Sweden
Sverige

2gether 4SRHR

2GETHER 4 SRHR

YEAR 2 SUMMARY

(JANUARY TO DECEMBER 2024)

UNAIDS UNFPA unicef for every child World Health Organization

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List of Acronyms

AA	Administrative Agent
AfriYAN	African Youth and Adolescents Network
AGYW	Adolescent girls and young women
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ASRH	Adolescent sexual and reproductive health
AUDA	African Union Development Agency
AYFS	Adolescent and youth friendly services
AYP	Adolescents and young people
ASRHR	Adolescent sexual and reproductive health and rights
AYSRH	Adolescent and youth sexual and reproductive health
CAC	Comprehensive abortion care
CATS	Community Adolescent Treatment Supporters
CDC	Centre for Disease Control
CPD	Commission on Population and Development
CSE	Comprehensive sexuality education
CSO	Civil society organization
DHIS2	District Health Information System Version 2
DRC	Democratic Republic of Congo
DQA	Data Quality Audit
EAC	East African Community
EPHS	Essential Packages of Health Services
ESA	East and Southern Africa
ESARO	East and Southern Africa Regional Office
ESP	Essential Services Package
GBV	Gender-based violence
GIS	Geography Information System
HBP	Health Benefit Package
HCW	Health-care worker
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HRBA	Human Rights-Based Approach
HTS	HIV testing services
ICPD	International Conference on Population and Development
JSF	Joint SRHR Fund
KAP	Knowledge, attitudes and practices
LARC	Long-Acting Reversible Contraception
M&E	Monitoring and evaluation
MISP	Minimum Initial Service Package
MRA	MISP Readiness Assessment
NGO	Non-governmental organization
NHA	National Health Assessment
PAC	Post-abortion care
PCA	Programme Cooperation Agreement
PEP	Pre-exposure prophylaxis
PEPFAR	United States President's Emergency Plan for AIDS Relief
PPLHIV	People living with HIV

List of Acronyms

PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-exposure prophylaxis
PSEA	Protection Against Sexual Exploitation and Abuse
RAP	Reduce adolescent pregnancy
RECs	Regional Economic Communities
RISC	Regional Interagency Steering Committee
RITT	Regional Interagency Thematic Team
RIWG	Regional Interagency Working Group
RMNCH	Reproductive, maternal, newborn and child health
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SADC	Southern African Development Community
SBC	Social and behaviour change
SBCC	Social behaviour communication change
SDG	Sustainable Development Goal
SGBV	Sexual gender-based violence
SI	Strategic Information
Sida	Swedish International Development Cooperation Agency
SLF	Strategic Leadership Forum
SOP	Standard operating procedure
SQA	Service Quality Assessment
SRH	Sexual reproductive health
SRHR	Sexual and reproductive health and rights
SRMNCAH	Sexual, reproductive, maternal, newborn, child and adolescent health
STI	Sexually transmitted infection
TA	Technical Assistance
UCT	University of Cape Town
UHC	Universal health coverage
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNECA	United Nations Economic Commission for Africa
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VA	Vulnerability Assessment
WFP	World Food Programme
WHO	World Health Organization
WLHIV	Women living with HIV
YAPS	Youth Adolescent Peer Supporter
YPLHIV	Young people living with HIV

INTRODUCTION

The report presents the results of Year 2 (2024) of the second phase of 2gether 4 SRHR Programme being implemented from 1 April 2023 to 31 March 2027. The overall vision of the programme is to ensure that all people in the East and Southern Africa (ESA) region are empowered and supported to exercise their sexual and reproductive health and rights (SRHR) and access quality, people-centred integrated SRHR, HIV and gender-based violence (GBV) services. This report summarizes the programme results against the outputs, outcomes and their associated indicators for 2024 as defined in the Programme Results Framework. The tables reflect the progress for year 1 and year 2 against the different indicators.

Delivering as One

In line with the principle of "Delivering as One", the four United Nations agencies collaboratively ensured the successful oversight, management and implementation of the programme. This involved organizing statutory and coordination meetings, developing joint workplans and budgets, offering technical assistance, and ensuring the effective functioning of monitoring, evaluation, learning, communication and knowledge management.

Outcome 1:

Legal, policy and financial environment strengthened to enable beneficiaries to access SRHR services and realize their SRHR rights

Indicators and % overall to target in 2024	Above 100%	50-100%	25-50%	Below 25%
OP 1.1.1: Number of continental and regional SRHR Frameworks developed/revised that are aligned to global and continental commitments.			●	
OP 1.1.2: Number of ESA countries supported to align their national SRHR laws, policies and strategies to continental and regional commitments and frameworks		●		
OP 1.1.3: Number of continental and regional peer review accountability mechanisms and scorecards supported to track the realisation of SRHR commitments.		●		
OP 1.1.4: Pooled procurement and regional manufacturing for SRHR commodities supported				●
OP 1.2.1: Number of countries supported to expand UHC benefit packages to include key SRHR services for the country.		●		
OP 1.2.2: Number of countries supported to strengthen health financing strategies and mechanisms to fund UHC benefit packages that include critical SRHR services for the country.		●		

As of the conclusion of 2024, the Programme demonstrated satisfactory progress towards the achievement of Outcome 1, which is directed at reinforcing the legal, policy, and financial infrastructure to facilitate beneficiary access to Sexual and Reproductive Health and Rights (SRHR) services and the realization of their SRHR entitlements. Specifically, four of the six indicators are progressing satisfactorily, exceeding 50% of the established overall targets.

