United Nations Population Fund (UNFPA)  
(May 2015-May 2016)

UNFPA’s support for the New Partnership for Africa’s Development (NEPAD)

Given the request made by the Office of the Special Adviser on Africa (OSAA), coordinator of the UN system’s inputs to the Secretary General’s report on the progress of implementation of the New Partnership for Africa’s Development (NEPAD), which will be presented to the UN Committee for Programme and Coordination (CPC), UNFPA has provided inputs namely on:

i. UNFPA’s collaboration with other UN agencies
ii. financial support by UNFPA for NEPAD programmes and projects
iii. advocacy work by UNFPA by in support of Africa’s development.

The submission also outlines support for countries to address protection of women and girls, including from sexual violence and assistance to combat challenges faced by young people. Further, UNFPA’s inputs satisfies OSAA’s request for an assessment of the impact on development of the key programmes and projects implemented in 2015-2016, as they relate to the achievement of NEPAD targets, in particular, human development and cross-cutting issues, the latter includes matters related to gender.

Collaboration with other UN agencies

In 2015, UNFPA partnered with the World Bank to design and implement the “Sahel Women’s Empowerment and Demographic Dividend” (SWEDD) project, which is currently underway in six (6) countries, including 5 least developed countries: Burkina Faso, Chad, Mali, Mauritania and Niger. The project focuses on women’s empowerment and youth development and addresses the myriad of issues such as gender based violence, early pregnancies, and early marriages, which prevent women and youth from fully participating in the sustainable development of their communities and countries.

The H4+ Partnership, is a partnership of six agencies within the United Nations system (UNFPA, UNAIDS, UNICEF, UN Women, WHO, and the World Bank), which comprise the lead technical partners for the Global Strategy for Women’s, Children’s and Adolescent Health. The impact of H4+ is seen primarily at the country level, where the agencies coordinate their support and jointly contribute to strengthening national health systems, including through supporting the development, costing, financing, and implementation of the components of national health plans that relate to reproductive, maternal, newborn, and child health (RMNCH). In the 38 countries where formal H4+ coordination mechanisms exist, technical assistance on RMNCH is provided, and Ministries of Health are supported with the coordination and alignment of partners based on national priorities. The Ministries are also provided with support with respect to mobilization of political and financial commitments for RMNCH. UNFPA was the administrative agent for two grants funded by Canada and Sweden to support H4+ activities globally and in ten countries in sub-Saharan Africa. Through these grants, approximately 10,300 health workers were trained; the capacity of 33 training institutions (including midwifery schools) was strengthened; supply chains were improved;
access to life saving commodities and family planning services was provided; and there was a marked improvement of the availability, quality and monitoring of Emergency Obstetric and Newborn Care services and referral systems. In each of the 10 Sub-Saharan countries, there was clear demonstration that integration of RMNCH services is crucial for better health outcomes. The partnership also supported the response to emergency situations, including the Ebola outbreak in Liberia and Sierra Leone.

**Advocacy work for Africa's Development**

**Demographic Dividend**

During the course of 2015, UNFPA supported national demographic dividend analyses with partners from the African Institute for Development Planning (AFIDEP) in Burundi, DR Congo, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Tanzania, Uganda, Zambia, Botswana and Namibia. UNFPA provided technical and fiscal support to model the prospects for a demographic transition and a demographic dividend in each country, using DemDIV and National Transfer Accounts (NTAs).

The integrated use of demographic and economic analysis to illustrate the potential for a demographic dividend has led to clear changes in public policy, in directions that further the goals of International Conference on Population and Development. The attention to the demographic dividend has led many governments to recognize the development potential of current demographic trajectories, the urgency of better schooling and expanded job opportunities, and new commitments in family planning, youth programmes, employment and entrepreneurship.

In Kenya, the National Youth Service has reinforced the government’s commitment to ensuring that Kenyan youth have access to education and training, are protected from harmful practices such as child marriage and FGM, and have opportunities for employment, including a Youth Development Enterprise Fund. Similar demographic dividend-related policy shifts and commitments to expand family planning, youth empowerment, education and employment are evident across a number of countries.

New displays of integrated data on the demographic dividend developed by UNFPA have also spurred significant interest from governments. These include dashboards featuring projected age pyramids and the current status and trends of key dimensions of youth empowerment, education and employment.

**Data Innovations for Sexual and Reproductive Health**

National and global support to strengthen health systems is a persistent need that warrants great attention. This has occurred in parallel with a growing range of innovative stop-gap efforts to secure critical data on key preventable sexual and reproductive health (SRH) outcomes, and improve health services for young people.

