EAC REGIONAL ADVOCACY AND COMMUNICATION STRATEGY FOR REPRODUCTIVE MATERNAL-BORN, CHILD AND ADOLESCENT HEALTH AND HIV/AIDS 2018/19-2022/23

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ACKNOWLEDGEMENT

FOREWORD

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CSO	Civil Society Organisations
EAC	East African Community
EMTCT	Elimination of Mother to Child Transmission
HIV	Human Immunodeficiency Virus
IPC	Inter personal communication
MOH	Ministry of Health
MMR	Maternal Mortality Ratio
RMNCAH	Reproductive and Maternal Neonatal Child and Adolescent Health
TACAIDS	Tanzania Commission for AIDS
THE	The Health Expenditure
TWG	Technical Working Group
SDG	Sustainable Development Goals
SIDA	Swedish International Development Cooperation Agency
UHC	Universal Health Coverage
UNAIDS	United Nations Agency for International Development
UPHIA	Uganda Population-Based HIV Impact Assessment
USAID	United States Agency for International Development
WHO	World Health Organization

OVERVIEW OF KEY TERMS

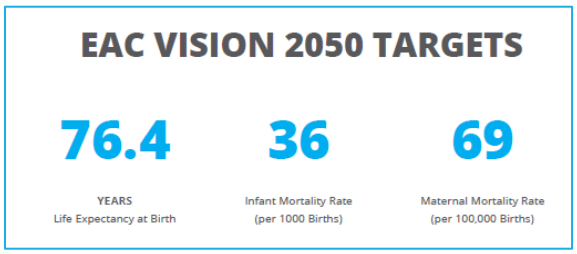
Adolescent	These are persons aged between 10 and 24 years. This shall be the working definition in the document.
Advocacy	The process of building support for an issue to create change in attitudes, behaviours, policies, or systems
Communication:	The art of conveying messages to shape the opinion, perceptions, and actions of those you seek to influence towards a cause
Reproductive Health:	This is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions and processes.
Policy advocacy:	the deliberate process of informing and influencing decision-makers in support of evidence based policy change and policy implementation, including resource mobilization
Policy change:	Eliminating a harmful policy, updating or amending an existing policy, developing a new policy, and allocating or committing resources within a budget.
Policy implementation:	This includes disseminating a policy, enforcing a policy, disbursing allocated funds appropriately, and effectively carrying out provisions and programs called for within policies.

CHAPTER 1 INTRODUCTION

1.1 BACKGROUND TO THE EAC

The East African Community (EAC) is a regional Inter-Governmental Organization composed of six (6) Partner States: the Republic of Burundi, the Republic of Kenya, the Republic of Rwanda, the United Republic of Tanzania, the Republic of Uganda and the Republic of South Sudan. The EAC is guided by a Treaty[1], which was signed on 30 November 1999 and came into force on 7 July 2000 following its ratification by the original three Partner States namely the Republic of Kenya, United Republic of Tanzania and Republic of Uganda. The Republic of Rwanda and the Republic of Burundi became full members of the Community with effect from 1 July 2007 while The Republic of South Sudan was formally admitted to the Community in 2016.

The EAC has a land area of 2.42 million square kilometres, is home to about 160 million citizens and a combined Gross Domestic Product of $ 169.5 billion. The region is deemed as one of the fastest growing regional blocs in the world. The EAC co-operates, negotiates, and collectively determines legislation and policy that are legally binding at national and regional levels. Article 5 of the Treaty for the Establishment of the East African Community, the objectives of the Community are to develop policies and programmes aimed at widening and deepening cooperation among the Partner States in political, economic, social and cultural fields, research and technology, defence, security and legal and judicial affairs, for their mutual benefit. The integration process is guided by four pillars namely Customs Union, Common Market, Monetary Union, and a Political Federation.



The EAC vision 2050 foresees an upper-middle income region within a secure and politically united East Africa based on principles of inclusiveness and accountability. The role of the EAC Secretariat is mainly to coordinate development of policies, strategies, programmes and guidelines that enable Partner States to collectively address regional development challenges. The EAC has further developed the Integrated EAC RMNCAH Policy Guidelines (2016-2030) and RMNCAH Strategic Plan (2016-2021); the HIV/AIDS, TB and STI Strategic Plan (2015-2020) to provide guidance in implementation of RMNCAH and HIV interventions in the region.

The EAC with support from SIDA and USAID Kenya/East Africa developed this strategy under the EIHP

The goal of the EIHP programme is to contribute towards the elimination of preventable maternal, new-born and child deaths, HIV&AIDS and improvement of wellbeing among women, children, adolescents and families in the East African Community. The objectives of the EIHP are to:

[1] EAC (2000), the Treaty for the Establishment of the East African Community. Arusha 2000 (as Amended)

i. Harmonize and integrate SRH/RMNCAH and HIV&AIDS, TB and STIs Service Packages, Standards and Guidelines in the East African Community;

ii. Strengthen SRH/RMNCAH and HIV&AIDS, TB and STIs Research, Innovations and Knowledge Management in the EAC;

iii. Strengthen SRH/RMNCAH and HIV& AIDS, TB and STIs Leadership, Governance and Accountability in the EAC;

iv. Strengthen the EAC Regional and National Health Systems towards universal health coverage of SRH/RMNCAH and HIV &AIDS, TB and STIs services; and

v. Strengthen the capacity of EAC Secretariat and Partner States to coordinate and implement the project and related global and Africa regional Initiatives

1.2 THE STATUS OF RMNCAH AND HIV&AIDS IN THE EAC REGION

Development of the EAC RMNCAH and HIV/AIDS Advocacy and Communication Strategy is informed in part by the findings of a comparative analysis of the status of RMNCAH and HIV/AIDS in the region. The analysis, finalised in 2016, was primarily based on the latest EAC regional integrated RMNCAH and HIV/AIDS Scorecard[2], which is hereto presented in Table 1 below as well as reports of competent global bodies such as WHO, UNICEF, UNFPA and UNAIDS.

Table 1 EAC Regional Integrated RMNCAH and HIV/AIDS Scorecard (2016)

The EAC Regional Integrated RMNCAH and HIV/AIDS Scorecard - 2016

Partner State	National priorities				Pre-Pregnancy	Pregnancy		Birth		Postnatal		Infancy	Finance	Human Resource	HIV/AIDS, STIs and TB			
	Maternal Mortality Ratio	Under 5 Mortality Rate	Neonatal Mortality Rate	Under 5 Stunting Rate	Contraceptive Prevalence Rate	Antenatal Care (4+ visits)	ANC HIV+ women receiving ARVs	Facility Delivery Rate	Adolescent Pregnancy Rate	PNC mother (< 2 days)	PNC Baby (< 2 days)	DPT3/Pentavalent3 Coverage	Total Health Expenditure per Capita ($)	Density of Skilled Health Personnel /10,000 population	% of people living with HIV who know their status	% of people currently receiving ARV therapy	% PLWHA screened for TB	% ANC screened for syphilis
Burundi	500.0	96.0	31.0	58.0	42.5 ↑	38.2 ↑	90.3 ↑	78.1 ↓	11.0 ↓	30.0 ↓	8.0 ↓	99.9 ↑	29.9 ↓	7.6 ↓	75.8	64.0	69.8	3.0
Kenya	362.0	52.0	22.0	26.0	58.0	57.6	70.0 ↓	61.2	18.1 ↓	52.9 ↑	35.6 ↓	89.9 ↓	67.0	24.0 ↑	65.0	66.4	60.8	61.7
Rwanda	210.0	50.0	20.0	38.0	53.0	43.9 ↓	99.0 ↑	90.0 ↓	7.3 ↓	43.0	19.2 ↑	93.0 ↓	70.0 ↓	10.0	87.0	83.1		75.4
South Sudan	789.0	99.0	39.0	31.0	8.0	17.0	18.0	12.0	15.8			45.0	30.0	3.0	41.0	8.0		3.3
United Republic of Tanzania	556.0 ↑	67.0	25.0	34.4 ↑	38.4 ↑	50.6 ↓	90.0 ↑	62.6 ↑	27.3 ↓	34.2 ↑	42.1 ↑	87.7 ↑	50.0	8.3 ↑	69.2	64.0	91.0	39.2
Uganda	336.0 ↓	64.0 ↓	27.0	29.0 ↓	39.0 ↑	60.0 ↑	97.0 ↑	73.0 ↑	25.0 ↓	54.0 ↑	54.0 ↑	79.0 ↑	58.0 ↑	16.3 ↑	47.0	53.0	83.0	64.0
EAC Regional Average	458.8 ↑	71.3 ↑	27.3 ↑	36.1 ↓	39.8 ↑	44.6 ↓	77.4	62.8 ↓	17.4 ↓	42.8 ↑	31.8 ↓	82.4 ↓	50.8 ↓	11.5 ↓	64.2	56.4	76.2	41.1

