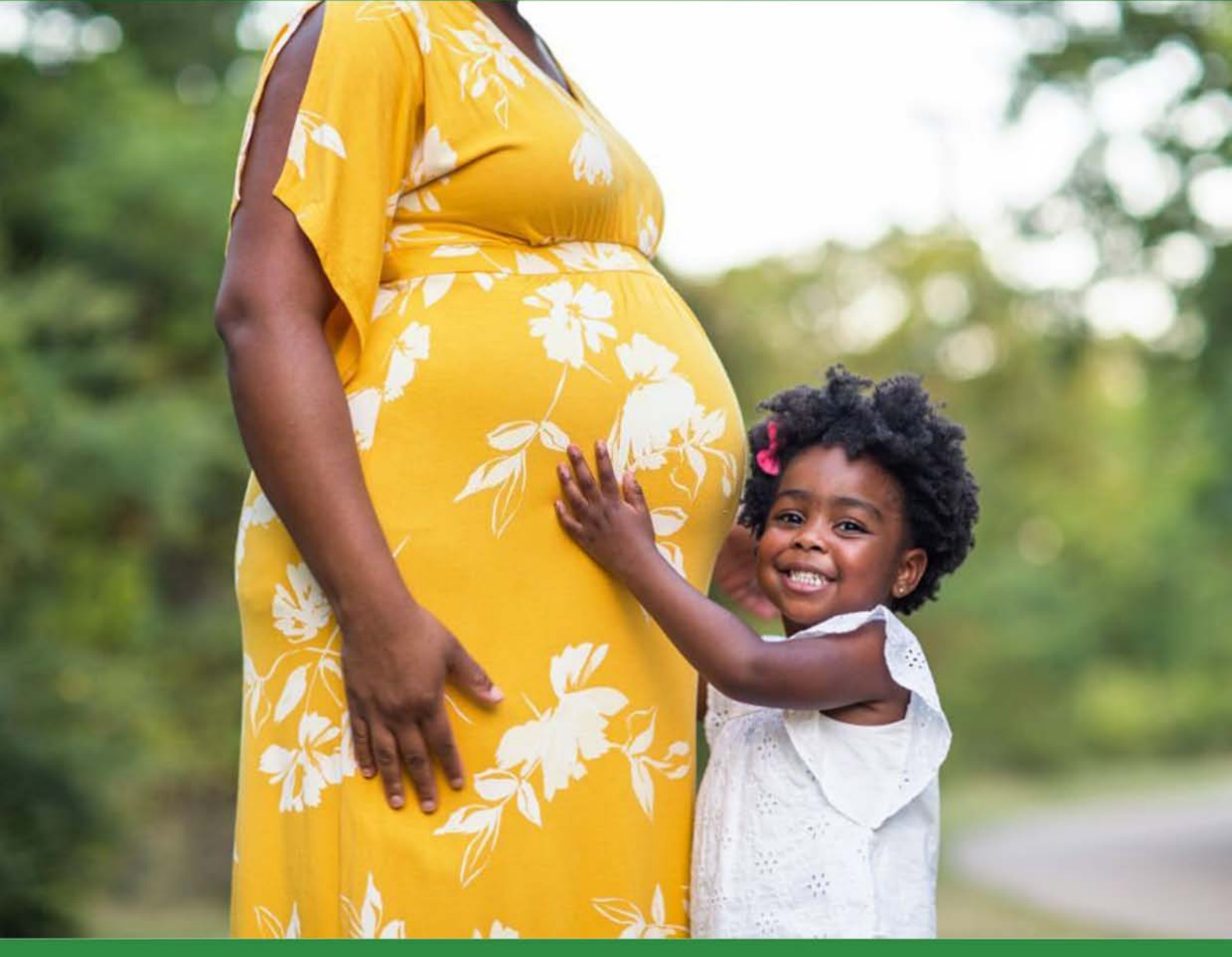
African Union

Re-strengthened Campaign on Accelerated Reduction of Maternal Mortality in Africa CARMMA Plus (2021-2030) Roadmap



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Abbreviations

Abbreviation	Definition
AA-HA!	Accelerated Action for the Health of Adolescents
AIDS	Acquired Immunodeficiency Syndrome
ACERWC	African Committee of Experts on Rights and Welfare of the Child
ADI	Addis Declaration on Immunization
APF	Accountability and Partnership Framework
APRM	The African Peer Review Mechanism
ASRH	Adolescent Sexual and Reproductive Health
ASRHR	Adolescent Sexual and Reproductive Health and Rights
ATM	Aids,Tuberculosis and Malaria
AU	African Union
AUC	African Union Commission
AUDA	African Union Development Agency
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CAMH4	4 th Session Conference of African Union Ministers of Health
CDC	Centre of Disease Control
CEN-SAD	Community of Sahel-Saharan States
CFE	Contingency Fund for Emergencies
COMESA	Common Market for Eastern and Southern Africa
COMFWB	COMESA Federation of Women in Business
CoP	Community of practice
CRVS	Civil Registration and Vital Statistics
CSO	Civil Society Organization
DHIS2	District Health Information System 2
DSA	Department of Social Affairs
DTP1	Diphtheria,Tetanus, Pertussis-containing vaccine (Single dose)
EAC	East African Community

ECCAS	Economic Community of Central African States
ECOWAS	Economic Community of West African States
GAVI	The Global Alliance for Vaccines and Immunizations
GBV	Gender-based violence
GFF	Global Financing Facility
HCW	Health Care Worker
HHS	Health, Humanitarian Affairs and Social Development
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HPV	Human Papilloma Virus
HRH	Human resources for health
ICPD	International Conference on Population and Development
ICT	Information and Communication Technologies
IDA	International Development Association
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IGAD	Intergovernmental Authority on Development
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MDSR	Maternal Death Surveillance and Response
MMR	Maternal Mortality Rates
MNCH	Maternal, Newborn and Child Health
MPDSR	Maternal Death and Perinatal Surveillance and Response
MPoA	Maputo Plan of Action
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organization
PPE	Personal Protective Equipment
REC	Regional Economic Communities

RMNCAH	Reproductive, Maternal, New-born, Child and Adolescent Health
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STATAFRIC	Pan-African Institute for Statistics
STC-HPDC	Specialized Technical Committee on Health, Population and Drug control
TB	Tuberculosis
ToR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
UN	United Nations
VAC	Violence Against Children
VPD	Vaccine-Preventable Diseases
WAHO	West African Health Organization
WHO	World Health Organization

Foreword

Most Low- and Middle-Income Countries (LMICs) could not meet the Millennium Development Goals (MDGs) target of reducing the maternal mortality rate by three quarters during the period between 1990 and 2015, with countries in Africa still carrying the highest burden of maternal deaths of up to two-thirds of global deaths. A review done on several 2015 countdown case studies indicated that it was evident that MDG five (5) on maternal mortality reduction was off track in several African Union (AU) member states, a decade to the end line. This resulted in the endorsement of the Maputo Plan of Action 2006 and subsequently 'The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) Initiative' by the African Union Commission (AUC), to reduce maternal, newborn and child mortality by improving health outcomes for women and children in Africa.

Following a decade of implementation of the CARMMA campaign from 2009 to 2019, an evaluation was conducted in 2019 and it revealed good progress in several member states as a result of the continued placement of women, children and adolescent health, high on political and global agendas. However, the evaluation also documented a number of challenges in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) ranging from the operationalisation of the campaign continent-wide and within member states to weak health systems that could not take on the additional demands of the CARMMA campaign. It remains clear that efforts need to be accelerated to achieve the African Union Agenda 2063 and the Sustainable Development Goals (SDGs) targets of Maternal Mortality Rates (MMR) of less than 70 maternal deaths per 100,000 live births and no country should have higher than 140 maternal deaths per 100,000 live births by 2030.

The task ahead means that the African Union member states should do things differently, while building on what has worked in their own context, to be able to achieve expected reproductive health outcomes for women, children and adolescents by the year 2030. As we seek to build a prosperous Africa based on inclusive growth and sustainable development as per the African Union Agenda 2063, we are urged to continue investing in the health of women, children and adolescents in ensuring healthy lives and promoting well-being for all ages.

The re-strengthened CARMMA Plus campaign will continue to be a useful platform to advocate for the delivery of better health outcomes and in providing a self-assessment platform for AU member states on matters of health, particularly for women, children and adolescents. The Commission continues to encourage high political commitment and leadership for RMNCAH at the national level to sustain the purpose and spirit of the CARMMA Plus campaign.

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Commissioner for Health, Humanitarian Affairs and Social Development,
African Union Commission

Acknowledgement

Continuation of the CARMMA campaign as a commitment toward ending preventable maternal deaths by 2030 was part of the recommendations in the 2017 Report on the Status of MNCH in Africa, which were endorsed during 30 th Ordinary Session of the African Union Assembly (Assembly/AU/Dec.680(XXX)) that took place in January 2018 in Addis Ababa. The Ministers of Health then adopted the revised African Union health policy instruments and extended the CARMMA campaign to 2030, in line with the SDGs (EX.CL/Dec.970(XXXI).

During the development of the re-strengthened campaign following the in-depth evaluation, the African Union Commission organized consultative meetings with recognized Regional Economic Communities (RECs), partners and key stakeholders. We thank all RECs (COMESA, CEN-SAD EAC, ECCAS, IGAD WAHO and UMA) for their valuable involvement to inform the CARMMA Plus and partners (GAVI, USAID, UNFPA, IPPF, AMREF-Health Africa, Save the Children, MSD for Mothers, UNAIDS, UNICEF, WACI)

The Department of Health, Humanitarian Affairs and Social Development would like to extend its appreciation to Dr. Dunstan Bishanga (Dar es Salaam, Tanzania) for his technical leadership in designing the CARMMA Plus Roadmap with support from Mr. Hardi Bakari Nyari (Monitoring and Evaluation Expert) and Ms Dorothy Wambeti Njagi (Strategic Communications Expert) within the directorate of Health and Humanitarian Affairs of the African Union Commission.

