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ORGANIZAÇÃO DAS PRIMEIRAS DAMAS DE AFRICA
CONTRA O VIH/SIDA (OPDAS)



ORGANIZATION OF AFRICAN FIRST LADIES
AGAINST HIV/AIDS (OAFLA)

ORGANISATION DES PREMIÈRES DAMES D'AFRIQUE
CONTRE LE HIV/SIDA (OPDAS)

Strategic plan 2014-2018

Organization of African First Ladies against HIV/AIDS

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Acronyms

AIDS – Acquired Immune Deficiency Syndrome

ART – Anti Retroviral Treatment

ARV – Anti Retroviral (Drugs)

AU - African Union

AUC – African Union Commission

CARMMA – Campaign on Accelerated Reduction of Maternal Mortality in Africa

FGC – Female Genital Cutting

FGM – Female Genital Mutilation

FP - Family Planning

GA - General Assembly

GBV – Gender-based Violence

HTPs - Harmful Traditional Practices

HIV – Human Immunodeficiency Virus

HPV- Human Papillomavirus

HTC – HIV Testing and Counseling

IT – Information Technology

ICPD – international Conference on Population and Development

LFM – Logical Framework Matrix

MDGs – Millennium Development Goals

MNCH – Maternal, New-born and Child Health

MPoA – Maputo Plan of Action

OAFLA – Organization of African First Ladies against HIV/AIDS

OVC – Orphans and Vulnerable Children

PLHIV-Persons Living with HIV

TB – Tuberculosis

STI – Sexually Transmitted Infection

WHO – World Health Organization

WTO – World Trade Organization

UN – United Nations

UNICEF – United Nations Children’s Fund

UNFPA – United Nations Population Fund

UNAIDS – Joint United Nations Program on AIDS

Executive Summary

A) Introduction

The current Strategic Plan covers the period 2014 to 2018 and is the third in the series of Strategic Plans. The first and second Strategic Plans covered two consecutive four-year periods; 2004-2008 and 2009-2013 respectively. The current Strategic Plan (2014-2018) is prepared by OAFLA Technical Advisors with inputs from a consultant. The draft Strategic Plan was further discussed and enriched during OAFLA's General Assembly (GA) meeting in May, 2013 in Addis Ababa, Ethiopia.

The Strategic Plan (2014-2018) makes reference to the "African Union (AU) Roadmap on Shared Responsibility and Global Solidarity for HIV, TB and Malaria in Africa". It also makes reference to the joint AUC and UNFPA initiative – the "Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)". It is designed to and strives for sustaining and improving on the current gains in decreasing new HIV infections; reducing maternal, neonatal and child deaths in Africa and accelerating change in realizing the Millennium Development Goals (MDGs).

This Strategic Plan has benefited from OAFLA's past experiences, lessons learned and good practices. The context under which the Strategic Plan will be implemented was also carefully assessed while defining the objectives that it's intended to realize. The Strategic Plan further considered three strategic directions guiding OAFLA's operations in the four-year period. These are: Policy Advocacy; Resource Mobilization and Public Mobilizations. Under each strategic direction the plan considers several activities for implementation as they relate to OAFLA's mandate.

The logical framework matrix clearly states the envisaged activities including the corresponding results. However, considering that OAFLA Chapters are at different stages of development in terms of program implementation, individual Chapters are advised to adapt the logical framework by setting realistic targets to measure their independent contribution to the overall national successes based on the country's epidemic and response. Meanwhile, the responsibility to mobilize resources for the implementation of the Strategic Plan rests on OAFLA Chapters and the Secretariat.

B) The Strategic Plan in Context

Africa has made headway in addressing its development challenges especially as relating to HIV and AIDS; maternal and child health. Despite this progress however, there are numerous challenges that should be addressed in order to realize Africa's development goals in full. The current Strategic Plan of OAFLA takes into consideration progress made and critical challenges to development. It considers issues that are peculiar to the continent as well as commitments made in addressing those issues. The plan further notes the differences among countries in the

region in addressing the issues under consideration, though the shared vision is one and the same.

It is with this understanding that OAFLA has adopted strategies in the three specific areas to guide its program implementation.

The Policy-Advocacy level interventions aim at realizing three independent but interrelated objectives. These are:

- 1) Increasing resources to strengthen health systems and empower women and girls;
- 2) Maximizing the use of resources by enhancing the capacity of health system to provide integrated, comprehensive, quality and sustainable services and information; and
- 3) Enacting and enforcing laws and legislative measures to protect the rights of women and girls.

Cognizant of the fact that Africa's private sector well established and a key driver of economic growth, the Strategic Plan has suggested activities in soliciting resources primarily from this sector. In addition, to this African First Ladies are expected to advocate for and mobilize resources for improving health outcomes, ensuring gender equality and the empowerment of women among others. They are also expected to lobby for joint program initiatives for cost-efficiency, maximized impact, and availability of quality antiretroviral drugs and other HIV commodities among countries in the region.

Africa is a continent with a variety of cultures and traditions - some are beneficial while others are harmful. OAFLA Chapters have a comparative advantage in mobilizing the public in the fight against harmful traditional practices such as Female Genital Mutilation/ Cutting (FGM/C), child marriages, among others. Likewise, OAFLA Chapters can mobilize communities for ownership and shared responsibility in the fight against HIV and AIDS, and improving maternal and child health by recruiting male champions and engaging community, traditional and religious leaders.

The activities in the four-year Strategic Plan are designed by considering the context within which this plan will be implemented and the value addition that the OAFLA Chapters potentially bring to both national and regional efforts in realizing Africa's development goals.

C) ProgramGoals

Program interventions for the four-year period Plan are designed to address interconnected and complex issues as they relate to HIV and AIDS; Maternal, Child and Women's health using holistic and systematic approaches. The Strategic Plan has set five development goals each with distinct functions.

- **Goal I:** Contribute to the national effort in preventing, managing and eliminating HIV and AIDS

- **Goal 2:** Contribute to the national effort in reducing maternal and child mortality
- **Goal 3:** Contribute to the national effort in controlling cervical cancer
- **Goal 4:** Enhance organizational learning stakeholders commitment and organizational visibility
- **Goal 5:** Ensure program and financial sustainability

D) Program Objectives

The Program Objectives are designed to facilitate and accelerate changes through an integrated approach. The objectives also aim at filling the resource gap; ensuring that laws and legislations are enacted and enforced; as well as motivating and empowering the public to act on issues of common concern.

The main components of the objectives include:

- Increasing resources from national budgets and domestic sources for HIV and AIDS programs; building strategic partnerships; mobilizing and empowering people and communities infected and affected by HIV and AIDS to be healthier, productive and key players in creating HIV-free societies in Africa.
- Increasing access to integrated, quality, comprehensive and sustainable MNCH services and promoting MNCH by mobilizing and empowering community members to improve health seeking behavior and ban harmful traditional practices (HTPs).
- Enhancing OAFLA's visibility through improved organizational capacity; and the commitment of member states
- Enhancing institutional competencies and increasing the resource-basis of OAFLA Chapters and the Secretariat in order to make meaningful contributions in addressing Africa's development challenges in the areas of HIV and AIDS; Maternal, Neonatal and Child Health including Women's health.

E: Expected Results

Through effective implementation of the four-year Strategic, the following general results are expected:.

- African communities are mobilized to make significant contribution to the prevention, management, and elimination of HIV and AIDS; the promotion of maternal and child health; and the reduction of risk and vulnerability of women and girls due to gender based violence (sexual violence) and other inequalities;
- New partnerships (including South-to-South cooperation) are increased and the proportion of domestic resources from public budgets and private sector increased through innovation, advocacy and collaboration;

- OAFLA's visibility is enhanced by strengthening institutional capacity (both managerial and technical competency) of OAFLA Chapters and the Secretariat, establishing various systems and mobilizing resources; and
- Institutional learning is improved through documenting, analyzing and disseminating results, lessons learned and best practices.

I. Introduction

The Organization of African First Ladies against HIV/AIDS (OAFLA) was established in 2002 in Geneva in the presence of 37 African First Ladies and other representatives from partner organizations to combat the adverse effects of HIV and AIDS in Africa. Since its establishment, OAFLA has implemented two consecutive Strategic Plans; making the current Strategic Plan (2014-2018) the third in the series. The first and second Strategic Plans covered two consecutive four-year periods spanning 2004-2008 and 2009-2013 respectively.

This Strategic Plan (2014-2018) has been prepared by OAFLA Technical Advisors with inputs from a consultant. The draft Strategic Plan was further discussed and enriched during OAFLA's General Assembly (GA) on May 26, 2013 in Addis Ababa, Ethiopia. The Plan has benefited from OAFLA's past experiences, lessons learned and good practices.

The Strategic Plan (2014-2018) has makes reference to the "African Union (AU) Roadmap on Shared Responsibility and Global Solidarity for HIV, TB and malaria in Africa". It also makes reference to the joint AUC and UNFPA initiative – Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA). The Strategic Plan is designed to and strives for sustaining and improving on the current gains in decreasing new HIV infections and AIDS-related deaths; it further aims at reducing maternal, neonatal and child deaths in Africa and accelerating change towards realizing the Millennium Development Goals (MDGs).

Taking stock of its past achievements, challenges, opportunities and environmental factors that have bearings on the proposed strategic interventions, three strategic directions have been selected to guide OAFLA's operations in the coming four years. These are (i) Policy Advocacy ;(ii) Resource Mobilization and (iii)Public Mobilization

All three strategic directions are founded upon OAFLA's strong commitment, perseverance and diligence among First Ladies to contribute meaningfully to Africa's critical development challenges – HIV and AIDS; and maternal, neonatal and child health.

The Strategic Plan of OAFLA (2014-2018) therefore serves as a framework for member states to select interventions as appropriate to individual country context. OAFLA's strategic choices have been carefully crafted by considering its added values as an organization: 1) in enhancing the implementation of various policies at national level; 2) reinforcing strategic alliances internationally, regionally and nationally; and 3) mobilizing and empowering African societies to contribute to and benefit from all programs that are intended to address positive health outcomes.

The Strategic Plan will be instrumental in expanding access to quality, integrated and sustainable health services at all levels, stimulating and sustaining demands for health services, as well as enabling communities to take collective and individual actions on issues that impact their health and prevent them from exploring and using their potential to the fullest. OAFLA's tridimensional programmatic approaches are also anticipated to bridge the information gap and direct resources where it is most needed and utilized.

II. Background

Africa is making headway and registering results; the number of annual new HIV infections has declined by more than 25 percent¹ in the last ten years. Access to antiretroviral treatment in Africa has increased hundred folds compared to a decade ago. Skilled birth attendant has been gradually increasing and as a result maternal mortality has shown a decline by 41 percent though it is far from achieving the MDG 5 by 2015 (75 per cent). A number of countries in sub-Saharan Africa maintained parity in primary school. African Governments have taken bold steps in mainstreaming gender into development policies and programs in ensuring women and men are equally benefiting from development outcomes. Africa's economy is also on the rise; growing in some countries by two digits while in others within a range of 5.5 to 6.2 per cent annually despite the global financial crisis.²

While Africa celebrating its progress there are numerous challenges that threaten human security in the continent – still a considerable number of Africans are living below the poverty line, the quality of education and health care services are low by any standard, maternal mortality and morbidity is unacceptability high. These situations and political instability in some countries may stall the current gains unless strategic, rational and timely decisions are made on priority issues that have an overarching impact on development. African people should benefit from and contribute to development outcomes. In doing so, African people should be healthier, educated and deserving an environment where they are able to utilize their potentials to the fullest. The four years (2014-2018) Strategic Plan of OAFLA is prepared to contribute to these complex development challenges by considering Africa's current reality and potential for growth and development.

For more than a decade OAFLA has contributed to the overall development challenges that Africa is facing especially in the prevention, control and management of HIV and AIDS. OAFLA Chapters have mobilized and empowered their communities to seek health care and provide support to AIDS orphans and people living with HIV. They have also educated their communities by organizing campaigns, street walks, and addressing the public in various forms that contributed to eliminate harmful traditional practices (HTPs). They further advocated for resources to establish OAFLA Chapters and few are successful in securing budget to run their office. Guided by two successive Strategic Plans, OAFLA has acquired substantial experience and is ready to undertake complex and multiple responsibilities in advancing policy and program goals by mobilizing resources and the public at large.

The current Strategic Plan (2014-2018) is an integral part of the former two Strategic Plans and derived from past experiences and lessons learned as well as good practices. OAFLA's program intervention in the coming four years considers communities, national governments, the African Union Commission (AUC), regional intergovernmental bodies as well as potential donors as its major stakeholders. The Strategic Plan (2014-2018) is designed to contribute primarily to

¹UNAIDS-2012 Regional Fact sheet

²WB and AfDB-joint report 2007

the national efforts in reducing new HIV infections, maternal, neonatal and child deaths and disabilities. Unlike the previous two Strategic Plans the current Strategic Plan has included activities to enhance the operational and program planning, implementation, monitoring and evaluation capacity in order to enhance organizational effectiveness and efficiency. The Strategic Plan will be also instrumental in guiding the Secretariat's operations to effectively coordinate, network and mobilize resources. The Strategic Plan further enhances the secretariat's competency in providing technical assistance to members as appropriate.

III. Methodology

The preliminary draft of the (2014-2018) Strategic Plan was prepared by the technical advisors of the Organization of African First Ladies against HIV/AIDS. The draft was instrumental and is the basis for the preparation and finalization of the Strategic Plan. It was essential to get stakeholders inputs to further enrich the draft document. Hence, an in-depth interview with selected partners and staff members of OAFLA Secretariat were carried out. An open ended questionnaire was prepared and sent out to all concerned for priori preparation (Annex I) in order to facilitate the interview process. The interview note was summarized and used as input in making strategic choices as to OAFLA's intervention during the period 2014-2018.

Various credible implementation annual reports, fact sheets, and several consensus documents such as the ICPD, MDGs, the MPoA and CARMMA progress reports were carefully analyzed and included in the write up (see reference). OAFLA Strategic Plan 2009-2013 was also reviewed and included in the current Strategic Plan as appropriate.

IV. HIV and AIDS

4.1 Status of the HIV and AIDS Epidemic in sub-Saharan Africa

At the end of 2011, 34.0 million people were living with HIV globally. An estimated 0.8 percent of adults aged 15-49 years worldwide are living with HIV. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide³. Of the 330, 000 children acquired HIV infection in 2011 more than 90 per cent of them live in sub-Saharan Africa.⁴

Despite these staggering figures however, substantial gains have been achieved over the last decade in decreasing the number of both adults and children newly infected with HIV, in lowering the numbers of people dying from AIDS-related causes and in implementing enabling frameworks that accelerate progress. As a result 2.5 million deaths are estimated to have been averted since 1995 due to the increase in access to antiretroviral therapy—and 350 000 new HIV infections have been also averted in children.

The number of people dying from AIDS-related causes in sub-Saharan Africa declined by 32% from 2005 to 2011, although the region still accounted for 70% of all the people dying from AIDS in 2011⁵. Since 1995, antiretroviral therapy has saved 14 million life-years in low - and middle income countries, including 9 million in sub-Saharan Africa. As programmatic scale-up has continued, health gains have accelerated, with the number of life-years saved by antiretroviral therapy in sub-Saharan Africa quadrupling in the last four years.

