WORKSHOP REPORT

“Building Partnership Towards Rights-Based Approach to Maternal Health Policy and Strategy in East Africa”

Report of EAHP Workshop
Hilton Hotel, Nairobi, Kenya
10th March 2015
# ABBREVIATIONS AND ACRONYMS

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>BRN</td>
<td>Big Results Now</td>
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<td>CCHPs</td>
<td>Comprehensive Community Health Plans</td>
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<td>CEHURD</td>
<td>Centre for Health Human Rights and Development</td>
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<td>CHAK</td>
<td>Christian Health Association of Kenya</td>
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<td>CHF</td>
<td>Community Health Fund</td>
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<td>CSOs</td>
<td>Civil Society Organizations</td>
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<td>CSSC</td>
<td>Christian Social Services Commission</td>
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<td>EABC</td>
<td>East African Business Council</td>
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<td>EAC</td>
<td>East African Community</td>
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<td>EACSOF</td>
<td>East African Civil Society Organisations’ Forum</td>
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<td>EAHP</td>
<td>East African Health Platform</td>
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<td>EANNASO</td>
<td>Eastern Africa National Network of AIDS Services Organization</td>
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<td>EAYN</td>
<td>East African Youth Network</td>
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<td>ECSAHC</td>
<td>East Central and Southern African Health Community</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>FBOs</td>
<td>Faith Based Organizations</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>GIZ</td>
<td>Gesellschaft für Internationale Zusammenarbeit</td>
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<td>HDI</td>
<td>Health Development Initiative</td>
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<td>HERAF</td>
<td>Health Rights Advocacy Forum</td>
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<td>HSSIII</td>
<td>Health Sector Strategic Plan III</td>
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<td>IMCI</td>
<td>Integrated Management of Childhood illness</td>
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<td>LVRights</td>
<td>Lake Victoria Right Programme</td>
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<td>MACIS</td>
<td>Malaria and Childhood Illness NGO Network Secretariat</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MNCH</td>
<td>Maternal Newborn and Child Health</td>
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<td>NSGRP</td>
<td>National Strategy for Growth and Reduction of Poverty</td>
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<td>OHI</td>
<td>Open Health Initiative</td>
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<td>OSIEA</td>
<td>Open Society Initiative for Eastern Africa</td>
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<td>PHSDP</td>
<td>Primary Health Services Development Programme</td>
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<td>PPP</td>
<td>Public Private Partnership</td>
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<td>PSOs</td>
<td>Private Sector Organizations</td>
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<td>RBA</td>
<td>Rights Based Approach</td>
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<td>RMNCAH</td>
<td>Reproductive Maternal Child and Adolescent Health</td>
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<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WOI</td>
<td>World Outreach Initiative</td>
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</table>
### CONTENTS

- Abbreviations and Acronyms .......................................................... 2
- Executive Summary ........................................................................ 4
- Background .................................................................................. 4
1.0 Introduction ................................................................................. 5
  1.1. Welcome Remarks .................................................................. 5
  1.2. Remarks from EAC GIZ GOPA ............................................ 7
  1.3. Remarks from Representative of Open Society Initiative for Eastern Africa ........................................ 9
  1.4. Official Opening of the Workshop ......................................... 10
2.0 Objectives and Output of the workshop ..................................... 11
3.0 Keynote Presentation: Overview Trend & Status of RBA to Maternal Health in East Africa .................. 12
  3.1. Questions, Answer and Comment Session .......................... 14
4.0 Launch of the Project “Toward Rights Based Maternal Health in East Africa” ............................... 14
5.0 Overview and Status of the Project towards Rights Based Maternal Health in East Africa ............... 15
  5.1. Questions, Answer and Comment Session ......................... 18
6.0 Status of RMNCAH in East Africa: Policy & Strategy: Salient Features & Status ............................ 19
  6.1. Questions, Answer and Comment Session ......................... 20
7.0 Country Status & Trends on advocacy for Rights Based Maternal Health Policy & Strategy ............. 20
  7.1. Burundi ................................................................................. 20
  7.2. Kenya .................................................................................. 22
  7.3. Rwanda ............................................................................... 22
  7.4. United Republic of Tanzania .............................................. 24
  7.5. Uganda ............................................................................... 25
8.0 Setting the Agenda: Advocacy for Integration of RBA in EAC RMNCAH Policy & Strategy ........... 26
  8.2. Road Map for Advocacy a Regional Maternal Health Policy and Strategy in East Africa ............. 27
9.0 Closing Remarks .......................................................................... 27
The regional orientation workshop themed “Building Partnerships Towards Rights–Based Maternal Health Policy and Strategy in East Africa” sought to provide a platform for CSOs actors across the region to talk to each other, share, review, reflect and focus together with regard to advocacy for integration of rights based approach to maternal health policy and strategy in East Africa, share on and update each others on the status of implementation of the project “Towards Rights based Maternal Health in East Africa”, provide insights on and discuss the proposed Integrated EAC Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2015-2025 and Strategy 2015-2020, share experiences and lessons learnt in advocacy for rights –based Policy and Strategy, establish and identify task force members for the coalition towards rights based maternal health policy and strategy in East Africa and explore potential areas for collaboration and identify collaborators.

Participants were drawn from regional and national civil society organizations and faith based organizations in East Africa working on health rights for women, children, adolescent health in East Africa and development Partners. The workshop was a collaborative initiative between the East African Health Platform (EAHP), East African Business Council (EABC) and the East African Civil Society Organizations Organization (EACSOFO) with the financial support from Open Society Initiative for Eastern Africa (OSIEA).

The one-day workshop held in Nairobi, Kenya, specifically discussed, inter alia, an overview, trend and status of rights–based response to Maternal Health in East Africa’, an overview and status of the project towards rights based maternal health in East Africa, the status and trend of reproductive, maternal, new born, child and adolescent health in East Africa, the proposed EAC integrated reproductive, maternal, newborn, child and adolescent health policy and strategy 2015-2020: salient features’ and status, discussed country status and trends on advocacy for rights based approach to maternal health policy and strategy development and implementation”, discussed the establishment of the regional Task Force for advocacy towards rights based maternal health policy and strategy in East Africa, discussed and developed a road map for advocacy for a regional maternal health policy and strategy in East Africa. In a nutshell, the workshop focused on the orientation of the participants on the regional right based maternal health project and creating awareness on the draft EAC integrated RMNCAH policy and strategy. The workshop coincided with the first lady of Kenya second half marathon themed “Beyond Zero Campaign” that aimed at raising Kenya Shillings 600 million for buying 27 fully-kitted mobile clinics to be distributed to 27 counties to help reduce maternal deaths in addition to buying a wheelchair for the physically disabled. There was a general consensus and agreement endorsing rights based approach to a regional maternal health policy and strategy. This report records the deliberations of the workshop.