Executive Summary

The campaign on accelerated reduction of maternal mortality in Africa (CARMMA) was an initiative of the African Union Commission (AUC) that aimed to curb the continentally-high pregnancy-related deaths. The campaign's objective was to promote and advocate for the renewed and intensified implementation of the 2006 Maputo Plan of Action (MPoA) to reduce maternal, newborn and child mortality by improving health outcomes for women and children in Africa (Assembly/AU/Decl.1(XI)). The Campaign was launched in May 2009 under the theme: **"Africa Cares: No Woman Should Die while Giving Life".** The CARMMA campaign was designed to use **policy dialogue, advocacy and community mobilization** to enlist political commitment and increase resources and societal change in support of MNCH. The campaign was driven by the Member States where they were expected to demonstrate their commitment to maternal, newborn and child health by nationally launching CARMMA, and developing follow-up implementation plans to monitor the progress of their commitments. Following the in-depth evaluation of the campaign conducted in 2019 by the AUC, the Commission organized consultative meetings with partners, key stakeholders and recognized Regional Economic Communities (RECs) to determine ways to strengthen the CARMMA campaign. The re-strengthened CARMMA Plus was endorsed at the 41st Ordinary Session of the Executive Council EX.CL/Dec.1168- 1188(XLI) held from 14th- 15th July 2022, following the review by Experts and adoption by Ministers of Health at the fourth (4th) Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC-4).

The next phase of implementation (CARMMA Plus) will focus on unfinished Millennium Development Goals (MDGs) health agenda for women, newborns, children and adolescents. Similarly, it will take into account the sustainable and transformative agendas of the Global Sustainable Development Goals (SDG's) and Agenda 2063 the Universal Health Coverage by 2030, and the Global Strategy for Women's, Children's and Adolescent's Health (2016-2030) for women and children with a specific focus on adolescent health. It is expected that the CARMMA Plus campaign will serve as a catalyst to member states in efforts to end preventable deaths (survive), ensure health and well- being (thrive) and expand enabling environments (transform) for women, children and adolescents. Considering the expanded scope of CARMMA Plus, the new slogan will be **"Africa Cares: Better reproductive health for women, children and adolescents by 2030".** The new slogan focuses on people-centered reproductive health outcomes inclusive of women, children and adolescents. Meaningful male involvement will also be part of the initiative to realize improved RMNCAH in Africa.

The four key objectives of the CARMMA Plus include to: 1). Strengthen leadership and governance for RMNCAH policies and quality services 2). Strengthen leadership and governance for RMNCAH policies and quality services 3). Improve SRHR Outcomes for adolescents through increased access to information and services, and 4). Strengthen knowledge management and learning systems. With the new scope of the campaign, much action is expected to take place within member states hence calling for local ownership and leadership, with support from AU recognized Regional Economic Communities (RECs). Partners including multilateral organizations, development partners, civil society organizations, private sector and academic/research institutions will be instrumental in providing both technical and financial support to the campaign at regional and country levels. The African Union Commission will continue working as a secretariat to provide coordination at the continental level.

1. Introduction

The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) is an initiative of the African Union Commission (AUC). The campaign was aimed at promoting and advocating for renewed and intensified implementation of the 2006 Maputo Plan of Action (MPoA) to reduce maternal, newborn and child mortality by improving health outcomes for women and children in Africa (Assembly/AU/Decl.1(XI)). The Campaign was launched on 7 th May 2009 during the 4 th Session of the Conference of African Union Ministers of Health (CAMH4) held in Addis Ababa, Ethiopia under the theme: "Africa Cares: No Woman Should Die while Giving Life". The AUC launched the campaign with increasing concerns regarding the continuing vulnerability of pregnant women and the untenable high rates of maternal mortality in Africa and in a bid to add value to ongoing efforts. The main objective of the campaign was to expand the availability and use of universally accessible quality health services, including those related to Sexual and Reproductive Health (SRH), which are critical to reducing maternal mortality. The CARMMA Campaign has served as a platform that advocates for improvement in Maternal, Newborn and Child Health (MNCH). The campaign was designed to use policy dialogue, advocacy and community mobilization to enlist political commitment, increase resources and societal change in support of MNCH.

The CARMMA initiative was led by the AU's Department of Social Affairs to promote and advocate for renewed and intensified implementation of the Maputo Plan of Action on Sexual and Reproductive Health and Rights (African Union Commission, 2006a), with special emphasis on the accelerated reduction of maternal mortality. The campaign's launch was fundamentally about addressing issues of poverty, inequality and the low status women occupy in societies. In making the campaign more comprehensive, inclusion of new-born and child health as part of the campaign came up as one of key recommendations from the 5 th and 6 th sessions of the African Union Ministers of Health, convened in 2011 and 2013, respectively. **"Africa Cares: No Woman Should Die While Giving Life"** was the slogan CARMMA adopted to show that Africa should act to prevent deaths amongst those giving life to societies, to communities and to nations. Following the continental launch of CARMMA in 2009, AU member states started introducing the campaign at national levels to take ownership and provide the necessary leadership and commitment. Through institutionalizing of the campaign into national programs, for example, the 'South Africa cares: No woman should die while giving life' in 2012, and 'Ethiopia cares: No women should die while giving life' in 2010, CARMMA became decentralized into several member countries. Since its inception, 51 African Union (AU)

Member States had launched the CARMMA Campaign as of December 2019.
Development of this new roadmap for re-strengthening the campaign follows recommendations from an evaluation of the CARMMA campaign 2009-2019. The evaluation recommended that the CARMMA campaign needs to be revised to reflect the changing reality as it is reflected in Africa's transformative Agenda 2063, the global Sustainable Development Goals (SDGs), the revised African Health Strategy 2016-2030, and the revised Maputo Plan of Action (2016-2030). The Evaluation Report and its recommendations were subsequently endorsed by the AU Policy 12 Organs. In addition, sub-sequent consultative meetings with the campaign's key stakeholders agreed to the recommendation of the evaluation report to strengthen collaboration with the RECs and stakeholders to accelerate the implementation of the re-strengthened CARMMA campaign at both regional and country levels.

2. Background: Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH) in Africa

The Millennium Development Goals (MDGs) project is one of the most successful stories in Africa, with several countries meeting most of the goals: Goal 2 (education), Goal 4 (reducing child deaths by two thirds) and moreover, significant reduction in communicable diseases (TB, malaria, and HIV/AIDS) was registered in several member states. Since MDG targets showed significant reduction in percentages, countries with baseline high morbidity or mortality—although they met the set MDG targets—still have high maternal mortality rates (MMR). At the end of the MDGs in 2015, the Maternal Mortality Ratio had improved from 965/100,000 to 542/100,000 live births in Africa, a reduction of about 44%. However, the estimated annual total number of maternal deaths in Africa was still at 195,000 in 2015, and a woman had a 1 in 37 lifetime risk of dying as a result of maternal death on the continent. Thus, most Low and Middle income Countries (LMICs) could not meet the MDGs target of reducing maternal mortality rate by three quarters between 1990 and 2015, with countries in Africa still carrying the highest burden of maternal deaths of up to two-thirds of global deaths (Alkema et al., 2016; Kassebaum et al., 2014). Apart from the nine countries who met MDG5 (reducing maternal mortality by 75%), only two were from Africa: Cape Verde and Rwanda.

A review of several 2015 countdown case studies indicated that it was evident that MDG5 on

maternal mortality reduction was off track in several AU member states, before a decade to the end line. This resulted in the endorsement of the Maputo Plan of Action 2006 and subsequently to 'The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) Initiative' by the African Union Commission (AUC), to reduce maternal, newborn and child mortality by improving health outcomes for women and children in Africa.

In spite of regional and national efforts, several member states, continued to record the highest maternal, child, adolescent and reproductive population morbidity and mortality in Africa. As it is discussed in section 3 below, despite the progress in several member states reported by the evaluation of the CARMMA campaign in 2019, it also documented a number of challenges in RMNCAH ranging from political commitment to problems in the health system. Thus, RMNCAH in Africa remains the unfinished agenda of the Millennium Development Goals. In 2015, the global community adopted a set of 17 Sustainable Development Goals (SDGs) setting benchmark targets for global development between 2015 and 2030, which are intended to build on the momentum generated by the MDGs (United Nations, 2016). It remains clear that efforts need to be accelerated to achieve the SDG target of MMR less than 70 maternal deaths per 100,000 live births and no country should have higher than 140 maternal deaths per 100,000 live births by 2030. The task ahead means that the African states should do things differently, while building on what has worked in their own context, to be able to achieve expected reproductive health outcomes for women, children and adolescents by year 2030 (Agyepong et al., 2017; Souza et al., 2013).

3. CARMMA Evaluation and Rationale for a Re-strengthened Campaign

In 2019, the AU Commission undertook an evaluation of the CARMMA campaign (EX.CL/Dec.1074(XXXVI)) to determine the relevance, appropriateness, effectiveness, efficiency, impact and sustainability of the campaign. The evaluation was intended to determine how the campaign should move forward in the context of Africa's transformative Agenda 2063, the Global Sustainable Development Goals (Agenda 2030), the UN Secretary-General's Global Strategy on Women's, Children's and Adolescents' Health and other related global initiatives.

3.1 Findings from the Campaign's Evaluation

The evaluation revealed that member states that embraced the campaign at the highest political

levels made significant improvements in their RMNCAH indicators. The target audience of the campaign was appropriate as it considered the political structures of the member states that were critical for buy-into the CARMMA campaign. It was generally concluded from the evaluation that:

a. The CARMMA campaign generated interest and contributed to sustaining the agenda for women's health and provided a vehicle for many other initiatives with similar focus.
b. The advocacy strategy implemented under the CARMMA campaign is still relevant for Africa, the conceptual design of the CARMMA advocacy and communication strategy was useful, and its successes can be built upon to galvanize efforts to improve the health of women, children and adolescents.
c. The CARMMA campaign generated significant successes that has resulted in the continued placement of women, children and adolescent health, high on political and global agendas.

Nevertheless, the evaluation documented a number of challenges both related to the health systems as well as operationalization of the campaign at continental and member states level. Accordingly, a number of recommendations were made to re-strengthen the campaign for the period 2021 to 2030 and beyond, including:

1. Re-strengthen Political Will and engagement from member states on RMNCAH partnerships
2. Strengthen Monitoring and Evaluation, and Accountability
3. Establish and expand linkages with academic institutions and other partners, including communities
4. Increase linkages with other AU reporting Frameworks and Initiatives
5. Increase focus on adolescent sexual and reproductive health
6. Strengthen cross-sectorial partnership for RMNCAH delivery
7. Strengthen collaboration and working modality with Regional Economic Communities (RECs) and all partners and stakeholders
8. Improve disaggregated data for communication and delivery
9. Improve disaggregated data on sexual and reproductive health of adolescents
10. Enhance resource mobilization strategy at national and regional levels for RMNCAH

These recommendations are therefore making a basis for the next phase of the CARMMA campaign.

