



Eastern Africa

Reproductive

Health Network

EARHN

Eastern Africa Reproductive Health Network (EARHN)

Strategic Plan (2008 - 2012)

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Executive Summary

The Eastern Africa Reproductive Health Network (EARHN) is a south-south initiative comprised of government ministries addressing population issues. Its geographical coverage includes Burundi, Ethiopia, Kenya, Rwanda, Tanzania, and Uganda. EARHN was founded in 1996 by members in Kenya, Tanzania, and Uganda.

The Eastern Africa countries share similar social, political, demographic and geographic environments. EARHN believes that south-south cooperation has untapped potential for approaching new opportunities and sharing good practices in the field of sexual and reproductive health and rights (SRHR). Eastern Africa countries have extensive experiences in SRHR; these good practices and experiences offer a set of known lessons on which to build a new, collaborative effort to initiate change in-country and regionally, in order to improve the health and rights of all people, and in particular, the SRHR status of women and youth. EARHN will build upon the experiences of members within and outside of the network to build a collaborative effort to create positive change in both policy and programme implementation within Eastern Africa.

EARHN's vision is “an Eastern African region free from sexual and reproductive health burdens.” EARHN, as a regional network, is committed to promoting sound sexual and reproductive health policies and programmes across borders. EARHN works through strategic partnerships, effective coordination and sharing of critical information, experiences and expertise. In order to attain its vision, carry out its mission and fulfil its mandate, EARHN has developed six strategic objectives, grouped under three areas of strategic focus thus:

- Advocacy and Coalition Building;
- Programme Development and Expansion, and;
- Institutional Strengthening.

Through Advocacy and Coalition building strategic focus, EARHN expects to increase awareness, understanding and support for Reproductive Health among key policy and decision makers in the region. It also hopes to strengthen linkages and strategic partnerships with national, regional and international institutions and civil society organizations and to build synergies and maximize utilization of resources.

Through Programme Development and Expansion, EARHN will enhance capacity of partner organizations to do advocacy and to offer integrated SRH programmes. It will also facilitate the strengthening of health systems with regard to provision of RH supplies and their procurement and distribution.

Institutional strengthening will improve EARHN' organizational capacities, systems and structures, as well as strengthen coordination mechanisms and resource mobilization efforts among members in furtherance of EARHN's goals and objectives.

1.0 EARHN Background and History

1.1 Background

The Eastern Africa Reproductive Health Network (EARHN) is a South-South initiative comprised of government ministries addressing population, reproductive health and development issues. Its geographical coverage includes Burundi, Ethiopia, Kenya, Rwanda, Tanzania, and Uganda.

Eastern Africa countries share similar social, political, demographic and geographic environments. Challenges such as a high disease burden with declining national resources (particularly those dedicated to health), grinding poverty and poor reproductive health outcomes affect Eastern Africa countries in a broadly similar manner. The major reproductive health problems include; high fertility and population growth rates which are a bigger threat to economic growth and poverty reduction, high STI/HIV prevalence, poor infant and maternal health and large numbers of vulnerable adolescents who are often unable to access appropriate information and services (Table 1). Gender inequality also impedes women's SRHR status in the region. Women continue to endure low socio-economic status and are unable to achieve their sexual and reproductive health intentions or protect themselves, their partners, and their children from disease. It is impossible to achieve gender equality in the region without guaranteeing reproductive rights.¹ Programs within and among sectors are vertical, uncoordinated and duplicative. Service providers often stagger under impossible workload, lack adequate training and are inappropriately deployed.

Selected RH Indicators for EARHN Member Countries[1]

	Pop (m)	PGR	TFR	IMR	MMR	Literacy Rate (%)	HIV/AIDS (%)
Burundi	7.9	3.6	6.8	114	1100	59.3	3.3
Ethiopia	79	2.5	5.8	109	720	35.9	(0.9-3.5)
Kenya	35.6	2.6	5.0	79	560	73.6	6.1
Rwanda	9.2	2.7	6.0	118	1300	64.9	3.1
Tanzania	38.5	2.4	5.7	76	950	69.4	6.5
Uganda	28.9	3.2	6.7	76	435	66.8	6.7

A number of external environmental factors set the context for EARHN's work for the next five years. There is consensus amongst Eastern Africa policymakers that is exemplified in continental and international frameworks such as the Maputo Plan of Action (PoA), MDGs and the ICPD Plan of Action. National plans in line with both continental and international SRHR exist and are an indicator of political will, national ownership, and prioritization of SRHR.