KEY					
	Target achieved/on		Progress but more effort required		
	Not on track	↑	Increase from last period		No Values
		↓	Decrease from last period		

Strengthening Accountability for Results in the Health Sector

[2]EAC. 2017. EAC regional integrated RMNCAH and HIV/AIDS Scorecard

1.2.1 STATUS OF REPRODUCTIVE HEALTH AND MATERNAL NEW-BORN CHILD AND ADOLESCENT HEALTH IN THE EAC

The World Health Organisation (WHO) estimated that about 830 women die from pregnancy- or childbirth-related complications around the world every day. It was estimated that in 2015, roughly 303 000 women died during and/or following pregnancy and childbirth[3]. Almost all of these deaths occurred in low-resource settings, and most could have been prevented. The Sustainable Development Goals (SDG), target 3.1seeks to ensure healthy lives and promote wellbeing for all at all ages with a specific focus of reducing the global maternal mortality ratio to less than 70 per 100 000 live births. SDG target 3.2 seeks to end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births by 2030.

In sub-Saharan Africa, maternal mortality ratio (MMR) per 100,000 live births dropped by 41 per cent during the period 1990 and 2010 although the region still accounted for 56 per cent of the global maternal deaths during the reference period. The table below provides comparable data on the status of RMNCAH in the EAC region as at 2014

Table 2 Select RMNCH Indicators for the EAC region[4]

Indicator	Burundi	Kenya	Rwanda	Uganda	Tanzania
Maternal Mortality Ratio	334	362	210	336	556
Under five mortality rate	78	52	50	64	67
Neonatal mortality rate	23	22	20	27	25
Prevalence of Stunting in Children Under 5 years	56	26	38	29	34
Contraceptive Prevalence Rate	29	58	36	39	32
Total Fertility Rate	5.5	3.9	4.2	5.4	5.2
Proportion of Pregnant Women Making 4 ANC Visits	49	58	44	60	54
Facility Delivery Rate	85	61.2	91	73	64

The status of RMNCAH in the EAC varies significantly from one Partner State to the other. The Africa Health Strategy 2016-2030 seeks to provide strategic direction to Africa's efforts in creating better performing health sectors. This includes ending preventable maternal, new born and child deaths and ensuring equitable access to comprehensive, integrated sexual, reproductive, maternal, neonatal, child and adolescent services, including voluntary family planning. The EAC region will leverage this and other country specific policies and guidelines in improving the status

[3]Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. Alkema L, Chou D, Hogan D, Zhang S, Moller AB, Gemmill A, et al. Lancet. 2016; 387 (10017): 462-74.

[4] Trends in Maternal Mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division , Latest Demographic and Health Surveys of the Respective Partner States , UNAIDS GAP report 2014

of Maternal and child health indicators in the region. Global commitments have provided a goal that all countries should reduce their maternal mortality ratios by at least two-thirds from their 2010 baseline by 2030 which will in turn ensure that no country should have a maternal mortality ratio greater than 70 deaths per 100,000 live births. The EAC region through strategic advocacy efforts will ensure that the Partner states can meet the above targets ensuring a healthy and productive population in the region.

1.2.2 STATUS OF HIV/AIDS IN THE EAC

According to UNAIDS 2017, AIDS related deaths in the EAC region have been cut by nearly half in the last six years. Antiretroviral therapy scale-up has been largely responsible for a steep decline in AIDS-related mortality in eastern and southern Africa: the estimated 420 000 AIDS-related deaths in 2016 were 42% fewer than in 2010. The table below provides comparable statistics on key HIV&AIDS indicators in the EAC region.

Table 3Select HIV&AIDS indicators for the EAC region[5]

	Indicator	Burundi **	Kenya	Rwanda	Uganda	South Sudan	Tanzania
1	New HIV infections	2,000	62,000	7,500	52,000	16,000	55,000
2	HIV incidence per 1000 population	0.29%	1.46%	0.7%	1.5%	1.35%	1.19%
3	People living with HIV	84,000	1,600,000	220,000	1,400,000	200,000	1,400,000
4	AIDS related deaths	2,900	36,000	3,300	28,000	13,000	14,000
5	Adults on ART	82%	53%	81%	69%	10%	63%
6	Knowledge of HIV prevention among young people (15-24)	45.07%	59.6%	51%	38.4%	*	43.4%

*missing data

** UNAIDS 2016

SDG target 3.3 has committed to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030. Advocacy efforts will be instrumental in the achievement of this commitment in the EAC region.

[5] UNAIDS Data 2017

1.2.3 HEALTH SYSTEMS AND SOCIO-ECONOMIC DETERMINANTS OF RMNCAH AND HIV/AIDS

A broad range of health systems, social, economic and environmental factors influence the regional status of Reproductive Maternal New-born Child and Adolescent Health (RMNCAH) in the EAC, which are amenable to policy action. The EAC Partner States pursue mixed health systems in which the public and private sector service providers account for close to 50% of health outputs; 36%, 36% and 28% of Total Health Expenditure (THE) is financed by public (government), donor and out-of-pocket sources respectively. Health insurance coverage ranges from less than 2% in Uganda and South Sudan; 25% in The United Republic of Tanzania; 28% in Kenya; 50% in Burundi and 92% in Rwanda. The density of skilled health professionals (Physicians, Nurse, Midwives) per 10,000 people ranges from 3.0 in South Sudan, 7.6 in Burundi, 8.3 in United Republic of Tanzania, 10 in Rwanda, 16.3 in Uganda and 24 in Kenya. About 70% of the EAC's medicines, vaccines, and other health technologies are sourced from outside the region. Effective application of these core health system resources for integration of RMNCAH and HIV/AIDS services require strong linkages, coordination and continuity of services.

Some of the socio-cultural barriers affecting uptake of maternal and child health services include cultural practices in pregnancy and childbirth which are prioritized over maternal care messages in most countries in the region. This includes the use of Traditional Birth Attendants (TBAs) in most settings during delivery as opposed to attending skilled delivery. Expectant mothers mostly rely on other mothers in decision making; this lack of autonomy limits uptake of maternal health care services, hence cultural practices coupled with low literacy levels are major hindrances. Increased stakeholder engagement with community health programs has the potential to address underlying cultural beliefs. Geographic accessibility to health facilities represents a key barrier to utilisation of maternal and new-born health (MNH) services, driving historically hidden spatial pockets of localized inequalities in the region. Over the years, Partner States have made efforts to promote Gender equality and empower women to participate as equal partners in development with most countries embedding it their respective constitutions. Uganda's Constitution for example guarantees equality between women and men before the law, including a policy of affirmative action to partly address gender inequalities and promote women empowerment in political, social and economic spheres. More progress is required to address the socioeconomic determinants of health if the region is to achieve the set global and national targets and commitments in the near future.

A lot of effort has gone into improving conditions that contribute to the status of the indicators such as availability of skilled human resource for health, poor distribution of health facilities, medical supplies and commodity shortages, which affect the quality of care and subsequently health outcomes. Nevertheless, the region suffers from a perennial shortage of health workers as noted by WHO which estimates the core health worker density to be 1.28 in Kenya, 0.48 in Rwanda, 0.81 in Uganda and 0.37 in Tanzania against a global target of 2.28 health workers per 1,000 population. Health sector governance remains challenged by weak transparency and accountability mechanisms as well as by inadequate engagement of stakeholders in policies, strategies and plans development. However, a lot more needs to be done to ensure that the region meets the global targets as spelt out in various global commitments.

