



**Monitoring
The Maputo Plan of Action**

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

MPOA Scorecard

BRIEF

Element 1: Integration of HIV and STIs, Malaria and SRH Services into PHC

Phillipa Tucker - September 2012

Holding leaders accountable



Introduction

The MPOA Scorecard provides data and an analysis of statistics provided by African governments to the African Union Commission in the Maputo Plan of Action (MPOA) reporting. This report first briefly introduces the various concepts that inform sexual and reproductive health and rights on the continent, how the Maputo Plan of Action commitment evolved as a government solution, and how accountability and data can be used to improve Sexual and Reproductive Health and Rights (SRHR). In the second section of the report the data is presented and analysed in an easy-to-read manner and a way forward provides recommendations in the final closing section. [Read the full report here](#)



Element 1: Integration of HIV and STIs, Malaria and SRH Services into PHC

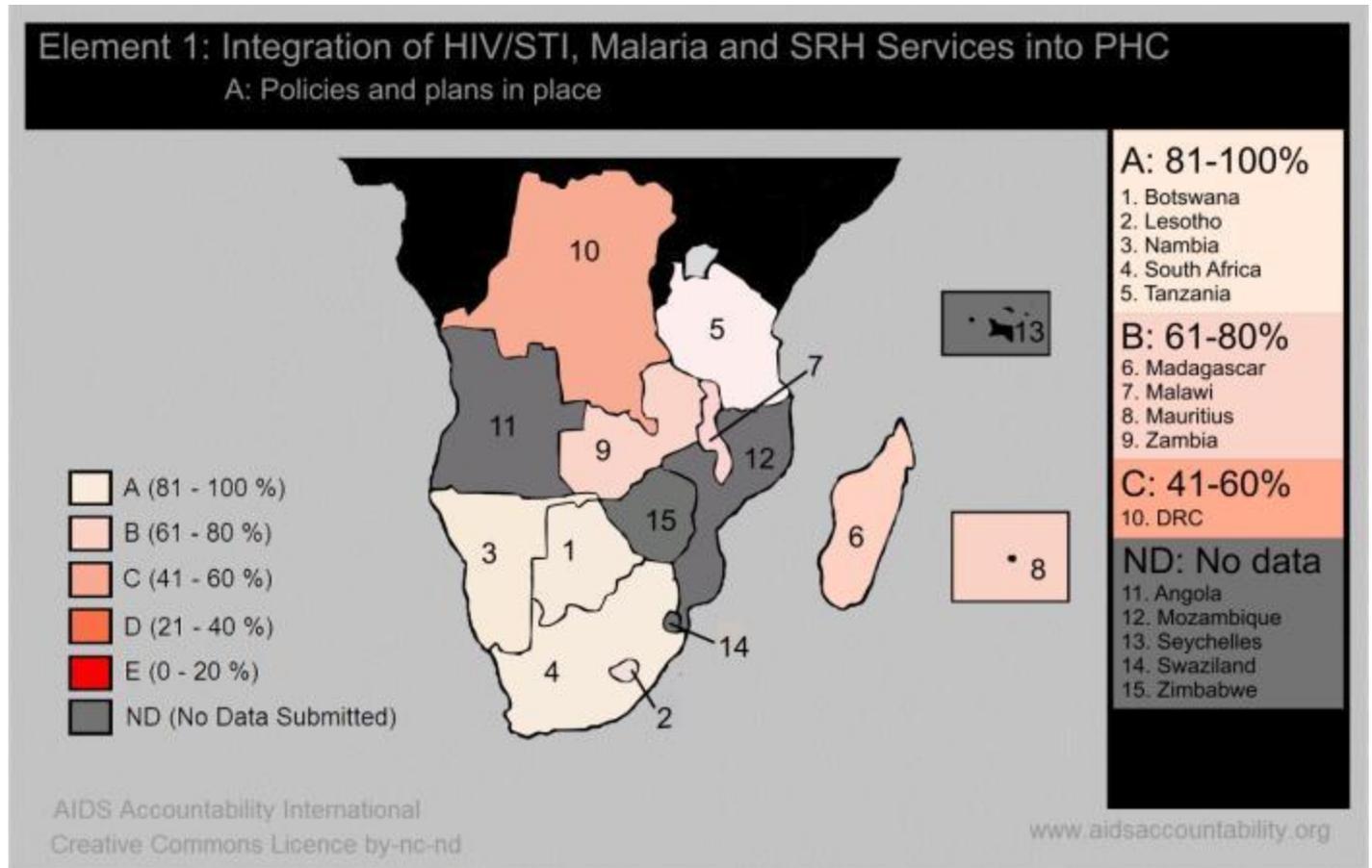
This element looks at the Integration of HIV/Sexually Transmitted Infections (STI), Malaria and Sexual and Reproductive Health (SRH) Services into Primary Health Care (PHC).