3.2 Rational for the Re-strengthened Campaign

Overall analysis of the campaign from its evaluation indicated that CARMMA is still relevant in Africa. It was appreciated that the campaign was able to create a continent-wide advocacy movement in Africa for addressing MNCH. The branding strategy was appropriate and built on the poignant issue of caring for Africa's women, illustrated by the slogan Africa Cares: No woman should die while giving life. The campaign succeeded in influencing national policies; for example, member states revised their national policies to provide free maternal and child health services and institute maternal death audit systems. Nevertheless, informants during the evaluation expressed their opinion that the CARMMA campaign had not adapted overtime and it lacked adequate linkages with new efforts that have arisen after the initial launch and advent of new global strategies and initiatives. Accordingly, it was recommended that it was high time to re-design CARMMA in a way that incorporates new ideas as well as new adaptive direction. It is also important to note that improving maternal, newborn,

child and adolescent health remains a key agenda for the African Union and the continent in general. The need to end preventable child and maternal deaths by 2030 was declared in 2014 at the African Union, Twenty-third ordinary session in Equatorial Guinea (Assembly AU DECL 2 (XXIII)). This decision marked to be significant leading to the second- revised MPoA (2016- 2030), which also aligned the Africa MNCH with new global initiatives and emerging continental needs. During the first and second sessions of the new Specialized Technical Committee on Health, Population and Drug control (STC-HPDC) in 2015 and 2017 respectively (Assembly/AU/Dec.365(XVII)), the ministers recognized that maternal, new-born, child and adolescent health remained un-finished business in Africa, and that much needed to be done to achieve the SDGs and specifically the targets summarized in the Global Strategy for Women's, Children's and Adolescents Health 2016. Continuation of the CARMMA campaign as a commitment towards ending preventable maternal deaths by 2030 was part of the recommendations in the 2017 Report on the Status of MNCH in Africa, which were endorsed during 30 th Ordinary Session of the African Union Assembly (Assembly/AU/Dec.680(XXX)) that took place in January 2018 in Addis Ababa. Accordingly, the ministers adopted the revised African Union health policy instruments and extended the CARMMA campaign to 2030, in line with the SDGs (EX.CL/Dec.970(XXXI).

Box 1: Expected actions for the CARMMA Plus

- Scaling up what works and increased domestic resources for the adequate provision of maternal, newborn, child and adolescent programs.
- Increased accountability of the implementation of the CARMMA campaign.
- Stronger partnerships for RMNCAH, that involves the AU recognized RECs and the private sector.
- Strengthened data systems that provide accurate disaggregated data for improved reporting.

To that end, the re-designed CARMMA Plus campaign will continue being a useful platform to advocate for the delivery of better health options for African mothers, children and adolescents, in the context, of the Agenda 2063 and SDG periods. It will continue to provide a self- assessment platform for AU member states on matters of health, particularly of women, children and adolescents, while being guided by key actions summarized in Box 1.

4. Scope and Focus of the CARMMA Plus

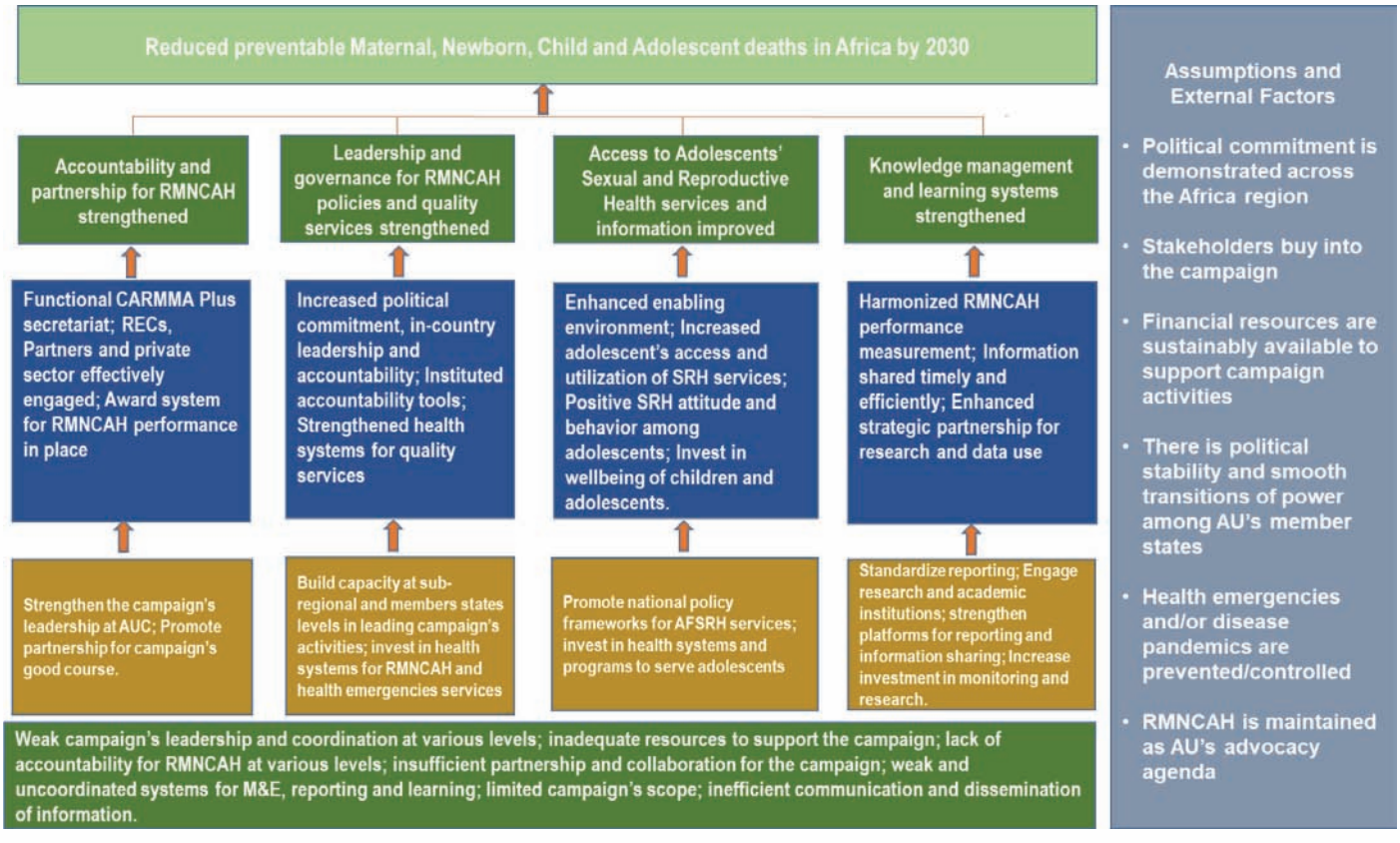
The period of implementation for the re-strengthened CARMMA campaign (CARMMA Plus) is from 2021 to 2030. The campaign will continue to focus on the unfinished Millennium Development Goals' (MDGs) health agenda for women, newborns, children and adolescents, and consider the

sustainable and transformative agendas of the global Sustainable Development Goals (SDGs) and Agenda 2063 for MNCH including particular focus on adolescent health. The campaign is aimed at promoting and advocating for renewed and intensified implementation of the Maputo Plan of Action (MPoA) 2016-2030 (African Union Commission, 2016) to reduce maternal, newborn and child mortality by improving health outcomes for women, children and adolescents in Africa. The CARMMA Plus aligns to a number of regional initiatives that focus on ensuring optimal health in women and children, particularly the Africa Agenda 2063, and the Maputo plan of Action 2016-2030 (African Union Commission, 2015, 2016). The campaign will also serve as a context appropriate platform for African member states in realizing results under global commitments such as; the UN Global Sustainable Development Goals (SDGs 2030), the Universal Health Coverage by 2030, and the Global Strategy for Women's, Children's and Adolescent's Health (2016-2030)(Every Woman Every Child, 2015; United Nations, 2016; World Health Organization, 2017b). Such initiatives and commitments underpin the focus on delivery of quality and affordable health services to promote maternal, newborn, child and adolescent health. It is expected that the CARMMA Plus campaign will serve as a catalyst to member states in efforts to end preventable deaths (survive), ensure health and well-being (thrive) and expand enabling environments (transform) for women, children andadolescents.The slogan used from the launch of the campaign, 'Africa Cares: No woman should die while giving life' was key in the campaign's messaging hence helped the audience including key stakeholders and the general public to identify with the ethos of reducing maternal and child mortality. Considering the wider scope of CARMMA Plus, the new slogan will now be **"Africa Cares: Better reproductive health for women, children and adolescents by 2030".** The new slogan focuses on people-centered reproductive health results inclusive of women, children and adolescents. Meaningful male involvement will also be part of the initiative to realize improved RMNCAH in Africa.

Considering the lessons and recommendations from the evaluation of the CARMMA (2009 - 2019), and from preliminary consultations with African Union recognized Regional Economic Communities (RECs), and partners, the re-strengthened CARMMA (CARMMA Plus) campaign redefines its scope to give a deserved attention to some key areas including:

- Sexual and reproductive health of adolescents
- Person-centered care and continuous quality improvement in MNCAH health services
- A more meaningful engagement of the private sector in the actual technical implementation and beyond resource mobilization.
- Emphasized role of Governments in the campaign with a strengthened approach to the monitoring of commitments among member states. This is further addressed in the accountability partnership framework (AUC, 2020).
- Improved knowledge management, monitoring and evaluation of the campaign that calls for strengthened collaboration with African academic and research institutions.
- Planning for improved RMNCAH services during pandemics and health emergencies, following lessons from the COVID-19 pandemic.
- Proactively engaging RECs, Civil Society Organizations, partners, and communities in promoting the campaign's agenda.
- Working towards sustainability beyond the 10 years of the CARMMA Plus campaign.