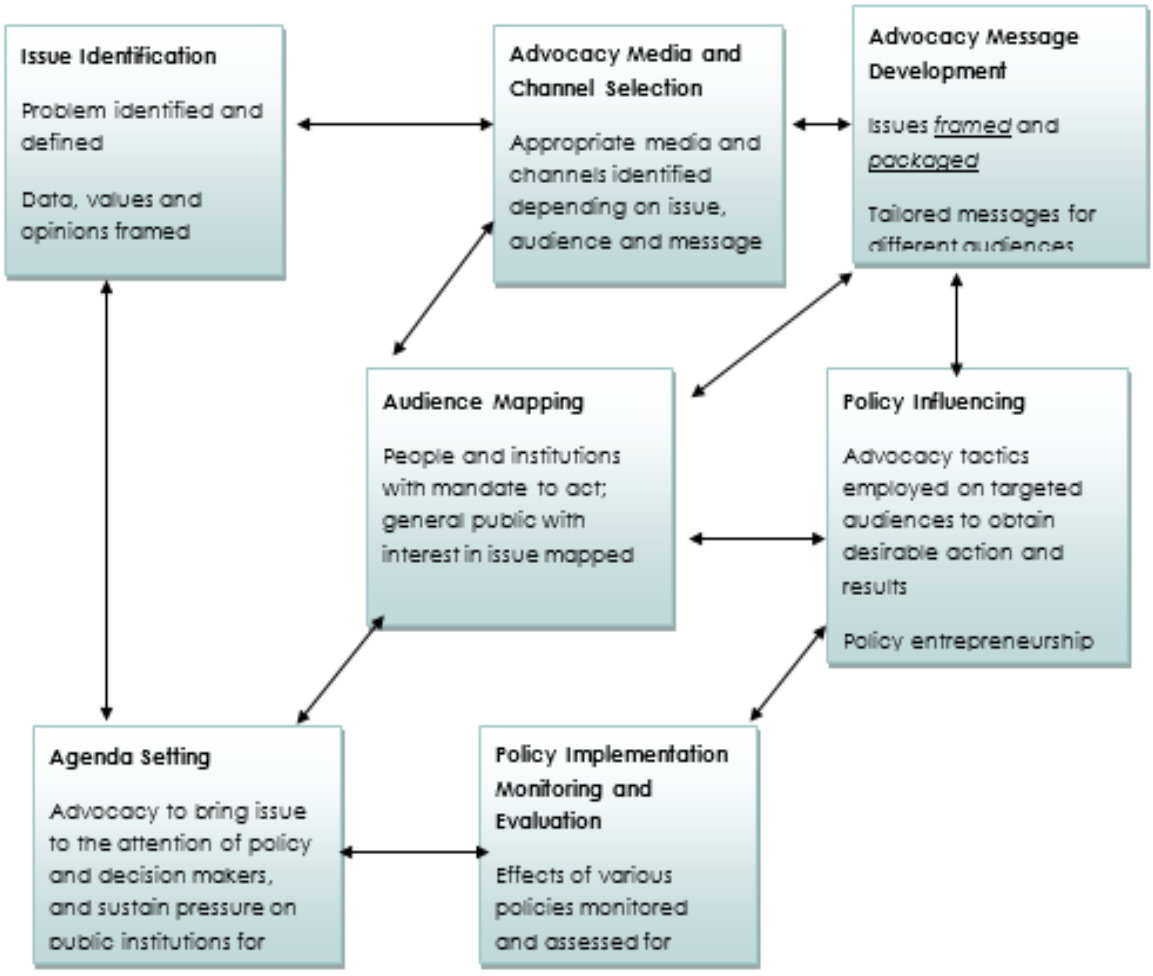
1.3 BACKGROUND TO RMNCAH AND HIV/AIDS ADVOCACYAND COMMUNICATION STRATEGY

The advocacy and communication strategy process will be anchored on key global, regional and national RMNCAH and HIV&AIDS policy documents and guidelines in the respective EAC Partner States. These documents have been presented as **Annex I** for purposes of reference. While the two broad health departments (RMNCAH and HIV&AIDS) are managed separately in the partner states, it is envisaged that these guidelines will provide guidance in advocacy efforts in the two departments. It is important to note that the two health departments are at different levels of implementation, both in country and in the different Partner States. It will therefore be useful to customise the guidelines to meet the country needs during implementation. It is noted that the influencing process will require sound and credible research-based evidence in highlighting issues, in proposing possible policy solutions to the problems faced in RMNCAH and HIV & AIDS in the region, as well as the generation of reliable monitoring and evaluation data to influence practice. Evidence generation and analysis will be done at key phases of the strategy implementation, based on the needs at hand.

Additionally, the RMNCAH and HIV & AIDS advocacy and communication strategy will rely on the identification and support to advocacy champions. The programme will ride on the networks, support and goodwill that these champions enjoy at national and regional levels to reach and win the support of key policy elites, but also to generate public goodwill and support for the programme.

1.4 CONCEPTUAL FRAMEWORK OF THE REGIONAL RMNCAH AND HIV & AIDS STRATEGY

The EAC Regional Advocacy and Communication Strategy for RMNCAH and HIV & AIDS is expected to flow through the processes outlined in the diagram below.



The process mapped out above is illustrative of how advocacy generally occurs in practice. Advocacy never happens on a neat linear line. It is iterative and there is plenty of going back and forth, and criss-crossing through the processes and stages presented in the diagram above. The diagram should thus be seen as illustrative, rather than a definite outline of an advocacy process. The process of advocacy can be chaotic; opportunities for policy influencing may come and vanish quickly. At times, public officials may have an interest in a policy issue and may be desirous

> A deliberate choice has been made in privileging policy influencing as the priority to pursue in this strategy, as opposed to behaviour change communication.

of a policy decision and action being taken. In this case, the issue or problem may stay on the agenda for policy making for a substantial period of time. However, typically public officials have a myriad of issues and priorities competing for their attention at any one point (Sumner[i6] et. al. 2009, p.2). Issues therefore usually tend to have a very short span on the policy agenda. How long an issue stays on the public policy agenda may depend on its salience, the particular constituency of citizens or power holders interested in it, the degree of pressure on public officials to act on the issue, and the values underpinning how the problem is defined and understood.

Issue framing is particularly important in elevating a problem onto the public policy arena, and in sustaining it there. It is also critical for winning key audiences and for shaping the thinking of public officials on viable solutions for resolving the issue. The framing of an issue as a political problem makes certain policy alternatives seem plausible while simultaneously making other alternatives unthinkable. Framing allows us to know what the problem is about, why it has occurred, who is to blame and what can be done about it. They help in giving meaning and relevance to data/indicators, focusing events (i.e. mortality trends, sudden upsurges in morbidity) and feedback from ongoing or previous policy interventions. Frames are based on specific models of agency, causality and responsibility (Knaggård, 2013)[7]. Issue framing spans the whole spectrum of the advocacy process – from issue identification through to the evaluation of an advocacy process. Policy influencing has been variously understood. For this strategy, the model adopted is that of the multiple streams to policy influencing approach. This model posits that the policy process can be understood as oscillating across through three intertwined streams: the problem, policy/solution and politics streams. In the **problem stream**, the problem or issue is defined, key stakeholders negotiate over the exact nature of the problem and its causes, and engage on the problem's impacts on the society in question. If sufficient consensus is built around the issue, then it may get the attention of policy makers, i.e. be on the public policy agenda. The **policy/solution stream** consists of actions taken to seek possible solutions to deal with a public policy problem. Different values, interests and knowledge often compete in both the definition of the problem, and in the policy proposals advanced for remedying it. The role of advocacy is to build consensus around the problem definition and the search for solutions, while ensuring that fairness and equity are not sacrificed, especially where the interests and values of the dominant stakeholders are likely to overshadow or ignore public interest. The **politics stream** consists of actions taken to persuade those with the power to make key policy decisions to act. Key decision makers are often confronted with competing priorities and interests, and the role of advocacy is often to profile the issue by raising its salience and immediacy, while framing it in such a way that power holders see that it as manageable.

> For instance, in Switzerland, the policy of providing needles to injecting drug users was reframed from purely being a policy of drug maintenance policy to a policy of harm reduction for HIV.

