



# LINKING AND LEARNING FORUM MEETING REPORT

Hybrid Meeting 8 - 9<sup>th</sup> June 2022

Delivering Comprehensive Services  
for Orphans Vulnerable Children  
and Youth



Eastern & Southern Africa  
Regional Inter Agency Task Team on Children & AIDS

The Regional Inter-Agency Task Team on Children and AIDS in Eastern and Southern Africa (RIATT-ESA) Technical Group is committed to “**building back better**”, in the hope of moving towards building better access to services, better social protection, better policies, and better recommendations.

- **Diantha Pillay**: RIATT-ESA Care and Support Task Team Chair

## ACKNOWLEDGEMENTS

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In memory of Naume Kupe, who contributed to the advancement of sexual and reproductive health rights, for women, girls, children and marginalised populations affected by HIV globally.

## ABBREVIATIONS

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<b>AfECN</b>	African Early Childhood Network
<b>ARV</b>	Antiretroviral Therapy
<b>CSE</b>	Comprehensive Sexuality Education
<b>COP</b>	Community of Practice
<b>DRC</b>	Democratic Republic of Congo
<b>EAC</b>	East African Community
<b>EALA</b>	East African Legislative Assembly
<b>ECD</b>	Early Childhood Development
<b>EID</b>	Early Infant HIV Diagnosis
<b>ESA</b>	Eastern and Southern Africa
<b>ESIHP</b>	EAC-Sida integrated health programme
<b>EUP</b>	Early and Unintended Pregnancy
<b>FGM</b>	Female Genital Mutilation
<b>GBV</b>	Gender Based Violence
<b>HIP</b>	High Impact Practice
<b>IAMS</b>	International Association for Migrant Support
<b>IPV</b>	Intimate Partner Violence
<b>MNCH</b>	Maternal Newborn and Child Health
<b>MSCS</b>	Minimum Standards on Comprehensive Services (for Children and Young People in the East African Community)
<b>ODA</b>	Oversees Development Assistance
<b>PAHLCA</b>	Paediatric and Adolescent Collaboration for Africa
<b>POC EID</b>	Point of care, early infant diagnosis
<b>PPE</b>	Personal Protective Equipment
<b>PSS</b>	Psychosocial Support
<b>REPSSI</b>	Regional Psychosocial Support Initiative
<b>RIATT-ESA</b>	Regional Inter-Agency Task Team on Children Affected by AIDS, Eastern and Southern Africa
<b>SADC</b>	Southern African Development Community
<b>SDG</b>	Sustainable Development Goals
<b>SIDA</b>	Swedish International Development Cooperation Agency
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>UHC</b>	Universal Health Coverage

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## EXECUTIVE SUMMARY

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The Regional Inter-Agency Task Team on Children and AIDS in Eastern and Southern Africa (RIATT-ESA) is a network of organisations working together to influence global, regional and national policy formulation and implementation for children and their families. RIATT-ESA is geared towards three core thematic pillars, namely, care and support, advocacy and social protection. The RIATT-ESA Linking and Learning Forum 2022 was centred on the theme, *“Delivering comprehensive services for orphans, vulnerable children and youth”*. The hybrid Forum brought together 50+ attendees from across the ESA region and over 26 experts to speak on alarming trends of sexual and reproductive health and rights (SRHR) in the region and outlining key interventions for scale-up. The RIATT-ESA 2019-2022 Strategy is implemented on the aspiration of “leaving no child behind” through a focus on highly vulnerable groups of children and youth. The next RIATT-ESA Strategy will draw on the outcomes of the Forum including developing a joint collaborative roadmap for action in the ESA region.



## RIATT-ESA LINKING AND LEARNING FORUM OBJECTIVES

Adapt new ways of work, innovation and adaptation to the COVID-19 pandemic.  
To consolidate, expand and strengthen, national and regional partnership.  
Identify mechanisms, levers and interventions to address issues of children and youth.  
Respond to the severe impacts of COVID-19.

Exchange lessons, working models and good/promising practices in delivering comprehensive services for orphans, vulnerable children and the youth.  
Create a platform for continued partners' engagement as a Community of Practice (COP).  
Design clear Roadmap for implementing the partnership and joint implementation /collaboration arrangements at national and regional level developed and agreed upon.

## SNAPSHOT: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS CHALLENGES IN THE ESA REGION

Forum speakers and participants highlighted pressing challenges in the region which require urgent investment, collective efforts and innovative approaches and solutions:

### KEY MESSAGES ON PROGRAMMING GAPS AND PRIORITIES

- Young **undocumented migrants** are unable to access key services e.g. education, HIV testing and are increasingly vulnerable to stigma, discrimination and human trafficking.
- **Adolescent boys and young men** continue to be overlooked in SRHR programming, there is also a limited focus on the role of boys and young men as change-agents.
- There is a lack of focus and prioritisation of TB programming and advocacy among governments, donors and civil society organisations.
- **None of the global targets for HIV among children were met in 2020.** 1.7 million children living with HIV are aged 0–14 years old, and only 54 percent are accessing antiretroviral therapy (ART) resulting in approximately 99 000 AIDS-related deaths among children.
- **HIV treatment coverage** for adults is approximately 78 percent in 2020, and children and adolescents from 0-19 is approximately 57 percent in ESA. This means that an estimated 800 000 children and adolescents living with HIV remain untreated and at high risk of illness and death.
- **Adolescent girls and young women** aged 15-24 years old comprise roughly 10% of the population in the region, but they account for 27 percent of all new HIV infections in ESA.
- It is estimated that more than 50 million girls below 15 years of age will be at risk of being subjected to **female genital mutilation** by 2030.
- Due to the COVID-19 pandemic, up to 10 million **child marriage** cases are anticipated by 2030.
- **Bullying** is on the rise, especially among children living with HIV who experience stigma related to their HIV status or that of family members. The effect of bullying is that anxiety for example results in non-adherence to treatment.
- **Violence is on the rise**, a study from Eastern Cape, South Africa (among 1090 adolescents) shows that, one-fifth of adolescents experience community violence, up to 41 percent reported being assaulted by caregivers, a quarter reported being

exposed to sexual violence, and 3 percent reported already experiencing sexual violence in the last twelve months. New evidence on the impact of violence on antiretroviral (ARV) adherence amongst adolescents living with HIV suggests that ending exposure to any form of violence (physical abuse, emotional abuse, clinic verbal abuse and violence at school) would reduce the risk of non-adherence from 75 percent to as low as 25 percent.

### FUNDING GAPS AND THE INABILITY TO TRACK FINANCING OF POLICIES, STRATEGIC PLANS AND COMMITMENTS

Funding continues to remain a challenge and domestic allocation is still very low in all countries.

### OVERVIEW OF KEY PROJECTS

#### LIST OF RIATT-ESA STUDIES

- **Study on adolescents and young people's HIV-Sensitive social protection mechanisms in the East African community:** map (HIV)-sensitive social protection mechanisms for adolescents and young people in 6 Eastern African countries (Burundi, Kenya, South Sudan, Tanzania and Uganda) through a desktop review.
- **Position of funding for children in the SADC region:** This study was a desk review providing an analysis of national budgets and expenditure patterns in Southern Africa.
- **Early and unintended pregnancy:** a desk review analysing policies which were available or related e.g. national health plans, reproductive health strategies, it was next to impossible to compare countries, instead key elements of progress and gaps were analysed. Implementation progress was measured through recent trends in the literature.
- **Paediatric HIV testing:** a desk review was conducted to identify early infant HIV diagnosis (EID) national targets and compare with EID coverage within two months of birth. Aims of the study include; to identify the extent to which the national paediatric HIV guidelines and molecular diagnosis strategic plans were aligned with WHO recommendations; identify how national paediatric HIV diagnostic and guidance incorporation were improving both conventional and POC diagnostics for EID and to identify if the respective Ministry of Health utilised a digital system for recording EID data.
- **A situation analysis of Childhood TB and review of policies on TB:** review policies on TB in ESA and review progress towards implementing the ten key actions toward a roadmap for ending TB in children and adolescents. The review took place in Kenya, Uganda, Zimbabwe and the Democratic Republic of Congo (DRC) to improve data collected for childhood TB.
- **Children, HIV and COVID-19:** gauging the impact of Covid-19 on programmes for children and adolescents living with HIV and other vulnerable children. The goal was to document best practices. The study used data analysis of the semi-quantitative method and in-depth interviews with stakeholders.

#### INNOVATIVE PROJECTS

Regional SRHR needs assessment for adolescent boys and young men aged 18 – 34 years in five East and Southern African countries, the project led by HEARD aims to assess the structural, social and behavioural drivers that facilitate or impede SRHR, including reviewing policies and evidence to reduce HIV risk. The review covered 8 regional commitment documents, and 73 country records in Lesotho, Malawi, Zambia, Zimbabwe and Uganda

**SRHR for youth in migration-affected areas – Knows No Borders Project**, led by Save the Children in collaboration with the International Organization of Migration (IOM). The project is implemented in six countries, Zambia, Malawi, Mozambique, Eswatini, Lesotho and South Africa. The objective is to promote healthy choices through education and increased access to services for migrants. It is aimed at cross-border information sharing and a system to ensure access to SRH services without discrimination.

The project aims to improve SRHR outcomes for vulnerable key populations and migrants with three objectives.

- Healthy choices.
- Access to services, including services which are youth friendly.
- Creating an enabling environment.
- Being a migrant increases vulnerability; hence we need to improve cross-border referrals coupled with cross-border monitoring.

I am a Great Child: a unique strategy to help children build greater confidence, resilience, and better futures

The Great Child project is about transforming children's lives with a focus on child leadership and its achievements in ESA. The project contributes to four sustainable development goals (SDGs); good health and well-being, gender equality, quality education and zero poverty. The project provides the following tools for children and caregivers; class tools include:

- Activities and everyday use methods.
- A parent or caregiver coaching.
- Teacher training.

The tools have been utilised by over 1000 schools and non-profit organisations in 13 countries in ESA in different languages since 2006 and help children identify and solve their challenges, children are able to advocate for themselves and children perform better in school.'

## **DAY 1: UNPACKING THE CURRENT STATUS OF YOUTH, ADOLESCENTS, AND CHILD-FOCUSED HIV RESPONSE & PROGRESS TOWARDS THE SADC MPS / EAC MSCS IN LIGHT OF COVID-19**

### **OVERVIEW**

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#### OPENING REMARKS

##### **MORRIS TAYEBWA: RIATT-ESA VICE-CHAIR / EAC**

RIATT-ESA is looking forward to this iteration of the Forum, and the objectives for the Forum are:

- New ways of work, innovation and adaptation to the Covid-19 pandemic.
- To consolidate and expand national and regional partnership.
- Find ways to address issues of children and youth.
- Address Covid-19 challenges.

Responding to a question from the floor regarding RIATT's two main priorities. He further explained that RIATT- ESA has three priorities, namely:

- Education (e.g. policy review).
- Health (prioritise HIV testing, treatment/ or addressing HIV response).
- Social protection (e.g. reduction of early unintended pregnancies).

