SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Strengthening the Implementation of the ESA Commitment

2nd ESA Transnational Learning Conference
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Strengthening the Implementation of the ESA Commitment

Eastern and Southern Africa Ministerial Commitment on Comprehensive Sexuality Education (CSE) and Sexual and Reproductive Health Services for Adolescents and Young People

2nd ESA Transnational Learning Conference with participation from Mozambique, Namibia, South Africa and Zambia

Protea Fire and Ice, Pretoria
25-27 October 2017
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<tr>
<td>AfriYAN</td>
<td>African Youth and Adolescents Network on Population and Development</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ASRH</td>
<td>Adolescent Sexuality and Reproductive Health</td>
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<td>AU</td>
<td>African Union</td>
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<td>AYFHS</td>
<td>Adolescent Youth Friendly Health Services</td>
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<td>BMZ</td>
<td>German Ministry for Economic Cooperation and Development</td>
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<td>CD</td>
<td>Capacity Development</td>
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<td>COMESA</td>
<td>Common Market for Eastern and Southern Africa</td>
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<td>CNCS</td>
<td>National AIDS Council, Mozambique</td>
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<td>CSE</td>
<td>Comprehensive Sexuality Education</td>
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<td>CSO</td>
<td>Civil Society Organisations</td>
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<td>DBE</td>
<td>Department of Basic Education</td>
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<td>DoH</td>
<td>Department of Health</td>
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<tr>
<td>DREAMS</td>
<td>Determined Resilient Empowered AIDS-free Mentored and Safe</td>
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<tr>
<td>EAC</td>
<td>East African Community</td>
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<td>ESARO</td>
<td>East and Southern Africa Regional Office</td>
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<td>ESA</td>
<td>East and Southern African</td>
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<tr>
<td>FFI</td>
<td>Focus for Impact</td>
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<tr>
<td>GBV</td>
<td>Gender-based Violence</td>
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<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH</td>
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<tr>
<td>HSRC</td>
<td>Human Sciences Research Council</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IAC</td>
<td>International Aids Conference</td>
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<td>IAS</td>
<td>International AIDS Society</td>
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<td>JIC</td>
<td>Joint-in Circuit</td>
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<td>KZN</td>
<td>Kwa Zulu-Natal</td>
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<td>KZN DoH</td>
<td>Kwa Zulu-Natal Department of Health</td>
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<tr>
<td>LTSM</td>
<td>Learning and Teaching Support Material</td>
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<tr>
<td>MoEAC</td>
<td>Ministry of Education, Arts and Culture, Namibia</td>
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<td>MGECW</td>
<td>Ministry of Gender Equality and Child Welfare, Namibia</td>
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<tr>
<td>MINEDH</td>
<td>Ministry of Education and Human Development, Mozambique</td>
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<td>MISAU</td>
<td>Ministry da Saúde – Ministry of Health, Mozambique</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoGE</td>
<td>Ministry of General Education, Zambia</td>
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<td>MoH</td>
<td>Ministry of Health, Zambia</td>
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<td>MoHSS</td>
<td>Ministry of Health and Social Services, Namibia</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>MSYNS</td>
<td>Ministry of Sport, Youth and National Service, Namibia</td>
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<td>NAC</td>
<td>National AIDS Council, Zambia</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>NAEC</td>
<td>National AIDS Executive Committee</td>
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<td>NAPPA</td>
<td>Namibia Planned Parenthood Association</td>
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<td>NASF</td>
<td>National AIDS Strategic Framework, Zambia</td>
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<td>NDP</td>
<td>National Development Plan</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NSA</td>
<td>Non-State Actors</td>
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<td>NSP</td>
<td>National Strategic Plan</td>
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<td>PAC</td>
<td>Provincial AIDS Council</td>
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<td>PLASOC</td>
<td>Platform for Civil Society Organisations, Mozambique</td>
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<td>PPAZ</td>
<td>Planned Parenthood Association Zambia</td>
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<td>PEP</td>
<td>Post-Exposure Prophylaxis</td>
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<td>PREP</td>
<td>Pre-Exposure Prophylaxis</td>
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<tr>
<td>PROFILE</td>
<td>Programme to Foster Innovation, Learning and Evidence in HIV and Health Programmes of German Development Cooperation</td>
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<tr>
<td>PS</td>
<td>Permanent Secretary</td>
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<tr>
<td>REC</td>
<td>Regional Economic Communities</td>
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<td>SADC</td>
<td>Southern Africa Development Community</td>
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<td>SANAC</td>
<td>South African National AIDS Council</td>
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<td>SDG’S</td>
<td>Sustainable Development Goals</td>
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<td>SHTF</td>
<td>School Health Task Force</td>
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<td>SIDA</td>
<td>Swedish International Development Cooperation Agency</td>
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<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<td>Sexual and Reproductive Health Services</td>
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<td>STATSSA</td>
<td>Statistics South Africa</td>
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<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<td>SYP</td>
<td>Safeguard Young People Programme</td>
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<tr>
<td>TCG</td>
<td>Technical Coordinating Group</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<td>UNESCO</td>
<td>United Nations Educational Scientific and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNGA</td>
<td>United Nations General Assembly</td>
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<tr>
<td>VMMC</td>
<td>Voluntarily Medical Male Circumcision</td>
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<tr>
<td>WC</td>
<td>Western Cape</td>
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<tr>
<td>WC DoH</td>
<td>Western Cape Department of Health</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<td>YPLHIV</td>
<td>Young People Living with HIV</td>
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EXECUTIVE SUMMARY

Over seventy high-level political decision-makers and implementers from health, education, youth and gender sectors, including the UN family, from the Eastern and Southern Africa (ESA) Region gathered in Pretoria for a transnational learning exchange conference from 25 to 27 October 2017.

The conference was hosted by the ESA Regional Programme for the Implementation of the ESA Commitment, commissioned by the Federal Ministry for Economic Cooperation and Development (BMZ). The programme strengthens the implementation of the ESA Ministerial Commitment, supporting the ESA initiative at regional level and in a cluster of four countries (Mozambique, Namibia, South Africa, and Zambia).

First endorsed in December 2013, the ESA Ministerial Commitment supports Comprehensive Sexuality Education (CSE) and Sexual and Reproductive Health and Rights for adolescents and young people. Since then, significant progress and achievements have been made at both regional and country level. In 2016 the first regional ESA progress report 2013-2015 was published at the Durban International Aids Conference. During this Conference the ESA Road Map 2020 was laid out, prioritising 5 targets to be achieved by the year 2020. The road map sets the operational guiding frame on how to achieve these targets and strengthen key actions at country-level.

Fostering cross-country exchange on good practices and lessons learnt, the GIZ ESA Regional Programme strengthens the ESA Commitment through regular transnational learning. As part of transnational learning, the GIZ programme supported in 2015 an ESA satellite event during the ICASA Conference in Harare, Zimbabwe. The first Transnational Learning Conference between the programme’s cluster countries took place in November 2016, which was attended by delegates from the ESA regional partners and representatives from the respective Ministries of Health, Education, Gender and Youth, National AIDS Commissions, Civil Society and Youth Organizations (CSO). Deliberations were centred on creating an enabling environment, strengthening coordination, accountability, country ownership as well as sharing on promising practices from ESA countries. Since then, countries have taken ownership and established mechanisms to steer the ESA implementation process in the respective countries.

The aim of the 2017 conference was to exchange on recent experiences in the implementation of interventions on Comprehensive Sexuality Education (CSE) and Adolescent and Youth-friendly Health Services (AYFHS), which had been identified and discussed as priority actions in the 2016 conference. During the three-day conference, participants looked at major achievements and bottlenecks in multi-sectoral coordination of ESA at national level. Debates around CSE and presentations on strengthening the link between CSE and AYFHS aimed at exchanging on lessons learnt and identifying opportunities and challenges in scale-up. Data integration of national data systems as well as resource mobilization strategies was discussed as important parts of cross-national accountability. Being at the heart of the ESA Commitment, the question of how to better involve young people in the ESA Commitment process, was discussed throughout the conference. The conference ended with a high-level panel and identification of key actions for increased ESA advocacy, while discussing opportunities for sustainable ESA financing.

Main Results and Outcomes

ESA Policy Alignment and Multi-sectoral Coordination

As integral part of important international initiatives and coalitions, such as the Global HIV Prevention Coalition, the ESA Commitment crucially contributes to the achievement of international agendas, including the Sustainable Development Goals (SDG 3, SDG 4, SDG 5, SDG 8). In South Africa, the ESA Commitment has been integrated into national strategic plans and goals. The South African National AIDS Council (SANAC), South Africa’s main body for multi-sectoral coordination on HIV, TB and STIs, has integrated ESA targets into its newly launched National Strategic Plan on HIV, TB and STIs (2017-2022), using shared multi-sector resources with accountability systems on all levels. In Mozambique, multi-sectoral coordination on Sexual and Reproductive Health (SRH) and young people is steered through the Programa Geração Biz
The integration of the ESA Commitment into the PGB opens up new opportunities for Mozambique, shifting the focus from peer education approaches for CSE delivery in schools to capacity building of teachers and the integration of CSE into the school curricula.

**Challenges and Opportunities in CSE up-scaling**

Since the end of 2015 pilot measures have been implemented to scale-up capacity building for teachers in CSE through online training courses. All four countries have since then embraced these measures and confirmed high demand for more quality CSE. Only in 2017 the GIZ ESA Regional Programme GIZ has conducted an additional number of 1310 teacher trainings in the programme’s four cluster countries (106 in Mozambique, 367 in Namibia, 437 in South Africa, 400 in Zambia), supporting UNESCO and the Ministries of Education in the up-scaling of CSE. Namibia also succeeded in allocating funds from the GFATM to support the roll-out of CSE online trainings. Despite the high demand for more trainings, the delivery of CSE in schools remains a major challenge. Under the topic "CSE under pressure" the countries discussed obstacles that hinder the delivery of effective sexuality education: “False beliefs and perceptions around CSE remain as guardians and community members continue to believe that CSE sexualises young people even though the opposite is the case. CSE needs to start early as it sensitises young people about how to protect themselves when engaging in sexual activity”, explained Julius Nghifikwa, Ministry of Education, Namibia. “CSE can introduce young people on how to lead healthy relationships.”

One of the major outcomes of the conference was the discussion on successes and challenges in the implementation of CSE and CSE trainings through online offers as well as the identification of further training needs. Finding new ways of strengthening employability among youths through linkages to CSE, was one of the needs identified in the further programming of CSE. Following an evaluation of the CSE online course for in-service teacher trainings, the GIZ ESA Regional Programme will support the development of additional training modules in selected pilot countries in 2018.

For Zambia, one of the outcomes in strengthening CSE was the integration of the development of an intergenerational approach into the cooperation agreement between the National AIDS Commission (NAC) in Zambia and the GIZ ESA Regional Programme. This intergenerational approach will focus on families, in partnership with church and traditional leaders to strengthen intergenerational dialogue in the delivery of CSE.

Representatives from all countries emphasized the need to further integrate CSE training modules in national teacher education and further training systems.

**Linking Comprehensive Sexuality Education (CSE) and Adolescent and Youth-friendly Health Services (AYFHS)**

Despite the need for up-scaling CSE, a good balance needs to be kept between education offers and adequate coverage of health services. In several countries CSE has created demands for services among young people that in reality were non-existent or of low quality. A pilot measure between local Non-Governmental Organisations (NGOs) and GIZ in 79 schools in two selected districts in the Southern Province of Zambia set forth to strengthen the linkage between the provision of sexuality education and access to health services. After an intervention of edutainment, which aims at teaching learners topics around sexuality and HIV and other STIs prevention in an interactive and fun way, mobile preventive and diagnostic services including cervical cancer screening, HIV testing and counselling or pregnancy tests were brought directly to the learners.

This intervention showed the high demand for mobile services and the success of providing youth-friendly health services on or nearby school premises. On the other hand, young people representatives present during the conference once again confirmed that not only the insufficient availability of youth-friendly health services hindered many young people to take up services: Lacking confidentiality and youth-friendliness, and in some cases also discrimination, were main factors why many young people would not take up required health services.
**Accountability: Data Systems**

Often data sources are disparate and different elements are being reported on by various sources. Data integration contributes towards enhanced accountability, accuracy and harmonization of data. SANAC from South Africa presented on a web-based platform (Focus for Impact) to integrate multi-sectoral data systems, including data from provincial, district and clinic level. The integrated data system allows a better evidence-based programming and has succeeded in also including the ESA targets.

Following South Africa’s first promising experiences, Zambia is currently examining options to collect and use monitoring data through digital formats such as smartphones.

**The voice of young people in achieving the ESA Commitment by 2020**

A joint call for action by the young people reminded their countries’ representatives participating in the conference that only 37 months remained for the achievement of the ESA Commitment. They highlighted their willingness to support the implementation and called for strong involvement of youth in ESA coordination, progress monitoring and recommended the establishment of social contracts between youth, community-led organisations and government officials to ensure accountability. “How can we help you in the next 37 months?” they ended their statement with an open question that now has to be further refined.

Dr Kumalo from the Department of Education South Africa highlighted the importance of the involvement of young people in the ESA initiative with the following words: “I am aware that the most important messages were communicated when the young people presented their recommendations. Countries can have impressive strategies and plans as well as good intentions but the true measure is the lived reality of those young people who spoke to us earlier.”

The difficult situation faced by young people when accessing SRH and HIV prevention and treatment services was revealed throughout the conference. In 'This is it', a video, which was produced in cooperation between the Global Network of Young People Living with HIV South Africa (Y+), SANAC and the GIZ ESA Regional Programme Koketso Mokhetoa clearly illustrated this situation by giving voice to the real life stories of young people living with HIV.

**Political Commitment and Resource Mobilization Strategies**

On the third conference day, a high-level panel involved the countries’ decision-makers into a political discussion on the technical issues discussed throughout the previous days, while identifying key recommendations for the way forward.