Proposed strategies aim at building capacity of AU's member states and RECs to be able to continue with the campaign's agenda even beyond year 2030. The campaign will facilitate implementation of the Accountability Partnership Framework (APF) and



To achieve its intended results, the CARMMA Plus campaign will be implemented hand in hand with the two recently developed AU's frameworks, namely; the Accountability Partnership Framework (AUC, 2020) and the Communications and Resource Mobilization Strategy 2018-2030 (African Union, 2019a). **The communication and resource mobilization strategy** 2018-2030 (Annex 1) provides a strategic framework that drives the implementation of CARMMA Plus. This strategy supports the advocacy, accountability and resource mobilization objectives of the campaign. Elements of the strategy include: policy advocacy, program advocacy media sensitization, social mobilization for enhanced stakeholder involvement, community empowerment and social change, and resource mobilization to attract funding for the campaign. Results from implemented communication and resource mobilization activities will feed into the overall CARMMA Plus objectives given that this is a cross cutting strategy. Expected outputs of the strategy (Box 2) are obviously in alignment with the purpose and objectives of the CARMMA Plus campaign.

Box 2: Expected Outputs of AU's Communication and Resource Mobilization Strategy 2018-2030

1. Enhanced political commitment and leadership by AU member states
2. Effective monitoring, evaluation, reporting and follow-up systems in place
3. Partnerships, commitments and networks developed and maintained
4. Increased knowledge by the public about CARMMA activities
5. Improved data collection and reporting by AU

The CARMMA's Accountability Partnership Framework (APF) (Annex 2) establishes an accountability mechanism for monitoring the campaign implementation progress and seeks to provide a platform, at a continental level, for acting on promises and pledges made to end the preventable deaths of mothers, newborns and children. The Framework seeks to build on existing structures, partnerships and events to provide a roadmap for how a mechanism can effectively hold all parties involved to account, with a focus on sustaining the initiative. This is in recognition of the fact that AU in principle is a political institution, not an implementer nor operational. Hence, having the framework of the partnership is actually to bring in partners who can and are interested in aligning their operational agendas with the political objective of the AUC. The CARMMA Plus campaign will develop interval workplans (e.g. starting with the first 3 years) considering the engagement and commitments of RECs, partners and stakeholders. The work plan will have defined outputs with timelines to facilitate planning, implementation and regular assessment of progress made with implementation of the campaign.

Stakeholders and key actors for the CARMMA Plus

The strategies and activities proposed in this roadmap for the CARMMA Plus campaign 2021- 2030 assume that the campaign's key stakeholders will be actively engaged to ensure the campaign succeeds. Despite that this is a regional campaign, much action is expected to take place within member states hence calling for local ownership and leadership, with support from AU recognized Regional Economic Communities (RECs). The AUC recognizes that there is already a number of existing initiatives in the region working to address RMNCAH challenges and improve wellbeing of mothers, newborns, children and adolescents. Hence, the CARMMA Plus will prioritize leveraging and building synergy with other initiatives to minimize duplication of efforts. The main focus of this campaign remains not necessarily to implement standalone projects but rather to create a coordinated momentum that will accelerate achievement of better reproductive health for women, children and adolescents by 2030. Accordingly, the African Union Commission will continue working as a secretariat to provide coordination at regional level. Partners including multilateral organizations, development partners, civil society organizations, private sector and academic/research institutions will be instrumental in providing both technical and financial support either directly to the campaign or through their support to RMNCAH activities at regional and country levels. Table 1 below summarizes expected roles for the stakeholders, which are further explained under objective 1 of the roadmap while making a reference to the Accountability Partnership Framework (AUC, 2020) (Annex 2).

TABLE 1 : CARMMA- PLUS KEY ACTORS AND THEIR EXPECTED ROLES

Stakeholders	Roles and responsibilities
I. AUC HHS & II. CARMMA Secretariat	a) Coordinate the implementation of the re-strengthened CARMMA Accountability Framework b) Update validated list of CARMMA indicators
Stakeholders	**Roles and responsibilities**
	c) Update African Health Stats website, CARMMA website, CARMMA Scorecards and social media platforms d) Coordinate the preparation of the biannual RMNCAH Status Report e) Coordinate the review and monitor the progress and implementation of CARMMA Plus at statutory meetings including the MNCAH Task Force and STC-HPDC, f) Establish electronic CARMMA Plus Community of Practice g) Utilize the resources and findings from the African Peer Review Mechanism (APRM) to bolster the CARMMA Plus review process h) Present evidence for action at Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC). i) Coordinate the implementation of the Mama Afrika Award. j) Implement the communication and resource mobilization strategy and promote use of digital media such as social media, in publicizing information on the Campaign to the target audience k) Enhance monitoring and evaluation in promoting evidence-based advocacy l) Mobilize funds at the AUC level to enable the CARMMA Plus Secretariat to improve accountability of the CARMMA Plus initiative, and make follow-up to ensure that continent -wide strategies are implemented effectively m) Coordinating regional partnerships and stakeholders
RECs	a) RECs support the implementation of the re-strengthened CARMMA Plus Accountability Framework and its 3-year work plan. b) Encourage potential partners and AU member states to improve collection of vital statistics; c) Encourage potential partners and AU member states to streamline and harmonize their current reporting requirements, and improve tracking of expenditure related to RMNCAH. d) Conduct advocacy especially with member states to ensure

Stakeholders	Roles and responsibilities
	that data is provided through AU institutions e) Perform follow-up visits to member states to support monitoring of commitments f) Coordinate the nominations for the biennial Mama Afrika Award g) Facilitate submission from Regional CARMMA Plus reports from member states h) Ensure the integration and institutionalization of CARMMA Plus objectives within national frameworks and the Universal Health Coverage agenda. i) Channel information about CARMMA Plus agenda by leveraging existing platforms of RECs. j) Member states through RECs: Continued engagement and use of local structures for implementation of the campaign at national level. k) Collaborate with the Commission to engage parliamentarians and other politicians in promoting the campaign's agenda l) Promote partnerships with academia and research institutions and other stakeholders
I. Multilateral organizations II. Development partners III. Civil society organizations IV. Private Sector actors V. Invited potential partners	a) Support the implementation of the re-strengthened CARMMA Accountability Framework and its agreement to 3-year work plan b) Present evidence for action to the Commission. c) Provide technical assistance and capacity building support to the AUC, RECs and member states to facilitate implementation of multi-sectoral strategies for improved RMNCAH outcomes d) Support the biennial Mama Afrika Award. e) Support field visits to member states f) Provide technical and financial support to member states in implementing the CARMMA Plus activities g) Provide technical support to the CARMMA Plus Secretariat to the Commission to develop the biennial MNCH status report.

5. Key Objectives and Strategies under CARMMA- PLUS (2021-2030)

Objective 1: Broaden and Strengthen Accountability and partnership for RMNCAH

Right from its inception, the CARMMA campaign called for ensuring accountability where every single loss of a mother's or child's life should be accounted for. The WHO African Ministers of Health meeting held in Luanda, Angola, in 2014 resulted in a draft known as the Luanda Declaration (AUC/WHO/2014/Doc.4) in which ministers of health deliberated to end preventable maternal and child deaths in Africa by 2030. Understanding that such commitments require a deliberate follow-up, the Ministers of Health deliberated on a mechanism to assess the implementation of declarations and other commitments made by African Ministers of Health, and development partners concluding in a commitment to establish an accountability mechanism. The accountability mechanism aimed to contribute to improving the effectiveness, efficiency, impact and sustainability of commitments made by African Ministers of Health. The need to strengthen the accountability mechanism was universally identified by participants in the campaign's evaluation, hence it was recommended that the Commission should seek support from partners especially those supporting national and regional accountability systems to strengthen REC and national accountability mechanisms.

Box 3: 13 Guiding Principles for the Accountability Partnership Framework

- Accountability and transparency
- Advocacy
- Alignment
- Communication
- Dialogue
- Equity
- Harmonisation
- Inclusivity
- Partnership
- Ownership
- Leadership
- Unification

The CARMMA evaluation's major recommendation stated that the Commission should act to put in place an accountability mechanism that monitors campaign implementation progress, and more specifically identify key quantitative and qualitative indicators or parameters that are measured against the ideal levels, best practices or international standards. The evaluation identified the need to strengthen linkages with partners, including academic, private sector actors and civil society organizations (CSOs) at the member state level, develop strong coordination mechanisms and ensure alignment of partner priorities with country needs for effective implementation and

synergy of high-impact MNCH interventions (AU Commission, 2019).

In response to the CARMMA (2009-2019) evaluation's recommendation, the AUC developed the Accountability Partnership Framework that seeks to build on existing structures, partnerships and events to provide a roadmap for how a mechanism can effectively hold all parties involved to account (AUC, 2020). It is expected that the effective implementation of the CARMMA Accountability Partnership Framework, guided by the 13 guiding principles (Box 3), will facilitate holding political leaders accountable for the attainment of milestones set out in global and regional declarations, policy frameworks and development agendas targeting RMNCAH. The Accountability Partnership Framework presents detailed activities to achieve this strategy (Annex 2).
The framework calls upon campaign's stakeholders and potential partners to renew and revitalize their efforts to support accelerating the reduction of preventable maternal, newborn and child mortality by 2030 and promote optimal health and development of women, children and adolescents. To achieve meaningful engagement of the campaign's stakeholders, it will require building on strengths and considering limitations with key institutions particularly the AU's secretariat for the campaign, and the individual AU's recognized RECs. Appendix 2 summarizes some comparative advantages and limitations to be considered when engaging such institutions.

1.1 Facilitating the set-up of a fully functioning CARMMA Plus secretariat

Findings from the CARMMA campaign's evaluation demonstrated difficulties for the Commission to track the national-level implementation of CARMMA campaign due to the lean staffing of the AUC team leading the campaign, which led to some member states carrying out the campaign's activities with limited support. A campaign secretariat with sufficient staff and technical capacity was initially envisioned, but never put in place. For improved efficiency and coordination, a full functioning secretariat should be set up and goodwill and accountability for the next phase of the campaign.

Activities:

1.1.1 Develop and put through AU policy organs a terms of reference (TOR) for the Secretariat: In order to create a common understanding among the campaign's stakeholders and obtain their cooperation, a clear TOR will be required to guide the functioning of the CARMMA Plus secretariat. The CARMMA secretariat will focus on the following three areas;

1. Overall continental coordination of the CARMMA Plus Campaign
2. Partnership and coordination with AU recognized RECs, Partners and Stakeholders through the CARMMA Accountability Partnership Framework Partnership management, Resource mobilization and advocacy towards further implementation of the re-strengthening of the CARMMA Plus campaign in line with its accountability partnership framework.
3. Maintaining a robust monitoring and reporting system that communicates the CARMMA Plus activities, achievements and progress, using modern technology. Making sure the information is accessible, visible and understandable for the campaign's stakeholders.

