

**EASTERN AFRICA REPRODUCTIVE HEALTH
NETWORK (EARHN)**

REPORT

2007 – 2010



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**At
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Network Coordination meeting
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1. INTRODUCTION

The health situation in the Eastern Africa region is of concern. The population is growing at an average rate of 2.8 per cent per year and is likely to double within 20 - 25 years. The bigger majority of the population is rural, while 32 per cent is aged 10-24. Life expectancy is at less than 50 years. With 85 per cent of the population living below the poverty line, the countries in the region rank among the poorest countries in the world.

The maternal mortality ratio ranges from 400 – 600 deaths per 100,000 live births in Burundi. The infant mortality rate is 90 deaths per 1,000 live births; and access to health services poor with more than two thirds of the population, especially the rural residents living more than 10 kilometres away from a health facility, and skilled health personnel attend only 40 per cent of births.

Fertility is high, with an average of 6.0 children per woman. Approximately 34 per cent of young people under the age of 20 have already had at least one child. This is a result of the low contraceptive prevalence rate with high unmet need for contraception; ensuring reproductive health commodity security has become a priority. Gender inequality persists because of historical, cultural, socio-economic and political reasons. Violence against women, including rape, remains a major challenge.

1.1 Vision

The vision is an Eastern Africa region free from sexual and reproductive health burdens.

1.2 Mission

To Promote sound sexual and reproductive health policies and programmes across borders through strategic partnerships, effective coordination and sharing of critical information, experiences and expertise.

1.3 Strategic Goals/Objectives

EARHN's goal is to contribute to the improvement of SRHR situation in Eastern Africa.

- 1) To increase awareness and support for RH among key policy and decision makers in the region.
- 2) To strengthen linkages and strategic partnerships.
- 3) To enhance capacity of partner organizations to offer integrated SRHR programmes.
- 4) To facilitate the strengthening of health systems, in particular with regard to provision of RH supplies.
- 5) To strengthen EARHN's organizational capacities, systems and structure.
- 6) To coordinate activities and mobilise

2.0 PROGRAMME IMPLEMENTATION

At the Hand-over meeting in July 2007, the participants at the ceremony agreed on the following modalities for the Implementation of the EARHN Strategic Plan and for attaining better quality of lives of the population in the region:

- Revision of EARHN Strategic Plan.
- Bring all EAC countries into the network.
- Elect Focal Institution in each of the Countries
- Promote collaboration with other Networks in Africa and other Regions such as WARHN, SARHN and PPD ARO.
- Advocate for countries to join PPD where necessary.
- Mobilize Resources to support the implementation of the EARHN Strategic Plan from our Governments, Private Sector, NGOs and Development Partners etc.
- Develop Country Specific RH Network Plan.
- Develop Monitoring and Evaluation Plan for the EARHN Strategic Plan.

2.1 EARHN Strategic Plan (2008 – 2012)



Given the urgency to address the burning emergency RH needs, especially in the context of achieving ICPD PoA and the MDGs, at the hand over of the network meeting to Uganda, Kenya suggested the revision of the EARHN Strategic Plan 2001 that had expired in 2005. The Strategic Planning meeting was held in Kampala in

December 2007. Experts and representatives from EARHN Member countries (Burundi, Kenya, Ethiopia, Rwanda, Tanzania and Uganda), collaborating countries (Ghana, South Africa and Zimbabwe), PPD, Hewlett Foundation, UNFPA, DSW, PAI, IPPF DSW, AU, Reproductive Health Supplies Coalition and RHU participated. PPD ARO supported the printing of the Strategic Plan that has greatly contributed to the reinvigoration of the Network.

2.2 Expand the Network to other countries in the region

At the time of the hand over, only Kenya, Uganda and Tanzania were in the Network. Over the years, the network has expanded to absorb Burundi, Ethiopia and Rwanda. The process has not been very easy as it involved physically visiting the countries and meeting with the top management and leadership in the Ministries of Health, population and Finance and Economic Development.

In this respect, from April 15 -16, 2008, officers from PPD ARO and Dr. Betty Kyaddondo, EARHN Uganda focal person visited Rwanda to popularise the network and PPD among the top government officials and reproductive health stakeholders. We met officials from the Ministry of Health, Ministry of Finance and Economic Development and UNFPA.

We shared experiences and best practices on how to keep population and development issues high on the development agenda. Mainly discussed the role of MPs and learnt the contribution of VHTs to improvement of quality of life as good practices.

2.3 Elect Focal Institution/person(s) in each of the Countries

During the country visits, the EARHN team from Uganda discussed avenues of identifying and assigning an agency and a person to coordinate the network activities in each EARHN country. Initially, the idea was to have one person, but because of the high work related turn over, some of the focal persons initially elected have moved on creating vacancy of post in the countries. The current strategy is to have a deputy EARHN Focal person for each country.