[6]Sumner A., Crichton J., Theobald S., Zulu E., and Parkhurst J. (May 2009) *What shapes research impact on policy? Understanding research uptake in sexual and reproductive health policy processes in resource poor contexts*

[7]Knaggård, Å. (2013)*Framing the Problem: Knowledge Brokers in the Multiple Streams Approach*

Communication in Advocacy

Communication in advocacy is the process through which evidence is converted into appropriate messages targeting key audiences. Communication in advocacy involves the collection, analysis, packaging and then conveying of appropriate messages to specific audiences. Data collected to aid in advocacy must be analyzed, framed and packaged with a specific audience or audiences in mind to create the desired effect – which may be changes in attitudes, values or positions on an issue, or taking action supportive of the advocacy effort, or even abstaining from taking actions which are detrimental to the advocacy effort. For each audience or type of audience, tailored messages must be matched with identification of the right medium or media. Careful analysis of the audience, the appropriate media channels and styles or norms of communicating through those channels must be done. Channels and platforms like TV, radio, newspapers, social media and dedicated websites, for instance, have their own styles, accepted formats and modes of conveying information to various audiences. Similarly, proper timing and sequencing of messages at key stages of the advocacy process are also critical aspects of an effective communication process in advocacy.

Key considerations in advocacy for policy formulation

1. Clear identification of issues, an in-depth analysis of the various dimensions of the issue, a concise statement of the problem as actionable and achievable, and the development of a suite of influencing tactics to achieve a desired development goal.
2. Identification of key stakeholders with power and mandate to make change happen
3. Working towards bridging divergent views on the problem, its causes and potential solutions by the different stakeholders involved in policy formulation.
4. Proper framing of the issue to shape thinking, elevate a problem onto the public policy arena, and in sustaining it there
5. Development of a package of influencing tactics to persuade and move key people to act and solve the problem in the public interest.
6. Efficient communication strategies including choice of appropriate media to communicate customised messages on the issue to the right and different audiences

1.5 RATIONALE OF THE EAC RMNCAH AND HIV/AIDS ADVOCACY AND COMMUNICATION STRATEGY

A broad range of health systems, social, economic and environmental factors influences the regional status of Reproductive Maternal New-born Child and Adolescent Health (RMNCAH) in the EAC, which are amenable to policy action. A regional advocacy and communication Strategy for Reproductive Maternal New-born and Child Adolescent Health (RMNCAH) and HIV & AIDS has been developed in cognisance of the critical role the outcomes of advocacy and communication will play in improving the health of women and children, and development of political and financial commitment for health, specifically RMNCAH, HIV&AIDS, TB and STIs at the regional and EAC Partner States' levels. While the different health departments are implemented as one at the regional EAC health department, they are implemented separately at the national levels. This document will therefore seek to provide strategic direction in combined advocacy efforts on the health areas specified in the document.

Whereas national guidelines for RMNCAH exist, regional health policies to reinforce their implementation are lacking. There are also weak M&E systems to track implementation and policy effectiveness as well as inadequate resourcing for RMNCH from a regional perspective. Overall, awareness and support for RMNCAH is low at policy level, in terms of budgetary allocation, even though countries have committed to meeting the RMNCAH targets under the SDG 3. There is therefore need to build momentum and accelerate actions geared towards meeting the targets of SDG 3, and in improving the health of women, children and youth.

The advocacy and communication strategy is also informed by the need to implement RMNCAH and HIV/AIDS relevant aspects of the nine EAC health investments priorities approved by the 2nd and 3rd Extra Ordinary Meetings of the EAC Sectoral Council on Health, and subsequently by the 19th Ordinary Summit of the EAC Heads of States on 23rd February 2018.

1.6 PROCESS OF DEVELOPING THE EAC RMNCAH AND HIV/AIDS ADVOCACYAND COMMUNICATION STRATEGY

Development of the EAC Advocacy and Communication Strategy for RMNCAH and HIV/AIDS seeks to facilitate implementation of the regional RMNCAH and HIV/AIDS policies and strategies. Specifically, it addresses a specific provision in the EAC RMNCAH Strategic Plan 2016-2021 and results of the End of HIV and AIDS Programme evaluation 2011-2015 which identified the need for an advocacy and communication strategy for the two areas. The EAC Secretariat obtained financial and technical support from USAID Kenya East African and Sida (Sweden) to develop the EAC RMNCAH Advocacy Strategy in 2016 under the framework of the overall EAC Integrated Health Programme. This followed the approval of the ToR for the development of an EAC RMNCAH Advocacy Strategy by the 13th Sectoral Council on Health held in November 2016 **(EAC/Health/SCM13/Directive 77).**

The EAC Secretariat convened two regional meeting of Partner State's RMNCAH and HIV/AIDS Advocacy and Communication Experts: from 5th- 9th March 2018, in Kampala, Uganda and from 25th- 29th June 2018, Kampala, Uganda. The draft document was formally subjected to review by a broader range of Partner State's stakeholders through national consultations in August 2018. The country inputs were adopted and the draft document was further reviewed through regional validation from 15th to 16th October 2018 in Dar Es Salaam, Tanzania. The document was presented for consideration and approval on 26th October 2018 by the 17th Ordinary Meeting of the EAC Sectoral Council of Ministers responsible for Health.

CHAPTER 2 THE CURRENT CONTEXT OF ADVOCACY AND COMMUNICATION FOR RMNCAH AND HIV IN THE EAC REGION

This chapter presents the context of RMNCAH and HIV advocacy and communication in terms of analysis of SWOT, key drivers of success and stakeholder analysis in the EAC.

2.1 STRENGTHS WEAKNESSES OPPORTUNITIES THREATS (SWOT) ANALYSIS

A deeper understanding of the status of advocacy on RMNCAH in the EAC region was undertaken using force-field analysis to identify major driving factors and constraints, as well as a weighting of these. Further, strength-weaknesses-opportunities-and-threats (SWOT) analysis was carried out to isolate key areas of strength and opportunities as well as the main weaknesses and threats that this advocacy needs to be alive to. The table below presents summaries of the partner state SWOT arising from the analysis. A detailed SWOT for each of the Partner states is attached as an annex to this document.

There are various organs such as the Inter-parliamentary forum on Population Health and Environment (PHE) and the Biannual EAC Health Scientific Conferences and RMNCAH & HIV/AIDS symposiums which enable advocacy work at the regional level. The EAC also convenes forums such as the Knowledge Management Share fairs which present good opportunities to advocate for RMNCAH and HIV&AIDS issues affecting the region. The annual integrated RMNCAH & HIV/AIDS Scorecard presents a good opportunity to track progress on the achievement of RMNCAH and HIV&AIDS targets at a regional level. There is a willingness of the regional leaders to prioritize health issues which is often backed by regional policies and guidelines. The Health Department where health issues are managed at a regional level has the resources and programmes along with qualified staff to spearhead advocacy efforts at a regional level. However, each partner state runs its advocacy efforts at a national level hampering harmonized efforts to present the issues at a regional level. Most materials produced at a regional level are availed in the EAC official languages which in turn hampers dissemination at the local levels. The role of advocacy in profiling health issues at a regional level is still largely misunderstood which has in turn resulted in underfunding of this function at a regional level. However, positive political will from the Heads of State exists. There are still opportunities to strengthen advocacy at a regional level. EAC already has Policies, Acts and guidelines that regulate health and advocacy at the region, disseminating these documents would greatly strengthen advocacy efforts in the region. The EAC has a great opportunity to centralise health information at the data centre to enable tracking of progress on health indicators.

The entire strategy is designed to address the bottlenecks in a complex system like the EAC. The stakeholder mapping and force-field analysis address some of the challenges expected in driving advocacy and communication at the EAC. The subsequent strategies are designed with this system in mind. That is why the three streams policy model – problem, policy, and politics has been proposed to promote advocacy in the EAC member states.