##### **DIANTHA PILLAY: RIATT-ESA CARE AND SUPPORT TASK TEAM CO-CHAIR**

The Linking and Learning Forum's tagline is "**building back better**", in the hope of moving towards building better access to services, better social protection, better policies, and better recommendations. She further emphasised the objectives and purpose of the meeting.

#### **The purpose:**

- To bring together partners and stakeholders operating in Eastern and Southern Africa (ESA)

#### **Emphasise/ complementing objectives highlighted by Morris:**

- Exchange lessons, best practices and good working models.
- Create a platform for continued engagement with partners.
- Partnership and joint implementation.
- Design a clear roadmap for implementation.

#### **Diantha highlighted the structure of RIATT-ESA working groups:**

- Care and support use a family-centred approach.
- Advocate, prioritise children, adolescent and care.
- Social protection focusing on HIV-sensitive social services for children and adolescents.

### The working groups' priority themes, are as follows:

- Reduction in early and unintended pregnancies (EUP) by focusing on policy review.
- Paediatric HIV testing.
- Childhood and adolescent TB.
- Covid-19 migration practices.



### MIKAELA HILDEBRAND: SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY (SIDA)

Mikaela Hildebrand attended the meeting with her colleagues Felix Helgesson and Anna Liwander (online attendance). SIDA has been supporting RIATT-ESA for quite some time, and SIDA is a proud supporter and proponent of bringing partners together from different sectors. "The priorities and challenges are clear, but we now need to find scalable interventions. Sweden has feminist policies; as a result, SRHR is a priority of the work they do, 7-8 percent of the development cooperation assistance goes to health, and out of it, 60 percent goes to SRHR. They work within the regional team for SRHR, and initiating a gradual move to Pretoria, which makes it easier to participate in meetings physically and engage".

SIDA adopts the Lancet definition of SRHR, including the definition of an essential package of services. HIV is an integrated aspect of SRHR, with common social determinants which are not addressed systematically. Integration of gender remains a priority.

Mikaela shared that SIDA's new Five-Year Strategy was released early March 2022. The funding envelope is double the previous funding envelope. The strategy has four main broad priorities, which include;

- Increasing enjoyment of SRHR for all.
- Addressing social norms that impact on SRHR, which include reducing harmful practices.
- Strengthen conditions for increased accountability for implementing SRHR commitments.
- Knowledge management.

### Comments:

What are the implications of the war between Russia and Ukraine relating to SRHR funding?

Response: There was a reduction, but the least impacted is Africa strategy with a 22% reduction.

## LAURIE GULAIID: UNICEF

Laurie drew attention to the impact of COVID-19 on SRHR and the HIV response.

Focused on Equity, the Global AIDS Strategy 2021-2025 which calls for a rights-based focus on addressing inequity in the HIV response and fully embracing those left behind. Progress has been made in the region given over four decades of HIV response. However, children, adolescents and young women continue to face inequities.

- Treatment coverage for adults is approximately 78 percent in 2020, and children and adolescents from 0-19 years-old is approximately 57 percent in ESA. This means that an estimated 800 000 children and adolescents living with HIV remain untreated and at high risk of illness and death. In addition, adolescent girls and young women aged 15 to 24 years-old comprise roughly 10 percent of the population in the region. Still, they account for 27% of all new HIV infections in ESA.
- Adolescent girls and young women also face high rates of unintended pregnancies, gender-based violence (GBV) and other threats to their SRHR.

As we advance in reaching those who remain 'unreached', we must address the underlying structural drivers, including poverty and harmful social and gender norms, among others. This will require cross-sectoral effort which is complex.

- We must think about how to implement approaches in a combination of interventions.
- What will we take into the policy?

Lastly, Laurie drew attention to scale-up of interventions –

Over the last two years, we witnessed fantastic innovation in response to Covid-19. Moving forward, we will need to talk about the outcomes of these innovations and what worked. And what did not work? What was the cost, and what can we learn from the experience”?

In closing, the only way to achieve success would be addressing inequity, up-scaling, and partnerships with government representatives and the community.

**END OF OPENING**

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## LEARNING SESSION 1:

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### AU END HARMFUL PRACTICES PROGRAMMES: PROTECTING AND EMPOWERING CHILDREN AGAINST GENDER-BASED VIOLENCE

**RICHARD WAMIMBI (AU COMMISSION) PRESENTED ON BEHALF OF NENA THUNDU**

Richard opened by saying that his dream is to end child marriage in Africa, and he went on to give an overview of AU's recent study on children's exposure to GBV.

#### Key Messages:

- It is estimated that more than 50 million girls below 15 years of age will be at risk of being subjected to female genital mutilation (FGM) by 2030.
- Due to the Covid-19 pandemic, up to 2 million additional cases of FGM and 10 million child marriage cases are anticipated by 2030.
- AUC in partnership with UN Women compiled a compendium of marriage laws in Africa in 2019.

#### Key actions:

- There is a need to address the causes and drivers of GBV.
- Capacity building of community leaders to raise awareness.
- Campaigns to advocate against child marriage.
- Strengthening of national laws. Find ways to have successful engagement at a higher level.
- Skills and information sharing with development and funding partners.
- Advocate towards 0% cases of FGM by 2030.

The speaker closed by informing participants that AU will launch new guidelines for ending child marriage. The guidelines will provide a clear guide to reporting and will accelerate the elimination of children's GBV.

#### Comments:

- What's next? How are we changing and integrating the law? How do we integrate ending child marriage with keeping girls in school?
- There is a greater need to work with political, cultural and religious leaders.
- We would like to see children leading on campaigns.
- Boys are also victims, so we need all genders involved in our campaigns. e.g., Girls Summit should include all children, not just girls.

#### Response:

- Some challenges are because countries work differently, even though we have 30 countries that launched the Strategy and action plan.
- We are developing a guide to share with ministries and traditional leaders.
- Regarding children leading campaigns, we will call on our partners to bring candidates forward; however, we will share selection criteria with them.

## UNPACKING COMPREHENSIVE SEXUALITY EDUCATION (CSE) IN EASTERN AND SOUTHERN AFRICA



### REMINGTON SHAWA (UNESCO)

The ESA Ministerial Commitment was adopted in 2013 to support CSE and youth friendly SRHR. One of the challenges has been the monitoring and evaluation of the ESA Commitment. Few countries such as Angola, Burkina Faso, Cameroon, DRC, Kenya, Madagascar, Mauritius, Rwanda and Seychelles could not yet endorse the renewed commitments and require more time for consideration/ consultation.

The renewed Ministerial Commitment on Education & Health for the Well-being of Adolescents and Young People 2021-2030:

- ESA continues investing in high-quality, evidence-based, gender-transformative, and age-appropriate sexuality education.
- Address the structural factors that increase the vulnerability of adolescents and young people and their risk of acquiring HIV and STIs
- Ensure the inclusion of adolescent SRHR within the national universal health coverage (UHC) packages.
- Connect health, education, and social service systems and other support mechanisms.
- Meaningful involvement of adolescents and young people in decision-making, planning, implementation, and monitoring and evaluation (M&E).
- Ensure that interventions at the national level are well-targeted and evidence based.
- Strengthen the role of community organisations and community actors to improve engagement and dialogue.
- Coordinate and support the development of national multisectoral and multistakeholder plans.



### Targets by 2025

TARGET 1	All adolescents and young people are reached with good-quality, age-appropriate and evidence-based sexuality education through in- and out-of-school programmes.
TARGET 2	Adolescent and youth SRHR services are integrated into Universal Health Care packages.
TARGET 3	A functional multisectoral framework is in place to facilitate linkages between sexuality education and youth-friendly SRH and psychosocial services.
TARGET 4	Laws and regulations guarantee full and equal access to both men and women aged 15 years and older to SRH care, information, and education.
TARGET 5	There is an increased number of youth-led organizations, groups, or networks who are regularly engaged and participate in policy- and decision-making processes relating to SRHR.

### Targets by 2030

TARGET 6	Fast-track regional and country level actions to reduce EUPs among adolescents and young people aged 10-24 years by 40%.
TARGET 7	Reduce new HIV infections among adolescents and young people aged 15-24 years by 60%.
TARGET 8	Eliminate all forms of violence, including sexual and gender-based violence, against adolescent girls and young women.
TARGET 9	Eliminate harmful practices such as child marriage and FGM among adolescents and young people.
TARGET 10	Establish sustainable financing modalities including direct allocation of domestic resources, innovative financing, and blended financing modalities to mobilize resources to be allocated to all the relevant sectors contributing to the realization of the SRHR of adolescents and young people.

The next step will be supporting countries that did not endorse the commitments to understand the underlying issues, this will be closely followed by implementation.

## LEARNING SESSION 2

### UNPACKING THE UNAIDS STRATEGY, INCLUDING IMPLEMENTATION IN EASTERN AND SOUTHERN AFRICA

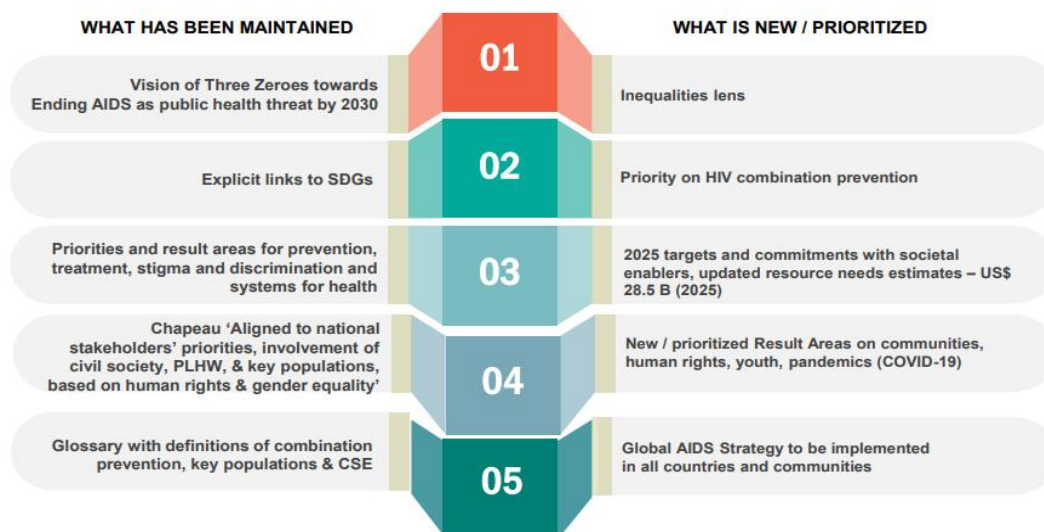
**CYNTHIA LUNGU, UNAIDS**

An overview of the UNAIDS strategy was presented and it was emphasized that it is a guide to ending AIDS as a public health threat globally by 2030. The 2021 high-level political declaration endorsed the strategy.