EARHN also recognizes that SRHR is of paramount importance to development and believes that through improving the SRHR status, the impact will be felt at both the macro- and micro-level. Despite the centrality of SRHR to the attainment of international development goals, including those in the International Conference on Population and Development (ICPD) Programme of Action and the Millennium Development Goals (MDGs), it has not yet adequately translated into action

1 Bernstein, Stan with Charlotte Juul Hansen. UN Millennium Project. 2006. *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*, p.31.

frameworks and monitoring mechanisms at international, regional and national levels.² The success of EARHN depends on the ability of countries to harmonize country-level policy with international declarations and frameworks while steadily expanding their capacity to implement integrated programmes for service delivery and progressively advancing coverage and equity.

Despite these seemingly impossible challenges, EARHN believes that south-south cooperation has untapped potential for approaching new opportunities and sharing good practices in SRHR in the region. These good practices and experiences offer a set of lessons on which to build a new, collaborative effort to initiate change in-country and regionally, in order to improve the reproductive health and rights of all people, particularly, women and youth.

South-south cooperation for a sustained exchange of experiences, collaborative advocacy, and capacity development within the sub-region is both efficacious and cost-effective.

EARHN will therefore, build upon the good practices and experiences within and outside the network to create positive change in both policy and programme implementation. The task is not easy, but with sustained commitment of both members and partners, EARHN believes that the result will be well worth the effort. Progress will be realised through sustained regional collaboration.

1.2 History of EARHN

The Eastern Africa Reproductive Health Network (EARHN) is a south-south initiative, which began its collaboration between Uganda, Kenya, and Tanzania in November 1996. The three founding organizations were: the National Council for Population and Development (NCPD) located in Nairobi, Kenya; Uganda's Population Secretariat, under the Ministry of Finance, Planning and Economic Development and the Population Planning Unit under the Ministry of Planning, Economy and Empowerment (former Planning Commission in Tanzania's President's Office).

EARHN's original objective was to enable the three countries undertake a set of advocacy actions aimed at improving reproductive health (RH) services, programs and information within the partner countries. EARHN's coordination role is rotational, and each country has led the network at least once. The first coordinating office was located at the NCPD in Nairobi, Kenya. In the earliest phase of work, activities for the network included provision of technical assistance, coordination of programmes, experience sharing among the countries, and production and distribution of EARHN newsletter/brochure. UNFPA, Partners in Population and Development (PPD). USAID's REDSO/ESA and Pathfinder International have supported the network in the past. In 2000, EARHN members recognized the need for a long-range blueprint to guide it in expanding and strengthening its programs as a result EARHN Strategic Plan 2001-2005 was developed. The Strategic Plan focused on four key issues: Program development and expansion; strengthening EARHN as an institution; advocacy, outreach and coalition building; and resource development and sustainability.

One key recommendation made during the hand-over ceremony from Kenya to Uganda in July 2007, was for Uganda to take action to reinvigorate the network and revise the Strategic Plan to cover 2008-2012. Uganda's Population Secretariat began consultations with stakeholders and in December 2007, a strategic planning workshop sponsored by Partners in Population and Development Africa Regional Office, DSW and UNFPA Uganda office was held at Hotel Africana in Kampala, Uganda.

2 Bernstein, Stan with Charlotte Juul Hansen. UN Millennium Project. 2006. *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*, p.31.

Participants included delegates from within the Eastern Africa region, West Africa, Southern Africa and representatives of prominent NGOs and networks such as the African Union (AU), the East African Community (EAC), IPPF- Africa Region, DSW, Population Action International (PAI) and the Reproductive Health Supplies Coalition. Following the workshop, consultants, working with various stakeholders and potential donors, refined and elaborated this Strategic Plan based on the vision, mission, mandate, strategic focuses and objectives developed at the meeting.