In East African, maternal new-born and child mortality and morbidity rates was noted as still unacceptably high although there have been significant progress in addressing the millennium development goals four and five by 2015 in the Community. World Health Organization (WHO) statistics 2013 puts maternal mortality ratios in East Africa for Burundi at 740 per 100,000 live birth, Kenya at 400 per 100,000 live births, Rwanda at 320 per 100,000 live births, Uganda at 360 per 100,000 live births and United Republic of Tanzania at 410 per 100,000 live births. The same WHO statistics put under five mortality ratios per 1,000 live births in East Africa for Burundi at 147, Kenya 74, Rwanda 103, Uganda 137, United Republic of Tanzania 81. Meanwhile for infant mortality ratios in the region, it was stated that it ranges from 51 to 91 as follows; Tanzania 51 per 1,000 live births, Kenya 52, Rwanda 62, Uganda 89.4. The high mortality and morbidity can be explained in part by the fact that the vast majority of births still take place at home and were not attended by skilled attendants. Furthermore, skilled attendance coverage remained relatively low in all the countries of the region with 43% in Kenya, 58% in Uganda, 51% in Tanzania, 69% in Rwanda and 60% in Burundi.
It was therefore crucial as the EAC develops the integrated maternal, newborn, child and adolescent health policy 2015-2025 and strategy 2015-2020, integration of rights based principles in the policy and strategy development, implementation and monitoring process was vital and could add a critical impetus to existing means of reducing maternal mortality in the region. This could be achieved by enabling key policy actors in government, private sector, faith based, civil society and community based actors to recognize, own, scale up and find ways of directly addressing the economic, social, cultural and political forces that constrained women and their families from asserting their right to reproductive health. It would also help to uncover the power dynamics that perpetuated inequities and suggests strategic interventions such as the reallocation of resources, changing accountability mechanisms within health systems and communities and challenging existing hierarchies in health facilities as well as highlight the need to address policy and law beyond the health sector, to include for example, education and age of marriage.

Therefore, all interventions to improve maternal and child health were to involve all populations while empowering them to be able to claim their entitlements and simultaneously enable states and other obligated bodies with the capacity to meet those entitlements. This was the rights based approach to maternal health emphasized.

It was further noted that women and children’s health issues were taken as a cross cutting issue involving human rights, legal, economic, social and political systems by the EAC Partner States. Thus, in addition to the rights based approach, reducing maternal and child mortality were to be best tackled in line with the commitments contained in Millennium Development Goals, which covered all aspects of human development, time-bound and measurable. In addition to the 6th Goal which specifically addresses HIV and AIDS, MDG Goal 5 called for improvement of maternal health by promoting the use of contraceptives among others. It was reaffirmed that effective implementation of rights based response and reduction of maternal mortality and morbidity in East Africa required the instrumentality of the state, civil society and other actors through a multi stakeholder approach to improve maternal health in East Africa. It was for this reason that EAHP, a regional platform for private sector, civil society, faith based organizations and other interest groups have teamed up with EABC and EACSOF to achieve the approaches described.

**1.0 INTRODUCTION**

**1.1. Welcome Remarks**

The Coordinator of the Health Platform, Ms. Joyce Kevin Abalo, called the meeting to order, welcomed, thanked the participants for honoring EAHP invitation to the workshop and invited Dr. Murichu Kamamia, Secretary General, EAHP to make his welcome remarks on behalf of Dr. Amit N. Thakker, Chairperson, EAHP, who could not attend the workshop due to other official engagement.

In reading the Speech of the chairperson, EAHP, Dr. Murichu Kamamia, Secretary General, EAHP, welcomed the participants of the workshop to Nairobi, Kenya dubbed as the “city in the Sun” and to the workshop themed “Building Partnerships Toward Rights–Based Maternal Health Policy and Strategy in East Africa”. He extended his appreciation to the EAC Secretariat, EAC GIZ GOPA, and Open Society Initiative for Eastern Africa for their continued partnership, collaboration and support to EAHP that made the workshop a success.

He appealed that building partnerships towards right–based maternal health policy and strategy in East Africa was very strategic and timely one for the health stakeholders including civil society, other interest groups and the citizens of East Africa. He added that the theme provided him with two key questions regarding the roles of the policy makers, civil society and other interest groups and called for answers at the end of the workshop.
1.1. Welcome Remarks

Dr. Kamamia affirmed the important role the policy makers were playing in improving the RMNCAH in the EAC for the benefit of all, which he highlighted among others to include; development, reform and harmonization of appropriate policies and legislation, establishment and strengthening of relevant health institutions for the implementation of the policies and laws enacted, implementation, monitoring and evaluation of policies, legislation and strategic frameworks for health service provisions to women, newborn, children and adolescent of the region among others. Dr. Kamamia also highlighted the roles of civil society and other interest groups in ensuring that reproductive, maternal, newborn, child and adolescent health in East Africa were improved namely; through their complementary roles in bridging government efforts in filling the gaps in the healthcare sector and in the realization of Article 118 of the EAC Treaty on matters relating to health and in particular RMNCAH Services, research, service provision and information dissemination to the relevant stakeholders and through their contribution to the development, review and implementation of appropriate policies and legislation aligned to the RMNCA health, hence the participation of CSOs in the workshop was a justified contribution of CSOs to the EAC policy and strategy development for RMNCAH.

He thanked OSIEA for the support to EAHP through the project “Towards Rights Based Approach to Maternal health in East Africa” and was delighted that the project was being launched during the workshop. He added that the first lady of Kenya Ms. Margaret Kenyatta has launched a campaigned themed “zero campaign” aimed at zero mortality for women and children in Kenya through mobile maternity clinics and marathon and urged that this initiative should be replicated in other Partner States.

Dr. Murichu was concerned that Maternal, Newborn and Child Mortality and Morbidity rates were still unacceptably high in East Africa despite significant efforts and progress put in addressing the Millennium Development Goals four and five by 2015. He mentioned that the World Health Organization (WHO) statistics on women and child mortality were worrying.

He attributed the high mortality and morbidity to majority of births that were taking place at home without skilled attendants whose coverage remained relatively low in all the countries of the region with 43% in Kenya, 58% in Uganda, 51% in Tanzania, 69% in Rwanda and 60% in Burundi respectively.

He specifically thanked the EAC and Partner States for the effort in addressing RMNCAH through the Open Health Initiative (OHI) programme which is meant to improve accounting, resource tracking and scaling up financing for best performing Partner States in reducing maternal and child mortality and morbidity. He applauded the development of the EAC Integrated Maternal, Newborn, Child and Adolescent Health Policy 2015-2025 and Strategic Plan 2015-2020 noting that it was not only timely as the EAC lacked a policy to guide its activities in this area, but echoed that it will also provide the EAC with a harmonious, unified and systematic approach to responding to maternal, newborn, child and adolescent health issues in East Africa.

In conclusion, he congratulated the EAC for the efforts thus far in development of the RMNCAH policy and strategy and for the wonderful collaboration with EAHP. He also thanked the participants for taking their time out of their busy schedules to be part of the workshop and wished them fruitful deliberation.
1.2. Remarks from EAC GIZ GOPA

In her remarks read to the participants by Mr. Jesse Mutua, Junior expert, EAC GIZ programme, Ms. Clarisse Bukeyeneza thanked the organizers for inviting GIZ to the workshop and informed the workshop that EAC/GIZ support programme based in Arusha, Tanzania which was started in 2007 aimed at supporting regional integration on three modules focusing on (a) organizational development and public relation (b) deepening the regional economic integration (c) inclusion of Private Sector and Civil Society in regional integration.

Within the framework of the German Development Cooperation support to the EAC Secretariat, Ms. Clarisse emphasized that the project dealing with private sector and civil society dialogue aimed at strengthening the role of private sector organizations (PSOs) and CSOs in decision making processes since the EAC is a people-centered and market-driven Community, thus welcomes the participation of private sector and civil society.