It resulted in increased commitment by the high level panellists to promote further integration of the ESA targets in national frameworks, strengthening of inter-sectoral monitoring frameworks and to broaden the focus of the ESA implementation beyond health and education in order to involve a wider group of stakeholders. A particular discussion focus was set on resource mobilization strategies and opportunities that arise through the establishment of Public Private Partnerships. Likewise, the necessity of economic empowerment was highlighted by creating job opportunities for young people that not only need the knowledge how to keep up their good health, but also the resources to be able to do so.

Namibia has been a trailblazer in the ESA Region regarding both the efficient acquisition of external resources through the Global Fund for HIV, TB and Malaria and increasing of domestic funding for HIV prevention: “We need to streamline our efforts in resource mobilisation” (Sanet Steenkamp, Permanent Secretary, Ministry of Education Namibia).

The importance of the ESA Commitment for regional initiatives, including the Global HIV Prevention Coalition, was highlighted by the UN family and other presenters participating in the conference. GIZ and UNAIDS closed the conference by highlighting the urgent need to invest in new innovative approaches through the creation of new ways and partnerships: “We need to take our commitment outside this room and bring it to other governments in the region.”
1. BACKGROUND

1.1. ESA Commitment and GIZ Regional Programme

The ESA region has the world’s highest rate of new HIV infections with 1.1 million new infections every year. 2.6 million young people aged 15-24 are living with HIV in the ESA Region. HIV knowledge levels among young people are below 40%, resulting in high teenage pregnancy rates: by age 17, at least 1 in 5 young women have started childbearing in 6 of the 20 ESA countries. The region alone accounts for 50% increase in deaths amongst adolescents living with HIV globally with young women being disproportionately affected. A better access to good quality sexual education that fills young people’s knowledge gaps and motivates them to better protect their health is urgently required. Additionally, young people need timely health information and services that are accessible, appropriate and tailor-made to young people’s needs. It was against these alarming figures and urgent need for action to improve young people’s access to health information and services, that in December 2013 twenty countries in the ESA Region endorsed the Eastern and Southern Africa (ESA) Ministerial Commitment on Comprehensive Sexuality Education (CSE) and Sexual and Reproductive Health (SRH) services for young people (10-24 years). The ESA Commitment is strongly supported by the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Population Fund (UNFPA), the German Ministry for Economic Cooperation and Development (BMZ), the Regional Economic Communities (EAC and SADC), and other international donor agencies contributing to a number of international agendas, including the Sustainable Development Goals.

Significant progress and achievements have since been made at both regional and country level. In 2016 the first regional ESA progress report 2013-2015 was published at the Durban International Aids Conference and 5 targets were prioritized by the member countries to achieve the Commitment’s targets until 2020.

ROAD MAP 2020

Through the ESA Road Map 2020, a guiding frame was set by the ESA member countries on how to achieve these targets and strengthen key actions at country-level.
The BMZ is supporting the implementation of the ESA commitment through a regional technical cooperation programme carried out by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (2015-2018). The GIZ Regional Programme for the implementation of the ESA Commitment supports the ESA initiative at regional level and strengthens national implementation in four selected countries (Mozambique, Namibia, South Africa, and Zambia). At regional level the programme supports the ESA Technical Coordinating Group (TCG) and its partners in ESA advocacy, regional steering and in the development of international guidance and policy documents. At national level, the programme supports the implementation of specific measures that the in-country ESA stakeholders have identified as priority actions to strengthen the ESA Commitment process in their country, using the Road Map 2020 as the guiding framework.

Through cooperation agreements and cost-sharing approaches with the in-country ESA stakeholders, including the National AIDS Commissions, Ministries of Education, Health and Youth and other Civil Society Organisations (CSO), the programme supports a number of pilot measures and implementation approaches to strengthen ESA implementation. In this endeavour, the regional programme also links up to existing initiatives in these countries and taps synergies with ongoing multilateral and bilateral cooperation programmes. The strengthening of multi-sectoral coordination to enhance coordinated action by all stakeholders on sexual and reproductive health for young people, innovative new implementation approaches in scaling up access to quality Comprehensive Sexuality Education (CSE) and Adolescent and Youth-friendly Health Services (AYFHS) as well as resource mobilization strategies for a sustainable financing of ESA are the main areas of support of the GIZ ESA Regional Programme.

### 1.2. GIZ Regional Programme Approach

Besides the support at regional and national level, the regional programme and its cooperation partners foster exchange and learning on selected implementation approaches at transnational level. The ultimate goal of this transnational learning exchange between ESA stakeholders from Government, National AIDS Councils, Civil Society and youth representatives is to enhance cross-country exchange on good practices and lessons learnt to strengthen the ESA Commitment implementation process. It aims at providing a safe space where countries can discuss recent innovative approaches and probe into the possibility of adapting pilot measures and approaches to their specific country contexts.

The first Transnational Learning Conference took place in November 2016, which was attended by delegates from the ESA regional partners and representatives from the respective Ministries of Health, Education, Gender and Youth, National AIDS Commissions, Civil Society and Youth Organisations (CSO). Deliberations were centred on creating an enabling environment, strengthening coordination, accountability, country ownership, as well as sharing on promising practices from ESA countries. During the second expanded TCG Meeting in May 2017, representatives from 18 member countries gathered to exchange on country achievements, progress and challenges on coordination, accountability and implementation approaches.
1.3. Rationale of the 2nd ESA Transnational Learning Conference

The 2nd GIZ ESA Transnational Learning and Exchange Conference took place from 25 to 27 October 2017 at Protea Fire and Ice Hotel in Pretoria, bringing together over seventy ESA stakeholders from Mozambique, Namibia, Zambia and South Africa, with the ultimate goal of strengthening the implementation of the ESA Commitment. The learning and exchange conference provided an opportunity for delegates to give an update on their country’s progress in implementing the ESA commitment and to share country experiences on current implementation approaches, including challenges and successes. Participants included the Permanent Secretaries and other senior officials from the Ministries of Health, Education, Gender and Youth in the four cluster countries, the Chief Executive Officers of the countries’ National AIDS Councils, Civil Society Organisations working with SRH for young people, such as the Planned Parenthood Association of Mozambique (AMODEFA) Zambia (PPAZ) and of Namibia (NAPPA), as well as young people representatives and organizations with a particular focus on Young People Living with HIV (YPLHV), namely Y+ South Africa and TONATA from Namibia. International partner organizations that are strongly supporting the ESA Commitment, in close cooperation with GIZ, were also present and included the national and ESA regional UN offices, including UNAIDS, UNESCO and UNFPA. The German Ministry for Economic Cooperation and Development (BMZ) was represented through the German Embassy Pretoria.

During the first 2 days of the conference delegates exchanged on learnings and good practices in the above-mentioned areas of focus and thereafter elaborated country-specific recommendations to strengthen the ESA implementation process and brief the countries’ senior Government officials, including Permanent Secretaries.

The aim of this second GIZ ESA Transnational Learning Conference was to exchange on progress, lessons learnt and good practices in the following areas:

**Multi sector coordination**

Good and effective planning through in-country coordination mechanisms is key to successful implementation of the ESA targets. During the last transnational Learning Hub, cluster countries presented on different multi-sectoral coordination models. This transnational Learning Hub has focused on good practices of multi-actor cooperation and the integration of ESA into national policies.

**Linking Comprehensive Sexuality Education (CSE) and Adolescent and Youth-friendly Health services (AYFHS) in school settings**

ESA member countries have taken major strides towards the development and incorporation of life skills education and CSE into the school curricula. Yet, international studies reveal that educators are often not sufficiently equipped with the knowledge, skills, attitude, motivation and confidence to address sexuality topics to learners in a convincing, age-appropriate, gender-sensitive and culturally relevant way. The first intake of online CSE for in-service teachers has started in response to the increasing demand for quality CSE. Once learners are provided with the right knowledge on how to protect themselves and live a healthy lifestyle, they also need to be able to easily access appropriate and youth-friendly health services. This means young people do not only need to enjoy good quality CSE, but also have to be equipped with the knowledge on how and where to access youth-friendly health services. The missing linkage of providing CSE and youth-friendly health services is a major obstacle in most countries.

In the 2016 Transnational Learning Conference, country approaches on how to strengthen the linkages between CSE and AYFHS were identified and priority actions discussed. The current conference focused on the exchange of recent experiences in the implementation of interventions on CSE and AYFHS.
Accountability (Data integration and resource mobilization)

In the last Transnational Learning Conference 2016, two-way accountability was discussed, highlighting the need for strengthened coordination and communication, including reporting, not only at all levels, but also between all levels (national-provincial-district). The recent Conference focused on the integration of data at all levels and the challenges and success stories of countries, in not only gathering data from all levels, but also integrating data from different sources and sectors. In order to strengthen planning, sound political decisions and implementation, evidence-based information and reliable data sources are required. This also has to consider the age-group of 10-14 year olds, which many countries still struggle to get data on. Another aspect of accountability refers to resources. While support from external donors decreases in many areas, countries are more and more relying on their own national budgets. Alternative strategies in providing the required human and financial resources are necessary and are becoming increasingly important.

Youth Involvement in ESA

As a cross-cutting issue, the ESA Commitment strongly advocates for the engagement of young people and young people’s networks in sexual and reproductive health. How to respond adequately to their demands and needs and consider those appropriately continues to pose a challenge for policy makers and implementers across the ESA countries. This 2nd Transnational Learning Conference did provide a space for young people to actively engage in the ESA Commitment process and become involved in how to improve youth health interventions.

### Objectives of the 2nd ESA Transnational Learning Conference

- To present and discuss the ESA implementation status;
- To discuss challenges and the demand for CSE, CSE trainings in the ESA countries, training needs and challenges in the delivery of CSE in the school setting;
- To exchange on innovative implementation approaches in strengthening the linkage of CSE and access to Adolescent and AYFHS;
- To discuss countries’ examples on financing strategies and budgeted inter-sectoral work plans;
- To explore good practices on multi-actor cooperation, data integration and cost-sharing – looking into scaling-up potentials;
- To bring in young people’s voices and discuss recommendations by Young People’s networks for the strengthening of youth health interventions;
- To develop action plans and next steps to strengthen ESA implementation;
- To foster buy in of decision and policy makers on ESA advocacy and resource mobilization strategies.
2. WELCOME AND OFFICIAL OPENING

2.1. Opening Speeches

Dr Manala Makua
Director of the HIV/AIDS, TB and MCHW Division, National Department of Health, South Africa

Dr Makua opened the conference highlighting young people as being the center of this conference, which is mindful of the GIPA (Greater Involvement of People Living with HIV/AIDS) principle ‘nothing about us without us’. Observing that it remains a challenge to get young people involved in forums like this, she reiterated that the workshop was committed to ensuring that young people are at the center of initiatives like the ESA Commitment. As a country, South Africa has developed a process for tackling the five priorities that were identified at the first ESA conference. The ESA Commitment is in line with the ‘She Conquers’ Campaign, a programme by the South African Government that focuses particular on the Sexual and Reproductive Health of young women and girls, contributing with very similar priorities to these ESA targets. A major development over the past year has been South Africa’s successful revision and adoption of its Adolescent and Youth Strategy, which captures the key focus of the country’s goals. Turning the learning outcomes into a full-scale programme on adolescent sexuality proved to be a mammoth task. Finally, Dr. Makua encouraged South African partners at the conference to provide other countries with an opportunity to showcase their work and to learn from them.

Ms Diana Stötzer
Representative of the German Government, German Embassy Pretoria

Ms Stötzer welcomed all participants and highlighted that the realities around the HIV epidemic and sexual and reproductive health in Eastern and Southern Africa remain dramatic, especially for young people. The region is home to the world’s highest rate of new HIV infections. In South Africa alone 270,000 people become newly infected with HIV every year. Among them girls and young women are particularly affected and teenage pregnancies are high. In view of these challenges, the ESA Commitment came at the right time. Germany, through the Federal Ministry for Economic Cooperation and Development (short: BMZ), has in fact been a close ally in establishing this important Commitment right from the start. Germany contributes to strengthening multisector coordination, for example between Ministries of Health, Education, Gender, Youth and Sports, to jointly mobilise resources for HIV prevention and sexual and reproductive health services. By scaling-up teacher trainings on CSE, learners can improve their knowledge on how to protect themselves from HIV.
Multisectoral coordination and providing sexual health information is extremely important. For needs-based service delivery, the engagement of young people is key. In fact, the priorities of the ESA Commitment are a central part of Germany's engagement in health and HIV issues. This is also reflected in the 2016 Strategy on HIV, viral Hepatitis and STIs, launched by BMZ together with the German Ministry of Health. Ms Stötzer ended her speech by highlighting the strategic approach that the regional programme and its partners follow regarding the ESA Commitment, by strengthening coordination, upscaling successful approaches and promoting learning and exchange across countries.

2.2. Welcome by the Heads of Country Delegation

Ms Steenkamp expressed her appreciation of GIZ’s facilitation of this learning opportunity and was delighted to be attending along with Namibia's ESA sub-committee. She said there are strong links with the ESA commitment in the latest Global Education Monitoring Report (GEM) 2017/8, with activities targeted specifically towards the empowerment of youth. All pockets of society need to be ready to discuss controversial issues. Knowledge is often taken for granted, but in reality, there is a huge knowledge gap. There is a particular need for advocacy and awareness raising. It is important that the four participating countries of this conference are vigilant in terms of not duplicating efforts and resources, and thus being clear about resource mobilisation goals regarding where to invest time, resources, energy, skills and commitment. Namibia has realised that it cannot achieve these goals alone. There are currently 42 new HIV infections per week, up from 24 in 2013. Around 43% of new infections are amongst the 14 to 24-year-old segment of the population. Whilst Namibia has a teenage pregnancy policy in place, the country still experiences significant prejudice when it comes to keeping girl mothers in school. On the whole, it is difficult for Namibians to accept that girls who fall pregnant should be allowed to continue with their education. The speech ended with the Permanent Secretary’s confirmation that the Namibian country delegation was ready to learn, to contribute and to be made accountable at the conference.