**The UNAIDS Strategy 2021-2026 calls for prioritised focus and accountability to deliver on:**

- Community-led responses.
- Human rights.
- Youth.
- Broader social and health systems.
- Colliding pandemics.
- Sustainable Financing.

**2015 Strategy Vs 2021 Global AIDS Strategy**



## ADAPTING TO THE COVID-19 PANDEMIC

### ISABEL JOST (UNFPA)

An overview was provided of the contraceptive prevalence rate, adolescent birth rate, need for family planning, child marriage, HIV infection rate, and youth HIV testing behaviour prior to the Covid-19 pandemic. The presentation then provided insights into the impact of Covid-19 on SRHR and the challenges experienced.

#### **Challenges/ impact of COVID-19 on SRHR:**

- Short-term disruption or restrictions affected SRHR services such as contraceptives, abortion, condom supply, etc.
- Increases in GBV, EUP and child marriages.
- Resources diverted to COVID-19.
- Increased mental distress.
- Limited access to SRH information.
- Decreased access to youth friendly SRH.
- Decreased community engagement and school interventions.

#### **Alternative interventions during Covid-19 to address the challenges:**

- Radio and mini dramas.
- Online training for teachers and health providers.
- Use of TuneMe and online videos.

Covid-19 highlighted the need for accurate and accessible data for policy influence, programmes and decision-making. As a result, UNFPA worked with governments, the private sector, and civil society organisations to strengthen data collection, analysis and use.

#### **Other priorities:**

UNFPA's new focus is on self-care: the ability of an individual to maintain health and cope with illness or disability through self-medication and disease prevention. UNFPA is currently developing self-care interventions and an operational guide for adolescents and young people, focusing on EUP, HIV testing and counselling. The guide will be for South Africa, Malawi, Zambia and Zimbabwe.

## LINKING SESSION 1

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### NATIONAL CAPACITY BUILDING /SUPPORT NEEDS AND INTERSECTIONALITY OF HIV AND SRHR/ EAC MSCS

MORRIS TAYEBWA, EAC

#### **EAC-Sida integrated health programme (ESIHP) objectives and progress made:**

- The sectoral council approved EAC Universal Health and HIV Coverage Resource Mobilisation Strategy in 2018.
- Updated the 2016 EAC Framework of Action for Sustainable Universal Health and Coverage.
- Pooled procurement and cross-board supply chain solutions for reproductive health commodities.

#### **Update on the SRHR bill:**

- East African Legislative Assembly (EALA), EAC secretariat, UNFPA, UNESCO, WHO, and UNAIDS are developing an EAC Regional SRHR Bill and accompanying Strategy, objectives are –
  - Provide a legal framework for the prevention and advancement of SRHR for all.
  - Promote safe motherhood.
  - Prevent harmful practices.
  - Prevent EUP.
  - Ensure access to quality SRHR by all.

The bill has been reintroduced to the Assembly, a public hearing has been conducted, there have been consultations with relevant stakeholders and there are efforts to fundraise.

#### **The strategy focuses on the following areas:**

- Social services workforce.
- Coordinating of services.
- Availability and accessibility of appropriate services.
- Evaluation of services.
- Strengthening knowledge management.
- Supply chain management.

#### **Issues arising:**

Q: Any focus on migrants?

A: Yes, there is a focus on humanitarian issues.

Q: What is the progress on securing sustainable financing?

A: It is a new pillar; however, we appointed dedicated staff to focus on resource mobilisation.

Q: How can we improve the strategy to get improved results?

A: We must ensure that our government partners stick to their commitment/ accountability.

Q: Do we have evidence of what happens on the ground?

Q: Are we leaving out things that are important in the frontline?

Q: How many countries report to the agenda 50/50?

Q: What is working? And, what can we do differently?

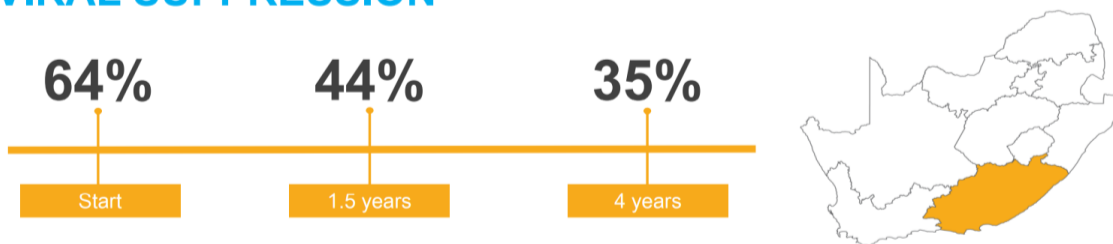
## PARTNERS 3-YEAR WORK AND PRIORITIES & COVID-19 RESPONSE IN THE SPECIFIC MEMBER STATES AND REGIONALLY

### EVIDENCE ON MULTISECTORAL ACCELERATORS FOR ADOLESCENT HIV AND SRHR: IMPLICATIONS FOR PROGRAMMING, PRACTICE, AND POLICY

JOINT PRESENTATION: LUCIE CLIVER, UNIVERSITY OF OXFORD AND UNIVERSITY OF CAPE TOWN NONTOKOZO LANGWENYA, UNIVERSITY OF CAPE TOWN ALICE ARMSTRONG, UNICEF ESARO

The presentation focused on adolescent adherence research conducted in Eastern Cape Province, South Africa. The Mzantsii Wakho study recruited 1090 adolescents living with HIV (10-19 years old) from 52 public healthcare facilities and community tracing in the Eastern Cape, South Africa. Followed up over four years: 93% retention, 3% mortality.

### LOWER ACHIEVEMENT OF 95-95-95 HIV CASCADE: VIRAL SUPPRESSION



Evidence to Action: a series of policy briefs developed, highlight the barriers to the well-being of adolescents living with HIV, particularly adherence. Achieving the 2025 HIV Targets for Adolescents, barriers to non-adherence include: stigma, bullying, violence, and mental health.

- **Bullying (impact of exposure)**

Within these four years, we saw that most adolescents living with HIV were bullied. 2/3 reported that they were bullied because they are living with HIV and 1/3 said that they experience stigma relating to their HIV status or that of family members. The effect of bullying is that anxiety results in non-adherence to treatment and reduces retention to 20 percent. However, this challenge may change through better social support.

- **Violence (impact of exposure)**

1/5 adolescents experience community violence, up to 41 percent reported being assaulted by caregivers, a quarter reported being exposed to sexual violence, and 3 percent reported already experiencing sexual violence in the last twelve months. New evidence on the impacts of violence on antiretroviral (ARV) adherence amongst adolescents living with HIV. Ending exposure to any form of violence (physical abuse, emotional abuse, clinic verbal abuse and violence at school) was predicted to reduce the risk of non-adherence from 75 percent to 25 percent.

**Addressing non-adherence:**

- Parental monitoring.
- Safe school environments.
- Cash transfers, social support to the household.
- The above reduces physical and emotional violence by 51 percent, witnessing community violence by 21%, and reducing violence perpetration by 33 percent.

**HEADSS<sup>1</sup> assessment:**

Increased screening for adolescents at high risk of antiretroviral non-adherence. An evidence-based screening mechanism using the World Health Organization (WHO) endorsed HEADS assessment and the HEADSS+ questionnaire. The study also looked at what could lead to non-adherence by an HIV-positive adolescent. The study shows that there is a need to expand screening to include areas identified as a risk, integrate violence prevention, mental health, SRHR and peer support, strengthen linkage and referral mechanisms and pathways, including social protection, engage caregivers and support positive parents.

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<sup>1</sup> EADSS is an acronym for the topics that the physician wants to be sure to cover: home, education (ie, school), activities/employment, drugs, suicidality, and sex. Recently the HEADSS assessment was expanded to HEEADSSS [2] to include questions about eating and safety.

## LEARNING SESSION 3

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### THE JOURNEY TOWARDS HUMAN RIGHTS, QUALITY HEALTH, AND WELL-BEING FOR YOUTH PRISON POPULATIONS

**TAFADZWA SEKESO, VSO**

The study was to determine the level of compliance with national, regional and international guides for quality and inclusive health in Eswatini, Zambia and Zimbabwe. The study focused on health compliance for youth in prison between 18 and 24.

#### **Findings and challenges:**

- Countries such as Zambia did not have data available for the study.
- In Zimbabwe, less than 46% of officers/officials are aware of the youth-related human rights policies, and in Zambia, 55% of officers are aware.
- Care in facilities has been ignored for some time due to a lack of funds.
- Most of the facilities lack proper water and sanitation.
- Prison staff are general specialists; as a result, there were no proper psychological services to deal with the mental health issues of youth prisoners.

### SRHR FOR YOUTH IN MIGRATION-AFFECTED AREAS – KNOWS NO BORDERS PROJECT

**TAFADZWA MADONDO, SAVE THE CHILDREN**

The project is led by Save the Children in collaboration with the International Organization of Migration (IOM); the project is called HIV Knows No Borders. The project started in 2016 and is now in its second phase of implementation from 2021 to 2026. It is funded by the Embassy of Netherlands in Mozambique.

- The target is vulnerable adolescents and youth (young people from ages 10 to 29) key population, migrants, and sex workers.
- The project is implemented in six countries, Zambia, Malawi, Mozambique, Eswatini, Lesotho and South Africa.
- The objective is to promote healthy choices through education and increased access to services for migrants.
- It is aimed at cross-border information sharing and a system to ensure access to SRH services without discrimination.
- The project aims to improve SRHR outcomes for key and vulnerable populations and migrants with three objectives.

- Healthy choices.
- Access to services, including services which are youth friendly.
- Creating an enabling environment.
  
- Being a migrant increases vulnerability; hence we need to improve cross-border referrals coupled with cross-border monitoring.
- In 2020 started working with change agents for the SRHR-HIV KNB Project and reached a total population of 73 442.
- The project has achieved 75 percent referral completion for health and non-health services, for example, family planning - contraception, immigration documents (with assistance from IOM), birth registration and food parcels.

### **Participants' Comments or Questions:**

Q: What is the success rate for ensuring migrants are documented?

A: The project is focused on access to SHRH service, not documentation, though it does assist with the documentation.

## **A UNIQUE STRATEGY TO HELP CHILDREN BUILD GREATER CONFIDENCE, RESILIENCE, AND BETTER FUTURES**

Outlined, The Great Child project is about transforming children's lives with a focus on child leadership and its achievements in ESA:

- The project contributes to four sustainable development goals (SDGs); good health and well-being, gender equality, quality education and zero poverty.
- The project provides the following tools for children and caregivers; class tools include:
  - Activities and everyday use methods.
  - A parent or caregiver coaching.
  - Teacher training.
- The tools have been utilised by over 1000 schools and non-profit organisations in 13 countries in ESA in different languages since 2006.
- We use evidence-based information to ensure that the tool is easy to use

### **Project achievements:**

- Help children identify and solve their challenges.
- Children advocate for themselves.
- Children perform better in school.

