

# THE GIZ REGIONAL PROGRAM FOR IMPLEMENTATION OF THE COMMITMENT: IMPROVING SEXUAL AND REPRODUCTIVE HEALTH AND HIV PREVENTION AMONG YOUNG PEOPLE IN EASTERN AND SOUTHERN AFRICA

TRANSNATIONAL LEARNING HUB CONFERENCE, 22-23 NOVEMBER 2016



KIEVITS KROON COUNTRY ESTATE

PRETORIA. SOUTH AFRICA



Implemented by:  
**giz** Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH



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**LIST OF ABBREVIATIONS**

AfriYAN	African Youth and Adolescents Network on Population and Development
AIDS	Acquired immune deficiency syndrome
AYFHS	Adolescent Youth Friendly Health Services
BMZ	German Ministry for Economic Cooperation and Development
CD	Capacity Development
COMESA	Common Market for Eastern and Southern Africa
CNCS	Conselho Nacional de Combate ao HIV/SIDA (National AIDS Council)
CSE	Comprehensive Sexuality Education
DBE	Department of Basic Education
DREAMS	Determined Resilient Empowered AIDS-free Mentored and Safe
EAC	East African Community
ESA	Eastern and Southern Africa
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
HIV	Human Immunodeficiency Virus
IAC	International AIDS Conference
IAS	International AIDS Society
LTSM	Learning and Teaching Support Material
MGECW	Ministry of Gender Equality and Child Welfare
MINEDH	Ministry of Education and Human Development
MISAU	Ministério da Saúde – Ministry of Health (Mozambique)
MoE	Ministry of Education
MoHSS	Ministry of Health and Social Services
MOU	Memorandum of Understanding
MSYNS	Ministry of Sports, Youth and National Service, Namibia
NAC	National AIDS Council
NAEC	National AIDS Executive Committee
NAPPA	Namibian Planned Parenthood Association
NDP	National Development Plan
NGO	Non-Governmental Organization
NSA	Non-State Actors
NSP	National Strategic Plan
PAC	Provincial AIDS Council
PLASOC	Platform for Civil Society Organisations
PPAZ	Zambian Planned Parenthood Association
PROFILE	Programme to Foster Innovation, Learning and Evidence in HIV and Health Programmes of German Development Cooperation
PS	Permanent Secretary
REC	Regional Economic Communities
SADC	Southern Africa Development Communities
SANAC	South African National AIDS Council
SDG's	Sustainable Development Goals
SHTF	School Health Task Force
SIDA	Swedish International Development Cooperation Agency

SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TCG	Technical Coordinating Group
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
WHO	World Health Organization
YPLHIV	Young People Living with HIV

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## EXECUTIVE SUMMARY

The GIZ Regional Programme for the implementation of the Eastern and Southern Africa (ESA) Commitment, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and cooperation partners facilitated a Transnational Learning Hub in an effort to strengthen the ESA implementation initiatives. The Learning hub was attended by delegates from the ESA regional partners including those nominated by Honorable Permanent Secretaries from the ministries of Health, Education and Youth, National AIDS Councils/Commissions, Civil Society Organization (CSO) working on Sexual Reproductive Health (SRH) and youth representatives of Young People living with HIV (YPLHIV) networks in the four cluster countries Mozambique, Namibia, South Africa and Zambia.

The workshop aimed to enhance learning and exchange on implementation approaches and foster new innovative approaches in strengthening in-country implementation of the ESA Ministerial Commitment. Deliberations were centered on creating an enabling environment, strengthening coordination, accountability, country ownership as well as sharing on promising practices from the countries towards ESA implementation in the four cluster countries. The ESA Roadmap 2020 developed and agreed upon during the Durban 2016 ESA Ministerial Commitment re-affirming meeting was discussed as a guiding frame on priority actions in the implementation of ESA in the 21 member countries.

ESA re-affirmation and Roadmap 2020, coordination, accountability and learning and innovation were elaborated in a participatory sharing and exchange which enabled reflection from delegates as representatives of ministries and as country groups.

### General results

General conclusions drawn from the meeting were:

- Countries have multi-sectoral coordinating structures for ESA implementation in place. However, there is a need to strengthen these structures to be effective towards attaining and reporting the ESA targets. Key success factor is strengthening collaboration between ministries of health, education, national aids commissions and civil society organization focusing on young people between 10-24 years;
- Multi-sectoral coordination, to become more effective, need planning procedures, action plans and resources;
- Countries need to own the ESA reporting process in their priority indicators at country level using country data systems;
- Cooperation with Southern African Development Community (SADC) and Eastern African Community (EAC) is central in the accountability and reporting processes at regional level;
- Accountability is not a one-way street but it always involves good information “flows” on ESA implementation in both directions between regional, national and sub-national levels;
- Implementation of quality innovative approaches has become increasingly important taking into account the ever shifting problem of adolescent and youth issues. Peer learning is a powerful means to disseminate evidence-based approaches between ESA countries;
- No one size fits all, blue prints are not feasible in an ever changing environment regarding the SRH, HIV and AIDS prevention, care and treatment, teenage pregnancies, gender based violence and child marriage among young people in ESA region.

## Outputs

The Transnational Learning Hub has provided a space to reflect and contribute to the following results:

### **1) Using Durban resolutions for country Implementation (ESA Roadmap 2020)**

The Durban 2016 Ministerial Call to action “Lets Step up and Deliver” and the Roadmap 2020 were applauded as being an important step in catalysing action towards a vision of young Africans, global citizens of the future, who are educated, healthy, resilient, socially responsible, informed decision-makers and have the capacity to contribute to their community, country and region. Deliberation further highlighted that with the ESA Commitment reaffirmation, increased emphasis has been placed on the countries to take ownership and be accountable to the regions and youth regarding action to curb and reduce the HIV and AIDS epidemic. The Roadmap 2020 and its 5 targets is an action tool that sets the guiding frame for the implementation of ESA in the 21 member countries.

### **2) Strengthening country ESA Technical Working Groups by linking national and sub-national mechanisms**

Multi-sectoral coordinating mechanisms need to be strengthened for effective ESA implementation. Participants acknowledge that the coordination of ESA implementation, as mandated by the Commitment involves stakeholders in Health and Education and collaborate with ministries of Youth, Gender, Social Welfare and Civil Society Organisations focusing on young people. Coordination between the national and provincial level, including resource allocation mechanisms and commitment of domestic funding, is vital to the achievement of the ESA targets at all level.

### **3) Strengthening feedback mechanisms between levels for timely information sharing**

“Two-way” accountability between national, provincial and local level fosters real time information sharing and evidence generation. To increase accountability among key stakeholders, the strengthening of feedback mechanisms is important. The involvement of youth organisations at local levels ensures that their needs and voices are considered, leading to tailor-made interventions for young people.

**4) Support and strengthening networks and organisations of young people living with HIV (YPLHIV) to share on “what works”**

The systematic inclusion, meaningful involvement and participation of youth (particularly YPLHIV) in the implementation of the ESA initiative remain critical in the development and implementation of innovative approaches that involve youth and address youth issues.

**5) Trigger accelerated implementation of ESA initiative towards achievement of targets**

Implementation of the ESA initiative is at different levels in each country. Through sharing and exchange at transnational level, key country stakeholders are capacitated to map out next steps to speed up action towards the achievement of ESA targets.

**6) Strengthening dissemination of evidence based approaches between country Technical Working Groups (TWGs) and the Technical Co-coordinating Group (TCG)**

Conclusions and recommendations from the country stakeholders in the Transnational Learning Hub are to be presented to the ESA TCG. Workshop results are disseminated through the Young People Today website.

## 1. BACKGROUND TO THE CONFERENCE

About one third of the population of Eastern and Southern Africa (ESA) comprises of young people aged between 10 and 24 years, which amounts to least 158 million young people. According to current forecasts, the number of people in this age bracket will almost double by 2050. Development in the region is heavily dependent on how the considerable potential of these young people can be utilized, and how, at the same time, the population dynamics can be favorably affected. However, the current situation in the region regarding HIV and AIDS and other Sexually Transmitted Infections (STIs) among young people, gives cause for concern. The ESA region has the world's highest rate of new HIV infections with some 1.1 million new infections every year.

In light of this situation, the ESA commitment was launched under the leadership of the Joint United Nations Programme on HIV and AIDS (UNAIDS) in December 2013 in Cape Town. Ministers of Education and Health from 20 ESA countries endorsed and affirmed their joint commitment to deliver good quality Comprehensive Sexuality Education (CSE) as well as Sexual and Reproductive Health (SRH) services for young people. The initiative is supported by UN Agencies (UNAIDS, UNESCO, UNICEF, UNFPA, WHO), the German Ministry for Economic Cooperation and Development (BMZ) through GIZ, SIDA, Ford Foundation as well as Civil Society Organisations.

The GIZ ESA Regional Programme in close partnership with UNFPA and UNESCO regional offices, is continuously working on strengthening evidence based learning and innovation, brought together for a Transnational Conference key country stakeholders from government and civil society from its cluster countries: Mozambique, Namibia, South Africa and Zambia.

### Specific Objectives of this Transnational Learning Hub

- discussing the ESA Roadmap 2020 and priority actions for each country
- exchange on strategies for strengthening government ownership and leadership of the ESA Commitment process while ensuring collaboration across sectors
- present country approaches on successful coordination and cooperation between relevant stakeholders and to elaborate on planning strategies, and the development of costed inter-sectoral work plans
- discussing accountability mechanisms and challenges on coordinating ESA between national and provincial level, including reporting and resource allocation
- supporting learning and innovation in linking CSE and AYFHS
- provide new solutions for a better access to health services and information for young people, with a focus on YLHIV.

This conference hosted by South Africa took place at Kievits Kroon, Pretoria in South Africa from the 22<sup>nd</sup> to 23<sup>rd</sup> November 2016 and was attended by representatives from the ministries of Health, Education, Youth, National AIDS Councils, young people, Civil Society Organisations as well as UN partners from the four cluster countries.

## 2. WELCOME AND OFFICIAL OPENING

### 2.1. Welcome Remarks by Mrs. Christiane Kalle GIZ Country Director

The GIZ Country Director for South Africa, Swaziland and Lesotho, Mrs. Christiane Kalle officially welcomed participants to the meeting. The presentation focused on the HIV and AIDS situation in the region and the regional response through the ESA Ministerial Commitment. The Ministerial Commitment is in line with the German Federal Ministry of Health's new HIV and AIDS Policy and it compliments well GIZ bilateral programmes in participating countries.

The speech highlighted the importance placed on the HIV and AIDS response by the German Government as witnessed during the government to government negotiations where the thematic priority areas for German Development Cooperation in South Africa have been established to be Governance and Administration, Energy and Climate Change and HIV and AIDS. GIZ is also implementing various ambitious education programmes, focusing not only on skills development but also on youth development and violence and crime prevention.



**Mrs. Christiane Kalle**, GIZ Director, South Africa, Lesotho and Swaziland.

Particular attention was put on Durban 2016, minister's call to action "*Lets Step Up and Deliver*" and the *Roadmap 2020*. These were an important milestone that shows the ministers commitments to achieve positive results for adolescents and young people. Ownership and coordination, accountability and capacity development were highlighted as essential elements aimed at achieving targets and accelerating the implementation of the ESA initiative.

Delegates were encouraged to have an open exchange at the Transnational Learning Hub and to have a successful meeting of sharing, reflection and learning.

### 2.2. Official workshop opening by Dr. Asha Mohamud, UNFPA

Dr. Asha Mohamud Senior Regional Advisor UNFPA and member of ESA Technical Coordination Group highlighted the importance of the meeting aimed at strengthening the ESA Ministerial commitment through a Transnational Learning Hub. Emphasis was placed on progress made so far towards scaling up of CSE, elimination of child marriage, gender-

based violence and increasing service delivery. One notable example is the adoption of Child Marriage Law in SADC and this is now being adopted in East African Community.

Countries and partners were recognised for showing commitment through sourcing and contributing resources towards the initiative. UNFPA acknowledged the contribution of the German Government through GIZ Regional Programme to the joint ESA initiative.

Emphasis was placed on the critical role in pushing the agenda for adolescents and young people by holding governments and partners accountable. Young people have an active role as well; they need to hold all the other stakeholders accountable to deliver and fulfil the promise. Young people need to know the ESA Ministerial Commitment and keep the documents in their hands to show governments the promise they made to them.



**Dr. Asha Mohamud**, Senior Regional Advisor UNFPA, member of ESA Technical Coordinating Group, also representing the UN at the meeting.

