1400</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>Time</td>
<td>ESA Commitment Targets</td>
<td>Presentation of the 4 commitment targets</td>
<td>Paska Kinuthia UNAIDS</td>
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</table>
| 1600-1430| Country Group work     | Discuss the key priorities or high impact interventions to achieve the ESA commitment targets. This is a key output of the information meetings so countries use the opportunity to outline the key components of their joint multi-sectoral work plans, outlining how they will involve the different stakeholders; government, civil society and young people. Methodology:  
- Facilitators Guide and Country Templates will be provided |
| 1430-1530| TCG working Groups     | Methodology  
- Introduction to TCG working Groups  
- TCG members self-select Groups  
- In groups the members discuss their TORS and presentation for day 2 (proposed support towards countries)  
- Report back on day 2 |
| 1530-1600| Tea                    | Tea                                       | Sheila Tlou UNAIDS    |
| 1600-1700| Report back            | Country Groups Report back on Joint Work Plans |

Lois Chingadu, SAFAIDS  
Ben Aliwa, Save the Children
### Day Two

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Objectives</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900-0930</td>
<td>Key Issues from Day 1</td>
<td>Recap of key issues from Day 1</td>
<td>Rev Phumzile Mabizela, INERELA</td>
</tr>
</tbody>
</table>
| 0930-1000     | Draft Regional Accountability Framework       | Methodology:                  
- Presentation 15 mins  
- 15 min discussion and introduction to group work | Patricia Machawira, UNESCO                                                 |
| 1000-1100     | Group work                                    | Participants discuss the draft accountability framework in the following  
- Groups to be divide into: 1) CSE, 2) Services, 3) Gender Based Violence, 4) Teenage Pregnancy and early marriage | 1) Dr Letitia Sayi, MOE – Tanzania  
2) Dr Harriet Birungi, Population Council & Juliette Nsensele (PPF)  
3) Remmy Shawa, Sonke Gender Justice  
4) Eka Williams, Ford Foundation |
| 1100-1130     | Tea Break                                      |                                                                             |                                                                             |
| 1130-1230     | Report Back                                   | Participants report back on the group discussions                          | Bolivia Jeremiah, Youth Representative                                       |
| 1230-1300     | Plenary discussion                            | Finalizing the accountability framework                                   | Claudia Herft, GIZ  
Mwansa Njelesani, UNESCO                                                     |
| 1300-1400     | Lunch                                         |                                                                             |                                                                             |
| 1400-1445     | Development and resourcing of country work plans | TCG support towards roll out of country work plans                        | Dhanaraj Chetty, UNESCO                                                     |
|               |                                               | Methodology:                  
- Chairperson (UNESCO) – 5 mins  
- TA & Program Support Working Group Report back – 10 mins  
- Innovative Financing Working Group Report back – 10 mins  
Innovative Financing Working Group Report back |
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>1530-1600</td>
<td>Tea</td>
</tr>
<tr>
<td>1600-1620</td>
<td>Advocacy, Coordination and Communication</td>
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<tr>
<td>1600-1645</td>
<td>Roadmap and key milestones to 2015</td>
</tr>
<tr>
<td>1645-1700</td>
<td>Closing Remarks</td>
</tr>
</tbody>
</table>

Asha Mohamud, UNFPA; Advocacy, Coordination and Communication Working Group (Josee Koch)
Sheila Tlou, UNAIDS
Patricia Machawira, UNESCO
Sheila Tlou, UNAIDS
Rev Phumzile Mabizela, INERELA
ESA Commitment

Expanded TCG Meeting Report April 2014

Annex 4: Draft TCG TORS

Terms of Reference
TCG Working Groups towards the implementation of the ESA ministerial Commitment

Background:

UNAIDS in collaboration with UNESCO, UNFPA, UNICEF, other UN agencies, the SADC and EAC Secretariat, development partners CSOs, religious and youth leaders led an initiative aimed at securing commitment from Education and Health ministers from 20 Eastern and Southern African countries to accelerate access to comprehensive sexuality education and health services for young people in the region. The initiative is a strategic tool that brings together Ministries of Education and Health to strengthen HIV prevention efforts and foster positive health outcomes by advocating for access to quality, comprehensive sexuality education as well as sexual and reproductive health services for young people in the ESA region.