These indicators encompass: the provision of support to countries in aligning national legislation, policies, and strategic approaches with continental and regional commitments and frameworks; the expansion of Universal Health Coverage (UHC) benefit packages to incorporate essential SRHR services; the enhancement of health financing strategies and mechanisms to sustain UHC benefit packages; and the support extended for the monitoring of continental and regional accountability mechanisms and scorecards.

The indicator concerning the development and/or updating of continental and regional frameworks has not met the target and, upon review, would benefit from being refocused to monitor the domestication of existing frameworks rather than the initial development or updating that was primarily executed in Phase 1. The indicator regarding support for pooled procurement and regional manufacturing of SRHR commodities has been initiated, however, substantial efforts are required in the forthcoming year to achieve anticipated advancement in this area.

Output 1: Political, legal and policy barriers reduced

To support the **development and/or updating of regional frameworks** the programme supported the development of the Southern African Development Community (SADC) HIV/AIDS Strategic Framework (2025-2030), focusing on ending AIDS, promoting health equity and building sustainable health systems.

It also provided financial and technical support for the creation of the SADC SRHR Implementation Plan, aligning with SRHR strategy pillars. This led to the SADC Secretariat securing US$1.2 million from the African Union Development Agency (AUDA-NEPAD) and fostering potential partnerships with Sweden.

A short-term technical expert was seconded to the SADC Secretariat, accelerating the SRHR Strategy's implementation, coordinating resources and strengthening regional efforts. The expert's contributions enhanced the Secretariat's leadership in driving SRHR progress across the region.

The programme supported **high-level SRHR advocacy** and strategic dialogues with political, faith-based and civil society leaders across global, continental and regional forums to advance SRHR. The programme provided financial and technical support to the SADC Ministers of Health Meeting in Harare, Zimbabwe, where key decisions were made, including supporting Madagascar's HIV response, strengthening SRHR coordination and endorsing strategies to address maternal mortality and fast-track SADC Pooled Procurement Services. The programme also presented Phase 1 results of 2gether 4 SRHR, fostering high-level political commitment to SRHR and HIV.

Additionally, the programme supported the East African Community's (EAC) strategic planning workshop, leading to the establishment of a working group and a 12-month road map for SRHR advocacy. A regional consultative meeting in Johannesburg, South Africa developed an advocacy plan targeting key SRHR issues in the ESA region, with civil society organizations (CSOs) preparing for the Commission on Population and Development. Additionally, the programme facilitated engagement with key influencers and supported civil society initiatives. It also empowered young SRHR advocates to participate in regional forums, enhancing youth representation and accountability.

The programme developed several draft implementation briefs to **guide ESA countries in aligning their national SRHR laws, policies and strategies with regional and continental frameworks**. These briefs focus on five key themes related to SRHR and HIV for adolescents and young people (AYP) in ESA:

- GBV Interventions for AYP: Proposes strategies to prevent and address GBV, including integrating GBV services into health facilities, using mass media for awareness and supporting community activists.
- Reaching AYP Beyond Health Facilities: Suggests innovative approaches, such as digital platforms and peer education, to provide SRHR/HIV services to AYP where they live, work and study.
- HIV Testing Services (HTS) for AYP: Highlights barriers to HTS access and proposes differentiated models to reach AYP, such as youth-friendly settings, integrating HTS with other health services and using digital media.
- Mental Health and Psychosocial Support for AYP with HIV: Focuses on providing age-appropriate mental health support, peer-delivered services and using digital tools, while addressing underlying social determinants.
- Substance Use Prevention and Treatment for AYP: Advocates for tailored substance abuse interventions, school-based programmes and youth-led strategies, emphasizing the need for harm reduction and treatment services.

The programme developed Ages of Consent Advocacy briefs to address inconsistent legal frameworks around AYP's access to SRHR services. The briefs aim to create a unified framework for adolescent sexual and reproductive health and rights (ASRHR) services and advocate for clear, consistent laws on the age of consent for sexual activity, marriage and accessing SRH services. These briefs, once finalized in 2025, will support advocacy, inform policy decisions and help track the impact of national commitments on SRHR access for young people in ESA.

The programme provided support for **promoting accountability and data-driven decision-making** in HIV and SRHR initiatives in the ESA region through support to the following accountability mechanisms to track progress, improve monitoring and encourage support for implementing SRHR frameworks:

- SADC HIV Progress Report (2024): The report outlines progress and challenges towards the 95-95-95 targets, emphasizing addressing gender inequalities, reforming laws, securing sustainable funding and promoting combination prevention interventions.
- HIV Prevention Scorecard: Updated to monitor and improve HIV prevention strategies, ensuring transparency, effective use of resources and accountability.
- Supported a meeting to strategize on implementing and monitoring Resolution 60/2, strengthening SADC's leadership in improving SRHR outcomes.