Although this meeting was about knowledge sharing and trying to synergise the work that should happen in Mozambique, Namibia, South Africa and Zambia, it was also about coordination and building synergy between the different partners, so that efforts are adding up to something bigger than individual organisations. In addition, it was about the best way to institutionalise CSE and services as well as scaling up approaches so that larger numbers of young people are reached. This is because even though there are some young people currently being reached, the numbers are not sufficient for adequate coverage.

Dr. Mohamud emphasised the need to link with other initiatives that are in the region, the alignment of the ESA Commitment with the AGENDA 2030, Demographic Dividend Agenda and the international debate on Universal Access to education and health services. There was a call for investment and allocation of budget for young people.

In conclusion, Dr. Mohamud expressed that the Transnational Learning Hub meeting is an opportunity to synergise and come up with clear directions of how to improve services and programmes for young people by advocating, coordinating, sharing knowledge and spurring a movement towards improving services and programmes tailored for young people.

### 2.3. Opening speech by Dr. Faith Kumalo, South Africa Department of Basic Education (DBE)

Dr. Faith Kumalo, Chief Director, Care and Support Unit, Department of Basic Education (DBE) South Africa provided an overview of the work being delivered by the department in relation to the ESA commitment. The Department of Basic Education has been implementing HIV and AIDS Life Skills Education Programme since 2000, with dedicated funding from National Treasury. Initially, the programme aimed at only increasing HIV knowledge and life skills through teacher training and Learning and Teaching Support Material (LTSM), later it was expanded to include changing norms, addressing drivers of HIV and TB infection, care and support, among others.

Dr. Kumalo elaborated the importance of ESA commitment in South Africa. South Africa has about 12 million learners in school and that about 2363 youth aged 15–24 years of age are infected with HIV every week. In addition, it is estimated that 99,000 girls under the age of 19 years got pregnant last academic year (2015 alone). It has also been observed that school dropouts rise sharply from grade 10 due to poor performance and teenage pregnancies. Furthermore, it has been observed that South Africa has a high risk of second pregnancies for girls who stay out of school for more than two years.



Dr. Kumalo highlighted that the ESA “decree” is not only a Ministerial commitment but an obligation and a responsibility of all stakeholders involved. South Africa in general has been implementing several activities to address the ESA Commitment. These include: ZAZI (Know yourself), the Determined Resilient Empowered AIDS-free Mentored and Safe (DREAMS) initiative, YALO, and the *She Conquers campaign*. The DBE implements the new National Policy on HIV, STIs and TB, where the CSE, Sexual Reproductive Health (SRH) services, Tuberculosis (TB), teenage pregnancies, Gender, stigma, and discrimination are addressed.

There is strong political support for the ESA commitment from the Deputy Minister of the department championing CSE. Dr. Kumalo also emphasized the need to align the Commitment with country specific needs by integrating ESA commitment in NACs and increase ownership and accountability. There is a need to share lessons and have young people taking leadership in ESA commitment activities.

Dr. Kumalo concluded by cautioning that HIV drivers are socio-economic in nature and hence very area specific. It is good that we are sharing this experience in South - South dialogue, however it is important to bear in mind that (as we upscale innovations learnt), the need to consider area specific situations in the respective countries is critical. The ESA commitment is viewed as a powerful tool for advocacy and strengthening implementation and is in line with the DBE policy and strategies that are aligned with the NSP and other government initiatives that prioritize young people particularly young girls.

#### **2.4. Keynote speech by Dr. Asha Mohamud, UNFPA on institutionalization of youth services**

Dr. Asha Mohamud presented some key findings of a joint study on “Assessing the Institutionalization of Youth Friendly Services in Pre and In-Service Training Programmes for Health Providers in East and Southern Africa” conducted by the United Nations Population Fund (UNFPA) Regional Office for East and Southern Africa in collaboration with GIZ ESA Regional Programme and the GIZ Sectoral Programme PROFILE under the supervision of Dr. Mohamud. The study aimed to inform strategies and guidelines for institutionalization and scale up of AYFHS in pre- and in-service training programmes and institutions.

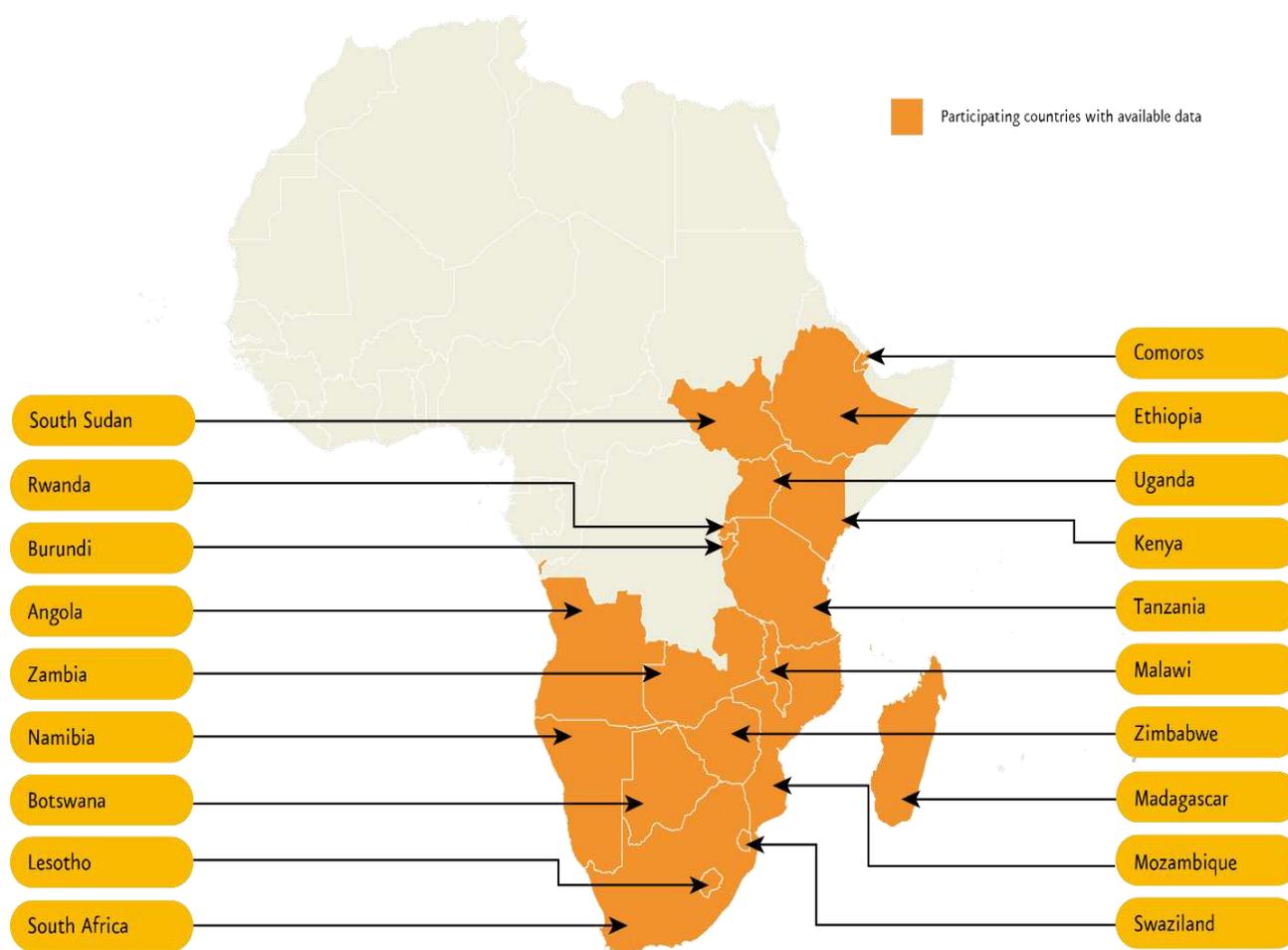
The study was to advance the implementation of the following ESA Commitment targets:

1. Pre- and in-service sexual and reproductive health (SRH) and CSE training for teachers and health and social workers are in place and being implemented.
2. Decrease the number of adolescents and young people who do not have access to youth-friendly SRH services by 50%. This includes equitable, accessible, acceptable, appropriate and effective services related to HIV.

This study provided major findings on:

- 7) Policy, guidelines and strategic frameworks for adolescent health and AYFHS in pre- and in service training institutions for healthcare providers. Almost all the ESA Countries have developed policies, strategies, action plans; capacity building programmes and curricula/training materials related to adolescent sexual and reproductive health and about 11 countries developed AYFHS-related Guidelines and Standards.
- 8) Adolescent health and AYFHS capacity building of pre- and in-service healthcare providers. Barriers to uptake of services, coverage of capacity building of trainers and trainees, training content and methodologies, training materials and assessments and M&E. Reasons why adolescents were not accessing health services as stated by pre-and in-service key informants, trainers and trainees included the limited coverage of health facilities offering quality AYFHS to adolescents and negative attitudes of health providers

Nineteen of the 23 ESA countries received the survey against international guidelines and 16 out of those 19 responded to the survey (Figure 1). The study findings are of results from the 16 countries.



**Figure 1.** Nineteen countries from Eastern and Southern Africa (ESA)<sup>1</sup>.

The project was implemented in collaboration with ESA Commitment Partners from the UN Inter-Agency Task Team on Young People (UNESCO, UNICEF, UNAIDS, WHO), Regional Economic Communities (SADC, EAC and IGAD), GIZ Global and South Africa, youth networks and other partners.

<sup>1</sup> Angola, Botswana, Burundi, Democratic Republic of Congo, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe. Ministries of education and health in Rwanda were part of the ESA commitment process, but were unable to attend the high level ministerial meeting on 6-7 December due to other commitments

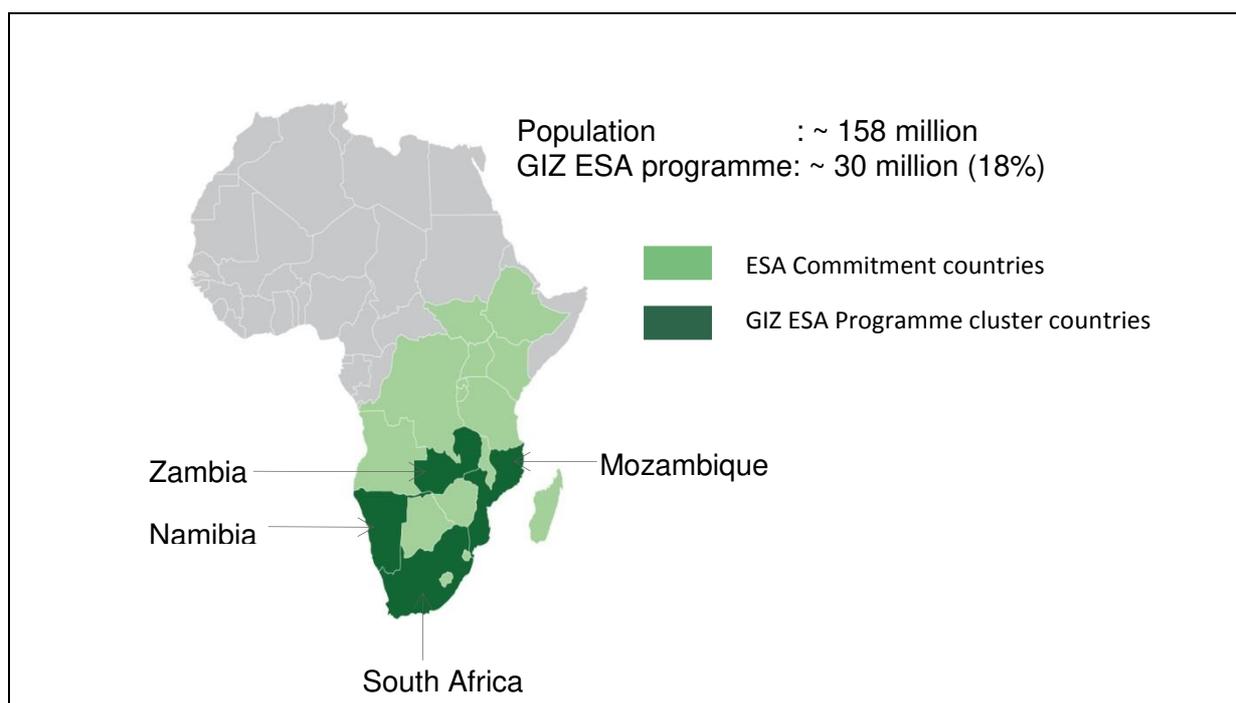
## 2.5. Introduction speech on the GIZ ESA Regional Programme, Mrs. Sabine J. Diallo, GIZ ESA Regional Programme Manager

Mrs. Sabine Diallo presented on the ESA Regional Programme and the objectives of the Transnational Learning Hub. GIZ's role is to support multi-sectoral coordination mechanisms and foster development of new implementation approaches.