This Strategic Plan outlines the proposals and demonstrates the collective resolve of meeting participants to catalyze and manage positive change. During this meeting, the network also agreed to expand the coverage of the network from East Africa to Eastern Africa, and as a result, EARHN's acronym now stands for the Eastern Africa Reproductive Health Network.

1.3 Vision

An Eastern Africa region that is free from sexual and reproductive health burdens

1.4 Mission

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

1.5 Mandate

1. Promoting south–south cooperation and strengthening partnership with all stakeholders in the field of reproductive health
2. Conducting evidence-based advocacy for sound policies and programmes in the promotion of reproductive health
3. Facilitating need-based and demand-driven capacity building to support reproductive health in Eastern Africa
4. Compiling, publishing and disseminating good practices in reproductive health and creating appropriate fora for policy dialogue and sharing of experiences
5. Mobilizing resources for reproductive health, to support the realization of the ICPD PoA, the MDGs and the Maputo Plan of Action

1.6 Values

- Accountability
- Efficiency
- Gender equality
- Respect
- Transparency
- Human rights

1.7 Strategic Goal

To contribute to the improvement of the SRHR situation in Eastern Africa

1.8 Strategic Focuses

In order to attain the vision of an Eastern Africa region free from sexual and reproductive health burdens, carry out its mission and fulfil its mandate, EARHN has developed six strategic objectives, which have been organized into three areas of strategic focus:

- 1) Advocacy and Coalition Building,
- 2) Programme Development and Expansion, and
- 3) Institutional Strengthening.

2.0 Focus, Objectives and Actions of EARHN Strategic Plan

2.1 Focus 1: Advocacy and Coalition Building

Despite the presence of a number of regional and international frameworks raising the profile of SRHR, SRHR is not high enough on the agenda in Eastern Africa. This has resulted in poor SRHR indicators in the region and inadequate knowledge and commitment among many policymakers. EARHN recognizes this situation and believes that as a network of collaborating government agencies and allied partners, advocacy is essential to sensitise and create consensus among Eastern Africa policymakers and implementers on the necessity of solid policy and evidence-based programmes on SRHR at both the country level and regionally.

Countries within the Eastern Africa region are at various stages of both policy commitment and programmatic experience. EARHN will act as the link between policymakers and also between technical staff in different countries in order to advocate for stronger SRHR policies in countries (working with policymakers) and implementation of comprehensive SRHR programmes (working in coalition with technical staff in ministries). Network members in countries that have commitment and experience in SRHR are in the best position to convince their colleagues in equivalent positions in less committed countries of the importance of sexual and reproductive health and rights issues, and to encourage them to take action.

There is limited collaboration and partnerships between EARHN and CSOs, NGOs, private sector, RH divisions in country MoHs, RECs, cultural and traditional institutions and other networks. EARHN proposes to build greater coalition and space for collaboration among all of these partners working in the field of SRHR and related fields of health, development, gender, and economic planning. EARHN will promote SRHR issues within Eastern Africa and also at continental and international fora. As a regional network, EARHN is strategically placed to act as a platform for knowledge sharing and cross-country collaboration and also provide technical assistance and capacity building to members, in order to help members carry out their activities more effectively.

EARHN will be used as a platform to share success stories and good practices within the region—for example, there has been strong uptake of family planning in a number of African countries; the dramatic reduction in prevalence and stemming of the spread of HIV/AIDS in others; improved RH supply security; and the successful integration of population and SRHR into national poverty reduction strategies and health sector reform programmes (such as PRSPs and SWAs). EARHN will convene and support the more effective involvement of civil society, NGOs and the private sector in policymaking and the provision of RH services and also collaborate with other existing networks in sub-Saharan Africa to avoid duplication of efforts and wastage of scarce resources.

Specific efforts will be made by EARHN to work with the East African Community (EAC) and negotiate the potentially overlapping mandates between the EAC and EARHN. The EAC has agreed to work with EARHN to synergize efforts and increase the impact of both networks in implementing their programmes.

