AAI Basic Strategy

AAI believes that strong and accountable leadership is necessary to ensure effective responses to HIV and related health challenges.

We do this by
- increasing transparency,
- promoting dialogue and
- supporting action to improve the response.

Needs-driven, evidence-based research and advocacy that measures performance against the commitments that have been made by govts.
AAI Projects

Monitoring the MPoA
An assessment of Sexual & Reproductive Health & Rights Responses & Reporting In Africa

AIDS Accountability Scorecard on Women 2009
Are governments keeping their promises?

AIDS Accountability Country Scorecard 2008
Are governments keeping their promises?

AIDS Accountability Scorecard on LGBT 2011
Are governments keeping their promises?

Accountability Literacy

Strengthening Africa's Country Coordinating Mechanisms through empowerment of marginalized communities

The AIDS Accountability Workplace Scorecard

AIDS Accountability International
Using data for advocacy

- Increases reporting of data and transparency
- Increased political commitment
- Response based on facts not guesses
- Better identification of regional best practice
- Easy, accessible and powerful advocacy tool
- Can’t argue with the figures: Facts!
- Improves process: Civil society and govt can work together to get data, sharing knowledge
- Guides CSOs and donors response to improve their own work
- Greater ownership of the process
Maputo Plan of Action

• African leaders committed to achieve universal SRHR in Africa by 2015.
• Developed the Progress Assessment Tool (PAT): a questionnaire completed annually by all AU members and submitted to the AU by year end.
Key elements of MPOA

1. Integrating STI/HIV/AIDS, and SRHR programmes and services,
2. Repositioning family planning as an essential part of achieving the health MDGs;
3. Addressing the sexual and reproductive health needs of adolescents and youth as a key SRHR component;
4. Addressing the issue of unsafe abortion;
5. Delivering quality and affordable services in order to promote Safe Motherhood, child survival, maternal, newborn and child health; and
What the project gives the SRHR activist/worker/policy maker/bureaucrat

Takes the 37 data points and 138 comments, challenges and recommendations in the country reports and puts it into a simple, easy to read, simple to understand format.

<table>
<thead>
<tr>
<th>Country</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>A</td>
</tr>
<tr>
<td>Eritrea</td>
<td>B</td>
</tr>
<tr>
<td>Botswana</td>
<td>C</td>
</tr>
<tr>
<td>Nigeria</td>
<td>D</td>
</tr>
<tr>
<td>South Africa</td>
<td>E</td>
</tr>
<tr>
<td>Mozambique</td>
<td>No data reported</td>
</tr>
</tbody>
</table>

[Map of Africa showing data distribution]
What the data covers

1. Integration of HIV/STI, Malaria and SRH Services into Primary Health Care (PHC)
2. Strengthening of Community based STI/HIV/AIDS and SRHR Services
3. Family Planning repositioning as key strategy for attainment of MDGs
4. Youth-friendly SRHR services positioned as key strategy for youth empowerment, development and well being
5. Incidence of unsafe abortion reduced
6. Access to safe motherhood and child survival services increased
7. Resource/Remarks for SRHR increased
8. SRH Commodity security strategies for all SRH components achieved
9. Monitoring, evaluation and coordination mechanism
10. Lessons learned
11. Country Profile
Africa Reporting

- 33 countries reported across the continent.
- Reported
- Did not report
- = 60% response rate
- Good but must be improved
SADC Reporting

- 12/15 SADC countries reported
- Swaziland, Seychelles and Mozambique did not report
- Angola and Zimbabwe: reports unable to be used
SADC Reporting

- Average: 83% complete
- High: Madagascar – 92%
- Low: Lesotho – 59%
SADC Policy

% of Policies in place

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>81-100%</td>
<td>61-80%</td>
<td>41-60%</td>
<td>21-40%</td>
<td>1-20%</td>
</tr>
<tr>
<td>Botswana</td>
<td>Tanzania 73</td>
<td>DRC 60</td>
<td>Lesotho</td>
<td>Lesotho</td>
</tr>
<tr>
<td>87</td>
<td>Namibia 70</td>
<td>South Africa 60</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Malawi 67</td>
<td>Zambia 50</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mauritius 67</td>
<td>Madagascar 43</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Average: 61%
- High: Botswana 87%
- Low: Lesotho 37%
SADC Performance

- Average: 56%
- High: Mauritius 77%
- Low: DRC 29%

- Based on 13 indicators.
- Equally weighed.

- Note Lesotho
### SADC Performance cont/d

#### Contraceptive prevalence rate (modern method)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>81-100%</td>
<td>South Africa</td>
</tr>
<tr>
<td>B</td>
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<tr>
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<td></td>
<td>Mauritius</td>
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<tr>
<td>D</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Zambia</td>
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<tr>
<td>E</td>
<td>1-20%</td>
<td>Tanzania</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DRC</td>
</tr>
<tr>
<td>ND</td>
<td></td>
<td>Botswana</td>
</tr>
</tbody>
</table>

- **Average**: 32%
- **High**: South Africa 70%
- **Low**: DRC 6%
SADC Performance cont/d

Proportion of births attended by skilled personnel

- **Average:** 63%
- **High:** Mauritius 100%
- **Low:** Madagascar 43%
SADC Performance cont/d

### Maternal Mortality Ratio /100 000

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Botswana 198</td>
<td>South Africa 400</td>
<td>Madagascar 469</td>
<td>Tanzania 578</td>
<td>Lesotho 762</td>
</tr>
<tr>
<td></td>
<td>Mauritius 380</td>
<td>Namibia 449</td>
<td>DRC 549</td>
<td>Zambia 591</td>
<td>Malawi 807</td>
</tr>
</tbody>
</table>

Note: Countries divided into quintiles

- **Average**: 480/100 000
- **High**: Malawi 807/100 000
- **Low**: Botswana 198/100 000
SADC Performance cont'd

Youth Policies and SRHR services

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, done both</td>
<td>One done, one in progress</td>
<td>One done or two in progress</td>
<td>One in progress</td>
<td>No data, nothing done</td>
</tr>
<tr>
<td>Namibia</td>
<td>DRC</td>
<td>Botswana</td>
<td>Mauritius</td>
<td>Lesotho</td>
</tr>
<tr>
<td>South Africa</td>
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</tr>
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<td></td>
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</tr>
</tbody>
</table>

- Policies/strategies supporting SRHR services for young people
- Youth-friendly SRHR services integrated in the training curricula
Moving forward

• Get all countries to report annually
• Improve quality of reporting
• Improve quality of data
• Advocate for LGBTI inclusion in data collection (in line with recommendation from MSM Pre-conf at ICASA 2011) and human rights commitments
• Use data for advocacy
• Use data to identify best practice and share in the region
• Engage stakeholders to respond to data, refrain from silo work, duplication and support govt efforts
• Monitor progress to increase accountability
Join our newsletter at
www.aidsaccountability.org

Email: phillipa at aidsaccountability.org

Phillipa Tucker
Senior Researcher

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