**Mrs. Sabine J. Diallo**, GIZ ESA Regional Programme for the implementation of the ESA Commitment Program Manager.



The GIZ ESA Regional Programme supports the ESA initiative at the regional level in close collaboration with its UN partners and in a cluster of four countries, Mozambique, Namibia, South Africa and Zambia.



**Figure 2.** GIZ ESA Regional programme cluster countries, adolescent and youth population and coverage.

The ESA region has an estimated population of 158 million young people aged 10-24 years of which 30 million (18% coverage) are in the four countries.

The ESA Regional Programme covers the following three focus areas;

1. Supporting the multi-sectoral mechanisms in the cluster countries that bring together representatives from the relevant ministries, Civil Society Organisations and development partners to strengthen effective ESA implementation at country level,
2. Strengthening the development and transnational exchange of gender-sensitive instruments and implementation approaches, in the area of Adolescent and Youth-Friendly Health Services (AYFHS) and Comprehensive Sexuality Education (CSE),
3. Fostering the development of technical and financial support strategies for ESA implementation.

The ESA Regional Programme is supported by the German Federal Ministry of Economic Cooperation and Development (BMZ) implemented through GIZ. It also taps synergies with relevant German Development Cooperation bi-lateral programmes in its cluster countries.

In order to improve ESA implementation, the GIZ ESA Regional Programme support mutual learning and of implementation approaches, instruments, tools and good practices through the Transnational Learning Hub. The Transnational Learning Hub applies to a multilevel approach, which seeks to engage in learning not only on the macro and meso level, but also on the micro level, including the voices of communities. It informs the TCG and ESA implementation processes in the countries with evidence-based learning from the community level, including needs assessments, lessons learnt or good practices.

The term Transnational Learning Hub wants to highlight the dynamic and innovative aspect in the exchange on tools, instruments and implementation approaches. It highlights the development of high quality instruments and tools through learning as a process, including the sharing of success stories and suggestions of improvements. This can be realized by the sharing of a high diversity of tools, instruments, concepts, approaches, which are informed by learnings from distinct socio-cultural contexts and specific target groups (considering gender, age and high at risk populations). Instead of creating a simple pool of instruments, the Transnational Learning Hub aims at adjusting products at their best to the specific socio-cultural contexts and demands of the target group. Active youth participation with youth representatives from all participating countries is therefore pursued.

### **Aim and Objectives of the Transnational Learning Hub**

The Transnational Learning Hub aims to improve the implementation of the ESA commitment through enhanced learning between the ESA countries and the development of a transnational learning space, which includes regional, national and provincial level. The following are the objectives of the Transnational Learning Hub:

1. Provide a space for the voices of the community, including youth and enhance learning informed by the needs of the target group

2. Facilitate evidence-based learning from the ESA member countries through the sharing and innovation of tools, instruments, and lessons learnt good practices and implementation approaches in the domain of CSE and AYFHS
3. Contribute to the dissemination of high quality products and give orientation for the implementation of the ESA commitment in the member countries through the exchange on implementation approaches and good practices
4. Contribute to data management of ESA-related activities through the exchange on evidence-based data from the specific countries
5. Strengthen youth participation with a particular focus on YPLHIV.

### 3. COORDINATION

#### 3.1. Multi-sectoral Coordination: Aligning regional and national initiatives

Dr. Constance Kganakga, Executive Manager of the South African National AIDS Council (SANAC), presented SANAC as a voluntary association of institutions established by the national cabinet of the South African Government to build consensus across government, civil society and all other stakeholders to drive an enhanced country response to the scourges of HIV, TB and STIs. It is an independent structure reporting to a Board of Trustees, headed by the Deputy President at National level. SANAC has structures at all levels including provinces, districts, and local municipalities. Like the National level, the Chair of all these structures is placed at the highest political office at that level; the Premier at provincial level and the Mayor at local government level and the Vice Chair comes from the CSOs, with the Private Sector and the Development Partners as members. SANAC is developing structures at Ward Level, which is close to the people and therefore implementation level of all HIV and AIDS, STI and TB.



*Dr. Constance Kganakga*, Executive Manager, SANAC.

SANAC is mandated to coordinate the development, implementation and review of the National Strategic Plan (NSP). It is through the NSP that all HIV and AIDS activities are planned implemented and reported. SANAC carries out this task through a Secretariat, charged with coordination of all HIV and AIDS, TB and STI activities at that level. Dr.

Kganakga highlighted that coordination cannot happen without a budget. Therefore, for SANAC, funding of the NSP implementation and the coordination function comes from multiple government departments and development partners. Due to the multi-sectoral nature of the HIV, STI and TB response, more government departments have been encouraged to support SANAC.

South Africa has a vibrant Civil Society and SANAC provides a platform for interaction amongst different stakeholders as equal partners, including CSOs. In some provinces, the election of the Vice Chair is done through the Independent Electoral Commission. So far, the CSO has brought together 18 CSO sectors at National Level most of which are represented at lower levels as per needs of the area. The SANAC Secretariat is also responsible for the capacity building for the CSO sectors.

To ensure continuity and consistency, members of the AIDS Council at sub-national levels are known and there is no delegation for meeting attendance. It was noted that South Africa did not develop a parallel coordinating structure as all the objectives and targets of ESA commitment are integrated into the existing Strategic Plan and hence budgeted for, through respective department or the secretariat.

### 3.2. Coordinating ESA at National level in Namibia

In Namibia, 43% of the new infections occur among adolescent youth aged between 10–24 years, 60% of which are girls. The ministries responsible for health and education bought into the ESA commitment. Unlike in other ESA member countries, Namibia developed an ESA-specific coordinating structure bound by an MOU with clear terms of reference between the Ministry of Health and Education, which forms the basis for the implementation of the ESA Commitment. This coordinating structure is a sub-committee of the Namibia National School Task Force (NSTF). However, the structure was formed and is operating mainly at the national level and at two out of the current 14 regions or sub-national levels of Namibia.



**Mr. Ben Muleko**, Chief Education Officer, HAMU, Ministry of Education represented the Permanent Secretary of Namibia Ministry of Education.

One of the activities being coordinated by this sub-committee structure is capacity building for the Ministry of Education in Namibia. To date 602 teachers have been trained on CSE. In addition, 80% of schools have teachers who have been trained in Life Skills.

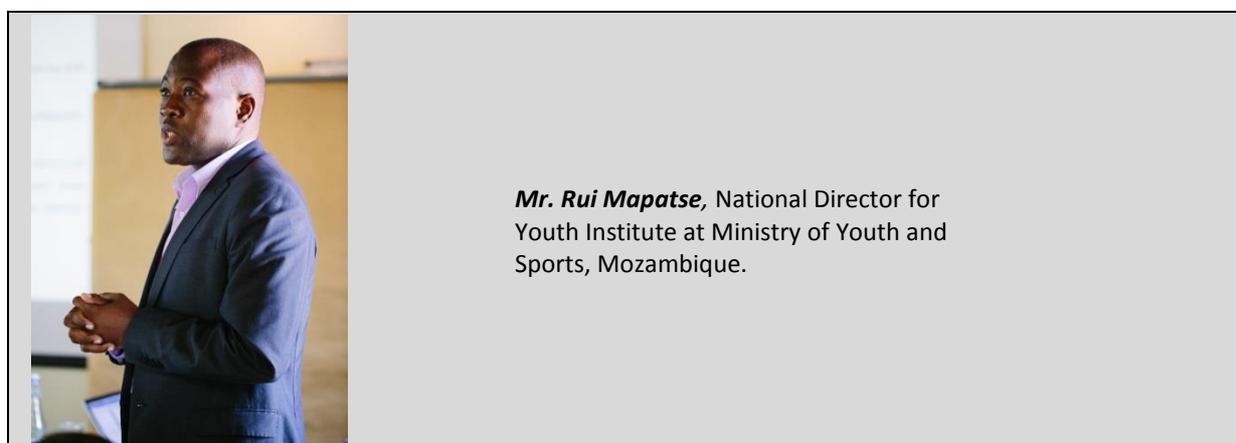
Another activity being coordinated by the sub-committee on ESA implementation in Namibia is ensuring the participation of youth in all ESA related activities. The youth in Namibia have adopted the saying, “nothing about us without us”. The ESA sub-committee works in partnership with CSOs and relevant development partners to ensure youth involvement in planning and implementation of ESA activities.

The following were identified as major drawbacks to the functioning of the ESA sub-committee in Namibia:

- Lack of funds as there is no budget allocation by the government to support its activities, further threatening its long-term sustainability,
- The monitoring and evaluation is still weak,
- There is lack of integration of activities across relevant departments in line ministries as the departments still operate in silos,
- Communication and reporting between national and sub-national level is weak, a regular and consistent reporting mechanism needs to be developed.

### **3.3. The role of coordination in preventing new HIV infections among youth in Mozambique**

In Mozambique, the ESA commitment is coordinated through a mechanism within the Ministry of Education and Human Development under the Nutrition Directorate. The key stakeholders of this coordinating mechanism include Ministries of Health, Gender, Child and Social Action and Ministry of Youth and Sports. Other members are from associations and UN agencies, particularly UNESCO, UNAIDS, UNFPA and UNDP.



The main achievements through the coordinating structure regarding the implementation of the ESA Commitment in Mozambique include:

- The training of managers of the School Health Education System, with emphasis on CSE,
- Integrating CSE content into all curricula, teaching programmes and textbooks,
- A strengthened implementation of the methodological handbook on cross-curricular content, including CSE in different disciplines,

- There has been strengthening of Circles of Interest and Counseling Corners in schools as a platform for extracurricular implementation of CSE related activities,
- Coordinated online-training of trainers of the Institutions of Teacher Training (ITT) and teachers in training on contents of CSE,
- A more strengthened transversal approach for CSE content in all the secondary education subjects in the process of school curricular revision.

The major challenges the coordinating structure is facing in coordinating ESA related activities are:

- Funding challenges as observed with other ESA coordinating structures from other cluster countries,
- Language barrier that excludes Mozambique in most activities in the region for example in trainings and training materials,
- Lack of prioritization of activities by this structure to bring key stakeholders together regularly,
- Monitoring and evaluation as well as reporting. A regular and consistent reporting mechanism needs to be developed.

### 3.4. Strengthening cooperation between the ministries of Health and Education in Zambia

In Zambia, both educators and learners are affected by HIV, which has negatively impacted the education system in the country. There is a notable increase in HIV related illness and deaths of teachers that have affected the learning outcomes amongst learners.

**Mr. Fredrick Mwila**, Human Resource  
Director – Ministry of Education, Zambia

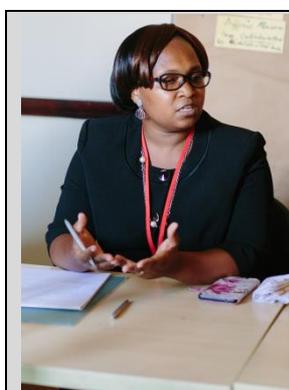


Similar to South Africa, the education sector is also affected by high rates of school drop outs caused by high levels of adolescent and teenage pregnancies. Although the law allows and supports girl children to go back to school, “*The Re-Entry Policy*” the percentage of dropouts after pregnancy is still high. There is low awareness among learners, parents and educators about the re-entry policy that allows learners to be re-admitted to school after pregnancy. Due to stigma and other societal concerns pregnant learners do not want to go back to the same school. Although, the policy permits children to transfer to another school, this has not made significant changes to the already existing perceptions. There is an observed correlation between high rates of pregnancies and HIV infections.

### 3.5. Group working session on coordination

#### 3.5.1. Planning and Budgeting, lessons from multi-sectoral HIV response coordination in Zambia

Early sexual debut amongst adolescent is one of the contributing factors for high HIV incident rate in Zambia. HIV epidemic has negatively impacted the education sector and hence close relationship and cooperation between the two sectors (Health and Education) and all the key stakeholders in reproductive health, is important. Leveraging on gains already achieved on HIV response and innovation to improve are keys for the successful implementation of the ESA Commitment.



*Mrs. Ellen Mubanga*, National AIDS Council (NAC) Coordinator, Zambia.

Due to the disproportionate distribution of new HIV infections among young people, with high rates being observed in girls compared to boys, there has been a huge focus on young women in HIV and sexual reproductive health programming. However, programme development should also target the boy child as this will have implications on the overall outcomes of the programmes among youth. In addition, programmes have been focused on poor communities where the rates are high but if prevention is to work, programmes should also include girls and boys from wealthy families. The last five years have seen Zambia investing substantially in the construction industry. Hence, involvement of the construction industry in the fight against new infections is necessary. Furthermore, there has been an increase of immigrant labor force resulting in contractors being obliged to provide HIV education and related services.