The programme supported two key regional initiatives to **enhance pooled procurement in the ESA region**. It provided financial and technical support to United Nations Economic Commission for Africa (UNECA) and Africa Centre for Disease Control (CDC) for a joint market assessment, but delays affected planned dialogues. A study on SRH commodity regulations and distribution under Safe Birth Africa also faced delays. These setbacks underscored the need for better coordination, with the African Union taking the lead and Regional Economic Communities (RECs) developing tailored regional solutions. SADC explored the creation of a special purpose vehicle for pooled procurement, with health ministers requesting a business case. A dialogue in February 2025 will finalize the business plan, guided by the findings from both assessments to improve regional procurement coordination.

Output 1.2: Domestic, bilateral and multilateral investment

To **integrate SRHR into Universal health coverage (UHC) and Social Health Protection** initiatives the programme supported assessments of SRHR in UHC in Malawi, Namibia and Rwanda, and provided financial and technical support for National Health Insurance and SRHR assessments in Rwanda, as well as SRHR workshops in Madagascar and Uganda. A concept note for assessing SRHR inclusion in Essential Packages of Health Services (EPHS) was developed, aiming to improve SRHR inclusion in national health benefit packages. Challenges include the lack of detail in EPHS and the need for clearer financing arrangements.

The programme also supported a regional consultation on sustainable SRHR financing, helping countries like Ethiopia, Kenya, Malawi, Madagascar, Namibia, Rwanda, South Sudan, Uganda and Zambia develop national action plans for increasing sustainable SRHR financing. While these plans are set for implementation in 2025, securing funding for their execution remains a significant challenge.

To support **regional and national sustainable financing** for SRHR, the programme supported health financing dialogues in Tanzania and Zimbabwe, organized by SADC, involving key stakeholders to explore increasing national health funding, equity and governance in health financing. A peer learning workshop with participation from 21 countries advanced the development of sustainability roadmaps for HIV response, with 11 countries completing draft roadmaps. The programme also assisted Lesotho and the Democratic Republic of the Congo (DRC) in developing investment cases for SRHR, with expected completion in 2025.

The programme **developed a Reproductive, Maternal, Newborn and Child Health (RMNCH) Expenditures Report for the AFRO region, along with Reproductive Health Expenditure Briefs for Uganda, Burundi and Seychelles**, currently in design to highlight funding gaps in reproductive health services and advocate for increased SRHR resources in EPHS and Health Benefit Packages (HBP).

Additionally, the programme assisted Botswana, Madagascar and South Africa in submitting Global Fund proposals to secure investments for SRHR, with planned grants in 2025.

Outcome 2:

Increased access to and utilization of quality, people centred integrated SRHR services

Indicators and % overall to target in 2024	Above 100%	50-100%	25-50%	Below 25%
OP 2.1.1: Number of in-service and pre-service training curricula on SRHR revised and/or developed to align to global norms and standards.				●
OP 2.1.2: Number of countries implementing national training-of-trainers modalities to equip health-care workers with the skills to deliver an integrated package of SRHR services		●		
OP 2.2.1: Number of countries with SRHR national guidelines and SoPs developed and/or updated and disseminated		●		
OP 2.2.2: Number of countries implementing a quality, integrated, people centred SRHR package			●	
OP 2.2.3: Number of regional and national entities implementing innovative approaches to SRHR				●
OP 2.3.1: Number of countries supported to collect, analyse and use quality SRHR strategic information for decision making		●		

The Programme is demonstrating progress towards enhancing access to and utilization of high-quality, person-centered integrated Sexual and Reproductive Health and Rights (SRHR) services, evidenced by three of the six key indicators exceeding 50% of their respective targets.

Substantial advancements have been made in equipping healthcare professionals with the necessary skills to deliver comprehensive SRHR service packages, as well as in the development and updating of national SRHR guidelines and Standard Operating Procedures (SOPs). Furthermore, notable progress has been achieved in the collection, analysis, and utilization of strategic SRHR information for informed decision-making processes. While the indicator concerning countries delivering integrated SRHR services currently falls slightly below the established target, it is projected to meet the anticipated benchmark, owing to the recent allocation of Joint SRHR Funds to additional countries at the close of 2024. Similarly, the indicator related to the implementation of innovative SRHR approaches is also expected to demonstrate an increase. The indicator pertaining to the development and updating of in-service and pre-service training curricula will be optimized by prioritizing the delivery of training utilizing curricula developed during Phase 1, rather than focusing on the creation of new curricula.

Output 2.1: Regional and national capacity to provide equitable access to quality integrated SRHR services

To increase regional and national capacity to provide access to quality integrated SRHR services, the programme supported the development and/or revision of SRHR in-service and pre-service training curricula. **Four modules on a Human Rights-Based Approach (HRBA) to comprehensive abortion care (CAC), including post-abortion care (PAC), were completed and integrated into the World Health Organization (WHO) Academy's CAC learning programme.**

This online, self-paced course equips health-care workers with essential skills to deliver rights-based SRHR services, focusing on the human rights aspects of WHO's 2022 Abortion Guidelines. The course aims to enhance competencies in integrated care, reduce unsafe abortions and provide accessible, high-quality, respectful abortion care. The course will be launched in 2025, with webinars planned for introduction, feedback gathering and continuous support to improve the training experience and its impact.

In 2024, several **regional and national capacity-building initiatives** focused on key areas including HIV prevention, maternal health, CAC, adolescent and youth SRHR services and data management. These efforts included HIV prevention training in Madagascar, Rwanda, South Sudan, Mauritius, Seychelles and Comoros, resulting in action plans for 2025 and funding for an HIV prevention campaign in Comoros.

