



Monitoring The Maputo Plan of Action

An assessment of
Sexual & Reproductive Health & Rights
Responses & Reporting
in Africa

Project Brief

2011

Today, by any measure, less than one third of Africans have access to reproductive health (RH). Under current trends and with business as usual, Africa will not reach universal access to RH. The challenge is one of scale, to redouble our efforts and to accelerate programmes towards rapid increases in access and coverage towards the ultimate goal of universal access to RH by 2015. Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa, Maputo Plan of Action.

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Brief Description of the Project

Sexual and reproductive health and rights (SRHR) are usually understood as the rights of all people, regardless of their nationality, age, sex, gender, health or HIV status, to make informed and free choices with regard to their own sexuality and reproductive well-being, on condition these decisions do not infringe on the rights of others. This includes the right to access education and information, services and healthcare.

As much as SRHR are considered to be basic human rights and fundamental to development “conditions are devastating the African Continent: 25 million Africans infected with HIV, 12 million children orphaned due to deaths related to AIDS. 2 million deaths from AIDS each year, women increasingly affected with the feminization of the epidemic; 1 million maternal and newborn deaths annually, an African woman having a 1 in 16 chance of dying while giving birth; high, unmet need for family planning with rapid population growth often outstripping economic growth and the growth of basic social services (education and health), thus contributing to the vicious cycle of poverty and ill-health. Today, by any measure, less than one third of Africans have access to reproductive health (RH)”.¹

As a result of the state of SRHR in Africa, various governments, as well as regional groups such as the Southern African Development Community (SADC) and the African Union (AU), responded to the call to act with the development of policy on SRHR, not least of which was the International Conference on Population and Development (ICPD) in 1994, the African Union Conference of Ministers of Health and the Maputo Plan of Action in January 2006.

The Maputo Plan of Action for the Operationalisation of the Sexual and Reproductive Health and Rights Continental Policy Framework, commonly known as the Maputo Plan, aims to achieve universal SRHR in Africa by 2015. In order to achieve this goal the Maputo Plan developed the Progress Assessment Tool (PAT) which is a questionnaire completed annually by all AU members and submitted to the AU by year end. Although the PAT is a means to improve SRHR, no assessment of its applicability, impact, usefulness and accessibility has been finalized to date. AAI is now conducting a project that will contribute research on the data compiled through the PAT, as well as on the nature of the national-level process of gathering the information and submitting the reports to the AU. This research will provide the evidence-base for advocacy efforts to improve the reporting process, as well as support to and capacity building among stakeholders to ensure their full involvement in increasingly effective efforts to realize the SRHR targets in the region in time for the 2015 deadline.

The Three Key Components

1. A Scorecard based on PATs submitted in December 2009 and 2010 to the AU by SADC countries. This multi-faceted Scorecard will be constructed on the 37 indicators that make up the PAT. The rationale for collating the 2009 and 2010 data is to assess whether countries have improved over the period. This initial Scorecard will not verify the data submitted by governments in the PAT, neither will it source alternative data where none was submitted. The intention will be to reflect back to country stakeholders what their governments claim for their efforts to ensure SRHR. The Scorecard will analyze and

¹ Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights: 2007-2010, African Union, September 2006.

present in a comparative fashion information on the policy and legal environment in the countries, the coverage of services, and the quality of the reporting of the information requested in the PAT. The Scorecard will identify cases of best-practice as well as countries and aspects of the response that need greater effort if targets are to be met successfully.