In Zambia, there is a strong focus on Test and Treat following the new World Health Organization (WHO) guidelines, with a focus on provinces with high HIV prevalence rates. The country has high rates of child marriages that are closely linked to HIV infections amongst the youth.

In Zambia, one key success on ESA implementation is strong political support from the highest levels. This will ensure adequate resource allocation for ESA implementation activities. Coordination across related activities already funded including the DREAMS

initiative will enhance overall outcomes as these initiatives are in line with ESA objectives and SDG goals.

### 3.5.2. Presentation of working group results on coordination

Working in four country based groups the participants discussed the following questions and gave presentations on discussion outcomes:

- Working in this multi-sectoral environment what has been your experiences/challenges and what will you do to improve the situation?

#### Namibia

Multi-sectoral coordination in Namibia is through an ESA sub-committee formed by the Ministry of Education and the Ministry of Health. However, the group reported that with the two ministries being at the same level sets a challenge to the coordination process, especially bringing the key stakeholders together for regular meetings. , In addition, political support for the implementation of the ESA Ministerial commitment has been observed to be weak. Furthermore, the MOU between Health and Education is only known in 2 out of the 14 regions of Namibia, limiting a wide advocacy of the commitment countrywide.

On the other hand, the group observed more success in implementing the ESA Commitment at regional level or sub-national level, as opposed to the national level. This was partly attributed to the fact that the sub-national level is closer to the communities where the effects of HIV and AIDS epidemic are largely felt.

To improve multi-sectoral ESA coordination and ultimately its implementation in Namibia, the group suggested ensuring the dissemination of the MOU to all the other regions as a matter of urgency, sensitization of the political leadership on ESA Commitment for more awareness and buy in at high leadership level, capacity development on ESA and strengthen the individual commitment from school to the NAEC (National AIDS Executive Committee), increase commitment and accountability with the regional directors where the actual implementation of ESA Commitment activities are taking place.

#### Zambia

In Zambia, strides have been made activities have been initiated for implementing the ESA Commitment. A demand for services by young people has been generated, an ESA Commitment technical working group (TWG) formed with more sectors participating in the TWG including the Ministry of Transport, an enhanced service referral system among both Education and Health sectors.

The NAC in Zambia is responsible for planning and coordination of all HIV and AIDS, STIs, TB and sexual and reproductive health and services activities at the national level, providing a platform where technical working groups meet and share their implementation of various

activities. A key improvement on what is already happening is that these coordination meeting ought to be institutionalized and be able to meet regularly on a quarterly basis.

It was reported that the ESA Commitment is more pronounced at the national (policy) level than at district or sub-national level where the actual implementation of activities is carried out. Although there is an enhanced referral system, there is still need to further strengthen the system for improved implementation outcomes. Whereas the budget is available for implementation of activities, there are no funds budgeted or allocated for the coordination of these activities. The NAC does not have the budget to bring key stakeholders together for coordination purposes. There is a need to have coordination budget attached to each programme.

## Mozambique

The ESA Commitment coordination in Mozambique is under the Ministry of Education and Human Development (MINEDH) within the Human Nutrition Unit. The key participating sectors or ministries include; Gender, Health, Education and Youth and Sports. At the national level, the committee which is responsible for ESA Commitment, reports directly to the NAC. The multi-sectoral structure allows coordination in planning amongst different stakeholders in order to realize national goals. There is also an ESA Commitment focal point in all the key ministries. This committee structure involving these sectors is repeated at regional and district levels.

The ESA Commitment is implemented in line a 5-year HIV Strategic Plan and the Health Sector Strategic Plan. There is a joint sector bottom-up planning, monitoring and reporting system, which at the national level is accountable to the parliament. Funding is through the state budget allocation using funds mainly from development supporting partner funds.

Two major challenges observed were that funding was inadequate given the magnitude of the problem and its sustainability was questionable due to dependence mainly on external funding and resources.

## South Africa

Despite South Africa having systems and structures in place (as presented by SANAC), the group observed a few major areas of improvement. These included:

- An integrated reporting framework is required to improve accountability and ensure adequate representation of all stakeholders
- Need to strengthen coordination efforts and build buy in by other key stakeholders,
- Coordination of NSP implementation at provincial and districts level need to be strengthened,
- Most importantly, there is also no specific structure for ESA Commitment coordination.

To improve on ESA Commitment implementation in South Africa, the group proposed the following:

- To have ESA annual plans that includes the cost of monthly meetings for coordination,
- Create a database of all implementing partners to enhance their coordination,

- Strengthen meaningful youth sector involvement and consult with youth on real-life issues,
- Clearly outline roles and responsibilities of different actors through Terms of Reference,
- Alignment of ESA Commitment targets with the overall country strategic plans (NDP 2030, and NSP 2017-2022),
- Ensure timely multi-sectoral monitoring, reporting and evaluation system for proper accountability.

## 4. ACCOUNTABILITY

### 4.1. Speeding up information sharing: Two ways accountability, lessons from provincial level

Communication, coordination and reporting are heavily interlinked within the ESA Commitment context. They apply within each level national and sub-national but also in between the two levels, national to sub-national and vice versa. Therefore, there is a need to establish inter-level (national- regional) as well as intra-level communication and flow of information.

Drawing lessons from the Ohangwena region, what helped a lot was the unity of purpose and bottom–up approach, excellent working relationships and exceptional individual commitment. In Ohangwena key partners did not only rely on regular face to face meetings, but using technology, they created a WhatsApp- group, group e-mail to improve information sharing from working groups and enhance ESA implementation provincial dialogues.

From inter-level communication, the experiences were:

- Poor communication between the 2 levels,
- Lack of coordination and support from national level to provincial level,
- Lack of proper reporting mechanisms between the 2 levels.
- Lack of guidance or training from the superior (national) level

#### 4.1.1. Group work presentations on accountability

##### Namibia

The group discussed their needs to become more accountable and incorporate the two-way accountability aspect and they identified the following:

- Strong leadership at the national level with clear objectives, targets and implementation Roadmap (activities) that are followed through a systematic and continuous monitoring process,
- The Permanent Secretaries of the two ministries namely; Health and Education should take the lead in the setting of the targets and holding the sub-national level or regions/provinces accountable,
- The MOU with clear terms of reference should be shared and disseminated amongst

the respective offices for awareness of the cooperation between the two line ministries,

- The ESA Commitment sub-committee should demand accountability from the regions,
- The Ministry of Youth should also incorporate ESA Commitment and its activities in its state of the youth report.
- The regional level will need guidance from the national level, support, encouragement and a reporting system. There are a number of HIV activities going on there some of which are ESA Commitment related, but they are not coordinated and thus not reported in the ESA country report.

The following were identified by Namibia as activities they can do to achieve the desired outcomes:

- A courtesy call to the Prime Minister by the High Level Group (HLG) and TCG, to discuss the ESA Commitment.
- Use of the Parliamentary Forum as the avenue for better accountability

## Mozambique

It was clear from the group discussions that the country does not need to have a separate coordination structure for the ESA Commitment, but they will use the already existing structures to incorporate the ESA Commitment and its activities and targets. The existing structure will allow bottom-up and top-down flow of information and thus two-way accountability through an integrated monitoring and reporting system (EMIS and HEMIS). Whereas the technical team meets on a monthly basis at levels from the district through the regional/provincial to the national levels, reporting is carried out on a quarterly basis, as ESA is integrated into the Program Geração Biz (PGB). There is a budget for SRH activities included in the national plan and budget. The quarterly report includes both actual implemented activities as well as financial report on funds utilized.

## South Africa

The South Africa group presented the accountability system through the already outlined SANAC structure. At the national level is SANAC, under the political leadership of the Deputy President (DP). SANAC has structures at Provincial and Local Government levels and in all these levels leadership is provided from the highest political level. SANAC is mandated to coordinate and oversee the implementation of the National Strategic Plan, in which the ESA Commitment and targets are incorporated.

After having identified the need for a multi-sectoral reporting system during the NSP 2017-2022 drafting process, SANAC is developing a strong multi-sectoral monitoring and evaluation system with disaggregated data into different age groups and gender. The M&E system is based on a joint country wide NSP and National PoA, which in-turn form the basis for accountability, through quarterly reporting. Despite the meticulous system structure, accountability is still not strong enough as there is not yet a commonly agreed framework for reporting on the ESA Commitment.

## Zambia

In Zambia, the ESA Commitment and its targets have not yet been widely disseminated and popularized at all levels and relevant sectors. The information flow for accountability at the three levels national–provincial–local and vice versa is still slow and incomplete. One of the key contributors to the challenges is lack structures for some key ministries at lower sub-national levels.

The Zambian NAC takes the lead in ensuring accountability. However, accountability is weak; there are gaps in data collection on adolescent youth-friendly health services (AYHS) and the mechanism for accountability needs strengthening. There is a need for collecting information on annual basis in line with annual reviews. The data ought to be disaggregated at each level and used for decision making on programming.

## 5. LEARNING AND INNOVATION

### 5.1. Reaching the 2020 targets - capacity needs for improved AYFHS delivery

Capacity development is the process through which individuals, organizations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time. Capacity development is more than just training but includes equipping individuals with skills, information and building an enabling environment to perform effectively. In South Africa, the objectives of capacity building approach in the context of the ESA Commitment are to achieve the following:

- Increased coverage of educators and health workers training on CSE,
- Increase the percentage of adolescent and young people demonstrating comprehensive knowledge on HIV prevention to 95%,
- Reduced unintended pregnancies and gender based violence,
- Narrow the gap on HIV knowledge that has been recently observed through a study between educators and their learners<sup>2</sup>.

**Mrs. Feni Maimane**, Deputy Director: Integrated School Health Program (ISHP) and Adolescent and Youth Health, National Department of Health (NDoH), South Africa.



<sup>2</sup> Policy Brief Number 5 (April 2011): Southern and Eastern Africa Consortium on Monitoring Educational Quality (SACMEQ). Learner and Teacher Knowledge about HIV and AIDS in South Africa, [www.sacmeq.org](http://www.sacmeq.org).

South Africa has 220 approved nursing institutions, providing undergraduate and postgraduate degrees in nursing fraternity. For in-service training of health workers on AYFHS, the main emphasis is in health services promotion preventive health as compared to curative health. Key objectives at the nursing training institutions regarding AYFHS are:

- Increasing accessibility of health services to youth and hence coverage,
- Establishing national standards, youth friendliness of the services and
- Building capacities of health workers on the subject.

The following were highlighted as key in South Africa if the Roadmap 2020 targets are to be met in line with the 10 health standards (Table 1) to be met as a target with 5 out of 10 basic standards which all health units should meet as a matter of priority:

- Prioritization of AYFHS,
- Building capacities of service providers,
- Accessible hours of services for youth as part of you friendliness of the services,
- Scaling up quality and of health services delivering AYFHS for improved coverage.

**Table 1.** 10 health standards to be met as target by health units.

<b>Standard</b>	<b>Standard Explanation</b>
<b>STANDARD 1</b>	Management systems are in place to support the effective provision of health services for young people
<b>STANDARD 2</b>	The facility has policies and processes that specifically support the rights of young people
<b>STANDARD 3</b>	Appropriate health services are widely available and accessible
<b>STANDARD 4</b>	The facility has a physical environment conducive to the provision of Adolescents and youth friendly health services
<b>STANDARD 5</b>	The facility has the drugs, supplies and equipment necessary to provide the AYFS service package
<b>STANDARD 6</b>	Information, educational sessions and other communication services promoting young people's healthy behaviors is provided
<b>STANDARD 7</b>	Systems are in place to train all staff to provide effective and friendly health services to young people
<b>STANDARD 8</b>	Young people receive adequate psychosocial and physical assessments
<b>STANDARD 9</b>	Young people receive individualized care based on standard case management guidelines/protocols
<b>STANDARD 10</b>	The facility has mechanisms in place that ensure continuity of care for young people

## **5.2. Reaching the 2020 targets: CSE at country level, a case from Zambia**

Although sexual and reproductive health has been part of the Zambian school curriculum, it has mainly been in secondary schools, whilst high pregnancy rates are experienced earlier before secondary school. The renewed impetus on CSE, comes on the backdrop of high rate of school drop-out (upward trend), STI infections including HIV, high rate of school age

pregnancy caused by early sex debut and early marriages. Although Zambia has a readmission “back to school” policy, the percentage of girls who return to school is far less than 50% of those who fall pregnant and drop out.

Zambia is committed to CSE, with CSE strengthened in the school curriculum and trained Core Trainer and the CSE learning materials have been launched. There is pre-service (including Universities) and in-service training efforts for teachers. Participation from the civil society is also increasing. CSE indicators have been included in the standard monitoring tools. The challenges that have been encountered include:

- Curriculum overload,
- Limited CSE knowledge and abilities of curriculum developers,
- Pedagogical approach to the subject, teachers not being comfortable about sexuality matters and
- Insufficient budget allocation for ESA activities.