The PAT asks whether the following Actions have been “Done”, are “In Progress” or Not Done”:

1. Integrated SRHR/STI/HIV/AIDS and Malaria policy documents and / or national plans.
2. Multi-sectoral plans supporting SRHR.
3. Laws /legal instruments dealing with Gender Based Violence (GBV) in place.
4. Strategies dealing with GBV developed and implemented.
5. Policies and programmes that address harmful traditional practices.
6. Training institutions integrating STI/HIV/AIDS, nutrition with SRHR in their curricula.

Countries in the A category all achieved a 91.7% completion rate. All countries have completed Action 3 dealing with laws and legal instruments dealing with GBV. All countries, apart the DRC which is “In Progress”, have completed Action 1 (integrating SRHR/STI/HIV/AIDS and Malaria policy documents and / or national plans). Difficulties exist in completing Actions 4 and 5 (GBV strategies developed and implemented and addressing harmful traditional practices) with only 3

and 4 countries respectively having completed this work.^{iv} Only 4 of the 10 countries have completed integrating SRHR/STI/HIV/AIDS and Malaria services into PHC. Zambia is behind at 64%. DRC, Madagascar and Mauritius gave different figures for SRHR/STI/HIV/AIDS and Malaria. Lesotho and Tanzania could not provide data and thus reflect the fact that they do not know how far integration has developed.

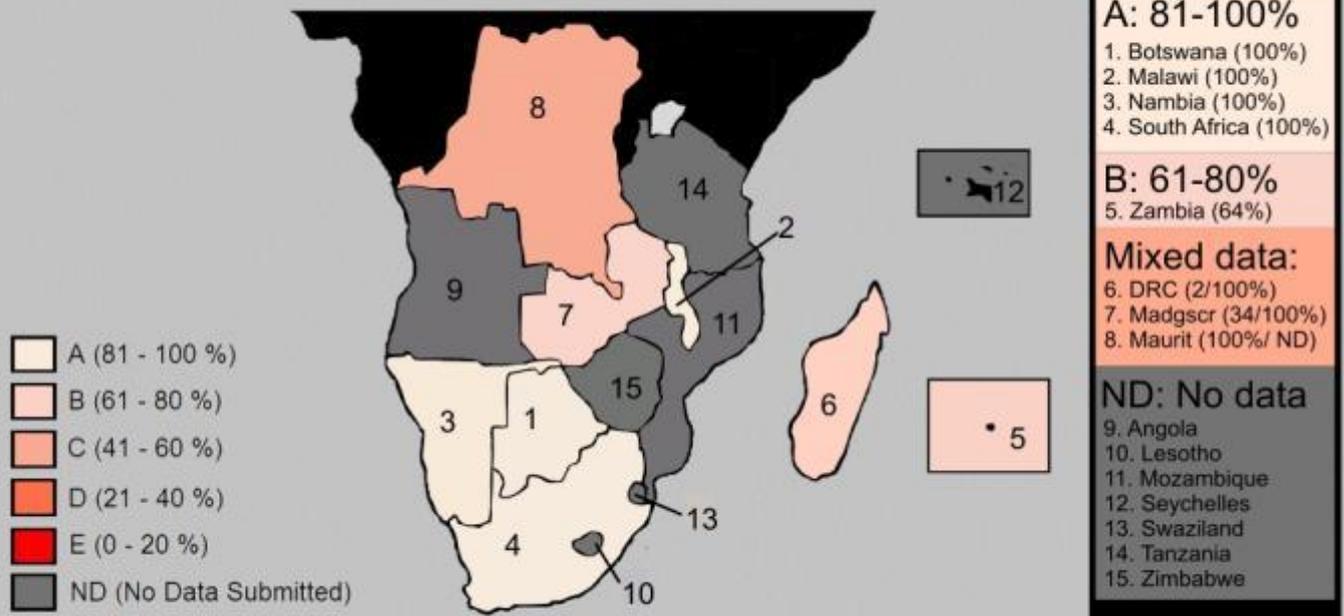


What is most important to identify is that countries are at various stages of the processes and that some countries are reporting better progress than others. Most importantly is the difference between having policies and plans in place and the actual implementation. It would seem that most countries have managed to do the former but are still struggling to complete the latter. This is a common issue, and will become apparent throughout the MPOA Scorecard as a barrier to progress and thus meeting desired goals. What is also apparent is the greater lack of data on implementation, and the need for more monitoring to be done on actual service integration at primary health care level.



Element 1: Integration of HIV/STI, Malaria and SRH Services into PHC

B: SDPs offering intergrated SRHR/STI/HIV/AIDS and Malaria services %



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Feedback

Every attempt has been made to ensure the accuracy of this report but the author and AAI welcome any feedback, comments, and/or corrections on the content.

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