In 2011 more people initiated antiretroviral therapy than in any previous year, the number of people living with HIV receiving treatment increased by 19% across the region between 2010 and 2011. ⁶This accelerating pace needs to be sustained if the world is to achieve the goal of reaching 15 million people with HIV treatment by 2015 (MDGs 6).

In sub-Saharan Africa, home to 92 per cent of pregnant women living with HIV, the percentage of pregnant women living with HIV who received antiretroviral therapy or prophylaxis is now 59 per cent. As a result the number of children newly infected fell by 24 percent from 2009 to 2011. Recent estimates suggest that pregnancy-related deaths among women living with HIV have declined from 46 000 in 2005 to an estimated 37 000 in 2010 globally. More effort is needed to ensure that pregnant women tested for HIV during antenatal care are also tested for eligibility for antiretroviral therapy.⁷

³WHO AFRO-Fact sheet Numb 360

⁴UNAIDS 2013 global fact sheet

⁵UNAIDS Global Report 2012

⁶UNAIDS Press release

⁷UNAIDS Global Report 2012

Despite this progress however, considerable gaps persist in access to HIV services, particularly for people at higher risk of exposure to HIV. Punitive laws, gender inequality, violence against women and other human rights violations continue to undermine national AIDS responses and declines in funding have the potential to jeopardize the capacity to expand access to HIV services and sustain progress over the coming years.

4.2 Gender and HIV and AIDS

According to the latest (2008) WHO and UNAIDS global estimates, women comprise 50% of people living with HIV. In sub-Saharan Africa, women constitute 60% of people living with HIV. Among the youth, there are 4 infected women for every man infected with HIV. And the proportion of women living with HIV has been increasing in the last 10 years.⁸

Gender norms related to masculinity contributes to higher infection rates among young women (15-24 years) compared to young men, it encourages men to have more sexual partners and older men to have sexual relations with much younger women. On the other hand, norms related to femininity can prevent women from accessing HIV information and services. According to 2008 UNAIDS global figure only 38 per cent of young women have accurate, comprehensive knowledge of HIV/AIDS.

Gender inequalities are a key driver of the epidemic: lack of education and economic security affects millions of women and girls, whose literacy levels are generally lower than men and boys. This situation in turn, prohibits women and girls from getting sufficient information to prevent themselves and their families from contracting HIV and limits their negotiating power for safe sex. Such inequalities can also lead to inequities between men and women in both health status and access to health care.

4.3 Sexual Violence and HIV and AIDS

Overall, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence,⁹ and this increases their vulnerability to HIV. With regards to HIV/AIDS infection, the heterosexual transmission is the highest among adults in the African region.

Forced sex can contribute to HIV transmission due to tears and lacerations resulting from the use of force. Women who fears or experience violence lack the power to ask their partners to use condoms or refuse unprotected sex. Fear of violence can also prevent women from learning and/or sharing their HIV status and accessing treatment.

Sexual violence in particular within marriage and outside of marriage is an expression of deep rooted inequalities and enhances fear. It lowers women self-esteem and in most cases

⁸WHO and UNAIDS global estimate-gender inequalities and HIV (2008)

⁹ Global and regional estimates of VAW- WHO 2013

traumatizes those women and girls experiencing it. This situation debilitated women and girls capacity and motivation to explore and use opportunities that lead them to self-reliant and self-determination.

Africa has witnessed considerable progress in managing conflict within the country and in the region. Despite this however, conflict remains to be a critical challenge in most countries. Men are mostly and directly involved in conflict leaving behind women, children and the elderly in their neighborhood. Several studies carried out in conflict areas in the region have indicated that rape is being used as a weapon of war between conflicting groups. Those women and girls who have undergone through this experience got traumatized, and engaged in unprotected sex resulting in unwanted pregnancy and high risk for the transmission of HIV and other sexually transmitted infections. Hence, peace and security is an essential ingredient in reducing the spread of HIV and AIDS.

4.4 ART Prophylaxis during pregnancy, childbirth and breastfeeding

4.4.1 ART Prophylaxis during pregnancy and childbirth:

Ensuring treatment access for mothers living with HIV benefits not only mothers themselves but also their children, since studies indicate that children whose mothers die also have an increased risk of death regardless of the child's HIV status. Treatment can support mothers, their children and families – treatment is prevention – a person with HIV status and under treatment is less infective and less likely to transmit to the child.

In 2011 the percentage of treatment among eligible pregnant women living with HIV who are receiving antiretroviral therapy for their own health was 30 per cent. This figure is lower than the estimated coverage for all adults eligible for antiretroviral therapy (according to WHO guidelines) of 54 per cent. Administering ART prophylaxis during pregnancy and breastfeeding is necessary in reducing new HIV infections among children born to HIV positive women.

In sub-Saharan Africa adults women accessing ART are 58 per cent, but their children are not getting there, it is only 28 per cent of them are receiving care. A country with high ART coverage transmission rate has also declining new HIV infections. For example, Botswana has 90 per cent ART coverage and transmission rate is about 2 per cent. However, there is high variation in the reduction of new infection among and within countries. The trend is also inconsistent in countries with rapid decline of new HIV infection, underscoring the importance of continuing and strengthening HIV prevention efforts in the region.

4.4.2 ART Prophylaxis during Breastfeeding

Breastfeeding is the norm throughout most of sub-Saharan Africa and many other parts of the world, providing antiretroviral medicines to the mother or the infant during breastfeeding is critically important for avoiding transmission to the child. In sub-Saharan Africa, the proportion

of pairs of women living with HIV and infants provided with prophylaxis during breastfeeding has increased since 2009.

Southern Africa with the highest coverage of services to prevent children from acquiring HIV infection has achieved the lowest post breastfeeding transmission rate (17%). By contrast, the central and western Africa sub regions still has transmission rates close to 30% because of lower service coverage, especially for prophylaxis during the breastfeeding period. Hence, increasing access and utilization of ART prophylaxis has tremendous impact in creating an HIV free generation in the region.

4.5 Holistic Approach in the Prevention, Control and Management of HIV and AIDS

4.5.1 Condom use

The consistent association between behavior change and reduced incidence of contracting HIV provides plausible support for the impact of behavior change programming in general. Condom use is a critical element of dual protection of HIV and unwanted pregnancy and one of the most efficient technologies available to reduce the sexual transmission of HIV.

Although levels of reported condom use appear to be increasing in several countries with a high prevalence of HIV infection in sub-Saharan Africa, recent data from nationally representative surveys indicate declines in condom use in Benin, Burkina Faso, Côte d'Ivoire and Uganda. In addition, knowledge about condoms remains low in several of the high prevalence countries, especially among young women. Hence, additional efforts should be made to increase condom use critical in reducing new HIV infection.

4.5.2 Eliminating Stigma and Discrimination

Commitment and innovation will be required to alleviate the stigma that would deter women living with HIV and vulnerable women from attending antenatal care. Empowering and involving affected communities have a far reaching impact in addressing this issue and other complex issues around orphans care, cultural and traditional practices that have far reaching impact in reducing new HIV infection in the African context.

Additional efforts are also needed to minimize social and structural impediments to scaling up. Community programs that mentor mothers, support disclosure, promote the involvement of men and boys and reduce stigma and discrimination are all critical to promote access to essential services and retain families in care. Program experience has also shown that review and, where necessary, reform, of legal and policy frameworks to reduce stigma and discrimination towards sex workers can promote the increase use of prevention services.

4.5.3 Unmet Need for Family Planning

Family planning enhances efforts to improve family health. With regard to HIV/AIDS, family planning has particular importance in eliminating new HIV infection among children. Reducing unintended pregnancies have substantial impact to prevent children from acquiring HIV infection. Family planning also improves the health status of women as it reduces the risk of getting pregnant that compromises their immune system and reducing the chance of maternal mortality and morbidity.

Most women today want two, three or four children - fewer than in generations past. But in many countries, poverty and profound inequalities between men and women limit women's ability to plan their pregnancies. So does lack of appropriate information and limited access to quality contraceptive services. In addition, traditional beliefs and practices, religious and gender-based barriers both on service utilization and service provision, have weakened family planning interventions.

Despite effort by member states and development agencies, research has confirmed unmet need for family planning remains high in sub-Saharan Africa. As part of the effort, household surveys carried out between 2000 and 2011 in 15 countries in sub-Saharan Africa have shown a decline of more than 5 percent in the unmet need for family planning. The level of unintended pregnancy is lowest in countries with greatest access to effective methods of contraception and where women play a major role in family decision-making.

In sub-Saharan Africa contraceptive prevalence rate has increased in the last decade, but not sufficient in meeting the current demand for contraceptives. The goal of universal access to services needed to allow couples to exercise their full reproductive rights remains elusive: one evaluation found that family planning services are routinely made available to women at a reasonable cost in only 14 of 88 developing countries¹⁰. The overwhelming majority of these countries are from sub-Saharan Africa.

4.5.4 Improving the Nutritional Status of HIV positive persons

The effect of HIV on nutritional status begins early in the course of infection, possibly even before the individual in question is aware of being infected, although the interactions between nutrition and HIV and AIDS are complex. HIV progressively weakens immune system so does lack of balanced and adequate nutrition as it increases the susceptibility to infection. HIV infection affects nutritional status by causing increased energy requirements, reduction in dietary intake, nutrient mal absorption and loss, and complex metabolic alterations that culminate in the weight loss and wasting that are common in AIDS.

Meanwhile, sufficient daily supplementation may reduce HIV disease progression and mortality among adults. Likewise, maternal survival is of critical importance to the mother but also for

¹⁰ Women Deliver Conference Report 2013

the survival of her children. An HIV-positive mother who is well nourished is likely to have improved health and immune function as determined by CD4+ cell count and viral load. Therefore determining the best way to optimize the nutritional status of HIV-positive women is essential.

In order to reduce the risk of HIV transmission, HIV positive mothers should avoid breastfeeding and use replacement feeding when it is acceptable, feasible, affordable, sustainable and safe to do so. Otherwise, exclusive breastfeeding recommended during the first months of life and should then be discontinued as soon as it is feasible and replacement feeding can be provided. Hence, nutrition is not only essential for the improvements of health outcomes but also critical for the reduction of new HIV infections especially among new-born children.

In most countries in sub-Saharan Africa HIV infection co-exists with malnutrition. In addition to this, once effective ART is started and established, adequate dietary intake is needed to support patient recovery and weight maintenance. Therefore, nutritional support should be an integral part of a comprehensive response to HIV and AIDS.

4.6 Issues for consideration as to OAFLA's Involvement

Available evidence shows that full and effective combination of prevention strategies has conclusively demonstrated the capacity to rapidly reduce the number of people newly infected with HIV. Critical programmatic elements of combination prevention of the sexual transmission of HIV include behavior change, condom provision, male circumcision, focused programmes for sex workers and access to antiretroviral therapy.

To make the best use of these combination prevention options, countries need to closely focus on the driving forces and key populations at higher risk of their national epidemics. For maximum impact behavior change, biomedical interventions and structural approaches to reduce the underlying vulnerability to HIV infection should be implemented. Programmatic experience has also shown that review and, where necessary, reform, of legal and policy frameworks to reduce stigma and discrimination towards sex workers can promote the increased use of prevention services.

Most HIV/AIDS programs are currently funded by international donors. The many advances in reducing new HIV infection; support and care for people affected and infected by the virus, do require innovative approaches and expressed commitment to maintain the current gains made in these areas. In sub-Saharan Africa the proportion of people that should be on ART is expected to rise in the coming decade. Apart from availing the drug, strengthening the health care delivery system to provide integrated, quality and affordable services requires more resources in order to sustain past achievements and increasing access to quality health care and support.

Mobilizing the community is an essential component of any HIV/AIDS program intervention. It stimulates demand for services, encourages and empowers community members taking decisions towards Voluntary Testing and Counseling (VCT) and remains positive. Creating an enabling environment for HIV positive individuals, couples and their families to live healthy and productive lives is an essential component of an HIV/AIDS intervention program. Empowering affected Communities have also an indispensable role in supporting and caring for HIV/AIDS orphans. In Africa traditional family support structure has been decreasing due to poverty on one hand and urbanization on the other, hence, making sure that social structures supported by community members by empowering them to take shared responsibility is critical especially as the international finance is dwindling.

Building on past experiences and using the African Union (AU) Roadmap “Shared responsibility and global solidarity for AIDS TB and malaria in Africa” as a framework for its programmatic interventions, OAFSA is keen in contributing to the national and regional efforts in making the African Continent free from HIV. Accordingly three programmatic pillars are suggested for action. These are: 1) Policy Advocacy; 2) Partnership and Global Solidarity for Resource Mobilization; and 3) Public Mobilization. The specific issues that needed to be addressed recommended actions/strategies including resources required by the OAFSA Secretariat as a key player and catalyst in this processes will be illustrated in the following results based management matrix or logical framework matrix (LFM):

Key issues and the corresponding actions

A) Policy Advocacy

- **Issues:** Only six countries (Rwanda, Botswana, Niger, Malawi, Zambia and Burkina Faso) have met the target of allocating at least 15 per cent of their annual budget to health, a goal set during an African Summit on HIV/AIDS held in Abuja, Nigeria, in 2000.
 - **Action:** Fulfilling commitment African countries deliberately and consistently set aside money from their own budget for health care.
- **Issues:** Service integration is especially important in countries with generalized HIV epidemics, since HIV care is a substantial burden for already weak health care delivery systems.
 - **Action:** Enhancing the implementation of an Integrated, quality and comprehensive prevention and antiretroviral services with maternal, neonatal and child health services.
 - **Action:** improving access to and use of quality, affordable and client centered family planning services
- **Issues:** Stigma and discrimination prohibits people from using existing services, enhancing their capacity in order to be productive member of the community
 - **Action:** review and, where necessary, reform, of legal and policy frameworks to reduce stigma and discrimination

- **Action:** providing livelihood programs for HIV/AIDS affected and infected population to reduce stigma and discrimination
- **Issues:** In most countries in sub-Saharan Africa HIV infection co-exists with malnutrition. Hence, nutrition support should be an integral part of a comprehensive response to HIV and AIDS
 - **Action:** The inclusion of nutritional support in the national guidelines as an integral part of a comprehensive response to HIV and AIDS

B) Resource Mobilization

- **Issues:** almost all HIV/AIDS programs are financed through International funding; this may not be feasible as the global financial crisis continue. Hence, sub-Saharan countries should look into innovative strategies in addressing the finance gap. In the coming decade more people may demand for treatment access, drugs should be produced at country level or jointly which ensures both quality and cost effectiveness.
 - **Action:** African countries should collaborate in producing cost effective, quality and sustainable lifesaving drugs (ART)

C) Public Mobilization

- **Issue:** in most African countries the HIV infection rate among the general population ranges from 5 - 8 per cent. This implies 95 - 95 per cent of the population is free from HIV. The great challenge is how to keep this uninfected population negative.
 - **Action:** community support for VCT, orphans and people living with HIV is critical to reduce new HIV infections and reduce stigma and discrimination. Mobilizing and empowering communities is critical area in the fight against HIV/AIDS.
- **Issue:** Communities should be also mobilized and empowered through continues education and information in reducing stigma and discrimination
 - **Action:** educate and inform communities about the status of HIV/AIDS and the means to remain positive.
 - **Action:** continuing and enhancing the campaign “treat every child as your own.”
- **Issue:** Most women and girls are not able to negotiate for safe sex due to low economic status, literacy and other socio-cultural situations in Africa.
 - **Action:** Empowering women infected and affected by HIV through creating micro financing opportunities including training to enable them running small business is critical to reduce new HIV infection in the region.