She added that, the EAC/GIZ Programme has supported the EAC Secretariat in developing a Consultative Dialogue Framework (CDF) for Private Sector and Civil Society as provided for under Article 127 of the Treaty for the Establishment of the Community. She informed the meeting that the CDF which is under implementation for the last three years has provided space for dialogue between the EAC and private sector, civil society and other interest groups, therefore, stakeholders are being engaged in the spirit of a people-centred and market driven Community and have organized themselves in a structured manner through platforms for advocacy and engagement on sector issues of common interest to the sector. This she noted is the basis of GIZ support to the East African Health Platform.

Ms. Bukeyeneza appreciated the great collaboration with EAHP and proven commitment EAHP had exhibited towards regional integration evidenced through advocacy for the enactment and assent to the EAC HIV and AIDS prevention and management Bill 2012; advocacy and training on intellectual property rights, public, health and local pharmaceutical production; development of the EAC Regional Maternal, Newborn and Child Health and adolescent (RMNCH) Policy and Strategy, inputs into the EAC Health Strategic Plan 2015-2020 and the draft protocol on regional cooperation on health among others.

She confirmed the commitment of GIZ to continue further collaboration with EAHP through financial support for the implementation of the platform strategic plan and the Platform Coordinator and wished the participants a fruitful discussion and a successful meeting.
1.3. Remarks from Representative of Open Society Initiative for Eastern Africa

Ms. Christine Munduru, a consultant with the Open Society Initiative for Eastern Africa in charge of maternal and child health programme welcomed the participants to the workshop to discuss important and pertinent issues that concern women and child’s health. She thanked EAHP for the agreement to work with OSIEA on the project towards rights based approach to maternal health which she noted was new in the region. She informed the meeting that rights based approach looks at the underlying causes of women and child mortality, including the culture in its relation to women’s food and nutrition, work, health, reproduction child bearing regardless of status of women. She emphasized that these cultural relation always tended to be negative on women’s health with consequences if unaddressed had significant impacts on the women and child’s health.

She lamented that women in the region were the one promoting some of these cultural and bad societal behaviors such as wife beating. This she said could lead to a continued death of women and children in the region. She then highlighted some of the cultural attributes that eroded the health of women namely; female genital mutilation which denied women from enjoying sex, gender based violence such as wife beating, food taboos among others. She gave a painful example of a pregnant woman’s death in Uganda due to domestic violence inflicted on her by her husband without the intervention of the society.

Ms. Munduru recommended that various parties had a role to play in changing the health conditions of women in the region; from community, family, hospital, religious institutions, government, civil society and private sector. That is what right based approach is all about and suppose to do she confirmed.

She then thanked every participant for making it to the workshop as she noted was very important for making a change in our region for the benefit of women and children’s health. She thanked the EAC for opening the space for civil society as they develop the two RMNCAH policies. He requested Dr. Rogers Ayiko to convey the participant’s appreciation to the EAC Secretariat and in particular, the Secretary General for the involvement and engagement of stakeholders in the EAC integration process and specifically in the policy formulation process.

She concluded her remarks by applauding CSOs contribution to the advocacy for the integration of rights based approach to policy formulation, implementation and evaluation for example she mentioned that Center for Human Rights and Development (CEHURD) has developed a training manual on gender and Rights based Approach (RBA) and trained health workers in Uganda and the same is being done in Kenya.
1.4. Official Opening of the Workshop

In presenting his remarks on behalf of the Secretary General of the EAC, Dr. Rogers Ayiko, Principal Health System and Policy Officer, EAC extended the greetings of the EAC Secretary General, Dr. Richard Sezibera, who could not make it to the workshop due to other official commitments but do recognized the importance of everyone’s participation in the EAC integration process. He mentioned that the perception of the people on the EAC Agenda was biased thinking that the EAC was only for the government and yet the integration is people centred and private sector led. He noted that he was not happy with the notion that the door at the EAC was closed and yet that is not the case. He publically declared his gratitude to the Coordinator of EAHP, Ms Joyce Kevin Abalo and OSIEA for their commitment and collaboration with the EAC.

Turning to right based approach (RBA), he further thanked EAHP and OSIEA for opening up partnership with the Partner States and for opening their mindset to the concept of RBA. He confirmed that the concept of RBA is a new one in the region and thus needed to be unpacked to all to be understood. He stressed the importance of accountability for resources in relation to RBA and recommended that everyone must be accountable so as to encourage diffusion of information and best practices.

Dr. Ayiko informed the meeting of the information technology being advanced at the EAC where the experts would be able to interact on a platform on RMNCAH issues. He then requested the Coordinator to continue the work with the EAC and to ensure that all the stakeholders were included into the interactive platform. He appreciated the stakeholder’s participation in the RMNCAH Policy and strategy development process which will ensure that the two policy documents are implementable by all. He assured the participants of his commitment and that of the EAC in the development, implementation and monitoring of these two policies and other RMNCAH issues.

He appreciated that the RBA has already proven successful in Uganda and progressing to Kenya. He encouraged that the concept should be replicated to other countries so that no one is left behind as CSOs work is important and valued by the EAC.

In his concluding remarks, he invited all the participants to the 5th EAC Health and Scientific Conference and international health exhibition and trade fair scheduled to take place from the 25th -27th March in Kampala, Uganda noting that the conference will highlight RMNCAH for women and child policy and sustainable goals whose terms will be extended to 2030 including a discussion on RBA since it deliver better results at low cost. He committed to take on the recommendations, wished participants fruitful deliberations and declared the workshop open.
2.0 OBJECTIVES AND OUTPUT OF THE WORKSHOP

The objective of the workshop was presented by the Coordinator, EAHP, Ms. Joyce Kevin Abalo. She noted that the main objective of the workshop was to provide a platform for CSOs and health actors across the region to talk to each other, share, review, reflect and focus together on advocacy for the integration of rights based approach to the proposed Integrated EAC Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2015-2025 and Strategy 2015-2020.

Specifically, the workshop was meant to share on and update the workshop participants on the status of implementation of the project “Towards Rights based Maternal Health in East Africa” disseminate, provide insights on and discuss the proposed Integrated EAC Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2015-2025 and Strategy 2015-2020; share experiences and lessons learnt in advocacy for rights –based Policy and Strategy in the region; establish and identify task force members for the coalition towards rights based maternal health policy and strategy in East Africa; and explore potential areas for collaboration and identify collaborators.

She highlighted the key outputs of the workshop as; establishment of the CSOs coalition towards rights based maternal health in East Africa and identified taskforce members for advocacy for the integration of right based approach to the regional Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2015-2025 and Strategy 2015-2020; awareness on rights based approaches/principles, project and the proposed EAC Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2015-2025 and Strategy 2015-2020 among CSOs in the region created; and a roadmap for advocacy for the integration of rights based approach to the proposed EAC Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2015-2025 and Strategy 2015-2020 agreed upon.