2.4 Collaboration with other Networks in Africa

The EARHN Strategic Plan and experiences within the Eastern Africa region have been key instruments in the reinvigoration of the WARHN as well in the process of establishment of the SARHN.

The EARHN Focal person for Uganda shared experiences, lessons and best practices in the context of EARHN and also had opportunities to present the EARHN SP and achievements of the network at three separate meetings in other regions.

- 1.** EARHN participation in the Union of African Population Studies (UAPS) Conference held December 10 -14, 2007. The main aim of the meeting was to promote sharing of research experiences in the field of RH, Population and Development.
- 2.** UAPS Regional Seminar/Joint Technical Meeting of SADC/APC Southern Region, 3 -4, June 2008.
- 3.** *“SADC/APC Southern Region Technical Meeting: Fifteen Years of the International Conference on Population and Development (ICPD) Programme of Action (PoA), Pretoria, 14 – 17 April 2009”.*

4. Preparatory Meeting for Invigoration of Western Africa Reproductive Health Network (WARHN) with Officials from the National Population Council (NPC) for Ghana, October 19 – 21, 2008, Accra, Ghana.

2.5 Enhancing RH Commodity Supply and Security among the Countries

2.5.1 High level Policy meetings

EARHN held two high level policy meetings in this respect. The first meeting was held in



August 2008 and the second a year later in Kampala. The participants were Hon Members of Parliament from the countries. In the 2008 meeting, the participants agreed that countries would only be able to achieve Universal access to SRH, if they are supported to increase the

resources allocated to the health sector to 15% as was recalled during the Abuja Declaration. The health expenditures were below the required levels. The countries also committed to push their governments to ensure that the Maputo PoA is implemented through the country specific comprehensive Roadmaps and on their part, advocate for increased resources that would go along way in ensuring zero tolerance to RH stock outs at all levels.

The 2009 meeting was a follow up of the 2008 meeting. During the meeting, the MPs shared the respective achievements in RHCS. At the same meeting, the MPs were introduced to the Global Parliamentary Call to Action (GPCA), an advocacy question which Mps should present to their respective MOFs to ensure increased funding for RHCs.

The MPs were also called upon to step up oversight activities so as to ensure that government health programmes are effectively/efficiently implemented; funds are timely disbursed to benefit the grassroots communities and people are encouraged to go for HIV and AIDS testing as well as anti retro viral therapy, if they are need. This requires countries to commit more resources towards the health sector to tackle the devastating health challenges.

2.5.2 Global Parliamentary Call to Action (GPCA)

This year, 2010, EARHN focal person Uganda visited the member countries to discuss the progress of implementing the GPCA. Four countries have so far been visited, Burundi, Kenya, Rwanda and Uganda. The Plan is on to visit Ethiopia and Tanzania by mid October. Kenya and Rwanda have taken quick steps in implementing the GPCA and the resources allocation to RHCS in both countries have improved significantly.

Burundi had not participated in the high level meeting, so the GPCA was introduced to officers from MOH, UNFPA, ABUBEF and some few Parliamentarians.

2.5.3 Media sensitization meetings

Two meetings have been held to build capacity of the media to report on emerging issues in RHCS in Uganda. Both were supported by PAI.

2.5.4 RHCS Logistics Management meetings

A meeting was held with districts to streamline RHCS logistics management.

2.6 Sharing experiences

2.6.1 Field visits

Based on the EARHN Strategic Plan, the EARHN – South Africa study tour, provided an



opportunity for EARHN member countries to share experiences and best practices based on South Africa's successful work in population,

reproductive health and development. The Partners in Population Development Africa Regional Office (PPD-ARO) supported the EARHN country Focal persons from Ethiopia, Kenya, Tanzania and Uganda to a study tour to South Africa in June 2008. The tour provided an insight into the complex issues that that need to be addressed in terms of population, reproductive health and development on the continent. The study tour was an important reminder to us all that RH and population issues are still key, if development is to be sustained and that we all have a responsibility to address this issue by rapid, lasting means.

In South Africa, we had the opportunity to meet organizations – local, national and international who are making great strides in the areas of population and development. We also saw community support and education programmes that are helping many individuals who are HIV+ or need information and assistance to avoid the disease. However, AIDS remains a leading cause of death in South Africa.

I take this opportunity to thank our hosts; the Departments of Social Development in the Southern Africa Provinces that we visited and all those organizations and individuals who made our short visit to South Africa so elucidative. We were variously shocked, inspired and made resolute by what we saw and heard in South Africa– a resolve that must be turned into a lasting commitment to eradicating the suffering and compromises that still affect so many in the continent.

Overall, the study tour was considered successful and the main lesson was that South Africa government supports almost all its programmes with minimal donor support.