Dr Kganakga welcomed participants by saying that South Africa recognises the importance of the ESA commitment and was grateful for GIZ’s support to South Africa around the implementation of South Africa’s National Strategic Plan for HIV, TB and STIs (NSP). SANAC is the main coordinating structure for HIV & AIDS in the country and is responsible for the implementation of the NSP. There is a clear fit between the NSP and the ESA commitment, to an extent that the ESA commitment is one of the
guiding regional frameworks reflected in South Africa’s NSP, especially in terms of the implementation of projects with young women and girls. Like Namibia, South Africa is also experiencing an increase in the number of new infections with, according to 2016 data, 2300 new infections every week, many of these being young women and girls. The country also has the worst reputation for gender-based violence (GBV). GBV is one of the issues that is currently being addressed with learners in schools. The national ‘She Conquers’ campaign aims to empower, protect and advance adolescent girls and young women (AGYW) in South Africa, by keeping them in school, reducing sexual and gender-based violence and providing economic empowerment.

Partner countries have had some successes in this area, and South Africa is looking forward to learning how they have curbed infection levels amongst AGYW. In terms of ESA Goal Number 5, which focuses on leadership, South Africa feels that, as a country, there may not be sufficient leadership. Policies, such as the new HIV and pregnancy policy, and co-ordinating structures have been put in place but they have not yet had an impact on outcomes. There are definite areas where South Africa can learn from partner countries.

Mr Muabsa expressed pleasure and gratitude to GIZ and all delegations for the conference, saying that the subject of the meeting is extremely important. He said that the Mozambique delegation included 9 representatives from government and civil society, which demonstrated Mozambique’s devotion to the ESA commitment, especially in terms of sexual and reproductive health for young people and adolescents. The Mozambican delegation looked forward to sharing progress from Mozambique and learning from other countries, so that all partners can offer quality health services to young people and enable them to protect themselves.

Mr Kamutumwa presented the delegation from Zambia and pointed out that Zambia has succeeded in integrating CSE as a cross-cutting topic into the curricula. This was stressed as an outstanding success, as the revision of school curricula is always a very long and cost-intensive process. Up to day a total number of 60 000 teachers have been trained in CSE. Since 2016, Zambia has also started to train teachers in the CSE online course successfully, with the help of the UN partners and GIZ. Another training of 200 teachers in the CSE online course is planned for November 2017. He thanked GIZ for the opportunity of sharing successes and challenges and hoped to take home some important lessons.
2.3. Introductory Note by the Head of the GIZ ESA Regional Programme

Ms Diallo welcomed all heads of delegations and those present at the conference, highlighting that their presence would enrich the conference. She emphasized that delegates shared a common concern: the alarming health situation among young people in their respective countries. The youths are the hardest hit, she said, with 50 new HIV infections taking place every hour in this region. One of the most important ways of preventing new infections is to prepare young people by providing quality education, better sexuality education, health information and services, as well as creating an enabling environment for career development and employment. ESA represents a coalition to protect young people by strengthening HIV services and promoting needs-oriented interventions. This is aligned to the strategy of the German Ministry for Economic Cooperation and Development (BMZ), which is why GIZ is supporting this regional initiative and the ESA targets. The intention behind the strengthening of coordinating mechanisms is to create more coherence, efficiency and steering capacity within partner governments and civil society organizations, and thereby strengthening the coordination of ESA implementation. Coordination needs to take place at all levels, including government, civil society and the private sector. The speech ended by highlighting that the conference provided a platform for a community of experts to share tools, instruments and ways to increase integration and to enhance civil society cooperation.

Results and figures of the GIZ ESA Regional Programme

Regional level

• 2 years ESA progress report with indicators referring to a total of 158 million young people
• Roadmap 2020 with ESA priority actions adopted at International AIDS Conference in Durban
• Guidance document on capacity development on youth-friendly health services

National level

• 4 cluster countries have effective coordination mechanisms on ESA implementation
• Signed agreement btw. MoHSS/MoEAC on multisectoral ESA coordination (Namibia)
• Integration of ESA into national strategic plan 2017-22 (South Africa)
• Up-Scaling of model approaches (e.g. capacity development of educators on CSE)
2.4. Expectations by the Participants

Sharing experiences and networking
- Share experiences
- To learn from each other
- To share more experiences and best practices
- Learn how to address challenges we face as an organisation
- Learning and networking
- Stay focused
- We want to have fun!

Strengthening and up-scaling of the implementation of the ESA commitment
- To have concrete resolutions to take home
- To develop action plans for strengthening ESA implementation
- (To learn) how we can sustain the gains (successes) of the ESA Commitment
- What works well and how we can scale-up
- How to move commitment into action
- Stay focused
- New ways for how we can ensure better services for young people in Southern Africa
- How to reduce HIV infections, teenage pregnancy and improving youth friendly health services around the region.
- To improve on reporting mechanisms, tools for monitoring
- To strengthen national platforms for advocacy
- To exchange on bottom-up approaches

CSE
- Integration of CSE into Adolescent Sexual and Reproductive Health (ASRH) initiatives
- How do we close the knowledge gap between educators and learners?
- To ensure CSE in communities is taken seriously
- To learn more about how other countries are addressing 10-14 year olds SRHR needs
- Youth Empowerment in CSE approaches and programmes
- Sharing of country’s experiences, especially regarding meaningful youth ownership and programme sustainability
- Meaningful involvement of young people into programmes
- New ideas on how to involve young people on issues to do with CSE and SRHR

Coordination
- Learn more about strengthening and aligning of multi-sectoral cooperation
- Clear framework for coordination at all levels
- Avoid fragmentations

Resource Mobilisation
- (To learn) how others mobilise local or domestic sources and encourage private companies to direct resources into the fight against HIV/AIDS in youth
2.5. Input by Young People Representatives

Ms Mokethoa introduced ‘This is it’, which is a five-minute video about HIV in South Africa, and takes place in the region’s economic hub, Johannesburg. South Africa addresses the challenges of HIV, TB and STIs with a new National Strategic Plan (NSP) for 2017-2022, focusing on impact. South Africa, as driver in the region’s development, integrates the ESA Ministerial Commitment into the NSP. The NSP’s theme is “Let our actions count” and it is the rallying call for all South Africans to play their part to avoid additional HIV infections in youths. “This is it” is the result of cooperation between the South African National AIDS Council (SANAC) secretariat, the Global Network of Young people living with HIV South Africa (Y+), and the ESA Regional Programme of the Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ) on behalf of the German Ministry for Economic Cooperation and Development (BMZ).

Mr Ngoato is coordinator of Y+ South Africa, which is the South African chapter of the Global Network of Young People Living with HIV (PLHIV), being the first of its kind in South Africa, and hosted by the Southern African AIDS Trust. In collaboration with SANAC and the South African Department of Health, Y+ South Africa is currently doing research on the needs of young people in accessing SRH services. As many young people are facing challenges in accessing treatment, fearing stigma and discrimination, Y+ and their cooperation partners are currently exploring creative solutions in addressing these issues. In Kwa Zulu-Natal, for example, young people are already able to obtain their antiretroviral medication from private health care providers. They are also looking at the use of ATM machines to dispense medication.
2.6. The ESA Commitment and the new Global HIV Prevention Coalition, UNAIDS

Highlighting the ESA Commitment as an important integral part of the Global HIV Prevention Coalition, UNAIDS set forth to outline the UNAIDS Fast-Track approach and the 90-90-90 targets. The effective implementation of the combination prevention is mostly hindered by three main challenges: lack of political commitments, and as a result inadequate investments, reluctance to address sensitive issues related to young people’s sexual and reproductive health as well as a lack of systematic prevention implementation. The ESA Commitment is an important cornerstone in approaching these bottlenecks effectively. The overarching goal of the ESA Commitment and Global HIV Prevention Coalition is to strengthen and sustain political commitment for primary prevention by setting a common agenda among all stakeholders. While AIDS-related deaths have fallen by nearly 50%, new HIV infections among xx have declined only by 11%. Scaling up treatment alone will not end AIDS – more action on HIV prevention is needed – stronger leadership, increased investment and community engagement. It is against this background that the HIV Prevention 2020 Road Map was launched, encouraging countries to develop a 100-day plan for immediate actions, including the setting of national targets.

2.7. Strengthening Training Programmes for Youth-friendly Health Services, UNFPA

To support ESA Region member countries and their national and sub-national stakeholders in the institutionalization of training on Adolescent and Youth Friendly Health Services (AYFHS) for health care providers, a regional guidance document was developed. This guidance document ‘Strengthening adolescent health in competency-based pre- and in-service training programmes for health care providers’ was elaborated in a consultative process with selected multi-lateral stakeholders through
the joint support by UNFPA, UK Aid and the GIZ ESA Regional Programme. The document offers a
conceptual framework to strengthen the implementation of the following two priority actions:

- Create an enabling environment and guide multi-sectoral and multi-stakeholder processes to
  institutionalize AYFHS within policies/frameworks for pre and in-service training that are aligned to
  regional and global frameworks, targets and guidelines.

- Identify priority areas and key actions to institutionalize AYFHS in training programmes at both pre-
  and in-service levels, with the ultimate aim of safeguarding access to quality health service delivery
  for all AYP in the region.

Through this, the regional documents contribute in particular to Target 1 of the ESA Road Map 2020
‘Eliminating all new HIV infections among adolescents and young people aged 10-24’; Target 2 ‘Increase
to 95% the number of adolescents and young people, aged 10-24, who demonstrate comprehensive
HIV prevention knowledge level’; and Target 3 ‘Reduce early and unintended pregnancies among young
people by 75%’.
3.  MULTI-SECTOR COORDINATION

Coordination and multi-sectoral cooperation is key to the successful implementation of ESA activities and outlined as such in the framework conditions of the ESA Road Map 2020. The four cluster countries presented different models of multi-sectoral coordination, including coordination by National AIDS Commissions, nation-wide multi-sectoral programmes and ministerial coordination approaches with systems of co-chairing. The way in which ESA is integrated into nation-wide policies or monitoring and reporting systems crucially contributes to the effective implementation of the Commitment within countries. The four cluster countries gave examples of how the ESA Commitment process is implemented, talking about success stories, good practices and challenges.

3.1.  ESA Implementation Status Update in Namibia

Ms Sanet Steenkamp  
Permanent Secretary of the Ministry of Education, Arts and Culture, Namibia

In Namibia ESA is coordinated by the national School Health Task Force which is co-chaired by the Ministry of Education, Arts and Culture and the Ministry of Health and Social Services. The Task Force has established the ESA sub-committee to coordinate and implement ESA activities. The multi-sectoral committee has specific terms of reference and meets with relevant stakeholders on a quarterly basis. It is cascaded down to regional level, where regional youth health task forces coordinate the implementation of ESA activities.

CSE has been integrated successfully into the life skills curricula. Since 2015 online CSE courses for teachers have been conducted, and over 700 (out of 2077) life skills teachers and 8 CSE facilitators been trained.

In 2017, over 1200 stakeholders attended regional mobilisation meetings on SRH and CSE; over 6,100 youths were provided with HIV Testing and Counselling services; 8720 were reached through telephonic counselling and a total of 13,280 youths accessed SRH services. Government is currently rolling out a CSE manual for out-of-school youths.

ESA related issues are addressed through a number of innovative campaigns and programmes targeting young people in Namibia, including the SMART Generation, First Lady’s ‘Be Free’ and AfriYAN. There is also a high level political support and leadership from government. For instance, the Government supports circumcision in schools and is currently conducting a study around the extent of child marriages.

Improved joint planning and harmonized reporting is needed at the national and regional level to ensure enhanced coordination. M&E systems to monitor the implementation of ESA related activities need to be consolidated. Looking ahead, there is a need to strengthen capacity building among gatekeepers, engage in robust networking, and focus on the meaningful and purposeful participation of young people in ESA activities.
3.2 Coordinating the ESA Commitment as part of the broader National Strategic Plan for HIV, STIs and TB in South Africa

South Africa has made huge progress over the past 10 years in coordinating its efforts in a joint HIV & AIDS response. The National Strategic Plan (NSP) for HIV, TB and STIs 2017-2022 enables thousands of organizations and individuals to pull together to overcome the HIV, TB and STI epidemics. ESA Commitment and targets are integrated into all the goals and objectives of the new NSP. The South African AIDS Councils at national, provincial and district levels are instruments for coordinating and monitoring the NSP. Nevertheless, infection rates are still rising and the country needs to reignite its commitment to HIV, TB and STI prevention, increase access to treatment, and improve quality and outcomes of treatment. The goals of the NSP and the ESA commitment in South Africa will only be achieved with high commitment from all role-players in the public and private sectors and in civil society, and at every level, from national structures to local organisations.

Coordination, unity, resource-sharing and efficiency are critical to the country’s success in achieving its targets. Efforts must be targeted to reach those most in need and interventions must be selected wisely.

South Africa’s NSP provides a roadmap towards a future where HIV, TB and STIs are no longer public health problems. The plan sets out the following eight key goals:

- **Goal 1**: Accelerate prevention
- **Goal 2**: Reduce morbidity and mortality
- **Goal 3**: Reach key and vulnerable populations
- **Goal 4**: Address social and structural drivers
- **Goal 5**: Ground response in human rights
- **Goal 6**: Promote leadership and accountability
- **Goal 7**: Mobilise resources
- **Goal 8**: Strengthen strategic information and research
3.3 Multi-actor Coordination in Mozambique

Mr Jojane Muabsa  
Director of the National Institute of Youth and Sports, Mozambique

The main multi-sectoral coordination body on sexual and reproductive health for young people in Mozambique is the steering committee of the Programa Geração Biz (PGB), in English the Programme Generation BIZ. The PGB started in 1999 as a pilot project in Maputo and Zambezi Province and since 2010 it covers the whole country. In 2014 it was included into the Government’s 5-year strategic plan. The overall goal of the PGB is to improve the sexual and reproductive health outcomes of adolescents and young people through the adoption and alignment of policies, peer education programmes and other youth health interventions.

The Ministries of Youth & Sports, Education, Health and Gender, Civil Society and UN partners are part of the multi-sectoral steering committee which has a multi-level structure with coordination structures at national, provincial, district level, and technical teams. Currently, the chair is within the Ministry of Youth and Sports.