The historic ESA commitment was endorsed at the 2013 ICASA1 Conference and has time-bound actions and targets that were agreed upon by member states. The ESA Ministerial Commitment is expected to pave the way for actions which scale up delivery of sexuality education and related health services, support joint action around developing programmes, sharing information strengthening linkages and referrals between schools and health services and an overall approach which facilitates access and equity and strengthens national responses to HIV and SRH.

A Technical Coordinating Group (TCG) acted as a planning and coordinating mechanism for the first phase of the ministerial commitment, and will continue to provide guidance in the post-commitment, implementation phase.

To facilitate this process, the TCG has developed four working groups as follows:

- Advocacy, Communication and Coordination
- Technical Assistance and Programme Support
- Accountability and Monitoring and Evaluation
- Innovative Financing and Resource Mobilization

The proposed TORs for the above-mentioned working groups are elaborated below:

Working Group #1 - Advocacy, Coordination and Communication

Purpose
To lead the process and development of clear strategies that countries can employ towards advocating for strong fiscal and sustainable policies, and strategies that will lead to increased access to quality, comprehensive sexuality education as well as sexual and reproductive health services for young people in the ESA region.

The working group will focus on the coordination of implementation and resources, including finances, as well as internal and external advocacy

Membership
The core membership in this working group will be drawn from experts this area.

Keys tasks
Advocacy is central to the implementation of the ESA commitment as it will generate momentum for achieving the ESA commitment targets through policy and programming reforms as well as increasing social, political and financial support.

- Establish linkages with other existing similar or complementary efforts at national, regional and global levels
- Strengthen communication, cooperation and harmonization between partners involved in the ESA commitment process at national, regional and global levels
- Support information-sharing/ dialogue with a wide-range of constituencies (both internal and external) about the ESA commitment, through a coordinated regional communication and advocacy and information dissemination strategy
- Maximize the use of existing consultation processes such as EAC/ SADC Ministerial Meetings; UN joint missions, MDG/ Sustainable Development dialogues, national health assemblies, Donor forums, to advocate for and communicate about the ESA Commitment;

**Functionality**

This working group will be chaired by a member selected by the team who has advocacy experience. The working group can meet four times a year with at least one of those meetings face-to-face and the remainder through tele- and/or videoconferencing. Other meetings can be held whenever possible as the working group can decide.

**Deliverables**

- Clear advocacy and communication strategies/mechanisms developed to ensure increased CSE and SRH services for young people, which includes online communication tools i.e. website etc.
- SADC and EAC; and working group members, to communicate internally within their respective institutions about the ESA commitment, including about concrete opportunities for engagement by X date
- SADC and EAC to communicate to member states; and their foreign missions about the EAC commitment by X date
- SADC and EAC to ensure ESA Commitment is on the agenda of relevant meetings of Ministers of education/ health; gender and youth
- Regional advocacy and communication strategy developed by 2014,
- ESA Commitment highlighted at least 2 major events in 2014; others to determined once overall strategy is developed in 2014

**Working group # 2 - Accountability, M&E**

**Purpose**

The Accountability; and M&E Working group shall be responsible for tracking progress for commitment targets, as articulated in the accountability framework.

**Membership**

The core membership in this working group will be drawn from experts this area.

**Keys tasks**

- Review the ESA commitment targets and indicators and provide guidance on effective implementation strategies to achieve those targets for which countries will be held accountable both at the regional and country level
- Guide regional efforts towards that the development of a monitoring and evaluation plan and results framework towards the implementation of the ESA commitment
- Guide the preparation of an Annual ESA Progress report
**Functionality**

This working group will be chaired by a member selected by the working group who has experience in this area. The working group can meet four times a year with at least one of those meetings face-to-face and the remainder through tele- and/or videoconferencing. Other meetings can be held whenever possible as the working group can decide.