2.1.1 Advocacy and Coalition Building: Objectives and Actions

1. To increase awareness and support for RH among key policy and decision makers in the region.

Actions

- Advocate and promote SRHR issues in the region with a view to raising the level of awareness and understanding among decision makers at various levels;
 - Enhance members' capacity through training, skills building and development of tools, guidelines and support materials to enable them do effective advocacy.
2. To strengthen linkages and strategic partnerships with other international, regional and national institutions and civil society organisations to create synergies, avoid duplication and maximize available resources in furtherance of the implementation of agreements (ICPD, MDGs, Maputo Plan of Action, etc).

Actions

- Engage new countries and organizations in EARHN activities;
- Hold regular coordination meetings;
- Strengthen internal and external communication mechanisms (e.g. newsletters, website);
- Facilitate exchange visits;
- Engage with cultural and traditional institutions to address socio-cultural barriers that impede SRHR (e.g. SGBV, FGM/C).

2.2 Focus 2: Programme Development and Expansion

Political commitment can fail for lack of implementation capacity. EARHN has identified the lack of programmes and collaboration between and across Eastern African countries as a significant limitation to the network. South-south technical cooperation is a cost effective way to build that capacity because relevant expertise and good practices exist in Eastern Africa. South-south knowledge transfer is often more effective in developing capacity than one-way knowledge transfers from the North. South-south cooperation has untapped potential for approaching new opportunities and sharing good practices in SRHR. Success stories and good practices within East Africa and other developing areas are not as widely disseminated as they should be. EARHN believes that a sustained exchange of ideas, experiences and technologies from within the region will enhance policies and programmes through south-south cooperation with the least expense and maximum efficacy.

EARHN sees the need not to focus only on the sharing of precise knowledge of effective policies and programmes, but also on the health systems that must deliver them. EARHN will build upon its members and partners' experience in order to enhance political commitment and forge strong coalitions across programmes, sectors, professions, and countries.

2.2.1 Programme Development and Expansion: Objectives and Actions

1. To enhance capacity of partner organizations to offer integrated SRHR programmes

Actions

- Share best practices and information;
- Formulate an annual WORK PLAN and monitor and evaluate EARHN activities.

2. To facilitate the strengthening of health systems, in particular with regard to provision of RH supplies and their procurement and distribution

Actions

- Facilitate information sharing among member and collaborating countries on RH supplies (provision, procurement, distribution);
- Documentation and dissemination of good practices.

2.3 Focus 3: Institutional Strengthening

In order for EARHN to assist members in effectively operationalizing and implementing programmes, she must develop her own internal capacity. Weakness in institutional structures and capacity has limited EARHN's ability to implement programmes, strengthen relationships between members, and secure predictable financial resources that would enable EARHN to be sustainable. EARHN's lack of capacity and structures has also weakened its visibility at international, regional and national levels, which reduces its effectiveness as a network. Without the requisite capacity, EARHN cannot carry out effective advocacy campaigns, undertake planned activities and live up to the expectation of partners and meet the needs of intended beneficiaries.

To fulfil its mandate, EARHN will plan and implement a more formalized structure of governance and staffing. The first EARHN Secretariat during the early years of this Strategic Plan will develop a plan, and working with the PPD Africa Regional Office, will raise funds to secure one full-time staff, with the responsibility of overseeing regional networks in Africa, including EARHN. The EARHN Secretariat will also develop and implement annual WORK PLANS and budgets for the network and mobilize resources to carry out planned activities.

During its eleven years of existence, EARHN has faced a number of challenges and must develop the organizational capacity in order to meet future challenges and address the needs of its members. Regular coordination and reviews will ensure that EARHN stays the course of institutional strengthening.

2.3.1 Institutional Strengthening: Objectives and Actions

1. To strengthen EARHN's organizational capacities, systems and structure

Actions

- Establish efficient/effective institutional mechanisms and structure for EARHN and member country offices to implement EARHN activities;
- Implement annual work plans and budgets;
- Develop and implement a framework for monitoring and evaluating EARHN performance on activities;
- Hold annual coordination meetings and reviews.

2. To coordinate activities and resource mobilization efforts among members in furtherance of EARHN's goals and objectives

Actions

- Develop and implement a resource mobilization action plan for building of linkages, advocacy activities, mobilization, and capacity building;
- Mobilize resources for sustainability (from country governments, development partners, etc).