Download the tool on [www.greatchildworldwide.org](http://www.greatchildworldwide.org)

### **Participants' Comments or Questions:**

Q: do you find teachers taking up this practical approach?

A: yes, some schools give the children a platform once a week.

We need to get the fantastic tool into the curriculum in ESA.



## CHILDCARE: THE CASE OF MALE ENGAGEMENT IN AFRICA

HASINA EBRAHIM, UNIVERSITY OF SOUTH AFRICA



### Worked with the African Early Childhood Network AfECN to conduct a literature review:

- The study focuses on male engagement, also known as men's participation in childcare and development, placing a spotlight on the connection males have to children
- Main thematic areas are -
  - Patriarchy (male domination) and restrictive gender norms.
  - Narrow gender socialisation of young boys.
  - Toxic masculinities of adolescent boys.
  - Women keeping males out of childcare.
  - The stigmatisation of males in early child development (ECD) occupational work.
  - Fathers blaming mothers for children with disabilities.
  - Fathers lacking knowledge on how to care for young children.
  - Side-lining of fathers in social policy for children and families.
- The main finding is that policies are structured in a way that excludes the male in childcare.

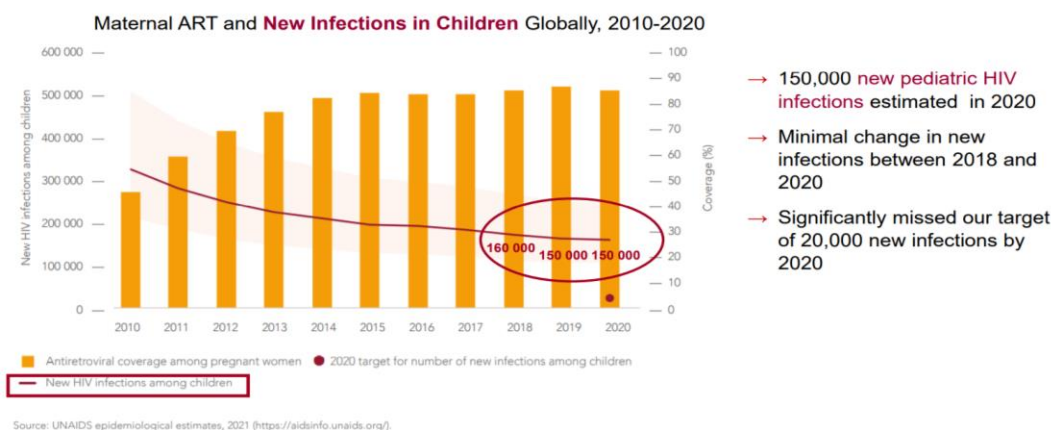
### WHY A FOCUS ON PAEDIATRIC HIV REMAINS CRITICAL

**CAROLINE ZINYEMBA, EGPAF**

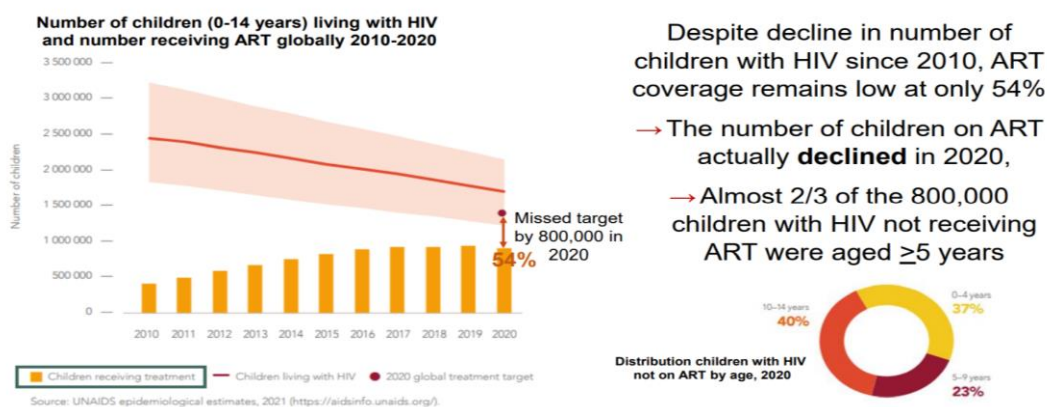
None of the global targets for HIV among children were met in 2020. As a result, new HIV prevention for children needs to be strengthened.

There are 1.7 million children living with HIV from age 0–14 years old, and only 54 percent are accessing antiretroviral therapy (ART), resulting in about 99,000 AIDS-related deaths among children. Almost two-thirds of 800,000 children aged five years or older do not receive antiretroviral therapy (ART).

### Since 2010 – But Progress Has Also Stalled



### Decrease in Number of Children with HIV Receiving ART in 2020



#### Reflections:

- There is a need to increase advocacy by RIATT-ESA and place and emphasis/ more attention on "doing the job" in countries with high mother-to-child-transmission (MTCT) rates and "finishing the unfinished business" in countries with effective-but-plateaued MTCT efforts.

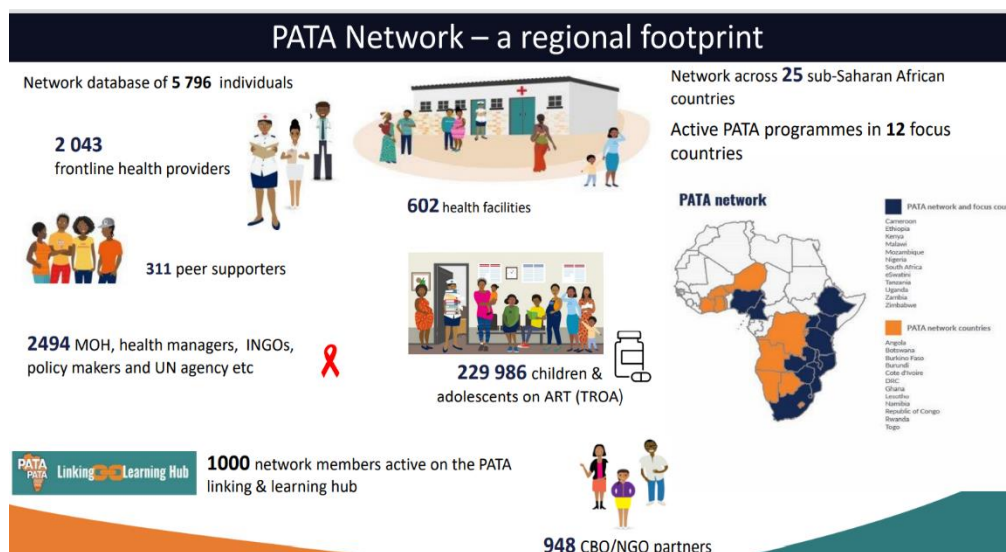
- Africa Reach (partnership with The Desmond Tutu Foundation) is a high-level advocacy initiative aimed at revitalising the conversation on ending Africa's paediatric challenge.

## LEARNING AND LINKING SESSION CRASH COURSE

### ADAPTING LINKING AND LEARNING FORUMS IN THE REGION

#### LUANN HATANE, PATA

- PATA is an action network of frontline health provider teams and health facilities delivering paediatric and adolescent HIV services in Sub-Saharan Africa.
- Frontline providers are key partners in the Global Alliance to end AIDS for children, adolescents and young people. Health providers influence and shape the service experience and impact health outcomes for families and communities.



- The PATA Summit is held via a centralised virtual platform, the Linking and Learning Hub, connected to several regional in-country forums (or Satellite), combining virtual and in-country in-person attendance in a blended approach that crosses digital and geographic divides, allowing many more people to engage than in a traditional in-person only submit.
- Paediatric and Adolescent Collaboration for Africa (PAHLCA) aims to:
  - Foster learning, innovation, and collaboration among countries.
  - Provide a platform for sharing tools.
  - Maintain an updated directory of the ministry of health.
  - Facilitate networking among the nations and encourage collaborations.
- It is essential to tackle stigma and safeguard the rights of all in the delivery of treatment, prevention, and care services.
- PAHLCA calls for action to improve access to training, tools, support and safer working conditions for frontline health providers.

## DAY 2: PAVING THE WAY FORWARD TOWARDS AN ACCELERATED COLLABORATIVE ROLL-OUT OF THE SADC MPS / EAC MSCS

### OVERVIEW

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#### OPENING REMARKS

**MR ONESMUS MLEWA (EANASSO)**

**Remarks:**

Collectively there is a need to look at comprehensive services for vulnerable children and youth. It is time that we look at all needs in their entirety. What is the fall-back plan to ensure that all targeted populations are reached through correct policies and frameworks? How do we strategically ensure the voices of vulnerable children reach the decision-makers so that appropriate policies lead to increased services.

Currently, there is an EAC Sexual Rights Bill going out for public hearing, and we are calling for civil society to advocate for the bill. The bill will help reduce harmful cultural practices.

### LEARNING SESSION 1

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#### PARTNERS' EVIDENCE-DRIVEN UPDATES: DIFFERENT DRIVERS OF HIV AND ASSOCIATED OUTCOMES

#### MIGRATION, HIV, ITS IMPACT ON CHILDREN AND YOUTH

**LUSAYO MWANGANYA (INTERNATIONAL ASSOCIATION FOR MIGRANT SUPPORT)**

**Challenges for Migrant HIV positive youth:**

- Limited access to treatment and information.
- Racism.
- Forced or early marriage.
- Miss out on education due to language barrier and non-documentation.
- Most are forced into sex work but have no access to condoms.
- Poverty, forcing migrants into child labour.
- Vulnerable to human trafficking.
- Many migrants were negatively impacted by Covid-19 restrictions.

IAMS aims to promote, protect and safeguard the rights of migrants, encourage advocacy for the education of migrant children, promote access to good health services, and facilitate the voluntary return of migrants to their original country. To also become increasingly aware of migrant's human rights, undocumented migrants suffer the most due to the fear of being deported. We need to advocate for the non-documented.

### **What is an act project?**

- IAMS and various partners work together to provide a feeding programme to childcare centres and community but focus on children.
- More than one household gets help with food parcels.
- And over 50 000 people have been helped with food through a partnership with Ladies of Love.
- One of the IAMS programmes is the Take Me Home Programme.
- Due to the Covid-19 pandemic, more migrants became increasingly vulnerable due to the loss of jobs.
- The project focuses on the support and facilitation of repatriation of migrants to their country of origin.
- During the peak of the Covid-19 pandemic, five young migrants received help from Hout Bay (South Africa) through IAMS.
- Another project focus is on youth capacity building, focusing on leadership training for adolescents and young people affected by HIV.

## **REGIONAL SRHR NEEDS ASSESSMENT FOR ADOLESCENT BOYS AND YOUNG MEN AGED 18 – 34 YEARS IN FIVE EAST AND SOUTHERN AFRICAN COUNTRIES**

### **PROFESSOR, KAYMARLIN GOVENDER (HEARD)**

The speaker provided an overview of the 'Men and Boys' project. This project aims to assess the structural, social and behavioural drivers that facilitate or impede SRHR, including reviewing policies and evidence to reduce HIV risk. The target age is 18-34-year-old boys and young men.