### **5.3. Linking CSE to health services for young people**

Namibian Planned Parenthood Association (NAPPA) is a CSO focusing on AYFHS delivery. They offer a whole range of SRH services, and they make sure that every attendant receives a package of at least three services at any time. NAPPA also specializes on making their clinic youth friendly by running several activities in the clinic that attract the youth. These include;

- Free Wi-Fi,
- Youth Advisory Board,
- Peer counseling,
- Flexi operating hours,
- Mobile clinic outreaches to bring the services to where the youth are and making the clinic a community place.

### **5.4. Planned Parenthood Association of Zambia (PPAZ)**

PPAZ a similar CSO to NAPPA offers the following services;

- Contraceptives/family planning services,
- HIV counselling and Testing,
- STI screening and treatment as well as counselling,
- Cervical cancer screening and testing,
- Medical male circumcision,
- Adolescent sexual and reproductive health education.

In the implementation of the ESA Commitment, PPAZ offer the following services to youth;

- Peer education,

- Community drama,
- Integration of CSE in sport through “edusport”,
- Promotes and provide AYFHS and manages youth resource centers.

The association is part of the National Alliance in monitoring ESA Commitment and works with traditional leaders to reduce child marriages in the country.

### **5.5. Providing better access to health services and information for YPLHIV**

Case studies of real life situations from three countries were presented by TONATA Namibia, Y-Plus South Africa and Civil Society Platform (PLASOC) Mozambique.

#### **Stories from Young People: Mozambique**

##### **From Maputo province, rural area:**

"I remember when the Field Officer of TCE (total control of epidemic of HIV), called Aurora, visited my house for the first time and started talking about HIV. I felt very intimidated. Then, suddenly, she began to talk about an issue that it was related to health problems I had at the time. I was impressed by her words: it seemed she was talking about me, about my life, about my problems. Desperate as I was, I opened myself to her. I told her about my health problems and about my fear of going to the hospital and take test. And even I told her that I was pregnant.

The Field Officer then told me that I would have to go to the health center to open a prenatal record and do some tests. In the health center, they made all possible tests. I was shocked when I heard the result of the HIV test had been positive. Fortunately Aurora was there to support me. Immediately I started with the treatment of HIV.

Recently I gave birth to a beautiful boy. Thanks also to TCE Program and Field Officer Aurora, he is a healthy boy. I am very grateful. That is why today I am 'passionate number one' of TCE program in my area. Now I help Aurora in identifying pregnant women, encouraging them to take the test. "

The case from Mozambique and Namibia presented evidence that empathy from a youth to another who is in need goes a long way. In Mozambique, an empathetic TCE field worker's support managed to pull this teenage pregnant girl out of her miseries and she is now a "positive number one" of the programme.

#### **Stories from Young People: Namibia**

The case of Rachel from Namibia presented an adolescent, pregnant, HIV positive girl, abused by family members and a boyfriend and out of school. Her hopes and life were revived by fellow youth and is now going back to school after safe delivery. The need for support to organizations working with these young people particularly financially was highlighted.

**Rachel's Story**

In April 2016 Rachel was found attending Mother Support Group meeting with other pregnant women, and it was her ante-natal care follow up date. A nurse and Community Health Worker at the facility gave us a report that Rachel refused to take ARV and refused to tell them the reason for not taking medicines. -A social worker as well as nurse mentor visited her but she still refused to open up and start ARV. (After an hour of discussion she opened up) Rachel, a teenager of 16 year's old, HIV positive, 7 months pregnant. She gave birth to her first child in 2014 while she was 14 years old & the child died in two months. Her uncle chased Rachel and her sister away from his house after he impregnated a sister to Rachel in 2015.

Rachel found herself in the street. Her aunty has been receiving her social grant that Rachel does not get any benefit from it. Rachel's mother is a domestic worker at Ongha village and has no permanent residence. Rachel's father passed away in 2012.

Rachel stays in a shack of a lady who stays at Ondangwa, 60 km away. No foods in the shack, she survived her daily life getting food from friends and neighbors.

Her boyfriend who is 28 years old, abused her after she disclosed her HIV status, Rachel visited a clinic after she was beaten up by her boyfriend and, now he is nowhere to be found.

Counseling was given and she started ARV that day. Rachel was accompanied to the social worker as well as for nutritional support. On the 21 May 2016, Rachel gave birth to a baby girl and she was staying at her mother's place. In June 16, Rachel baby tested HIV negative. Rachel is now receiving her social grant and taking her ARV regularly and attends MSG. CHW Lineekela continues visiting her monthly asses her adherence.

*"Rachel said' Now I can smile, I haven't smiled since I fell pregnant, thank you Tonata, continue supporting us, but I want to go back to school"*

The South African Y-Plus, is about looking for support services that respond to the needs of the youth, uniting HIV positive youth, through systems which are more attractive to the youth, with wider (global/national) coverage and at a low cost using virtual networks.

## 6. CONCLUSIONS AND NEXT STEPS

The learning and exchange meeting highlighted significant strides that have been taken towards the attainment of ESA targets as outlined in the ESA Ministerial Commitment. Even though countries have invested in the ESA Commitment, it was apparent that the four cluster countries are all at different levels of implementation. Countries have existing structures and systems in place; however, there is a need to strengthen these structures to be effective and sustainable.

It was concluded that accountability is not a one-way street, but it always involves good functioning “flows” in both directions. The request for such a ‘two-way accountability’ was one of the key outcomes of this meeting: good support structures, reporting and feedback mechanisms between regional, national and provincial level need to be in place to support the coordination of ESA. Support to the RECs is central in the accountability of the ESA Commitment and reporting processes.

The “*Let’s Step Up and Deliver*” and the Roadmap 2020 are a red thread and a call to action that has provided clear guidance on the priorities. With these tools in hand the countries are able to prioritize their country needs and act to achieve the ESA targets.

The Transnational Learning Hub has provided a space to share exchange and learn from what other countries are implementing and reflect on what is possible taking into account the different country context and priorities. The concrete examples of implementation approaches are evidence of what has worked and can be replicated and adapted in other settings.

Having young people taking leadership in the ESA Commitment activities was a resounding theme throughout the Transnational Learning Hub. Young people were unquestionably the ones with the solutions to the problems and should be afforded the space to lead. Their involvement will enhance implementation of innovative and quality approaches that are tailor-made and relevant to young people.

Delegates emphasized the importance of continuous engagement and exchange within the countries and transnationally. This will enable sharing of lessons drawing evidence and lessons from implementation from local level, provincial, National and Regional level.

### Country Next steps

In their country groups, countries agreed on priority action steps to be taken to take forward the resolutions from the Transnational Learning Hub. The following are next steps mapped out by the four cluster countries:

**Table 2.** Next steps on ESA implementation in the four cluster countries (Namibia, Mozambique, South Africa and Zambia).

Mozambique	Namibia
<ul style="list-style-type: none"> <li>• AYPFHS</li> </ul>	<ul style="list-style-type: none"> <li>• Table a report to SHTF following this Transnational Learning Hub</li> </ul>
<ul style="list-style-type: none"> <li>- Improve mobile services to reach more young people out of school</li> </ul>	<ul style="list-style-type: none"> <li>• Request Prof. Sheila to sensitize our high-level leadership on ESA (VP, PM)</li> </ul>
<ul style="list-style-type: none"> <li>- Map/update database on available mobile services</li> </ul>	<ul style="list-style-type: none"> <li>• Seek audiences with PSs MEAC, MoHSS, MSYNS, MGECW</li> </ul>
<ul style="list-style-type: none"> <li>• Coordination and accountability</li> </ul>	<ul style="list-style-type: none"> <li>• MOU dissemination in the Regions and other Ministries and stakeholders</li> </ul>
<ul style="list-style-type: none"> <li>• Consolidate coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Joint letter MEAC, MoHSS, to ensure commitment at Regional level</li> </ul>
<ul style="list-style-type: none"> <li>• Elaborate the monitoring matrix</li> </ul>	<ul style="list-style-type: none"> <li>• Disseminate ESA accountability framework to all the Regions</li> </ul>
<ul style="list-style-type: none"> <li>• Integrate ESA committee at Provincial and District level</li> </ul>	<ul style="list-style-type: none"> <li>• TONATA to liaise with AFRIYAN on YPLHIV network</li> </ul>
Zambia	South Africa
<ul style="list-style-type: none"> <li>• Meet to develop a common strategy – Ministers, MPs and Civic leaders</li> </ul>	<ul style="list-style-type: none"> <li>• ESA coordination meeting with key political heads</li> </ul>
<ul style="list-style-type: none"> <li>• Strengthen coordination mechanism by NAC</li> </ul>	<ul style="list-style-type: none"> <li>• Formalize ESA targets into NSP</li> </ul>
<ul style="list-style-type: none"> <li>• Advocacy for coordination budget with government and stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Establish ESA task team</li> </ul>
<ul style="list-style-type: none"> <li>• Broaden participation of stakeholders on ESA (MOE, NAC, etc )</li> </ul>	<ul style="list-style-type: none"> <li>• Youth leadership and participation in ESA activities</li> </ul>
<ul style="list-style-type: none"> <li>• ESA 2020 targets to be included in NASF</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly monitoring and reporting of targets</li> </ul>
<ul style="list-style-type: none"> <li>• Harmonize information management system on ESA Commitment</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate joint country plan – Roadmap 2020</li> </ul>
<ul style="list-style-type: none"> <li>• In-school standardized ESA training packages on CSE</li> </ul>	<ul style="list-style-type: none"> <li>• Harmonization and alignment of policies, strategies, legislation and programmes addressing SRHR and AYPFHS</li> </ul>
<ul style="list-style-type: none"> <li>• Reach out to training institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Clarify consistence on age of consent/assent with children’s act among line ministries</li> </ul>

## 7. ANNEXURES

### Annexure A: Learning Hub Concept and Meeting Agenda

**Concept Note**  
**Strengthening ESA implementation: Transnational Learning Hub**  
**Between Mozambique, Namibia, South Africa and Zambia**

**22.-23.11.2016**  
**Kievits Kroon Country Estates, Pretoria**

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

#### 1. Background

The 21st International AIDS Conference held in Durban, South Africa in July 2016, heralded the reaffirming of the Eastern and Southern Africa (ESA) Ministerial Commitment on Comprehensive Sexual Education (CSE) and sexual and reproductive health services for young people. A number of priority actions setting the guiding frame for the implementation of ESA in the 21 member countries were identified and a Roadmap leading the ESA member countries into 2020 presented. Despite a number of gains and achievements as highlighted in the first ESA progress review report 2013-2015, urgent action in scaling up CSE and sexual and reproductive health services for young people remains critical: The ESA region continues to have the world's highest rate of new HIV infections with 1.1 million new infections every year. The region alone accounts for 50% increase in deaths amongst adolescents living with HIV globally with young women being disproportionately affected. Early and unintended pregnancies in the ESA region remain high. On the other hand, comprehensive knowledge on HIV and STIs among young people is low and education on sexuality, condoms and safe sex is inadequate. In order to achieve the targets of the Roadmap 2020, ownership and in-country coordination mechanisms need to be strengthened and new approaches of what works well in ESA implementation promoted.

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 GIZ (2015-2017). For the support of implementation at national level, four countries have been selected (Mozambique, Namibia, South Africa, and Zambia). GIZ links up to existing initiatives in these countries and taps synergies with ongoing relevant bilateral German development cooperation programmes.

#### 2. Rationale

GIZ and its cooperation partners are facilitating a Learning Hub in the effort to strengthen the ESA implementation initiative through a transnational learning exchange, starting with the ESA programme's cluster countries, Mozambique, Namibia, Zambia and South Africa as the host country of this workshop. The aim of the workshop is to enhance learning and exchange on implementation approaches, fostering new innovative approaches in

strengthening in country implementation. A particular focus in this effort lies upon the enabling environment strengthening coordination, accountability and country ownership as well as concrete case studies of what works well. The Roadmap 2020 and its 5 targets set the guiding frame for the implementation of ESA in the 21 member countries.

Multi-sectoral coordinating mechanisms need to be in place to strengthen effective implementation of ESA in the countries. Coordination between the national and provincial level, including resource allocation mechanisms, is key to the achievement of the ESA targets at the provincial and local level. The development of budgeted inter-sectoral work plans is an important milestone in this process.

To increase accountability among key stakeholders, the strengthening of feedback mechanisms is important. Two-way accountability between national, provincial and local level fosters real time information sharing and evidence generation. Through this, information reaches young people timely and ensures that their needs and voices are considered, leading to tailor-made interventions for young people.

