

2015-2016

Civil Society Engagement Strategy on Eastern and Southern Africa Ministerial Commitment on SRH, CSE and HIV 2015-2016

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LIST OF ACRONYMS

ASRHR	Adolescent Sexual and Reproductive Health and Rights
AU	African Union
COMESA	Common Market for Eastern and Southern Africa
CS	Civil Society
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
EAC	East African Community
EALA	East African Legislative Assembly
ESA	Eastern and Southern Africa
FBO	Faith based Organization
HIV	Human Immune-Deficiency virus
MPoA	Maputo Plan of Action
REC	Regional Economic Commission
SADC	Southern Africa Development Community
SADC PF	SADC Parliamentary Forum
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights

DEFINITION OF KEY CONCEPTS

ADVOCACY: a deliberate process, based on demonstrated evidence, to directly, or indirectly influence decision makers, stakeholders and relevant audiences to support and implement specific actions (i.e. fulfilment of rights) and seeks to change public policies and practices in ways that will have a positive impact on people's lives¹.

It involves:

- delivering evidence-based recommendations to decision makers, stakeholders and/or those who influence them
- seeking change in governance, attitudes, power, social relations and institutional functions
- upstream engagement, lobbying, public relations, policy development, awareness raising, empowerment, social mobilization, campaigning, media work and communications
- requires organizing and organization

Advocacy for health is the act or process of blending science, ethics and politics. It is self-initiated, evidence based, strategic action to help transform systems and improve the environments and policies that ultimately improve behaviour, choices and health. Advocacy is about sparking change and driving action, influencing political will and policy implementation and driving funding².

POLICY ADVOCACY: a strategy to influence policy-makers to make a policy change (e.g. create supportive policies, reform or remove harmful policies, or ensure the funding and implementation of supportive policies).

SUSTAINABLE DEVELOPMENT: an approach to development that attempts to meet the needs of the present without compromising the ability of future generations to meet their own needs. It strives to find a balance between the environment, society and the economy

SUSTAINABLE DEVELOPMENT GOAL: the new development agenda, replacing the Millennium development goals

¹ Adapted from UNICEF and UNAIDS definitions

² www.whpa.org/ppe_advocacy_guide.pdf

I. BACKGROUND

UNESCO, in collaboration with UNAIDS, UNFPA, UNICEF and other UN partners, EAC, SADC, CSOs, religious and youth leaders led an initiative aimed at securing commitment from Ministers of Education and Health from 20³ 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, for the first time, Ministries of Education and Health towards measurable and time bound targets, to strengthen HIV prevention efforts and foster positive health outcomes by advocating for access to quality comprehensive education as well as sexual and reproductive health services for young people in the ESA region.

The historic ESA Ministerial Commitment was endorsed by 20 ministers of Health and Education at the 2013 ICASA conference and has time-bound actions and targets that were agreed upon by member states, and 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 of information, strengthening linkages and referrals between school and health services and an overall approach which facilitates access and equity and strengthens national responses to HIV and SRH. The Ministers committed to improving sexual and reproductive health outcomes and strengthening HIV prevention through access to comprehensive sexuality education (CSE), as well as integrated sexual and reproductive health services for young people in the region. Specifically, ministers pledged to reduce, by 2020, new HIV infections among young people by 90%, unplanned pregnancies among young women by 75%, and to eliminate child marriage and gender-based violence.

To drive the ESA commitment, a High-Level group was created, composed of regional leaders in education, sexual and reproductive health and rights, HIV prevention and development. Assisting the High-Level Group is a Technical Coordinating Group (TCG) whose key task is to provide technical, administrative and financial support to the High-Level Group. The initiative is chaired by the UNAIDS RST ESA Regional Director. An ESA commitment regional accountability framework was developed as a tool to monitor country and regional progress towards the agreed commitments as set out in the commitment document. The TCG will play a key role in the implementation of the accountability mechanism.

Civil Society Organizations (CSOs) and Faith Based Organizations played a critical role, in the build-up to the commitment. Consultations were held with CSOs, across the 20 countries that signed up, culminating in regional consultations that informed the development of the commitment document. This is in recognition that CSOs, particularly those engaged in sexual and reproductive health (SRH) service delivery and advocacy, have an established and important role in reaching young people – especially in and out of school and in community settings with comprehensive sexuality education information and adolescent sexual reproductive health services. However, it has been recognized that there is a need to engage CSOs in a more systemic fashion in the ESA commitment process. This requires a robust forward-looking civil society engagement strategy which takes into account the changing and varied context across the region, capacities as well as assesses lessons learned from past and current engagement initiatives and efforts.