V. Maternal, New-born and Child Health (MNCH)

5.1 Maternal Health

Improving maternal health is one of the eight Millennium Development Goals (MDGs) adopted by the international community in 2000. The Goal of MDG5 which has been committed by countries is to reducing maternal mortality by three quarters (75 per cent) between 1990 and 2015. Between 1990 and 2010, Africa has reduced maternal deaths by 41 per cent with a significant decrease between 2005 and 2010; and over the same period, it has also reduced under-five mortality by 33 per cent.

Despite progress, 57 per cent of all maternal deaths occur on the continent with variation from country to country, giving Africa the highest maternal mortality ratio in the world.

While celebrating progress, still far too many women are dying and suffering from pregnancy-related causes in the continent. The lifetime risk of dying from pregnancy related complications is 1 in 4,700 in the industrialized world, and the lifetime risk of an African woman dying from pregnancy related complications is 1 in 39.¹¹ One hundred sixty five thousand (165,000) women die every year, with an average estimate of 450 women dying every day from pregnancy-related causes.

Maternal mortality rates are higher among rural and impoverished women compared to their urban or economically well-to-do counterparts since access to receive skilled care during childbirth is far from reaching them. In addition, girls under the age of 15 are five times more likely to die during child birth and young women who became pregnant and gave birth between ages of 15 and 20 are twice as likely to die during childbirth as women in their 20s or older. World Health Organization (WHO) also reports that women, especially young mothers, may not be fully aware of the health risks when they are about to deliver.

When it comes to the cause of maternal death, more than half of maternal deaths occur in sub-Saharan Africa, where the majority of women die from severe bleeding (most bleeding after childbirth), infections (usually after childbirth), high blood pressure during pregnancy (pre-eclampsia and eclampsia), obstructed labour and the consequences of unsafe abortions--all causes for which highly effective interventions are available. Other complications may exist before pregnancy but are worsened during pregnancy. These major complications account for 80% of all maternal deaths. The remainder are caused by or associated with diseases such as malaria, anemia, heart diseases and AIDS during pregnancy.

Women also suffer from illnesses caused from complications resulted during pregnancy and child-birth. For every woman who dies, 20–30 women suffer short- or long-term illness or

¹¹Trends in Maternal Mortality 1990-2010. WHO, UNICEF, UNFPA and The World Bank estimates © World Health Organization 2012, Geneva

disability, including severe anemia, damage to the reproductive organs, severe postpartum disability (such as obstetric fistula), chronic pain or infertility.¹²

Obstetric fistula is one of the most devastating complications of childbearing which mostly results in marital problems, household and social dissolution, to the extent of leading women to suicide.

The birth rate among girls aged 15 to 19 still stands at 117 per 1,000 on the continent. The prevalence of child or early marriage in Africa is very high. This contributes to the worse fate of girls under 14 who suffer the gravest long-term health and social consequences from premature pregnancy, contracting of HIV including high rates of maternal death and obstetric fistula.

More than 80 percent of maternal deaths worldwide are due to five direct causes

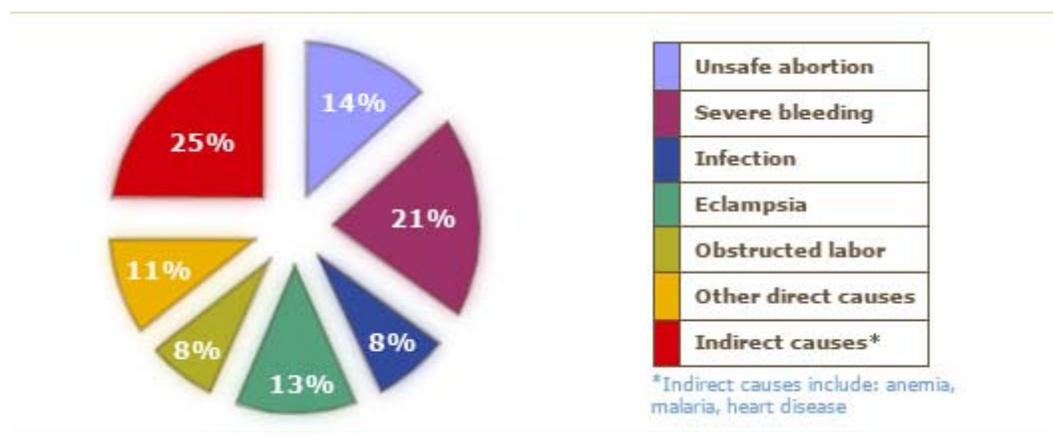


Figure 1

5.2 New-born and Child Health

Children represent the future, and ensuring their healthy growth and development ought to be a prime concern of all societies. New-borns are particularly vulnerable to malnutrition and infectious diseases, many of which can be effectively prevented or treated.

Every day in the African Region, over 12,000 children aged 0-5 years die from preventable or treatable causes¹³. Six diseases account for over 70% of these deaths. About one quarter of these deaths occur in the first month of life, over two thirds in the first seven days. A child's greatest risk of dying is during the first 28 days of life, accounting for 40% of all deaths among children under the age of 5. Half of new-born deaths occur during the first 24 hours and 75% during the first week of life, with preterm birth, severe infections and asphyxia being the main causes.

¹² UNFPA and Guttmacher Institute. "Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and New-born Health," 2009.

¹³ Joint WHO/UNICEF Report 2012

In sub-Saharan Africa nearly half of all mothers and newborns do not receive skilled care during and immediately after birth. Up to two thirds of newborn deaths can be prevented if known, effective health measures are provided at birth and during the first week of life. The vast majority of newborn deaths take place at home, without skilled care that could greatly increase their chances for survival. The main causes of newborn deaths are prematurity and low-birth-weight, infections, asphyxia (lack of oxygen at birth) and birth trauma. These causes account for nearly 80% of deaths in this group.

The past 20 years have witnessed improvements in child survival due to effective public health interventions and better economic and social performance worldwide. The average decline in under-five mortality experienced globally over the years is mainly attributed to decline in rates in countries with rapid economic development. The African Region needs to increase its average annual mortality reduction rate to 8.2% per annum if Millennium Development Goal 4 reducing under-five mortality by two thirds between 1990 and 2015 has to be met.¹⁴

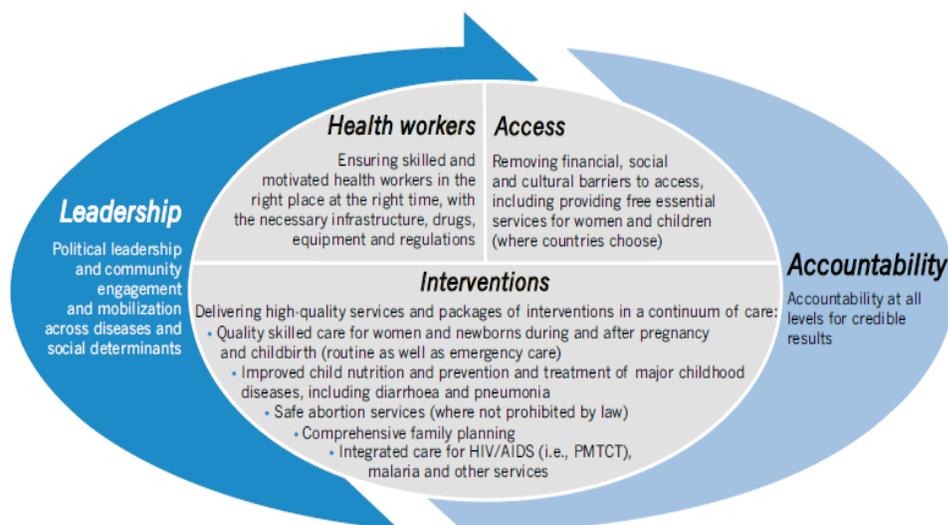


Figure 2. The global consensus for maternal, newborn and child health

5.3 Accelerating the reduction of MNCH in Africa

Survival of mothers is the basic human rights of every woman. It also has enormous socio-economic ramifications - women who survive severe, life-threatening complications often require lengthy recovery and may face long-term physical, psychological, social and economic consequences. The well-being of the mother is the key driving factor for the survival of the newborn and the child. Children who lost their mothers are less likely to celebrate their second birthday.

The Programme of Action of the International Conference on Population and Development (ICPD), the Millennium Development Goals, the Maputo Plan of Action on Sexual and Reproductive Health and Rights (MPoA) for the Operationalization of the Continental Policy

¹⁴MDGs Review Report 2012

Framework ; and regional initiatives such as the Campaign on Accelerated Reduction of Maternal Mortality (CARMMA) are milestones that gave impetus in addressing the unacceptably high maternal deaths and disabilities in the region. Lessons learned from countries in the region and elsewhere showed significant declines in maternal mortality as more women have gained access to family planning and skilled birth attendance with availability of emergency obstetric care.

The key to making progress towards attaining the MDG 4 by 2015 is reaching every new-born and child in every district with a limited set of priority interventions. These include: new-born care with a life-course approach and continuum of care; infant and young child feeding, including micronutrient supplementation and deworming; provision and promotion of maternal and childhood immunization and new vaccines; prevention of mother-to-child transmission of HIV; and using Integrated Management of Childhood Illness to manage common childhood illnesses and care for children exposed to or infected with HIV.

5.3.1 Skilled Attendance at Birth

Up to 15 per cent of all births are complicated by a potentially fatal condition. Although many of these complications are unpredictable, almost all are treatable. Skilled attendance at all births is considered to be the single most critical intervention for ensuring safe motherhood, because it hastens the timely delivery of emergency obstetric and related cares for the mother and for the new-born when life-threatening complications arise. Skilled attendance denotes not only the presence of midwives and others with midwifery skills (MOMS) but also the presence of enabling environment in the health care system.

Due to the impact of skilled birth attendance to the reduction of maternal mortality and morbidity, proportion of births attended by a skilled health provider is considered as one of the two indicators for measuring progress toward MDG 5. As a result, only about 58 per cent of all deliveries are reported as attended by skilled health providers in developing world. In some countries, the figure is closer to 10-12 per cent.. The current trend indicates that as long as women continue to give birth without skilled care, the number of women dying in childbirth will remain stagnant.

Skilled attendance is also vital to protecting the health of new-borns. The majority of perinatal deaths occur during labor and delivery or within the first 48 hours after delivery, hence, provision of skilled birth attendants can reduce neonatal death by significant proportion. Skilled health care during pregnancy, childbirth and in the postnatal period prevents complications for mother and new-born, and allows for early detection and management of problems. In addition, home visits by a skilled health worker during a baby's first week of life are essential for the survival of babies. New-borns in special circumstances, such as low-birth-weight, babies born to HIV-positive mothers, or sick, require additional care need special attention.

5.3.2 Family Planning

Globally, as many as 50 per cent of pregnancies are unplanned, and 25 per cent are unwanted¹⁵. The unwanted pregnancies are disproportionately among young, unmarried girls who often lack access to contraception. At least 200 million women want to use safe and effective family planning methods, but are unable to do so because they lack access to information and services or the support of their husbands and communities. And more than 50 million of the 190 million women who become pregnant each year have abortions. Many of these are clandestine and performed under unsafe conditions.

It is estimated that one in three deaths related to pregnancy and childbirth could be avoided if all women had access to contraceptive services. In spite of the evidence of the pivotal role of family planning in improving maternal and new-born health contraceptive prevalence among married women in sub-Saharan Africa is low, estimated at 30 per cent¹⁶. About 25 per cent of unsafe abortions are among teenagers 15 to 19 years old, the highest in the world.

As the first pillar of safe motherhood and essential component of primary health care, family planning plays a major role in reducing maternal and new-born morbidity and mortality. Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

Investing in family planning also enables faster economic growth in nations by changing the age structure and dependency ratio of a given population. Depending on what services are offered, each dollar spent on family planning can save government \$4 in spending on health, housing, water, sewage and other public services.¹⁷ According to a UNFPA/Guttmacher Institute study, Each dollar spent on contraception would reduce total medical spending by \$1.40 by cutting down on sums spent on unplanned births and abortions,.

The same study revealed that fulfilling the unmet need for family planning and providing every woman with the recommended standard of maternal and new-born care would reduce unintended pregnancies by more than 66 per cent; prevent 70 per cent of maternal deaths; avert 44 per cent of new-born deaths; and reduce unsafe abortion by 73 per cent.

All countries should, over the next several years, assess the extent of national unmet need for good-quality family-planning services and its integration in the reproductive health context, paying particular attention to the most vulnerable and underserved groups in the population.

¹⁵UNFPA ICPD Review 2013

¹⁶Bulletin of the WHO-89(2)

¹⁷Achieving the Millennium Development Goals, May 2006

5.3.3 Eliminating Harmful Traditional Practices

5.3.3.1 Child marriages

Child marriage defined as marriage before the age of 18 and applies to both boys and girls, but the practice is far more common among young girls than boys. Child marriage is a global issue but rates vary dramatically, both within and between regions and countries. In both proportions and numbers, most child marriages take place in rural sub-Saharan Africa and South Asia.

In South Asia, nearly half and in sub-Saharan Africa more than one third of young women are married by their 18th birthday. The 10 countries with the highest rates of child marriage are: Niger, 75%; Chad and Central African Republic, 68%; Bangladesh, 66%; Guinea, 63%; Mozambique, 56%; Mali, 55%; Burkina Faso and South Sudan, 52%; and Malawi, 50%¹⁸

Child marriage makes girls far more vulnerable to the profound health risks of early pregnancy and childbirth. According to the UN, complications from pregnancy and childbirth are the leading causes of death for women aged 15-19 years in developing countries. Of the 16 million adolescent girls who give birth every year, about 90% are already married. UNICEF estimates some 50 000 die, almost all in low- and middle-income countries. Still births and new-born deaths are 50 per cent higher among mothers under 20 than in women who get pregnant in their 20s.

Child marriage, which has existed for centuries, is a complex issue, rooted deeply in gender inequality, tradition and poverty. The practice is most common in rural and impoverished areas, where prospects for girls can be limited. In many cases, parents arrange these marriages and young girls have no choice.

Child marriage is an appalling violation of human rights and robs girls of their education, health and long-term prospects. Young girls who marry later and delay pregnancy beyond their adolescence have more chances to stay healthier, to better their education and build a better life for themselves and their families.

5.3.3.2 Female Genital Mutilation/Cutting (FGM/C)

Female genital mutilation (FGM/C) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The procedures are mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women.

Worldwide about 140 million girls and women are living with the consequences of FGM. In Africa, more than three million girls have been estimated to be at risk for FGM annually and

¹⁸ UNICEF Report 2012

about 101 million girls age 10 years and above are estimated to have undergone FGM. The practice is most common in the western, eastern, and north-eastern regions of Africa.

FGM/C has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue. And the long-term consequences can include: recurrent bladder and urinary tract infections; cysts; infertility; an increased risk of childbirth complications and new-born deaths.

