



**Monitoring  
The Maputo Plan of Action**

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

# MPOA Scorecard

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## BRIEF

### **Element 3: Family Planning repositioning as key strategy for attainment of MDGs**

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](#)



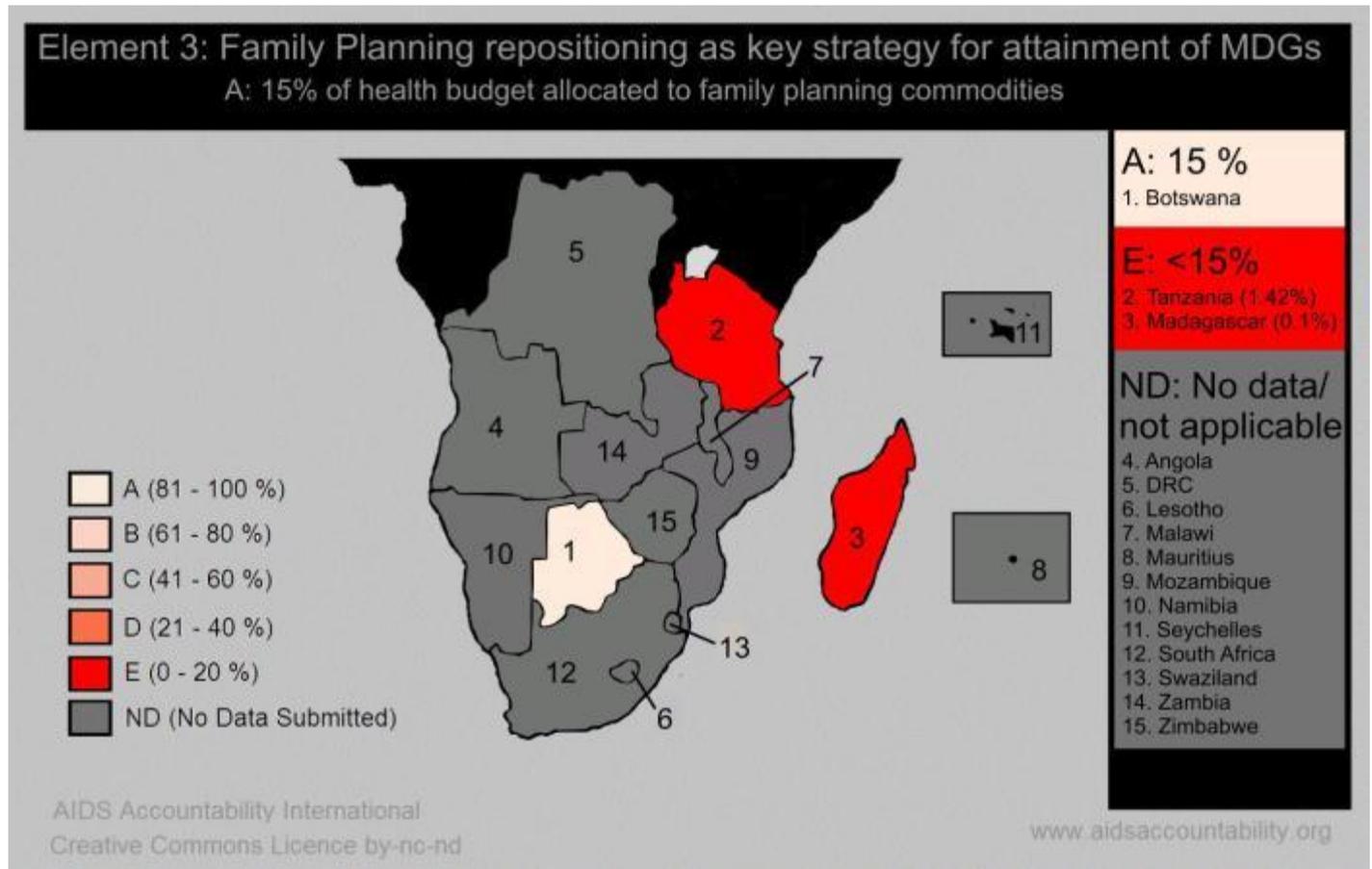
## Element 3: Family Planning repositioning as key strategy for attainment of MDGs

Allocating sufficient resources to family planning commodities is seen as a means to measure government's desire to reposition family planning. Leaders committed to allocating 15% of the health budget to family planning commodities as a means of attaining the relevant MDGs as well. Only one country has reported that they achieved this commitment.