I.1 Overview CSE, SRHR, HIV in Eastern and Southern Africa

In 2013, in 24 countries in the Eastern and Southern Africa region there was an estimated 160.2m adolescents and young people aged 10-24 years, representing nearly 33% of the total population, whereas the population group aged 15-24 years represent approximately 20% of the total population⁴. If current trends continue, by 2050, the number is expected to reach 282.2m. If this demographic dividend is well harnessed and utilized it can represent a huge potential and asset for the economies of ESA region. Sub-Saharan Africa's income per capita could be an additional 25% higher in 2050 solely as a result of the demographic transition, and for many countries, this represents the potential to graduate from low-income to middle-income status⁵. However, capitalizing on the demographic dividend requires investment in education, health, employment and promoting participation and inclusion. Where these investments fall short, the social and economic burden as well as marginalization and exclusion in lower income countries will increase and potentially reverse gains achieved.

As the ESA region is globally the region most affected by the HIV epidemic, the continuing high HIV prevalence rate, and the high numbers of new infections in young people, especially in young women, remains a challenge for

³ Countries that endorsed the commitments include: Angola, Botswana, Burundi, Comoros, DRC, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe,

⁴ State of the Worlds Population, UNFPA, 2013, Generation 2030 Africa: Child demographics in Africa

⁵ Ibid.

the HIV response as well as the quest to improve sexual and reproductive health and rights outcomes for young people in the region. Although knowledge of HIV prevention is rising overall, it is still low, with less than 40% of young people in the region with sufficient comprehensive knowledge on how to prevent HIV.

Efforts towards early identification with rapid HIV testing and treatment of HIV for youth have increased over time, although the unmet need remains significant. Evidence from qualitative studies with young people living with HIV (YPLHIV) that access HIV treatment through care clinics shows a strong need to address HIV and SRH jointly. YPLHIV aged from 15–24 report wanting children and relationships on a par with their non-HIV infected peers.

Gender inequalities in the form of restrictions on girls and young women's access to education and employment, and endemic gender-based violence at family and community-levels, are recognized as major barriers to development. The high prevalence of gender-based violence and harmful traditional practices including forced and child marriage, reinforces and compromises the health and security of women and girls. 20% of adolescents in southern African countries have been victims of sexual violence⁶.

Each year, 1 in 3 girls in developing countries, an estimated 14.2 million, are married before the age of 18 and 1 in 9 girls are married before the age of 15⁷. To date, early and forced marriages in sub-Saharan Africa are a widespread norm. Early marriage is a particular issue in Eastern Africa where up to 11% of women are married before they are 15 years; by 18 years it's 38%⁸. These statistics mask the very high levels in some countries such as 20% below 15 years in Eritrea, 21 per cent in Mozambique and 16 per cent in Ethiopia.

Every year in developing countries, 7.3 million girls under the age of 18 give birth, and babies born to adolescent mothers account for roughly 11% of all births worldwide, with 95% occurring in developing countries⁹. Across the ESA region, adolescent fertility rates remain persistently high at 108.2 per 1,000 among girls aged 15–19 in 2010, which is twice the world average of 53.4 per 1,000. In ESA 27% women have given birth by age 18. The health risks for adolescents who give birth are greater than for older women, with higher risks of birth complications and maternal mortality¹⁰. In low- and middle-income countries, complications of pregnancy and childbirth are the leading cause of death in young women aged 15–19 years.

Strong international and regional commitments and agreements exist to promote the roll-out of comprehensive sexuality education (CSE) and full access to necessary SRH services. However, while all countries in the region report having a policy or strategy to promote life skills-based HIV education for young people, many face challenges in the implementation: the limited available evidence indicates that few of the policies or strategies are fully operationalized and costed; few countries stipulate explicitly that private and faith-based schools also have to provide sexuality and HIV education; exclusion of some key topics related to sexuality from HIV education often happens in informal ways, through what is described as 'selective teaching' in the research literature¹¹.

Linkages between CSE and SRH services and support are found at policy level rather than at ground level in implementation. Little evidence is available from the region on efforts between the education and health sectors for joint programming, monitoring and evaluation of SRH education and services for adolescents and young people.

A range of sexual and reproductive health services are available in the ESA countries and are delivered through a mixture of public, private and NGO providers. However, coverage of services is usually mixed, with rural areas less well served than urban and peri-urban areas. Costs of services vary widely and services have usually been designed for the general population and not specifically for adolescents and young people.