In addition, babies born to women who have undergone female genital mutilation suffer a higher rate of neonatal death compared with babies born to women who have not undergone the procedure. And may end in stillbirth or spontaneous abortion, and in a further 25% the new-born has a low birth weight or serious infection, both of which are associated with an increased risk of perinatal death.

FGM/C is a practice deeply rooted in tradition and persists because it is a social convention upheld by underlying gender structures and power relations. The causes of female genital mutilation include a mix of cultural, religious and social factors within families and communities. Communities that practice female genital mutilation report a variety of social and religious reasons for continuing with it. Seen from a human rights perspective, the practice reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.

Female genital mutilation/cutting is nearly always carried out on minors and is therefore a violation of the rights of the child. The practice also violates the rights to health, security and physical integrity of the person, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

5.3.4 Improving the nutritional status of mothers and their children

There is ample of evidence on the positive relationship between nutrition and good health outcomes. An adequate, well balanced diet combined with regular physical activity – is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.

The consequences of poor nutritional status and inadequate nutritional intake for women during pregnancy not only directly affects women's health status, but may also have a negative impact on birth weight and early development. Low birth weight is a major determinant of mortality, morbidity and disability in infancy and childhood and also has a long-term impact on health outcomes in adult life. Low birth weight also results in substantial costs to the health sector and imposes a significant burden on society as a whole.

Of the 34 countries that account for 90 percent of the global burden of stunting, 22 are in Africa, a study in the leading medical journal, *The Lancet*, found earlier this year (2013 Report). Eighty percent of the world's stunted children live in just 14 countries, including Ethiopia, Kenya, Uganda, Sudan, Tanzania, Nigeria and Democratic Republic of Congo. In sub-Saharan Africa, 40 percent of children under 5 years of age are stunted. There is an increasing recognition that a lack of nutrients can cause irreversible damage to children's minds and bodies, as well as affecting their future economic prospects. It is necessary that women and children to enjoy good nutrition, especially between pregnancy and a child's second birthday in order to avert this chronic illness and disabilities.

Most countries in Africa have been experiencing internal conflict and war among the neighboring countries over the years. Women and children are the primary victims of this phenomenon. In most situation access to basic food and other amenities for survival is far from the reach of displaced communities. In some cases due to security reasons access to food handouts may not be a feasible strategy. Under such circumstances pregnant and lactating women including their infants may suffer most and can be exposed to various health hazards. Hence, considerations should be made in time to alleviate the suffering of war and conflict displaced population.

5.4 Key issues and the corresponding actions

In 2009, the African-led initiative, called the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), was launched by the African Union in partnership with UNFPA. CARMMA has lent strong support to existing strategies and plans on the ground. Following the regional launch, a total of 40 countries of the 54 countries in Africa had taken steps to upgrade national maternal health programmes and services in which African First Ladies have played significant role in these launches. About 30 have made explicit political commitments, such as setting aside funds specifically for maternal health.

Maternal health has been improving due to the greater attention that the African Union and its member states have given to the problem. Rwanda now offers financial incentives to health facilities that are high performers. Uganda and Kenya, for instance, focus on training of midwives, improving ambulance response times, enhancing community mobilization, reducing the number of still births and increased the use of family planning programmes. Other countries also have taken numerous actions to reduce maternal deaths.

However, there is an urgent need in intensifying maternal health interventions and taking CARMMA from messaging to implementation at national level. Ensuring that the continuum of care spanning from pregnancy and child birth to childhood covers the home through empowering families; the community through improving primary care facilities; and bringing care closer to the home, and referral health facilities were some of the good practices that need to be scaled up.

Working through existing networks and Building on past experiences that registered results OAFILA is entrusted in undertaking the following interventions to accelerate and catalyze changes – critical importance in reducing maternal, neonatal and child health in Africa. The program interventions area of OAFILA focuses in addressing policy and resource gaps, including mobilizing communities to take collective and individual actions.

A) Policy Advocacy

Issue: increase the capacity of national health systems to provide a broad range of quality, integrated and comprehensive maternal, neonatal and child health services, reduce health inequities, and empower women to exercise their right to maternal health.

- all countries in Africa should launch CARMMA – an expressed commitment to accelerate change and reaching the target set in the MDGs 4 & 5
- Strengthening health care delivery system at all levels in providing integrated, quality and sustainable information and services including shelters for pregnant women
- High fees for childbirth services and hospital stays are serious factors affecting maternal health.
 - Action: Develop and implement a roadmap to sustain the current gains and further accelerate change by putting more resources, adopting policies and programs with high impact, low and sustainable costing
 - Lobby for the launching of CARMMA and a roadmap to intensify maternal health interventions.
 - Advocate for countries to focus from messaging to implementation of CARMMA.
 - Advocate and lobby for fee waiver for maternal, neonatal and child health services (for people who were not able to pay service fees).
 - Advocate and lobby for allocation of government resources for building human resource capacity in the area of midwifery or skilled birth attendants.
 - Action: design and implement target segmented, culturally appropriate and gender-and-age specific counseling, information, and education and communication strategies in order to increase the use of available resources.
 - Health promotion and prevention should be central in addressing public health challenges - review/update policies/procedures that promotes maternal health.
- **Issue:** despite its pivotal role in improving maternal, neonatal and child health family planning is receiving uneven support from both the international donors as well as political decision makers in almost all countries in the sub-Saharan Africa.
 - **Action:** Raise awareness at policy and political level on the benefit of family planning in order to develop/review FP policies;
 - **Action:** advocate for developing/reviewing maternal health and family planning policies;

- **Action:** advocate for improving access to quality maternal, neonatal and child health and other reproductive health services including family planning and foster integration of HIV/AIDS and family planning into reproductive health services.
- **Action:** Advocate for equity of maternal health and family planning services to the underserved groups such as adolescent and youth and rural women, and victims of violence against women and girls
- **Action:** Increasing domestic resources for sexual and reproductive health and rights
- **Issue:** little progress has been made toward the practice of child marriage despite the physical damage and the persistent discrimination to young girls. Almost all countries in sub-Saharan Africa have set the legal age for marriage at 18 years; laws are rarely enforced since the practice of marrying young children is upheld by tradition and social norms.
 - **Action:** lobby for reviewing/amending and enforcing existing laws and legislations in order to protect children, girls and women human rights that exposed them to HTP in the name of culture and tradition;
 - **Action:** Awareness raising and community mobilization on negative impacts of child marriage
 - **Action:** Advocate for girl-child education since it is the way to delay marriage; reduce dropout of girls.
- **Issue:** most countries in Africa are still practicing FGM/C at the community level. Some health facilities are still performing FGM/C overruling the global strategy published by WHO and its partners in 2010 to stop health care providers.
 - **Action:** lobby for the global strategy to be adopted, implemented, monitored and reported to eliminate FGM performed by health care providers.
 - **Action:** Lobby with governments to promulgate laws when not in place and to implement existing laws;
 - **Action:** create awareness on African Governments responsibility to provide legal protection to their citizens – and also provide social welfare for victims
- **Issue:** In sub-Saharan Africa 40 per cent of children under 5 years of age are stunted
 - **Action:** health information and education guidelines and school curricula should include information about the importance of nutrition and what it should include;
 - **Action:** inculcate practical knowledge on the preparation of adequate and balanced diet from available foods

B) Resource Mobilization:

In the past decade Africa has made significant strides in reducing maternal, neonatal and child health. The international community has been closely monitoring and making an all-round support while Africa is addressing its critical development challenges – reducing maternal neonatal and child mortalities. Africa is now in the cross-road; progress made in the past should be sustained and accelerated to meet the MDG 4 & 5. There must be an integrated resource mobilization strategy from both domestic and global partners in intensifying interventions that registered good results and contributed meaningfully in reducing maternal and child mortality and morbidity in Africa.

- **Issue:** Realizing that the private sector in Africa is growing faster than it was anticipated a decade ago, OAFLA is keen in mobilizing domestic resources in addressing the multiple and complex issues that hinders progress in accelerating the reduction of maternal, neonatal and child mortality in Africa.
 - **Action:** innovation and commitment are essential ingredients in mobilizing domestic resources from the private sector, selected countries in Sub-Saharan Africa have managed to do so. The good practices should be shared to encourage others following suit.
- **Issue:** due to financial crisis and competing priorities among health care programs, interventions that are needed to accelerate MNCH have received little attention despite the consensus in realizing the MDG by 2015. Global solidarity is also essential in financing interventions that have an overarching impact to reduce MNCH by strengthening health care delivery systems in providing essential and basic health care services in an integrated manner.
 - **Action:** mobilizing resources using both international and regional forums and by organizing donor’s round table meetings at national level to intensify MNCH interventions

C) Public mobilization on Maternal, Neonatal and Child Health (MNCH)

- **Issue:** factors that prevent women from seeking and receiving care during pregnancy and childbirth include poverty, distance, lack of information, inadequate services as well as cultural practices. Improving maternal health has a bearing on the health outcome of their children as well. Men should be involved in SRH programs as clients, spouses and champions – indeed it is critical to mobilize and make them champions to support their spouses and families in seeking health care as well as benefiting from available services
 - **Action:** mobilize, recruit, and mentor men to support their spouses and families while seeking and receiving health care during pregnancy, childbirth and beyond.
- **Issue:** Changing “stubborn ‘behavior is immensely challenging, but it is possible. Research shows that, if practicing communities themselves decide to abandon FGM, the practice can be eliminated very rapidly. Using a human rights-based approach to

encourage communities to act collectively, so that girls or their families who opt out do not jeopardize marriage prospects or become social outcasts.

- **Action:** educate, empower and mobilize communities for change – Many faith leaders and their communities are already working to end child marriages, FGM and other forms of violence against children, girls and women. Building on those initiatives and other on-going interventions to end child marriages, FGM and other forms of harmful traditional practices;
- **Issue:** most rural communities in Africa are not aware of the benefit of adequate and balanced diet intake for the health and development of pregnant and lactating women and their children
 - **Action:** inform and educate rural communities on the importance of adequate and balanced diet intake especially during pregnancy, breastfeeding and for children until two years of age.

VI. Situation of Women's Health in Africa – Cervical Cancer

6.1 Introduction

Cancer begins in cells, the building blocks that make up tissues. Tissues make up the cervix and other organs of the body. Normal cervical cells grow and divide to form new cells as the body needs them. When normal cells grow old and damaged, they die, and new cells take their place. This is normal and healthy process of body rejuvenation. However, sometimes, this process goes wrong. New cells form when the body does not need them, and old or damaged cells do not die as they should. The buildup of extra cells often a mass of tissue called a growth or tumor.

Growth in the cervix can be benign (not cancer) or malignant (cancer). Benign growths are not harmful and don't invade the tissues around them, whereas malignant growth (cervical cancer) may sometimes be a threat to life; can invade nearby tissues and organs; and can spread to other parts of the body.

Cervical cancer begins in cells on the surface of the cervix. Overtime, the cervical cancer can invade more deeply into the cervix and nearby tissues. Cervical cancer cells can spread by breaking away from the cervical tumor. They can travel through lymph vessels to nearby lymph nodes. Cancer cells can also spread through the blood vessels to the lungs, liver, or bones. After spreading, cancer cells may attach to other tissues and grow to form new tumors that may damage those tissues.

6.2 Cervical Cancer - Risk Factors, Prevention and Symptoms

A risk factor is something that may increase the chance of developing a disease. Human papillomavirus (HPV) infection appears to be a necessary factor in the development of almost all cases (90%) of cervical cancer. HPV infection generally occurs in adolescence after the first acts of sexual intercourse. Most adults have been infected with HPV at some time in their lives, but most infections clear up on their own. An HPV infection that doesn't go away can cause cervical cancer in some women.

In Africa, HPV infection prevalence is estimated at 21.3%, with significant variations from region to region: 33.6% in East Africa, 21.5% in West Africa and 21% in Sothern Africa¹⁹. Other major risk factors include tobacco use and lack of screening and adequate treatment of precancerous lesions. HPV and human immunodeficiency virus (HIV) co infection accelerate progression towards cancer.

Primary prevention of cervical cancer is based essentially on healthy lifestyle and vaccination against HPV. Two types of vaccines against HPV infection are currently available on the market. Secondary prevention of cervical cancer is by screening for precancerous lesions and early

¹⁹WHO 2012 Report

diagnosis followed by adequate treatment. The main techniques used are cytological screening of cervical cells and visual inspection of the cervix. Pilot projects initiated in six countries in African Region and coordinated by WHO have shown the efficacy, safety and effectiveness of visual inspection as a method of confirmed cases of cancer. Tertiary prevention of cervical cancer involves the diagnosis and treatment of confirmed cases of cancer. Treatment is through surgery, radiotherapy and sometimes chemotherapy.

6.3 Issues, Challenges and Actions as to OAFLA's Interventions

A) Policy Advocacy

- **Issue: lack of cervical cancer control policy, strategies and programmes.** Cervical cancer is preventable and curable if detected early enough and treated correctly. In sub-Saharan Africa, lack of effective screening and treatment policy, strategies and programmes largely explains the high cervical cancer prevalence and mortality in countries.
 - **Action:** advocate and lobby for cervical cancer policy, strategies and programmes developed and implemented.
- **Issue: unavailability of secondary prevention.** The cost of cervical cancer prevention can be reduced by using simple technologies in the screening of precancerous states. To overcome the difficulty of providing quality cytology services in low-income countries, screening by means of visual inspection of the cervix should receive greater emphasis.
 - **Action:** advocate and lobby for including this procedure in the training curricula in order to enhance the capacity of health care providers to carry out visual screening of cervical cancer, this service is little developed in sub-Saharan Africa.

B) Resource Mobilization

- **Issue: high cost of immunization against HPV.** The cost of the available HPV vaccines remains very high and beyond the affordable reach of the majority of the population and public in the Africa Region.
 - **Action:** high level advocacy targeting for subsidy or to support local production of the HPV vaccines. HPV infection prevalence is more than 20% in sub-Saharan Africa and countries have legitimate rights not to abide by the World Trade Organization patent right obligation.

C) Public Mobilization

- **Issue: insufficiency or lack of information and skills.** In almost all countries of the Africa region, the population and care providers lack information on cervical cancer prevention and management methods.
 - **Action:** African First Ladies employ innovative strategies and include information about cervical cancer screening along their public mobilization campaigns.

VII. Building the institutional capacity of OAFLA Chapters and the Secretariat

7.1 Enhancing organizational learning

Organizational learning is a strategy that assists an organization to continuously reflect, document, analyze and use the information to improve program outcomes. The process also explores and focuses on operational modalities, strategies, human and other resources, as well as on the functional relationship of an organization with its stakeholders. As a membership based organization, the learning process can be classified as in-ward and outward – the inward learning refers to the secretariat itself while the outward learning is among members of OAFLA Chapters. As for the later OAFLA Secretariat should catalyze and lead the process. In both inward and outward learning the result is the same – improving organizational performances and outcomes in order to realize organizational objectives. The process also follows similar procedures.

OAFLA Chapters need to introduce and strive for improving organizational effectiveness and efficiency through regularly reviewing its performances and outcomes. Key findings from this regular and continues self-reflection process should be used as an input during the planning, program implementation and monitoring periods. In doing so regular reporting of activities, meeting minutes, as well as monitoring reports can be used as inputs in facilitating organizational learning. Organizational learning focuses on the interaction of various systems in place; inputs needed to implement activities as well external factors that influence outcomes. Hence, the learning process should also include a wide range of stakeholders and partners views.