1.1.2 Develop a staffing plan for the CARMMA Plus Secretariat: The AUC will develop/finalize a staffing plan for the CARMMA Plus secretariat. Efficiency and cost-effectiveness should guide the setting up of the CARMMA Plus secretariat. To ensure efficiency and timely follow up of activities

at sub-regional levels, the AUC should consider having some positions seconded to the RECs. The position working from the REC's office would be responsible with coordination of CARMMA Plus activities among partner states within a respective sub-region.

1.1.3 Develop the Operational budget and the resource mobilization plan: To have its operations financially supported, the CARMMA Plus secretariat will develop realistic budgets, in order to implement work plans for this roadmap (Appendix 4) and the Accountability Partnership Framework Implementation Plan (Table 2 of Annex 2). This will also be in line with the AU's communication and resource mobilization strategy (Annex 1).
1.1.4 Implement monitoring and evaluation plans for both the CARMMA Plus roadmap (Appendix 3) and the Partnership Accountability Framework (Annex 2).

1.2 Promoting strategic engagement of Regional Economic Communities (RECs)

Existence of the AU recognized Regional Economic Communities is an opportunity to be tapped by the AUC to reduce the logistical effort required to coordinate the campaign in the region. The RECs are closely integrated with the AU's work and serve as its building blocks. The relationship between the AU and the RECs is mandated by the Abuja Treaty and the AU Constitutive Act (African Union, 2000; OAU, 1991). However, the first phase of the CARMMA campaign was reported to have inadequate involvement of the AU recognized RECs, which could be attributable to lack of adequate coordination between the AUC campaign team and RECs, competing interest of the RECs and the challenging political landscape. Going forward, the political will at the level of AU recognized Regional Economic Communities (RECS) needs to be strengthened to enable the RECs to play a more active role in the implementation of the CARMMA Plus campaign. The campaign should also leverage the comparative advantage of RECs, both to advance campaign goals and address specific issues, such as sustainable domestic financing of CARMMA activities and regional accountability mechanisms that feed into the continent-wide accountability mechanism. The CARMMA Plus will engage RECs more, expecting them to facilitate member states sustain interest in the RMNCAH agenda.

Activities:

1.2.1 Identify already existing reports from RECs and incorporate RMNCAH issues: RECs to ensure that existing reports from RECs include regional RMNCAH issues, as well as CARMMA Plus agenda, for instance the annual gender reports submitted by COMESA's member states. The AU recognized RECS to submit the reports to the CARMMA secretariat to be used for monitoring progress of the campaign.

1.2.2 Use existing structure with RECs to discuss the agenda of CARMMA Plus: RECs should capitalize on existing structures and platforms of RECs, to ensure RMNCAH issues are higher up in the agenda. Through such platforms, the campaign will reach political leaders and other influential personalities within respective regions.

1.2.3 Plan and execute joint strategic activities between the AUC and RECs: Building close working relationship between RECs and the CARMMA Plus campaign could entail leveraging resources and executing joint strategic activities in promoting the RMNCAH agenda. Such activities would include joint monitoring, joint evaluation (whenever possible) and regular information

exchange, joint documentation of best practices and success stories, all of which could help strengthen working relations and sustaining the campaign's momentum.

1.3 Strengthening partnerships with partners and stakeholders committed to the implementation of the CARMMA Plus

Partnership and collaboration are one of the ten action areas of the revised Maputo Plan of Action 2016-2030 (AUC, 2016). Over a decade of CARMMA implementation, working with development partners, UN agencies and NGOs facilitated implementation of planned strategies for RMNCH and improved partnership & coordination in some countries. From the evaluation, it was realized that the strong national and regional level partnerships through the CARMMA campaign helped to contextualize and domesticate the AU MNCH agenda leading to the campaign being perceived as "home grown". However, there was still a demonstrated need to strengthen linkages with partners at the regional and country levels, develop strong coordination mechanisms and ensure alignment of partner priorities with country needs for effective implementation and synergy of low-cost and high-impact RMNCH interventions, along with the ability to measure their impact.

Activities:

1.3.1 Strengthen meaningful inclusion and involvement of all Reproductive Maternal New- born, Child and Adolescent Health (RMNCAH) related partners: Increased RMNCAH partnerships at the regional and country levels was reported as one of the strengths of the CARMMA campaign (2009-2019) from the evaluation. To keep the momentum and capitalize on this partnership, the CARMMA Plus will use its Accountability Partnership Framework to systematically identify and document such RMNCAH partners at both regional and country levels; raising awareness and sharing CARMMA Plus priorities with the partners; establish deliberate engagement and interaction mechanisms such as having focal persons per organization, ensuring their participation in the campaign's activities, and capitalizing on AU's platforms to publicize relevant partners' success stories on RMNCAH agenda; and get them connected to existing campaign coordination bodies at both regional and country levels. All partners and stakeholders that shall commit to the Accountability Partnership Frameworks will be expected to spearhead the campaign's agenda based on their respective comparative advantages.

1.3.2 Promote public policy advocacy in partnership with grassroots' organizations: CARMMA was designed to use policy dialogue, advocacy and community mobilization to enlist political commitment, increase resources and societal change in support of MNCH. Existing structures, platforms and organizations present a vehicle for the campaign to efficiently achieve that goal through RECs and partners. Lessons from the CARMMA campaign evaluation indicated that creating networks with grassroots communities and their leaders, via member states, will help tap into the role of women and custodians of culture to stimulate demand for services and reduce barriers to care. During the CARMMA Plus (2021-2030), the campaign should carry out the mapping of organizations to establish a database of civil society organizations working on RMNCAH advocacy at regional and national levels. Partnerships can also facilitate stakeholders' analysis to inform advocacy strategies, with correct packaging of

evidence to policy and program level decisions that will increase visibility and knowledge by the public about CARMMA Plus activities.

1.4 Promoting strategic engagement of a private sector for RMNCAH

The private sector is recognized to be playing a critical role in health particularly of women, children and adolescents. The role of the private sector including foundations in RMNCAH is demonstrated through health financing, health services provision, and provision of technology and innovation. Besides, the private sector carries a potential to support the CARMMA Plus campaign by providing resources for advocacy activities, and even contributing through technical expertise. Despite the private sector growing exponentially in the region, there has been little policy to guide the growth. To that end, recent development has focused on strengthening the private sector engagement and public-private partnership. For instance, the Assembly of the African Union, Twenty-First ordinary session, held in Addis Ababa, Ethiopia, on 26-27 May 2013 (Assembly/AU/Dec.477(XXI)) stated the importance of working with the private sector including pharmaceutical manufactures to ensure availability of RMNCAH commodities.

Activities:

1.4.1 Reach out and engage the private sector for RMNCAH resource mobilization: As part of implementation of the AU's Communication and Resource Mobilization Strategy, 2018-2030 (African Union, 2019), the Commission will have deliberate efforts to reach out and engage the private sector to support campaign's activities. Staffing for CARMMA Plus secretariat will have a designated officer with relevant skills and qualifications in private sector engagement and resource mobilization. Through monitoring of the APF work plan, the CARMMA Plus secretariat will continue working with RECs and member states to monitor resources from the private sector to support the campaign.

1.4.2 Capitalize on expertise from the private sector in advancing RMNCAH agenda: The private sector is full of expertise that could be instrumental in the implementation of the CARMMA Plus campaign. The campaign's secretariat will regularly assess, identify and access needed expertise from the private sector in line with prevailing campaign's priorities. For instance, the private sector can be so resourceful in generating innovative technologies for implementation, communication and monitoring and evaluation of the campaign.

1.4.3 Mobilize support from the private sector in implementing accountability awards for RMNCAH: Implementation of the awarding system to promote accountability in RMNCAH will require financial resources. One of such initiatives is the Mama Afrika Awards (detailed in section 1.5). The private sector, and particularly business entities, are potential collaborators on such initiatives as part of their social responsibility. Accordingly, the Commission will reach out to the private sector entities with a clear plan and budget to solicit the needed support and sponsorship of activities such as the Mama Afrika Awards under the various categories based on their comparative advantage.

1.5 Strengthening Mama Afrika award system by introducing biennial award scheme

The Mama Afrika Award (Assembly/AU/Dec.494{XXII}) has been instituted to recognize individuals, organizations, communities, and companies who have made remarkable efforts to ensure that Africa's mothers, newborns, children and adolescents thrive. The awards shall be given to those who make a major breakthrough in care for mothers, newborns, children and adolescents; demonstrate long-term service dedicated to maternal, new-born, child and adolescent (MNCAH) survival; those who have ensured women and newborns survive childbirth and thrive in particularly adverse conditions; and those who have raised standards, quality and resources for RMNCAH in a significant way. The Awards are intended at recognizing real-life African heroes and heroines, including organizations from around the African continent. They intend to commend those who exercise dedication, professionalism and compassion in the care of Africa's women and babies during and after childbirth. The award shall be held every two years. The award intends to start with a minimum amount of 10,000.00USD (ten thousand dollars), a certificate of recognition and a statue/trophy. The award package may be reviewed as necessary.

Activities:

1.5.1 Finalize and disseminate criteria for Mama Afrika award: The commission will consultatively review and finalize criteria to be used for selection of award winners. The award will focus on 5 categories with clearly defined criteria for nominations. These include:

i. Innovation in use of Information and Communication Technologies (ICT) to improve RMNCAH services
ii. Financing RMNCAH services
iii. Capacity building of RMNCAH service providers
iv. Innovative integration of RMNCAH services, including adolescent friendly services
v. Community mobilization and improved access inclusive of groups in humanitarian and conflict situation
vi. Research in the area of RMNCAH, data and knowledge management

Nominations will be based on services to/dedication to/achievements in maternal, new-born, child and adolescent survival on the continent. Nominators must provide evidence and clear results of:

a) A major breakthrough in care for mothers, newborns, children and adolescents;
b) Long-term service dedicated to maternal, newborn and child survival;
c) Services to women, children and adolescent and their survival in particularly adverse condition;
d) Raising standards, quality and resources for RMNCAH in a significant way at governmental level.