A group photo led by Dr. Rogers Ayiko (middle front gentleman) after the opening ceremony during the workshop
Ms. Christine Munduru started with the introduction of OSIEA which seeks to attain vibrant democracy in East Africa and gave a broad overview including its programme, national presence in East Africa and model of engagement with other stakeholders. She gave the statistics of maternal mortality in the region according to the WHO 2014 statistic and noted that maternal and child health in East Africa were still unacceptably with the exception of Rwanda and Tanzania that had made substantial progress in meeting MDGs four and five. She gave the underlying causes of maternal mortality in East Africa as unsafe abortion which she noted was third important cause in the EA region brought about by high teenage pregnancy was a major contributor. She added that induced abortions increased in Africa from 5.6 million in 2003 to 6.4 million in 2008 and out of this figure, 2.5m occurred in East Africa according www.guttmatcher.org. Meanwhile other factors according to Ms. Munduru for maternal mortality included female genital mutilation and low empowerment status for women in East Africa. She then defined human rights as basic values that are essential to human dignity, legally guaranteed by human rights law, protect individuals and groups against actions that interfered with fundamental freedoms and human dignity and imposed obligations on governments (who are the primary duty-bearers). She mentioned the principle of human rights based approach as accountability, participation, transparency, empowerment, sustainability, multi-sectoral approach and Non-discrimination. She added that good practices in reducing maternal mortality included enhanced status of women, ensured sexual and reproductive health rights, strengthened health systems, addressed unsafe abortion and improved monitoring and evaluation of RMNCAH services. In discussing the principles of rights based approach in detail, Ms. Munduru emphasized that empowerment was very crucial in reducing maternal mortality and that power differentials between men and women were very much associated with maternal mortality which are manifested in poverty, income inequality, gender discrimination in law and practice and marginalization. Therefore, she noted that RBA requires that women should be empowered so that they can reclaim their rights and that right to health should be recognized in the laws and policies with clear accountability mechanisms. She added that active participation of women should consider as active agents. Women should be entitled to participate in decisions that affect their sexual and reproductive health, participate in the identification of problems, policy design and budget allocation, and the evaluation of programs and policy implementation to enable them challenge any form of exclusion and discrimination. In terms of inclusion and non discrimination, Munduru mentioned that RBA requires that the state should take appropriate measures to eliminate discrimination against women e.g. gender-based violence, forced and early marriage, nutritional taboos, female genital mutilation/cutting and other harmful practices. She said maternal mortality and morbidity was a product of discrimination against women, and denial of their human rights, including sexual and reproductive health rights. She added that discrimination against adolescents, ethnic minorities, women with disabilities, HIV-positive women was against the principle of RBA which requires that all women be treated the same, vulnerable groups should be accorded special attention, a just and effective health system should be promoted, a society in which rich, poor and vulnerable women are treated the same and service users, providers and policy makers understood sexual and reproductive health goods, services and information as fundamental rights, not as commodities to be allocated by the market or matters of charity. She also noted that accountability was fundamental to each stage of the process in a rights-based approach and that it should not be an afterthought, it should identify accountability gaps in situational analysis, ensure appropriate monitoring mechanisms and remedies are in a national plan, resource allocation to mechanisms and remedies, feedback from the ground through to implementation in practice and lessons learned through structures of accountability were to be made to inform the continual process of adjusting existing programs and future planning.
3.0 KEYNOTE PRESENTATION: OVERVIEW TREND & STATUS OF RBA TO MATERNAL HEALTH IN EAST AFRICA

She elucidated that RBA should be sustainable through integration into the laws, policies, strategies, national plans and programs as well as empower stakeholders for it sustainability and take into consideration the multi-sectoral socio-economic planning and budgeting. She then explained the elements of right to health as availability, accessibility, acceptability, quality and progress realization by the state was vital.

She concluded her presentation by recommending that the state should protect against interference with sexual and reproductive health rights by third parties; develop, implement and monitor appropriate laws, policies, regulations and guidelines on maternal and child health, exercise due diligence to ensure that non-governmental actors, private service providers, insurance and pharmaceutical companies, and manufacturers of health-related goods and equipment, as well as community and family members, complied with certain standards, the national Government should remain accountable for complying with human rights obligations, including those relating to sexual and reproductive health in a decentralized health system.

3.1. Questions, Answer and Comment Session

Questions: Dr. Rogers Ayiko from the EAC asked whether it was true that RBA was a foreign agenda and what in her view was a clear cut impediment to the advancement of RBA in the region a part from lack of information?

Answer: Ms. Christine agreed that lack of information was one of the major challenges of RBA in the region as there was lack of information on the concept by partner states and the citizens were also unaware of the concept aggravated by cultural and religious attitude which were negative. She emphasized the need to train and create awareness to the Partner States experts in RBA.

Comment: Tobias Aulo commented that there is need in the region to design strategic policy that is ready for the facility, health workers, pregnant mother, children and that ensured that maternal and child health questions were addressed.

Comment: Ms. Jonniah William Mollel from EANNASO added that male involvement in maternal and child health was crucial and makes a difference. She added that information provision should commence right from the family level and recommended that the EAC should domesticate some of the free maternal services, training including traditional birth attendance on new child delivery.

4.0 LAUNCH OF THE PROJECT “TOWARD RIGHTS BASED MATERNAL HEALTH IN EAST AFRICA”

The Project Towards Rights Based Approach to Maternal Health in East Africa was officially launched by Dr. Rogers Ayiko on behalf of his Excellency the Secretary General of East Africa, Dr. Richard Sezibera during the opening ceremony of the workshop on building partnership for advocacy for integration of rights based approach to RMNCAH Policy and Strategy on the 10th March 2015 at Hilton Hotel, Nairobi Kenya.
5.0 OVERVIEW AND STATUS OF THE PROJECT TOWARDS RIGHTS BASED MATERNAL HEALTH IN EAST AFRICA

In her presentation, the Coordinator, EAHP Ms. Joyce Kevin Abalo informed the workshop that the project towards rights based approach to maternal health in East Africa was as a result of an assessment/analysis of the EAC health policies, strategies and legal frameworks commissioned by OSIEA in 2014 titled “Rights Based Approach to Maternal Health in the East African Community: An Assessment” with the technical support from the East African Health Platform. She noted that the purpose of the assessment was to ascertain the extent to which these regional policies, strategies and legislation had incorporated rights based approach. The assessment reviewed available health policies, strategies and legislation at the EAC level with provisions or links to maternal health, examined maternal health situation in the region including compliance of maternal health related policies, strategies and interventions to rights based approach, explored plans and opportunities for advocacy for civil society/health stakeholders available at regional level on maternal health, conducted maternal health stakeholder mapping at EAC level as well as identified advocacy entry point for civil society; and examined the advocacy structures necessary for facilitating smooth advocacy for maternal health issues at regional level.

She highlighted that in addition to the literature reviews, key informant interviews was also conducted with the key EAC staff in charge of Reproductive Health to understand their plans and perspective on rights based approach to improving maternal health outcomes in the region.

The Coordinator informed the workshop that the findings of the assessment confirmed that all EAC policies, strategies and legislation on health to a large extent were not rights based specifically in the formulation, implementation and monitoring process although the provisions were right based; there were no involvement of key stakeholders especially women, youth, children, elderly among others. In addition, these policy documents were not simplified, disseminated and the key stakeholders were not sensitized on them to facilitate a participatory implementation process except the EAC HIV and AIDS Prevention and Management Bill, 2012.

These has resulted into lack of visibility of inequalities due to geographical location, gender and socio-economic status which ultimately affected priority, target setting, resource allocation and non-need based strategies/interventions. She then emphasized the importance of the EAC policies, strategies and legislation process in taking a participatory and inclusive approach in order to address all inequalities, power dynamics as well as integrate rights-based approach with clear mechanisms of implementation, key stakeholders involvement in the formulation, implementation and monitoring process. It is with regards to this finding that led to the birth of the project towards rights based maternal health in East Africa with the support from OSIEA.