### **The objectives of three linked projects are to:**

- Assess the extent to which laws, policies, strategies, and programmes meet the SRHR needs of adolescents and young men.
- Scoping review of HIV risk reduction intervention among adolescent boys and young men in Sub Saharan Africa.

### **In country research:**

- Assess the knowledge, attitudes, norms and behaviours of ABYM about SRHR.
- Examine the extent to which an integrated package of SRHR services is being provided to meet the needs of adolescent boys and young men as clients through facility and community-based services, social and behavioural change programmes, including Comprehensive Sexuality Education (CSE), and the impact of COVID 19 on the continuation of services amongst adolescent boys and young men.
- Make recommendations to strengthen programming to meet the SRHR needs of adolescent boys and young men as clients, partners and as advocates and agents of change.

### **The policy analysis:**

- Content and discursive analysis approach review carried out between February and May 2021.
- The content analysis focused on analysing contextual materials using a set of procedures to make references.
- Discursive analysis focused on exploring the discourse, explaining trends, inconsistency and findings.
- The review covered eight regional commitment documents, and 73 country records in Lesotho, Malawi, Zambia, Zimbabwe and Uganda
- The assessment criteria focused on the following:
  - Inclusion of men and boys.
  - Reference to the global package on SRHR for men and boys.
  - The roles of men.
  - Alignment to regional commitments.
  - Life-course approach.

### **Findings/gaps of the policy analysis:**

- Use biased gender language.
- Limited reference to men and their role as change agents.
- Silent on the specific needs of men who have sex with men (MSM), transgender people and the role of men in abortion care. (Hampered by criminalization)
- Absence of disaggregated data on burden of disease.
- Messaging on sexuality and male sexual behaviour gravitates to negative connotations of risk and toxic masculinity. Within CSE country curricula, sexual desire, eroticism and diverse sexual expressions are positioned (implicitly or explicitly) as deviant sexual behaviours.
- While SGBV is a problem regionally, few policy documents have programmatic interventions or strategies with a role for ABYM in eliminating SGBV.
- Men's health issues are hardly reflected within the budgets and indicators of national health and SRH policies.

### **Reviewing HIV risk reduction among adolescent boys and young men in Africa:**

- Conducted between the years 2000 and 2020.
- Focused on boys and young men between the ages of 10 to 24.
- Considered studies evaluating HIV behavioural, biomedical, social and structural risk reduction interventions.

### **Findings:**

- Need improved measures of risk reduction.
- Need for interventions which include an element of economic empowerment.

### **A situational assessment of SRH needs for boys and young men between the ages of 18 to 34 years:**

- The study is being conducted in five countries, Lesotho, Zambia, Zimbabwe, Malawi and Uganda.
- The study survey is on male reproductive cancers, attitude to condoms, knowledge and perception of HIV, HIV testing, STIs, gender attitudes and mental health, among others.
- We have set up a regional technical forum to support this work, and an update will be given in due time.

### Participants' Comments and questions:

- Welcome the focus on the boy child. I would like to see the engagement of the education department in the consultations.
- UNAIDS developed a concept note for engaging young men and young boys, launched in May 2022. The concept note is available on the Sonke Gender Justice website. We need to make use of the findings to develop the strategy.

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR ADOLESCENT MOTHERS

### MONICA BANDEIRA (REPSI)

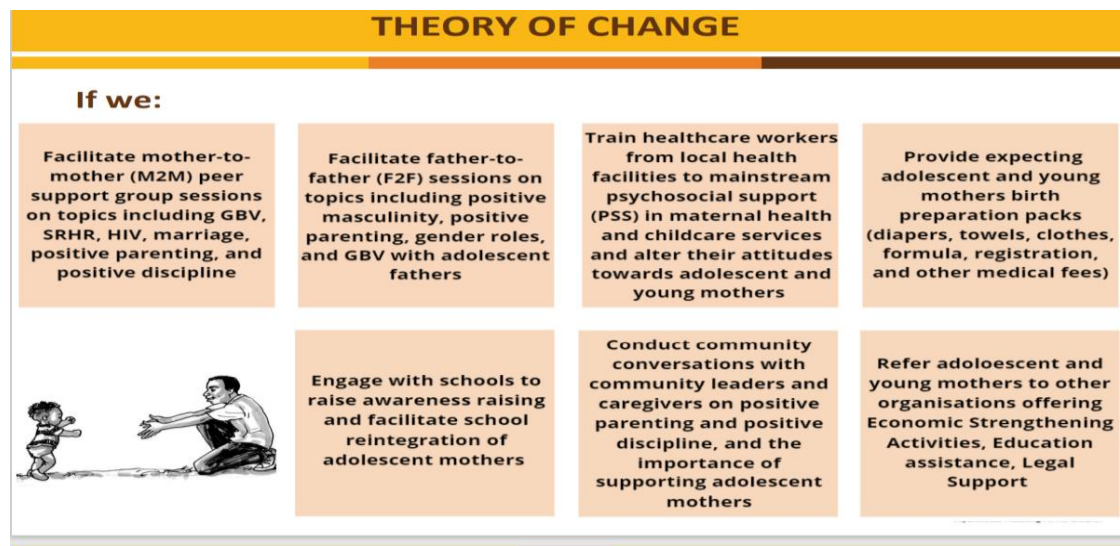
Presentation of the interventions to support adolescent parents to overcome challenges that come with unplanned parenthood.

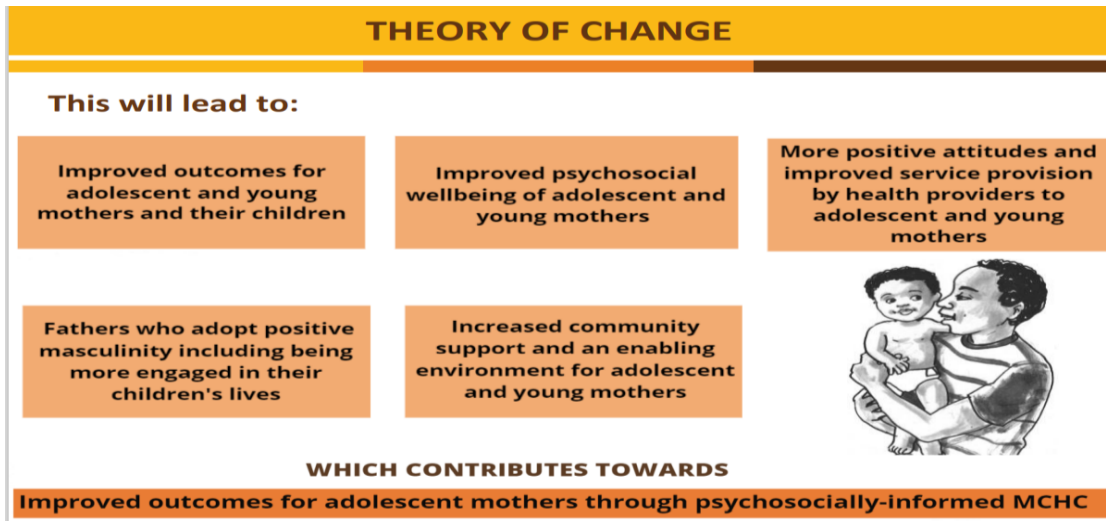
#### Key stakeholders for the programme are:

- Healthcare workers.
- Health care facilities.
- Ministry of Education.
- Childcare facilities.

#### Challenges faced by adolescent mothers:

- Poor educational outcomes.
- Socioeconomic difficulties.
- Rejection from the community.
- Access to maternal and childcare.





**Lessons:**

Community conversations are the key drivers in deconstructing the stigmatisation of adolescent mothers. In addition, the involvement of adolescent fathers resulted in shifts in their thinking about GBV, intimate partner violence (IPV) and their role as fathers.

*Discussions on RIATT-ESA 2019/2020 Studies*

## STUDY ON ADOLESCENTS AND YOUNG PEOPLE'S HIV SOCIAL PROTECTION MECHANISMS IN THE EAST AFRICAN COMMUNITY

**ZITHA MOKOMANE AND MORRIS TAYEBWA (EAC SECRETARIAT)**

RIATT-ESA commissioned this study in 2019, and the objective was to map HIV-sensitive social protection mechanisms for adolescents and young people in six Eastern African countries (Burundi, Kenya, South Sudan, Tanzania and Uganda). It was primarily a desktop review focusing on public policies.

**Purpose of the study:**

- To identify the gaps in HIV as well as child and youth sensitive social protection mechanisms.
- To inform strategic direction for RIATT-ESA advocacy programmes.
- Inform the development of the EAC framework on social protection.

**Key findings:**

- National Social Protection Policy provisions.
- Burundi, in the National Policy for Social Protection 2011.
- Kenya, in the Kenya Social Protection Policy 2012.
- Rwanda, in the National Social Protection Strategy 2011.
- South Sudan, in the National Social Protection Policy Framework 2016.
- Tanzania, in the Arusha Declaration on Social Protection in Tanzania, 2014.
- Uganda, in the National Social Protection Policy 2015.



### **The conceptualisation of social protection in these countries' policies:**

- In all policies, there was no explicit reference to HIV and AIDS; however, the countries do identify key vulnerable populations, including adolescent and young people, as well as women and the elderly.

### **Focus on programmes:**

- Mostly a focus on education and health and the active labour market.
- The policies did not address issues of gender inequality.
- In terms of youth, most programmes focused on school feeding, meaning focusing only on children in schools.

### **The study was presented to the Ministers of Social Protection in the EAC and was adopted. From the discussion with the ministries, it was realised that we need to:**

- Harmonise and develop regional targets or strategies for the region.
- Developing the regional policy, especially for migrants.
- Conduct investment cases in social protection.

### **Participants' Comments and Questions:**

- Transformative social protection progress. How do we achieve that?
- We need to consider how to do M&E and accountability from the government.

## **POSITION OF FUNDING FOR CHILDREN IN THE SADC REGION**

### **MUSA CHIBWANA**

RIATT-ESA commissioned this research, it was conducted in Southern Africa, over a four-month period. This study was a desk review through internet research and document analysis of national budgets and expenditure patterns.