In the AUC Report, *MPOA Progress Review*, it is reported that: "Only 16 (37.2%) countries reported on the proportion of their health budget that is allocated to family planning commodities. Among these, four (25%) said they do not specifically budget for family planning, as support to this area is derived from the global health budget. Seven (43.8%) countries indicated that they allocate 1–5% of the health budget to family planning commodities, while four (25.2%) others allocate 10–15%. Only one (6.3%) country reserves 16% of its budget to family planning (indicator 9)."<sup>ix</sup> Thus it is clear that this area needs considerable advocacy efforts in order to improve the response from governments, not only in the SADC region but across the continent. Moreover the AUC Reports states that, "Many countries have supportive FP protocols

and guidelines, but need to implement them more effectively and to reach all communities in need. [...]Policies and strategies have been articulated and adopted in most countries, but their effective operation is still a problem”.<sup>x</sup>

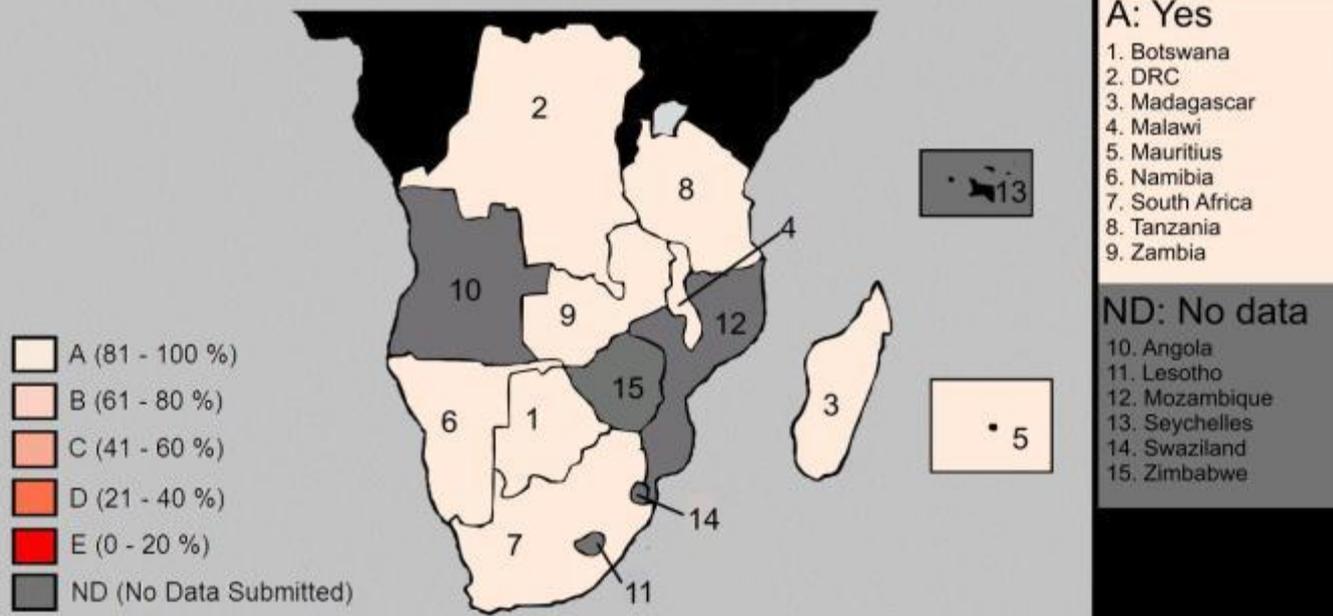
This is obvious when one analyses the second image below. Nine countries achieved an A with regard to whether Supportive protocols and guidelines are in place, yet only one, Botswana, has actually implemented this policy in reality. This area needs to be carefully monitored by civil society in their advocacy work.



Several countries report unmet family planning needs as challenges, as well as stock outs, increase in backstreet abortions, as well as scarcity of adequately trained health care workers as barriers in this section. Countries report community education as a means to improve demand for family planning commodities, but that better planning, more budget allocation and better supply chain management are vital to rolling out universal access to quality family planning in the region.



**Element 3: Family Planning repositioning as key strategy for attainment of MDGs**  
 B: Supportive protocols and guidelines in place



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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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