OAFLA Secretariat should serve as a knowledge hub by documenting, analyzing and sharing the lessons learned and good practices among its members, disseminating new developments in the area of HIV/AIDS, MNCH, gender and youth empowerments and developments. This can be realized through effective coordination, networking and communication. It is also essential to establish and maintain a standardized, simplified and comprehensive reporting and record keeping formats including a system for regular monitoring and evaluation of activities within itself and among its members. OAFLA Secretariat should play a catalytic role in advancing the organizational learning objectives.

7.2 Enhancing Stakeholders Commitment

Stakeholder's commitment is a necessary condition in realizing OAFLA's strategic goals. Building strong partnerships among OAFLA Chapters, the AUC intergovernmental bodies such as the RECs and donors is the primary responsibility of the Secretariat. However, OAFLA Chapters should also build strong partnerships with their respective governments, the private sector, partners and above all the communities they stand to serve.

In ensuring that stakeholders are committed to support and work with the organization, it is essential to build trust and confidence among other things. Mobilizing communities and partners around shared vision and values, demands for an expressed commitment first and

foremost from the leadership – African First Ladies. Second, transparency and accountability in all dealings, as well as frequent and regular communication of progress, challenges by identifying areas where support is needed, this situation in turn creates long term strategic partnerships. Stakeholders’ commitment is also key in facilitating the sharing of responsibilities, resources and information – key in enhancing organizational effectiveness.

7.3 Enhancing Organizational Visibility

Organizational visibility is essential ingredient in mobilizing support, resources and getting acceptance on what the organization aims to pursue. In increasing organizational visibility OAFLA Chapters and the secretariat require to have a well thought communication strategy in order to rally messages on what the organization is doing, its successes, challenges and future programs. The communication strategy may include but not limited to electronic and press Medias; booklets; fact sheets, first ladies speaking in common voice in various international and regional forums and using similar mediums of communication at national level. Organizing and carrying out exhibition would also increase organizational visibilities among other things.

7.4 Ensuring Program and Financial Sustainability

Finance is the backbone of any institution and key in realizing development objectives. In making sure that financial flow is continuous an organization should strive for not only to secure grant but equally important is how the organization utilizes and report on the grant it has secured. Developing and institutionalizing financial manual, and reporting on the use of available funding for the program are critical areas in order to build partners trust and confidence. There must be also a functional system to manage, administer and report on the use of budget. OAFLA should also diversify its financial resources. Hence, developing and implementing fund raising strategy is key to secure financial resources from diverse institutions.

Program sustainability usually emancipate from the need to improve efficiency, effectiveness, innovation and creativity. Development and institutionalization of various functional systems, enhancing the capacity of the leadership, technical advisors and staff members of OAFLA are the necessary condition in ensuring program sustainability. Program sustainability can be also achieved through experience sharing, continuous learning and reflection. Use of technologies to advance OALA’s goals is also essential ingredient in ensuring organizational effectiveness and efficiency and thereby program sustainability.

VIII. Vision, Mission, Goals, Strategic Directions and Objectives

8.1 OAFLA's Vision

An Africa free from HIV and AIDS, maternal and child mortality where women and children are empowered to enjoy equal opportunities.

8.2 OAFLA's Mission

First Ladies of Africa advocate for effective policies and strategies towards the elimination of HIV and AIDS, reduction of maternal and child mortality and the empowerment of women and children, through strategic partnerships in the spirit of solidarity.

8.3 Goals

1. Contribute to the national effort in preventing, managing and eliminating HIV and AIDS
2. Contribute to the national effort in reducing maternal, neonatal and child mortality
3. Contribute to the national effort in controlling cervical cancer
4. Enhance organizational visibility, organizational learning and stakeholders' commitment,
5. Ensure program and financial sustainability

8.4 Objectives

8.4.1 Objective 1: Adequate funds are raised for effective implementation of annual workplans of National HIV and AIDS; Maternal, Neonatal and Child Health (MNCH) programmes

8.4.2 Objective 2: Service uptake of integrated, quality, comprehensive and sustainable MNCH services is increased with positive maternal and child health outcomes

8.4.3 Objective 3: OAFLA's visibility is increased with improved organizational learning, institutional strengthening and stakeholders' commitment.

8.4.4 Objective 4: The resource-bases of OAFLA Chapters and the Secretariat are increased for meaningful contribution to Africa's development challenges in the areas of HIV and AIDS, Maternal, Neonatal and Child Health

8.5 Strategic Direction

- Mobilizing communities and societies at large for the prevention; management; and elimination of HIV and AIDS, promoting maternal and child health; and reducing the risk and vulnerability of women and girls to gender-based violence and sexual violence;

- Increasing new partnerships (South-to-South cooperation) and expanding networking to mobilize domestic and global resources by promoting regional and national commitments to support collective and individual initiatives;
- Enhancing the institutional capacity of (managerial and technical competency) OAFLA Chapters and the Secretariat (through increasing OAFLA’s visibility; institutionalizing various systems and mobilizing resources); and
- Improving institutional learning by documenting, analyzing and sharing lessons learned and good practices;

8.6 Strategies and Activities for OAFLA Program Interventions

8.6.1 Goal I: Contribute to the national effort in preventing, managing and eliminating HIV and AIDS

Intervention 1: Reducing new HIV infections

Strategies/Activities

Promoting good practices and innovative strategies that are proven in preventing new HIV infections in sub-Saharan Africa -promoting PMTCT, condom use, information and education, and regular use of various media of communication)OAFLA will organize national campaigns on:

- “ZERO” new HIV infections among girls, women and heterosexual couples, ZERO Discrimination and ZERO AIDS-related deaths
 - Gender-based and Sexual Violence
 - elimination of Mother-to-Child transmission of HIV (eMTCT)and ensure full implementation of the “Global Plan towards the elimination of mother to child transmission of HIV and keeping their mothers alive”
 - HIV testing and Counseling (HTC) – “Know your Status” for men, women and youth while encouraging couple testing.
-
- Design and implement feasible and context specific strategies in mobilizing the public to support PLHIV and AIDS orphans in order to reduce stigma and discrimination
 - Mobilize key opinion and religious leaders and the elderly to build consensus on critical issues that need their intervention
 - Organize advocacy campaigns to reduce new HIV infections among young girls, women and children.
 - Organize and conduct community sensitization meetings targeting youth
 - Mobilize and empower communities through continuous information and education on HIV and AIDS for the prevention of new infections.

- Advocate for male involvement as spouses, clients and agents of change (champions) for the elimination of gender-based violence
- Recruit and mentor male champions for EMTCT and GBV

Intervention 2: Increasing ART coverage

Strategies/Activities

- Promote universal access to ART by leveraging domestic resources in order to ensure sustainability in alignment with the African Union roadmap
- Identify and communicate with potential donors to support the ideas of local production of ARVs
- Organize discussion forum with pharmaceutical companies on ARVs
- Prepare media briefing sessions
- Empower and organize PLHIV and other prominent public figures to support the local production of antiretroviral drugs
- Mobilizing the public for action - increased utilization of services; and
- Promote and advocate for collective mass production of ART drugs in the region.

8.6.2 Goal 2: Contribute to the national effort in reducing maternal, neonatal and child mortality

Intervention 1: Promoting women's rights and opportunities

Strategies/Activities

- Lobby for the implementation of international, regional and national commitments that support girls and women rights;
- Lobby for Government budget allocation of more resources to increase access to quality, integrated and sustainable services for mothers and their children
- Mobilize the public to support orphans and vulnerable children (OVC)
- Identify and review existing gaps in laws/ legislations with regard to FGM and child marriages
- Build consensus on critical legislation that need amendment among members of Parliament, academia and other stakeholders
- Prepare and release Policy Briefs on the state of MNCH
- Recruit, mentor and mobilize men champions, religious and opinion leaders to support banning of HTPs (FGM and Child marriages)

- Inform and educate harmful traditional practitioners about the consequences of not abiding by the constitution

Intervention 2: Reducing the unacceptably high rates of maternal and child mortality (no mother dies giving life and no child is born with HIV);

Strategies/Activities

- Generate information about the benefits of family planning, the positive outcomes of supporting women to seek health care during pregnancy, child birth and after birth using community social structures and networks
- Promote the benefits of family planning in reducing the untimely deaths of mothers and their children Lobby for the allocation of more resources in increasing access to quality, integrated and sustainable services for mothers and their children
- Leverage resources from the private sector in improving the nutritional status of pregnant and lactating mothers and their children
- Carry out rapid assessment on the implications of fee waivers in increasing access to maternal health services
- Organize for members of Parliament to reach consensus on key findings of the assessments
- Carry out Press conferences to release key findings of assessments
- Organize rallies and meetings to inform and educate community members about the benefits of balanced and adequate diet for babies under two years of age
- Promote and seek assistance for PLHIV and their families

8.6.3 Goal 3: Contribute to the National effort in controlling cervical cancer

Intervention 1: Increasing access to quality, integrated and comprehensive cervical cancer screening and treatment

Strategies/Activities

- Prepare and disseminate reports on the situation of cervical cancer at National level including Policy options targeting MOH and Members of Parliament
- Advocate and lobby for the formulation of policies, strategies and programs to prevent and treat cervical cancer
- Lobby for the review of /and update the existing training curricula to accelerate early diagnosis and treatment of cervical cancer

Intervention 2

- Increasing public awareness about cervical cancer prevention, screening and treatment options among the general population

Strategies/Activities

- Inform and educate the general public on the benefits of prevention of, early diagnosis and treatment options for cervical cancer.
- Create women's support groups for continuous education and information about cervical cancer and to improve health-seeking behavior
- Identify key players and support groups and organize press releases

Support and collaborate with the initiatives and programmes of African First Ladies Forum on breast and cervical cancer

8.6.4 Goal 4: Enhance organizational learning and stakeholders commitment, and organizational visibility

Intervention 1: Enhancing Organizational Learning

Strategies/Activities

- Document, analyze and share recent information/data relevant to OAFLA's program intervention areas
- Establish effective networking (including blogs) in order to share experiences among members
- Introduce and maintain a standardized, comprehensive and simplified monitoring and evaluation reporting system among members and in the Secretariat;

- Share innovative ideas and good implementation practices among members through various OAFLA publications and website;
- Organize and conduct trainings, seminars, workshops, experience sharing and study tours to enhance the capacity of OAFLA members in leadership, mentoring, advocacy and resource mobilization;
- Establish and maintain a peer-review mechanism in order to improve organizational effectiveness and efficiency

Intervention 2: Enhancing Stakeholders' Commitment

Strategies/ Activities:

- Provide updates for partners on OAFLA Chapters and the Secretariat activities;
- Deliver standardized and timely reports to partners
- Organize social events for new potential partners and update them on OAFLA Chapters' programs.

Intervention 3: Increasing Organizational Visibility in the international, regional and national arena

Strategies/Activities

- Prepare OAFLA's profile and use all avenues as an opportunity to generate support
- Update OAFLA's website regularly and motivate members to share their experiences and thoughts on selected issues/agendas relevant to organizational growth and development; as well as in reference to OAFLA's mission
- Increase OAFLA's visibility through:
 - Organizing press conferences at national level
 - Preparing and disseminating quarterly news-letters and annual reports
 - Publications of various promotional materials including documentaries
 - Regularly update OAFLA's website (Effective use of IT)
 - Maximize use of Social Media
- Organize an event (during the AU Summit) or tele-conferences where African First Ladies share their collective success stories as well as challenges with the public
- Delivery of speeches at International and Regional forums by the First Ladies Organizing and carrying out talks and presentations on various topics related to HIV and AIDS; MNCH; Gender and Youth

8.6.5 Goal 5: Ensure program and financial sustainability

Intervention 1: Program Sustainability

Strategies/Activities

- Review organizational structure and define roles and responsibilities between and among OAFLA stakeholders and partners
- Review OAFLA Constitution, Rules of Procedures, Human Resource and other manuals in order for the Secretariat to be responsive to the growing demand for services to its members; ensuring transparency and accountability
- Design and implement appropriate and realistic strategies in order to sufficiently address implementation capacity limitation among Chapter offices (explore/build strategic partnerships with RECs, etc.)
- Introduce and implement various strategies to enhance organizational effectiveness and efficiency as well as sustainability by documenting and sharing lessons learned, good practices Develop and implement effective and efficient communication strategies to enhance coordination and networking among members
- Establish and maintain a mechanism to introduce peer mentoring and orientation of new members
- Undertaker operational research in collaboration with OAFLA Chapters to document, analyze and share results, lessons learnt and best practices
- Introduce creative and innovative approaches to encourage OAFLA Chapters to play a more active role
- Explore, document and disseminate new and innovative approaches on problem solving and advanced technologies in addressing HIV and AIDS; and MNCH issues in Africa

Intervention 2:

- Financial Sustainability

Strategies/Activities

- Prepare a Fund Raising Strategy to strengthen and enhance the institutional and program implementation capacity of OAFLA Chapters and the Secretariat Identify potential donors in line with OAFLA strategic objectives and submit proposals for funding for collective and individual activities
- Disseminate information about OAFLA Chapters and its Secretariat functions (roles and responsibilities, and areas that need strategic partnerships

- Design and implement innovative strategies for leveraging domestic resources from the private sector
- Lobby for additional resources from the national Governments for HIV and AIDS, maternal and child health and to support women empowerment initiatives.
- Mobilize resources using both international and Regional for a, and by organizing donors' round-table meetings at National level
- Prepare and disseminate audit reports on financial accounts

IX Logical Framework Matrix (LFM)

Goal I: Contribute to the national effort in preventing, managing and eliminating HIV and AIDS		
SPECIFIC OBJECTIVE	OUTPUTS	ACTIVITIES
1. Support the elimination of new HIV infections	1.1 Reduced rate of Mother to child transmission 1.2 Reduced rates of new infections, particularly in young women	1.1.1.1 Design and implement continental and national advocacy campaigns on EMTCT, for decision makers, opinion leaders and citizens 1.1.2 advocate for lifelong treatment, ARV for pregnant and lactating women as a means of preventing MTCT 1.2.1 Support national and continental prevention programs with a focus on young women
OVI: <i>Number of countries which reduced new HIV infections among children during birth</i> <i>Number of countries that reduced HIV-associated deaths to women</i> <i>Number of countries who registered lower HIV prevalence rate.</i>	OVI: <ul style="list-style-type: none"> • <i>Number of children from HIV positive mothers, born free of HIV</i> • <i>Number of new infections among young women</i> 	INPUTS: <ul style="list-style-type: none"> • <i>fact sheets on HIV and AIDS</i> • <i>organize stakeholders meeting to build consensus on the issue</i> • <i>identify and mentor campaign messengers</i> • <i>use media to support the campaign</i>
MOV: <ul style="list-style-type: none"> • <i>AUC progress monitoring on Abuja commitment</i> • <i>Ministry of health annual report</i> • <i>UNICEF and UNAIDS Annual Global Report</i> • <i>OAFLA chapters activity reports</i> 	MOV: Ministry of health report	
2. Advocate for increased domestic financing for HIV&AIDS and reproductive health programs	2.1 AU member States and Governments report on meeting at least 15% Abuja commitment 2.2 Increased commitment from state and non-state actors, including the private sector, for a diversified health financing	