Additionally, 2,191 health-care providers were trained in CAC and PAC across eight countries, with a focus on disaster preparedness in Botswana and Zimbabwe.

Training efforts also strengthened adolescent SRHR services, reaching over 400 facility and community health workers across multiple countries, significantly improving SRHR service delivery for vulnerable populations.

Output 2.2: Quality people centred integrated SRHR services scaled up

In 2024, several **key guidelines and standard operating procedures (SOPs) for SRHR services were developed or updated** to ensure high-quality, consistent care across countries. These guidelines serve to standardize service delivery, improve efficiency and guide health-care providers in offering equitable SRHR services. They are integral for resource allocation, monitoring and evaluation, and they help integrate SRHR into broader health policies. Notable developments include:

- Comprehensive Abortion Care (CAC) Guidelines: Several countries, including Botswana, Lesotho, Malawi, Mozambique, Ethiopia and Zimbabwe, developed or updated CAC guidelines in alignment with WHO's 2022 recommendations. These guidelines address health-care gaps, promote cross-sector collaboration and improve service delivery.

- HIV Prevention Roadmaps: Countries like Botswana, Ethiopia, Kenya, Malawi and Zambia developed strategic roadmaps to scale up evidence-based, people-centred HIV prevention interventions. These plans focus on reducing new infections and ensuring long-term sustainability.

- Adolescent and Youth SRHR: Kenya, Uganda and Zambia received support in updating their guidelines and tools to improve adolescent health service delivery. This includes Kenya's mentorship guide on adolescent-friendly services (AYFS) and Uganda's Adolescent Health Service Standards, designed to address the country's challenges, such as high teenage pregnancy rates, as well as HIV and AIDS. Zambia also updated its Service Quality Assessment tools to align with its Adolescent Health Strategy.

- Self-Care Guidelines in Zimbabwe: SRHR self-care guidelines were developed in Zimbabwe to address maternal mortality, unmet family planning needs and rising sexually transmitted infections (STIs) and HIV. These guidelines promote self-awareness, self-testing and self-management, particularly in resource-limited settings. Workshops in two provinces increased awareness and generated interest in self-care services.

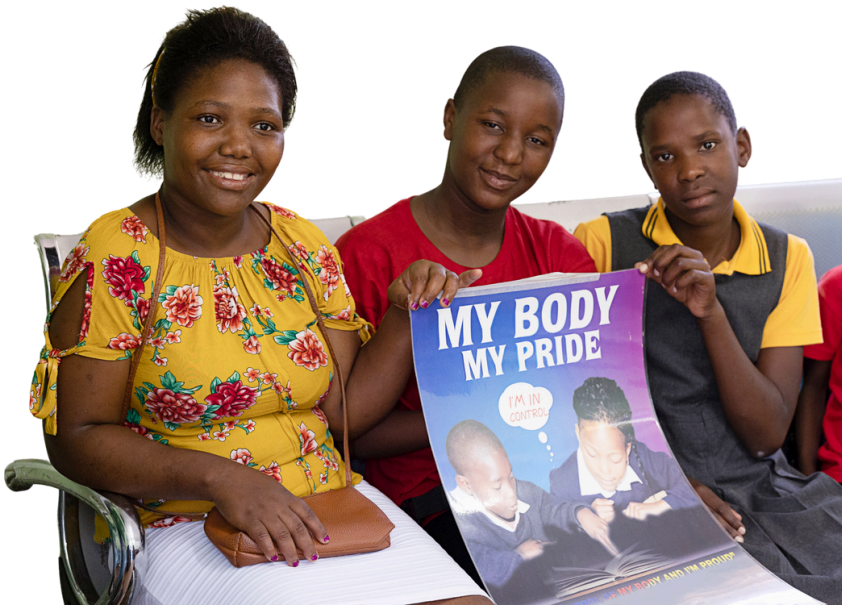
The programme focused on scaling up integrated SRHR services through various regional and country-level initiatives. Key efforts included **enhancing adolescent SRHR**, including engaging boys, through the Joint SRHR Fund (JSF) and regional interventions led by the AYP Regional Interagency Thematic Team (RITT). In Kenya, three youth-friendly SRHR centres were established, and youth champions were trained to advocate for policies and reduce stigma.

Uganda conducted school mapping for health facilities, enabling better coordination for outreach programmes that reached thousands of adolescents. Zambia's outreach activities expanded access to SRHR information and services, overcoming barriers to facility-based care. Zimbabwe supported self-care outreach campaigns, significantly increasing access to SRHR services, especially in remote areas.

At the regional level, a 19-member steering committee was formed to guide peer-driven SRHR programmes, with ongoing efforts to enhance scalability and impact. A regional workshop on Accelerated Action for the Health of Adolescents (AA-HA!) guidance took place, empowering countries to adopt evidence-based interventions for adolescent health. The programme also promoted the linkages between comprehensive sexuality education (CSE) and SRHR services, with findings emphasizing the importance of connecting CSE with responsive health services. Additionally, a National Commitment Plan to end the Triple Threat (unintended pregnancies, new HIV infections and GBV) by 2030 was launched, providing a framework for eliminating these issues.