**Deliverables**
- Finalised regional accountability framework; including baseline data for accountability framework
- X countries provided with technical assistance to track progress
- 20 countries report on ESA Commitment implementation starting December 2014

**Working group #3 - Technical Assistance and Program Support**

**Purpose**

The technical assistance and program support working group shall be responsible for supporting countries to implement the ESA commitment at country level.

**Membership**

The core membership in this working group will be drawn from experts this area.

**Keys tasks**
- Provide guidance on the implementation of the country workplans
- Solicit technical and other support for achieving targets in the ESA commitment.
- Proactively explore opportunities to accelerate ESA Commitment agenda at national; regional and global levels

**Functionality**

This working group will be chaired by a member selected by the team who has experience in this area. The working group can meet four times a year with at least one of those meetings face-to-face and the remainder through tele- and/or videoconferencing. Other meetings can be held whenever possible as the working group can decide.

**Deliverables**
- Technical assistance plan developed, based on articulated country needs; which also articulates a coordinated approach towards the provision of TA by TCG members
- Technical assistance provided to at least X countries in 2014
- Nominative guidance provided on high impact interventions to address issues such as Teenage Pregnancy
- ESA commitment is reflected in all “One UN” Country plans

**Working group #4 – Innovative Financing and Resource Mobilisation**

**Purpose**

The innovative financing and resource mobilisation working group shall be responsible for mobilizing financial resources aimed at scaling up CSE and SRH services for young people.

**Membership**

The core membership in this working group will be drawn from experts this area.

**Keys tasks**
- Resource mobilise regional and globally for the ESA commitment
- Support countries to advance creative and sustainable resource mobilization solutions
drawing from lessons learned from various sectors i.e. private, public etc.
- Support development partners to internally communicate within their agencies to support
the commitment at country level

**Functionality**
This working group will be chaired by a member selected by the team who has experience in
this area. The working group can meet four times a year with at least one of those meetings
face-to-face and the remainder through tele- and/or videoconferencing. Other meetings can
be held whenever possible as the working group can decide.

**Deliverables**
- Innovative financing and resource mobilisation plan developed
- Financial resources mobilised/ earmarked for the implementation of the ESA
  Commitment in atleast X countries in 2014
- Ensure ESA commitment is reflected in all “One UN” Countries in the ESA region
Annex 5: Group Feedback to the TCG TORs

Group 1: Advocacy, coordination and Communication Working Group:

Purpose

- To lead the process and development of clear strategies that countries can employ towards advocating for strong fiscal and sustainable policies
  - increased access to good quality, comprehensive sexuality education
  - Increased SRH services for young people in the ESA
- Coordination of implementation and resources (financial, internal and external advocacy)
- Provision of oversight and management of the advocacy and communication strategy

Membership

The core membership in this group will be drawn from experts in this area, 5 members,

- Youth representative
- EAC/SADC
- SAFAIDS
- UN agency_UNESCO
- INERELA ...

Key tasks

- Map out of key target groups for content and messaging
  - Ministers of Health, Education, Youth & Gender and other Technical focal Points
  - Young People e.g. local and regional networks and groups
  - Private sector and Media
  - CSOs
  - Faith based and traditional/ cultural institutions
- The group shall oversee the implementation of the advocacy and communication strategy
- Development of the advocacy and communication strategy (identify expert and oversee)
- Strategic engagement with the media to communicate on the ESA process
- SADC and EAC; and working group members, to communicate internally within their respective institutions about the ESA commitment, including about concrete opportunities for engagement by
- Strengthen communication, cooperation and harmonisation between partners involved in the ESA commitment process at national, regional and global levels
- Support information sharing/ dialogue with a wide range of constituencies (both internal and external) about the ESA commitment
- Maximise the use of existing consultation processes such as EAC/ SADC Ministerial meetings, UN Joint missions, MDG dialogues...CSOs
**Functionality**

This group will be chaired by a member selected by the team who has experience in advocacy. The working group will meet four times a year, with at least one face to face meeting and the remainder through tele-and/or video conferencing and or google hang out.