The Coordinator, rooted the background of the project to the Treaty for the Establishment of the EAC which provided for the cooperation in health under article 118, the 4th EAC Development Strategy which provided for the intervention on health in EAC with focus on RMNCAH, the EAC decision to develop a regional health policy, strategy and protocol which were currently in the formulation process and the decision by the EAC to develop the RMNCAH Policy and Strategy to guide its programming.
5.0 OVERVIEW AND STATUS OF THE PROJECT TOWARDS RIGHTS BASED MATERNAL HEALTH IN EAST AFRICA

She recommended that there was need to increase coverage and quality of care during pregnancy, childbirth and postnatal care to address these causes of death as well as their complications, both regional and national relevant policy and strategic frameworks should be given strong oversight, regulation and accountability mechanisms in order to improve maternal health, delivery of health services should be decentralized in all the Partner States to allow for a participatory decision-making at various levels of governance, and Partner States should recognize the role of the private sector, civil society and faith based organizations in the implementation of policies, strategic and health services in the region.

Ms. Joyce contended that the rationale of the project was premised on the fact that in the East African Community, maternal, neonates and child mortality continues to be unacceptably high coupled with lack of a RMNCAH Policy and Strategy at the EAC although the process of formulation had commenced; slow adoption and mainstreaming of rights based approach in to the EAC RMNCAH strategy implementation and no coordinated regional CSOs Platform for engaging the EAC on rights based approach to RMNCAH were some of the justification for the project.

She added that the goal of the project towards rights based approach to maternal health in East African Community was to have in place a rights based EAC Integrated Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2015-2015 and Strategy 2015-2020.

The specific objectives of the project towards rights based approach to maternal health in East African Community are three folds; advocate for the integration of the rights based principles/approaches to the EAC Integrated RMNCH Policy 2015-2025 and Strategic Plan 2015 – 2020, initiate, establish and coordinate a regional CSOs coalition towards rights based maternal health in East Africa and strengthen regional CSO’s ability to demand accountability for maternal mortality in the EAC region through monitoring and accountability.

Ms. Abalo noted that the key activities of the project were:-mobilization of the relevant CSOs to get involved in the process of developing the documents and to ensure all voices are represented, circulation of the draft EAC Integrated RMNCAH Policy and Strategy to relevant CSOs to make inputs on the provisions from the rights perspective, involvement and update of CSOs about the process of the EAC RMNCAH Policy and strategy so that they could give their input at every stage, representation of CSOs in all the meetings and discussions for development of the policy and strategy to ensure CSO voice were represented, provision of technical guidance in the development of the policy and strategy during the TWG meetings, coordination of the Policy and Strategy development between the EAC and the coalition members as a focal point, organization of the orientation meeting for the key CSOs health stakeholders on the project and the EAC RMNCAH Policy and Strategy, conducting an annual meeting for the taskforce members of the coalition to discuss progress on the project, dissemination of progress of the integration of RBA into maternal health policies, strategies and/or laws in the EAC to various stakeholders, participation in the Annual EAC Secretary General Forum and participation in meetings of the EAC Inter-Parliamentary Forum on Health, Population and Development.

The main outputs of the project were noted as follows; coalition awareness on the regional project towards rights based approach to maternal health in East Africa; regional coalition on rights based approach to maternal health in East Africa established and functional; comments and feedback from the coalition members on the draft EAC Integrated RMNCAH policy and strategy; coalition position papers/briefs to different for a on rights based approach to maternal health in East Africa.

The major outcomes of the project were an integrated right based EAC RMNCAH Policy and Strategy in place, a functional regional coalition on rights based maternal health policy in East Africa; and an active CSOs and partners advocating for rights based maternal health in East Africa.

While noting the progress thus far in the implementation of the project, Ms Abalo informed the workshop that EAHP has attended two meetings of the EAC TWG on RMNCAH: One in December 2014 in Kampala and the other in Nairobi from the 2-10th February 2015; EAHP has also attended one Sectoral Committee on health meeting that took place in Arusha Tanzania from the 23rd-27th February 2015 where the two draft RMNCAH Policy and Strategy were tabled for noting of progress.
5.0 OVERVIEW AND STATUS OF THE PROJECT TOWARDS RIGHTS BASED MATERNAL HEALTH IN EAST AFRICA

EAHP included rights-based and other relevant recommendations to the draft EAC communiqué for the symposium of accelerating progress for women and child health, disseminated communication of the project commencement to the key stakeholders in East. Commandable feedback and requests for partnership from these stakeholders have been received by the Platform Secretariat, convened a workshop on the 10th March 2015 in Nairobi themed “Building Partnerships for Advocacy for Integration of Rights–Based Approach to the proposed Integrated EAC Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and Strategy in East Africa” and was in preparation to attend and participate in the 5th EAC Health and Scientific Conference and International Trade Fair in Kampala, Uganda from the 25th -27th March 2015.

In conclusion, the Coordinator of the Platform, Ms. Abalo emphasized that rights based approach was one of the tools crucial for the realization of set targets for reducing mortalities and addressing social determinants to RMNCAH in East Africa. She appealed to the EAC Partner States to integrate rights based approach to the policy and strategy under development, its implementation and monitoring if preventable maternal and child mortality were to be addressed. She welcomed all to join and support the cause and contribute in all ways possible to bring to fruition a rights-based integrated EAC maternal, newborn, child and adolescent health policy 2015-2025 and strategy 2015-2020. In specific, she urged the health stakeholders to scale up their efforts in advocating for the rights-based approach to policy and strategy development, implementation and monitoring.

5.1. Questions, Answer and Comment Session

Comments: A participant was concerned that civil societies were not disseminating the information and knowledge gained from workshops and conferences. He urged that this culture should be discouraged and information shared with others through networks. He encouraged regional coalition to work with national coalition for the advocacy for rights based approach to policy and strategy.

Comment: EAC is still misconstrued as the concept of RBA especially when looking at its pillars. By emphasizing a people-centred and private sector-driven integration, the EAC should take on board CSOs contribution into the policy and strategy for these to be owned, sustained and implemented through partnership including the entire key stakeholder.

Question: What is the readiness of the EAC in the enforcement of RBA in policy and strategy so that we are assured of policy that will be implemented?

Answer: Dr. Rogers Ayiko from the EAC responded that at the EAC, whether it's a national or a regional organization, all that matter is that everybody is involved and included in the participation in the policy and strategy formulation process. He emphasized that what was key to the Partner States on the two documents was that the documents should be broad in scope and quality engagement of the stakeholders should be adequate to facilitate effective implementation. He assured the participants of their contribution and engagement through the Health Platform.

Question: What is it in for CSOs in this project?

Answer: The Coordinator, EAHP, responded by noting that this regional RBA project will leverage on the existing national and regional coalition on health to add stronger voices for advocacy at regional level by escalating the national voices on RMNCAH to regional agenda hence complementing the advocacy roles of national CSOs to regional level since the issues are the same.

Question: Is the project leveraging on linkages to access, affordability and sustainable financing?

Answer: Dr. Rogers Ayiko responded by noting that sustainable financing was becoming a serious debate in recent time as 40% of resources were being lost in mismanagement according to the study conducted by the East central and southern African health community (ECSAHC) and therefore, we should strengthen RBA to strengthen accountability for health resources. East Africa should focus on addressing bad health and mechanism by approaching individuals with means, reducing corruption and facilitate engagement with the private sector through PPP.

Question: The project is timely as the globe is discussing sustainable development goals. How are we using this project to ensure that the recommendations from East Africa were included in the sustainable development goals?