OVI: <i>Percentage contribution of domestic resources Allocated to AIDS and reproductive health programs(innovative financing from private sector)</i>	OVI: <ul style="list-style-type: none"> • <i>No of private business people pledged money in writing</i> 	INPUTS: <ul style="list-style-type: none"> • fund raising strategy • documented experience from other countries • briefing note indicating the budget shortfall
MOV: <ul style="list-style-type: none"> • <i>AUC progress monitoring on Abuja commitment</i> • <i>Ministry of health annual report</i> • <i>OAFLA chapters activity reports</i> 	MOV: <ul style="list-style-type: none"> • Business entities reports • Ministry of health financial report 	
3. Ensuring universal access to treatment and services for all	3.1 Increased access to health information, support and treatment services for all 3.2 Health guidelines including nutrition as an integral part of a comprehensive response to HIV and AIDS developed and implemented	3.1.1 Advocate and sensitize for the engagement of relevant partners in dialogue on incentives for trade harmonization and local manufacturing with stakeholders, including relevant ministries, PLHIV, private sector and others 3.1.2 Advocate for the AU Pharmaceutical Manufacturing Plan for Africa 3.2.1 mobilize relevant ministries to include nutrition in the response to HIV and AIDS
OVI: <i>No. of countries producing lifesaving drugs independently and jointly</i> <i>Number of HIV positive having access to ARVs</i>	OVI: <ul style="list-style-type: none"> • <i>proportion of budget secured from donors</i> • <i>number of ARVs , health education during pregnancy</i> • <i>Increased treatment coverage</i> 	INPUTS: <ul style="list-style-type: none"> • policy briefs on the benefit of local production • Project proposals including feasibility studies
MOV: <ul style="list-style-type: none"> • <i>Ministry of Health Annual Report</i> • <i>Activity report on AU pharmaceutical manufacturing plan for Africa</i> 	MOV: <ul style="list-style-type: none"> • Ministry of health report • Donors report • Feasibility study reports 	
4. Eliminate Stigma and Discrimination	4.1 Discriminatory laws that act as barriers for accessing health information, support and treatment services are highlighted	4.1.1 Dialogue with relevant key populations on the laws and procedures that are discouraging/creating barriers for accessing treatment and support services: this will include: women and girls affected by violence, PLWHIV, sex workers 4.1.2 Sensitize communities about stigma and discrimination 4.1.2 Advocate for the amendments of discriminatory laws and policies

OVI: <i>Amended discriminatory laws</i> <i>Number of stigma and discrimination workshops</i>	OVI: <ul style="list-style-type: none"> • <i>documented articles with wider acceptance by all professionals for amendment</i> 	INPUTS: <ul style="list-style-type: none"> • Technical papers that highlights laws and policies that requires amendments
MOV: <ul style="list-style-type: none"> • OAFLA chapters activity reports • <i>ICPD, MDGs, MPoA, and other regional and international commitments review reports</i> 	MOV: <ul style="list-style-type: none"> • Articles • Guidelines 	
5. Increasing communities participation and ownership of HIV and AIDS programs	5.1 informed and motivated community members 5.2 well informed media became strategic partner in mass campaign	5.1.1 mobilize key opinion and religious leaders and the elderly to build consensus on critical issues that needs their interventions 5.1.2 Support/mentor male champions to advocate for male involvement in HIV &AIDS programmes 5.1.3 Support community awareness programs targeting the youth 5.1.4 Support diversified schemes including micro financing opportunities to empower women infected and affected by HIV and in vulnerable situation 5.1.5 Support communication campaigns; the 3 Zeros, EMTCT, Know your status 5.1.6 Advocate for stronger community based support for AIDS orphans 5.1.7 Ensure the inclusion of HIV programmes in community festivities 5.2.1prepare media briefing sessions
OVI: <i>community social networks provide care and support to HIV/AIDS orphans and positive people</i>	OVI: <ul style="list-style-type: none"> • <i>proportion of community members supporting HIV&AIDS programs</i> • <i>electronic and print media coverage of the program</i> 	INPUTS: <ul style="list-style-type: none"> • prepare a fact sheet on the current status of the problem in the country • support from people with greater acceptance(celebrities) • different communication materials
MOV: <ul style="list-style-type: none"> • <i>OAFLA chapters activity reports</i> • <i>UNAIDS progress reports</i> • <i>Ministry of health report</i> 	MOV: <ul style="list-style-type: none"> • <i>Extract of reports or news mediums</i> • <i>Reports (MoH or UN agencies or NGOs)</i> 	

Goal II: Contribute to the national effort in reducing maternal, neonatal and child mortality		
SPECIFIC OBJECTIVE	OUTPUTS	ACTIVITIES
1. Support the review and the adoption of fee waiver policy/procedures for maternal health services and hospital stays	1.1 greater public support for maternal health services and hospital stays fee waiver generated 1.2 members of parliaments acknowledged the issue 1.3 the issue received high media coverage	1.1.1 Support the assessment on the implications of fee waiver in increasing access to maternal health services 1.2.1 organize a forum for members of parliament to reach consensus on key findings of the assessment 1.3.1 carry out press conference to release key findings of the assessment
OVI: <i>No of countries providing free maternal health services and hospital stays</i>	OVI: <ul style="list-style-type: none"> Media coverage in support of the issue MOH readiness to review fee waiver policies/procedures 	INPUTS <ul style="list-style-type: none"> technical paper on MNCH policy brief and media kit
MOV: <i>Ministry of health annual report</i>	MOV: <ul style="list-style-type: none"> Extract of newspapers, magazines, news clips Revised policies 	
2. Promote the development/implementation of Maternal New-born and Child Health (MNCH) Roadmap including budget to intensify health care services	2.1 The Campaign on Accelerated Reduction of Maternal, Mortality in Africa (CARMMA) launched and implemented 2.2 increased commitment among political decision makers to strengthen and intensify MNCH services makers	2.1.1 Reconcile all countries who have already launched CARMMA and evaluate the implementation of the launch 2.1.2 Compile and share implemented activities to relevant partners 2.1.3 In the framework of CARMMA promote the vaccination of children and mothers 2.2.1 Political outreach to governments to increase

		<p>availability of affordable, quality and integrated sexual and reproductive health service for mothers</p> <p>2.2.2prepare and disseminate evidence documents on the state of MNCH in the region</p>
<p>OVI:</p> <p><i>No. of countries that prepared and implemented MNCH roadmap/ put money aside for MNCH programs</i></p>	<p>OVI:</p> <ul style="list-style-type: none"> <i>No. of countries launching CARRMA</i> <i>No of countries that reported on CARRMA</i> <i>No. of countries that took strategic decisions to intensify efforts on MNCH</i> 	<p>INPUTS:</p> <ul style="list-style-type: none"> ICPD + 20 review report in Africa Beijing+20 review report on Africa MDGs 4 & 5 review report in Africa documented experience from countries that launched CARRMA
<p>MOV:</p> <ul style="list-style-type: none"> AUC progress monitoring on Abuja commitment <i>Country-OAFLA chapters reports on CARMMA</i> <i>Status report on maternal newborn and child health in Africa</i> <i>countries roadmaps</i> 	<p>MOV:</p> <ul style="list-style-type: none"> <i>Country-OAFLA chapters reports on CARMMA</i> Reports by AUC and partners on CARMMA 	
<p>3. Establishing/maintaining partnerships and networking to mobilize additional resources for MNCH programs</p>	<p>3.1potential donor expressed commitment through official communiqué</p>	<p>3.1.1 prepare/disseminate situation analysis report on the status of MNCH in the region/country</p> <p>3.1.2 organize/participate in donor’s round table meetings for fund raising</p> <p>3.1.3 participate and deliver key messages in various regional and international forums</p>

<p>OVI:</p> <p><i>Proportion of money secured from international partners in support of MNCH programs</i></p>	<p>OVI:</p> <p><i>Potential donors pledged resources for MNCH programs</i></p>	<p>INPUTS</p> <ul style="list-style-type: none"> • technical paper on the situation of MNCH in Africa and respective country • fact sheet • ICPD + 20 review and MDGs performance assessment reports • AUC joint progress monitoring report on MPoA
<p>MOV:</p> <p><i>Ministry of Health Annual Report</i></p> <p><i>Partners publications, reports</i></p>	<p>MOV:</p> <p>Communiqués issued</p>	
<p>4. To Promote laws/legislations on the ban of Harmful Traditional Practices (HTPs) such as FGM and Child marriages and intensify their enforcement. Mobilizing and empowering communities regarding these practices</p>	<p>4.1 members of parliaments, academia and other prominent personalities supported the need to amend existing laws/legislations</p> <p>4.2 police officers and the judiciary committed to enact the law intensively</p> <p>4.3 Community members banned practicing FGM and child marriages</p> <p>4.4 Countries launching the Campaign to End Child Marriage</p>	<p>4.1.1 review and identify existing gaps in laws/legislations with regard to FGM and child marriage</p> <p>4.1.2 Reach a consensus within members of parliaments, university students and other support groups on main topics which needs to be amended</p> <p>4.2.1 Mobilize the judiciary and policy staffs about their indispensable role in protecting and safeguarding the rights of children, girls and women</p> <p>4.3.1 mobilize religious and opinion leaders, the elderly including youth to create awareness on the negative consequences of HTPs and how such practices are violation of human and constitutional rights</p> <p>4.3.2 inform and educate harmful traditional practitioners about the consequences for not abiding by the constitution</p>

		<p>4.3.3 Engage men and boys as champions to support campaigns towards ending HTPs (FGM and Child marriage) and to support girl-child education</p> <p>4.4.1 Work closely with the AUC and contribute to the Campaign to End Child Marriage in Africa and to national launches.</p>
<p>OVI:</p> <ul style="list-style-type: none"> • <i>New national laws/legislations promulgated on FGM and child marriage when appropriate</i> • <i>Increased implementation of laws</i> • <i>The proportion of girls and children undergone FGM compared to the national average</i> • <i>Increased age at first marriage</i> • <i>Impunity is declining</i> 	<p>OVI:</p> <ul style="list-style-type: none"> • <i>Joint press release on critical areas of the laws/legislation that need amendments</i> • <i>Reported cases of violence and proportion of perpetrators persecuted</i> • <i>Proportion of community members against/for FGM and child marriages</i> • <i>No. of countries launching the Campaign to End Child Marriage with support of OAFLA</i> 	<p>INPUTS</p> <ul style="list-style-type: none"> • national constitution, laws, and legislations; international and AU human rights treaties; MPoA, ICPD, PoA, Beijing PoA and MDGs • information kit and education materials extracted from the laws/legislations
<p>MOV:</p> <ul style="list-style-type: none"> • <i>ICPD, MDGs, MPoA, and other regional and international commitments review reports</i> • <i>OAFLA chapters activity reports</i> 	<p>MOV</p> <ul style="list-style-type: none"> • Extracts of publication and media • Police reports • Community discussion reports 	

<p>5. Promote Family Planning (FP) and include nutrition in the health education as well as school curricula targeting pregnant and lactating mothers and their children</p>	<p>5.1 Nutrition is included in the health education guidelines and school curricula</p> <p>5.2 Community members acknowledged the benefit of FP</p> <p>5.3 Community members motivated to support pregnant women seeking and receiving health care</p> <p>5.4 Community members aware of the importance of balanced and adequate diet for the health and survival of mothers and their children</p>	<p>5.1.1 Support national efforts to build consensus on critical legislation that need amendment among members of Parliament, academia and other stakeholders</p> <p>5.2.1 Engage in activities that promote the benefits of FP in reducing avoidable deaths of mothers and children and contributing to healthy family life</p> <p>5.3.1 Disseminate information about the benefit of FP, the positive outcome of supporting women to access to neonatal and postnatal health care services using community social structures and networks</p> <p>5.4.1 Mobilize community members and enhance their awareness on the benefits of balanced and adequate diet for babies under two years of age and pregnant and lactating mothers</p>
<p>OVI:</p> <ul style="list-style-type: none"> • <i>Revised guidelines and school curricula included nutrition under normal circumstance and while people are displaced</i> • <i>CPR and proportion of births attended by a skilled health provider</i> 	<p>OVI:</p> <ul style="list-style-type: none"> • <i>Number of health education guidelines and school curricula included nutrition</i> • <i>Community members supporting FP practices</i> • <i>Proportion of pregnant women receiving health care services</i> • <i>percentage of community members properly expressing the importance of balanced and adequate diet for mothers and their children</i> 	<p>INPUTS</p> <ul style="list-style-type: none"> • Culturally appropriate information and education materials • national constitutions • community radios to reach as many people as possible • public gatherings, rallies, etc..

<p>MOV:</p> <ul style="list-style-type: none"> • <i>ICPD, MDGs, MPoA, review reports</i> • <i>UNICEF reportson improving child nutrition</i> • <i>Ministry of health reports</i> • <i>OAFLA chapters activity reports</i> 	<p>MOV:</p> <ul style="list-style-type: none"> • Copies of guidelines and revised school curricula • Community discussion reports • Health centres reports 	
<p>Goal III: Contribute to the national effort in controlling cervical cancer</p>		
<p>SPECIFIC OBJECTIVE</p>	<p>OUTPUTS</p>	<p>ACTIVITIES</p>
<p>1. Support the effort of Creating a supportive policy environment for the prevention, early diagnosis and treatment for cervical cancer</p>	<p>1.1 Members of parliament advocated and lobbied for cervical cancer national policy</p> <p>1.2Ministry of Health (MOH) acknowledged the need for policies and strategies in addressing cervical cancer</p>	<p>1.1.1 Disseminate report on the situation of cervical cancer</p> <p>1.1.2 Lobby for the review/update of curricula to integrate early diagnosis of cervical cancer using visual screening</p> <p>1.1.3 identify key players/support groups and organize press release</p> <p>1.2.1 lobby for the formulation of policies, strategies and programs to prevent and treat cervical cancer</p>
<p>OVI:</p> <p><i>Number of countries setting launching policies to effectively address the issue</i></p>	<p>OVI:</p> <p><i>Number of lobbying and advocacy campaigns draft policy on cervical cancer prepared and circulated by the MOH</i></p>	<p>INPUTS</p> <ul style="list-style-type: none"> • Documented experience of other countries in the region who have shown progress

<p>MOV:</p> <ul style="list-style-type: none"> • <i>Ministry, health Annual Report</i> • <i>AUC progress monitoring on Abuja commitment</i> • <i>ICPD, MDGs, MPoA, and other regional and international commitments review reports</i> • <i>WHO progress reports on non communicablediseases</i> 	<p>MOV:</p> <ul style="list-style-type: none"> • <i>Campaign reports</i> • <i>Policy on cervical cancer</i> 	<ul style="list-style-type: none"> • Fact sheet about cervical cancer • Existing curricula for nurses and medical students
<p>2. Increasing resources for cervical cancer prevention</p>	<p>2.1 donors pledged to support cervical cancer prevention Program through screening and vaccination</p> <p>2.2 Establishment of centres of excellence for cancer prevention and treatment</p>	<p>2.1.1 identify donor groups and individual philanthropists</p> <p>2.1.2 design/implement advocacy action targeting donor's group</p> <p>2.1.3 engaging donor groups to solicit their commitment and contribution</p> <p>2.2.1 Advocate for the establishment and financial support of centres of excellence for cancer prevention and treatment</p>
<p>OVI:</p> <p><i>Proportion of budget secured from donors to support cervical cancer prevention program (availing vaccine through local production)</i></p>	<p>OVI:</p> <ul style="list-style-type: none"> • <i>No of potential donors pledged budget for cervical cancer</i> • <i>Centres of excellence established</i> 	<p>INPUTS:</p> <ul style="list-style-type: none"> • Fact sheet on the situation of cervical cancer at national level • personal testimony