STRENGTHS	WEAKNESSES
• Presence of division/units/departments responsible health advocacy. • Dedicated officers responsible for advocacy attachedto respective units. • Basic resources available for communication for advoc such as free airtime on radio shows. • Policies and guidelines for RHMCAH & HIV&AIDS advoc in place • Presence of implementing partners who provide suppor the advocacy efforts • Political goodwill • Devolved health systems thereby enabling advocacy national and local levels • Intermittent training on advocacy offered by implemen partners • There exists physical buildings and offices for he promotion units in all the Partner States.	• Limited budgetary support from public budget advocacy • Over reliance on donor support for advocacy • Limited advocacy skills • Limited coordination among government Ministries other stakeholders including implementing partners • Limited policy guidelines and reporting frameworks advocacy
THREATS	**OPPORTUNITIES**
• Development Partners driven advocacy priorities • Negative religious and cultural beliefs and practices counter advocacy efforts • Competitive human capital market forces leading to b drain from the public. • Political instability • Occasional media misinterpretation or sensati reporting of health messages and 'fake news' phenomen social media	• Regional EAC platform to negotiate for poli goodwill and participation of partner states • Formation of regional and national advocacy Techr Working Groups • Existence other bi and multilateral actors international NGOs. • Existence of private and community systems organizations • Willingness of media organizations on health report

Table: Analysis of Strengths Weaknesses Opportunities andThreats

2.2 DRIVERS OF SUCCESS AND OPPORTUNITIES FOR THE STRATEGY

For successful advocacy, the following should happen;

- Coordinated action and collaboration at all levels in the realization of the regional SRH/RMNCAH and HIV & AIDS goal and targets
- Commitment by development partners - the success of the program will depend on willingness of the donors to supplement the support of the Partner States
- Winning of the support of cultural and religious leaders - The program implements some aspects that are sensitive and contrary to cultural beliefs and religious doctrine respectively in the community
- Political will at different levels - The success of the program depends on support of political and government leaders to make decisions that would lead to the progress of the program
- Existence of the policies and strategies - They act as fuel for the program by providing the basis for synergy and relevance for implementation
- Political stability - will provide a conducive environment for Partner States to implement according to the laid out plans. Political instability in any of the EAC Partner States might water down any achievements made towards the RMNCAH and HIV & AIDS, and in certain cases, lead to a deterioration of RMNCAH and HIV & AIDS indicators.
- Existence of structures that enhance decision making - Existence of TWGs, sectoral councils, etc. will facilitate the implementation of the program
- National, Regional, continental and global commitment- SDGs, AU agenda 2030, EAC vision 2050
- Support from CSO's and Private sector - The CSOs are important in pushing forward the RMNCAH and HIV & AIDS agenda and have the expertise and goodwill from the people

2.3 STAKEHOLDER ANALYSIS

An analysis of the key stakeholders involved in RMNCAH and HIV/AIDS advocacy in the EAC was conducted and the result of this analysis is provided in table 4 below. For each identified stakeholder or stakeholder group, their key roles, appropriate time of engagement and the most relevant approaches to employ in engaging the stakeholders are described.

Table 4: Key RMNCAH and HIV/AIDS Advocacy and Communication Stakeholders in the EAC

A	Regional and National Level stakeholders	Role	When to engage them	Approach of influence
I	Heads of State of EAC Partner States	Provide strategic direction in the implementation of the strategy Approve the strategy and priorities Facilitate implementation of approved priorities through policy guidance e.g. through advocating for resource allocation Receive status of implementation of priorities Advocates for the priority issues in the international arena	As guided by the Council of Ministers During the EAC Heads of State summit held twice annually, in the first half and second half of the year.	Official communication sent by relevant EAC organs and institutions Informal lobbying through country Cabinet secretaries and Permanent Secretaries Informal engagement at their home countries before the EAC Secretariat formalizes communication with them. Informal engagement through key advocacy champions, especially the office of the first ladies, experts on RMNCAH and HIV & AIDS and prominent persons.

A	Regional and National Level stakeholders	Role	When to engage them	Approach of influence
2	EAC Council of Ministers	Approve the strategy and priorities Facilitate implementation of approved priorities through policy guidance Receive status of implementation of priorities Advise the Heads of State on the priority advocacy issues	As guided by the relevant Sectoral Council Every year, the Council meets twice, one meeting of which is held immediately preceding a meeting of the Summit.	Official communication sent by relevant EAC organs and institutions Information booklets about RMNCAH and HIV/AIDS packaged in a non-technical language that can be easily communicated to the members of the EAC Council of Ministers to guide them to make informed decisions and policy directions. Informal engagement first in their home countries before the EAC Secretariat formalizes communication for buy in.
3	EAC TWG Expert working group EALA Inter-parliamentary forum on population health and environment	During issue formulation Agenda setting Political engagement for buy in	During the biannual meeting to provide technical oversight of issues that will be forwarded to the Coordinating committee (Permanent/Principal Secretaries). Expert Working group - On an ongoing basis to provide detailed technical oversight and guidance to the TWGs	EAC media centre, EAC resource centre, EAC conferences, (corporate communication and public affairs) EAC websites/portals Tele/video conferences Electronic regional RMNCAH & HIV/AIDS scorecard

A	Regional and National Level stakeholders	Role	When to engage them	Approach of influence
			on all issues that require higher expertise.	
4	EALA	Drafting of important advocacy bills Through General Purpose as they approve budgets and annuals reports Can do advocacy directly	During budgeting sessions, pre-budget conference	Through official calendar of activities
5	East African Inter-Parliamentarian Forum on Population Health and Environment & East African Forum of Ministers &Ministers on Health	Advocacy with the aim of influencing regional action depending on the agenda on the table	Convening the meeting of the for a	Adhoc
6	UN agencies/multilateral, international organizations and regional partners	Provide technical and financial resources to support advocacy efforts	Ongoing process	Proposals
7	Regional professional organizations such e.g. Association of Obs and Gyn	Provide technical guidance to support advocacy efforts through engagement of various groups of professionals	Regional meetings	TWG and EWG meetings

A	Regional and National Level stakeholders	Role	When to engage them	Approach of influence
8	Regional economic community blocks e.g. AU	Provide policy guidance to support advocacy efforts Resource mobilization	Regional meetings	Joint Communique
1	First ladies: at national and county levels	Championing for RMNCAH and HIV&AIDS priorities Lobbying various stakeholders including spouse to support RMNCAH&HIV/AIDS interventions Mobilization of resources	During agenda setting Inaugurations of major initiatives During high profile events and campaigns such as the First Lady marathon to profile RMNCAH and HIV&AIDS priorities Before the summit of EAC Heads of States Throughout implementation	Inter personal communication (IPC) with Ministers of Health Through social gatherings Informal and formal settings and channels Social media
2	Ministers responsible for health at national and devolved levels	During problem identification and agenda setting During policy formulation Dissemination during cabinet meeting	Preparing technical briefs for First ladies and parliamentary forums for health Lobbying for funds from parliament and cabinet Influencing other stakeholders	Using TWG/EWG Through performance review meeting Personal presentations
3	Parliamentarians	Legislation Resource allocation	During drafting of bills and laws	Inter personal communication (IPC) Through social gatherings

A	Regional and National Level stakeholders	Role	When to engage them	Approach of influence
		Mobilizing resources Lobbying	International and national settings to engage with experts Peer to peer learning	Informal and formal settings and channels Social media
4	Law enforcers	Interpretation of the laws Enforcing the law Law amendments	During policy formulation During capacity strengthening efforts During awareness creation, sensitization etc.	Inter personal communication (IPC) Through social gatherings Informal and formal settings and channels Social media
5	Technical departments (Ministries, Departments, and Agencies)	Setting the advocacy agenda Awareness creation Policy and guidelines formulation Standards, Quality Assurance, Coordination of Guide policy implementation Needs assessment Mobilize resources	During agenda setting During drafting of policy and guidelines During review of policy implementation During needs assessment During awareness creation During drafting of bills	Inter personal communication (IPC) Through social gatherings Informal and formal settings and channels Social media
6	Decentralized/Devolved governments	Implementing policy guidelines Creating an enabling environment	During agenda setting During political campaigns During implementation	Social media During conferences During international and national days Formal channels like COG

A	Regional and National Level stakeholders	Role	When to engage them	Approach of influence
		Oversight in the implementation of advocacy strategies Resource allocation for advocacy initiatives e.g. training etc. Legislation to guide policy implementation	High level county meetings e.g. devolution conferences etc.	County health committee meetings and TWGs
7	CSOs, CBOs, FBOs and NGOs, Consumers Associations/Networks	Demand creation Needs assessment Awareness creation Lobbying for health issues Social accountability Implementation of policies Mobilization of resources	During issue formulation During awareness creation During launching During implementation of policies and dissemination	Social media Participation in county and national level TWGs Engaging in advocacy events to raise profile of RMNCAH or HIV/AIDS Community meetings Participation in international and national days
8	Qualified and experienced champions	Awareness creation Behavior change influencing Lobbying for resource allocation Policy influencing	During policy formulation Needs assessment During implementation of policies During campaigns During resource mobilization Role modeling	Inter personal communication (IPC) with Ministers of Health Through social gatherings Informal settings and channels Social media Formal engagements e.g. Participation in TWGs, conferences, trainings etc.