The development of information technology platforms like SMSbiz and Mobiz enable youths to communicate directly with trained counsellors. All information is communicated through SMS, including referrals to relevant service delivery points. Girl Biz provides a safe space where girls can address their specific challenges around sexual and reproductive health and has so far been implemented in Zambezia and Nampula province. This intervention has shown positive results by reducing the number of unplanned pregnancies and drop-out rates of girls.

So far, the Ministry of Education in Mozambique has been able to train a total number of 389 teachers in the School Health Programme, a total number of 97 in-service teachers were trained with the support of UNESCO, UNFPA and GIZ in the CSE online training and 180 peer educators have been trained in SRH and HIV prevention.

Some results from 2016

- 1,2 million youths received the information on:
  - Sexuality: 991,074
  - STIs/HIV/AIDS: 769,340
  - Contraception: 597,279
- 606 000 secondary school learners were tested for HIV
- 1 380 000 were provided with different methods of contraception

Successes over the past year included:

- Getting sexual and reproductive health and rights of adolescents and youths placed on the political agenda and government strategies
- Developing a Strategic Plan for Generation Biz
- Health care providers duly trained for specific care of adolescents and young people
- Training of Teachers and Trainers of Teacher Training Institutes
• Creating rapid access to information and SRH products by adolescents and young people using SMS (MoBiz and SMSBiz)
• Creating safe spaces available for girls, by meeting their specific SRH needs and strengthening their life skills through Girl Biz

Challenges facing Mozambique in 2018:

• Developing a Communication Strategy for Adolescent and Youth Health Programs
• Improving the monitoring and evaluation system in the processes of collection, treatment, analysis and dissemination of information
• Ensuring effective involvement of all managers, at all levels, for involvement in comprehensive sexuality education actions
• Integration of CSE is into all curricula and all educational programs, and ensuring it is being taught in the class room
• Training of peer educators of the Program Generation Biz in sufficient numbers and support in carrying out their activities

3.4 Multi-sectoral Coordination of the HIV Response in Relation to the ESA Commitment in Zambia

Ms Ellen Mubanga
National AIDS Council, Zambia

The purpose of Zambia’s National AIDS Strategic Framework 2017-2021 (NASF) is to provide an overall strategy for the planning, coordination and implementation of the multi-sectoral national response, articulating national priorities, expected outcomes and targets towards which all stakeholders should work.

The NASF is aligned with a number of national and international policy frameworks, including the ESA Commitment. The government of Zambia is working closely with the UN Team supporting implementation of all the ESA commitment targets.

Improved stakeholder coordination and harmonised monitoring tools are needed to help reduce HIV prevalence and eliminate new infections among adolescents and young people. SRH/HIV integration and the rollout of CSE for in- and out-of-school youths will contribute towards the target of increasing to 95% the number of adolescents and young people who demonstrate comprehensive HIV prevention knowledge levels. Increased SRH programming combined with the recently launched Adolescent Health Strategy will also help to reduce early and unintended pregnancies. The elimination of gender-based violence and child marriage are being spearheaded at the national government level and seen as critical enablers in the NASF for Zambia to achieve its 90-90-90 targets.

Increased support around the coordination of the ESA commitment in Zambia would ensure that more stakeholders are brought on board and make it possible to monitor its implementation. An ESA communication strategy would improve on information dissemination to stakeholders at various levels, including subnational level.

Ellen Mubanga from the NAC Zambia.
4. QUALITY CSE (COMPREHENSIVE SEXUALITY EDUCATION)

“CSE under Pressure”

Fishbowl Discussion on the increasing demand of CSE on the one side, prejudices, contextual and cultural realities on the other side – what’s the way forward?

Guiding questions for the fishbowl discussion were:

1. By talking explicitly about Sexuality with youths & adolescents, you are “sexualizing” them, putting ideas of all sorts of sexual activity into their heads, thus seducing them to experiment! The same when you make condoms available to them. True or False?

2. Comprehensive Sexuality Education may be appropriate for adolescents in their late teens, but definitely not for Primary Schools (e.g. 10 -14 year olds). True or False?

3. If parents or community leaders or religious groups refuse to support CSE activities or forthright forbid it, what are strategies for persuasion?

4. Who are the most suitable stakeholders or custodians for CSE? Who should talk to adolescents about the “birds and the bees”?

5. We rely on teachers to educate and empower our young learners, at the same time teachers are oftentimes the culprits of seduction of school girls? How can we best deal with that phenomenon?

6. Religious and cultural leaders and parents are all saying no to CSE. How can we best pool our experiences to work on common strategies?

The discussion centered around cultural sensitivity in teaching CSE, involvement of parents and community and teachers’ needs in CSE trainings.

Julius Nghifikwa from the Namibian Ministry of Education, Arts and Culture opened the discussion stressing the importance of age-appropriate CSE, sensitizing and educating learners at a very early age: “Young people need to be equipped with the necessary information about condoms. Condom education needs to be strengthened in the education system. In Namibia research has shown us that young people are sometimes starting to...
have sex at the age of ten. So CSE must be introduced as early as possible, thus do not wait until learners are late teens. Strategies would include strengthening dialogue with decision makers. Parents are obvious stakeholders for CSE. It is not a new concept but we are asking parents to take their discussions to a deeper level. We should consider translating CSE terminology into our local languages so that we can use the words our communities can understand. We need to strengthen the ethics in teaching. The law must take its course to ensure that teachers do not behave inappropriately when dealing with girls at schools. We need to have common planning to identify programmes and strategies that we need to implement so that we can start to see an impact on the ESA goals.” Other participants continued highlighting the importance of high quality, culturally sensitive and age appropriate CSE, which is specifically targeted towards the needs of young people. Arlindo Folige from the Ministry of Education in Mozambique equally highlighted a need to start with CSE at primary school level: “CSE in primary school is urgent given the high levels of teen pregnancies and the fact that primary school children form 10-13% of our total population. Sexuality is part of our make-up and it needs to be recognized as such. Some years back we included CSE at the primary level. The information is given gradually, depending on the age. Not all information is given up front." Njapau Samson from the Ministry of General Education in Zambia gave an example from his country to highlight the involvement of the community into CSE: “The step we have taken in Zambia is to sensitize members of community including parents, traditional leaders, guardians and others around the benefits of providing CSE to in- and out-of-school youths.”

Ms Lindelwa Mancunga, a teacher from Eastern Cape, South Africa, stressed: “The Eastern Cape Province of South Africa is largely rural and we find it difficult to talk about sexuality explicitly. During our CSE training we focus on clarifying values and beliefs but more work needs to be done for us to be able to have more frank and open discussions about adolescent sexuality. Although the new policy stipulates that condoms should be made available in school it isn’t clear who should be providing them. The Department of Education believes that the Department of Health should be responsible for making condoms accessible and it is the Education Department’s job to educate learners about them.” The capacity of teachers needs to be further increased not only in terms of knowledge, but also in regard to the teachers pedagogical and methodological skills. Finally, also learners need to be equipped not only with knowledge, but also with communication and decision making skills, enabling learners to make informed choices on their sexual and reproductive health: “CSE is not only about knowing about sex. Decision-making skills also need to be taught. Learners need to learn about their bodies and how to take care of their sexual and reproductive health, including decisions about VMMC (Voluntarily Medical Male Circumcision). If we delay teaching them about such things we are delaying solutions and may be creating a bigger problem.” (Julius Nghifikwa, MoEAC, Namibia).

Finally, the discussion turned towards challenges in engaging community and religious leaders into CSE, while also highlighting the importance of starting with oneself first: “We are good at criticizing religious and cultural leaders for not embracing CSE, but we are those people. We are members of churches or leaders in our communities. So, we are the starting point. We need to engage these individuals with evidence. We need to convince religious or traditional leaders that the curriculum is enshrined...
in policy and its implementation will result in positive changes (Daniel Sambo, PPAZ, Zambia)”. The discussion ended with an outlook on what needs to be done to improve on the way that CSE is being delivered: Politicians, decision-makers, community members, parents, traditional leaders, guardians, parent’s associations and head teachers should be sensitized with the ultimate goal of embracing the benefits of CSE integration into the curriculum. CSE should be integrated into all subjects, not just into life orientation or life skills. Furthermore, open communication, addressing prevalent taboos and misconceptions around adolescent sexuality should be encouraged, while also working at policy level to ensure that adolescents are able to access the SRH services they require (age of consent, child marriage and family planning). The discussion was concluded with the following statement by a youth representative, Levi Singh from AfriYAN: “Young people are going to get their sexuality education from somewhere else if not us. If we can acknowledge this then we can ensure that this education is culturally sensitive, age appropriate and meets their needs. CSE isn’t just about biology, it is about health, relationships, respect, gender identity and gender relations. It is pointless to send a child to school and make them literate without providing them with the knowledge that would give them agency and autonomy over their own body.”
5. WORKING GROUP CONCLUSIONS ON COORDINATION AND CSE UP-SCALING

In cross-country groups, participants exchanged on challenges and opportunities in strengthening multi-actor coordination and the up-scaling of CSE.

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<th>Coordination</th>
<th>CSE</th>
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<tr>
<td>• ESA-related policies should be documented, publicized and implemented at provincial, regional, local level. This will require political buy-in at the highest level. Budgets should include the development of a communication strategy, IEC materials and human resources to ensure the successful coordination and implementation of ESA. The integration of ESA into national policies will ensure effective monitoring and evaluation and accountability.</td>
<td>• Online and face-to-face coordination links platforms for guided discussions around sexuality should be introduced in schools; and outside schools, at religious gatherings, churches and in health facilities.</td>
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<td>• Capacity needs to be built at all levels.</td>
<td>• CSE integration into the curriculum needs to be reinforced with the development of high quality teaching materials and comprehensive pre-service and in-service training and supervision for educators. The capacity of peer-educators also needs to be strengthened.</td>
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<td>• ESA should be coordinated by a national multi-sectoral coordinating body replicated at all levels (residing with the National AIDS Councils). This body should be mandated to create an operational framework for ESA. This body would be responsible for provincial, regional and local orientation, the coordination of multi-sectoral meetings and the skillful combination and use of resources.</td>
<td>• High level ESA champions should be appointed in relevant ministries to facilitate inter-governmental collaboration.</td>
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<td>• Activities should be conducted to engage partners, share plans and foster a spirit of collaboration.</td>
<td>• Multi-sectoral ministerial committees should be formed and regular technical meetings conducted. Multi-sectoral partnerships, based on MoUs, between ministries and service providers should be developed and strengthened.</td>
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<td>• Multi-sectoral ministerial committees should be formed and regular technical meetings conducted. Multi-sectoral partnerships, based on MoUs, between ministries and service providers should be developed and strengthened.</td>
<td>• Partners need to engage in joint planning to identify programmes and strategies that contribute towards the achievement of ESA targets.</td>
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<td>• Partners need to engage in joint planning to identify programmes and strategies that contribute towards the achievement of ESA targets.</td>
<td>• Young people should be included at all levels of the process and their skills should be utilised.</td>
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6. NEW ESA IMPLEMENTATION APPROACHES LINKING CSE AND AYFHS

Ongoing capacity building of teachers in CSE, the integration of CSE into the school curricula as well as a number of other activities has contributed to increase the effective and quality delivery of CSE among adolescents and young people. With increased knowledge levels in CSE, the rising demand for youth-friendly health services needs to be taken care of as well. In the various presentations, the countries gave an overview on how this demand for age-appropriate and youth-friendly health services is responded to. Furthermore, good practices in strengthening the link between CSE and AYFHS, needs and challenges, were presented.

6.1. Partner Support in AYFHS, South Africa

Ms Feni Motshwane
Deputy Director of the Integrated School Health Program and Adolescent and Youth Health, DoH, South Africa

In South Africa government departments, development partners, donor partners, academic institutions and civil society organisations play various roles contributing to AYFHS. National, provincial, district and facility level partners cover a range of AYFHS-related activities including policy formulation; training materials development; training and mentoring; the creation of demand for youth friendly services; and service delivery evaluation. MoUs or Service Level Agreements are signed with partners at various levels.

To be deemed ‘youth friendly’ implementing facilities are assessed by the National Department of Health and need to be compliant in at least five AYFHS standards. AYFHS standards that coincide with ESA targets include:

- Management system support for effective provision of adolescent and youth health programmes
- Accessibility and availability of adolescent and youth services
- Relevant Information, Education and Communication (IEC)
- Individualized care where privacy and confidentiality are maintained
- Continuity of care through proper referral systems

There are challenges to the effective implementation of this programme. Many initiatives started by partners are not sustainable or are duplications and at times there is very little actual skills transfer to facility staff.

Plans for 2018 include the launch of the Adolescent Youth Health Policy 2017, the introduction of dedicated clinic times for young people and the appointment of an Adolescent and Youth Advisory Panel.

Successful implementation of AYFHS is hinged upon ownership and buy-in from the provincial and district management teams, as well as facility and operational managers. An AYFHS quality improvement plan should be led by the facility teams and AYFHS should be incorporated into the Ideal Clinic Model, so that facilities understand that it is a core intervention, and not an additional offering.
6.2. Provision of Youth-friendly Health Services and CSE for Adolescent and Young people, Mozambique

Mr Simione Santos  
Executive Director of AMODEFA, Mozambique

Mozambique has a population of around 27 million and more than half are youths. One third of the population is aged 10-24 years old. HIV prevalence was around 13.2 % in 2015 and is now slightly higher. Prevalence among women is 15.5%. The average fertility rate is 6 children per woman. There is a high level of unwanted pregnancies and forced marriages. About 48% of girls are married before they are 15 years old.

In Mozambique, access to contraception is also a problem. Only 3% of the poorest Mozambicans use contraception, and 29% amongst the wealthier sectors of society. It must be noted that there has been some progress, especially in terms of government policies, strategies, and laws, and multi-sectoral approaches to reproductive rights and health.

Service delivery has also improved. Generation Biz is one of the biggest programmes for adolescents. SAAJ is another important programme which focuses on youth-friendly health services.