Group Chair: SAFAIDS

Group Vice Chair: INERELA

**Deliverables**

- Official communication by EAC and SADC to member states and their foreign missions about the commitment by May 30th 2014
- ESA commitment is placed on the agenda of relevant meetings of Ministers of Education, Health, Gender and Youth by the end of 2014 _EAC&SADC
- Regional and advocacy strategy developed by 2014
- ESA commitment highlighted at least 2 major events – Annual review meeting in December 2014_Zambia
- Country mechanisms developed to ensure effective consultations before and after attending critical meetings by

**Group 2: Technical Assistance and Programme Support**

The comments from Group three were as follows:

**Revised TORS:**

- Support the review, prioritisation and development of quality contextualised country work plans
- Provide guidance on the implementation of the country work plans
- Solicit technical and other support for achieving the targets of the ESA commitment
- Map out TA needs for each country
- Proactively explore opportunities to accelerate the ESA commitment agenda at national, regional and global levels – south to south cooperation
- Support countries to ensure that innovative approaches and practices are mainstreamed within their work plans and NSPs
- Support the documentation and sharing of best practices that can be adopted by other countries
- Support the development of a QA framework *** to be transferred to the ME – TWG

**Membership:**

- 5-10 members

**Key agencies to be represented:**

- The three UN agencies, pop council, save the children and other deemed relevant
- For TA assistance, other agencies /organisations can be contacted to address the needs of the countries

**Other suggested changes:**

- Nominative guidance provided on high impact interventions to address issues as per the county context such as teenage pregnancy
• Delete the ‘One UN’ within the last deliverable

Group 3: Accountability, Monitoring and Evaluation

• TBD

Group 4: Innovative Financing and Resource Mobilization

• TBD
Annex 6 - Key issues arising out of the group work on the discussion about the accountability framework

**Group 1, Feedback: Scaling up CSE Group Comments**

- **Establishing Minimum Standards for CSE, this may not be needed**
  Comment: Guidelines exist for minimum CSE standards e.g.
  - *ITGSE: defines international standards and key components for a good quality comprehensive SE curricula learning outcomes*
  - *SE guidelines from IPPF Principles for implementing a good CSE Curriculum,*
  - *It's All One Curriculum (Pop Council) – secondary school level young people.*

**Progress Definitions – 2015 (Process)**

- **1.6 – indicator is relevant and useful**
  Comment: Progress definition for CSE should define good quality CSE curriculum framework as per International Technical Guidance on Sexuality Education (can include as a footnote).

- **1.7 - indicator is relevant and useful**
  Comment: It is a country level decision whether countries provide CSE as standalone or integrated into carrier subjects as well as whether or not it is examined

- **1.8 – indicator is relevant and useful**
  Comment: 75% is ambitious given the fact that it measures provision of CSE in the previous academic year i.e. 2014. Suggest changing this to 50% for 2015 depending on country baselines.

- **1.9 – indicator is relevant and useful**
  Comment: 75% is too ambitious given limited financial and human resources. We recommend reducing this to 50%

- **1.10 – indicator is useful**
  Comment: not realistic to do this by 2015 as there are processes required leading to this e.g. accreditation processes, advocacy with institutions etc. Time frame needs to be revised perhaps to 2020

- **1.11- indicator is useful and relevant**
  Comment: Progress definition should define components of CSE strategy as per International standards(can include as a footnote). Important to recognize that out of school youth range in age from children to older young people.

- **1.12 indicator useful**
  Comment: collection can be done in 2014 but analysis and reporting can be done in the following year. Clarification on exact type of data is to be collected and how.

**Progress Definitions – 2020 (Outcome/Impact)**

- **1.1 – relevant and useful**
  Comment: Note that UNAIDS indicator is zero new infections by 2015
• 1.2 – relevant and useful
Comment: countries are already making progress in this regard

• 1.3 – relevant and useful
Comment: countries already collecting this through DHS

• 1.4 – relevant and useful
Comment: if the interventions are being implemented effectively then every child leaving the school system should have this knowledge (and out of school).