A	Regional and National Level stakeholders	Role	When to engage them	Approach of influence
9	Celebrities (local communities, Artistes- musicians, dramatists, religious leaders, opinion leadersetc.	Issue formulation Demand creation Awareness creation Lobbying Implementation of policies and dissemination	Engaging in advocacy events such as concerts to raise profile of RMNCAH or HIV/AIDS Role modeling Influence resource mobilization	Advertising Being the advocate of the programs Inter personal communication (IPC) with Ministers of Health Through social gatherings Informal settings and channels Social media Formal engagements
10	Eminent persons(retired political leaders, kings and queens of the various kingdoms in the case of Uganda, academicians	Resource mobilization Issue formulation Creating awareness Lobbying Implementation of policies and dissemination Championing Providing a voice for the voiceless	Make presentation to raise profile of RMNCAH&HIV/AIDS Role modeling Influence resource mobilization (allocation?)	Formal engagements Social media Being the advocate of the programs Inter personal communication (IPC) with Ministers of Health Through social gatherings Informal settings and channels
12	Academia and research institutions	Evidence generation for policy formulation Development of training curricula Implementation science Needs assessment Dissemination of research findings to influence	During policy formulation and implementation During policy formulation Needs assessment During campaigns During resource mobilization	Formal engagements Social media Being the advocate of the programs Inter personal communication (IPC) with Ministers of Health Through social gatherings Informal settings and channels

A	Regional and National Level stakeholders	Role	When to engage them	Approach of influence
		strategic direction and priorities	During dissemination of research findings	Linkages with research and academic institutions
13	Media institutions	Awareness creation Behavior change influencing Lobbying for resource allocation Policy influencing To create and provide a platform to profile RMNCAH and HIV & AIDS advocacy priorities	During training to enable informed reporting On an ongoing basis whenever there are health items to be disseminated	Formal engagements Social media Being an advocate of the programs IPC with Ministers of Health Through social gatherings Invite and train the media institutions on RMNCAH and HIV & AIDS.
14	Development partners	Lobbying for resource allocation Policy influencing Resource mobilization Provide technical support	During policy formulation and implementation During policy formulation Needs assessment During campaigns During resource mobilization During dissemination of research findings	Formal engagements Social media Being the advocate of the programs Inter personal communication (IPC) with Ministers of Health Through social gatherings
15	Implementing partners	Awareness creation Behavior change influencing	During policy formulation and implementation During policy formulation During campaigns	Formal and informal engagements Social media Being the advocate of the programs

A	Regional and National Level stakeholders	Role	When to engage them	Approach of influence
		Lobbying for resource allocation Policy influencing	During resource mobilization During dissemination of research findings	Inter personal communication (IPC) with Ministers of Health Through social gatherings
16	Private healthcare Operators (Private Hospitals, Clinics, Pharmacies, Traditional and Complementary Medicine)	Service provision Health Promotion Products Innovative medical technology Technical Capacity /Expert contribution	Policy formulation and implementation Health Promotion campaigns Healthcare financing Research for evidence Dissemination of research findings and key messages	Formal engagements /Public - Private Dialogues Social media Technical Capacity Inter personal communication (IPC) with Private Operators Through social gatherings

CHAPTER 3 OVERVIEW OF THE STRATEGY

3.1 GOAL OF THE ADVOCACY AND COMMUNICATION STRATEGY

Overall Goal - Towards elimination of preventable deaths among women, children and adolescents and reducing the incidence and mitigate the impact of HIV, TB and STIs in the EAC region.

3.2 OBJECTIVE

This strategy has been developed to enable coordinated advocacy efforts geared towards improving the wellbeing among women, children, adolescent and families and provide public awareness in the EAC region. It is envisaged that use of this document will raise awareness and inspire commitment to action amongst policymakers on the use and application of RMNCAH and HIV/AIDS services and strategies to improve the wellbeing of the people of the EAC. It will ultimately contribute to the overall vision of the EAC Health Policy, **"A healthy and productive population in the East African Community."**

3.3 TARGET AUDIENCE

This strategy document has been developed to guide advocacy efforts at both national and regional levels of the EAC partner states. It is envisaged that the document will be utilised by state and non-state actors who include officials in the relevant EAC Health department, Ministries of Health in the Partner States, media, CSO actors, EAC Partner state citizens among others with an interest or stake in RMNCAH and HIV &AIDS in the region

3.4 KEY PRIORITIES OF THE STRATEGY

Overarching priority: To accelerate the adoption of effective policies, programmes and interventions with the highest potential to expedite progress towards the elimination of maternal new-born, child and adolescent deaths and eliminate HIV&AIDS

To achieve the above goal, the advocacy and communication strategy seeks to accelerate progress on the following priority issues which are among the key challenges in RMNCAH and HIV and AIDS in the region;

1. Limited health financing to eliminate preventable deaths among women, children and adolescents and reducing the incidence and mitigate the impact of HIV, TB and STIs in the EAC;
2. Shortage of skilled human resource for health and community health workforce;
3. Inadequate Health Commodities and relevant technologies;
4. Inadequate implementation of Policies and frameworks, guidelines and reforms ; and
5. Leadership and accountability for maternal, new born, children and adolescent health + HIV&AIDS
6. Weak community engagement.

3.5 COMMUNICATION AND INFLUENCING PROCESS

The advocacy and communication strategy process will be anchored on policy influencing of key actors at national and regional levels. It is noted that the influencing process will require sound and credible research-based evidence in highlighting issues, in proposing possible policy solutions to the problems faced in RMNCAH and HIV & AIDS in the region, as well as the generation of reliable M&E data to influence practice. Evidence generation and analysis will be done at key phases of the strategy implementation, based on the needs at hand. The EAC Knowledge Management unit will ensure access and exchange of information across the different advocacy champions to inform the advocacy and communication as well as measure progress towards achievement of the set targets. The EAC Knowledge Management system will be used to support the data generated for the purposes of delivering the advocacy and communication strategy. The Expert Working Group responsible for the delivery of the advocacy and communication strategy will determine data and information requirements and advise the EAC Health Unit accordingly. The RMNCAH and HIV & AIDS team at the EAC Health Unit will subsequently decide on the most appropriate and cost-effective ways of generating the required data. Once generated, the data will be processed, taking cognisance of the various audiences targeted for advocacy, their information needs, and the most effective ways of messaging and information packaging required to elicit the required actions and decisions from them.

Information will be stored and archived in the EAC Knowledge Management system to ease efficient retrieval and reference. Besides, the M&E information will be used to inform practice, make necessary adjustments in the tactics used for various audiences, and to share relevant information with key external audiences whose support will be needed for effective strategy delivery. Those in charge of delivering the strategy will receive ongoing technical support in generating, processing, storing and utilizing data for the purposes of advocacy.

Furthermore, careful and in-depth analyses of the EAC context will be done regularly to enable advocacy strategies to be appropriately tailored to key policy audiences, and to take advantage of influencing opportunities as they emerge. In particular, the EAC calendar of events, relevant international celebrations and events in the national calendar of EAC Partner States will be capitalized on to advance the aims of the Strategy.

Additionally, the RMNCAH and HIV & AIDS advocacy and communication strategy will rely on the identification of and support of existing advocacy champions. The programme will ride on the networks, support and goodwill that these champions enjoy at national and regional levels to reach and win the support of key policy elites, but also to generate public goodwill and support for the programme.

3.6 OPERATIONAL PLAN

The operational plan of the strategy is summarized in table 5 below. For each strategic area of focus, the priority actions, target audience and timelines are proposed.