**Obstetric Fistula**

The tragedy of obstetric fistula remains a major health and human rights challenge, particularly in this era of the SDGs, with the goal of “leaving no one behind”. For years, the global community has struggled to generate robust data on the burden of fistula. Such data is sorely needed for evidence-based planning and programming, to ensure that all survivors
receive the care they need and to help countries measure progress in preventing and eliminating fistula. UNFPA, which leads the United Nations system’s global fistula campaign (the “Campaign to End Fistula”) in partnership with the Johns Hopkins University School of Public Health (JHSPH), is currently piloting a statistical model to generate global and country-specific estimates of fistula incidence and prevalence. The model will be applied in 2016 to UNFPA/Campaign to End Fistula-supported countries in Africa and will contribute to the production of new UN global estimates. This critical and long-needed data constitutes a major step forward globally and a critical tool in the hands of countries to enable them to significantly advance their planning, implementation, and monitoring efforts.

Ending Child Marriage

The UNFPA Country Office in Zambia has, with other partners, supported the development of the National Strategy to End Child Marriage using evidence gathered from a recent sub-national analysis. In 2014, UNFPA provided hands-on training and technical backstopping to the Central Statistical Office for analysis of the 2010 Population and Housing Census. The resulting theme-based and area-specific maps (at national, provincial, district, constituency and ward levels) revealed areas with a high incidence of forced and early/child marriages, as well as correlated socio-economic factors. The policy and programme-relevant evidence provided impetus to the government and partners to scale up the national campaign to end child marriage. The skills transferred to the Central Statistical Office continue to be evident in subsequent analysis of the 2014 Demographic and Health Surveys (DHS).

Promoting Better SRH Services for Young People

In June 2015, LoveLife South Africa, supported by the German Development Bank, launched a new mobile platform for young people – ilovelife.mobi. This online MobiSite serves as a hub for young people, providing them with information and helping them access adolescent and youth friendly services. As young people complete activities, such as an HIV test or adopt a family planning method, they earn points and enter competitions. Building on this platform, UNFPA South Africa and LoveLife are augmenting the iLoveLife.mobi with a widget that will include a healthcare facility locator and rating system. Healthcare providers then receive the feedback on services they provide through a Mobile Platform, which offers them an opportunity to share valuable lessons and information. The geo-referenced health system ratings will be used to strengthen clinical services for young people, and will be integrated into a provider training programme.

Maternal Death Surveillance and Response (MDSR)

UNFPA supports countries to implement MDSR systems and improve the notification of maternal deaths, the quality of data, and the appropriate response. Achievement of SDG Target 3.1 on maternal mortality depends on death registration by cause of death for reviewing and optimizing patient management protocols and improving overall healthcare service delivery. Demographic data are essential for evaluating MDSR systems by comparing the expected maternal deaths with the number of notified maternal deaths. Niger is a good example of the implementation of an MDSR system. In 2014, 31 percent of expected maternal deaths (facility maternal mortality) were notified with a good geographic distribution. Although this rate is insufficient for an in-depth national analysis of maternal deaths causes in Niger, it positions the country among the best MDSR performers in
countries in Africa and Southeast Asia. Further, maternal death disaggregation by age shows that 29 percent of notified maternal deaths in facilities are among girls age 10-19. This provides evidence to advocate against early, child and forced marriage and early pregnancy.

**Supporting Community Health Workers with Mobile Applications**

UNFPA hosted its first global hackathon in Uganda, in 2015, alongside the Massachusetts Institute of Technology (MIT). Partners from 17 countries generated mobile health (mHealth) prototypes to promote adolescent sexual and reproductive health. The “GetIn” mobile application is a tool which can be used by community health workers to map households where pregnant girls reside. Information captured during home visits is fed into a secure database, through which SMS alert messages are sent to healthcare workers, pregnant young women and young mothers about health information and appointment reminders. A prototype of the application will be available in March 2016.

**Small Area Mapping and Small Area Estimation (SAE)**

As more census and survey data are geo-referenced, UNFPA supported governments to use a combination of these sources for small area mapping and small area estimation (SAE) of critical indicators, including visual displays of data in “dashboards” that enable partners to extract simple but compelling figures and maps of population trends and needs at national and sub-national level.

**Financial support for NEPAD's programmes and projects**

*Type of Support: Country Office disbursements*

**2012**

Resources (In USD thousands) $133,067

% Africa share of resources: 47.48%

**2013**

Resources (In USD thousands) $126,017

% Africa share of resources 44.87%

**2014**

Resources (In USD thousands) $127,321

% Africa share of resources: 46.91%

*The figures provided are the country office disbursements based on the current organization structure.