2.4 Monitoring and Evaluation

Monitoring and evaluation (M&E) are important management tools for measuring accomplishments and detecting the need for adjustment in the course of implementing a strategic plan. To ensure that implementation of the current Strategic Plan is on course and relevant to the needs of all members, monitoring and evaluation will be made more systematic. EARHN recognises its responsibility to all of its stakeholders (network members, partners, donors, governments, and particularly, the women and men of Eastern Africa) to undertake work effectively and efficiently in order to achieve set objectives.

The overall vision of success for EARHN is an Eastern African region free from sexual and reproductive health burdens. That is a long-term outcome beyond the sole control of EARHN. Yet, EARHN hopes to contribute to progress in this area and the impact of the network can and should be assessed, in both the short-term and intermediate time period.

Monitoring and evaluation will be the responsibility of the EARHN coordinating country, and will be supported through regular reports and updates from country coordinators. The basis of monitoring for EARHN will be the strategic framework matrix (see page 18).

The specified indicators will be systematically collected, monitored and learned from. In addition, the EARHN coordinating country will report on indicators at annual EARHN coordination meetings. The strategic framework matrix will also be used to assess the success of the Strategic Plan after five years. It also will prove invaluable if EARHN or a funder wishes to conduct an evaluation of the network's success at the conclusion of this five-year strategic plan, as both baseline and progress data on the network's activities will be tracked annually.

3.0 Strategic Framework Matrix

Strategic Focus 1: Advocacy and Coalition Building		Objective 1: Increase awareness and support for RH among key policy and decision makers in the region.		
	Strategic Action	Expected Outputs/Outcomes	Indicator (target, if applicable)	Means of Verification
1.1.1	Advocate and promote SRHR in the region	Development and implementation of an advocacy strategy Increased knowledge, appreciation and receptivity of SRHR among policymakers in Eastern Africa	Presence of an advocacy strategy Number of events organized by EARHN to reach policymakers (one per year) Number of policymakers (MPs, Ministers, etc.) reached through events organized by EARHN (at least twenty per year) Number of advocacy materials developed EARHN for use by members (at least two over course of strategic plan) Number of policymakers reached with materials produced by EARHN (at least one hundred) Amount of additional funds raised for SRHR Number of new examples of integration of SRHR into development funding mechanisms, HIV/AIDS programmes, etc. (at least one attributable to EARHN)	Strategy document Annual and activity reports
1.1.2	Enhance members' capacity to do advocacy	Increased capacity of network members to advocate for SRHR	Number of EARHN meetings with a session to develop advocacy skills (two) Number of network members reached at meetings (fifty) Percentage of meeting participants reporting improvement in advocacy (75%) Number of advocacy resources (non-EARHN) shared with members (at least three per year)	Meeting reports Meeting reports Meeting evaluations

<p>Objective 2:</p> <p>To strengthen linkages and strategic partnerships with other international, regional and national institutions and civil society organizations to create synergies and maximize utilization of available resources in furtherance of the implementation of agreements such as ICPD, MDGs, Maputo Plan of Action etc.</p>			
1.2.1	Engage new countries and organizations in EARHN activities	Increased involvement of countries and organizations in EARHN	<p>Increased number of countries engaged in EARHN activities (two new countries)</p> <p>Number of new organizations and networks (international, regional, and national) regularly participating in EARHN activities (one new organization each year)</p>
1.2.2	Hold regular coordination meetings	<p>EARHN activities coordinated</p> <p>Increased numbers of south-south exchanges and activities</p>	<p>Number of coordination meetings (annually)</p> <p>Number of organizations attending EARHN meetings, current and new (at least one new organization each year)</p> <p>Number of mentions of EARHN in other organization's materials (reports, website links) (two each year)</p> <p>Number and type of partnerships between EARHN and outside organizations resulting in collaborative activities (at least two)</p> <p>Number of collaborative activities (e.g. joint events, meetings, exchange visits) brokered by EARHN (at least two)</p> <p>Meeting reports Meeting reports</p>
1.2.3	Strengthen internal and external communication mechanisms (e.g. newsletters, website)	<p>Internal communications system set up and utilised</p> <p>EARHN mailing list and listserve developed and used</p>	<p>Newsletters</p> <p>Mailing list and listserve</p> <p>EARHN website</p> <p>Website statistics Website statistics</p>