The Roadmap 2020 outlines priority focus areas on the capacity development of health workers and teachers. The institutionalization of CSE in pre- and in-service trainings as well as the strengthening of linkages between CSE and Adolescent and Youth-Friendly Health Services (AYFHS) are important cornerstones in the upscaling of Sexual and Reproductive Health and Rights (SRHR) and AYFHS. The Learning Hub aims at exchanging on concrete field experiences and case studies and sets forth to developing innovative solutions to providing age-appropriate, gender-sensitive and demand-led approaches to the provision of health information and services for young people, particularly Young People Living with HIV (YLHIV). The support of networks and support groups of YLHIV to communicate the needs of YLHIV and to develop new innovative support structures is important in the achievement of this.

### 3. Objectives

- Setting the scene on ESA multi-level cooperation and steering
- To exchange on country approaches on coordination and cooperation between relevant stakeholders (government ministries, public institutions and Civil Society *Organisations*, young people and technical and financial partners) and elaborate on planning strategies
- To share on strategies for strengthening accountability and support the development of budgeted inter-sectoral work plans
- To exchange on innovative implementation approaches focusing on CSE and linking CSE to AYFHS
- To explore on providing new solutions at community level through the strengthening of Youth living with HIV (YLHIV) Networks and a better access to health services and information
- To develop next steps and recommendations to strengthen ESA implementation through transnational learning

#### 4. Target Audience

ESA regional partners and partners from the cluster countries Mozambique, Namibia, South Africa and Zambia from the ministries of Health, Education and Youth Sector, National AIDS Councils/Commissions, Civil Society Organizations working on SRH and youth representatives of YLHIV.

#### 5. Proposed Presentations by

- Prof. Sheila Tlou, Director of the UNAIDS Regional Support Team for Eastern and Southern Africa and former Health Minister of Botswana, lead of the ESA High Level Group and Technical Coordinating Group
- South African National AIDS Council, South Africa
- Dr. Faith Kumalo, Chief Director Care and Support Unit, Department of Basic Education, South Africa
- Dr. Vitalis Chipfakacha, Technical Advisor for Capacity Building and Mainstreaming HIV & AIDS in SADC, Southern African Development Community
- Sanet Steenkamp, Permanent Secretary, Ministry of Education, Art and Culture, Namibia
- Manuel Rego, Permanent Secretary, Ministry of Education and Human Development, Mozambique
- Henry Tukombe, Permanent Secretary, Ministry of Education, Science, Vocational Training and Early Education, Zambia
- Ellen Mubanga, Coordinator, National HIV and AIDS/STI/TB Council, Zambia
- Dr. Odon Nkongolo, Chief Medical Officer, Regional Ministry of Health and Social Services Ohangwena, Namibia
- Feni Maimane, Deputy Director, Integrated School Health Programme, National Department of Health, South Africa
- Njapau Samson, Senior Curriculum Specialist, Ministry of General Education/CDC, Zambia
- Bravo Linosi, Executive Director, Namibia Planned Parenthood Association, Namibia
- Nangandu Kamwale, Executive Director, Planned Parenthood Association of Zambia, Zambia
- Vicky Bam-Kamule, Country Programme Manager of TONATA, Namibia
- Tshepo Ngoato, Representative, Y+, South Africa
- Joaquim Manhique, Chairperson PLASCO (Civil Society Platform), Mozambique

#### 6. Programme outline

- **Welcome note** (presented by the GIZ Country Director South Africa, Lesotho, Swaziland Mrs. Christiane Kalle)
- **Key Note speech ‘Let’s step up and deliver’ and the Durban ESA Roadmap 2020: progress and challenges** (Director of the UNAIDS Regional Support Team for Eastern and Southern Africa and former Health Minister of Botswana, lead of the ESA High Level Group and Technical Coordinating Group)
- **Linkages to the SADC accountability framework** (presentation by Dr. Vitalis Chipfakacha, Technical Advisor for Capacity Building and Mainstreaming HIV & AIDS in SADC, Southern African Development Community)

- **ESA implementation in South Africa: Progress and prospects on coordination, accountability and innovation** (presentation by Dr. Faith Kumalo, Chief Director Care and Support Unit, Department of Basic Education, South Africa)
- **Opening Remarks: Transnational Learning – Strengthening ESA Implementation** (presented by Sabine Diallo, GIZ ESA Regional Programme Manager)
- **South Africa: Multi-sectoral coordination: Implications on aligning regional and national initiatives** (presentation by South African National AIDS Council, South Africa)
- **Namibia: Coordinating ESA at national level** (presentation by Mrs. Sanet Steenkamp, Permanent Secretary of the Ministry of Education, Art and Culture, Namibia)
- **Mozambique: The role of coordination in the prevention of HIV new infections in youth**, presentation by Mr. Manuel Rego, Permanent Secretary of the Mozambican Ministry of Education and Human Development, Mozambique)
- **Zambia: Strengthening ties between Health and Education in the implementation of the Strategic Plan on HIV and AIDS and Wellness 2015-2020** (presentation by Henry Tukombe, the Permanent Secretary of the Zambia of Education, Science, Vocational Training and Early Education, Zambia)
- **Discussion on coordination needs, planning & budgeting:** This session will discuss on in-county ESA coordinating mechanisms and explore strategies to strengthen coordinated planning and budgeting (*with an intro by Ellen Mubanga, Coordinator, National HIV and AIDS/STI/TB Council of Zambia: Lessons Learnt on Multi-sectoral Coordination in the HIV Response*)
- **Fishbowl Discussion: Speeding up information sharing: Two way accountability** (What does the national level need from the local level? What does the provincial level need? How timely does information reach young people? *with an intro by Dr. Odon Nkongolo, Chief Medical Officer of the Regional Ministry of Health Ohangwena. Namibia: Lessons Learnt from the provincial level*)
- **Reaching the 2020 target: Capacity development for health workers to improve AYFHS delivery** (presentation by Feni Maimane, Deputy Director, Integrated School Health Programme, South Africa National Department of Health)
- **Reaching the 2020 target: Coverage and sustainability of CSE at country level, a case study from Zambia** (presentation by Njapau Samson, Senior Curriculum Specialist, Ministry of General Education/CDC, Zambia)
- **Linking Comprehensive Sexuality Education to health services for young people – Country cases from Zambia and Namibia** (presentations by Planned Parenthood Association Zambia and Namibia Planned Parenthood Association)
- **Health Services for young people living with HIV: Providing better access to health services and information: Case studies from South Africa, Namibia and Mozambique** (presented by TONATA Namibia, Y-Plus South Africa and the Civil Society Platform Mozambique).
- **Discussion on capacity development for improved health services for young people.** This discussion will be devoted to capacity development needs in improving youth-friendly health service and information delivery and the role of networks for

YLHIV in developing innovative solutions at providing a better access to health information and services for young people and YLHIV in particular.

- **Fostering country implementation, transnational exchange on *what works* in ESA implementation – key results and next steps.**

**Draft Workshop Agenda**  
**Strengthening ESA implementation: Transnational Learning Hub between Mozambique, Namibia, South Africa and Zambia**  
**22.-23.11.2016**  
**Kievits Kroon, Pretoria**

**Day 1, 22.11.2016****Setting the Scene**

- 8:30 Arrival & Registration
- 9:00 Welcome note, *presented by the GIZ Country Director South Africa, Lesotho, Swaziland*  
*Mrs. Christiane Kalle*
- 9:15 Introduction of participants by the facilitators
- 9:30 'Let's step up and deliver' and the Durban ESA Roadmap 2020: progress and challenges, *presentation by Prof. Sheila Tlou, lead of the ESA High Level Group and Technical Coordinating Group, tbc*
- Linkages to the SADC accountability framework, *presentation by Dr. Vitalis Chipfakacha, SADC*
- ESA implementation in South Africa: Progress and prospects on coordination, accountability and innovation *by Dr. Faith Kumalo, Department of Basic Education, South Africa*
- 10:00 Opening Remarks: Transnational learning – Strengthening ESA Implementation, *presented by Sabine Diallo, GIZ ESA Regional Programme Manager*
- 10:15 Questions and clarifications
- 10:45-11:00 *Coffee Break*

**SESSION 1: Coordination**

Multi-sectoral coordinating mechanisms to strengthen effective implementation of ESA in the countries

11:00 *Plenary Session*

South Africa: Multi-sectoral coordination: Implications on aligning regional and national initiatives, *presentation by SANAC*

Questions and clarifications

11:30 Namibia: Coordinating ESA at national level, *presentation by Mrs. Sanet Steenkamp, the Permanent Secretary of the Namibian Ministry of Education, tbc*

Questions and clarifications

12:00 Mozambique: The role of coordination in the prevention of HIV new infections in youth, *presentation by Mr. Manuel Rego, Permanent Secretary of the Ministry of Education, Mozambique*

Questions and clarifications

12:30 Strengthening ties between Health and Education in the implementation of the HIV and AIDS and Wellness Strategic Plan 2015-2020, *presentation by Mr. Henry Tukombe, Permanent Secretary of Ministry of Education, Zambia, tbc*

Questions and clarifications

13:00-14:15 *Lunch Break*

14:15 Working Group Session: Coordination needs, planning & budgeting  
Intro: Lessons Learned on Multi-sectoral Coordination in the HIV Response, *presentation by Ellen Mubanga, National HIV and AIDS/STI/TB Council, Zambia*

15:00 Presentation and discussion

16:00-16:15 *Tea break*

### **SESSION 2: Accountability**

Two-way accountability: strengthening feedback mechanisms between national, provincial and local level, for real time information sharing, evidence generation and effective implementation

16:15 *Fishbowl Discussion*

Speeding up information sharing: Two way accountability

Intro: Two way accountability: Lessons learnt from the provincial level, *presentation by Dr. Odon Nkongolo, the Namibian Health Ministry*

- How can multi-level feedback mechanisms be strengthened?
  - o National, Provincial and Local
- How can we improve timely service delivery and information access for young people?

17:15 Closing

## Day 2, 23.11.2016

### SESSION 3: Learning and Innovation

Exchanging on field experiences and case studies to foster innov

9:00 *Plenary Session*

Wrap up of day 1: First conclusions and outputs

9:30 Reaching the 2020 target: Capacity development for health workers to improve AYFHS delivery, *presentation by Feni Maimane, Department of Health, South Africa*

*Discussion*

10:15 Reaching the 2020 target: Coverage and sustainability of CSE at country level, a case study from Zambia, *presentation by Njapau Samson, Ministry of General Education, Zambia*

10:45-11:15 *Coffee Break*

11:15 Linking CSE to health services for young people – Country cases from Zambia and Namibia, *presentations by Planned Parenthood Association Zambia and Namibia Planned Parenthood Association*

Questions and clarifications

11:45 Health Services for young people living with HIV: Providing better access to health services and information  
Case studies from South Africa, Namibia and Mozambique, *presented by TONATA Namibia, Y-Plus South Africa and the Civil Society Platform Mozambique*

Followed by discussions

12:15 Working Group Session: Capacity development for improved health services for young people

13:00-14:15 *Lunch*

### SESSION 4: Conclusions from transnational level

14:15 Presentation and discussion of results from the working groups

- 15:00 Conclusions – Fostering country implementation, transnational exchange on *what works* in ESA implementation
- 15:45 Next steps
- 16:00 Closing and remarks *by Sabine Diallo GIZ ESA Regional Programme Manager*

### **Annexure B: Conference of presentations**

The presentations from the conference are available in Microsoft PowerPoint on request by email to:

1. Lycias Zembe : [Lycias.zembe@giz.de](mailto:Lycias.zembe@giz.de) or
2. Laura Bleckmann: [laura.bleckmann@giz.de](mailto:laura.bleckmann@giz.de)

## Annexure C: Participants' List

Transnational Learning Hub participants 22-23 November 2016, South Africa							
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## Transnational Learning Hub participants 22-23 November 2016, South Africa

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## Transnational Learning Hub participants 22-23 November 2016, South Africa

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					and Youth at MoH		
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## Transnational Learning Hub participants 22-23 November 2016, South Africa

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Itumeleng Ramasenya	Mrs	Female	South Africa	GIZ	Finance and Administration	<a href="mailto:itumeleng.ramasenya@giz.de">itumeleng.ramasenya@giz.de</a>	Confirmed
Sabine Diallo	Mrs	Female	South Africa	GIZ	GIZ ESA Programme Manager	<a href="mailto:sabine.diallo@giz.de">sabine.diallo@giz.de</a>	Confirmed
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## Annexure D. Group discussions

### Setting the scene

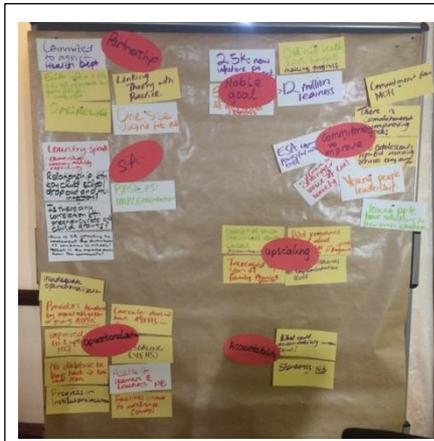


Figure D 1. Setting the scene.