AMODEFA is an NGO that works closely with the Mozambican government and has been involved in the PGB since 1999. Established in 1989, AMODEFA is the country’s oldest SRHR organisation. AMODEFA is a member and the current chair of the International Planned Parenthood Federation (IPPF), of which South Africa, Namibia and Zambia are also members. AMODEFA provides education on SRH, family planning, infertility, pre- and postnatal care, counselling and diagnosis of STIs and HIV. The organisation does not provide HIV treatment but refers its clients to government facilities. AMODEFA has a holistic understanding of national strategies and policies, thereby linking the three pillars (advocacy, service provision and legislative framework) to ensure that there is an impact.

AMODEFA was one of the NGOs responsible for the introduction of CSE in schools as well as for the provision of SRH services for in- and out-of-school youths. The organization manages 26 youth clinics across the country, providing information and services and is recognized and supported as a public service provider by the Government.
Challenges

- Lack of access to services, some clinics are too far away from communities
- Providing a positive non-judgmental, human rights centred approach to CSE
- Linking CSE to gender, ethnicity, religion, socio-economic factors, physical and mental ability, while ensuring that it is age-appropriate and culturally appropriate
- The gag rule, which prevents organisations working in CSE and performing abortion to get funding has had a large impact on the organisation’s resource base. USG support has made up two thirds of the organisation’s funding in the past. This support has been terminated which means that AMODEFA’s 26 clinics will be closed. More than 3000 services will be lost

Mr Santos concluded by recounting the story of Mingas, a 16-year-old girl who exemplifies the challenges facing all delegates. She was born HIV positive. She didn’t know. Her parents didn’t tell her. She became pregnant. When she went to a youth-friendly facility and was diagnosed pregnant and HIV positive, she went for an unsafe abortion and died as a consequence.

6.3. Linking CSE and AYFHS in Schools in two selected Provinces in Zambia

Susan Kekelwa  
Network of Zambian People Living with HIV (NZP+)

Daniel Sambo  
Planned Parenthood Association Zambia (PPAZ)

Bevis Kapaso  
Monitoring and Evaluation Programme Development Consultant

In Zambia one in four new HIV infections occurs in youths aged 13 to 24 years and half of these youths don’t know they are infected. In 2015, over 15,000 girls in Zambia dropped out of school because of pregnancy. The health system is overburdened and the delivery of good quality health services for young people is insufficient.

With the ultimate goal of strengthening the linkage between CSE and SRH services at schools the GIZ ESA Regional Programme, in cooperation with the bilateral Zambian-German Multi-Sectoral HIV Programme (ZGMHP), the Ministries of Education and Health and a number of implementing partners, including PPAZ and NZP+, conducted a pilot measure in two selected districts in the Southern Province. Making use of the Join-in circuit (JIC), as an interactive method and once-off tool for CSE, learners are sensitized on HIV prevention, sexuality and other CSE-related topics in a fun way. Directly after the intervention, youth-friendly services are providing preventive and diagnostic services, including cervical cancer screening, HIV testing and counselling or pregnancy tests are offered on site. The pilot measure showed that even more learners than had actually gone through the JIC made use of the provided health services, with 1465 pupils having tested for HIV and collecting their results. This highlights youth-friendly mobile health services as a most effective approach for increasing service uptake among young people.
Lessons Learnt of the Pilot Approach

• Good coordination and communication between all implementing stakeholders has led to a good implementation process and outputs
• Commitment and involvement by teachers and parents through timely sensitization and communication
• Obtaining HCT consent for under age pupils was made possible through timely information of caretakers
• High-service uptake among learners due to CSE sensitization intervention and direct service provision on site

Recommendations for up-scaling

• Upscaling of linking CSE and AYFHS at school settings
• A higher number of learners (60-90 boys and girls) to participate in JIC for intervention to be most effective
• Infrastructure needs to ensure confident health screening and HCT
• Referral mechanism to track referrals to nearby clinics need to be in place
• Ensure interventions happen during school hours for ensuring maximum output

6.4. Access to Youth-friendly Health Services in School and Out-of School Settings in Namibia

Ms Rauha Jacob
Namibia Planned Parenthood Association (NAPPA)

Namibia Planned Parenthood Association (NAPPA) is part of the IPPF and supported through a Memorandum of Understanding by the Ministry of Health and Social Services as well as the Ministry of Sports, Youth and National Services. The NAPPA healthcare facilities are all delivering AYFHS in accordance with the national policies and guidelines on SRH in general and AYFHS specifically. Through NAPPA clinics, young people have access to SRH services such as family planning, antenatal care, laboratory testing, STI treatments and SRH counselling throughout the country.

NAPPA’s youth-friendly health facilities are conveniently located, providing confidential high-quality services in a comfortable spacious setting, with most of the clinics being located on the premises of Multi-Purpose and Recreational Youth Centers (MPRYC).

NAPPA OUTPUTS 2017

• 1268 out-of-school and 2267 in school youths were reached with HIV testing services, between April 2017 to September 2017
• 13,800 young people accessed SRH services between January and September 2017
• 31,900 learners were exposed to a 5-day CSE session in schools
• 241 girls were exposed through educational boot camps with CSE messages
• 40 civil society organisations were trained on CSE to increase young people’s access SRH services
• 54 girls’ school health clubs were established
• In partnership with TONATA and the office of the first lady, over 1000 out-of-school youths were reached with CSE interventions between August 2016 and March 2017
Lessons Learnt

- Most young people take up services during outreach activities
- School-based HCT activities have proven very successful
- Sports activities have proven to be a good factor that attracts people
- The visibility and attractiveness of youth-friendly health clinics need to be increased through sign boards, sports activities, Wi-Fi etc

Challenges

However, it seems that young people only access services during outreach activities, in which mobile teams go out to communities and schools. The provision of computers, libraries or sports facilities serves to attract young people to clinics on an on-going basis. There is also a need to improve the availability of IEC materials and the visibility of youth and health centers through sign board activities.

6.5. Discussion on Improving Access to AYFHS and Youth Involvement

The discussion centred on access to youth-friendly health services in the specific country-contexts, treatment adherence and on innovative recent developments in improving referral systems. The reasons why many young people would default treatment were highlighted by Koketso, actress in the movie “This is it”, with the following words: “The reason why we don’t follow up is because the people working at clinics are very stigmatizing. They’re just there for the money. A number of youths where I collect my medication are scared to return if they have missed an appointment, which means they default on the treatment. I think we should try to employ people who love their jobs and are good at working with children and adolescents. Health care providers need to be careful about how they treat people with HIV.” Organizations such as AMODEFA, NAPPA and PPAZ are good examples of health service providers that are targeted towards the needs of young people. In order to monitor the attitudes of health workers and standards at health care facilities in South Africa, B-Wise was created by the South African Department of Health. B-wise is an application which allows youth to indicate the type of service they received on an app and give feedback on standards and attitudes. The integration of CSE into the curriculum not only of teachers but also of healthcare providers was highlighted as crucial to promote positive attitudes towards adolescent sexuality and discourage judgmental attitudes.

Another issue that poses huge challenges for treatment adherence is that many HIV positive adolescents are on treatment without knowing they are HIV positive as their parents have not revealed it to them. In addition to the youth-friendliness of staff, not all health services provide the services that are required and needed by young people. VMMC, for instance, although it is mobilised for at community and even school level, is not provided for at schools or local clinics, but only in district clinics. In most countries Antiretroviral Treatment (ART) is not provided for at community level neither, and long distances have to be travelled for follow ups. Yet, some clinics have made an effort to introduce ART in youth-friendly
clinics. NAPPA in Namibia has recently started an ART programme for young people, providing PEP (Post-Exposure Prophylaxis), PREP (Pre-Exposure Prophylaxis), Care and Treatment and HIV Counselling and Testing. Furthermore, the Ministry of Health has started advocacy clubs at health care facilities, made up of HIV positive adolescents, to encourage young people on positive living while providing information. In Mozambique, only government may provide HIV treatment. NGOs like AMODEFA are trying to get permission to provide HIV treatment so that young people don’t have to be referred to government facilities. Due to a high defaulter rate among young people on treatment, a one-stop service point, which provides all services, including treatment, was established to ensure continuity in treatment.

In order to increase young people involvement, it was stressed that there is a need to find ways to engage youths through the development of an effective social mobilisation strategy. South Africa’s National Adolescent and Youth Policy stipulates that there must be an adolescent and youth panel made up of 16-24 year olds who meet quarterly with the Department of Health.

Zambia furthermore highlighted that education not only takes place at schools, but first and foremost at home and that therefore new approaches need to be promoted that foster intergenerational dialogue, and involve both care-givers and traditional leaders into dialogues on CSE.
7. ACCOUNTABILITY (DATA INTEGRATION AND RESOURCE MOBILISATION)

As a multi-sectoral Commitment whose targets are cross-cutting the agendas of different sectors, integrating not only health and education, but also youth and gender, it is important to have evidence-based information from all these sectors. Reliable and up-to-date data are crucial in this process. South Africa gave an example for successful integration of data from different data bases. The accountability of countries depends also highly on the availability of resources. Namibia presented on how the country has succeeded in seeking different donors for ESA implementation, while at the same time increasing domestic funding in HIV & AIDS.

7.1. Data alignment: Tracking Data Integration for Impact Monitoring

Ms Lifutso Motsieloa  
M&E Unit, SANAC

South Africa’s National Strategic Plan for HIV, TB and STIs 2017-2022 (NSP) enables the country to ‘focus for impact’ at the different levels of implementation. The indicator in the NSP addressing CSE tracks the percentage of schools that are providing enhanced CSE.

Focus for Impact (FFI) combines data integration and analytics, people, tools and technology to support planning, coordination, monitoring and decision-making in the HIV, TB and STI response. FFI consolidates multilevel data sets using a geospatial framework built for FFI to visualise the data. In this way data integration gives a holistic view on a specific topic by bringing data from different sources together for a richer picture and an essential link between information and insight.

Project partners including N DoH (National Department of Health), KZN DoH (Kwa Zulu-Natal Department of Health), WC DoH (Western Cape Department of Health), HSRC (Human Sciences Research Council) and STATSSA (Statistics South Africa) have signed data user agreements with SANAC, the custodian of FFI, granting SANAC access to routine health data from their data warehouses.

FFI is a web-application that focuses on interoperability and sustainability. It caters for a variety of data formats and is supported on both desktop and mobile platforms and provides national, provincial and district users with secure access.

FFI will be used by managers from government and donor implementation organisations and provincial, district and local AIDS Councils to view, access and export relevant details as maps, graphs and summary reports for decision making at the relevant level. Eventually it is envisaged that the general public will be able to view and engage with non-sensitive data as an advocacy and empowerment tool. The biggest challenge is the technical implementation of integrating data from disparate, often incompatible sources and there are a number of important considerations which need to be agreed upon by project partners in terms of the design, implementation and testing of this data integration project.
7.2 Resource Mobilisation Strategies: Allocating Resources to a National Prevention Response

The Namibian Example

Ms Selma Amakali
Directorate Special Programs (DSP), MOHSS Namibia

Namibia has committed to the targets set in the 2016 Political Declaration on AIDS to reduce new HIV infections by 75% by the year 2020. In order to reach 90% of young people at risk and key populations with tailor made programs, there will need to be a vigorous scale up of primary prevention services to address structural, behavioral and biological barriers. There is currently high level political commitment to the national response with development of the National Strategic Framework 2017 – 2022. The Government of Namibia is working on efficiency to reduce the costs as outlined in the 2016-2030 Namibia HIV Investment Framework. Its target is to contribute 80% of resources needed for the response by 2022.

Namibia is allocating 30% of its HIV budget to combination prevention during the implementation of its 2017–2022 National Strategic Framework, compared with 17% in the previous HIV strategy. This will make it among the first countries in the Eastern and Southern Africa Region to meet the target of 25% of the overall AIDS budget invested in HIV prevention. Under the National Strategic Framework, the resource allocation for AGYW (Adolescent Girls and Young Women) has increased from 1.4% to 9.6%, while programmes for key populations will increase from 0.9% to 8%. PREP will be introduced and there will be allocations for VMMC, and condoms.

Based on current targets Namibia’s budget for 2018 is US$ 22,863,406. Over 90% of this budget has already been mobilised through domestic and external resources. A shortfall of 8.6% is outstanding.

There are a number of resource mobilisation challenges. Whilst the HIV programme is still only covering the high-burden areas with fast-tracking activities, its Global Fund Grant for the next 3 years has been cut by 70% compared to the previous grant that is ending December 2017. This is a result of the country’s status upgrade to ‘middle-income country’. Contributions from the private sector towards the national HIV response are very low.

Namibia is committed to maintaining both a political and financial commitment to reach the fast track targets goals and embarking on developing a sustainable framework for its HIV response, including exploring opportunities for sustainable financing for civil society, such as social contracting.
7.3 Group Discussions

**Linking CSE and AYFHS**

- ‘She Conquers’, ‘Ground Breakers’, ‘Rise Young Women’ and ‘Soul Buddies’ in South Africa and JIC in Zambia are examples of programmes that have created successful linkages between CSE and AYFHS.
- Out-of-school young people should not be excluded. They should be mobilised to access services through outreach activities, such as mobile clinics and youth resource centers. Activities should build on existing events or platforms.
- Weak referral systems and the duplication of activities are areas which present challenges that need to be addressed.

**Data Integration**

- Data is useful in making evidence-based decisions.
- Data integration systems contribute towards greater accountability, accuracy and harmonization. It is not a good practice to store data on same subject being in many places. Various players are able to input data. This enriches the quality and granularity of national level data. Provincial, district and clinic level data can be filtered as required. Once data has been imported, users can develop their own reports in various formats and download these for further analysis.
- However, not all organisations are willing to share their data. Clear MoUs need to be signed by partners clearly outlining how data will be used. Often data sources are disparate and different elements are being reported on by various sources. There are also questions around the ownership of data and who should be responsible for funding data integration initiatives.
- Coordinated quarterly reporting should be done through existing systems to build accountability and streamline the reporting process. Data integration systems should be explored if possible.

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Dr Mzukisi Kepe from the Department of Education in the Eastern Cape.