1.2.4	Facilitate exchange visits	Increased knowledge of member countries of activities of other countries and organizations	Number of exchange visits brokered by EARHN (at least two) Number of countries and organizations taking part in exchange visits (at least three) Amount of funds raised to help support exchange visits	
1.2.5	Engage with cultural and traditional institutions to address socio-cultural barriers that impede SRHR (e.g. SGBV, FGM/C)	Improved understanding of member countries and organizations of socio-cultural barriers and how to reduce their impact on SRHR	Number of cultural and traditional institutions regularly participating in EARHN activities, current and new (at least three, covering more than one country) Number of activities hosted by EARHN dealing with the topic of socio-cultural barriers such as SGBV and FGM/C (at least one)	
<p>Strategic Focus 2: Programme Development and Expansion</p> <p>Objective 1: To enhance capacity of partner organizations to offer integrated SRHR programmes</p>				
2.1.1	Share best practices and information	Increased capacity of network members to link or integrate SRHR in related programming	Number of EARHN meetings with a session to on integration or linking SRHR to related programmes (at least one) Number of network members/participants reached at meetings (fifty) Percentage of meeting participants reporting improvement in understanding of integrated programming (75%) Number of resources (non-EARHN) shared with members (at least three per year) Number of new examples (in-country) of integrated programming (at least one)	EARHN meeting reports EARHN meeting reports Meeting evaluations Secretariat annual reports Member reports
2.1.2	Formulate an annual WORK PLAN and monitor and evaluate EARHN activities	Improved progress on EARHN activities	Existence of annual work plan (every year starting in 2008) Reporting against indicators at EARHN coordination meeting annually (every year starting in 2008) Evaluation of strategic plan implementation conducted in 2012/2013	EARHN annual WORK PLANS EARHN meeting reports/ Secretariat annual reports Evaluation report

<p>Objective 2: To facilitate the strengthening of health systems, in particular with regard to provision of RH supplies and their procurement and distribution</p>				
<p>2.2.1</p>	<p>Facilitate information sharing among member and collaborating countries on SRH supplies (provision, procurement, distribution)</p>	<p>Increased knowledge among member and collaborating countries on RH commodities and supplies</p>	<p>Number of PPD member and collaborating countries receiving information on commodities and supplies (e.g. prequalified vendor lists) (at least six) Number of partnerships between EARHN and organizations working on RH supplies (two) Number of meetings including a session on RH Supplies (one) Percentage of meeting participants reporting improved knowledge on RH supply issues (75%) Number of new RH supply collaborations between EARHN members or brokered by EARHN between members and outside organizations (one)</p>	<p>Meeting reports Meeting evaluations</p>
<p>2.2.2</p>	<p>Documentation and dissemination of good practices</p>	<p>Improved knowledge on good practices in SRHR among EARHN members</p>	<p>Number of reports on good practices (in SRHR, FP, HIV/AIDS integration, RH supplies) prepared by EARHN staff or consultants (one) Number of workshops, meetings, or meeting sessions held to disseminate findings of reports (one) Number of meeting attendees (fifty) Percentage of meeting participants reporting improved knowledge (75%) Number of report copies printed and disseminated Number of reports posted to website (one) Number of reports downloaded by website visitors</p>	<p>Good practices reports Meeting reports Meeting reports Meeting evaluations EARHN website Website statistics</p>
<p>Strategic Focus 3: Institutional Strengthening</p>				
<p>Objective 1: To strengthen EARHN's organizational capacities, systems and structure</p>				
<p>3.1.1</p>	<p>Establish efficient/effective institutional mechanisms and structure for EARHN and member country offices to implement EARHN activities</p>	<p>Improved organizational capacity to coordinate networking and implement activities</p>	<p>Number of full-time staff hired or seconded from other organizations (one) Amount of funding raised to cover new institutional mechanisms and structures of EARHN (full coverage)</p>	<p>Financial reports</p>