A review was conducted to assess how countries are domestically implementing the Essential Services Package (ESP) for Gender-Based Violence (GBV). The ESP appraisal tool, developed in 2023, evaluates how countries integrate the core elements of the ESP framework, focusing on governance, coordination, and services across social, health, judicial and police sectors. A meeting was held to revalidate the tool, and assessments from nine countries were shared, revealing varied approaches and levels of preparedness. Some countries, like Eswatini, Kenya, Rwanda and South Africa have made significant progress, while others face challenges in areas, such as quality assurance, integration with SRH services, mental health support and training. Recommendations included developing a training tool to capacitate countries to conduct their own periodic assessments, fostering peer learning and technical support.

In **addressing unintended pregnancies and CAC,** Eswatini, Ethiopia, Lesotho and Namibia have implemented key initiatives. In Eswatini, 60 Parliamentarians were sensitized on SRHR and CAC, improving their understanding of these issues, although further advocacy is needed. Lesotho saw a significant increase in family planning clients through community-based contraceptive distribution and outreach services. Ethiopia strengthened journalists' capacity to report on SRHR, with 99 media practitioners trained to disseminate accurate information on family planning and abortion, amplifying women's voices. In Namibia, awareness campaigns on Long-Acting Reversible Contraceptives (LARC) helped increase the use of long-term contraceptive methods, and further campaigns are planned in additional regions. Namibia and Rwanda introduced **innovative service delivery models to improve access to comprehensive SRHR services**, particularly in remote and underserved areas. In Namibia, mobile and static clinics provide integrated SRH, HIV and sexual gender-based violence (SGBV) services, reaching over 20,000 clients through 30 outreach campaigns. In Rwanda, a digital telehealth platform for CAC, developed through the Ministry of Health hackathon, is operational in five districts.



The platform allows nurses and midwives to communicate directly with doctors, who can approve and authorize services for patients, ensuring efficient, accessible care while maintaining confidentiality. This system reduces barriers, such as travel costs, long distances and delays in service approval. It has helped decentralize services, reduced overcrowding at district hospitals and improved access to abortion care, resulting in a decrease in abortion-related risks and complications, ultimately lowering maternal mortality. The platform is expanding to more districts and services, including for complex cases, to further enhance access to health care.

Output 2.3: High quality SRHR data and strategic information produced and used

In 2024, the programme supported the development of **comprehensive guidelines for assessing and analyzing routine health information system** (RHIS) data, focusing on SRHR statistics and indicators within the District Health Information System Version 2 (DHIS2) platform. These guidelines provide a framework for stakeholders to use RHIS data to inform decision-making, enhance SRHR outcomes and improve data quality. The guidelines aim to strengthen RHIS and improve SRHR through better data collection, analysis and utilization. The programme also developed a **Compendium of SRHR Indicators**, offering a standardized list of indicators for programme management and policy development. This compendium supports the monitoring and evaluation of SRHR-related programmes, and with regional guidance on digital health information systems, it will strengthen RHIS in ESA countries in 2025 and beyond.

Additionally, the programme **facilitated partnerships between universities in ESA on HIV and SRHR data analytics**, fostering evidence generation and capacity-building for quality SRHR data. **Workshops on data visualization and interpretation using QGIS and PowerBI** built capacity among regional officers to create effective data visualizations to inform SRHR programming and advocacy. The programme also developed online training materials to improve sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) data collection, analysis and use at the country level, enhancing evidence-based decision-making.

Countries like Zambia, Zimbabwe and Uganda received support for **Data Quality Audits** (DQAs) to ensure reliable SRHR data, especially for prevention of mother-to-child transmission (PMTCT) and antenatal care (ANC). This support helps improve data quality, informing better SRHR programming and HIV estimates for 2025.

Furthermore, the **data mentorship programme continued** to strengthen national capacities in data collection and analysis related to HIV, syphilis and hepatitis B within reproductive, maternal newborn, child and adolescent health (RMNCAH). Phase 3 of the programme supported countries in creating operational plans to address data gaps. In 2025, an external review of the mentorship programme will be conducted to assess its impact and scalability.

Countries like Botswana, Eswatini, Lesotho, Mozambique and Zambia received support to **enhance their data systems for CAC**, improving data collection and decision-making for CAC services.

Outcome 3:

Gender and social norms, and behavioural drivers addressed for the realization of SRHR for all

Indicators and % overall to target in 2024	Above 100%	50-100%	25-50%	Below 25%
OP 3.1.1: Number of regional and country studies conducted to generate evidence to address gender and social norms undermining SRHR	●			
OP 3.1.2: Evidence based and context appropriate comprehensive intervention package developed to address key social norms change on SRHR		●		
OP 3.1.3: Number of countries supported to strengthen the capacity to generate evidence and measure gender and social norms change on SRHR.	●			
OP 3.2.1: Number of regional and national social, cultural, religious and community (AGYWs & KPs) networks engaged to address social, religious and cultural norms.	●			
OP 3.2.2: Number of adolescent and youth networks and champions (including men and boys) supported to strengthen capacity to promote access to youth friendly information, referrals to services and to promote social accountability	●			

The Programme has achieved notable advancements in confronting gender and social norms, as well as behavioural factors impacting the realization of SRHR. In the initial biennium, the Programme fulfilled the objectives of four out of five indicators, specifically those concerning the creation of evidence to challenge gender and social norms that hinder SRHR, and the involvement and capacity enhancement of key networks to address these norms and improve access to SRHR information and services. Substantial progress was also made on the fifth indicator, which centered on developing a comprehensive intervention strategy to mitigate key social and gender norms, achieving a metric surpassing 50%. Despite these considerable achievements, it is imperative to ensure that the generated evidence, developed interventions, and enhanced capacity culminate in improved and tangible outcomes.