1.2 The new Sustainable Development Goals agenda and Political commitments on CSE, SRHR, HIV

The debate on the future development agenda - the post 2015 agenda, has essentially been a debate of the future of sustainable development, and addressing those critical challenges threatening this. This new framework as opposed to the MDGs, will be a universal agenda for sustainable development, with sustainable development goals applied to both developing and developed countries. One of the main shortcomings of the MDGs has been the

⁶ ESA Commitment progress report 2013-2014

⁷ Action for adolescent girls, UNFPA, 2014

⁸ Ibid.

⁹ Ibid.

¹⁰ Young People Today Ready for Tomorrow!, UNESCO, UNAIDS, UNFPA, UNICEF, WHO, 2013

¹¹ Ibid.

lack of a social justice analysis and exclusive focus on attaining the goals¹². Some countries have progressed towards attaining goals, while at the same time national inequalities have deepened. Social inequalities based on wealth, gender, ethnicity etc. have prevented and in some instance undermined progress. The post 2015 agenda has placed justice and equity at the heart of the wider agenda for eradicating extreme poverty by 2030.

Health related issues have been central in the current Millennium Development Goals framework, and progress has been made. The report by the UN System Task team on the post 2015 UN development agenda states that current investment levels in health, including sexual and reproductive health, are in many countries neither sufficient, or efficient nor equitable, challenging the belief that health has benefitted disproportionately in terms of the level of resources received over the last ten years. Furthermore, in the face of increasing resource constraints, there are concerns that dramatic gains such as the survival of people living with HIV or the reductions in malaria or measles mortality cannot be sustained. It further argues that the common thread for the global agenda in health is the need to change focus from developing health systems that deal with selected diseases and conditions, towards ensuring access to integrated services, using innovation to foster efficiency, preventing exclusion and extending universal health coverage¹³. It is useful to look at health as a contributor to the achievement of sustainability goals; health as a potential beneficiary of sustainable development; and health as a way of measuring progress across all three pillars of sustainable development policy.

The development of the Sustainable Development Goals is the anchor of the new development agenda, it is cross cutting in nature and focuses on Global Public Goods. These are social and environmental goods and challenges that impacts beyond national borders and effect everyone regardless of economic or social status, gender and race, and as such need to be sustainably managed and protected. It will entail developing a broader and more innovative range of solutions for the implementation of the SDG development agenda, and will require increased cooperation and partnerships within governments and with partners as well as a focus on integration and efficiency, and will have significant resource implications. The following are goals and targets relevant to SRH, CSE and HIV:

SDG 3: Ensure healthy lives and promote well-being for all at all ages

- **Target 3.1:** Reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.
- **Target 3.3:** “by 2030, globally we should aim to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”.
- **Target 3.7:** Ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030”.
- **Target 3.8:** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

SDG4 Ensure inclusive & equitable quality education and promote lifelong learning opportunities for all

- **Target 4.7:** By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development

SDG 5: Achieve gender equality and empower all women and girls

- **Target 5.1:** End all forms of discrimination against all women and girls everywhere.
- **Target 5.2:** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
- **Target 5.3:** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.
- **Target 5.6:** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform of Action and the outcome documents of their review conferences.

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

- **Target 16.1:** Significantly reduce all forms of violence and related death rates everywhere

¹² Leaving no one behind –an equity agenda for post 2015, K. Watkins, ODI, Oct 2013

¹³ Post 2015 UN Development agenda, May 2012

- **Target 16.2:** End abuse, exploitations, trafficking and all forms of violence against and torture of children

In addition to the SDGs, the following global, regional and continental frameworks and guidelines create the policy context for the ESA commitment and its implementation:

- **International Conference on Population and Development (ICPD), 1994** – developed a set of goals and targets (universal education, reduction of infant and child mortality, reduction of maternal mortality, access to sexual and reproductive and health services including family planning) as part of the ICPD Programme of Action – highlighting the links between population, sustained economic growth, health education, economic status and empowerment of women with the main shift being the focus on investing in people rather than demographic targets
- **Beijing Declaration and Beijing Platform for Action (1995)**
- **Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) 1979**
- **Millennium Development Goals, 2000, 2010**
- **UN Political Declaration on HIV, 2001, 2006** – challenged global health community to forge closer linkages between SRH and HIV
- **ICPD beyond 2014:** global consensus that investing in individual human rights, capabilities and dignity across multiple sectors and through the life course, is the foundation of sustainable development
- **AU Continental Policy Framework on Sexual and Reproductive Health and Rights (SRHR), 2005,** and the corresponding **Maputo Plan of Action, 2006:** Commitment to ensure universal access to comprehensive sexual and reproductive health (SRH) services on the continent. All countries in ESA region have adopted the plan.
- **The Addis Ababa Declaration 2013:** emphasis on demographic dividend, ending child marriage and adopting inclusive development policies and strategies