3.1.2:	Implement annual work plans and budgets	Improved progress and accountability on EARHN activities	Existence of annual WORK PLAN (every year starting in 2008) Number and percentage of annual WORK PLAN activities implemented (90%) Existence of annual budget (every year starting in 2008) Amount of funds mobilized to implement annual WORK PLAN (90% of budget)	EARHN annual WORK PLANS EARHN annual budget Financial reports
3.1.3:	Develop and implement a framework for monitoring and evaluating EARHN performance on activities	Improved progress and accountability on EARHN activities	Annual monitoring report on EARHN written by Secretariat, including reporting on indicators in strategic plan (every year starting in 2008) Evaluation of strategic plan implementation conducted in 2012/2013	Secretariat annual reports Evaluation report
3.1.4:	Hold annual coordination meetings and reviews	Improved progress and accountability on EARHN activities	Number of annual coordination meetings held (five) Reporting against indicators at EARHN coordination meeting annually (every year starting in 2008)	Meeting reports EARHN meeting reports/ Secretariat annual reports
<p>Objective 2: To coordinate activities and resource mobilization efforts among members in furtherance of EARHN's goals and objectives</p>				
3.2.1:	Develop and implement a resource mobilisation action plan for building of linkages, advocacy activities, mobilization, and capacity building	Resource mobilisation plan developed and implemented	Presence of a resource mobilization action plan (one drafted for 2008, updated in 2010) Number of proposals for funding submitted to partners/donors (at least two per year) Number and percentage of proposals funded	Resource mobilization action plan Secretariat annual reports Secretariat annual reports

3.2.2:	Mobilize resources for sustainability (from country governments, development partners, etc.)	Increased sustainability of EARHN	<p>Amount of funding raised</p> <p>Percentage change in funding, per year (increase each year)</p> <p>Number and type of donors funding EARHN (country governments, development partners, NGOs) (more than one type of donor)</p> <p>Type of proposals funded (long-term general support or only for meetings) (at least one long-term general support and at least three shorter grants)</p>	<p>Financial reports</p> <p>Financial reports</p> <p>Financial reports</p> <p>Financial reports</p>
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Appendix A:

Analysis of Strengths, Weaknesses, Opportunities and Threats

This Strategic Plan was guided by a “SWOT” analysis carried out as part of a stakeholder meeting convened by EARHN and sponsored by PPD Africa Regional Office, DSW, and UNFPA in Kampala, 2-6 December 2007. Stakeholders from the region joined a small number of international consultants in reviewing the background materials and drawing on their first hand knowledge to complete the SWOT review and first draft of the strategic plan. As such, the SWOT reflects conditions as of December 2007.

A.1 Strengths

Advocacy and Coalition Building

- Growing collaboration with NGOs
- Growing number of countries collaborating with EARHN
- High level political support
- Inter-governmental alliance/ strong government support

Programme Development and Expansion

- Local expertise
- Shared common RH agenda among member countries/ members are committed to RH
- Shared vision
- Synthesis of regional evidence

Institutional Strengthening

- Members are based in planning units in participating countries
- Build on existing structure
- Development of the EARHN Strategic plan
- Established institutional framework
- High level leadership at institutional level
- Knowledgeable technical staff and expertise/ pool of RH experts with different skills from different countries
- Loose network
- Donor support
- Each country contributes to PPD and money is given to networks for activities
- PPD support
- Increased efficiency through pooling of resources

A.2 Weaknesses

Advocacy and Coalition Building

- Poor networking with NGOs/CSOs (historically)
- Poor strategic partnerships with AU, APC, IPV
- Weak partnership with Ministries of Health
- Limited Advocacy skills, tools and materials

Programme Development and Expansion

- No follow-up mechanisms put in place (continuity)
- No joint programmes between the countries until the strategy was developed