Table 5: The Operational Plan

	Strategic Priority	Priority Actions Required	Target Audience	2018 /19	2019 /20	2020/ 21	2021/ 22	2022/ 23
	Health Financing (RMNCAH and HIV/AIDS)	Advocate for increase in the allocation of funds for RMNCAH and HIV/AIDS	Heads of state, Council of Ministers, EALA, development partners (Ministers health and finance, members of Parliament and senate, PS and development partners, celebrities, cultural leaders, religious issues, first lady, ministers, media, PS, NGOs), health insurance fund and citizens	X	X	X	X	X
		Advocate for increase in funding - scale up of efficient health financing and prepayment mechanisms such as health insurance and social health protection schemes	Heads of state, Council of Ministers, EALA, development partners (Ministers health and finance, members of Parliament and senate, PS and development partners, celebrities, cultural leaders, religious issues, first lady, ministers, media, PS, NGOs)	X	X	X	X	X
		Advocate for increased domestic financing for health in line with the increasing needs of the growing population and burden of health problems	As above	X	X	X	X	X
		Operationalize the health financing strategy for member states						
I		Engage the private and corporate sectors to raise						

	Strategic Priority	Priority Actions Required	Target Audience	2018 /19	2019 /20	2020/ 21	2021/ 22	2022/ 23
		funds RMNCAH and HIV and AIDS						
2	Skilled human resource for health and community health workforce	Advocate for increased production, motivation and Retention of skilled human resource for health and community health work force	As above	X	X	X	X	
3	Health commodities and relevant technologies	Strengthen health facility infrastructure and systems to offer RMNCAH & HIV/AIDS services	Ministers health and finance, members of Parliament and senate, PS and development partners, National Medical Stores, Media, Religious leaders, NGOs	X	X	X	X	
		Strengthen bulk pooled procurement of essential medicines and supplies	Ministers health and finance, members of Parliament and senate, PS and development partners, National Medical Stores, Media, Religious leaders, NGOs	X	X	X	X	
		Advocate for specialised equipment and technologies	As above	X	X	X	X	
4	Policies and frameworks, guidelines reforms and implementation	Advocate for effective implementation of policies and frameworks and guidelines related RMNCAH & HIV/AIDS	Ministers health and finance, members of Parliament and senate, PS and development partners, National Medical Stores, Media, Religious leaders, NGOs, Ministry responsible for education, justice, gender and youth	X	X	X	X	

	Strategic Priority	Priority Actions Required	Target Audience	2018 /19	2019 /20	2020/ 21	2021/ 22	2022/ 23
		Timely review and updates of policy guidelines						
5	Leadership and accountability for RMNCAH + HIV&AIDS	Advocate for reforms in maternal health leadership and accountability systems such as MPDSR and result based financing	Ministers health and finance, members of Parliament and senate, PS and development partners, National Medical Stores, Media, Religious leaders, NGOs	X	X	X	X	X
6	Knowledge Management for RMNCAH & HIV/AIDS	Strengthening the knowledge management and evidence base to inform RMNCAH and HIV &AIDS advocacy and awareness about EAC Health sector, projects and programmes	Ministers health and finance, members of Parliament and senate, PS and development partners, National Medical Stores, Media, Religious leaders, NGOs	X	X	X		

3.7 STRATEGIC ADVOCACY AND COMMUNICATION APPROACHES

3.7.1 THE INSTITUTIONAL CHANNELS AND PROCESSES OF THE EAC AND PARTNER STATES INCLUDE;

- Executive-The minister of health will provide cabinet memo with fact sheet on current RMNCAH and HIV/AIDS issues to appeal for the support.
- Legislative assembly-the parliamentary health committees will provide information to parliament on the RMNCAH issues that need their support e.g. funding, regulations.
- Parliamentary forum- the forum will be briefed by the minister of health on RMNCAH
- Inter-ministerial committees –They bring together line ministries that impact on health and population such as education, agriculture, treasury, women, children and social services etc. The MOH minister will spearhead the coordination with other ministries to improve RMNCAH and HIV & AIDS indicators.
- National Advocacy TWGs- the advocacy TWG constitutes of experts of RMNCAH/HIV advocacy and communication, they will provide expert opinion, guidance, drafting of advocacy and communication strategy, additionally review progress and validating policies and guidelines. The national agenda will feed into the EAC TWG.

- Inter Religious or Inter-faith Council, Cultural institutions- they are key opinion makers in the communities hence can raise awareness, influence decision makers and provide positive statements in churches and mosques and collaborate with ministerial departments and programs on RMNCAH and HIV/AIDS.
- Professional bodies, associations, training institutions and boards will be sensitized by the TWG on current issues affecting RMNCAH/HIV on issues of regulation and quality on provision of services.
- Media advocacy-this include media, Health sector website and social media will develop media kits, and create media discussion platforms to create demand creation.
- RMNCAH & HIV/AIDS campaigns, conferences/free medical camps/ special health events, will bring together various stakeholders to show case the RMNCAH best practices and contributions to RMNCAH.

3.7.2 PROPOSED COMMUNICATION APPROACHES FOR POLICY MAKERS AND IMPLEMENTERS POLICY MAKERS

Before the summit meeting, advocacy activities need to be initiated which may include;

1. **Policy briefing** to head of states through synthesized policy briefs, round table discussions, media breakfast, targeted lobbying and media advocacy
2. **Involvement of key Implementers at the countries –** The communication should target program managers/coordinators, implementing partners, health departments. They should be sensitized on current strategies being proposed to harmonise elimination of RMNCAH and HIV and AIDS conditions. They should also be trained on advocacy and communication to advance the harmonization agenda. The programme should also develop media kits which include, fact sheets, policy briefs, to help communicate the messaging
3. **Tailored Media Advocacy -** plan for media sensitization on MNCAH /HIV (Media seminars, prepare factsheet, talk show guide,
4. **Disseminat**ion of media kits (Factsheet, policy brief) to key audiences through mainstream media as well as social media channels
5. **Lobbying** and **social mobilization** with stakeholders and actors in both private and public sectors who have a stake and interest with the issue at hand.

CHAPTER 4 IMPLEMENTATION ARRANGEMENTS

4.1 INTRODUCTION

Implementation of the EAC RMNCAH and HIV &AIDS Advocacy and Communication Strategy will be undertaken at the EAC regional and Partner State's level. National level actions shall focus on engaging key national and sub national stakeholders on the identified priority areas while regional level actions shall focus on enhancing regional level advocacy and communication engagements, evidence generation, and resource mobilization.

4.2 COORDINATION AND OVERSIGHT

The Joint EAC RMNCAH and HIV &AIDS Technical Working Group shall provide technical oversight during the course of implementing the EAC RMNCAH and HIV & AIDS Advocacy and Communication Strategy while the RMNCAH and HIV & AIDS Technical Working Groups in the respective Partner States shall provide oversight at the national level. The reports and recommendations of the joint TWG will be prepared and submitted to the EAC Sectoral Council of Ministers of Health who shall provide guidance and forward major issues for consideration to the Council of Ministers and the Summit of Heads of State.

4.3 RESOURCING OF THE STRATEGY

Effective implementation of the advocacy and communication strategy requires adequate investment in terms of increasing the number and technical capacity of the dedicated human resources engaged in coordination of RMNCAH and HIV & AIDS advocacy and communication efforts at the EAC Secretariat as well as relevant Departments and Agencies of the Partner State's Ministries responsible for Health. A total of US$ needs to be mobilized to facilitate implementation of the EAC RMNCAH and HIV/AIDS Advocacy and Communication especially within the framework of EAC regional cooperation on health. The budget breakdown by area of intervention and year is provided as **Annex II.**

CHAPTER 5 MONITORING AND EVALUATION

5.1 INTRODUCTION

Monitoring involves routine tracking of progress as compared to an evaluation which assesses outcomes and effects of the strategy and takes place at specific moments in time. This strategy document has been developed to enable coordinated advocacy efforts geared towards improving the wellbeing among women, children, adolescent, families and communities in the EAC. Measurement of results in relation to this strategy shall focus on the extent to which it has contributed towards inspiring action on critical drivers of progress in RMNCAH and HIV & AIDS amongst policy makers and other key stakeholders. Examples of key drivers of progress that this strategy shall focus on include but are not limited to:

i. Financing for RMNCAH and HIV/AIDS
ii. Skilled human resources for health and community health workforce
iii. Health commodities and relevant technologies
iv. Policies and frameworks reforms and implementation
v. Leadership and accountability for maternal health
vi. Knowledge Management for RMNCAH & HIV/AIDS

5.2MONITORING AND EVALUATION FRAMEWORK

A monitoring and evaluation framework has been developed (Table 6) to facilitate tracking of progress towards the set milestones of the advocacy efforts. It has been adapted to make it practical and usable by the different actors in the EAC Partner States. **Table 6:** Monitoring and Evaluation Framework of the Advocacy and Communication Strategy