Guidelines, Guiding documents and initiatives

- **The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), 2009** has been launched in 44 countries with the aim of mobilizing political commitment and community mobilization for maternal and newborn health. By 2014, 21 countries¹⁴ in ESA region have launched CARMMA at national level with follow-up implementation of maternal health interventions
- **Family Planning 2020 (July 2012):** a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have
- **End Child Marriages Campaign, AU, 2014:** The two-year campaign, organized in partnership with UNICEF and UNFPA, will focus on 10 African countries and aim to accelerate the end of child marriage in Africa by enhancing continental awareness of the harmful impact of child marriage and by taking appropriate legal, social and economic measures.
- **Midwifery Services Framework, ICM¹⁵:** a tool to help guide countries to apply evidence to improve their policy and programming environment for developing and implementing midwifery services
- **Every Woman, Every Child initiative, UN, 2012, and the subsequent Global Financing Facility:** provide a roadmap for enhanced financing, strengthened policy, improved service for most vulnerable woman and children

Technical Assistance and commodity security

- **Global Programme on Reproductive Health Commodity security (GPRHCS)** – a framework for assisting countries in planning their own needs and promote more predictable, planned and sustained country drive approaches to securing essential reproductive health supplies and their utilization
- **Maternal Health Thematic Fund** – to accelerate progress towards MDG 5 in poor countries with high maternal mortality ratios, build political and social commitment to maternal health and assist country health systems to scale up provision of a full spectrum of maternity care in the context of SRH services
- **Choices Not Chance, UNFPA, 2013¹⁶** – The UNFPA Family Planning Strategy 2012-2020, titled Choices not Chance, outlines how the Fund will engage with all UNFPA programme countries to ensure that the countries receive optimum support for family planning, based on comprehensive review of their situations and critical needs. The Strategy articulates why family planning is important, why it is a sound investment, and how UNFPA will sharpen and expand its longstanding commitment to rights-based family planning. The overarching goal of Choices not Chance is to accelerate delivery of universal access to rights-based family planning as part of efforts to achieve universal access to sexual and reproductive health and reproductive rights.

¹⁴ The two countries that have not yet adopted CARMMA are South Sudan and Mauritius

¹⁵ <http://www.internationalmidwives.org/projects-programmes/icm-msf-page1/>

¹⁶ http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20CHOICES%20NOT%20CHANCE_final.pdf

- Safeguard Young People Programme, 2012
- Support towards strengthening the provision of comprehensive sexuality education in the ESA region by UNESCO

There are key investments needed in advocacy in the context of the sustainable development agenda. Advocacy is the process of ensuring evidence and information impacts on the decision and ability to act by those who influence policies and resources. Some of these needs include agreed monitoring and evaluation approaches to link advocacy inputs to results; flexible, reliable financing mechanisms that enable advocacy efforts to be taken to scale; stronger multi-stakeholder coordination platforms to promote greater alignment and action among actors and networks¹⁷.

Ensuring continued progress and commitment in the new sustainable development agenda, will require accelerated advocacy efforts, especially within the broader set of goals and targets of the SDGs. The ESA commitments are well placed to accelerate new goals within the health agenda in the context of the post 2015 sustainable development goals.

2 ESA COMMITMENTS AND TARGETS

In December 2013, the Ministers of Health and Ministers of Education from 20 countries in the ESA region committed to improving sexual and reproductive health outcomes and strengthening HIV prevention through access to comprehensive sexuality education (CSE), as well as integrated sexual and reproductive health services for young people in the region. The targets, as set out in the ESA commitments are:

By end 2015:

1. A good quality CSE curriculum framework is in place and being implemented in each of the 20 countries;
2. Pre and in service CSE and SRH 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;

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

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. Eliminating gender base violence;
8. Eliminate child marriage;
9. Increase the number of all school and teacher training institutions that provide CSE to 75%

An ESA commitment regional accountability framework was developed as a tool to monitor country and regional progress towards the agreed commitments as set out in the commitment document. Summary of Progress on the implementation of ESA commitment 2013-2014:

- A coordinated multi sectoral response is critical for the achievement of the ESA commitments. By end 2014, there were seven completed multi sectoral plans, five of them costed. Two were in process and seven countries had not yet developed their plans. In both Namibia and Swaziland, joint cabinet papers on the ESA commitment were presented to parliament.
- Nine countries had managed to allocate financial resources
- Inclusion of CSE in school curriculum: Ten countries have either integrated or standalone CSE in primary school that is examinable, and 11 countries in secondary schools. Another 4 have integrated CSE, but not examinable, and eight countries are in process of including CSE at primary level.
- 80% of countries are providing youth friendly health services
- Analysis was conducted in 21 countries on the status of CSE in teacher education. This helped inform the development of pre-service and in-service teacher training modules. Master trainers from 10 countries