1.5.2 Coordinate biennial Mama Afrika Awards: Every two years the Commission will coordinate implementation of the Mama Afrika Awards under the auspices of the RMNCAH champion for the region. The award shall be organized at a continental level but scaled down to the five regions of the African Union. The five regional awards shall be referred as follows:

1) Mama Afrika Award – Central Africa Chapter
2) Mama Afrika Award – East Africa Chapter

3) Mama Afrika Award – North Africa Chapter
4) Mama Afrika Award – South Africa Chapter
5) Mama Afrika Award – West Africa Chapter

1.5.3 Mobilize resources for Mama Afrika Awards: The CARMMA Plus intends to approach private sector funds and foundations, individuals and talented groups like artists and sponsors to support the award for a minimum of four (4) years. The AUC will sign the agreement with sponsors to ensure that the awards are independent of the agendas of the sponsor. Other visibility benefits for sponsor may be negotiated provided that they don't interfere with the primary goal of the campaign.

Objective 2. Strengthen leadership and governance for RMNCAH policies and quality services

The renewed Maputo Plan of Action 2016-2030 (MPoA) identifies political commitment, leadership and governance amongst the ten action areas 1 seeking to advance the continent's goal of universal access to comprehensive sexual and reproductive health services in Africa beyond 2015 (AUC, 2016). The findings of the evaluation of the CARMMA campaign strongly suggest that AU member states that embraced the campaign and placed emphasis on political leadership and commitment, made tremendous improvements in their maternal and child health indicators. Lack of resources was a major hindrance for implementing advocacy activities for CARMMA at the national level, with member states stating during the CARMMA's evaluation that competing interests limited resources that were made available for advocacy (African Union, 2019b). In ensuring that women, children and adolescents are core to the political agenda of member states, the CARMMA Plus will continue focusing on advocacy for increased political commitment and the mobilization of domestic resources and investment in support of RMNCAH. Implementation of the Accountability Partnership Framework (APF), the communication and resource mobilization strategy will be central to this initiative.

2.1 Increasing political commitment towards further and better implementation of the CARMMA Plus

Political will and commitment from political leaders at all levels is crucial in accelerating reduction of preventable maternal, child and adolescent deaths by 2030. Acceptance and ownership of the CARMMA campaign by member states towards a continental call to action to ensure that 'no woman dies while giving life', was one of the strengths of the initial phase of the campaign. Since its inception, CARMMA's implementation approach used high-level personalities, which led to increased awareness and enhanced political commitment and leadership for MNCAH in-country, ensuring that the MNCAH agenda was high on the political agenda of member states (African Union, 2019b). CARMMA Plus will build on the momentum already set to enhance ownership, goodwill and accountability for the campaign at continental, regional and national levels.

Activities:

2.1.1 Identify and continuously engage National CARMMA –Plus Advocacy Champions: The AU's member states should work closely with RECs and other RMNCAH related partners to identify individual and/or organizational champions that can promote high- impact interventions improving health of women, newborns, children and adolescents reducing maternal, newborn,

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child and adolescent's mortality. As stipulated in the Accountability Partnership Framework (APF) 2 , National CARMMA Champions will play a role in various activities of the campaign including; updating validated list of CARMMA Plus indicators, monitoring and review of the campaign progress, participating in an electronic CARMMA Plus Community of Practice (CoP), and implementation of the Mama Africa Awards. The Champions will also help with closely monitoring any change in political leadership among members' states for renewed advocacy to sustain the purpose and spirit of the CARMMA Plus campaign.

2.1.2 Track expenditure on RMNCAH: Mobilization of domestic resources and investment in support of RMNCAH is core to CARMMA's vision. Increased mobilization and allocation of resources, particularly of domestic resources, demonstrates a high political will in support of maternal, newborn, child and adolescent health. Expenditure analysis should go hand in hand with monitoring of program results to inform on efficiency and cost- effectiveness of interventions. The CARMMA's Accountability Partnership Framework intends to expand the CARMMA score card to assess expenditure on RMNCAH issues. RECs and RMNCAH partners are urged to support the member states to be able to track resources spent on RMNCAH, analyze data and use information in national policy and accountability processes. Several indicators related to RMNCAH expenditure are detailed in the CARMMA harmonized and updated indicator table within the APF 3.

2.2 Strengthening and supporting In-country leadership for CARMMA Plus

To be successful, the CARMMA campaign requires a strong action at country level across its multiple levels of influence within the socio-ecological model; that is, individual, interpersonal, organizational, community and public policy. The APF urges AUC country member states and non-governmental partners to take leadership in the implementation of the CARMMA Plus in realizing accountability and reduction in maternal, newborn, child and adolescent mortality in Africa. [4]

Activities:

2.2.1 Identify, recognize and empower country-level CARMMA Plus coordination team: The re-strengthened campaign should invest in strengthening country level teams that will be involved in day-to-day implementation and reporting of the campaign's activities. Each country will likely benefit from having a designated CARMMA's focal person with clearly defined roles, to facilitate efficient coordination with RECs, as well as the AU's secretariat. The AU's focal persons in member states will also be resourceful in providing support to the campaign in both advocacy and mobilization of resources.

2.2.2 Engage and build capacity of Ministries of Health: A sectorial Ministry for health matters, usually the Ministry of Health, is expected to be providing technical leadership in RMNCAH programming to end preventable deaths of women, children and adolescents. Such capacity however, varies from country to country. RECs should work with other RMNCAH relevant partners, such as UN agencies and Development Partners, to engage and provide support to the Ministries for successful implementation of the CARMMA Plus. Depending on the campaign's set up at country level, a specific partner may be assigned to a particular country to serve as "a mentoring agency" for a specified period of time and/or for specific areas of

support.

2.2.3 Develop human resource capacity for effective advocacy on RMNCAH issues: enhanced capacity of member states and local partners at country level will contribute not only to relevant policy change, but also to improved system capacity to achieve and sustain the outcomes of CARMMA Plus. This could entail facilitating strategic advocacy planning sessions, conducting online trainings, and by advocating together on issues that requires joint advocacy positions. It should go beyond awareness meetings, workshops and visits. Increasing awareness around CARMMA Plus and its agenda, as a responsibility of campaign's stakeholders, will assist in increasing resources and political will towards its implementation.

2.2.4 Harmonize and support national level activities in promoting the agenda of CARMMA Plus: The AU recognized RECs and RMNCAH relevant partners should be able to recognize and provide support to individual countries in carrying out activities related to the CARMMA campaign. Such support would include; guidance on planning for the campaign's events/ activities; development and production of tools and materials for the campaign; monitoring and reporting of the CARMMA's activities; etc. Partners are expected to align and harmonize their priorities with those of the campaign for synergy. Developing consolidated periodic plans (annual or semi-annual) that include planned activities for individual countries and/or regions may help with coordination and tracking of implementation and reporting.

2.3 Reinforcing accountability towards prioritization of RMNCAH among African member states

Reproductive, Maternal, Newborn, Child and Adolescent Health is already depicted to be among big priorities in the African continent. The revised MPoA is intended to have African Governments, together with civil society, the private sector, and all multi-sector development partners, to ensure that the continental policy framework on Sexual and Reproductive Health and Rights (SRHR), Agenda 2063 and SDGs (African Union Commission, 2006b, 2015; United Nations, 2016) are achieved in order to end preventable maternal, newborn, child and adolescent deaths by 2030, and to improve health and development. Accordingly, the CARMMA Plus campaign presents a mechanism to follow through on such commitments. Based on milestones set out in global and regional declarations, policy frameworks and development agendas targeting RMNCAH, the campaign should work to hold political leaders accountable. This will be reinforced through implementation of the Accountability Partnership Framework, which emphasizes on accountability to begin with national sovereignty and the responsibility of a government to its people and to the global community.

Activities:

2.3.1 Support campaigns for institutionalization of health legislation and policies for improved access to RMNCAH services: Through partnerships, the CARMMA Plus will support efforts in creating friendly legal environment among AU's member states to facilitate access to RMNCAH service as it is stipulated in the MPoA (2016-2030). The campaign will identify such issues and advocate for improvement including:

- Removal of legal, regulatory and policy barriers limiting women, men, young people and adolescent's access to SRH commodities, programs and services.
- Streamlining legislative frameworks, policies and operational strategies that govern

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partnerships and collaborations in the health sector.

- Enacting, reviewing and enforcing laws that prevent early and child marriages and ensure access to safe abortions based on national laws and policies.
- Enacting, reviewing and enforcing family-friendly laws and policies that support families in providing nurturing care for children and adolescents.

2.3.2 Facilitate prioritization of RMNCAH into national development plans and budgets: AU's member states, through active engagement of governments, partners, communities and civil society, will strive to facilitate inclusion of evidence based and high-impact RMNCAH interventions into development agenda at continental, regional and country levels. This will entail identifying such priorities and interventions and sharing them to appropriate platforms. For cost effectiveness and leveraging of resources, RMNCAH's partners are urged to align to and support government's priorities.

2.4 Promoting institutionalization of the African Union Mortality surveillance program and Maternal and Perinatal Death Surveillance and Response (MPDSR)

Improving maternal, neonatal and child health is public health goals for every country. Reliable and consistent information about the extent, nature, magnitude and cause of deaths are crucial not only for planning, prioritizing health systems and informed distribution of resources but also needed for improving the quality of care at the service delivery point (WHO, 2016). In 2018, Centre of Disease Control (CDC) launched the Africa Mortality Surveillance Program to support African Union Member States in developing well-functioning and complete civil registration and vital statistics systems (CRVS), which will include full registration of births, deaths and causes of death occurring inside and outside health facilities (African Union and Africa CDC, 2018). The program's goal is to improve mortality data quality for the African continent through the three objectives summarized in Box 4. The importance of this program was recognized by African Ministers responsible for Civil Registration through a declaration in Lusaka, Zambia at their fifth conference (African Union, 2019c). The Ministers also urged AU member states to publish annual quality vital statistics to guide policy organs in developing responsive strategies.