The Zambian country delegation working on recommendations for data integration and improving access to AYFHS.
Resource Mobilisation

• New partners should be approached with fully developed plans including M&E plans. These can then be easily incorporated into the plans and needs of funders.
• Reasons for unspent funds include a lack of human resources, slow disbursement from donors to recipients, and the limited absorption capacity of some countries.
• The use of funds could be improved through strengthened planning, monitoring and evaluation and human resources. Efficiencies could be improved through the recruitment of younger teachers and the provision of in-service training for teachers on CSE.
• Opportunities for improved resource mobilisation include the establishment of new partnerships including the private sector, maximizing domestic resources, improving tax collection, accessing funding from individual or private donors, expanding medical aid funds to cover prevention, and guidance around private sector corporate social responsibility. Co-financing models such as the Gavi model should be explored where funding is shared between government and donors. The use of tax allocations as an individual choice for SRH services should be explored.
• Efficient resource mobilisation should be based on solid plans with clearly defined objectives, activities, targets/indicators and target populations. Partners need be clear about who they are approaching, and what the implementation timeframes are. Plans and resources must be coordinated between stakeholders and sectors. Once approved, plans need to be respected and interim reporting is necessary to ensure the timely disbursement of funding.

Youth Empowerment

• In the AYFHS process young people are at once clients, partners, and agents of change. The process involves young people getting IN (to a facility); being SEEN; being HEARD; and being SERVED.
• CSE begins at home with parents. CSE initiatives should involve family members.
• Young people need to be given opportunities to develop their skills and guided in careers. The chance of a brighter future provides a reason for them to engage in health-seeking behaviour.
• Advocacy initiatives need to communicate the seriousness of this issue. There is a need for greater publicity around the provision of AYFHS and the benefits it has to offer.
• “Edutainment” and other attractive innovative approaches need to be used to mobilise, educate and create demand amongst young people. They need to be given enough knowledge to equip themselves to make wise decisions about their health. The appointment of a champion who young people look up to has emerged as a successful way of mobilising young people.
• Innovative platforms for information sharing need to be explored. Young people who are outside existing ‘systems’ are difficult to reach.
• Young people should be involved in decision-making at health services, school committees, clinics, parliament, etc.
8. COUNTRY RECOMMENDATIONS ON STRENGTHENING ESA IMPLEMENTATION

Inspired from lessons learnt and good practices from other countries, the in-country groups elaborated recommendations on the way forward to strengthen the ESA Implementation process in their countries, alluding to shortcomings, opportunities and concrete action steps. The country presentations were presented to the countries' high-level delegations who had been invited for the third day of the conference.

8.1. Mozambique

Coordination

Whereas the PGB addresses a range of projects and interventions to improve the SRHR of adolescents and young people, some very crucial aspects are left out which are contained in the ESA Commitment (such as scaling-up of CSE through teacher training):

- To integrate the ESA Commitment and targets into the existing sub-group of the PGB, which is the platform for adolescents.

CSE

The country-wide scale up of good quality CSE for adolescents and young people is in high demand in Mozambique. In addition to the delivery of CSE through peer education programs within the PGB, an additional focus shall be laid upon teachers as an important target group in scaling-up the delivery of effective and good quality CSE as highlighted within the ESA Commitment. The Mozambican team suggested the scaling-up of CSE through three major interventions:

- Integration of CSE as a cross-cutting issue into the curricula
- Increased training of teachers in CSE through in- and pre-service training
- Development of a SRH strategy for 10-14 year old target group
- Set up evaluation indicators for CSE

With the focus on teachers as a main target group for the delivery of CSE, the general reputation of teachers needs to be restored.

AYFHS

The better access of youth-friendly health services is envisaged through the following actions:

- More mobile service providers shall be made use of in order to provide a better access to AYFHS for adolescents while ensuring community and caretakers involvement (such as AMODEFA)
- Increase capacity building for health workers in AYFHS
Resource Mobilization

- Improve the coordination and administration of resources to ensure timely and efficient use through a better monitoring & evaluation of interventions
- Seek more funding from private sector partners

Youth Empowerment

Mozambique recommends to establish a network for Young People Living with HIV and learn from the presented examples.

8.2 Namibia

Coordination and High-Level Advocacy

The Namibian delegation highlighted the need for high-level ESA advocacy and suggested the following intervention to increase commitment and ownership for the ESA Commitment at national level:

- Ensure buy-in at higher political and multi-sectorial level (following for instance the example of SANAC where the Deputy President is involved as chair) to hold ESA stakeholders accountable
- Hold a one day session on the ESA Roadmap with the National AIDS Executive Committee (NAEC) to ensure that there is an understanding of the ESA Roadmap.

CSE

The Namibian delegation highlighted the importance of effective up-scaling of CSE throughout the country with the following interventions:

- Continue with CSE online teacher training
- Institutionalization of CSE until 2020 through integration into Higher Learning Institutes, including universities and the Technical and Vocational Training colleges (TVET)
- Development of appropriate and culture-sensitive CSE programmes for communities
- Streamlining and aligning of policies, programmes and activities on SRH for young people
- Involve CSOs in the delivery of CSE (such as TONATA)

AYFHS

A major challenge Namibia faces is the remoteness of many places and inaccessibility of SRH Services for young people. Health facilities have only limited operating hours, while distances to health facilities are very long. Furthermore, health workers have the reputation of being unfriendly or stigmatizing, a fact which hinders young people to take up services.
Recommendations to improve the access to AYFHS are:

- Strengthen capacity building for health workers both in adolescent and youth-friendly services as well as social skills (in order to enable them to approach young people in an accommodating manner that is in the real sense of the word youth-friendly)
- Scale-up the integration of SRH services throughout all the regions of Namibia.

Data integration

- Developing a monitoring and evaluation tool that will assist in fast tracking and monitoring the implementation of the ESA programme

Resource Mobilisation

Namibia has been declared a middle-income country, with the result that resources by multi-lateral donors are decreasing. Namibia intends to establish a national body to coordinate and mobilise resources. Further suggestions to improve resource mobilisation strategies were:

- The use of social media
- Investigation of smart and non-conventional partnerships by engaging in robust networking introducing levies on certain products that will be used to top up the National Fund for SRH services.

Challenges

- Limited resources due to national budget cuts.

Future Plans

- Implement the idea of using many channels of communication to reach youths, as for example in South Africa (ATM machine to get medication, the Chatter Box-OFL and BeWise).
- To lobby and advocate for CSE to be championed at a high level of government. Work closely with leaders at different levels and figure out ways to engage them so that they can buy in to CSE.
- Focus on working more with young people; build the capacity of young people from NGOs, for example TONATA, to teach other young people about CSE.
- Namibia believes that there needs to be a protocol between inter-government agencies that will spell out the different partners’ responsibilities regarding CSE. This process will also ensure that there is a map that defines the different policies and legislations, activities and programmes that relate to CSE and SRH.

8.3 Zambia

Coordination

- Decentralization of the multi-sector coordination on CSE, making use of the decentralization policy in this effort.

CSE

Zambia has up to now successfully trained 60 000 teachers, a number of 40 000 remains to be trained. Highlighting the importance of CSE, Zambia suggested the following action steps to strengthen the implementation of CSE in the country:

- Scale-up the CSE online training for in-service teachers as a real online module (instead of implementing face-to-face modules) in regard to time and cost efficiency
- Implement pre-service teacher trainings on CSE
- Develop appropriate approach to reach also out-of-school youth with CSE
• Integrate gate-keepers and community into CSE programmes and facilitate community dialogue meetings, as education first and foremost takes place at home
• Strengthen capacity building through SPRINT (School Program of In-service for the Term) to facilitate lifelong learning of teachers

AYFHS
• Scale-up the provision of mobile outreach services to increase service uptake, increase physical spaces dedicated to AYFHS, and scale up peer to peer service provision
• Expand on infrastructures available for AYFHS as well as capacity of staff trained in AYFHS to increase access to youth-friendly health services
• adapt good practice of making ART and other medication available through ATMs
• In addition to building the capacity of service providers, develop strategies for engaging with community leaders (religious and cultural) on making appropriate health services for young people available
• Scale-up peer to peer service provision and exploring interactive methodologies like the JIC for training out of school youth.
• Roll-out and scale-up adaptive strategies (community, traditional and religious leaders) for service provisions
• Strengthening the partnerships and linkages between CSE and health services

Resource Mobilisation
• Increase domestic financing to 30% (following the Namibian example)
• Develop a framework for domestic funding to augment the funding from international donors

Envisaged Challenges
• Retention of peer educators/lay counsellors
• Community attitudes towards the provision of SRHR services to adolescents
• Inadequate capacity among health care workers in provision of AYFHS
• Donor driven decisions on geographic implementation

8.4 South Africa

Up-scaling CSE
Despite the great success in the implementation of CSE trainings throughout South Africa, the delegation highlighted that the status of Life Orientation (under which CSE is taught) has low status in schools. It is not allocated enough time and this compromises the quality of the CSE content. South Africa made the following recommendations to improve on the delivery of CSE in schools:
• Making CSE as an examinable subject
• Give the development of lessons plans into the hand of teachers themselves, possibly also incentives for teachers
• Adapting example of Lesotho where CSE is integrated into all teacher trainings
• Involve peer educators in ensuring girls go back to school after delivery to reduce drop-out rate
• Strengthen the role of traditional leaders in supporting young people to remain in school
• Further develop on multiplicator approach for scaling-up training of teachers in CSE
• Increase involvement of community leaders (faith-based and cultural leaders) and identify “community champions” who can advocate for CSE

AYFHS

• Expedite the two recently approved policies from Health (National Adolescent and Youth Health Policy, 2017) and DBE (National Policy on HIV, STIs and TB for Learners, Educators, staff and officials within DBE). In order to achieve this goal, there is a need to sensitize role players from the DoH, DSD and DBE to support implementation plans.
• Sensitize role players to support implementation plans (DOH, DSD, DBE) at provincial level
• Increase the continuity and sustainable provision of AYFS at local level – mobilize on local service providers
• Ensure non-judgmental attitudes of health care workers and confidentiality issues that prevent young people to access services dedicated clinic times and attitude change training
• ‘She Conquers’ campaign which expands CSE to AGYW needs to be introduced into schools to provide access to services to adolescents and youth in school.

Coordination and reporting

• Reporting mechanism for the various interventions need to be strengthened
• Improve on monitoring, possibly have one data source that will integrate information on what is being done through the various interventions
• Streamline resources so as to avoid duplication and use resources more efficiently
• Implementation plans for submission to National Treasury need to be costed correctly
• Joint planning by the key departments (DoH; DBE and DSD) would ensure efficient use of resources
• Secure sustainable budget allocations (conditional grant particularly for young people’s programmes)
• ESA to be brought into the Inter Ministerial Committee Agenda (Committee comprising of all government ministers to table all policies documents for approval and decision making before being presented to parliament) with annual reporting on ESA progress and targets.

Constraints in the implementation of accessing CSE and AYFHS for young people

• Inability to track clients for referrals and follow up
• Comprehensive package (e.g. condom distribution) cannot be done in schools (for SA-SRHS)
• Incoherencies between different policies (gender, health and education) as to the age to access comprehensive services
• Lack of age-disaggregated data
8.5 Youth’s Perspective

Improving youth health interventions – the young people’s perspective

Speaking for the youth, Mr. Singh highlighted that it was now 37 months to go until 2020. 2017 has been dubbed the year of young people. Zambians have been debating about raising the marriage age, Botswana is increasing the age of sexual consent to 18 and various other new policies have been introduced which will have knock-on effects in terms of when young people start to access services.

A short roleplay by young people representatives further highlighted the different issues that confront young people, while each story focused on one of the five ESA targets.

“My name is Jonathan. I learn from the streets about my health. The majority of people tell me to not use a condom. They tell me not to use the clinic. I don’t know anything about HIV prevention knowledge.

I am Sibongile. I was exploited at the age of 14, I become pregnant and HIV positive. I had no access to education. What are you doing? What are your interventions? What are you doing to ensure youth go back to school?

I am a lion, but you call me patriarchal. I raise my hand in correction, not in abuse. My way is right. Can you give me the information that my father never could? Can you give me reasons why my way is wrong?

My name is Nosipho. At the age of 13 I was forced to marry a prominent man in Mpumalanga. Little did I know that I was to be exchanged for livestock. I seriously wish my community was able to meet target five.”

The youths came up with three key recommendations on how to strengthen the implementation of the ESA Commitment and working towards reaching the ESA targets by 2020:

• Coordination and proper delegation
• Effective M&E for accountability
• Social contracts between youth organisations/representatives and line ministries

The youths concluded with the question: “How can we help you in the next 37 months to meet the ESA Commitment?”
9. HIGH LEVEL PANEL DISCUSSION

New Approaches on Multi-sector Cooperation and Resource Mobilisation – What is the Way Forward for ESA?

A high-level panel discussion provided delegates with a critical support structure and framing for all the discussions which had taken place during the conference. The discussion mainly focused on ownership, ESA advocacy, youth empowerment and sustainable financing strategies for ESA.

There is widespread anxiety around global financing, with insufficient resources going into HIV prevention, family planning, humanitarian crises and the provision of services for young people. For many countries there has been no transitional phase and aid has simply been withdrawn. There is a need to reinvigorate and strengthen political commitment. This was strongly brought to the fore by Mr Béchir N’Daw, representing the Regional UNAIDS Office: “The battle against prevention is being lost because of a lack of political commitment and a lack of resources. Countries need to take more ownership. There is a need to prioritize and perhaps devise plans for the next 100 days. At least 50% of budgets need to go into prevention. Some of you will be aware of the Thabo Mbeki report to the AU, outlining how much is being lost to illicit outflows of capital from Africa and the panel’s recommendation around measures that need to be taken, including the strengthening of tax authorities. Africa is the future! There is a need to find creative ways of mobilizing resources for the continent.”

In this context, Ms Justine Coulson, representing the Regional Office of UNFPA in ESA, stressed: “When we look at the ESA Commitment we continue to be horrified that we are seeing HIV funding going mainly into treatment when we know that prevention is key. Yet, this message is not coming through to donors.” She further went on to highlight new opportunities: “There have been some interesting developments. The private sector is now emerging as a new type of player. At the national level, there are more meaningful relationships developing between government and the private sector.”