¹⁷ Global strategy for women's, children's and adolescents' health: Working paper series: advocacy and communication, April, 2015

from the ESA region were trained on the pre-service module in mid 2015, and will roll-out training in their respective countries

- The in-service teacher training module is an online module, which will be rolled out in 2015 and will offer a more cost effective way to increase the number of in-service teachers training in sexuality education. This is in addition to the development of 15 scripted lesson plans developed at regional level that will be piloted and rolled out in 2015
- A regional study on education sector responses to early and unintended pregnancy was generated. As a result of the study, UNESCO will be developing guidance to support countries to strengthen their response to early and unintended pregnancy along four pillars.

Country Progress

- Botswana: Inter-Ministerial platform at the office of the Prime Minister in Botswana has been responsible for coordinating ministerial programs including the ESA commitment.
- Burundi: A networking strategy has helped increase access to youth friendly services in Burundi. By collaborating with schools, youth centers and health centers, there are now 56 schools and 18 health centers involved in the initiative, linking CSE and ASRH services.
- Lesotho: UNESCO, in collaboration with PHELA Health and Development Communications supported Ministries of Health and Education to hold regional district and national dialogue sessions with key influencers in the community. The process culminated in the signing of Gatekeepers SRHR Statement pledging collaborative efforts by all to promote access to sexual reproductive health (SRH) information and education and services.
- Malawi: On 25th July 2014, the President of Malawi signed the SADC Commitment to end child marriage.
- Mozambique: The country held a cultural festival took place this past August, including HIV/AIDS awareness workshops in its many activities.
- South Africa: included youth friendly health services component in national maternal and child health review
- Uganda: Uganda held a multi-media youth-led Young People Today campaign that ran from August to November 2014 aimed at increasing awareness about SRH, reached over 500,000 young people.
- Tanzania: In 2014, 2.9million USD was committed by partners towards the ESA commitment interventions, covering 50% of ESA commitment work plan. In addition, 50,000 people were reached with CSE and SRH information through increased visibility in both electronic and social media platforms as a result of joint interventions related to the ESA commitment
- Zambia: As part of the ESA Commitment, 10 Government Ministries, donors, UN and civil society partners came together to address child marriage in Zambia. The Marriage Bill has been drafted to respond to several gaps in the current law related to marriages.
- Joint Cabinet papers have been produced by the MOE, MOH and other Ministries connected with the ESA commitment to integrate CSE in existing interventions. This took place in Lesotho, Namibia, Swaziland, and Zambia.
- Human and financial resources have been allocated to support the implementation of costed country work in Lesotho, Uganda and Tanzania.

2.1 Civil society consultations on ESA commitment

Since the development of the ESA commitment, two significant consultations took place to seek contribution towards the development of this strategy. The second Regional Symposium on Adolescent SRHR and HIV in Africa was held in Lusaka, in December 2014. The overall purpose of the Symposium was to ensure greater attention and commitment to addressing adolescent SRHR and HIV issues. In addition, a Youth Pre-Symposium was organized prior to the main meeting. The purpose of the Pre-Symposium was to engage young people specifically on barriers to adolescent SRHR information and services. A total of 173 young people from 28 countries spanning the continent of Africa gathered to deliberate on the state of young people's SRHR including HIV and its place in current and future global frameworks. During this consultation, input was provided on how to strengthen young people and civil society's role in the development and implementation of the civil society Engagement Strategy for the ESA Commitment; regional and national-level strategies for improved engagement of young people and civil society in accelerating the ESA Commitment were identified and; feedback into the development of the CS Engagement Strategy including the identification of key stakeholders provided. The consultation also recommended to clearly define the intended purpose of the CS Engagement Strategy and identification of end user. At what level is this strategy going to be most effective? The consultations with stakeholder revealed that a strategy that provides specific guidance and innovative strategies to country-level CSOs on how to better engage at all levels accelerating the ESA Commitment in their countries would be the most useful.

A working meeting was held September 10-11, 2015 in Johannesburg with 14 select regional and country level organizations working on ASRHR, CSE and HIV. Key priority actions, partners and time frames were identified. It was agreed that a regional coordination mechanisms be put in place responsible for implementing the regional level strategy. Countries should have consultations among country partners to agree on relevant coordination structures in country, national action plan/road map for the implementation of ESA commitment and agreement on whether a civil society engagement strategy is required or not.