Box 4: Objectives of the AU's Mortality Surveillance Program

1. Increase the total number of Member States with accurate, sub-nationally representative cause of death data
2. Build country surveillance capacity and support African Union efforts to implement CRVS in all African countries
3. Monitor and evaluate progress in mortality surveillance

Since 86% of the African countries already use the Integrated Disease Surveillance and Response (IDSR) system and technical guidelines adopted to the national context, incorporation of IDSR and RMNCAH scorecard indicator implementation through African Health Stats is a low hanging fruit. This will facilitate timely action to guide prioritization of studies related to maternal mortality, improving maternal mortality statistics, enhancing accountability for maternal health as well as allocating resources more effectively and efficiently by identifying specific needs (WHO, 2010). Updating and harmonization of member states MPDSR guidelines, in line with WHO's guidance and the goal of the Mortality Surveillance Program, is crucial towards elimination of preventable maternal and newborn deaths. Introduction and/or strengthening of Confidential Enquiries into Maternal Deaths and Near-Miss Case Reviews will help African member states to understand which women are dying and

why, and hence invest in scaling up high impact interventions to end preventable maternal deaths. The AU/Africa CDC Mortality Surveillance Program aims to harmonize all existing mortality data, regardless of how it's derived, into a continent-wide cause-specific mortality dashboard, build in-country surveillance capacity and supporting AUC efforts to implement CRVS in all African countries.

Activities:

2.4.1 Strengthen the implementation of Mortality Surveillance Program and MPDSR and integration to AU institute of statistics: AU member states will be encouraged and supported to strengthen and advocate the continuation of the Maternal and Perinatal Death Surveillance and Response (MPDSR) system inclusive of disaggregated data on adolescents and ensure the linkage of data to the AU institute of statistics website on timely submission. While the majority of countries demonstrated established practice, the quality of MPDSR and Mortality Surveillance Program implementation should be standardized and interoperable across the African region by sharing of best practices across member states which will be supervised by Monitoring and Evaluation (M&E) expert from the CARMMA secretariat through different communication platforms including social media.

2.4.2 Facilitate African member states to have updated MPDSR guidelines and Mortality Surveillance Program as part of national frameworks and incorporate the program in national plans and budgets. Confidential Enquiries into Maternal Deaths and Near-Miss Case Reviews will be strengthened to identify lessons learned to improve care.

2.4.3 Identify bottlenecks and establish plans for improvement: Encourage countries to assess status of MPDSR and Mortality Surveillance Program implementation.

2.4.4 Monitor and report on MPDSR and Mortality Surveillance Program progress: reporting among member states annually including lessons and challenges to be incorporated within regular CARMMA Plus reports. Special attention should be given to a 'Response' (R) in ensuring that actions identified during maternal and perinatal deaths reviews are implemented for improvement.

2.5 Expanding CARMMA scorecard to assess domestic expenditure on RMNCAH issues

Resource tracking is important in ensuring transparency, credibility and commitments on the funds used for the intended purposes and reach to beneficiaries. The CARMMA Accountability Partnership Framework proposed the expansion of the CARMMA scorecard to assess domestic expenditure on MNCAH issues to ensure accountability of resources (WHO, 2010)(AUC, 2020). The framework highlights the need to strengthen capacity of countries to track resources for health and use information in national policy and accountability processes. Furthermore, it is recommended that M&E for RMNCAH initiates partnering with the Catalytic Framework to End HIV/AIDS, TB and Eliminate Malaria in Africa by 2030 (ATM) to map and incorporate CARMMA scorecard and ATM scorecard finance and expenditure indicators, which currently tracks financing and expenditure related to the three diseases to ensure efficient utilization of the allocated resources. Accordingly, improvement in the tracking of RMNCAH resources is

expected to improve transparency, priority-setting and enhance the focus on the areas within RMNCAH that require much attention.

Activities:

2.5.1 Identify the financing and domestic expenditure indicators: Incorporate RMNCAH financing and domestic expenditure indicators and sources into CARMMA scorecard and M&E framework and AU institute of Statistics website (working with the M&E team).

2.5.2 Track performance of domestic expenditure indicators on RMNCAH: Member states will ensure they have required tools to be able to share data on domestic expenditure on RMNCAH. The AUC will work closely with RECs to obtain data for preparing annual status reports on the same.

2.6 Strengthening primary health care systems for promoting people-centered, comprehensive, integrated and quality RMNCAH services at all levels

Primary health care (PHC) is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and PHC is a cornerstone of a sustainable health system for universal health coverage (UHC) and health-related Sustainable Development Goals(World Health Organization and the United Nations Children's Fund, 2018). Target 3.8 of the Sustainable Development Goals (SDGs) seeks to achieve universal health coverage (UHC) by providing all people with access to high-quality, integrated, "people-centered" health services, including for RMNCAH. Such access should also ensure that the services are safe, effective, quality and affordable including for essential medicines and vaccines (United Nations, 2016b). The Tokyo declaration on Universal Health Coverage (UHC) reaffirmed the commitment to achieving health for all people by 2030 regardless of who they and/or where they are (World Health Organization, 2017). Under this declaration, there is a clear emphasis on the need to design and deliver health services informed by the voices and needs of people. Women and children (and adolescents) are recognized as a special group in adhering to the principle of 'Leaving No One Behind' in realizing universal health coverage.

WHO's vision regarding integrated people-centered health services states that "all people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects social preferences, are coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient and acceptable; and all health care workers are motivated, skilled and operate in a supportive environment" (World Health Organization (WHO), 2018). The African Union Assembly in 2014 (Assembly/AU/ /Decl.2(XXIII) resolved to support implementation of the CARMMA campaign towards achieving universal access to quality Maternal, New Born and Child Health (MNCH) services. Accordingly, the CARMMA Plus campaign will need to continue engaging with and supporting members' states in ensuring that key components of people-centered care are considered in policy and program design for RMNCAH services.

Improved Quality of care, particularly being people-centered, is considered critical in achieving positive maternal and child health outcomes including reduction in both morbidity and mortality (Bhutta et al., 2014; Sudhinaraset et al., 2017;Tunçalp, Were, Maclennan, et al., 2015). WHO's vision demonstrates that the role of providing quality care to individuals is not only for achieving desired

health outcomes but also ensuring that the health care is safe, effective, timely, efficient, equitable and people-centered (Tunçalp, Were, Maclennan, et al., 2015). This vision can be expanded to ensuring that people do not face financial constraints in accessing care, as well as protecting them from outbreaks and health emergencies, hence leaving no one behind (World Health Organization, 2017b). Besides, the process of service delivery should focus on enabling people to access care throughout a continuum from community to all levels of health facilities. It has been documented that utilization of services at one stage is likely to be influenced by the quality of care received at other levels of the health care system along the continuum (Bishanga et al., 2019). Consequently, the CARMMA Plus should prioritize improving both dimensions of quality – provision and experience of care at the different levels and sites of care within the health system, and according to evidence-based needs of women, children and adolescents.

Activities:

2.6.1 Advocate for policies and programs promoting People-Centered Care in RMNCAH: To facilitate institutionalization of the "people-centered care" and respectful care in RMNCAH, CARMMA Plus will seek to engage and guide member states and stakeholders in ensuring that policies, strategies and programs embrace the principles of people-centered health care in the African context. Such principles include being: country-led, equity-focused, participatory, evidence-based, results-oriented, ethics- based, and sustainable. The policies and guidelines should also be responsive to gender issues in RMNCAH, considering gender imbalances that would compromise the vulnerable groups from accessing health services. Such groups may include; refugees, internally displaced persons and returnee populations, and women, children and adolescents particularly from poor communities. To that end, CARMMA Plus will work with RECs and multilateral organizations including UN agencies and other donor agencies to provide support to countries in their process of developing national people- centered RMNCAH policy guidelines and/or strategic documents.

2.6.2 Strengthen integration and continuum of care for RMNCAH services: In ensuring that women, children and adolescents receive timely care according to their needs, the CARMMA Plus through member states will focus on strengthening primary health care systems by linking comprehensive, quality RMNCAH with other services such as HIV/AIDS, Malaria/TB and immunization (e.g. HPV) at all levels of the health system. A functional referral system is crucial to enable clients receive the care they deserve once they come into contact with the health care system. The campaign will also focus on promoting digitalization of health care including for clients' files, protocols for health care workers, educative platforms for clients and communities, and electronic referral management system.

2.6.3 Improve the quality of RMNCAH services to meet evidence-based standards: Poor quality of health care accounts for close to half of all preventable mortality. Quality planning, improvement and control are essential for building health systems that can deliver universal health coverage. AU member states have the opportunity to work with partners, such as the WHO that is actively supporting governments to develop national health service quality strategies, including gender responsive and safeguarding protocols, and building capacities for point-of-care quality improvement in health facilities. The network for improving quality of

care for maternal, newborn and child health, formed by 10 governments including from the African Region, provides a learning platform for accelerated actions.

2.6.4 Support meaningful engagement of communities for equitable access to RMNCAH services: For an effective continuity of care, there is an increased need to engage communities for promoting gender equitable norms including active participation of men across the continuum of RMNCAH care, including in feminized services such as family planning and immunization. Working with women-led CSOs and youth networks is the approach to be embraced. Gender transformative interventions would change some community's beliefs and taboos that negatively affect utilization of services before, during and after pregnancy as well as for other sexual life. With most of health promotion and preventive activities for RMNCAH being implemented at the community level, engagement of communities will strengthen services provision along the continuum of care from the community to primary care level, hence improving coverage of services.

2.6.5 Improve availability and performance of the health workforce for RMNCAH: Developing and deploying competent and motivated human resources is one of the key eight domains under the WHO Quality of Care Framework in provision of quality maternal and child health services (Tunçalp, Were, MacLennan, et al., 2015). The MPoA (2016-2030) identifies investing in human resource for RMNCAH as one of strategic focus and priority interventions 5 . HCWs should be able to provide gender-sensitive care, including for cases of Gender-based violence (GBV) and Violence against children (VAC). In response, and in line with the call from the Universal Health Coverage declaration and the SDG target 3.C, the CARMMA Plus will advocate for increased investment in recruitment, development, training and retention of the health workforce particularly for RMNCAH services. The member states and collaborating partners should give a special focus to nurses and midwives that account for nearly 50% of the health workforce. From the 43.5 million health workers in the world, it is estimated that 20.7 million are nurses and midwives, yet 50% of WHO member states report to have less than 3 nursing and midwifery personnel per 1000 population (about 25% report to have less than 1 per 1000), according to the 2017 Global Health Observatory. The campaign will promote implementation of existing HRH strategies such as the Global Strategy on Human Resources for Health: Workforce 2030 (World Health Organization, 2016), that provides a robust WHO strategic response to develop nursing and midwifery outlining critical objectives, essential for tackling the survival, health and wellbeing of women, children and adolescents. Human resources for health (HRH) policies, strategies and training curricula should ensure that health care workers are motivated and skilled (with multi- skills) to address the needs of women, children and adolescents and consequently build confidence between health care workers and clients. Leadership within RMNCAH services should also be a priority in order to maintain job satisfaction and reduce staff turnover particularly in hard to reach areas.