Output 3.1: Evidence on key gender, social norms, attitudes and values influencing SRHR outcomes

In Year 2, the programme focused on addressing social and cultural norms, achieving increased awareness, improved community engagement on SRHR topics and strengthened stakeholder collaboration.

Gender assessments in Eswatini, South Sudan and Rwanda provided evidence to address gaps in gender and social norms. Implementation of recommendations from these assessments included:

- **Namibia**: Supported the Tonata people living with HIV (PLHIV) Network to build capacity among women living with HIV and adolescent girls and young women.
- **Zimbabwe**: Advocated for HIV integration at a National Gender and HIV stakeholder meeting.
- **South Sudan**: Strengthened the Adolescent Girls and Young Women (AGYW) Network (NWERO) by registering the network and conducting community engagements.

Efforts to address the needs of men and boys included developing a Male Engagement Framework and facilitating male engagement sessions at the Nairobi SRHR Learning Symposium. Country-specific initiatives in Botswana, Eswatini and Rwanda promoted positive masculinity and increased men and boys' uptake of HIV services. Additionally, Uganda updated its National Health Sector Male Engagement Strategy to improve health outcomes and reduce GBV. The strategy outlines nine main strategies and provides a comprehensive roadmap for engaging men and boys in health programmes. Service standards and a training manual were also developed to promote male involvement in health services.

Increased understanding of normative behaviours influencing SRHR outcomes with the potential to inform policy making as well as programme design, implementation and monitoring and possibly resource mobilization strategies. The universities of Cape Town and Oxford, in collaboration with the gender and social norms RITT and youth engagement, produced three studies to inform SRHR and gender-transformative programmes:

1. **Mapping Norms Influencing SRHR (Evidence for Impact):**
    - Identified foundational norms impacting SRHR outcomes, such as gender norms, heteronormativity, adultism and privacy concerns.
    - Highlighted how these norms affect young women, non-heterosexual populations and adolescents' access to SRHR services.
2. **Scoping Review of Social Norms Interventions:**
    - Demonstrated the transformative impact of social norms interventions on adolescent SRHR outcomes.
    - Emphasized the importance of integrating gender-transformative approaches and improving service availability, accessibility and quality.
3. **Analysis of Adolescent Boys and Young Men's Inequitable Gender Norms and SRHR:**
    - Contributed to understanding the gender and social norms landscape to inform SRHR programmes.

Key findings from these studies will be disseminated in early 2025, along with a technical brief summarizing the outcomes.

During 2024, the AGYW "What Works" mapping project produced key reports on financial mapping, stakeholder mapping, youth perspectives and programme alignment. The project identified effective AGYW HIV prevention programmes in ESA that integrate with existing structures, promote gender equality and provide comprehensive care through robust referral systems. The financial mapping revealed a strong reliance on Global-North funding, with significant contributions from the United States President's Emergency Plan for AIDS Relief (PEPFAR), The Global Fund and other international donors. It highlighted the need for risk-based funding to reduce new HIV infections in sub-Saharan Africa by 2030.

The Inception Report on ESA's AGYW HIV Prevention Interventions Mapping analyzed existing interventions, and identified gaps and challenges to replicate successful models. It emphasized the importance of multi-stakeholder coordination and efficient resource use. The ESA AGYW HIV Prevention report outlined critical messages for advancing AGYW HIV prevention efforts, and presented a 4-I framework (incentives, integration, intersectionality and innovation) for more AGYW-centred, catalytic and collaborative approaches. Furthermore, the "Handbook of Nuanced and Diverse AGYW HIV Prevention Working Approaches, Models and Recommendations" report identifies innovative and sustainable HIV prevention programmes for AGYWs that are culturally sensitive, gender-responsive and tailored to their specific needs in ESA. The handbook provides evidence-based information and practical tools to empower stakeholders to coordinate AGYW HIV prevention efforts effectively. These efforts highlight the strategic importance of focusing financial resources and evidence-based interventions on AGYW to achieve significant public health gains in ESA.

Four JSF countries were supported in their efforts to address harmful social and cultural practices and norms affecting the SRHR outcomes of young people:

- **South Sudan:** Strengthened youth-friendly SRHR services and referral pathways through community dialogues addressing harmful norms.
- **Uganda:** Engaged networks of young people, religious and cultural leaders to promote positive gender and social norms, addressing teenage pregnancy and early child marriages.
- **Zambia**: Rolled out the national multisectoral campaign to reduce adolescent pregnancy, involving strategic engagements with stakeholders and community dialogues.
- **Zimbabwe**: Conducted "Not-In-My-Village" campaigns to end adolescent pregnancy, mobilizing additional funds and expanding the campaign to more districts.