3 RATIONALE

The CSO engagement strategy is based on the recognition of the need to systematically engage CSO in the realization of the ESA commitment in the region, and ensuring space and voice of youth at all levels. It is also recognized that advocacy by civil society is key to strengthen accountability by partners for the implementation of the ESA commitment which contributes to holding those in power accountable to commitments made and the monitoring of progress, as well as provides a sense of mutual goals and objectives.

Advocacy shapes opinion and drives decision-making and action. The result of advocacy can be political will, the decision to mobilize resources, policy and planning, re-prioritization and often the delivery of new or improved programmes or services¹⁸. Advocacy will strengthen policy responsiveness, ensuring policies, programmes and commitments that are responsive to the needs of communities and people affected, and their participation in realizing these policies. Civil society can also contribute towards expansion of service delivery, as well as quality and efficiency, leading to more sustainable, coherent and integrated programmes and more efficient use of resources.

Thus, the civil society engagement strategy is intended to stimulate action for quality scaled up and integrated service delivery and policy responsiveness in order to reach the targets of the ESA commitments. Effective advocacy requires strategy, mapping and operational planning, backed by intensive coordination and brokering of partnerships that bring financing and resources to the fore.

This strategy is a regional based strategy to promote accountability for and monitoring of progress on the implementation of the ESA commitment through the structures and mechanisms at regional level – primarily through the RECs; to advocate for quality, expanded inclusive and coordinated service delivery and programme strategies on ASRHR, CSE and HIV prevention among young people in country; and mobilize the necessary partnership and resources required for effective coordination and implementation.

The purpose of a national level strategy is to assist in the coordination of the implementation of ESA commitment at national level and will be discussed and determined with relevant partners at country level, as well as agreements on appropriate coordination mechanisms. A template for national level strategy is provided in this document.

4. STRATEGY

4.1 Guiding Principles:

This engagement strategy is guided by the following principles:

- Mutual accountability and shared responsibility
- Participation and partnership, especially by youth, women and girls, and vulnerable groups such as youth with disabilities, LGBTI
- Transparency: Consultation, collaboration, sharing of information, communication
- Support for nationally driven, sustained and evidence based responses generating results for people
- Action oriented approach, results oriented coordination based on capabilities and operational capacities
- A focus on translating ideas of human rights, gender equality, focus on vulnerable and marginalized populations into concrete actions

4.2 Goal, Purpose, Outcome and Outputs

The **Purpose** of the regional CS engagement strategy is to:

- Outline the role of CSO in enhancing progress towards the ESA commitment
- Provide a framework for engagement in, advocacy for and monitoring of the implementation of the ESA commitment

OVERALL GOAL:

¹⁸ Global strategy for women's, children's and adolescents' health: Working paper series: advocacy and communication, April, 2015

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- By 2020, governments in Eastern and Southern Africa have made significant progress towards achieving the targets of the ESA Commitments

OUTCOME:

- Civil society in Eastern and Southern Africa are fully engaged in the implementation of and advocacy for the implementation of the ESA commitment, contributing to improving sexual and reproductive health outcomes and strengthening HIV prevention through increased access to comprehensive sexuality education and integrated sexual and reproductive health services for young people in the ESA region

OUTPUTS:

1. Accountability is enhanced by consistent monitoring and reporting of the progress at country and regional level on the implementation of the ESA commitment by Governments and partners
2. Effective civil society advocacy with Government and partners for increased support for the implementation of strategies on SRHR, HIV and CSE to reach the ESA commitment targets is undertaken
3. CS and youth organizations are briefed, aware, updated on ESA commitment and effectively engaged in policy, planning and decision making platforms and advocacy efforts to consolidate and input civil society perspectives
4. Partnerships are mobilized to advocate for improved coordination of initiatives for adolescent and young people in the areas of SRHR, CSE and HIV prevention
5. Communication and information dissemination on ESA commitment strengthened

OUTPUT I. Accountability is enhanced by consistent monitoring and reporting of the progress at country and regional level on the implementation of the ESA commitment by Governments and partners

Civil society play an important role in holding governments and partners accountable to the commitments made. With regular and effective monitoring and reporting, they can identify gaps in implementation and bring this to the attention of decision makers. In order to do so, civil society will focus on the following key actions:

- Ensure ESA accountability framework country reporting templates reflect key indicators to measure progress of implementation at country level, based on already existing and agreed upon indicators and M&E frameworks in the country and region.
- Develop scorecards to complement the ESA accountability framework
- Conduct interactive surveys through social media and SMS
- Develop annual civil society position statement on the ESA commitment
- The above, together with the documenting of best practices and lessons learned, analysis of trends and further evidence will be packaged and disseminated in a regional report to be used within the mechanism of regional commissions, high level meetings and country, regional and international decision making platforms
- Strengthening capacities to monitor, analyze and comment on implementation of national priorities in SRH, CSE and HIV by civil society at national level by facilitating technical support, training and mentorship to national CSO organizations in the area of accountability literacy frameworks and monitoring
- Supporting civil society in country with capacities to broker the findings of the assessments/national status updates into agreements and work plans to bring about needed actions on SRHR, HIV and CSE and to ensure compliance of partners to agreements made