Answer: With regards to sustainable development goals, EAHP is already involved in the consultation process of the UN Secretary General Global Strategy on women, children, and adolescent and through this RBA principles would be included. Additionally, as most of the SDGs discussion were taking place in Europe and although African people do attend these discussion, meaningful participation were lacking due to funding challenges. CSOs were encouraged to build their capacity for these important global events and take advantage of the EAC regional framework which was under implementation. The region was advised to be self-reliant and resilient to RMNCAH.
6.0 STATUS OF RMNCAH IN EAST AFRICA: POLICY & STRATEGY: SALIENT FEATURES & STATUS

In his presentation, Dr. Rogers Ayiko, Principal Health System and Policy Officer, EAC stated that the trend and status of maternal health was not interesting as progress was slow and needed to be achieved and financed. He added that indicators on newborn was taken as a crosscutting for all the EAC Partner States and recommended that newborn was not supposed to be left out. He indicated that from 1990-2013, good progress were made in the annual reduction of maternal mortality for example Rwanda and Tanzania has already attained MDGs five, Uganda was close to attaining it but Burundi and Kenya he noted as having challenges in meeting these goals.

He underscored the importance of addressing neonatal mortality if under five mortality was to be realized in the region. He noted that CPR was a big area for rights. He then added that while the EAC was looked at as a market for free movement of workers, capital, labour, it also guided the policy and strategies under the 5th EAC development strategy. He highlighted the EAC integration process before delving into the EAC integrated RMNCAH policy and strategy.

He contended that working with networks such as the East African Health Platform was crucial for the EAC in the policy and strategy development process. He then highlighted the content of the draft EAC integration RMNCAH policy and strategy. He called upon EAHP to take advantages of the upcoming East African Health Research Commission for effective engagement and encouraged participants to be innovative in bringing up the rights based approach into the two policy.

6.1 Questions, Answer and Comment Session

Question: Dr. Aflodis Kagaba asked with regards to objective six of the policy. He stated that in Rwanda, there were beautiful policy and strategy on RMNCAH but there are still barriers to access to youth friendly services with only information provision available. He asked whether there was a model youth friendly centre in East Africa for Rwanda to borrow from?

Answer: Dr. Rogers recommended that the participants visit Naguru teenage centre in Kampala where young people interact with health service providers and support staff as a model youth friendly RMNCAH services.

Concern: It was mentioned that there was resistance to RMNCAH services in Kenya from the Catholic Church.

Comment: A participant requested that the draft RMNCAH policy should be linked to the EAC Youth policy. Furthermore, the EAC was advised to encourage girls who get pregnant at school to continue with their education after giving birth. In addition, the EAC was advised to consult extensively the youth in the formulation of this policy, that the draft EAC RMNCAH policy should facilitate the implementation of e-health and m-health and that the EAC define the various minimum health packages for the youth friendly services to be incorporated into the two policies and strategy.

7.0 COUNTRY STATUS & TRENDS ON ADVOCACY FOR RIGHTS BASED MATERNAL HEALTH POLICY & STRATEGY

7.1 Burundi

Ms. Delphine Nayikeza, National Coordinator from the World Outreach Initiative (WOI), made the presentation on the Burundi status and trend on RMNCAH and advocacy for rights based approach to maternal health. She opened her presentation by giving a brief background of WOI and its intervention in Burundi. She reported that Burundi is one of the poorest countries, ranked 166 of 169 2010 by the human development report. She added that Burundi had been politically unstable for long period which affected the public aid for development. With a population of 8.05 million people, 51% are under-18 and 20% under-5. She mentioned that Burundi had a population growth rate of 2.4% with a density of 310 people per square kilometer according to the DHS 2010 BDI.
7.1. Burundi

On statistics of maternal and child mortality in Burundi, Ms. Ndayikeza remarked that maternal mortality rate was 500 maternal deaths /100,000 live births (DHS 2010 BDI), infant mortality was at 56/1000 (Census, 2012), neonatal mortality rate was at 7.2 /1000, under five mortality rate was indicated to be at 96/1000, assisted deliveries was registered at 60% in 2010 (DHS 2010), antenatal care was covered at 99% Burundian women received antenatal care (at least one visit) from a skilled provider (DHS2010), delivery and postnatal care was recorded at 74% of Burundian births occurred in health facilities (DHS2010) and breastfeeding was at 69 % of children having been breastfed only at 6 months (DHS 2010).

She gave some best practices in Burundi for the improvement of women and child health as great commitment of the government and religious leaders for maternal health issues, Burundi has 636 health centers, 63% of them were private and 33% belongs to FBOs, free Health care for children under 5 years and pregnant women according to government decision of 2006, community-based health insurance scheme, (CAM: Carte d’assurance maladie) was established to provide universal health care and reduce financial barriers to reproductive, maternal, newborn and child health services, performance based financing system which rewarded community health worker cooperatives, health centers, and district hospitals for better patient follow-up and improved primary care indicators, such as the proportion of women delivering at health facilities and children receiving a full course of basic immunizations, construction of maternities, distribution of basic equipment of maternities with emergency transport and maternal death audits, community health workers trained to reach out the communities with information on different health issues and right orientations, linking health sector with other development sectors like education, water and sanitation, social protection and empowerment of women among others and the establishment of a national gender policy and structures to empower women and to prevent gender-based violence and resulting HIV and AIDS, trauma, establishment of a department of child and family Issues within the Ministry of National Solidarity, Human Rights and Gender to coordinate legislation and interventions.

She mentioned that were still challenges hindering the provision of health services for women and children in Burundi and these were; existence of disempowering health and gender policies such as inheritance rights for women, medicines distribution and management, Socio-cultural norms and religious barriers including gender based violence, and negative masculinities, low involvement of men in community health in general especially FP, PMTCT programs, HIV testing, low empowerment of women in decision-making related to their sexual and reproductive health, socio-economic status, inadequate communication tools to promote health, customer care in health services was not 24-hours available and 63% of health centers belong to FBOs and private institutions.

In terms of opportunities in advocacy for rights based approach in Burundi, Ms. Dayikeza mentioned that there were ready available and trained voluntary community actors, strong commitment of FBOs to contribute to infant and maternal health services, existing favourable partnership between Government and other health services actors in addition to compliment interventions from different actors on health provision for maternal and child health.

In her conclusion, Ms. Ndayikeza recommended there was need for a reinforced advocacy for maternal and child health in Burundi, health governance at the community level should endorse health services and strengthened partnership for provision of maternal and child health services.

7.2. Kenya

Mr. Miano Muene, the Executive Director, health Rights Advocacy Forum Kenya noted that despite increased efforts, maternal, newborn and child morbidity and mortality continue to be public health priorities in Kenya. He added that Kenya was rated among countries in Africa with insufficient progress in improving indicators for maternal health due to numerous challenges such as limited availability, poor accessibility and low utilization of skilled health care, poor quality of existing services, low coverage of Emergency Obstetric Care as well as child health services, high unmet need for family planning and reduced community involvement in maternal, newborn and child health care. He noted that Kenya was increasing access to maternal, newborn and child health (MNCH) services.
7.2. Kenya

He mentioned that among the interventions for improving maternal and child health services, Kenya was putting in place policies and strategies to support MNCH and defined high impact interventions for MNC, major milestone for MNCH was realised with the establishment of the Presidential Maternal Health Initiative following the general elections in March 2013, maternity fees abolished in public health facilities to remove financial barrier - modality for reimbursing incurred costs put in place, MNCH was profiled in Kenya’s political agenda - a move that has resulted in increased advocacy and commitment to MNCH services, and Emergency of Beyond Zero Campaign-galvanised public private partnerships.