2. The second component that AAI will conduct is an in-depth in-country research project on the Maputo Plan reporting process in South Africa, Zambia and Zimbabwe. This portion will comprise of interviews conducted with key stakeholders at both country and regional level. Interviewees will be government staff, parliamentarians, civil society, experts in SRHR and others in order to address the following issues:
 - a. The enquiry: How did the reporting process go? Key strengths and weaknesses in the procedure, who completed reports, when, over what period, based on what expertise, based on what data, were there gaps in required data, what quality of data was available and submitted, was there a lack of capacity or support from civil society, what role did civil society play, if any, and how were they chosen to participate.
 - b. Solution orientated research: identify required areas of support for staff completing reports, determining what training solutions are necessary to minimize capacity gaps (it should be noted that AAI will not necessarily provide the training ourselves beyond the scope of accountability), pinpointing sources of better quality data, or methods of attaining it through improved collection and collation, and highlighting best and worst practice to strengthen process.
 - c. A considerable component of this research will consist of an assessment of the Progress Assessment Tool. It will assess its accessibility for staff working with it, both at country level with the staff completing the reporting, as well at AU level, with the staff collating and analyzing the reports, applicability of indicators and how they can be altered to improve their usefulness, availability of data for indicators, whether CSOs are able to use it for advocacy purposes as well as measure their own impact and success in the SRHR field, and the general usefulness of the tool.
3. The third component of the project is focused on Communication and Outreach. The purpose is to use the research both as an advocacy and learning tool. In conjunction with the respective governments, the applicable African Union Ministers of Health, the AU/United Nations (UN) Cluster on Human and Social Development, the UN Population Fund and in close collaboration with the Southern Africa AIDS Information Dissemination Service (SAfAIDS) and other stakeholders AAI will develop and run capacity building workshops based on the research findings. AAI will expand on the research findings, invite experts in identified areas of weakness to provide training to participants, provide stakeholders with training on using the research as an advocacy tool, and otherwise lead a campaign around the findings.

An Overview of AAI

AIDS Accountability International (AAI) was established in 2005 with the mission to follow up on commitments to the AIDS epidemic made by governments, businesses and civil society. Still today, there is a widespread lack of advocacy tools for key actors to hold leaders accountable for the rollout of policy, implementation and impact. AAI believes that leaders should be informed and by means of our evidence based research holds ineffective leadership accountable whilst applauding those who live up to their promises. AAI conducts needs driven research to empower advocacy efforts by developing tools that enables organizations, parliamentarians and media representatives to hold governments and leaders accountable, helps identify best practice and

assists governments with monitoring and evaluation of their programs. Through these means, AAI attempts to encourage those who are delivering on their commitments, put pressure on those who are under-performing, and stimulate constructive debate about what can be learned from different approaches.

Collaborating Partners

At the centre of AAI's core values are participation and collaboration. During the initial phase, we will continue the consultation process and dialogue with partners in the region to involve them both in research and outreach. We have already embarked on preliminary dialogues with actors such as SAFAIDS, Mosaic, the Southern African Development Community Parliamentary Forum (SADC PF), and The Network of African People Living with HIV and AIDS for Southern African Region (NAP+SAR). In addition, AAI has been or hopes to collaborate with partners around accountability and HIV such as IPPF, Family Health International, The International Community of Women with HIV/AIDS (ICW), World AIDS Campaign (WAC), Global Health Council and Gestos that could play an important role in the development and outreach of this rating. AAI will continue to consult and explore possible partnerships within civil society, parliamentarians and regional media.

Global Participation

In the development of our ratings and communication initiatives, AAI relies on the active participation of a broad group of stakeholders with extensive experience and different types of expertise. In assembling our Panels and Forum we make sure that the knowledge and experience of people in the global South, and especially of women, is given prominent representation.

Key Contact Information

Executive Director

Rodrigo Garay, Executive Director, Secretariat Sweden, [rodrigo\[at\]aidsaccountability.org](mailto:rodrigo[at]aidsaccountability.org), Tel no +46 706 31 93 07, Fax no +46 8 700 46 10

Project staff

(Project leader) Phillipa Tucker, Senior Researcher, Research Department, Rating Centre South Africa, [phillipa\[at\]aidsaccountability.org](mailto:phillipa[at]aidsaccountability.org), Tel no +27 21 466 8000.

Web: www.aidsaccountability.org