• 1.5 – relevant and useful
Comment: target will be dependent on baselines. Condom availability is an issue which has to be addressed.

**Group 2, Feedback: Teenage pregnancy, child marriage**

**General comments**

− The Framework should be re-shaped according to the way countries have presented their plans,
− Long term targets (HIV new infections) and short term targets
− The indicators should be specific to each section (indicators should not be repeated in each section)
− Annual targets should set by the Countries according to their baseline in order to track progress. Proxy indicators can be used.
− Other source of data should be included such as MICS, BSS etc.

4.6 Reduce early and unintended pregnancies among young people by 75% (disaggregate by married and not married)

− Under CSE:
  • Keep only the indicator on knowledge of any contraceptive method

− Under Services:
  • We should have one indicator on access to services
  • Unmet need for FP (DHS)
  • Post abortion care?

− Under early and unwanted pregnancies:
  − We keep indicator 3.1 extending it to 15-24
  − 3.2 will be focusing on use and not on knowledge
  − 4.8 Eliminate child marriage

− 3.7 should just mention % and not number

− The target of 90% is not achievable by some of the countries.

**By 2015**
• The merging of GBV, child marriage and teenage pregnancy issues is not very clear
• The merging of developing a programme, implementing and M&E systems is risky
• Specific 2015 progress indicators for each of the issues (only one each but less confusing).

**Group 3, Feedback - GBV group comments**

Sexual violence to be defined by the UNAIDS definition (for consistency)

**Comments on indicators:**

- Need to unpack some of the targets. For example when we talk about eliminate gender-based violence what does that mean? The target is elimination but the targets speak of reduction
- There is no mechanism for annual data collection for some of the indicators e.g. those collected from the DHS and there’s therefore a need to identify mechanisms for data collection on an annual basis
- The indicators address only women and girls. Do we want to leave them as such? If we talk about elimination then we may not achieve this since we have left out men and boys……and other forms of gender

**Indicator 3.4**

- We propose to rephrase this to reflect that the percentage of teenage girls reporting sexual violence has increased……which is a good thing as opposed to this number of self-reporting going down

**Indicator 3.5**

- Need a definition of education institutions. We are assuming it includes tertiary and teacher training institutions
- Indicators must be disaggregated according to the different levels of educational institutions

**Indicator 3.6**

We may need to refer, in this indicator, to percentage that have experienced GBV and then break it down in the reporting (sexual, physical, psychological…..etc)

**Indicator 3.8**

- It should be explicit on FGM and school based GBV

**Indicators 3.9 and 3.10**

- Need for quality assurance on the policies, programmes and strategies. Do we want to rephrase these indicators or is it something we want to keep in mind as we take this forward?

**Group 4, Feedback - Developing and scaling up youth-sensitive health services**
**General observations:** Incidence is rarely measured by countries when considering the issue of elimination of HIV. In many interventions counselling and testing is being pushed forward but there is no baseline data on HIV. The are also new guidelines WHO on HIV treatment that countries should take note of.

Target 2.

**ESA commitment target - 4.4.**

2.1. DHS provides prevalence, Indicator requires incidence studies the indicator,

2.1. **percentage reduction of new HIV infections amongst adolescence Remove this because this has been repeated in 1.1 hence a new proposed indicator as below**

- 2.1. Atleast 80% young people aged 15-24 who have received HIV testing in the last year by 2015 (2020) in generalised epidemic countries

**ESA commitment target - 4.6.**

- 2.3. percentage of sexually active young women 15-24 who reported using a modern contraceptive method by 2020
- 2.4. Unmet need contraception for sexually active young people between 15-24 by 2020
- 2.5. the group did not conclude on this point refer later

**ESA commitment target - 4.3**

- 2.6. Costed national school health policy and strategy plan including services disseminated
- 2.7. Percentage of young people accessing integrated SRH services in school
- 2.8. Percentage of young people accessing YFSRH services out of school

**Other General comments:**

- Many indicators are repetitive
- cost for all country plans and put a monitoring evaluation
- school health program revamped to provide the services