He articulated the following challenges in Kenya; MNCH issues were not explicitly articulated in existing Kenyan legislations, strategies and policies, overall coordination for efficient and effective delivery of MNCH programmes both at national and county level was lacking, strategies and priority actions were not tied to the available resource envelope, mechanisms for resource mobilization towards MNCH not clear, inadequate health information system to inform better planning and budgeting, weak referral system especially for emergency response, no clear accountability mechanisms including no actions were taken when targets were not met and finally, mechanisms for enforcing implementation and adherence to laid down strategies & policies were lacking.

Mr. Munene concluded his presentation by noting that advocacy efforts were in top gear for the development and implementation of MNCH legislation that will help to: align MNCH programmes with Constitution, reposition MNCH agenda at all political, economic and development issues, allocate sufficient resources, strengthen coordination and leadership for MNCH services at both national and county level, establish a health system responsive to MNCH based human rights principles, clarify further national and county government roles and responsibilities towards MNCH, provide for mechanisms for accountability, legal re-address and penalties and ensure that the provision of MNCH service package at all levels of the health care delivery –including MNCH services addressing promotion, prevention, treatment and rehabilitation was improved.

7.3. Rwanda

Delivery by skilled personnel was 46% in 2005 and rose to 51% in 2010. He added that family planning prevalence was at 20% in 2005 up The Rwanda country status and trends on advocacy for Rights Based Maternal Health Policy and Strategy Development and Implementation was presented by Dr. Aflodis Kagaba, a Steering Committee member of the Platform from Health Development Initiative. He noted that maternal mortality in Rwanda has since 2000 been on decrease from 1071 per 1000 births to 283 in 2015. In terms of maternal health, Aflodis mentioned that there is a continued improvement in antenatal care attendance by mothers from 94% in 2005 to 98% in 2010; assisted delivery with trained personal has risen from 36 % in 2005 to 69% in 2010 while delivery in a health facility has increased from 30% in 2005 to 69 % in 2010.

Dr. Kagaba noted that success factors for the increase trend and status on improvement of maternal health and reduction in mortality was attributed to performance contracts including Health Indicators, provision of community based Health insurance, decentralization of services, availability of effective community health workers, implementation of performance based financing, promotion of local competition and accountability for performance, effective maternal death audits, improved referral chain down to the community level, increased allocation of Health Financing by both the government of Rwanda and development partners.

Dr. Kagaba added that Rwanda has developed and implemented a number of maternal health policies and strategies that has contributed to the success in the reduction of maternal mortality and these includes among others; Family Planning Policy, Rwanda’s Family Planning Strategic Plan, National Accelerated Plan for Women, Girls, Gender Equality & HIV, National Reproductive Health Policy, Third Health Sector Strategic Plan 2013-2018, Communication Strategies to Raise Awareness of the Provision of Legal and Safe Abortion in Rwanda and National Protocol for Operationalization of Exemptions for Abortion in the Penal Code of 2012.

Looking at the maternal health programme and campaign by CSOs in Rwanda, He noted that PMTCT Program was launched in 2001 where HIV testing was routinely offered to pregnant women at first ANC visit, results given same day, and if positive they are asked to bring children and any positive person were enrolled in treatment.
Dr. Pastory Sekule from the Christian Social Services Commission (CSSC) Tanzania made the presentation on the country trend, status and advocacy for rights based approach to maternal health in Tanzania. He started his presentation by noting that in Tanzania, neonatal mortality was on a decrease from 32/1000 live in 2005 to 26/1000 live births in 2010 and its anticipated to decrease further to 21/1000 live births by 2013. For under five mortality, he noted that in 2005 it was 112/1000, down to 84/1000 by 2010 and it’s expected to go down to 54/1000 by 2013. While maternal mortality was at 578/100000 live births in 2005 to 454/100000 live births in 2010 and its projected to go down to 410 by 2013. In terms of facility based delivery, Dr. Sekule mentioned that in Tanzania, the status of deliveries was at 47 % in 2005, increased to 50 % in 2010 and was expected to rise to 62 % by 2013. to 27 % in 2010 although this has still remained an unmet need in Tanzania. Antenatal attendance in Tanzania in 2005 was at 94 % and increased to 96%in 2010.

In furthering his presentation, he alluded to the fact that the significant progress made in attaining children mortality related MDG goal number five had been attributed to the multifaceted efforts made by the government and other key stakeholders including Civil Society Organization (CSOs) and Faith Based Organizations (FBOs) who played advocacy role for right based MNCH services in addition to large coverage of immunization services including newly introduced pneumococcal and Rota virus vaccinations & vitamin A supplementation as well as scaled up of integrated management of childhood illnesses (IMCI) and the use of insecticide treated bed nets as well as effective anti malarial medicines.

However, despite all these improvements, Dr. Sekule was concerned that there was still slow progress towards reduction of maternal and neonatal mortality which contributed almost 32% of under five mortality in the country. Therefore, there was a strong need for government and CSOs including FBOs continued efforts in reversing the situation through promoting right based maternal health services.

In terms of best practices on maternal and under five health services, he informed the workshop that in Tanzania, these services were exempted from cost sharing and offered free of charge even in private owned facilities which were reimbursed through public private partnership (PPP) and hence created a room for universal access to quality services for all mothers and children, there was inclusion of MNCH services as mandatory package in Comprehensive Council Health Plans (CCHPs) at district level which created an avenue for districts to plan and allocate resources based on their priorities, participation of women in decision making bodies had tremendously increased in the last 20 years since the Beijing Conference with Tanzania currently at 40% in the Judiciary, 36% in the National Assembly and 31% in the cabinet respectively, increased access of girls and women to education opportunities which is an essential element in enabling women to make informed choices in issues related Sexual reproductive Health (SRH) i.e. family Planning (FP), child spacing and number of children and established Gender desks for dealing with gender based violence (GBV).

Dr. Sekule noted that there were still challenges in promoting Maternal, Newborn and child health services in Tanzania and these included; budget constraint that was not aligned to the Abuja Declaration of 15% budget allocation for the health sector, low coverage of health insurance scheme which stood at 15% coupled with weak community Health Fund which creates difficulties in achieving universal health coverage particularly in rural areas, prevailing traditional practices such low male involvement in sexual reproductive Health (SRH) issues, late health seeking behavior, home deliveries, early and forced marriages and genital mutilation in some area of the country and inadequate engagement of the private sector through public Private Partnership (PPP) in addressing some of the MNCH identified gaps/challenges. These he noted setback the ongoing advocacy for universal access to quality MNCH services in terms of provision of heath education, infrastructures, essential medicines and equipment.

Dr. Sekule examined the available opportunities in the Tanzanian context for advocacy for right based maternal health policy, strategy and implementation due to an enabling environment for implementation as:- the proposed constitution of Tanzania does recognize access to quality maternal health services as a human rights, participation of women in decision making bodies was up to 50%, presence of policy and legal frameworks which promoted right based policies and guidelines related to maternal health such as Tanzania vision 2025, National Strategy for Growth and Reduction of Poverty (NSGRP), Health Policy, health sector strategic plan III (HSSPIII), one sharpened plan for reducing maternal, newborn and child death in Tanzania and primary health services development programme (PHSDP), ongoing development of the National Health Financing Strategy which will focus on both promoting universal coverage of all vulnerable groups to health insurance schemes and engagement of private sector through PPP.
7.4. United Republic of Tanzania

Premised on the available opportunities, Dr. Sekule recommended that CSOs including FBOs in Tanzania and East Africa in general has enabling environment for advocacy for inclusion of right based principles in the MNCH related policies and strategies as the country had included Health sector in particular MNCH issues in the Big Results Now (BRN) initiative as one of the key results area, build strong advocacy platform which would raise voice in coordinated manner in all issues related to right based MNCH issues including building of strong accountability systems for tracking allocated resources in order to bring desired results, tapping in resources through PPP from emerging philanthropists in the region in filling the exiting resource gaps in improving MNCH services as Post 2015 Development Agenda in achieving SDGs.