A revised approach to social listening was developed to track rumors and trending conversations on SRHR, informing digital engagement strategies at the country level. Additionally, a curriculum for regional journalists on ethical SRHR reporting was initiated, with monthly webinars planned for 2025. In Tanzania, a baseline survey through the Elimika Digital Platform assessed AYP's knowledge on SRHR, revealing gaps in understanding STI prevention and HIV self-testing, and highlighting the need for targeted education on menstruation and other SRHR topics.

Output 3.2: Networks of regional adolescent and youth, key populations and influential stakeholders engaged and empowered

In 2024, the capacity of youth-led networks, including AGYW-led groups, to advocate for SRHR information and services was significantly strengthened through strategic partnerships, capacity-building and advocacy. The UNITED! Movement, a youth-led platform initiated in Phase 1 of the programme, received direct support, including skill-building sessions at the Adolescent SRHR and HIV 2024 workshop in Nairobi. The movement also institutionalized peer exchange and cross-learning through webinars on critical topics, reaching over 9,000 individuals. This solidified UNITED!'s role as a central hub for youth-led SRHR and HIV advocacy, with membership growing to over 300 young leaders across 14 countries.

A comprehensive course was developed to enhance the capacity of youth leaders, providing extensive knowledge and skills to understand SRHR and effectively advocate for change. The successful signing of the first youth-led Programme Cooperation Agreement (PCA) with Y+ Global underscored the United Nation's commitment to amplifying youth voices. Additionally, AfriYan, a youth network of SRHR service organizations, was strengthened through the election of new leaders and continues its collaboration with Y+ to mobilize youth networks and expand its membership. These efforts have ensured sustained youth leadership in advancing adolescent health and rights, positioning young advocates in critical advocacy spaces and fostering youth-driven change.

Countries like Zambia, Uganda, South Sudan, Tanzania and Zimbabwe received **support to build the capacity of national adolescent and youth-led networks and champions** through the JSF. Zambia conducted reducing adolescent pregnancy awareness campaigns to prevent adolescent pregnancy, resulting in the development of provincial issue papers to inform future SRH policies. Uganda conducted a knowledge, attitudes and practices (KAP) study on SRHR, revealing widespread myths and misconceptions, and supported the implementation of the Youth Adolescent Peer Supporter (YAPS) strategy and human papillomavirus (HPV) vaccination programmes. South Sudan engaged youth in experience sharing and storytelling, reaching over 500 young people with SRHR information, while Tanzania trained 12 youth networks to promote access to youth-friendly SRHR, HIV and GBV information, reaching 4,180 adolescents and youth. Zimbabwe expanded its Community Adolescent Treatment Supporters (CATS) programme, training additional CATS to provide HIV services to over 1,250 children and young people.

The programme also strengthened digital and offline **social and behaviour change (SBC) platforms**, launching new content and resources tailored for adolescents and young people in the ESA region. These efforts have increased access to high-quality SRHR information and services, empowering young people to make informed health decisions.

Outcome 4:

Resilient health systems and communities are enabled to ensure the continuity of SRHR services during crises

Indicators and % overall to target in 2024	Above 100%	50-100%	25-50%	Below 25%
OP 4.1.1: Number of continental and regional SRHR frameworks that incorporate humanitarian aspects.				●
OP 4.1.2: Number of countries with national plans that incorporate SRHR response in emergencies		●		
OP 4.1.3: Number of functional humanitarian coordination forum involving civil society and integrating SRHR	●			
OP 4.2.1: Number of countries with roadmaps implemented to strengthen the preparedness and resilience of national health systems for the provision of SRHR services before crisis strikes.		●		
OP 4.2.2: Number of countries supported to integrate GBV interventions in humanitarian actions			●	
OP 4.2.3: Number of Regional pre-positioning schemes established in the EAC and SADC regions to enable a rapid response to the onset of humanitarian crisis.		●		
OP 24. Number of countries supported to strengthen their national health information system to be able to generate data to support preparedness efforts			●	

The Programme is progressing towards enabling resilient health systems and communities to ensure the continuity of SRHR services during crises. Notably, one indicator concerning functional humanitarian coordination forums involving Civil Society Organizations (CSOs) and integrating SRHR has successfully met its overall target by the end of 2024, while three of its seven indicators have achieved 50% or above. This includes countries with national plans that incorporate SRHR response in emergencies, countries with implemented roadmaps to strengthen the preparedness and resilience of national health systems for SRHR provision before crises, and efforts on regional pre-positioning schemes to facilitate rapid response to humanitarian crises.

However, indicators on integrating Gender-Based Violence (GBV) interventions in humanitarian actions and strengthening health information systems to generate data for preparedness efforts fell below target, requiring increased effort to ensure target achievement. Similarly, as in Outcome 1, the development and/or updating of continental and regional frameworks incorporating SRHR remains significantly below target, indicating an opportunity to prioritize the implementation of existing frameworks rather than developing new ones.

Output 4.1: Policy and legal environment enabled to address SRHR during humanitarian crisis and emergency situations

Capacity-building efforts to ensure continuity of SRHR services in emergencies were conducted. In Lesotho, 27 trainers were **trained on the Minimum Initial Service Package (MISP) to enhance health system resilience and readiness for emergency response**. These trainers will cascade the training across the country, improving workforce preparedness to deliver essential SRHR services during crises.