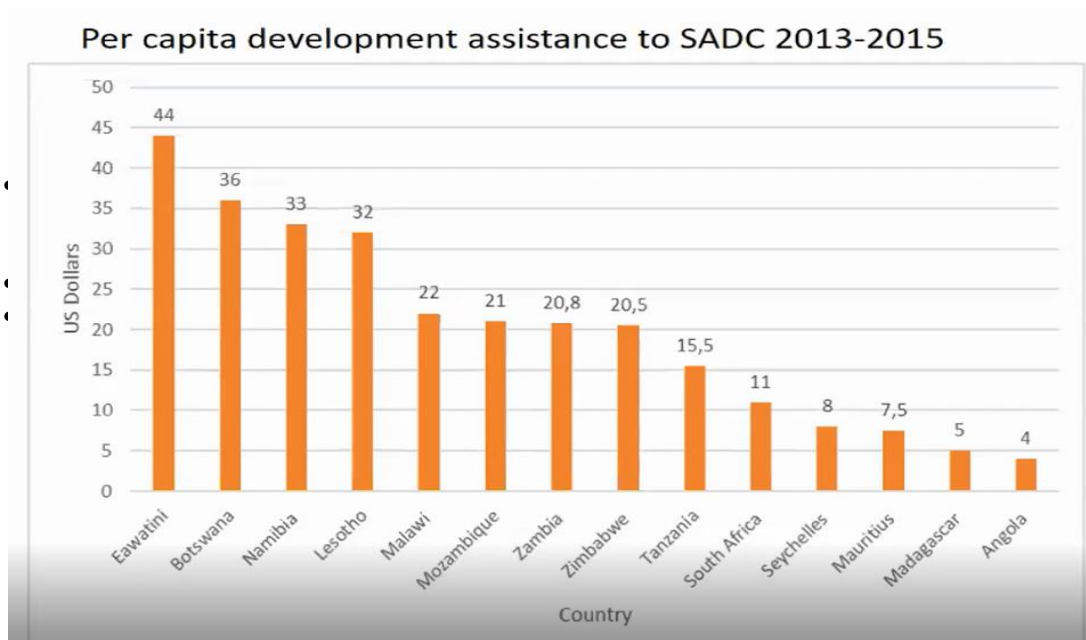
### **Limitations:**

We looked at allocations from budget speeches; however, there were difficulties getting the actual expenditure or even getting accountability for the disbursed funds.

### **Funding trajectories in SADC:**

- Out of the 16 SADC members, nine are ranked as middle-income countries by the World Bank.
- Most of the countries in Southern Africa do not feature primarily on the list of countries that receive ODA. As a result, more funding goes to East and West Africa instead of Southern Africa.
- Some of the countries in Southern Africa rely heavily on development funding, making it challenging to sustain transformation because funders primarily provide funding on what they are interested in, which in most cases is not the area where the country lacks more assistance.

The graph below shows how much each country depends on ODA:

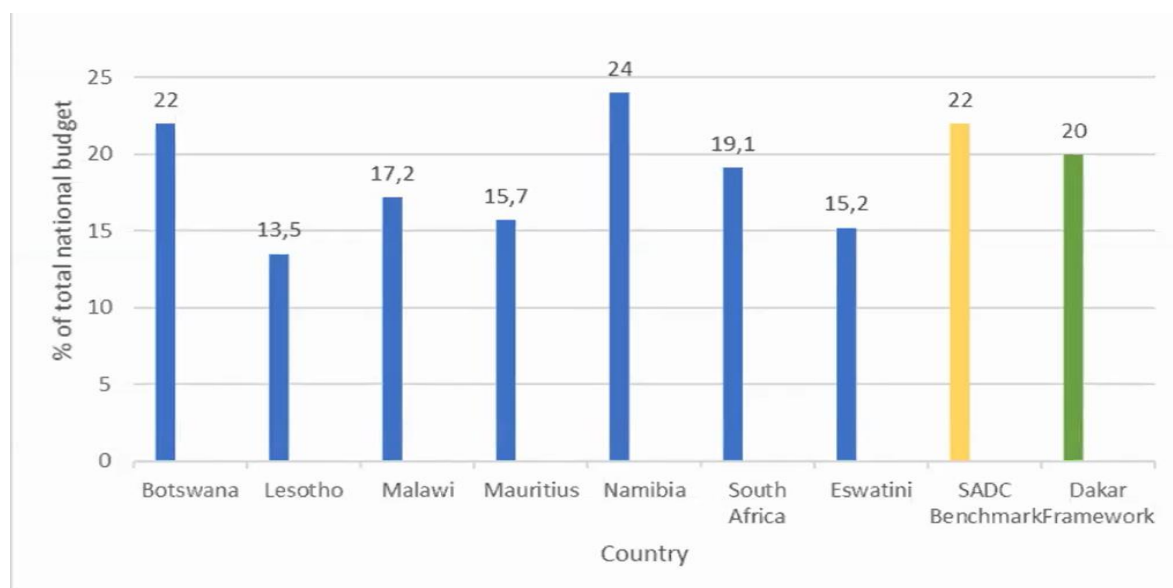


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### STUDY FOCUS / REVIEW FOCUS AREAS

#### 1. EDUCATION

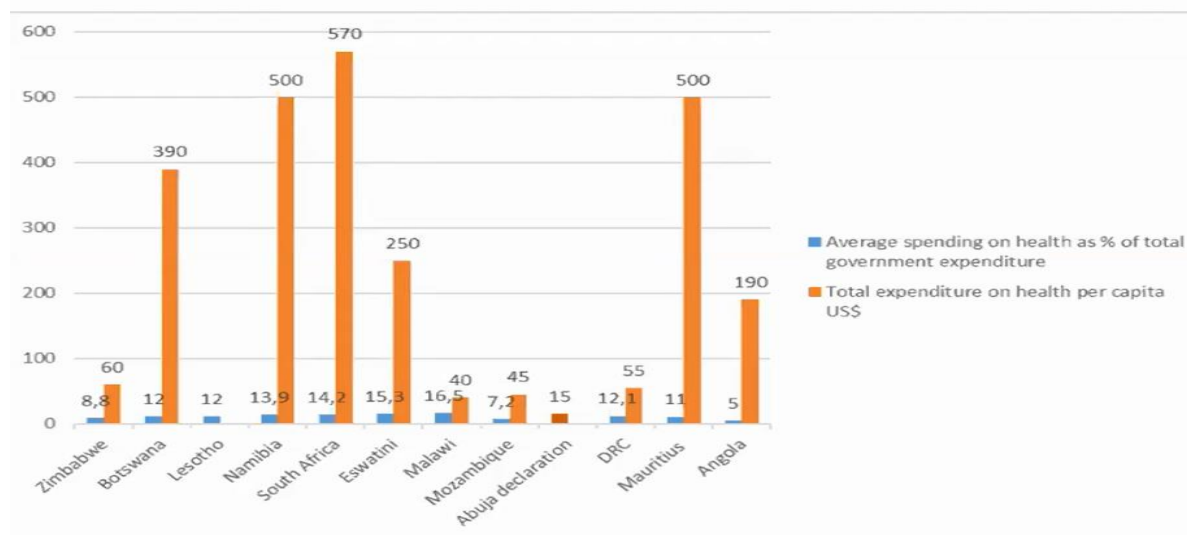
The Dakar Declaration prescribes a 20 percent allocation of national funds towards education, however, on average the countries do not comply to the declaration.



## 2. HEALTH

The Abuja declaration prescribes 15% allocation of national funds towards health.

- There are some of SADC countries like South Africa, Lesotho and Eswatini that maintained an average expenditure of 10% in the 5-year study reviewed (2014-2018)



The SADC benchmark is that at least 4% of the national budget should go toward social protection:

- Some SADC countries such as South Africa, Lesotho, Seychelles and Mauritius are above what is prescribed (4%).
- A more significant number of SADC countries spent between 4.4% and 7%.
- Malawi, DRC and Madagascar spend about 3.5%.
- In Angola, social protection has been a priority in response to the effect of the war.
- In South Africa, there is a high expenditure on social protection.

## STUDY: EARLY AND UNINTENDED PREGNANCY

SHAKIRA CHOONARA

A desk review on key policies and tracking implementation progress was carried out in early 2020. The study analysed policies which were available or related e.g. national health plans, reproductive health strategies, it was next to impossible to compare countries, instead key elements of progress and gaps were analysed. Implementation progress was measured through recent trends in the literature.

### Key Messages:

- 45 percent of the pregnancies in our African region are unintended due to socio-economic conditions, GBV, gender norms, lack of SRHR services and family planning.

- The ESA Ministerial Commitment calls for a 75 percent reduction of EUP by 2020.
- One of the greatest challenges is that there is no standardised definition and measurement across the region, data does focus on adolescent fertility, however further disaggregation as to whether pregnancies are unintended or not is not well tracked.

### Elements of progress:

- Eswatini linked EUP with universal health coverage.
- Kenya has a costed/ detailed ASRHR strategy and it is linked to primary healthcare.
- Malawi has a strategy which focuses on child marriages and adolescent girls, although there is a need to renew policies.
- Zimbabwe in one of the countries which is focused on repeat pregnancies.
- South Africa implement's cash transfers and social protection programmes.
- Countries with weaker policies include - Botswana, Lesotho, Seychelles, Madagascar, and Mozambique, policies were either outdated or did not even include EUP.

## STUDY: PEDIATRIC HIV TESTING

### TAURAYI TAFUMA

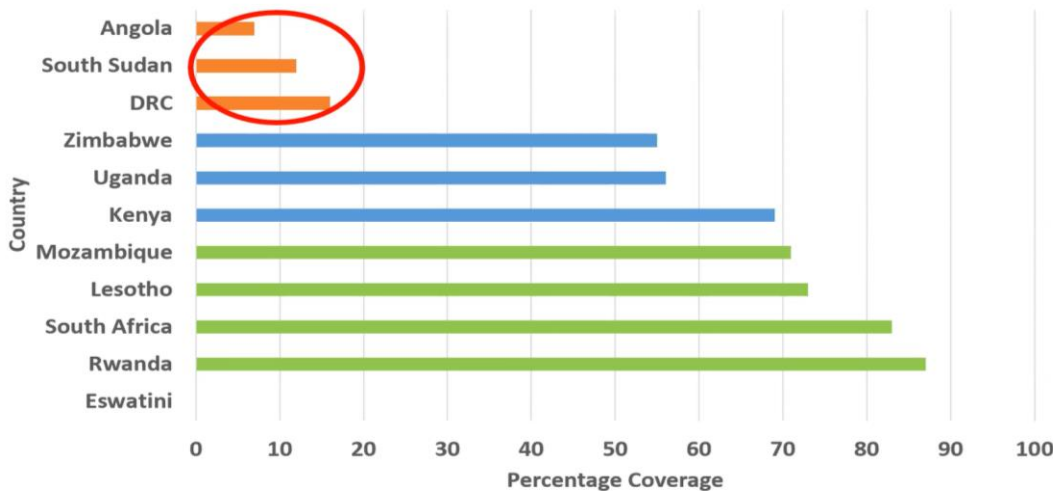
RIATT-ESA commissioned a desk review study focused on all countries in the EAC and SADC regions. There is an overall improvement in the prevention-of-mother-to-child-transmission (PMTCT) implementation within ESA countries; however, 70 percent of the reported new HIV infections are between the age of 0 to 14 years-old worldwide are in 21 priority countries, 20 of which are in ESA). Further, early treatment or diagnosis can reduce progression of HIV by 75 percent and mortality by 76 percent.