Civil society at Country level will:

- Liaise with UNESCO, UNAIDS and UNFPA ESA commitment focal points in country to support national level action on ESA commitment
- Promote a unified and coordinated civil society sector response to the ESA commitment with agreements on the national targets, timeline and road map towards reaching targets
- Advocate for the elevation of the affirmation of the ESA commitment to a real commitment at country level by integrating the commitment and accountability framework into the national approved frameworks
- Support the establishment of and systematic implementation of a national accountability mechanism, that is participatory and based on mutual accountability, and is implemented to monitor and review progress on commitments and address challenges
- Broker the findings of ESA commitment national reports/status updates into agreements, actions and resources for the implementation of SRHR, CSE, and HIV prevention for young people in country

- Organize youth forums to establish impact and efficacy of actions and feedback
- Disseminate and promote discussion and dialogue on ESA commitment national progress reports

OUTPUT 2. Effective civil society advocacy with Government and partners for increased support for the implementation of strategies on SRHR, CSE and HIV to reach the ESA commitment targets is undertaken

Advocacy efforts by regional civil society will be strengthened in order to increase support for the implementation of the ESA commitment and targets. This will be done through focusing on:

- Advocacy with Governments through the RECs to ensure adherence to agreed upon regional standards around service delivery in SRH and HIV
- Development of an ESA commitment advocacy toolkit, linked to the SDG and MPoA and national policies and other similar initiatives i.e. the AU campaign to end child marriages, for use by civil society and other partners
- Disseminate and build capacity of stakeholders for the utilization of the ESA commitment advocacy toolkit (parliamentarians, teachers, media, parents, watchdogs, youth led organizations, health workers etc.)
- Providing mentorship to national CSOs and youth led organizations on advocacy on the ESA commitment
- Engaging with key decision makers in Governments and among partners to ensure implementation includes, is relevant to, and reaches adolescents, youth and vulnerable groups and addresses the underlying challenges and obstacles to access and take up of services and information

Civil society at Country level will:

- Advocate for expanded, inclusive and quality service delivery by civil society to implement SRHR, CSE and HIV prevention
- Implement the ESA commitment advocacy tool kit

OUTPUT 3. Civil society and youth led organizations are briefed, aware, updated on ESA commitment and effectively engaged in policy, planning and decision-making platforms and advocacy efforts to consolidate and input civil society perspectives

- The regional task team on ESA commitment will consolidate and strengthen the institutional arrangements, for engagement strategy, as well as strengthen civil society representation on the technical coordinating group
- The regional task team/coordination mechanism will advocate for inclusion and accountability of youth and marginalized groups identifying champions and promoting the voices and actions of young people
- Regional ESA to standardize the proposed action plan/strategy to be shared with countries

Civil society at Country level will:

- Organize a consultation with civil society to provide information on regional strategy and process, agree on country action plan/road map
- Promote agreement on ESA national coordination mechanism- using existing mechanism and ensuring meaningful participation of youth and CSOs, as well as organizations at sub-national levels
- Ensure capacity building of the core players within the ESA commitment – i.e. youth and key civil society organizations
- Create awareness amongst government partners on the ESA commitments and the real issues affecting young people in country
- Support youth leadership by investing in capacities of youth leadership and organizations – focusing on advocacy and monitoring

OUTPUT 4. Partnerships are mobilized to advocate for improved coordination of initiatives for adolescent and young people in the areas of SRHR, CSE and HIV prevention

To maximize partnerships for implementation, enhance action and ensure increased coordination as well as reducing duplication of efforts, civil society will:

- Strengthen coalitions and alliances of civil society to support implementation of ESA commitment in the relevant sectors
- Maintain a database of key stakeholders working in the areas of SRHR, ASRHR, CSE and HIV prevention in the ESA region
- Promote the co-ordination of initiatives and resources around adolescent and young people, SRHR, CSE and HIV prevention
- Create platforms for engagement and dialogue with relevant state and non-state actors

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- Strengthen partnerships with RECs i.e. SADC and EAC, and use the civil society representation on RECs technical committees and other mechanisms, for consistent feedback to larger CSO group
- Advocate for resource mobilization for the implementation of the ESA commitment

Civil society at Country level will:

- Support a comprehensive national status update (data, targets) and overview of who is doing what and what resources are available in the areas of SRH, HIV, CSE available
- Consolidate partnerships and mainstream the ESA Commitment work plans and integrate them into what already exists
- Create platforms for engagement and dialogue with relevant state and non-state actors
- Secure resource commitment by partners in country

OUTPUT 5. Communication and information dissemination on ESA commitment strengthened

Effective digital and online communication strategy will be implemented to ensure updated and real-time information and latest news available on the ESA commitment. The digital and online formats are working well, thus the utilization of different media platforms including television, social media, radio, online and mobile applications, SMS, etc. should be capitalized on and increased. Social media can be used as a tool, if the appropriate tone, voice and content style for the chosen channel is adopted, to receive information on the ESA commitment and report on what is happening, as well as, expression of opinions and voice to hold CSO and government accountable for their commitments. Civil society will strengthen communication on the ESA commitment through:

- Contributing towards strengthening content of ESA commitment website: www.youngpeopletoday.net that is content driven within the context of the ESA commitment, and used as a community builder with individual stories, updates, news pieces, thought provoking questions etc.
- Strengthen online dissemination of information i.e. website, mailing list, databases etc.
- Establishing group managed platforms such as Twitter, Facebook, to effectively manage real-time interactive communication channel
- Develop video for and by young people specific to ESA commitment to have their voice heard and provide information on how other young people can get involved
- Train young people (mentors/Ambassadors/Champions) in social media; i.e. an example is setting up a Twitter live chat with potential Ambassadors and other key stakeholders at the national and regional levels
- Develop a mobile application specific for providing information on ESA Commitment. For example, outlines the country's work plan, which organizations are committed (with contact information), how young people can be involved, country progress towards commitment indicators, etc.
- Develop capacity in advocacy and communication

Civil society at Country level will:

- Promote the ESA commitment through media and social media
- Encourage use of and interaction with ESA commitment www.youngpeopletoday.net website, facebook twitter, mobile application

4.3 Definition and Delineation of Roles

The role of the various actors at national and regional level has been defined below. These roles are not exhaustive, but focus on key roles in relation to mandates and that are relevant to the engagement strategy. These roles, if accepted, imply accountability to the actions as a result of the defined roles.

4.3.1 The Role of regional ESA Civil Society Organizations

- Advocacy with executive arm of national Governments through the RECs – EAC and SADC, and legislative arm of Governments through EALA and SADC PF
- Monitoring of progress on implementation of ESA commitments, developing regional synthesis report
- Promote partnerships, facilitate coordination, technical support and resource mobilization
- Provide technical support to countries

4.3.2 The Role of national ESA Civil Society Organizations

- Implementation of ESA commitment – quality, expanded, inclusive and integrated service delivery for SRHR, CSE and HIV prevention among young people
- Advocacy with Government and partners for the implementation of the ESA commitment

- Monitoring of implementation and developing national progress report
- Promote partnerships and coordination

4.3.3 The Role of Young People

- Active participation on coordination and decision making mechanisms – playing a critical representative role in the national coordination mechanism
- Advocacy for youth leadership and inclusion
- Promote partnerships and coordination with youth led organization
- Advocacy with Government, Parliament and partners for the implementation of the ESA commitment
- Monitoring of progress on the implementation of ESA commitment

4.4 Regional Coordination for implementation of the civil society engagement strategy

A regional coordination task team was established consisting of the following organizations: AIDS accountability International, EANNASO, AFRIYAN, DHAT and SAFAIDS. They are tasked with coming up with a regional coordination mechanisms, proposed to be hosted within the structures of RAANGO, and with expanded membership as appropriate. The regional coordination mechanism will be represented on the TCG and ensure coordination and flow of information.

5. PARTNERSHIPS

The regional coordination mechanisms will mobilize and build partnerships and alliances with a wide range of actors and through existing coordination mechanisms. An extensive mapping of civil society partners at national and regional level has been undertaken as part of the development of this strategy (see Annex) and will be used to strengthen linkages and partnerships with wider civil society, and the list will be maintained and updated.

Youth-led organizations are key partners and should be supported and encouraged to take leadership at both national and regional levels.

Regional civil society will partner with Governments through the RECs - primarily SADC, EAC and IGAD, as well as with the legislative arm of Government through EALA and SADC PF.

Regional civil society will maintain partnership with key technical and donor development partners – United Nations, other multilateral organizations, bilateral organizations and private sector working in the areas of SRH, CSE and HIV.

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7. ANNEXES

Annex 1: CS Engagement Strategy Results Framework and Action Plan – see separate document

Annex 2: Mapping of CSO working on SRH, CSE and HIV in ESA Region – see separate document