### Coordination

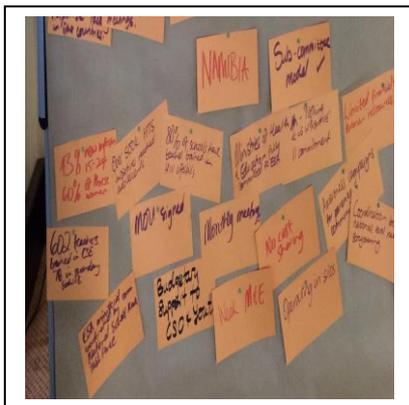
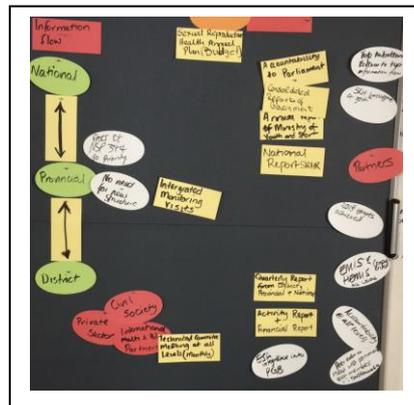


Figure D 2. Coordination group discussions. (A). Namibia. (B). South Africa.

### Accountability



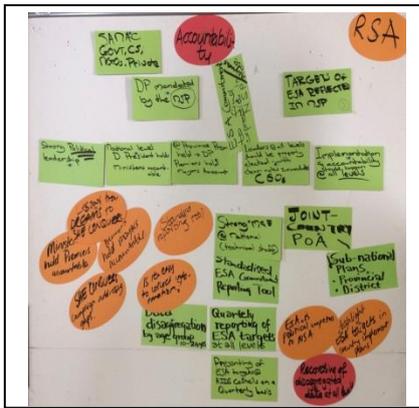


Figure D 3. Group work discussion output on accountability for (A )Namibia, (B)Mozambique and (C) South Africa.

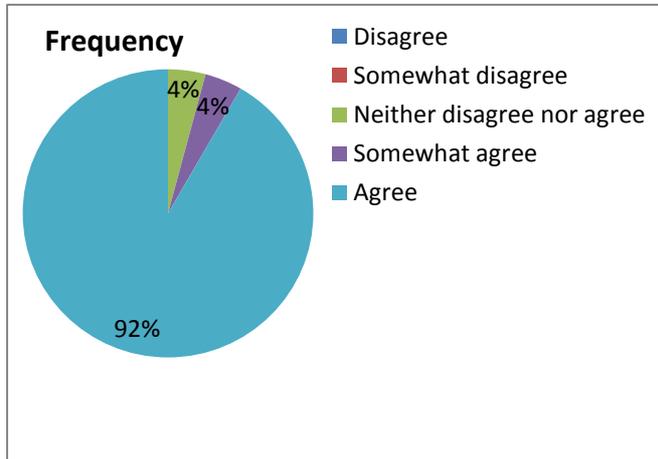
Next steps



Figure D 4. Picture of the group discussions outputs on country (Namibia, Mozambique, South Africa and Zambia) next steps on ESA implementation.

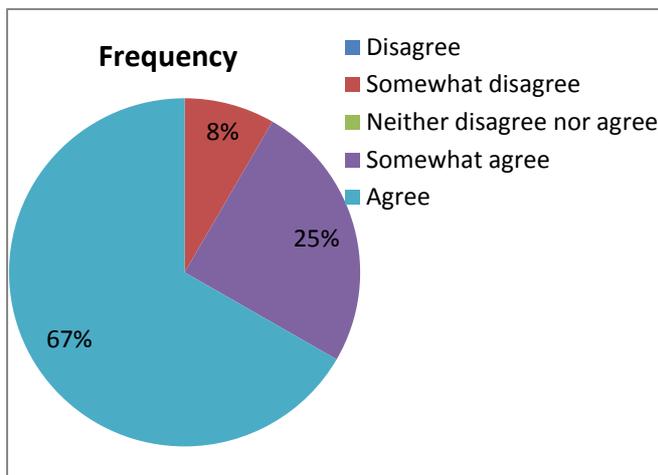
**Appendix E: Workshop evaluation summary results**

Q1. The workshop was applicable to my field of work



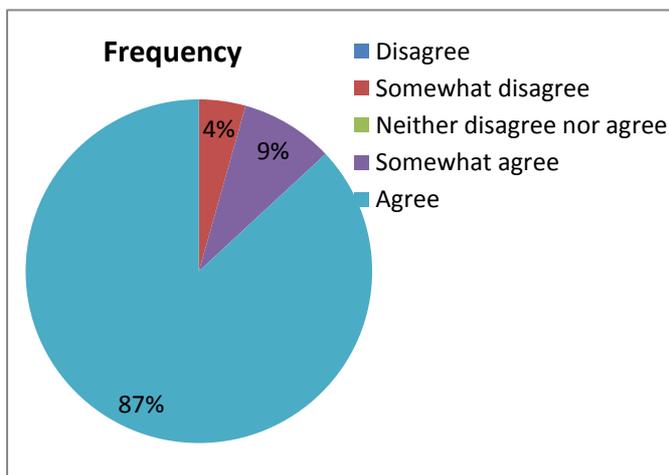
Rating Average	Count
4.88	24

Q2. The program was well paced within allotted time



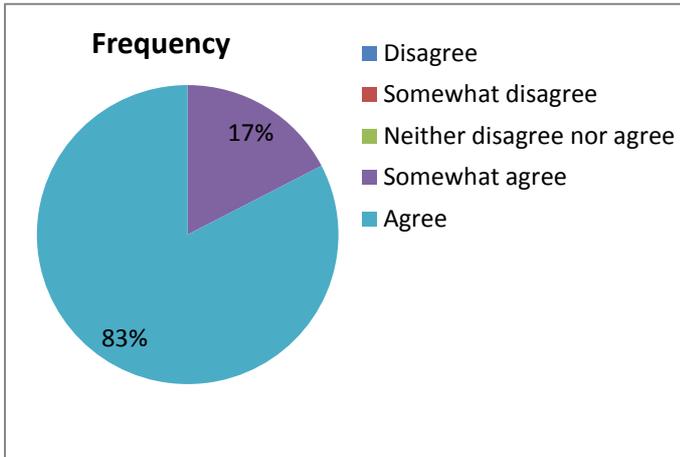
Rating Average	Count
4.5	24

Q3. The instructor was a good communicator



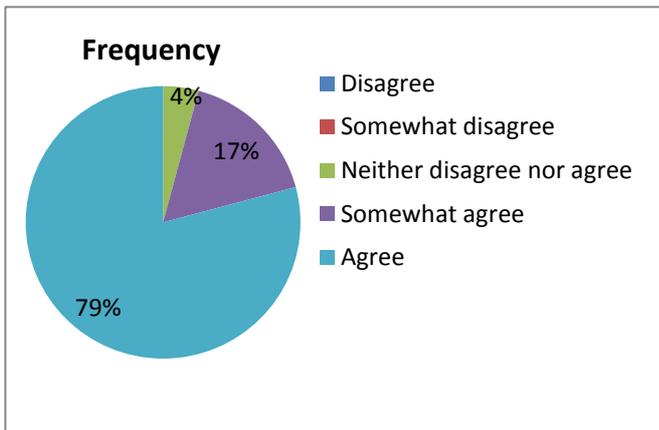
Rating Average	Count
4.78	23

anner



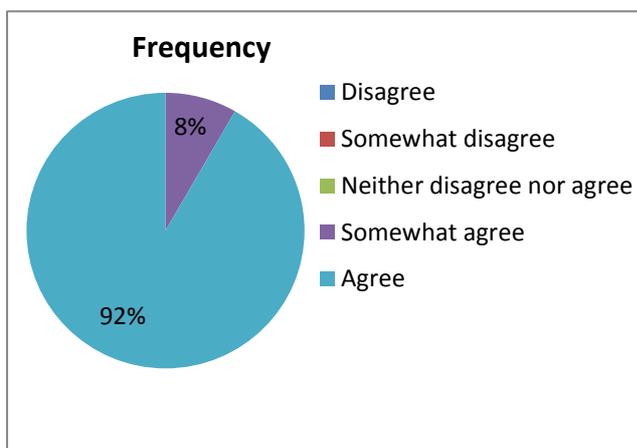
Rating Average	Count
4.83	23

Q5. The presenters were knowledgeable on the topics



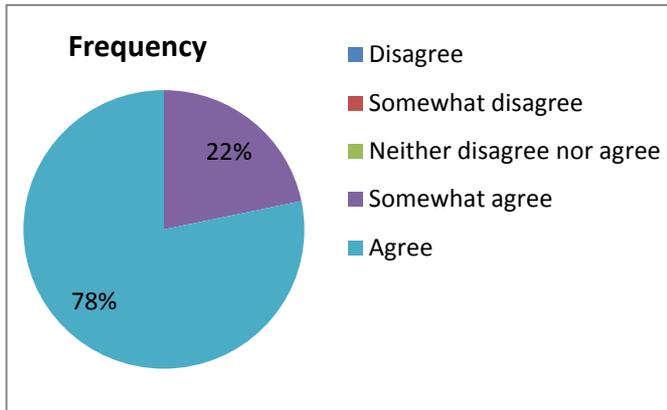
Rating Average	Count
4.75	23

Q6. I would be interested in attending a follow up workshop on the ESA Commitment