### The objectives of the study were to:

- Identify early infant HIV diagnosis (EID) national targets and compare with EID coverage within two months of birth.
- Identify the extent to which the national paediatric HIV guidelines and molecular diagnosis strategic plans are aligned with the WHO recommendations.
- Identify if the national paediatric HIV diagnostic plans and guidance incorporate improving both conventional and POC diagnostics for EID;.
- Identify if the respective Ministry of Health utilised a digital system for recording EID data.

The study used the UNAIDS 2019 EID coverage and national guidelines incorporating WHO recommendations.

## Results-EID Coverage in 2019 by Country



- Angola, South Sudan and DRC's coverage are underperforming on EID coverage in 2019. The EID coverage is low in these countries; health care providers and laboratories are naive to EID, most women give birth at home, and they mainly depend on donor funding.
- High-performing countries demonstrate over 70 percent coverage at all times.
- Eswatini did not have data available to use for the review.

### STUDY: A SITUATION ANALYSIS OF CHILDHOOD TB AND REVIEW OF POLICIES ON TB

**CHRISPIN CHOMBA**

RIATT-ESA commissioned the study to review policies on TB in East and Southern Africa and review progress towards implementing the ten key actions toward a roadmap ending TB in children and adolescents. The review took place in Kenya, Uganda, Zimbabwe and Democratic Republic of Congo to improve data collected for childhood TB. To also develop a draft policy brief with recommendations to guide regional and national advocacy activities and identify specific advocacy opportunities and targets.

### Findings:

WHO Childhood TB Roadmap Performance Score					
Action Point	DRC	Kenya	Uganda	Zimbabwe	4-Country Performance
1 Strengthen advocacy at all levels	Red	Red	Yellow	Green	Red
2 Foster functional partnerships for change	Red	Yellow	Yellow	Green	Yellow
3 Foster national leadership and accountability	Yellow	Yellow	Yellow	Green	Yellow
4 Increase funding for child and adolescent TB programmes	Red	Yellow	Red	Red	Red
5 Bridge the policy-practice gap	Yellow	Green	Yellow	Green	Yellow
6 Implement and expand interventions for prevention	Yellow	Green	Yellow	Yellow	Yellow
7 Scale-up child and adolescent TB case-finding and treatment	Red	Green	Red	Yellow	Yellow
8 Implement integrated family- and community-centred strategies	Red	Green	Red	Yellow	Red
9 Improve data collection, reporting and use	Yellow	Green	Green	Yellow	Yellow
10 Encourage child and adolescent TB research	Yellow	Green	Red	Yellow	Yellow

### Recommendations:

- There is a need to increase domestic resource allocation.
- There is a need for an advocacy coalition on childhood and adolescent TB.
- There needs to be accountability among member-states to report.
- A targeted focus on human resources will be important.

### STUDY: CHILDREN, HIV AND COVID-19

#### TENDESAYI KUFA-CHAKEZHA

RIATT-ESA commissioned the study to look at the impact of Covid-19 on programmes for children and adolescents living with HIV and other vulnerable children. The goal was to document best practices. The study used data analysis, semi-quantitative method and in-depth interviews with stakeholders.

It is known that children are affected less by Covid-19; however, compared to adults, children are more likely to show symptoms but are less likely to be hospitalised due to Covid 19 infection.

#### Children were significantly impacted by measures taken by countries to contain the virus because:

- Due to school closure, children were exposed to more vulnerability due to increased mental health issues, sexual abuse, low immunisation rate, low testing rate and ART and TB testing.
- Some children were exposed to poverty due to restrictions and loss of livelihoods.

### Findings:

- The data was collected through an anonymous questionnaire.
- 34 partner organisations were invited to participate, and 54 percent agreed to participate
- The participating organisations had headquarters in South Africa, Kenya, Zimbabwe, USA, Botswana, Lesotho and Uganda but operated in Zambia, Zimbabwe, Malawi and Botswana.

## Impact of COVID-19:

- **Service delivery:** poor digital infrastructure, poor connection, and power outages. Staff stayed away from healthcare facilities due to concern for their health and safety.
- **Human resources for health:** loss of income due to pay cuts. Lack of a conducive working space for remote working. Burnout and anxiety relating to shortage of personal protective equipment (PPE).
- **Information system:** mobile applications were developed and introduced
- **Supply chain management:** there was a shortage of supply and lack of funding
- **Financing:** HIV funding diverted to COVID 19 response

## WHERE AND HOW CAN WE LINK UP

## ROADMAP AND MONITORING AND REPORTING PLAN ON OPERATIONALISING PARTNERSHIPS

**MORRIS TAYEBWA (RIATT-ESA DEPUTY CHAIR ) AND PROF. KAYMARLIN GOVENDER (HEARD)  
ROSELYN HWATI, OVERVIEW OF CURRENT AND RENEWED RIATT-ESA STRATEGY**

The RIATT-ESA strategy comes to an end in December 2022, below are critical areas for consideration:

### Strategy guiding principles:

- The human rights approach promotes the enjoyment of equal opportunities for all people.
- Gender equality and equity for males and females.
- The best interest of a child to be prioritised.
- Meaningful participation of children and adolescents.
- Evidence-based programming.
- Integrated service delivery by all stakeholders.

### Strategic pillars are:

- Policy development, review, alignment, harmonisation and implementation.
- HIV-sensitive child protection, prevention, treatment, care and support.
- Research, information, and knowledge management.

### OVERVIEW OF MAIN ACTIVITIES BY MORRIS TAYEBWA

KEY ACTION AREA	HOW CAN WE LINK UP?
Finalization and review of the Strategic and Implementation Plan 2019- 2022	Engagement through the Technical Working Groups
Development of the Strategic and Implementation Plan 2022 - 2027	RIATT-ESA Secretariat and Steering Committee
Resource Mobilization for the New Strategy	RIATT-ESA Secretariat, Steering Committee and Members
Organising the PSS Forum	RIATT-ESA Secretariat, Steering Committee and members
Strengthening membership of the RIATT-ESA (New Members; Membership Fees; Governance of RIATT-ESA)	RIATT-ESA Secretariat, Steering Committee and Members

#### Potential focus of the new strategy:

- Supporting the ESA Ministerial Commitment and the EAC SRHR Bill.
- Gender based violence: research carried out shows widespread violence against girls and boys.
- Comprehensive service through the life cycle approach for adolescents and children.
- Children's HIV testing including HIV treatment, improved access to treatment and adherence by children and adolescents as well as a focus on caregivers who provide care to orphans.
- Focus on childhood TB, which remains neglected investment-wise, policy-wise and programming-wise.
- Unaccompanied and undocumented migrants' children as well as other key and vulnerable populations; LGBTQI communities and prisons.
- Focus on adolescent girls and young women because they remain underserved, and pregnancies between the ages of 15-19 are high.
- Focus on boys and young men because they primarily test late, and treatment remains low.
- Social protection, the UNAIDS political declaration calls for member states to be encouraged to ensure 75% of people living with HIV are reached.
- Youth inclusion and a community of practice, youth researchers and activists must be drawn on in RIATT-ESA's upcoming Strategy and implementation thereof.

Closing, Professor Kaymarlin Govender, *including participant reflections*

#### Out of all the intensive information we have, what do you think will be the headline funding to carry into the new strategy?

- Learn from the current strategy, maybe the end-of-term review.
- The new strategy needs to be structural and transformative.
- How do we translate the information we have into implementation?
- Sustainable workforce development.
- Build forward better and differently.





### RECOMMENDATIONS

- Need for improved compliance through police training.
- Improved supply provisions and renovation of the infrastructure.
- Improve psychological services access, medication and screening.
- Improve access to health care workers by breastfeeding mothers.
- Need to improve also on SADC minimum standard on HIV and AIDS, TB, Hepatitis, and STI prevention and treatment.
- Improve on Covid-19 compliance and address issues of overcrowding in facilities.
- Improve the quality and quantity of data available to drive national and regional decision-making and resource allocation.
- Increase knowledge and human resources capacity of social protection to adequately manage programmes.
- Establish mechanisms and strategies to integrate the indigenous social protection system into the current programming.
- Improve the coordination, harmonisation and alignment of stakeholder efforts.
- Commission a more comprehensive assessment exercise.
- Consider the good practices adopted in Costa Rica, Brazil and Indonesia. The three countries constitutionalise the provision of the national budget for education. Bangladesh introduced a child-focused reporting on the budget to facilitate tracking of investment in children. The Swedish budget includes a child's rights policy.
- SADC is in the process of developing a framework for the inclusion of philanthropy
- Improved data collection is required to provide insights and to track financial flows.
- Country policies differ, and that leads to challenges in tracking progress as well as the fact that there is no standardised measure on EUP.
- Missing out on real youth voice, there is a need to track qualitative data.
- There is a need to track financial accountability and the implementation of interventions against costing.

- Governments and civil society should be actively involved in paediatric HIV advocacy activities.
- All countries must implement the guidelines for following up on breastfeeding mothers.
- Integrate maternal newborn and child health (MNCH), HIV and other health-related services.
- Scale-up of point of care, early infant diagnosis (POC EID) testing machines.

### FORUM OUTCOMES & IMPLICATIONS FOR THE ESA REGION

The Eastern and Southern African region as a bloc has made significant progress overall in protecting the safety nets for our children and adolescents against vulnerabilities they face across the broad areas of SRHR, HIV and migration. Whilst this progress is commendable, it was also clear from our discussions that support for implementation, translation to improved outcomes, lived experiences does still require our greater support and efforts.

In addition to this, some of the key cross cutting points that emerged from discussions in order to build back better -

- The need to scale up and sustain impact i.e., moving the needle and efforts must be translated to the ground level.
- There is a clear need for the meaningful involvement of children and adolescent in our planning, programming and implementation – there must be mainstreaming.
- We also noted another good and positive development around the growing evidence and works towards the key area of male engagement, SRHR needs for boys and young men.
- Positive Parenting emerged again a key point of discussion across all the major areas of SRHR, mental health, HIV.
- Lastly, a key question for us collectively as RIATT-ESA is how do we take all this forward? What next? What is our role in ensuring corresponding action on the ground nationally and regionally?

In addition the following priority areas for action were identified in the ESA region:

- Supporting the ESA Ministerial Commitment and the EAC SRHR Bill.
- Gender based violence, research carried out shows a wide spread of violence against girls and boys.
- Comprehensive service through the life cycle approach for adolescents and children.
- Children's HIV testing including HIV treatment, improve access to treatment and adherence for children and adolescents as well as a focus on caregivers who provide care to orphans.
- Focus on childhood TB, which remains neglected investment-wise, policy-wise and programming-wise.
- Unaccompanied and undocumented migrants' children as well as other key and vulnerable populations; LGBTQIA+ communities and prisons.
- Focus on adolescent girls and young women because they remain underserved, and pregnancies between the ages of 15-19 are high.
- Focus on boys and young men because they primarily test late, and treatment remains low.
- Social protection, the UNAIDS political declaration calls for member states to be encouraged to ensure 75% of people living with HIV are reached.
- Youth inclusion and a community of practice, youth researchers and activists must be drawn on in RIATT-ESA's upcoming Strategy and implementation thereof.