<p>MOV:</p> <p>Ministry of Health annual reports</p>	<p>MOV:</p> <ul style="list-style-type: none"> • Donors' reports • Visit reports of centres or publication announcing the establishment of centres 	
<p>3. increasing awareness about the prevention, early diagnosis and treatment options about cervical cancer</p>	<p>3.1 greater public awareness created about the prevention, early diagnosis and treatment option of cervical cancer</p> <p>3.2 social networks advocated for cervical cancer</p> <p>3.3 Delivery of HPV vaccines through schools</p>	<p>3.1.1 organize a campaign to create public awareness of cervical cancer</p> <p>3.1.2 organize women's support groups to Improve health seeking behavior</p> <p>3.2.1 Create social platforms for education, information sharing, and interaction</p> <p>3.3.1 support the effort to coordinate the actions of the MOE ,MOH and other sectors to ensure the reach of adolescent girls (9-13 years) for HPV vaccines</p>
<p>OVI:</p> <p><i>No. of women screened for cervical cancer</i></p>	<p>OVI:</p> <ul style="list-style-type: none"> • <i>knowledge of the general public about cervical cancer increased</i> • <i>number of awareness campaigns</i> • <i>proportion of social networks advocating for cervical cancer</i> 	<p>INPUTS</p> <ul style="list-style-type: none"> • fact sheet about cervical cancer • social networks, religious and community opinion leaders
<p>MOV:</p> <ul style="list-style-type: none"> • <i>CARMMA progress reports</i> • <i>OAFILA chapters activity reports</i> • <i>MoH reports</i> 	<p>MOV:</p> <ul style="list-style-type: none"> • Campaign reports • Campaign materials • MoH , MOE, WHO reports • OAFILA Chapters reports 	

Goal IV: Enhance organizational visibility, organizational learning and stakeholders' commitment		
SPECIFIC OBJECTIVE	OUTPUTS	ACTIVITIES
1. Ensuring organizational effectiveness and efficiency	<p>1.1 functional strategies for effective and efficient communications adopted and functional</p> <p>1.2 Operations research (OR) tools developed/implemented</p> <p>1.3 organisational learning enhanced</p>	<p>1.1.1 assemble a communication team to develop/implement effective and efficient communication strategies to enhance coordination and networking among members</p> <p>1.2.1 assemble a team to develop operational researches(ORs) tools</p> <p>1.2.2 undertake operational researches(OR) in collaboration with the OAFLA chapters</p> <p>1.3.1 document, analyze and share lessons learned and good practices</p> <p>1.3.2 explore, document and disseminate new and innovative approaches in problem solving and advanced technologies in addressing HIV&AIDS and MNCH issues in Africa</p> <p>1.3.3 establish effective networking in order to share experience among members</p> <p>1.3.4 maintain effective M&E reporting systems among members and secretariat</p> <p>1.3.5 Conduct training, seminars experience sharing and study tours for members</p> <p>1.3.6 establish peer-review mechanism</p>

<p>OVI:</p> <p><i>OAFLA Chapters and the secretariat performance improved through sharing experiences, adopting new and innovative approaches, etc</i></p>	<p>OVI:</p> <ul style="list-style-type: none"> • <i>frequent use of OAFLA’s website</i> • <i>Number of new and innovative approaches</i> • <i>number of experience sharing meetings among members</i> 	<p>INPUTS</p> <ul style="list-style-type: none"> • Best practices on previous communication strategies • Annual progress monitoring report
<p>MOV:</p> <p><i>quarterly and annual reports from the OAFLA Chapters and the Secretariat</i></p>	<p>MOV:</p> <ul style="list-style-type: none"> • <i>Report of website visitors</i> • <i>Documents on innovative approach</i> • <i>Meeting minutes</i> 	
<p>2. Strengthening stakeholders commitment</p>	<p>2.1 enhanced information flow between OAFLA Chapters and its Secretariat as well as among members</p> <p>2.2 Increased partnership and solidarity among members</p> <p>2.3 increased commitments by partners (Gov., donors and community members) to support OAFLA Chapters and its Secretariat undertakings</p>	<p>2.1.1 organize/conduct meetings to build consensus on priority issues, challenges, and programs/interventions in realizing OAFLA’s objectives</p> <p>2.1.2 disseminate information about OAFLA Chapters and its Secretariat functions (roles and responsibilities) as well as areas that need strategic partnerships</p> <p>2.2.1 facilitate and maintain functional peer support program and strategies</p>

	<p>2.4 OAFLA Chapters persuaded to play active role</p> <p>2.5 audited financial reports delivered to all stakeholders on time</p>	<p>2.3.1 mobilizing and empowering communities using community radios, local newspapers and other electronic medias to support OAFLA Chapters</p> <p>2.3.2 organise social events for potential partners</p> <p>2.4.1 introduce creative/innovative approaches to persuade OAFLA Chapters to play active role</p> <p>2.5.1 prepare and disseminate audit reports on financial accounts</p>
<p>OVI:</p> <p><i>OAFLA established and maintained partnerships with diverse institutions</i></p>	<p>OVI:</p> <ul style="list-style-type: none"> • <i>The rate of information/knowledge exchange among members and between the secretariat and members</i> • <i>Proportion of members under mentor/mentee programs</i> • <i>Ownership of OAFLA's program by Gov., donors and communities</i> • <i>proportion of proposals received donors funding</i> • <i>proportion of active OAFLA members</i> • <i>No of OAFLA Chapters delivered audit report to the Gov. and partners on time</i> 	<p>INPUTS:</p> <ul style="list-style-type: none"> • organize partners forum and press conference • brochure/fact sheet/project proposals • identify and establish mentors and pair them with mentees • communication materials • creative and innovative strategies • audited report

<p>MOV:</p> <p><i>OAFLA General Assembly reports</i></p>	<p>MOV:</p> <ul style="list-style-type: none"> • <i>Report on implementation of knowledge learnt</i> • <i>Government and donors reports</i> • <i>Funding agreements</i> • <i>membership fees payment record</i> 	
<p>3. Increasing organizational visibility</p>	<p>3.1 OAFLA Chapters and its Secretariat frequently invited to international, regional and national policy/program reviews or consensus building meetings</p> <p>3.2 Joint programs/events organized</p>	<p>3.1.1 organize/conduct various forums, press conferences at national level</p> <p>3.1.2 prepare/disseminate quarterly newsletters, annual reports,</p> <p>3.1.3 deliver speeches in international, regional forums by the First Ladies</p> <p>3.1.4 organize and carry out talks, presentations on various topics related to HIV/AIDS/ MNCH, Gender, and youth</p> <p>3.1.4 prepare OAFLA profile to be distributed in all avenues</p> <p>3.1.5 update OAFLA website regularly</p> <p>3.1.6 Maximize use of social media</p> <p>3.2.1 organise event or tele conference where FLs share their collective success stories and challenges</p>

OVI: <ul style="list-style-type: none"> • <i>OAFLA Chapters and the Secretariat participation in Int. regional and national forums where policy and program directions discussed and consensus reached</i> • <i>Number of new partners</i> 	OVI: <ul style="list-style-type: none"> • <i>No of meetings attended by OAFLA Chapters and the Secretariat</i> • <i>No of programs or events jointly organized</i> 	INPUTS <ul style="list-style-type: none"> • Photo exhibition, press release, display different products and materials, video and newspaper clips, life witness, etc.. • newsletters, annual reports, monitoring and evaluation reports • speeches, talking points and presentations
MOV: <ul style="list-style-type: none"> • OAFLA General Assembly reports • Press releases • OAFLA newsletters • OAFLA website popularity 	MOV: <ul style="list-style-type: none"> • <i>Minutes of meetings</i> • <i>Events reports</i> 	

Goal V: Ensure program and financial sustainability

SPECIFIC OBJECTIVE	OUTPUTS	ACTIVITIES
1. Institutionalizing various systems/structures for program management, monitoring, and evaluation	1.1 organizational structures/systems in placed in ensuring accountability 1.2 functional systems for reporting, record keeping, monitoring and evaluation Institutionalized	1.1.1 review/update the organizational structure of OAFLA Chapters and its Secretariat 1.1.2 prepare, review/update job descriptions and staff evaluation protocols 1.2.1 develop/institutionalize various systems for regular reporting, record

	<p>1.3 Leadership, technical and managerial competencies of the leadership, technical advisors and staff members of OAFLA enhanced</p>	<p>keeping, monitoring and evaluation of programs</p> <p>1.2.2 adopt a standardized accounting procedures for financial management control, and reporting including administration manual</p> <p>1.2.3 undertake regular staff meeting to follow up on-going projects and record the Minutes of each meeting</p> <p>1.3.1 organize various trainings, seminars and workshops to enhance the leadership and technical competency of African First Ladies and their Technical Advisors and staff members of the secretariat</p>
<p>OVI:</p> <p><i>Efficiency and effectiveness among OAFLA Chapters and its secretariat enhanced</i></p> <p><i>Number of countries that participate in OAFLA General Assemblies</i></p> <p><i>Number of countries that submit timely and comprehensive reports on funds received</i></p>	<p>OVI:</p> <ul style="list-style-type: none"> • <i>OAFLA's operations lead by a system that ensures accountability</i> • <i>No. of OAFLA Chapters delivering activity report regularly and frequently</i> • <i>Availability and accessibility of OAFLA secretariat and members, OR, M & E reports</i> 	<p>INPUTS</p> <ul style="list-style-type: none"> • TA to review/update organogram, JDs and protocols for staff evaluation including finance and administration manual • Adopt the M & E indicators stated on the SP for regular self-reflection and evaluation of programs including financial manual
<p>MOV:</p> <p><i>OAFLA working documents such as financial, administration manuals, partnership & communication guidelines</i></p>	<p>MOV:</p> <ul style="list-style-type: none"> • <i>Secretariat report</i> • <i>secretariat and members, OR, M & E reports</i> 	<ul style="list-style-type: none"> • TA and budget for various trainings that enhance leadership, program planning, implementation, monitoring and evaluation of activities

<p>2. Enhancing the leadership, technical and managerial competencies of OAFLA Chapters and Secretariat</p>	<p>2.1 secured budget from national account</p> <p>2.2 the OAFLA premises is fully registered under OAFLA via MoFA</p> <p>2.3 major OAFLA documents updated</p>	<p>2.1.1 prepare/submit a document with compelling reasons to the house of people representatives (parliaments) to secure their support</p> <p>2.2.1 secure entitlement for the Secretariat house in AA</p> <p>2.3.1 review OAFLA constitution, rules of procedure, framework of action, HR manual</p>
<p>OVI:</p> <p><i>Leadership and staff potential enhanced</i></p>	<p>OVI:</p> <ul style="list-style-type: none"> • <i>Types of trainings /seminars /workshops organized and number of participants</i> • <i>Documentation of the official ownership license</i> • <i>No. of OAFLA chapters secured budget from national account</i> 	<p>INPTUS</p> <ul style="list-style-type: none"> • 2.1 TA from a lawyer • 2.2 documented evidence that justifies budget allocation for OAFLA Chapters
<p>MOV:</p> <p><i>New systems and innovations put in place</i></p>	<p>MOV:</p> <ul style="list-style-type: none"> • <i>Workshop and training reports</i> • <i>Ownership license</i> • <i>Annual budgets of OAFLA chapters</i> 	
<p>3. Increasing and diversifying the resource-basis of OAFLA Chapters and its secretariat</p>	<p>3.1 expanded resource bases</p>	<p>3.1 Prepare/implement domestic fund raising strategy</p> <p>3.2 Organize donors round table meetings</p> <p>3.3Prepare/submit various proposals to donors</p>

<p>OVI:</p> <p><i>Proportion of funding from domestic sources</i></p> <p><i>Number of countries paying timely annual contributions</i></p> <p><i>Number of countries organizing annual fundraising events</i></p> <p><i>Proportion of funding from partners</i></p>	<p>OVI:</p> <ul style="list-style-type: none"> • <i>Number of fundraising campaigns undertaken</i> • <i>Number of MoUs signed with partners</i> 	<p>INPUTS</p> <ul style="list-style-type: none"> • Fund raising strategy and budget • TA and budget to organize donors round table meetings • project proposals
<p>MOV:</p> <p><i>Annual audit report</i></p>	<p>MOV:</p> <ul style="list-style-type: none"> • <i>Secretariat and OAFLA Chapter reports</i> • <i>Fund raisings campaign reports</i> • <i>MoUs</i> 	

X Monitoring and Evaluation (M & E)

The implementation of OAFLA's strategic plan will be monitored at regular time intervals.

Annual Operational Plans will be developed summarizing the activities of First Ladies to facilitate implementation and periodic follow up of indicators. First Ladies' interventions and activities should contribute to the National response to HIV and AIDS; as well as improve maternal and child health in order to reduce morbidity and mortality.

Through Monitoring and Evaluation data will be generated for in depth analyses of progress made vis a vis objectives, strategies for intervention and planned activities. It will also seek to measure sustainability of projects, and outline lessons learnt, best practices and challenges encountered. The indicators to be measured will relate to the specific interventions of First Ladies, taking into consideration National indicators and data from their respective countries.

1. Data will be collected on a quarterly basis and consolidated, semi-annually and annually.
 - These periods (quarterly, semi- annually) will be strictly adhered to for monitoring and reporting.
 - Reports should provide a summary comparing planned activities to the results obtained from the use of resources.
 - Preparation of monitoring reports is the responsibility of the Secretariat of OAFLA on the basis of information provided by the respective countries
 -
2. A monitoring and evaluation manual will be developed and will clearly outline
 - Details on the purpose of reporting
 - The expected content of the reports; including a reporting template
 -
3. The process of reviewing the progress of the program and the evaluation of Indicators will be based on the following:
 - Logical framework matrix (LFM) and
 - The results of the annual operational plan of each country.
4. A mid -term review of the four-year Strategic Plan will be conducted after two years of implementation
 - To monitor program performance
 - To measure outcomes including progress of performance, timeliness of interventions extent of achievement of objectives and the efficient use of resources.
 - To provide recommendations for program review, for the development of ensuing Operational Plans or ultimately, for amendments to the Strategic Plan if deemed necessary.

