



Monitoring The Maputo Plan of Action

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

MPOA Scorecard

BRIEF

Element 2: Strengthening of Community based STI/HIV/AIDS and SRHR Services

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 2: Strengthening of Community based STI/HIV/AIDS and SRHR Services

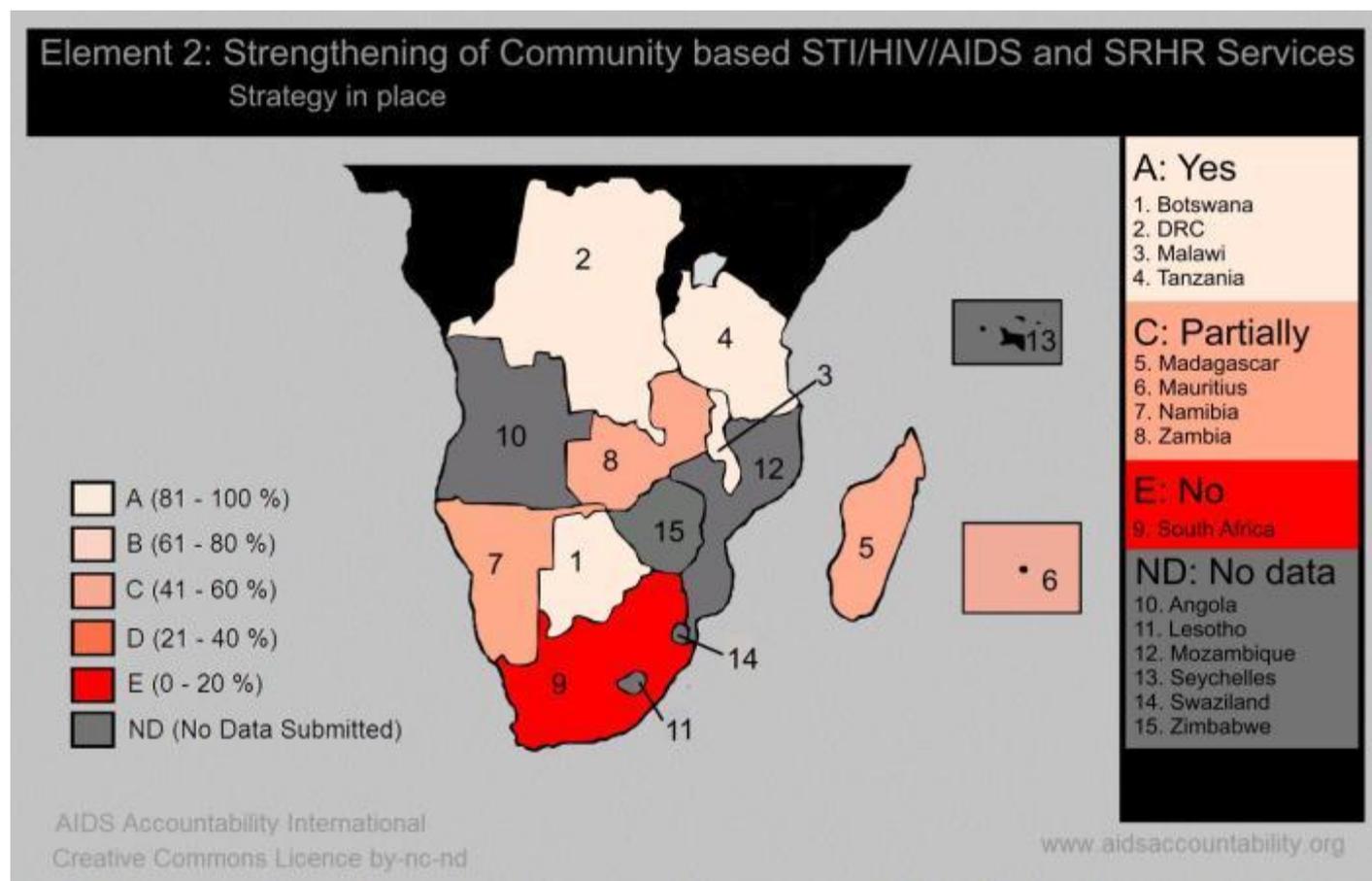
Community based health services are regarded as paramount in rolling out universal access to SRHR. Pathfinder International in their report *Improving Reproductive Health through Community-Based Services: 25 Years of Pathfinder International Experience*, states:

The support of local leaders and the community as a whole is important for ensuring access and sustainability, and stimulating substantial changes in community behavior. Building the capacity of communities and creating local partnerships is crucial to success. Moreover, community health workers (CHWs) improve “access, knowledge, and cultural acceptance of reproductive health” [...] They serve as an important link between the community and health facilities by providing referrals and helping clients follow through with their prescribed care. Because CHWs hold the esteem of their peers, they are effective in promoting change and challenging stigma surrounding HIV/AIDS, harmful traditional practices, and prejudices against family planning. They are motivated by a sense of duty to care for others around them...”^v

However, what is also obvious is that for community based services to have any effect is for the programming to go beyond policy and be fully implemented. However, the PAT only asks if the

strategy is in place and for a reason for the success or failure of this. No question examines whether anything is being done to support the implementation and greater effectiveness of community based services. This is unlike many of the various other indicators, as it does not monitor implementation but only policy. This is in the opinion of the author problematic, especially as this report identifies policy being in place as less of a barrier to SRHR, but rather a lack of implementation posing a problem.

South Africa reports that the “package guiding the Primary Health Services is not inclusive of the community based SRHR” whereas various other countries report on the existence or development of various guidelines but no real and focussed strategy on community based services, but rather a conglomeration of policies and guidelines. Considering the importance of community health workers and their role in primary health care and universal access, this element needs greater focus from advocacy campaigns, both within governments and from civil society and funding partners.



Mauritius acts as a good example of how a country which was under-developed at independence in 1968, but which now is considered an upper middle income country, improving socio-economic conditions in huge strides in every year. Maternal mortality, infant mortality have decreased, communicable diseases are managed effectively, and life expectancy have all

increased. In recent years Mauritius has reinforced its healthcare system by improving infrastructure in primary health care facilities, including the roll out of usually ignored health issues such as diabetes mellitus and mental health care to primary health care facilities. These improvements extend to better quality and more health care worker training institutions being created, and highly accountable budget lines being allocated for programmed activities.^{vi}

Malawi too is quickly reinforcing the use of what are called Health Surveillance Assistants (HSA), in 2012 the Ministry of Health promoting the role and importance of HSAs in being “frontline health workers at the community level”^{vii} working with Village Health Committees (VHCs), which looks health needs at both individual village need as well at the needs of a collection of villages in an area. HSAs are provided with 12 weeks of training, bicycles and drug kits and are employed by the Ministry of Health.^{viii} Other elements in the MPOA Scorecard also underline the importance of community based health services.

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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