Yet, opportunities also arise from increased domestic funding. In this context, Permanent Secretary of MoEAC Namibia, Ms Sanet Steenkamp, highlighted: ‘Over the last five years, Namibia has succeeded to increase the contribution of domestic funding for HIV & AIDS to 67%. As a country, Namibia has committed 30% of its total HIV-related spending to prevention, and AGYW is one of the key pillars in this strategy, with an ambitious target budget of $US1 billion over the next five years. Our comprehensive prevention combination strategy focuses on three areas: (i) the decriminalization of sex-workers, homosexuality and drug use; (ii) medical strategies; and (iii) behavioral strategies, including the promotion of safe sex, risk reduction, counselling, CSE, AGYW, peer education, social marketing and health promotion. This last area is the niche for the ESA Commitment. We realized we had to come up with a much broader resource mobilization strategy. The private sector, the public sector and development partners all have a function in our five-year-plan, and there is accountability at the highest level, the Cabinet. In order to secure commitments to ESA, the Namibian government will consciously be allocating more of its domestic budget to HIV. Our aim is to reach 80% by 2020. The country is working towards a common goal. Ministries, private sector and the development sector meet around campaigns and decide how resources should be allocated. It is envisaged that this will result in enhanced synergies and not duplication.’
The need for multi-sectoral coordination while strengthening accountability on the ESA Commitment at highest political level was further stressed by her with the words: ‘It took us a year to get four government departments to meet together monthly with private sector and development partners. But that understanding is now entrenched, albeit at the steering committee level. The aim is to now deepen that understanding and expand it to include all ministries and Permanent Secretaries. We are aiming for our ESA Commitments to eventually be reported up to Cabinet.’

Increased ownership and commitment by the countries at all level was in particular stressed by Dr Faith Kumalo: “Leadership is key – at all levels and in all sectors. Fortunately, the Deputy President and President are leading our National AIDS Council. The visibility of leadership in all departments is essential. Unfortunately, it is currently limited mainly to health departments, but as it expands to other departments people’s perception of the agenda will broaden.’

Ms Arlinda Chaquisse from the Department of School Health and Nutrition in the Ministry of Education highlighted the opportunities that arise through the embracing of the ESA Commitment. Whereas the PGB strongly focuses on CSE delivery through peer to peer approaches, the role of the teachers for the effective delivery of CSE in schools has for long been neglected. “There are plans to incorporate CSE activities into the Generation Biz platform and adapt them to meet the ESA Commitment. Currently the programme focuses on youth and works intensively with peer educators. There are plans to start helping teachers to implement CSE.”

Mr Kamutumwa from the Directorate of Teacher Education in the Ministry of General Education, Zambia highlighted the opportunities that arise from online opportunities in training teachers on CSE. In Zambia, where CSE is taught as a cross-cutting subject and not stand-alone, a number of 40 000 teacher still need to receive training on CSE: “The use of online technologies to do CSE training makes it possible for the country to increase the number of teachers it is able to train. There are challenges around connectivity and IT infrastructure in the school which can create bottlenecks but these are not insurmountable issues.” He further highlighted the importance for revising the curricula, which however expensive it is due to the reprinting of material, is “as important as elections”.

To the right Dr Faith Kumalo, Director of the Care and Support Unit, DBE, on the importance of leadership at all levels.
A particular discussion focus was also set on resource mobilization strategies and opportunities that arise through the establishment of Public Private Partnerships. Likewise, the necessity of economic empowerment was highlighted by creating job opportunities for young people that not only need the knowledge how to keep up their good health but also the resources to be able to do so. Ms Coulson highlighted this need for youth empowerment with the following words: “The conference represents a convergence of those who agree that CSE and AYFHS are important. When the African Union agreed that this was the year of demographic dividend it created an interesting opportunity for organisations on the ground. This idea promotes investments targeting not just health, but the future economy of nations. This level of economic development cannot take place without a generation of young people who are able to be healthy and productive. Young people need to be a part of broader conversations around their participation in the future economy, around access to better health knowledge, modern contraceptives and jobs.”

The high-level panel ended with a strong claim highlighting the importance of young people involvement in the ESA Commitment: “Countries can have impressive strategies and plans as well as good intentions, but the true measure is the lived reality of those young people who spoke to us earlier”, (Dr Kumalo, DBE South Africa). Ms Coulson added a request to young people: “In terms of the legal issues related to the age of consent, for marriage, accessing services and so on, we are getting a lot of anecdotal reports from young people. We need young AfriYAN people to flag up these stories, create a repository of ground-based stories that we can take to national governments. We need young people to stand up and say and do things differently.”
10. WAY FORWARD

UNAIDS and GIZ highlighted the fact that the event showed leadership and commitment to joining forces and collaborating to achieve the 2020 targets and the ESA Commitment. They stressed that the ESA targets cannot be achieved without creating a space for young people and without ownership and commitment: “Ownership starts at home, and this meeting has been a powerful demonstration of ownership and commitment. And with ownership comes resources and accountability. There is a need to focus on accountability to achieving common goals and to look into different options to mobilize additional resources.” UNAIDS further highlighted that South Africa’s inputs at the conference were a good illustration of how integration at multi-sectoral level can take place. Therefore, it is also crucial that actions follow the commitment: “There is a need to ensure that the ESA Commitment is more than a commitment, but a dedication. Parliamentarians need to be engaged through the SADC Parliamentary Forum and at the African Union level. The same energy from the conference should be transferred. Actions should be identified and partners should hold each other accountable.”

As they closed the conference, Ms Diallo and Mr N’Daw thanked all delegates for their contributions to the fruitful exchange and encouraged them to continue and scale up their joint efforts: “We need to take our commitment outside this room and bring it to other governments in the region”.
# ANNEXURE 1: PROGRAMME OUTLINE

## Day 1 - 25 October 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30</td>
<td>Registration</td>
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<tr>
<td>8:45</td>
<td>Security Briefing</td>
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<tr>
<td>9:00</td>
<td><strong>Opening Speech</strong> by Dr. Manala Makua, Director of the HIV/AIDS, TB and MCHW Division, National Department of Health, South Africa</td>
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<td></td>
<td><strong>Opening Remarks by the Representative of the German Government</strong>, Ms. Diana Stölzer, German Embassy Pretoria</td>
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<tr>
<td></td>
<td><strong>Welcome Note by the Heads of Country Delegation</strong></td>
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<tr>
<td></td>
<td>Ms. Sanet Steenkamp, Permanent Secretary of the Ministry of Education, Arts and Culture</td>
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<td></td>
<td>Dr. Constance Kganakga, Acting Chief Executive Officer, SANAC, South Africa</td>
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<td></td>
<td>Dr. Johane Muabsa, Director of the National Institute of Youth and Sports, Mozambique</td>
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<td>Mr. Muyangwa Karumatumwa, Director of Teacher Education and Specialized Services, Ministry of General Education, Zambia</td>
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<tr>
<td>9:30</td>
<td>Introduction by the facilitators</td>
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<tr>
<td>10:00</td>
<td>Input by young people representative and screening of ‘This is it’</td>
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<td></td>
<td>Ms. Koketso Mokethoa, actor in the movie ‘This is it’</td>
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<td>Mr. Tshepo Ngoato, Y+ South Africa</td>
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<tr>
<td>10:15</td>
<td>Coffee Break</td>
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<tr>
<td>10:30</td>
<td>The ESA Commitment and the new Global HIV Prevention Coalition</td>
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<td>Mr. Bechir Ndaw representing the UNAIDS Regional Director</td>
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<td>Time</td>
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<tr>
<td>11:00</td>
<td><strong>ESA Country Status Update, multi-sector coordination</strong></td>
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<td>• ESA implementation status update Namibia, Ms. Sanet Steenkamp, Permanent</td>
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<td>Secretary of the MOEAC</td>
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<td>• Coordinating the ESA Commitment as part of the broader National Strategic Plan for</td>
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<td></td>
<td>HIV, STIs and TB, Ms. Kerry Mangold, SANAC</td>
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<td>• Multi-actor coordination in Mozambique, Dr. Johane Muabsa, Director of the National</td>
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<td></td>
<td>Institute of Youth and Sports</td>
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<td>• Multi-stakeholder coordination at national and provincial level, Ms. Ellen Mubanga</td>
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<td>National AIDS Council, Zambia</td>
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<tr>
<td>12:30</td>
<td>Lunch break</td>
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<tr>
<td>14:00</td>
<td><strong>Quality CSE</strong></td>
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<tr>
<td>14:15</td>
<td>“CSE under pressure” – Opening statement on CSE implementation status in South</td>
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<td>Africa</td>
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<td>14:15</td>
<td>Fish Bowl discussion on “CSE under pressure”, increasing demand for CSE on the</td>
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<td></td>
<td>one side, prejudices, contextual and cultural realities on the other side – what’s</td>
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<td>the way forward?</td>
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<tr>
<td>15:00</td>
<td>Short coffee break</td>
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<tr>
<td>15:15</td>
<td>Debate - challenges, good practices and scaling-up approaches on multi-actor</td>
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<td>coordination and CSE</td>
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<td></td>
<td>World Café</td>
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<td>In-country working groups</td>
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<tr>
<td>16:30</td>
<td>Conclusions and Closing</td>
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<tr>
<td>18:00</td>
<td>Dinner at Times Square Casino</td>
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**Day 2 - 26 October 2017**

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<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>8:30</td>
<td>Registration</td>
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<tr>
<td>9:00</td>
<td>Opening and recap</td>
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<tr>
<td>9:15</td>
<td>• Partner support in AYFHS, Ms. Feni Maimane, Deputy Director of the Integrated</td>
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<td></td>
<td>School Health Program and Adolescent and Youth Health, DoH, South Africa</td>
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<td></td>
<td>• Provision of youth-friendly health services, Mr. Simione Santos, Director of</td>
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<td></td>
<td>AMODEFA, Mozambique</td>
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<td></td>
<td>• Linking CSE and AYFHS in schools in two selected provinces in Zambia, by Network</td>
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<td></td>
<td>of Zambian People Living with HIV (NZP+); Planned Parenthood Association Zambia</td>
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<td>(PPAZ), &amp; Bevis Kapaso, Independent Consultant</td>
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<td></td>
<td>• Access to youth-friendly health services in school and out of school settings in</td>
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<td></td>
<td>Namibia, Ms. Rauha Jacob, Namibia Planned Parenthood Association (NAPPA)</td>
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<tr>
<td>10:30</td>
<td>Coffee break</td>
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</table>
### Accountability (Data Integration and resource mobilization) – lessons learnt

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:45</td>
<td><strong>Data Alignment</strong> Tracking Data Integration for Impact Monitoring, Ms. Lifutso Motsieloa, M&amp;E Unit, SANAC</td>
</tr>
<tr>
<td>11:00</td>
<td><strong>Resource Mobilization Strategies</strong> Allocating resources to a National Prevention Response: The Namibian Example, Ms. Selma Amakali, Directorate Special Programs (DSP), MOHSS, Namibia</td>
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<tr>
<td>11:15</td>
<td>Short input on CCM (Global Fund) coordination by the cluster countries and discussion</td>
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<tr>
<td>12:30</td>
<td><strong>Lunch Break</strong></td>
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### Elaboration of final key conference results and recommendations

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 14:00 | Debate – Linking CSE & AYFHS, data integration, resource mobilization and youth empowerment  
World Café in mixed groups  
In-country working groups |
| 16:30 | Conclusions and Closing |

### Day 3 - 27 October 2017

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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>8:30</td>
<td>Registration</td>
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<tr>
<td>9:00</td>
<td>Opening</td>
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<tr>
<td>9:10</td>
<td>In-country presentations - results and recommendations</td>
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<tr>
<td>10:10</td>
<td>Improving youth health interventions – the young people’s perspective</td>
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<tr>
<td>10:30</td>
<td><strong>Coffee break</strong></td>
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#### High Level Panel Discussion

<table>
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<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:45</td>
<td>New approaches on multi-sector cooperation and resource mobilization – what is the way forward for ESA?</td>
</tr>
<tr>
<td>12:00</td>
<td>Conclusions and way forward</td>
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</tbody>
</table>
| 12:30 | **Closing Remarks** by Dr. Julitta Onabanjo, UNFPA Regional Office East and Southern Africa, representing the UN family  
**Closing and Vote of Thanks** by Ms. Sabine Diallo, Head of the GIZ ESA Regional Programme |
| 13:00 | Lunch                                                                   |
| 14:00 | Departure                                                               |

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## ANNEXURE 2: PARTICIPANT LIST

Transnational Learning Hub participants  

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<th>Organisation</th>
<th>Position</th>
<th>Contact</th>
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<tbody>
<tr>
<td><strong>South Africa</strong></td>
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<tr>
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<tr>
<th>Name</th>
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<tr>
<td><strong>Namibia</strong></td>
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<tr>
<td>Maria Kavezembi</td>
<td>MoHSS</td>
<td>Director of Primary Health Care Services</td>
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ANNEXURE 3: CONCEPT NOTE

Strengthening ESA implementation: Second Transnational Learning Conference on ESA implementation with participation from Mozambique, Namibia, South Africa and Zambia

25.-27.10.2017

Protea Fire and Ice, 221 Garsfontein Road, Summit Place Precinct, Menlyn, Pretoria, 0181

Transnational learning Conference hosted by the GIZ Regional Programme for implementation of the Eastern and Southern Africa (ESA) Commitment, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and partners.

1. Background

The ESA region has the world’s highest rate of new HIV infections with 1.1 million new infections every year. 2.6 million young people aged 15-24 are living with HIV in the ESA Region. HIV knowledge levels among young people are below 40%, resulting in high teenage pregnancy rates: by age 17, at least 1 in 5 young women have started childbearing in 6 of the 21 ESA countries. The region alone accounts for 50% increase in deaths amongst adolescents living with HIV globally with young women being disproportionately affected. A better access to good quality sexual education that fills young people’s knowledge gaps and motivates them to better protect their health is urgently required. Additionally, young people need timely health information and services that are accessible, appropriate and tailor-made to young people’s needs. It was against these alarming figures and urgent need for action to improve young people’s access to health information and services, that in December 2013 20 countries in the ESA Region endorsed the ESA Ministerial Commitment on comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) services for young people (10-24 years). The ESA Commitment is strongly supported by the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Population Fund (UNFPA), the German Ministry for Economic Cooperation and Development (BMZ), the Regional Economic Communities (EAC and SADC), and other international donor agencies.