In conclusion, Dr. Sekule quoted that “Delay in taking right decision at home, delay in reaching to the health care facility and delay in receiving care at the facility account for many women losing their lives. Increasing awareness and improving access to modern health care facilities will greatly help to save many lives..” from HE Jakaya Mrisho Kikwete; President of United Republic of Tanzania.

7.5. Uganda

Mr. David Kabanda, Programme Coordinator, Center for Health Human Rights and Development made the presentation on Uganda’s CSOs experiences in advocacy for RBA into policy formulation, implementation and evaluation.

He informed the workshop that in Uganda, 16 women die every day from preventable maternal health related complications, government phased out traditional birth attendants and all user fees in its hospitals. In sharing the experiences of CSOs in advocacy for a rights based approach to maternal health, he narrated to the workshop that CEHURD together with other CSOs in Uganda in 2011 petitioned Ugandan government in the Constitutional Court seeking to secure a declaration that non-provision of essential maternal health commodities in government health facilities leading to the deaths of thousands of expectant mothers was an infringement on the right to health of the mothers. He contended that the reason for the petition was to bring forward the judiciary as the third arm of government to address maternal mortality which is not only a public health issue but also a human rights concern.

He informed the workshop that the petition was the first of its kind to engage the court to make declarations on the right to health in Uganda. He added that although the judges went ahead and appreciated the petition, they noted that they appreciate the issues raised by the petitioners regarding the unsatisfactory provision of basic maternal health services towards expectant mothers and also highlighted the fact that such issues could be litigated upon through other legal alternatives such as enforcement of rights through the high court. They further advised the petitioners to appeal to the Supreme Court for a decision on the same.

He contended that although they lost out on the case, it was a great jurisprudence that have later turned into major successes, raised more discussion on the issue from a legal/human rights perspective and out of the petition, CEHURD was invited by the Ministry of health Uganda to develop a training manual on gender and Human Rights, trained the health workers in Uganda on RBA and marked the beginning of CSOs involvement of into the technical working team of the Ministry of Health in Uganda.

He then shared an example of a maternal death in Uganda of a woman named Sylvia Nalubowa who had twin pregnancy, went to a health Centre III, got retained yet she was supposed to be referred 40 kms away on a non-tarmac road without an ambulance and on arrival into a pickup, she reached to the hospital at around 8:30pm, there was –no doctor—nurses on call, asked for commodities and airtime to call doctor, there was none and worst both mother and attendant didn’t have. Her cries and yelling did not help, blood oozed out profusely and she died after midnight.

In his conclusion, he noted that the “tragedy of maternal death is not just that it is a death that occurs at a time of expectation and joy but rather it was one of the most terrible ways to die.......a woman would see herself bleeding to death with no help able to stop the bleeding, seeing a woman in that agony is a scene that cannot be forgotten”
8.0 Setting the Agenda: Advocacy for Integration of RBA in EAC RMNCAH Policy & Strategy

The participants of the workshop unanimously agreed for the establishment of a regional CSOs coalition for advocacy for the integration of rights based approach to RMNCAH Policy and Strategy in East Africa to be represented by national and regional member organizations. In addition, participants agreed to share important interventions on rights based approach for collective input and support.

8.1. Establishment of Regional Task Force for Advocacy for RBA in RMNCAH Policy & Strategy

The participants agreed on the following organizations to constitute the national task force and national focal points for advocacy for Rights Based Approach to Maternal Health in East Africa.

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<tr>
<th>Names</th>
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<tr>
<td>Ms. Delphine Ndayikeza</td>
<td>World Outreach Initiative (WOI)</td>
<td>Burundi</td>
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<td>Mr. Miano Munene</td>
<td>HERAF</td>
<td>Kenya</td>
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<tr>
<td>Dr. Aflodis Kagaba</td>
<td>Health Development Initiative (HDI)</td>
<td>Rwanda</td>
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<td>Dr. Pastory Sekule</td>
<td>CSSC</td>
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<td>Mr. David Kabanda</td>
<td>CEHURD</td>
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8.2. Road Map for Advocacy a Regional Maternal Health Policy and Strategy in East Africa

The following were the key activities agreed upon during the workshop as road map for advocacy for the integration of rights based approach to maternal health policy and strategy in East Africa for the next six to seven months.

1. Mobilization of CSOs and citizens for national consultation on the draft EAC integrated RMNCAH Policy and Strategy;
2. Participation in the next Drafting Expert Meeting on RMNCAH Policy and Strategy;
3. Participation in the regional validation workshop on the EAC integration RMNCAH Policy and Strategy;
4. Provision of regional feedback on the progress of the development of the EAC Integrated RMNCAH Policy and Strategy;
5. Development of the Regional List Serve (mailing list of the coalition members and interested health stakeholders in East Africa on Rights Based Approach to Maternal Health in East Africa.)
9.0 CLOSING REMARKS

In his closing remarks, Dr. Kamamia Murichu, the Secretary General, EAHP noted that Reproductive rights are essential to the realization of all human rights since they encompass a spectrum of civil, political, economic, and social rights from the right to health and life to the rights to equality and non-discrimination, privacy, information, and right to be free from torture or cruel, inhuman, and degrading treatment. He added that States’ obligations to guarantee these rights would require that women and girls not only have access to comprehensive reproductive health information and services but also that they experience positive reproductive health outcomes such as lower rates of maternal mortality and have the opportunity to make fully informed decisions—free from violence, discrimination, and coercion—about their sexuality and reproduction.

He mentioned that there were various challenges that still existed within the region’s health systems with regard to unmet family planning demands, capacity for safe maternal healthcare is not available, and where available it’s overstretched and was other times far away from the reach of the patients. He also noted the inadequacy in the health laws to address the above issue and therefore, underscored to importance of the workshop gathering as a start to the long journey that will lead to the culmination of a regional RMNCAH policy and strategy that will adequately address maternal, neonate, child and adolescent health.

He contended that the future of any country depended on the health of its population and workforce. He appreciated the importance of civil society in connecting with people at the grassroots. He added that for the success of every policy, civil society needed to be involved, consulted and their contribution taken on board. He advised that for the EAC region to grow economically and integrate socially, capacity must be built and anchored in law for the benefit of its citizenry having in mind a fully integrated right based approach that will be fully accountable for rights and resources.

He recommended that for the region to strive in the elimination of preventable maternal and neonatal deaths, there was need for a coordinated approach for solving common problems within the region, therefore, it’s very crucial that the coordinated partnership that has commenced under the auspices of EAHP with the EAC, OSIEA, GIZ, civil society and faith-based organizations and other interested partners in the realization of the integrated regional RMNCAH policy and strategy should continue until the goal of the project was realized.

He recommended EAHP as the umbrella advocacy body of health providers was best placed to offer leadership in the coordinated approach to the development of the regional RMNCAH policy and strategy and called upon CSOs and faith-based organizations to work closely with EAHP in the RBA project.

He concluded his remarks by noting that he was confident that the process that have started will be written in history, and that one day we will all feel proud to have been the initiators of this process, he then called on the development partners to continue support to EAHP and wished everyone safe journey to their respective destinations.

***END***