- The evaluation of the strategic plan will be conducted by OAFLA in collaboration with key stakeholders.
5. At the end of the four-year period a final review will be conducted to measure
- To monitor end of program performance
 - To measure outcomes including progress of performance, timeliness of interventions extent of achievement of objectives and the efficient use of resources.
 - Impact indicators will be measured where applicable and where National level data is available
 - Finally, the report will provide recommendations for development of a fourth Strategic Plan (2019 – 2023)

References

AU Roadmap “Shared responsibilities and global solidarity for AIDS, TB and malaria in Africa

ICPDPoA

Joint WHO-UNICEF Statement on home visit for the new-born child 2012

MDGs review report

Maputo Plan of Action review report

OAFLA Strategic Plan 2009 - 2013

UNAIDS Global Report 2012

UNAIDS Declaration Press Realize Geneva, 2011

UNAIDS Press Realize AU Summit May, 2013

UNDP HV/AIDS - Understanding and Acting on Critical Enablers and Development Synergies or Strategic Investment

WHO Gender inequalities and HIV

Women Deliver Conference – Kuala Lumpur, Malaysia

WHO Counselling for Maternal and New-born Health Care

Annex1

Stakeholders questionnaire

Organization of African First Ladies against HIV/AIDS (OAFLA)

Review and Finalization of Strategic Plan (2014-2018)

I. Introduction

Organization of African First Ladies against HIV/AIDS (OAFLA) is currently reviewing and finalizing its five-year (2014-2018) Strategic Plan on the basis of the preliminary draft prepared by the technical advisors of African First Ladies. The draft paper has included situation analysis of HIV/AIDS and maternal and child health in sub-Saharan Africa; lessons learned from OAFLA's 2009-2013 Strategic Plan; key challenges for the next phase (2014-2018) of the Strategic Plan period. The technical advisors have also set out OAFLA's Vision, Mission, key result areas as well as objectives, strategies and priority areas for action.

In reviewing and finalizing the draft Strategic Plan OAFLA Secretariat would like to get your insight – essential in building strategic trust on key strategic issues and challenges with regard to HIV/AIDS, maternal and child health that are consistent with OAFLA's Chapter; identifying and prioritizing strategic directions that include goals, objectives, strategies and activities.

The Strategic Plan will also benefit from rigorous analysis of lessons learned and good practices for high impact, low cost and sustainable interventions. The Strategic Plan will further made references to international and regional consensus documents in ensuring consistency and inclusiveness. In the process opportunities and areas that require special consideration will be explored, prioritized and serve as an input in enriching the Strategic Plan document.

II. Objectives of the Strategic Planning exercise

The Strategic Planning exercise of OAFLA (2014-2018) need to address three complementary but independent objectives, these are:-

- Reviewing/finalizing a road map (action plan) for OAFLA Secretariat in playing a catalytic role among different actors (regional, sub-regional, multilateral and bilateral agencies) in support of African First Ladies initiatives;
- Reaching consensus on priority issues that are pertinent to the context, and decide program intervention areas that enables the African First Ladies to play proactive role in leading the process for collective and individual program impact in order to accelerate change in the Continent at different levels; and
- Galvanizing support (technical, financial and material) through networking and promoting partnerships.

In view of the above stated objectives key leading questions are designed to facilitate the interview process. Please kindly consider these questions as discussion points and don't limit yourself only to the stated leading questions.

In your response, please also make a reference to the five objectives of OAFLA's (2014-2018) as stated in the draft Strategic Plan. These are: (a) reducing new HIV infections among young girls, women and children; (b) galvanizing assistance to the therapeutic management and socio-economic support for people infected and affected by HIV; (c) promoting maternal and child health; (d) increasing partnerships and networking to diversify the resources base for effective program implementation; and (e) enhancing the managerial and technical capacity of OAFLA Secretariat and chapters.

III Leading Questions

1. Issues and challenges peculiar to the region with regard to HIV/AIDS as well as maternal and child health.

- 1.1 State the three most critical priority issues that need to be addressed by the African First Ladies as related to the above stated objectives;
- 1.2 What are the challenges that may hamper progress and require attention during program implementation and beyond?
- 1.3 What are the opportunities and threats that OAFLA must explore and act upon?

1. Lessons Learned and good practices

- 2.1 Based on your practical experience please state two important lessons that OAFLA need to consider as it prepares its Strategic Plan?
- 2.2 What good implementation practices that need to be considered and shared among OAFLA members in order to scale up/replicate programs that have a wider overarching impact?

2. Advocacy and Public Mobilization for change - program intervention areas:

- 3.1 Please state three main program intervention areas (reflecting on the above stated objectives) that the African First Ladies should undertake independently in their respective countries;
- 3.2 First Ladies collective voice is essential in accelerating change, please state three main actionable points that require their collective interventions in realizing OAFLA's objectives;
- 3.3 What role should OAFLA Secretariat play in facilitating both the independent and collective actions of African First Ladies;

3. Organizational Effectiveness and Efficiency

- 4.1 OAFLA has been partnering with your organization during the first phase of program implementation, what were its strengths and weaknesses (please give us your candid opinion about its strengths and weaknesses);
- 4.2 What kind of institutional set-up and mechanism/strategy are feasible in enhancing OAFLA Secretariat managerial and technical capacity;

4. Partnership and Networking

- 5.1 What kind of strategies should OAFLA adopt in order to broaden its partnership with regional institutions such as the AUC and its sub regional offices; bilateral and multilateral agencies;
- 5.2 What kind of institutional arrangement should OAFLA secretariat establish/maintain with First ladies in individual country in order to enable them share experiences, support each other and act collectively?

Annex2

Advocacy strategy

OAFLA Strategic Advocacy Framework DRAFT

Introduction

The constitution of OAFLA states that “*the goal of the Organization of African First Ladies against HIV/AIDS is to advocate for increased awareness, the mobilization of resources , and the development of leadership, strategies and actions to fight HIV/AIDS at the national, regional and international level(Chapter II Article 4).* One of the objectives of the organization is also stated as : “*advocate for the expansion of effective strategies for the prevention , treatment and care of HIV/AIDS”(Chapter II Article 5,D).* Among the guiding principles of OAFLA “*is advocate for human rights in general and especially the rights of people living with HIV/AIDS”(Chapter II Article 6,E).*

OAFLA has “*set up a framework for dialogue, networking, information exchange, and strategic action” (OAFLA Constitution, Preamble).* It therefore needs a strategic approach to advocacy so that there will be a disciplined effort to generate fundamental decisions and actions that shape the course of HIV and AIDS and Maternal, Neonatal and Child health. It is important to look at the operational situation of OAFLA from a careful and strategic angle, instead of relying on what is familiar or common practice.

Advocacy which in simple terms means to speak out on behalf of someone, conceptually, fits into a range of activities that include organizing, lobbying and campaigning. Organizing is a broad-based activity designed to ensure that the views represented in advocacy come from those who are actually affected by the issue. Lobbying would mean meeting directly with decision makers to engage in (often in private) quality discussions and debate. Compared to organizing, lobbying takes a more targeted approach and reaches out to fewer yet more influential people. An advocacy campaign publicly promotes an agenda, involving platforms where a wide audience can hear the advocate’s message. (UNICEF advocacy strategy toolkit)

At this point in time, when the OAFLA' s new Strategic Plan 2014-1018 has been finalized, having a strategic Advocacy framework is essential. The new Strategic Plan not only broadens the organization's intervention areas but also clearly states that one of the three strategic pillars chosen is policy advocacy. This calls for a uniform approach towards advocacy among member countries for National and Regional success.

In designing the strategic advocacy framework, a set of questions used in an approach developed by Jim Schultz for the development of an advocacy strategy, have been used. Finding answers to questions like: *What do we want? Who can give it to us? What do they need to hear? Who do they need to hear it from? What actions can deliver that message effectively?* Will enable us design a solid strategic framework for advocacy. Hence, the outline for this strategic advocacy framework.

Objectives

What do we want?

Reference is made to the two essential documents, namely, OAFLA Constitution and Strategic Plan 2014-2018, to identify what we want to achieve in OAFLA. According to the documents we want to achieve the following through advocacy:

OAFLA Constitution

- Increased awareness on the pandemic of HIV and AIDS
- mobilization of resources
- the contribution to the development of leadership
- A permanent action aiming to improve maternal and child health.

Strategic Plan 2014-2018:

- Policy change
- Resource Mobilization
- Public mobilization

Audiences

Who can give it to us?

A number of audiences have been identified in the OAFLA documents to be approached for advocacy. The audiences include Heads of state, Government Ministries and to grass root level community leaders including traditional and religious leaders depending on the issue that is being advocated. The following audiences have been identified in the OAFLA Strategic Plan 2014-2018:

- Ministries of Finance & Economic Affairs (MOFEA)-
 - *“Organize/conduct an advocacy campaign targeting the Ministry of Finance & Economic Affairs (MOFEA)”*
- Political decision makers:
 - *advocate for developing/reviewing maternal health and family planning policies and budgets;*
 - *advocate for improving the quality of maternal, neonatal and child health and other reproductive health services including family planning and foster integration of HIV/AIDS and family planning into reproductive health services*
- Ministries of health and health institutions:
 - *“advocate and lobby for including this procedure in the training curricula in order to enhance the capacity of health care providers to carry out visual screening of cervical cancer”*
 - *Advocate and lobby for fee waiver for maternal, neonatal and child health services (for people who were not able to pay service fees)*

- *Advocate for the effective implementation of CARE economy, allowing infected and affected women to sustain themselves economically*
- *Advocate for the prioritization of nutrition in health care across the board*
- Donor's group:
 - *“design/implement advocacy action targeting donor's group”*
- The general Public:
 - *“Advocacy and Public Mobilization for change”*
- Young girls, women and children.:
 - *“Organize advocacy campaigns to reduce new HIV infections among young girls, women and children*
- Male population :
 - *“advocate for male involvement as spouses, clients and agents of change (champions) for the elimination of gender-based violence”*
- National Governments:
 - *“Advocate and lobby for the formulation of policies, programs and strategies on cervical cancer”.*
 - *“Promote and advocate for collective mass production of ART drugs in the region”. high level advocacy targeting for subsidy or to support local production of the HPV vaccines”*
- Members of parliament–
 - *“Members of parliament advocated and lobbied for health budget increase”*
- Social networks-
 - *“social networks advocated for cervical cancer. donors”*

Message

What do they need to hear?

In order to have effective advocacy messages, they should make a case on the merits of their campaign and second it needs to be clear to the main targets that it is in their self-interest to do what is being asking.

The OAFLA Strategic Plan 2014-2018 stipulates that there are specific issues that will need to be advocated.

Section: HIV and AIDS

- See that African countries deliberately and consistently set aside money from their own budget for health care.
- For service integration in countries with generalized HIV epidemics, since HIV care is a substantial burden for already weak health care delivery systems.
- Enhance the implementation of an integrating, quality and comprehensive prevention and antiretroviral services with maternal, neonatal and child health services.
- Improve access to and use of quality, affordable and client centered family planning services
- Review and, where necessary, reform, of legal and policy frameworks to reduce stigma and discrimination
- Establish a livelihood programs for HIV and AIDS affected and infected population so as to reduce stigma and discrimination
- Organize advocacy campaigns to reduce new HIV infections among young girls, women and children.

Section: Maternal and child health

- See that all countries in Africa launch CARMMA – an expressed commitment to accelerate change and reaching the target set in the MDGs 4 & 5
- Strengthen health care delivery system at all levels in providing integrated, quality and sustainable information and services
- Put in place a procedure of fee waiver for those who are not able to pay service fees for maternal health care
- Develop and implement a roadmap to sustain the current gains and further accelerate change by putting more resources, adopting policies and programs with high impact, low cost and sustainable –

- Design and implement target segmented, culturally appropriate and age specific counseling, information, education and communication strategies in order to increase the use of available resources.
- Put forward the agenda of health promotion and prevention in addressing public health challenges - review/update policies/procedures that promotes maternal health.
- Insure support from both the international donors as well as political decision makers in the sub-Saharan Africa in improving maternal, neonatal and child health family planning
- Raise awareness at policy and political level on the benefit of family planning in order to develop/review FP policies
- Develop/review maternal health and family planning policies
- Improve the quality of maternal, neonatal and child health and other reproductive health services including family planning and foster integration of HIV/AIDS and family planning into reproductive health services
- Review/amendment and enforcing existing laws and legislations in order to protect children, girls and women human rights that exposed them to HTP in the name of culture and tradition
- The global strategy on FGM should be adopted, implemented, monitored and reported to eliminate FGM performed by health care providers.
- governments to provide legal protection to their citizens and also provide social welfare for victims of FGM

Section: Cervical cancer

- Cervical cancer policy, strategies and programmes developed and implemented.
- Inclusion of a procedure of screening by means of visual inspection of the cervix in the training curricula in order to enhance the capacity of health care providers in sub-Saharan Africa.
- Having subsidy or to support local production of the HPV vaccines. HPV infection prevalence is more than 20% in sub-Saharan Africa and countries have legitimate rights not to abide by the World Trade Organization patent right obligation.

Messengers

Who do they need to hear it from?

African First Ladies

Given their reputation, their acceptance and their position in the society, African First Ladies are the main messengers.

- As women and mothers, they also can speak from the heart and serve as “authentic voices,” who can speak from personal experience
- As role models they have the capacity to reach the grass root level
- As First Ladies they have access to the highest decision maker in their respective countries, the Heads of State
- As First Ladies they have access to their government structures and decision making bodies and Policy makers
- they have access to Regional and international forums

Community and tribal/traditional/Religious leaders

These informal leaders are better accepted in the community and acknowledged among government structures in most African countries. Equipped with the necessary information, they can advocate for issues their community and their region is faced with. Also as the majority of these leaders are assumed to be men, they could play the double role of male champions on the said issues.

The Community at large

Mobilizing and equipping the community with adequate information and by increasing their comfort level as advocates, women, men, youth and children can come forward with their demands. They can be organized in smaller advocacy teams for specific issues.

Delivery

What actions can deliver that message effectively?

There are many ways to deliver an advocacy message. These range from the lobbying to awareness creation campaigns. The most effective means may vary from situation to situation. Hence the decision of each member country will be based on their evaluation of the issues at hand and apply them appropriately and if needed weaving them together to maximize on all efforts.

Resources

What do we have?

An effective advocacy effort takes careful stock of the advocacy resources that are already there to be built on. Hence, making reference to OAFLA's past advocacy work, there are alliances already in place, for example the UNAIDS country offices, UN Agencies and other partners who provide not only financial but also technical support to First Ladies offices and foundations across the continent. These relationships need to be strengthened and resource mobilization strategies should be developed and partnerships built to secure adequate resources for advocacy work.

First Steps

How do we begin?

In order to effectively begin to achieve the objectives of the advocacy work, specific strategies should be developed at country level indicating short term objectives. Advocacy Projects need to be designed to make it easier to identify effective ways to move the advocacy work going forward but also to raise funds for specific projects. The latter should give details on how they would bring the right people together, give glimpse of the larger advocacy picture and work ahead. The projects should also create something achievable that lays the groundwork for the next steps until the advocacy objective is met.

Evaluation

How do we tell if it's working?

OAFLA advocacy endeavors could be compared to any long journey whose course needs to be checked along the way. The strategies need to be evaluated by revisiting each of the questions above to make sure if we are still aiming at the right audiences; reaching them the effective way and by securing the necessary funds for them. Therefore, it is important to be able to establish a Monitoring and Evaluation mechanism so as to make mid-course corrections. The latter might suggest discarding those elements of a strategy that don't work once they are actually put into practice or replacing them with new ones.

In light of the latter, it is important to note that the Monitoring and Evaluation mechanism will be generic and therefore needs to be customized to the advocacy method being used and the country/ community in which the advocacy is taking place.