## Call to action:

- We need to create male-friendly institutional cultures e.g., encourage men to participate in the care of their children in health, education, ECD and to enter the care professions such as nursing and ECD
- There is a need for more inclusion of males in policies related to childcare.
- There is also a need to advocate and raise awareness through media, community and faith-based organisations.

## CLOSING REMARKS BY CAROLINE ZINYEMBA

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### CAROLINE ZINYEMBA (RIATT-ESA TASK TEAM CO-CHAIR)

The Eastern and Southern African region as a bloc has made significant progress overall in protecting the safety nets for our children and adolescents against vulnerabilities they face across the broad areas of SRHR, HIV and migration. Whilst this progress is commendable, it was also clear from our discussions that support for implementation, translation to improved outcomes, lived experiences does still require our greater support and efforts.

In addition to this, some of the key cross cutting points that emerged from discussions as we gear up to build back better, include -

1. The need to scale up and sustain impact i.e. moving the needle and efforts must be translated to the ground level.
2. There is a clear need for the meaningful involvement of children and adolescent in our planning, programming and implementation – there must be mainstreaming.
3. We also noted another good and positive development around the growing evidence and works towards the key area of male engagement, SRHR needs for boys and young men.
4. Positive Parenting emerged again a key point of discussion across all the major areas of SRHR, mental health, HIV.
5. Lastly, a key question for us collectively as RIATT-ESA is how do we take all this forward? What next? What is our role in ensuring corresponding action on the ground nationally and regionally?

### ANNEX A: PARTICIPANT LIST

	NAME	ORGANISATION
1	Adriano Tafuma	Zimbabwe Health Interventions
2	Alice Armstrong	UNICEF
3	Arlington Mutazu	Tallis Holdings
4	Angelita Silva	PATA
5	Brighton Gwezera	REPSSI
6	Carmel Gaillard	NMCF
7	Caroline Zinyemba	EGPAF
8	Celeste Matross	REPSSI
9	Charity Mamathuba	NMCF
10	Chrispin Chomba	SafAIDS
11	Cynthia Lungu	UNAIDS
12	Dennis Gondwe	SADC PF
13	Diantha Pillay	IPM
14	Felix Helgesson	SIDA
15	George Evans	SIDA
16	Hasina Ebrahim	UNISA
17	Isabelle Jost	UNFPA
18	Janet Bauer	I'm A Great Child Worldwide
19	Jonathan Gunthorp	SRHR Africa Trust
20	Professor Kaymarlin Govender	UKZN - HEARD
21	Laurie Gulaid	UNICEF
22	Luann Hatane	PATA
23	Lucie Culver	SPI
24	Lusayo Mwanganya	IAMS
25	Lynette Mudekunye	REPSSI
26	Kesentseng Mahlaba	Shakira Choonara Development
27	Makananelo Makape	REPSSI
28	Mikaela Hildebrand	SIDA
29	Monica Bandeira	REPSSI
30	Morris Tayebwa	EAC
31	Musa Chibwana	UFS
32	Nena Thundu	AU
33	Nontokozo Langwenya	Accelerate Hub
34	Onesmus Mlewa	EANNASO
35	Nokuthula Mtshali	RIATT-ESA
36	Patrick Onyango	REPSSI
37	Remington Shawa	UNESCO
38	Roseline Hwati	RIATT
39	Shakira Choonara	WHO/UN Woman
40	Sibongile Matembo	Delish
41	Simonee Shihepo	REPSSI
42	Tafadzwa Madondo	Save the Children
43	Tafadzwa Sekeso	VSO INT
44	Teboho Mohloai	SRHR Africa Trust
45	Tendesayi Chakezha Kufa	Wits University
46	Vunda Joy Demula	REPSSI
47	Zitha Mokomane	UNISA

## ANNEX B: PROGRAMME

### LEARNING & LINKING FORUM AGENDA

8-9 June 2022 (from 9am- 4:30 PM CAT) (10am to 5:30 pm EAT)  
Apollo Hotel Randburg/Hybrid

<b>DAY 1:</b> <b>THEME – UNPACKING THE CURRENT STATUS OF YOUTH, ADOLESCENTS, AND CHILD FOCUSED HIV RESPONSE &amp; PROGRESS TOWARDS THE SADC MPS / EAC MSCS IN LIGHT OF COVID-19</b> <b>FACILITATOR: DR SHAKIRA CHOONARA, RIATT-ESA EUP SUPPORT</b>		
TIME	SESSION	PRESENTER
9:00- 9:20	Opening remarks and objectives of the learning and linking forum	RIATT-ESA Vice-Chair (Morris Tayebwa)/ RIATT-ESA Task Team/ Sida (Mikaela Hildebrand <i>Face to Face</i> )/ Chair (Diantha Pillay <i>Face to face</i> )/ UNICEF (Laurie Gulaid)
9.20-9.30	Get to know each other session/ who is in the room, online and offline	Facilitator
LEARNING SESSION 1		
9:30- 09:40	AU end harmful practices programmes: protecting and empowering children against gender-based violence.	Technical Coordinator of the AU Campaign to End Child Marriage (Ms. Nena Thundu)
09:40 -09:50	Background of the HIV situation and implementation of the Global AIDS strategy at SADC	SADC PF (Dennis Gondwe) Face to face
09:50 – 10:10	Open dialogue	Facilitator
LEARNING SESSION 2		
10: 10- 10:20	Unpacking the UNAIDS Strategy and the implementation of the Strategy in Eastern and Southern Africa	UNAIDS (Cynthia Lungu)
10: 20- 10:30	Adolescent Sexual Reproductive Health and Rights	UNFPA (Isabelle Jost)
10:30 – 11:00	Health Break	
LINKING SESSION 1		
11:00 -11:30	National capacity building /support needs and intersectionality of HIV and SRHR/ EAC MSCS	EAC (Morris Tayebwa)

### PARTNERS 3-YEAR WORK AND PRIORITIES & COVID-19 RESPONSE IN THE SPECIFIC MEMBER STATES AND REGIONALLY

11:30 -12:15	Evidence on multisectoral accelerators for adolescent HIV and SRHR: implications for programming, practice, and policy	Joint Presentation by Professor of Child and Family Social Work, University of Oxford and University of Cape Town (Lucie Cluver). - Qualitative Researcher, University of Oxford and University of Cape Town (Nontokozi Langwenya) - Adolescent and HIV Specialist, UNICEF ESARO (Alice Armstrong)
12:15- 12:45	Open dialogue	Facilitator
12:45 – 13:45	Lunch	

### PARTNERS 3-YEAR WORK AND PRIORITIES & COVID-19 RESPONSE IN THE SPECIFIC MEMBER STATES AND ACROSS THE REGION

#### LEARNING SESSION 3

13:45- 13:55	The Journey towards human rights, quality health, and well-being for youth prison populations	VSO (Tafadzwa Sekeso)
13:55 -14:55	SRHR for youth in migration affected areas – Knows No Borders Project	Save the Children (Tafadzwa Madondo)
14:55 – 15:05	What stands out for you from the presentations?	Facilitator
15:05 – 15:15	A unique strategy to help children build greater confidence, resilience, and better futures	I'm A Great Child Worldwide (Janet Bauer)
15:15 – 15:25	Childcare: the case of male engagement in Africa	African Early Childhood Network (Prof. Hasina Ebrahim) Face to face
15:25- 15:35	Why focus on pediatric HIV remains critical	EGPAF (Caroline Zinyemba)
15:25- 15:45	Health break	Facilitator
15:45 – 15:55	What stands out for you from the presentations?	Facilitator

#### LEARNING AND LINKING SESSION CRASH COURSE

15:55-16:10	Adapting Linking and Learning Forums in the Region: lessons from the PATA Summit	PATA (Luann Hatane) Face to face
16:10 -16:15	Day 1 Key Highlights	Facilitator

**DAY 2:  
PAVING THE WAY FORWARD TOWARDS AN ACCELERATED COLLABORATIVE ROLL-OUT OF THE SADC  
MPS / EAC MSCS.**

**FACILITATOR: KESENTSENG JACKSON MAHLABA, PUBLIC HEALTH & COMMUNITY ACTIVIST**

TIME	SESSION	PRESENTER
9:00- 9:10	Opening remarks	EANASSO (Mr. Onesmus Mlewa)
<b>LEARNING SESSION 1 PARTNERS' EVIDENCE-DRIVEN UPDATES: DIFFERENT DRIVERS OF HIV AND ASSOCIATED OUTCOMES</b>		
9:10- 9:20	Migration, HIV, its impact on children and youth	International Association for Migrant Support (Dr. Lusayo. E Mwanganya) Face to face
9:20- 10: 05	Regional SRHR needs assessment for adolescent boys and young men aged 18 – 34 years in five East and Southern African countries	HEARD (Professor Kaymarlin Govender) Face to face
10:05- 10:15	Mental Health and PSS for adolescent mothers.	REPSSI (Monica Bandeira) Face to face
<b>DISCUSSIONS ON RIATT-ESA 2019/2020 STUDIES</b>		
10:15 – 10:25	Study on adolescent and young people HIV social protection mechanisms in the East African Community	Professor Zitha Mokomane
10:25 – 11:00	Audience Reflections	Facilitator
11:00-11:15	Health Break	
<b>DISCUSSIONS ON RIATT-ESA 2019/2020 STUDIES (CONTINUED)</b>		
11:15 – 11:25	Position of funding for children in the SADC region	Dr. Musa Chibwana Face to face
11:25 – 11:35	SRHR/EUP	Dr. Shakira Choonara
11:35- 11:45	Pediatric HIV testing	Dr. Taurayi Tafuma

11:45- 11:55	A situation analysis of Childhood TB and review of policies on TB	Mr. Chrispin Chomba
11:45 – 12:45	How can we and should we link up on different topics?	Facilitator
12:45- 13:45	Lunch	
<b>DISCUSSIONS ON RIATT-ESA 2019/2020 STUDIES (CONTINUED)</b>		
13:45 – 13:55	Children, HIV and COVID-19	Dr. Tendesayi Chakezha Kufa
13:55 – 14:05	HIV, adolescents, and youth sensitive social protection mechanisms in the East African Community Partner States	RIATT-ESA Deputy Chair (Morris Tayebwa)
14:05- 14:15	Health Break	
<b>FINAL LINKING SESSION</b>		
14:15 – 14:45	Where and how can we link up: Road map and monitoring and reporting plan on operationalizing the partnerships	RIATT-ESA Deputy Chair (Morris Tayebwa)
14:45- 14:50	Audience reflections	Facilitator
16:00-16:30	Closing remarks	RIATT-ESA Task Team Co-Chair (Caroline Zinyemba) <a href="#">Face to face</a>