2.6.2 Information sharing and dissemination

Produced and disseminated the EARHN News letter. 500 copies were printed and the letter was posted on PPD Websites and on websites of the EARHN Member countries. Special thanks to the authors and the editorial committee.



Addressing Eastern Africa's Dismal Health: A Call For

I would however wish to request all Member countries to participate in this very important exercise so that we learn from your experiences and best practices.

The 2008 EARHN News Letter

3.0 Resource Mobilization

Resource mobilization for the network has been very poor. Most of the activities are supported by in country mobilized resources. We have had privileges and support from PPD ARO, UNFPA, DSW and Population Action International.

4.0 Coordination

The first meeting was meeting held to develop the EARHN Strategic Plan. The second meeting was held in Kampala in March 2008 supported by PPD ARO. Ethiopia, Kenya, Tanzania and Uganda participated and developed country specific annual work plans that have guided the countries to contribute to the realisation of the goal and the objectives laid out in the Strategic Plan.

The second EARHN coordination meeting was held in March 2008 in Kampala. The presentations generated the following discussion and recommendations:



1. Member countries should revise the work plans and submit them to PPD Africa Regional Office. Rwanda and Burundi should be contacted to participate in subsequent Network events.

2. Country specific newsletters should be shared amongst member

countries electronically and the EARHN newsletter developed on a bi-annual basis for information sharing. A specific theme should be generated for each newsletter.

3. The country specific activities should be hinged to the international declarations such as the ICPD, MDGs and Maputo Plan of Action for implementation at the local level. National declarations, such as the country specific road maps to accelerate the reduction of maternal and neonatal morbidity and mortality should also be considered and PPD ARO would support the operationalization of these road maps at country level.

4. The job description of EARHN focal persons needs to be reviewed /adopted in consultation with the employing agency and also nominate deputy focal persons for all EARHN member countries to promote continuity.
5. PPD ARO advised countries to develop activity based budgets because it will only support activities and not programmes.
6. PPD ARO will commission consultants to document best practices and lessons in reproductive health, population and development in the region so that countries start organizing and participating in learning and experience sharing trips.

EARHN coordination is rotational and later today, I hope the Chair will be announcing the next EARHN coordinating country.

5.0 EARHN's Achievements

1. The high level advocacy and policy meetings have increased awareness and support for RH among key policy and decision makers in the region.
2. Strengthened linkages and strategic partnerships internationally and within the region through communication and exchange visits.
3. Facilitated strengthening of health systems with regard to provision of RH supplies through information sharing among member countries.
4. Mobilised some resources to advance EARHN's goals and objectives.

6.0 Lessons learnt "Best practices"

- Sustained political commitment is fundamental in the success of reproductive health program.
- Multisectoral approach involving other ministries and sectors for promotion of family planning, MCH and other reproductive health (Hold Task Force meetings for the reduction of infant and maternal morbidity and mortality).
- Pro-active role of the mass media (both national and district level) Journalists have stimulated and sustained reproductive health public debates.
- Advocacy program for religious and cultural leaders for promotion of family Planning, MCH and other reproductive health is paramount because of the religious and traditional beliefs and practices.
- Active Government –NGO collaboration. It is not possible for the GOU alone to do everything for the betterment of the people. NGOs involvement increases the strength of the government to bring success in mass program.
- Contraceptive commodity security must be given due priority if family planning programme targets are to be met.
- Targeting grassroots' communities is key in eliminating poverty.
- Women empowerment through micro credit, skill development and Functional Adult Literacy.

7.0 Constraints faced include:

1. Lack of EARHN focal persons in some countries makes EARHN Coordination a night mare.
2. Poor communication among the member countries.
3. Minimal participation and contribution of EARHN Members to the network.
4. Un defined/ unspecified coordination roles for EARHN.

8.0 Recommendations

1. Design mechanisms to promote participation of member countries in the Network.
2. Improved communication through the internet, websites and blogs.
3. Develop a resource mobilization strategy
4. EARHN should continuously collaborate with EAC and other regional networks.
5. Countries should step up resource mobilization efforts for Population, RH and Development, through writing proposals.

9.0 Acknowledgments

Allow me to take this opportunity to first thank most sincerely the EARHN Member countries for all the support they have extended to Uganda over the past three years that we have been Chairing the network. It has been tough, but you all made it possible for us to meet, share and learn from each other.

Secondly; let me thank the various agencies including our governments, UNFPA, PAI, DSW that have continuously made it possible for us to implement activities. In a very special way, I extend special tribute to PPD ARO for the unending financial support and technical advice that have made the coordination of EARHN so elucidative.

Our friends who hosted us in South Africa during study tour, made us get inspired and variously resolute by what we saw and heard in South Africa– a resolve that must be turned into a lasting commitment to eradicate the suffering and compromises that still affect so many in the continent.

To all of you our dear friends, the struggle continues!!!!