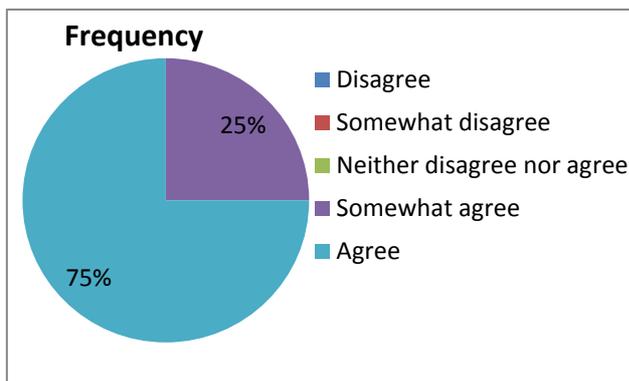
Rating Average	Count
4.92	24

Q7. The workshop's purpose and objectives were clearly stated



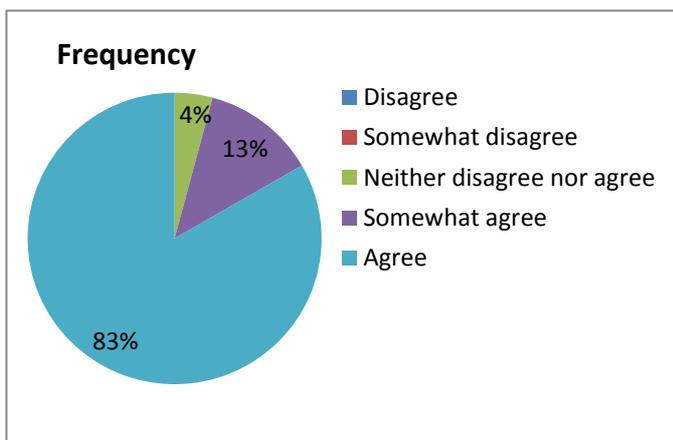
Rating Average	Count
4.78	23

Q8. The workshop accomplished its objectives



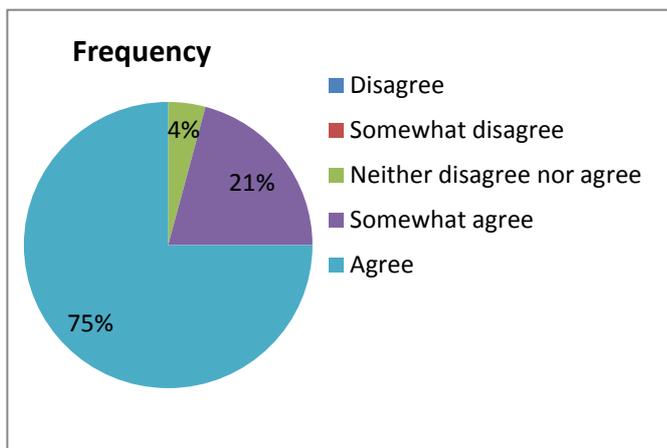
Rating Average	Count
4.75	24

Q9. The workshop was well organized



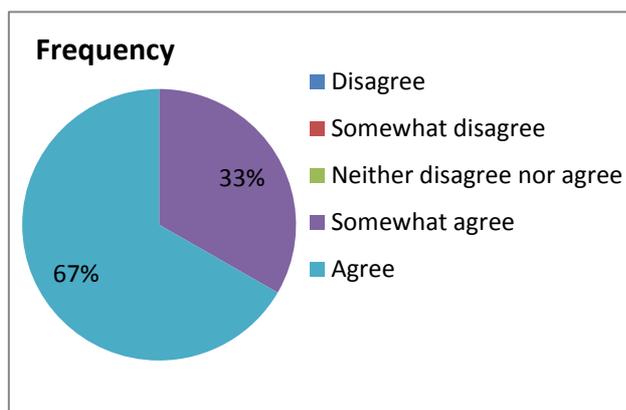
Rating Average	Count
4.79	24

Q10. I learned new and useful information



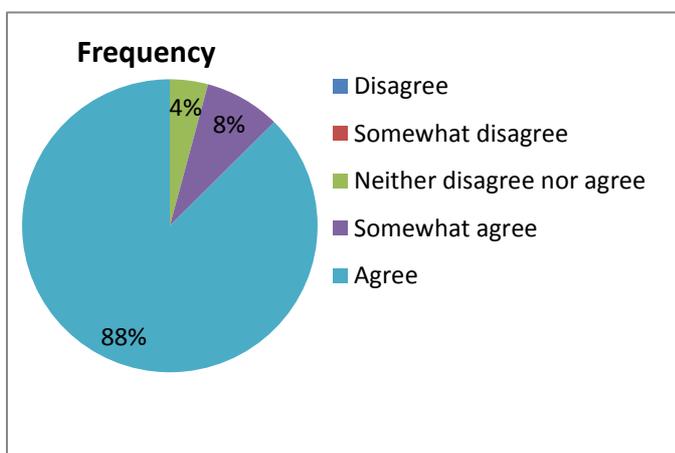
Rating Average	Count
4.67	24

Q11. I liked the format of the interactive facilitation



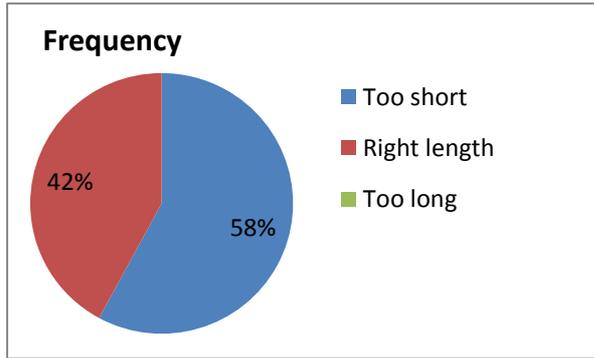
Rating Average	Count
4.71	24

Q12. I enjoyed the workshop



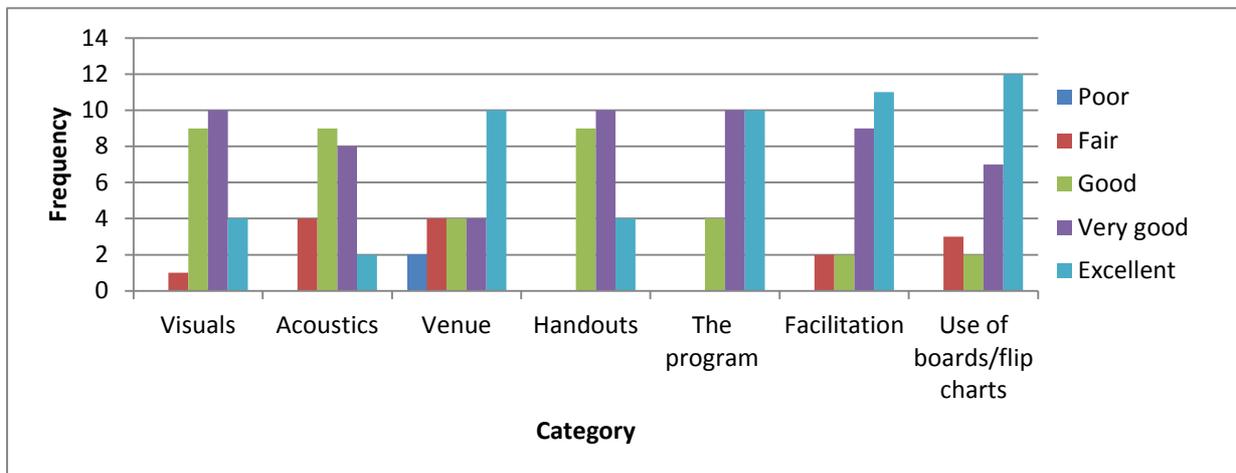
Rating Average	Count
4.83	24

Q13. Given the topic(s) covered, the workshop was:

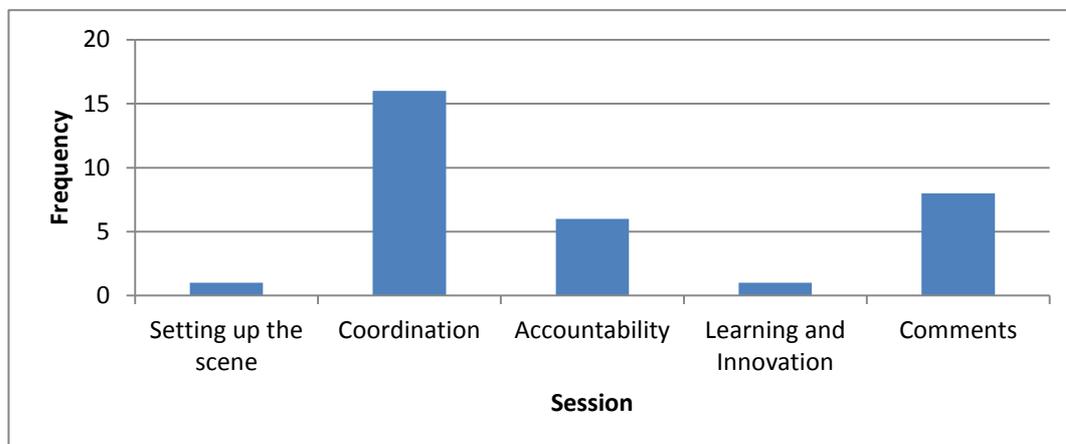


Q14. Please rate the following

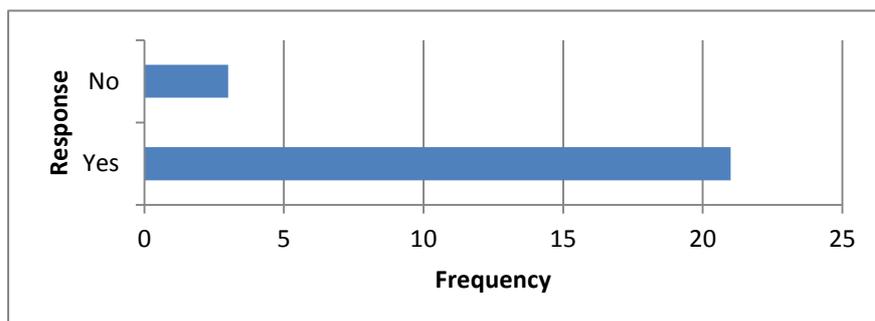
Answer Options	Average Rating
Visuals	3.71
Acoustics	3.35
Meeting place or venue	3.67
Handouts	3.78
The program overall	4.25
Facilitation	4.21
Use of boards and flip charts	4.17



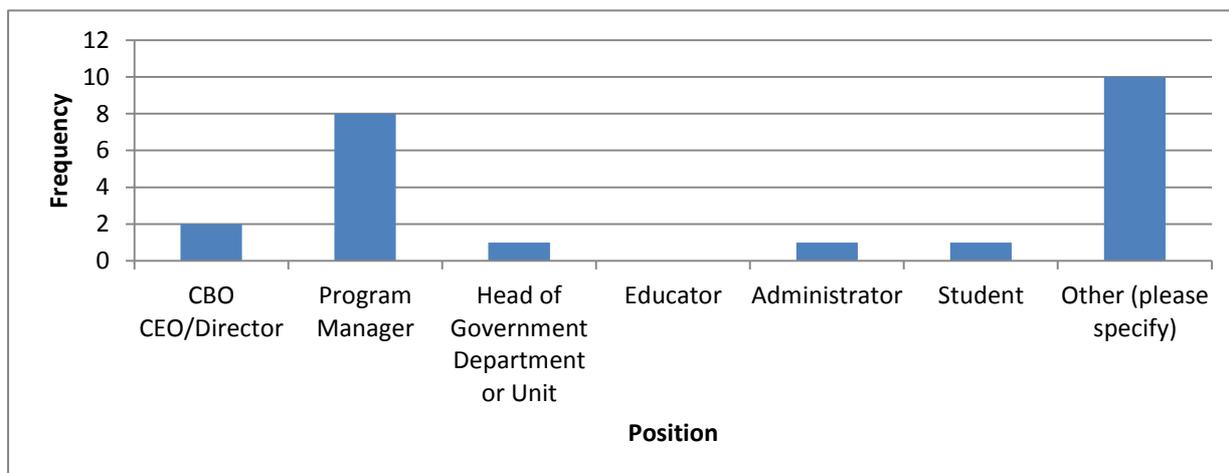
Q15. What sections of the workshop did you most appreciate/enjoy/think was most relevant to ESA implementation in your ministry/department or country?



Q16. Have you been implementing ESA Commitment related activities?



Q17. Which of the following best describes your current position?



\*Other: Technical /Programme officers = 6, curriculum specialist = 1, Country coordinator = 1, Activist = 1, Official for Public sector = 1, **N = 24**

Q18. How many years of experience do you have in the Sexual Reproductive Health and Rights profession?

N = 22: Median = 7 years (Min = 2; Max = 24 years)

Q19. I would be able to do my work better if I know more about:

The top five topic or areas that participants were interested in knowing more about to work better on the ESA commitment were:

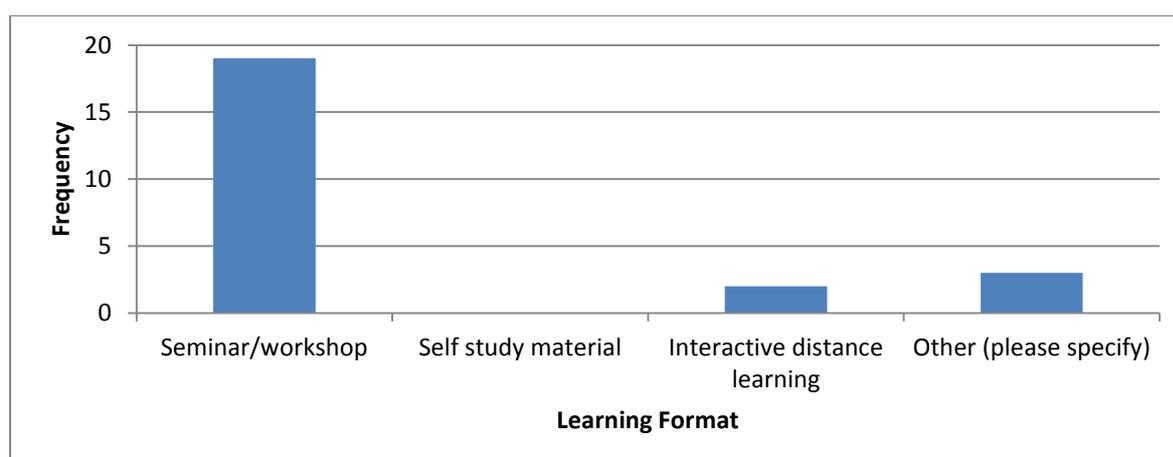
- Coordination and accountability
- Monitoring and Evaluation and country SRHR data
- Private sector engagement
- How to deliver SRH and HIV
- Funding of ESA activities

Q20. Please describe the top two topics you would like to deal with in a regional learning hub in the next 12 months:

The top five topics that participants are interested in learning or covering in a transnational learning hub within the next 12 months are:

- Sustainable evidence based ESA implementation approaches in ESA member states
- Private sector and meaningful youth engagement
- Reporting and accountability
- Sub-national (provincial, district and sub-district level) coordination
- SRHR content delivery to learners and referral to health services

Q21. What is your preferred format for the topics above?



\*Other: -Regular web based learning and exchange sessions  
 -Interactive distance learning and face to face workshop/seminar  
 -Need face to face interaction

**N = 24**