The African Development Bank's Climate Change project was leveraged on to **implement key recommendations from the Vulnerability Assessment Study** undertaken in Phase I in South Sudan, Kenya, Mozambique, Zimbabwe and Madagascar. These efforts included conducting climate change-focused vulnerability assessments that assessed gender, SRHR and GBV vulnerabilities, as well as organizing stakeholder capacity-building and advocacy meetings. By mainstreaming SRHR and GBV considerations into climate resilience strategies, these countries are better positioned to respond to the unique health challenges posed by climate-induced crises.

The MISP Readiness Assessment (MRA) findings were shared to advocate for policy revisions, leading to an increase in countries with MISP integration from two to 15. Targeted activities strengthened national capacities to implement MISP in disaster response plans, enhancing SRHR resilience in humanitarian settings. Moving forward, an After-Action Review will assess the effectiveness of MISP integration in disaster response, particularly regarding climate change-induced crises. The findings will guide improvements and strengthen advocacy for ensuring the continuity of SRHR services during emergencies. Sustainable investment in policy implementation, financing and cross-sector collaboration will be key to maintaining SRHR services in crises.

Output 4.2: Resilience of health systems strengthened to provide the minimum integrated SRHR service package (MISP) in times of crisis

A standardized GBV Quality Assurance Tool was developed to help countries assess and improve their GBV responses in emergencies. The tool was disseminated across multiple countries, enabling consistent evaluations, improved monitoring, response planning and service delivery for GBV survivors.

Additionally, a regional **review and roadmap were created for establishing a regional prepositioning facility for reproductive health supplies**, which will serve as an advocacy tool for resource mobilization.

Output 4.3: Evidence base for humanitarian and emergency response strengthened

The programme supported a **consultative Indicator Review Meeting in Nairobi focused on aligning key indicators for SRHR, HIV and GBV in humanitarian settings with global frameworks**. The meeting aimed to identify gaps and inconsistencies, with the goal of creating a unified framework for tracking these indicators. Despite progress, further discussions are needed to finalize alignment and standardization, and the adjustments made have yet to be fully reflected in the official workplan.

In response to climate-related crises, the programme developed a **comparative brief on HIV and climate change, analyzing El Niño responses in 2015-2016 and 2023-2024.** This study, conducted with the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP), informed the integration of SRHR into the SADC El Niño appeal. A joint mission to Ethiopia assessed HIV data gaps in humanitarian settings, producing recommendations for better coordination among United Nations agencies and contributing to the revision of global HIV-in-emergencies guidelines. In Tanzania, the programme piloted an assessment of HIV and SRHR integration into flood response efforts, which will inform future humanitarian SRHR responses.

The Gaia Toolkit, aimed at empowering adolescent girls, was expanded to Mozambique, Ethiopia and Somalia, facilitating youth-led advocacy and engagement. This toolkit has played a key role in strengthening SRHR services for adolescent girls during crises.

Financial Summary

The financial overview provides a provisional summary of budget allocation, expenditures and implementation rates across various outcomes and the four participating agencies for the period from January to December 2024. These figures are subject to confirmation in the annual financial report to be shared by the Administrative Agent (AA) on 31 May 31 2025.

The total budget for 2024 was US$12,987,548.43, with an overall utilization rate of 71.02 per cent across the four agencies. A total of US$9,223,284.41 was utilized, this amount includes encumbrances amounting to US$640,501.35. The estimated remaining balance stands at US$3,764,264.02, which has been rolled over and programmed as part of the 2025 budget.

Key budget allocations by outcome

- **Staff Costs and Delivering as One:**
  - Staff costs accounted for 33.1 per cent of the total budget (US$4,298,572.00), with 81.02 per cent utilized.
  - Delivering as One represented 34.5 per cent of the budget (US$4,477,043.13), with a 55.60 per cent utilization rate.

- **Programme Outcomes:**
  - Outcome 1: Allocated 10.5 per cent of the budget (US$1,365,823.00), with an 85.71 per cent utilization rate.
  - Outcome 2: Allocated 11.7 per cent of the budget (US$1,525,469.30), with 70.41 per cent utilization.
  - Outcome 3 and Outcome 4: Allocated 7.5 per cent (US$970,641.00) and 2.7 per cent (US$350,000.00) of the budget, with utilization rates of 78.91 per cent and 68.75 per cent, respectively.

Joint SRHR Fund (JSF) performance

The JSF budget for 2024 was US$1,896,400.79, with an overall 72.44 per cent utilization rate.

CONCLUSION

Year 2 of Phase 2 of the 2gether 4 SRHR Programme was successfully implemented, fully aligned with the principle of "Delivering as One."

Year 1 of the Joint SRHR Fund (JSF I) also saw significant progress, with countries making notable achievements that contributed to the programme's outputs and outcomes.

Both regional and national efforts led to the successful attainment of most Year 2 targets across all four outcomes, putting the programme on track to achieve its intended objectives.

PHOTO: The SLF for 2gether 4 SRHR with Ambassador Håkan Juholt, Ambassador of Sweden to South Africa, Botswana, Lesotho and Namibia; Ms. Elisabeth Hårleman, Head of the Regional SRHR Team of Sweden and Her Excellency, Mrs. Monica Gengos, the third First Lady of Namibia

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YEAR 2 SUMMARY

(JANUARY TO DECEMBER 2024)

UNAIDS

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