	Expected Result	**Strategic Action**	**Key Milestones**	**Means of verification**	**Data Source**	**Risks & Assumptions**	**Person responsible**
I	Financing for RMNCAH and HIV/AIDS	Advocate for increase in the allocation of funds for health	Discussions on budget allocation at EALA general purpose committee	minutes of meeting	EALA Hansard	1)That there will be Continuity of the process at EALA 2)That attendance of members will happen 3)that the champion	Principal Health Officer(PHO)

	Expected Result	Strategic Action	Key Milestones	Means of verification	Data Source	Risks & Assumptions	Person responsible
						will complete their term	
		Advocate for increase in funding - scale up of efficient health financing and prepayment mechanisms such as health insurance and social health protection schemes	Commitment to increase the funding for MH (new-born, children, adolescent and HIV/AIDS)	Meeting reports, Official reports of the stakeholder agencies; communique	National budget; NHAs, EALA Hansard	There will be Continuity of the process at EALA The members will attend the sessions that take decisions about financing.	Council of Ministers, EALA, (Ministers health and finance, members of Parliament and senate,
		Advocate for increased domestic financing for health in line with the increasing needs of the growing population and burden of health problems	Commitment to increase the funding for MH (new-born, children, adolescent and HIV/AIDS)	Meeting reports. Official reports of the stakeholder agencies; communique, Hansard(Parliamentary records)	National budget; NHAs	There will be continuity of the process at the partner state parliaments	development partners (Ministers health and finance, members of Parliament and senate,
2	Skilled human resource for health and community health workforce	Advocate for increased production, motivation and	commitment to increase the number and quality of human resource	Meeting reports. Official reports of the stakeholder	Human Resource Information Manage	Partner states commit the funds required for	EALA, development partners (Ministers of

	Expected Result	Strategic Action	Key Milestones	Means of verification	Data Source	Risks & Assumptions	Person responsible
		Retention of skilled and community health work force		agencies; communique, Hansard	ment Systems and Annual Health Sector Performance Report	motivation and retention of health workers	health and finance, Members of Parliament and senate, PS and development partner)
		Strengthen capacity for quality MNH service provision including equipment provision and training of skilled health workers at lower levels of the health system	Capacity for quality MNH service provision including equipment provision and training of skilled health workers at lower levels of the health system strengthened	Procurement report	Ministry report	Availability of resources, Staff are available to operate the equipment	PS/DMS
3	Health commodities and relevant technologies	Advocate for strengthened supervision and monitoring of health services .	Strengthened supervision and monitoring mechanisms for health services	Field report	DHIS/HMIS/HRMIS	Availability of resources, Tax clearance from revenue authorities	PS/DMS

	Expected Result	Strategic Action	Key Milestones	Means of verification	Data Source	Risks & Assumptions	Person responsible
		Strengthen health facility infrastructure and systems to offer RMNCAH &HIV/AIDS services	Capacity for quality MNH service provision including equipment provision and training of skilled health workers at lower levels of the health system strengthened	Procurement report	Ministry report	Availability of resources, Staff are available to operate the equipment	PS/DMS
		Strengthen bulk pooled procurement of essential medicines and supplies	Bulk pooled procurement system for vaccine in the EAC region	Ratified policy	Council of Ministers	Ministers will agree and consensus reached	NMRAs, PHO, PS, Minister responsible for Health
		Advocate for specialised equipment and technologies	Discussions on budget allocation at EALA general purpose committee	minutes of meeting	EALA Hansard	1) Continuity of the process 2)membership 3)end of term for the champion	PHO
4	Policies and frameworks reforms and implementation	Advocate for effective implementation of policies and frameworks related RMNCAH	Measures are in place to effectively implement policies and frameworks related	Annual reports Monitoring reports	MoH	Political will to implement the policies	Minister of Health

	Expected Result	Strategic Action	Key Milestones	Means of verification	Data Source	Risks & Assumptions	Person responsible
		& HIV/AIDS	RMNCAH & HIV/AIDS				
5	Leadership and accountability for maternal health +	Advocate for reforms in maternal health leadership and accountability systems such as MPDSR and result based financing	Adoption of policy reforms to catalyse scale up of innovative leadership and accountability mechanisms	Meeting reportsOfficial reports of the stakeholder agencies; policy briefs, communique	Annual Health Sector Performance Report	Good will from the political leadership	Ministers responsible for Health
6	Knowledge Management for RMNCAH & HIV/AIDS	Strengthening the knowledge management and evidence base to inform RMNCAH and HIV &AIDS advocacy and awareness about EAC Health sector, projects and programmes	Knowledge Management and evidence base tools and systems adopted at regional and national levels	KM tools Documented evidence base M&E reports	MoH, HMIS, EAC	Willingness to integrate and use the tools	EAC Secretariat

AnnexI: Policy Documents and Guidelines Guiding RMNCAH and HIV/AIDS Efforts

1. Global commitments – Vision 2030, UHC, SDG 3
2. Integrated EAC RMNCAH Policy Guidelines (2016-2030) and RMNCAH Strategic Plan (2016-2021)

Burundi

1. National Development Plan (2018-2027)
2. National Reproductive Health policy (2010-2018)
3. National Reproductive Health strategic plan (2010-2018)
4. National Strategy on Human Rights and AIDS Control (2017-2022)
5. National Strategic Plan for AIDS (2018-2022)
6. National Guidelines for ARVs treatment 2016 (based on the 2016WHO guidelines)
7. National communication in human rights and HIV (2017-2022)
8. National Reproductive Health communication strategy (2013-2018)
9. National Plan for RMNCAH in Burundi (2017-2018)

Tanzania

10. Health policy 2007
11. Health sector strategic plan iv 2015-2020
12. Health sector HIV/AIDS strategic plan iv 2017-2022
13. The health sector HIV/AIDS communication strategy 2008-2015 (under review)
14. National multisector strategic framework on HIV/AIDS 2013-2018
15. The national road map strategic plan to improve reproductive, maternal, newborn, child & adolescent health in Tanzania (one plan ii 2016-2020)
16. RMNCAH communication strategy 2016-2020
17. National communication strategy for the elimination of mother to child transmission of HIV (EMTCT) 2015-2020
18. National HIV&AIDS advocacy and communication strategy 2013-2017 (TACAIDS)
19. Tanzania HIV&AIDS prevention and control act no 28 of 4th April 2008
20. National nutrition social and behaviour change communication strategy 2013-2018
21. National accelerated action and investment agenda for adolescent health and wellbeing 2018-2022

Kenya

1. UHC strategy and roadmap 20
2. Kenya HIV prevention revolution roadmap 201
3. Fast track plan on ending AIDS
4. Beyond Zero Strategic Framework 2018-2022
5. Reproductive health policy 2018

6. Adolescent Sexual Reproductive Health Policy 2016
7. Reproductive health communication strategy 2016-2021
8. Kenya Health Policy
9. Constitution of Kenya
10. School Health Policy for children
11. All technical guidelines and briefs for RMNCH, HIV&AIDS

Rwanda

1. Fourth Health Sector Strategic Plan July 2018 – June 2024, Ministry of Health
2. National HIV and AIDS National Strategic Plan 2018 – 2024
3. National Family Planning & Adolescent Sexual Reproductive Health and Right Strategic Plan (2018 – 2024)
4. National RMNCAH Policy (2018)
5. National Early Childhood Development Policy Strategic Plan (2016 – 2021), Ministry of Gender And Family Promotion
6. Early Childhood Development Policy 2016, Ministry of Health
7. Maternal, Neonatal and Child Health Strategy Plan July 2013- June 2018, MOH
8. Maternal, New-born and Child Health Strategy Plan 2018 – 2024
9. National Integrated Child Rights Policy, 2011, Ministry of Gender and Family Promotion
10. National Community Health Strategic Plan, July 2013 - June 2018, Ministry of Health
11. National Community Health Policy, 2015, Ministry Of Health.

Uganda

1. SRHR Policy 2012
2. ADH Policy 2012
3. FP CIP -2015-2020
4. NDP
5. Uganda Population Based HIV Impact Assessment (UPHIA 16/17)
6. UNAIDS Country Progress Report 2017
7. National Strategic Plan 2015-2020

Annex II: Budget Breakdown by area of intervention and year