Institutional Strengthening

- Not a registered/legal entity (e.g. problem engaging with other organizations)
- Some member states of EARHN are not PPD member states (e.g. when Tanzania was chair, could not receive PPD funds)
- Changes in the leadership in different EARHN coordination offices affected the commitment and morale and continuity of EARHN activities.
- Countries have no obligation to EARHN (there is nothing/legal framework that ties member countries to EARHN)
- Disparities in commitments in some institutions
- EARHN's mandate is not clearly spelled out
- Externally driven initiative by ICPD which was not sufficient to sustain long term program
- Inadequate coordination mechanisms at country level to follow-up EARHN activities (core team)
- Lack of clear/concrete program action plans
- Lack of structure/ Loose network with few staff engaged in other core activities of their organizations (no designated body)
- No annual work plan (no prioritization of activities)
- No monitoring and evaluation mechanism in place
- No MOU/ legal frameworks among member countries
- No separate account for EARHN (No clear structure to send money)
- Weak coordination offices especially in particular countries
- Development partners lost interest in supporting the network
- Limited resource mobilization strategies and skills (no collective resource mobilization plan)
- Limited resources/ No predictable funding for EARHN

A.3 Opportunities

Advocacy and Coalition Building

- Conducive political environment (Parliamentarian support)
- EARHN has opportunity to expand/collaborate with partners including NGOs, CSOs, private institutions, and other regional networks (e.g. Arab Network on Pop and Health, WAHO)
- Opportunities for EARHN to tap into RECs (SADC, EAC, ECOWAS)
- Strategic partnerships with PPD, DSW, APC, IPPF, UNFPA
- Increasing emphasis on the linkage between Regional networks

Programme Development and Expansion

- Build on the work of the EAC
- Complement national plans
- Clear policy framework in the context of EAC/AU, Maputo Plan of Action and international initiatives such as the MDGs, ICPD, Blair Commission, International Health Partnership, Paris Declaration, etc.

Institutional Strengthening

- With technology communication is easier and more efficient (can build a website, e-forum for exchange of ideas)/ IT is improving and easing communications
- Can tap into funding of other networks
- Donor and partner support
- Presence of PPD ARO within the EA region

A.4 Threats

Advocacy and Coalition Building

- Commitment to keep RH on the agenda
- Lack of linkages with various actors
- Religious opposition and cultural issues
- Decentralization structures hinder impact

Institutional Strengthening

- Dependence on donors for funding programs/activities threatens sustainability
- Limited organizational structure for utilization of resources
- Overlaps in mandates between networks
- Focus on HIV/AIDS as opposed to RH programmes
- Competing initiatives/ presence of many other networks (can be duplication of mandate, mission, activities, recognition, players, and donor resources)
- Conditionality of funding

EARHN Strategic Plan 2008–2012

- Heavy dependence on donors for funding programmes threatens sustainability
 - Inadequate financial and human resources
 - Lack of resource mobilization strategy
 - Lack of resources
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Appendix B

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
APC	African Population Commission
ARHS	Adolescent Reproductive Health Services
AU	African Union
CSO	Civil Society Organization
DSW	German Foundation for World Population
EA	Eastern Africa
EAC	East African Community
EARHN	Eastern Africa Reproductive Health Network
ECOWAS	Economic Community for West African States
ECSA	Eastern, Central and Southern Africa
FGM/C	Female Genital Mutilation/ Cutting
HIV	Human Immuno-deficiency Virus
ICPD	International Conference on Population and Development
INGO	International Non-Governmental Agency
IPPF	International Planned Parenthood Federation
IT	Information Technology
MDGs	Millennium Development Goals
MoH	Ministry of Health
MOU	Memorandum of Understanding
MP	Member of Parliament
NCPD	National Council for Population and Development, Kenya
NGO	Non-Governmental Organization
PAI	Population Action International
PoA	Plan of Action
PPD	Partners in Population and Development
PPD ARO	Partners in Population and Development Africa Regional Office
PRSP	Poverty Reduction Strategy Paper
REC	Regional Economic Community

RH	Reproductive Health
SADC	South African Development Community
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
SWAps	Sector-Wide Approaches
SWOT	Strengths, Weaknesses, Opportunities and Threats
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

Development Partners:

1. Partners in Population and Development Africa regional Office (PPD ARO)
2. German Foundation for World Population (DSW)
3. Population Action International (PAI)
4. United Nations Population Fund (UNFPA)