Significant progress and achievements have since been made at both regional and country level. In 2016 the first regional ESA progress report 2013-2015 was published at the Durban International Aids Conference and 5 targets were prioritized by the member countries to achieve the Commitment’s targets until 2020. Through the ESA Road Map 2020, a guiding frame was set by the ESA member countries on how to achieve these targets and strengthen key actions at country-level.

The Federal Ministry of Economic Cooperation and Development (BMZ) is supporting the implementation of the ESA commitment through a regional technical cooperation programme carried out by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (2015-2018). The programme supports the ESA initiative at regional level and strengthens national implementation in four selected countries (Mozambique, Namibia, South Africa, and Zambia). GIZ links up to existing initiatives in these countries and taps synergies with ongoing multilateral and bilateral cooperation programmes.

The GIZ Regional Programme for the implementation of the Eastern and Southern Africa (ESA) Commitment and its cooperation partners, beside the support to regional technical coordinating group (ESA TCG) sessions, strengthens transnational learning exchange. Amongst others, the GIZ programme supported in 2015 an ESA satellite event during the ICASA Conference in Harare, Zimbabwe. The first GIZ/UN Transnational Learning Conference took place in November 2016, which was attended by
delegates from the ESA regional partners and representatives from the respective Ministries of Health, Education, Gender and Youth, National AIDS Commissions, Civil Society and youth Organizations (CSO). Deliberations were centered on creating an enabling environment, strengthening coordination, accountability, country ownership as well as sharing on promising practices from ESA countries. During the second expanded TCG Meeting in May 2017, representatives from 18 member countries gathered to exchange on country achievements, progress and challenges on coordination, accountability and implementation approaches.

2. **Rationale**

The aim of the upcoming second Transnational Learning Conference is to continue learning and exchange with a special focus on three significant issues:

**a. Multi sector coordination**

Good and effective planning through in-country coordination mechanisms is key to successful implementation of the ESA targets. During the last transnational Learning Hub, cluster countries presented on different multi-sectoral coordination models. The upcoming transnational Learning Hub will focus on good practices of multi-actor cooperation, including examples on resource mobilization strategies through national budgets and multilateral support partners, e.g. Global Fund.

**b. Linking Comprehensive Sexuality Education (CSE) and Adolescent and youth- friendly health services (AYFHS) in school and out of school settings**

ESA member countries have taken major strides towards the development and incorporation of life skills education and CSE into the school curricula. Yet, international studies reveal that educators are often not sufficiently equipped with the knowledge, skills, attitude, motivation and confidence to address sexuality topics to learners in a convincing, age-appropriate, gender-sensitive and culturally relevant way. The first intake of online CSE trainings for in-service teachers has started in response to the increasing demand for quality CSE trainings.

Once learners are provided with the right knowledge on how to protect themselves and live a healthy lifestyle, they also need to be able to easily access appropriate health services. This means equipping young people not only with good quality CSE but also with the knowledge on how and where to access youth-friendly health services. The strengthening of this linkage of providing CSE and youth-friendly health services is a major obstacle in most countries.

**c. Accountability (Data integration and resource mobilization)**

In order to make robust decisions on ESA implementation strategies and planning, the cluster countries need evidence-based information and reliable data sources, that are aligned with national data systems. Flows of information and data from national to provincial level and from provincial to national level (‘two-way accountability’) need to be strengthened to ensure timely information and aligned reliable data bases.

As a cross-cutting issue, the ESA Commitment strongly advocates for the engagement of young people and young people’s networks in sexual and reproductive health. How to respond adequately to their
demands and needs and consider those appropriately continues to pose a challenge for policy makers and implementers across the ESA countries.

3. Objectives of the 2nd Transnational Learning Hub Conference

- To present and discuss the ESA implementation status;
- To discuss challenges and the demand for CSE, CSE trainings in the ESA countries, training needs and challenges in the delivery of CSE in the school setting;
- To exchange on innovative implementation approaches in strengthening the linkage of CSE and access to AYFHS; To discuss countries’ examples on budgeted inter-sectoral work plans and financing strategies;
- To explore good practices on multi-actor cooperation, data integration and cost-sharing;
- To bring in young people’s voices and discuss recommendations by Young People’s networks for the strengthening of youth health interventions;
- To develop action plans and next steps to strengthen ESA implementation;
- To foster buy in of decision and policy makers on ESA advocacy and engagement.

4. Programme outline and Presentations

Day one, 25th October 2017 Setting the Scene

After welcoming addresses by representatives of South African Government, UN, German Government and GIZ, the conference will kick off with an initial presentation on ESA Commitment status, presented by the UNAIDS regional representative. Special emphasis will be given to the recently presented UNAIDS Fast Track Strategy monitoring report 2016 and the recently announced prevention coalition.

ESA Implementation country updates on multi-sector coordination

The session will be opened by the Namibian delegation, represented by the Permanent Secretary of the Ministry of Education, Arts and Culture, Ms. Sanet Steenkamp. Her presentation will focus on the mutual activities and achievements of her Ministry and the Ministry of Health and Social Services, Ministry of Gender Equality and Child Welfare, Ministry of Sports, Youth and National Service.

After that, the Representative of the Chief Executive Officer of SANAC will present on Coordination of the ESA Commitment as part of the broader National Strategic Plan for HIV, STIs and TB in South Africa’. The delegations from Mozambique and Zambia will complete the session with their respective inputs.

Situation analysis on 10 – 14 year olds

A regional civil society organization will share recent research results on the current status of Sexual and Reproductive Health in the age group of the 10-14 year olds, an age bracket so far not sufficiently considered and especially challenging.
**CSE implementation status South Africa and fishbowl discussion**

The Representative of the South Africa Department of Basic Education informs on recent developments, achievements and challenges in South Africa’s CSE policies and national framework development. This presentation will be followed by a Fishbowl discussion ("CSE under pressure") with high ranking Government officials from different ministerial departments in the cluster countries.

While countries have a great demand for age-appropriate CSE, educators are often confronted with reluctance by parents, community members or colleagues who dispose sexuality education as not age-appropriate and rather sexualizing young people. These challenges that arise around the strengthening of good quality CSE, will be discussed in the fishbowl.

**Coordination challenges between levels (national-regional-local) towards scaling-up CSE**

In a participatory approach, the delegates gather in working groups in order to exchange new insights and formulate recommendations for multi-level coordination and for future activities on scaling-up CSE in their respective countries.

**Day two, 26th October 2017 Linkages between CSE and Youth-friendly health services**

The Deputy Director for Integrated School Health Programmes of the Department of Health, South Africa, Ms. Feni Maimane, informs about the status of youth friendly health services in school settings in her country. This input will be followed by country presentations from ministerial delegates and civil society organization’s representatives from Mozambique, Namibia and Zambia. The latter will present a pilot project, which strengthened linkages between the provision of CSE and youth-friendly health services in more than 100 schools in two provinces in Zambia, using digital tools for monitoring.

The representatives from young people’s organisations will share their feedback on demands and needs for better service provision with the delegates in order to round up the session.

**Accountability (Data integration and resource mobilization) – lessons learnt and challenges**

In this session, the representative of the Monitoring Unit in SANAC will present their new approach on Data integration for Impact Monitoring. After discussing the SANAC approach, the delegates will have the opportunity to find out more about different mobilization strategies and cost-sharing models. Recent experiences, including fundraising from external donors such as the Global Fund, are presented by the Representative of the Namibian Ministry of Health and Social Services, thus generating impulses for fruitful discussions on the topic.

**Youth friendly health services for in and out of school settings and resource mobilization**

In a participatory approach, the delegates gather in working groups in order to exchange new insights
and formulate recommendations how youth friendly health services for different settings can be shaped
to young people’s demands and needs.

In mixed group as well as country groups, the delegates will develop results and recommendations
resource mobilization to be presented to the High-Level Panel Members on 27 October.

**Day three, 27th October 2017**

In order to prepare the High Level Panel with the delegates, a briefing will precede the programme on
the third day.

**Reporting session: Plenary presentations from four countries – Results from the Working Groups**

Day three starts with the rapporteurs from the country working groups, reporting on the discussions,
findings and results of their previous days’ work. This reporting session will be concluded by a statement
on Improving Youth Health – the Young peoples’ perspective, presented by the rapporteur of the young
people organisations’ working group.

The intention of the entire reporting session is to inform the High Level Panel of decisive findings in
order to shape and influence future policy decisions of decision makers.

**5. High Level Panel**

The High Level Panel, comprised of senior representatives from different ministries, UN organisations
and other ESA partners will share their views and assessments of the working group results presented
to them previously. Additionally the High Level Panel members will debate on ‘challenges and upcoming
strategies for multi actor cooperation and resource mobilization – towards achieving the ESA Roadmap
targets 2020. Furthermore, the facilitated Panel Discussion will mutually assess opportunities for
creating new partnerships.

All conference participants will subsequently be invited to interact with the High-Level Panel on crucial
aspects of the debate.

**6. Target Audience of the Transnational Learning Hub Conference**

ESA regional partners and partners from implementing countries from the Ministries of Health, Education,
Gender and Youth, National AIDS Commissions and representatives from multi sectoral working groups
on youth friendly health services, civil society organizations working on Sexual and Reproductive Health
and youth representatives from different youth organizations.
ANNEXURE 4: ROAD MAP 2020

ROAD MAP 2020

2020 TARGETS

Consolidate recent and hard-won gains in the reduction of HIV prevalence in ESA, and push towards eliminating all new HIV infections among adolescents and young people aged 10-24.

Increase to 95% the number of adolescents and young people aged 10-24 who demonstrate comprehensive HIV prevention knowledge and skills.

Reduce early and unintended pregnancies among young people by 75%.

Eliminate gender-based violence.

Eliminate child marriage.

TARGET 1

In 2015, a total of 313,100 new infections among young people aged 10-24.
Adolescent girls contributed 72% of all new HIV infections among adolescents aged 15-19.
In 2015, only 10% of young men and 15% of young women were aware of their HIV status.

TARGET 2

Lower HIV knowledge levels are associated with higher rates of HIV infection among adolescent girls and young women.
With inadequate knowledge, young people are less equipped to make healthy and safe decisions in regards to their sexual health.
Knowledge needs to be strengthened with the right skills and attitudes which can be taught and developed through quality, age-appropriate comprehensive sex education (CSE).

TARGET 3

Developing countries account for 50% of all new infections among young people who are living with HIV.
In 2015, a total of 351,300 new HIV infections among young people aged 10-24 were reported.
Each additional year of girl’s education reduces the risk of female adolescent HIV acquisition by 14%. Girls with higher levels of education are less likely to marry as children with around 60% of girls with secondary schooling and less than 18, compared to 10% of girls with secondary schooling. Girls with higher level of education have lower rates of HlV.

TARGET 4

More than 1 in 3 students between the ages of 13 and 15 worldwide experience bullying in a regular basis.
Students who experience bullying, a form of SRGBV, score lower in math and reading than those who do not.
In Southern African countries, where one in every three girls has been raped or assaulted as a child and have died by the age of 18 years.

TARGET 5

Eliminate child marriage.
Child marriage is rooted in gender inequality and in the low value accorded to girls.
It denies girls their rights, choice and participation and is hampering progress towards a more equal, healthy, and prosperous world.
Gils with higher levels of schooling are less likely to marry a child under 18 compared to 10% of girls with secondary schooling, which more than 1% of girls with higher education in some countries in the ESA region.
Despite the presence of age of consent laws, rates of child marriage remain high due to conflicting laws or gender norms.

PRIORITY ACTIONS

1. Scale up provision and increase the availability of health facilities providing age-appropriate adolescent-friendly health services.
2. Institutionalize AYFHS content and guidelines in pre-service health provider training programmes and interior accessibility of service providers to deliver AYFHS.
3. Ensure age and sex disaggregation of health management information systems and collection of newborns young people utilizing AYFHS services.
4. Intensify efforts to eliminate the extremely high levels of sexual abuse and violence against female children, including child marriage, child sexual abuse, and child domestic violence.
5. Engage young people’s networks, coalitions, and communities to increase adolescent and young people’s visibility and work to the full potential of the target to end AIDS by 2030.

EVIDENCE

Scale up and accelerate delivery of quality CSE in primary, secondary, and tertiary education.
Institutionalize CSE and influence teacher training to incorporate CSE in teacher education to deliver quality CSE in school.
Promote uptake of services by shaping policies between schools and health facilities.
Develop specific policy priorities and programmes that support targeted education and innovative behaviour change communication approaches in partnership with young people.
Engage key gatekeepers at the school and community level, in order to garner their support in the creation of enabling environments for the promotion of CSE.
Provide good-quality education for all learners and ensure that girls complete secondary school.
Provide CSE that develop learners’ knowledge and skills to prevent pregnancy through integrating content on pregnancy prevention, access to contraceptives, gender equality and power dynamics within relationships.
Develop and implement re-entry policies for pregnant and parenting girls and put in place programmes that reduce drop out of adolescents mothers.
Increase adolescent access to health education & services (incl. contraceptives) through establishment of referral system between schools and health facilities.
Eliminate school related gender-based violence and engage boys and young men in learning and practicing pregnancy prevention.
Mobiles communities to promote egalitarian gender norms, engage men and boys, and end gender-based, sexual, and intimate partner violence.
Prioritize and expand Financing to support programs addressing GBV especially among marginalised and under-served populations.
Invest in programmes that improve educational and economic opportunities for girls at risk of child marriage.
Engage families, communities and young people in change attitudes and behaviors related to child marriage.
Ensure that services provided across the education, health, youth and economic sectors reinforce each other and are tailored towards the needs of adolescent girls and young women at risk of child marriage.
Enforce a robust legal and policy framework for preventing child marriage and registering married girls.
Adopt and implement model child marriage eradication laws such as the SADC Model Law on Child Marriage in all ESA countries.

Note: All data from this Roadmap is taken from the ESA Commitment Progress Review Report 2019-2020.