2.6.6 Ensure the availability of the widest range of drugs/medicines and commodities for RMNCAH: To facilitate universal availability of high quality RMNCAH services, it is critical to ensure commodities security. CARMMA Plus will urge member states, in collaboration multilateral/

5 MPoA (2016-2030): Table 1 on Strategic Focus and Priority Interventions

bilateral agencies and private sector, to support implementation of recommendations of the UN Commission on Life-Saving Commodities for Women and Children. The focus will be on ensuring that member states have supportive national policies, systems and capacity in commodity procurement, logistics management systems, and supply-chain management for life-saving commodities, including during health emergencies. The campaign will also promote collaborative efforts with platforms for a similar mission for instance Gavi, the Vaccine Alliance, to facilitate availability and timely distribution of medical supplies and commodities including vaccines.

2.6.7 Advocate for free access to RMNCAH services: Financial barriers should be removed to accelerate progress towards universal health coverage, especially with RMNCAH services. For women, children and adolescents to thrive, the Global Strategy for Women's, Children's and Adolescents' Health calls for financial risk protection to enable access to quality services, medicine, and vaccines as needed. The MPoA puts emphasis on mobilization of domestic resources to finance health programs, including the need to meet Abuja commitments. The CARMMA Plus will support country-led efforts in reducing out of pocket payment for RMNCAH services. Such initiatives would include enhanced mobilization and managing domestic resources, public-private partnership, and increased coverage of health insurance schemes. Member states should also be supported and guided to be able to address RMNCAH challenges by capitalizing on existing innovative financing tools offered by development partners, such as the Global Financing Facility (GFF), the World Bank's International Development Association (IDA), the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) and GAVI, the Vaccine Alliance.

2.7 Accelerating immunization coverage among children to address vaccine preventable diseases

Immunization is one of the most impactful and cost-effective public health interventions available, averting an estimated 2 to 3 million deaths every year (WHO | Regional Office for Africa, n.d.; World Health Organization (WHO), 2018). Immunization to prevent infectious diseases remains to be a core strategy to improve childhood health as well as survival. Unfortunately, complete childhood vaccination remains poor in most African members states, despite major improvement in childhood vaccination coverage worldwide (Tesema et al., 2020). Approximately 1 in 5 African children do not receive all the necessary and basic vaccines. As a result, more than 30 million children under five still suffer from vaccine-preventable diseases (VPDs) every year in Africa. Of these, over half a million children die from VPDs annually – representing approximately 58% of global VPD-related deaths (World Health Organization (WHO), 2018). Besides, there are 7.3 million zero-dose children in the 55 African Union member states. In demonstrating commitment to improving immunization coverage in Africa, in 2017 the African Heads of State endorsed the Addis Declaration on Immunization (ADI) at the 28 th African Union (AU) Summit, with a roadmap to guide its implementation launched in Kigali, Rwanda a few months later (WHO & African Union, 2017) (Ministerial Declaration — Ministerial Conference on Immunization in Africa, 2016). The declaration includes 10 commitments to increase political, financial and technical investments in immunization programs that can accelerate progress toward universal access to immunization in Africa. For over two decades, Gavi the Vaccine Alliance has been a force behind introducing and scaling up vaccination coverage in low- and middle-income

countries, which has resulted into an extraordinary progress in reducing the immunization gap between lower-income and higher-income countries. However, there are still 10.6 million children in lower-income countries that don't receive any routine vaccines every year. These 'zero-dose' children 6 represent 13% of the population yet they account for nearly half of all children dying from vaccine-preventable diseases. In addressing this equity challenge, the new Gavi strategy 2021-2025 is determined to leave no-one behind with immunization to ensure nobody goes without lifesaving vaccines; echoing the SDGs driving mission to leave no one behind (Gavi the Vaccine Alliance, 2019). Thus, CARMMA Plus will capitalize on the current moment in ensuring that no is left behind, whether they be girls and women, refugees or remote communities. The activities below are in line with the goal of the new Gavi strategy in strengthening health systems to increase equity in immunization.

Activities:

2.7.1 Extend routine immunization services to regularly reach under-immunized and zero-dose children: The focus will be on reaching zero-dose children and missed communities, that also contain under-immunized children, with routine immunization and strengthened people centered primary health care systems. The devastating impact of COVID-19 pandemic on already fragile health systems gives another reason to focus on primary health care. RECs and partners will be urged to work more closely with countries that host the majority of zero-dose children, considering variations within countries, contexts and settings.

2.7.2 Ensure the programmatic and financial sustainability of immunization services: CARMMA-Plus will focus on building and mobilizing institutional capacities among member states to achieve both financial and programmatic sustainability for immunization services. This will compliment Gavi's approach to enable and empower to take ownership of their vaccination program and transition out of Gavi's support. With a view to reach zero dose children and missed communities with immunization, this would require countries to use the full array of resources provided by Gavi, as well as other partners, along with increasing their own domestic public financing and prioritizing low- coverage districts in public expenditure.

2.7.3 Build resilient demand and address gender-related barriers to immunization: Some documented parents/caretakers' barriers in Africa include low education level and lack of knowledge of immunization, distance to access point, financial deprivation, lack of male partners' support, and distrust in vaccines and immunization programs (Bangura et al., 2020). To be able to increase equitable immunization coverage, RECs and partners will need to work with member states and communities to develop context specific strategies in addressing such barriers. It is important to consider social and cultural norms, and the unequal status of women in many societies, which can reduce the chances of children being vaccinated, by preventing their caregivers from accessing immunization services.

6 Gavi defines these 'zero-dose' children as those receiving no vaccines whatsoever through the country's routine immunisation programme. For operational purposes we measure this by the number of children not receiving a single dose of diphtheria, tetanus, pertussis-containing vaccine (DTP1), which is provided in Gavi implementing countries as the pentavalent vaccine. 'Under-immunised' is defined as children who do not receive the full course of three doses of DTP-containing vaccine (DTP3).

2.8 Strengthening Public health emergency preparedness for RMNCAH services

The COVID-19 pandemic taught the world that no perfect health system exists and there exists an imminent need to establish a resilient health system that can promptly respond to emerging pandemics or forecasts into the future and adjust as required. During such public health emergencies, some groups are considered more vulnerable including women and children particularly due to the burdening of the health system in response to the emergencies. Despite that there is no evidence of pregnant women being more likely to contract the COVID-19 infection than the general population, but the physiology of pregnancy alters the body's immune system and response to viral infections in general, which can occasionally cause more severe symptoms (The Royal College of Midwives & Royal College of Obstetricians and Gynaecologists, 2020). It has been estimated that COVID-19 pandemic will result into increased maternal and child mortality mainly due to disruption of the health system(Roberton et al., 2020) (Kotlar et al., 2021). From the WHO survey to over 100 countries during COVID-19 pandemic in 2020, disruptions of essential health services were reported by nearly all countries, and more so in lower-income than higher-income countries (World Health Organization, 2020). RMNCAH services were among the most disrupted services such as immunization outreach services, family planning and contraception, and antenatal care. Many children who would have been immunized in 2020 have missed out on vaccinations risking increased mortality and outbreaks as well as making a focus on zero-dose children even more necessary. Over a year in the pandemic, Africa—like others in the world—, is still learning from COVID-19 and the need to establishing adaptive health systems is still a priority. The main lesson from the COVID-19 experience is that the health sector needs to have a resilient health system, and knowledgeable communities to be able to prepare, prevent, and respond to public health epidemics and emergencies, without disruption of essential services particularly in RMNCAH. Another lesson has been to employ a multi-sectorial approach in addressing Public Health Emergencies (PHEs) so that sectors like education, water and local governments can be actively engaged. It is assumed this will go a long way in also addressing adolescents' services especially through the education sector. The Universal Health Coverage (UHC) declaration calls for the emphasized need to build and strengthen resilient and sustainable health systems and prepare for public health emergencies in an integrated way. Besides, target 3.D of the SDGs is to strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Activities:

2.8.1 Ensure availability of national legislation and policies for prevention and management of health epidemics, emergencies and disasters: CARMMA Plus will advocate for context-appropriate legislation, policies and strategies among member states to prevent, detect and respond to disease outbreaks and other emergencies including surveillance systems. Such policies should prioritize safeguarding health of vulnerable groups especially women and children.

2.8.2 Build sustainable systems for timely financing of emergencies affecting RMNCAH: To be able to prevent and manage health epidemics and emergencies, African countries need strong financing systems. CARMMA Plus will work closely with RECs to make countries aware of

opportunities to strengthen their systems for health preparedness, for instance funding mechanisms for emergencies like the WHO's Contingency Fund for Emergencies (CFE) and the World Bank's Pandemic Emergency Financing Facility (PEF).

2.8.3 Ensure availability of the necessary equipment, medicines and infrastructures to provide RMNCAH services during health emergencies: A guidance should be developed to help member states on the best way to maintain quality of RMNCAH services during health epidemics and emergencies. CARMMA Plus will engage partners and the private sector to ensure there is timely technical support to share such guidance in case of emergencies. Member states, through RECs, will also be made aware of ways to access such assistance when in need.

2.8.4 Equip RMNCAH providers during health epidemics and emergencies: Health care workers are always in the frontline to provide care during public health emergencies. RMNCAH services are inevitable even during health epidemics and emergencies. For the safety of all, it is critical to ensure Health care workers (HCWs) are equipped with right knowledge and skills, get right equipment for services and protection, and have access to vaccines when available. CARMMA Plus, through multilateral and bilateral partners, will facilitate provision of guidance and job aids for HCWs providing RMNCAH services in such situations, while advocating for countries to secure and distribute personal protective equipment (PPEs) for HCWs.

2.8.5 Empower communities for protection from epidemics: Community awareness with basic understanding of hygiene and threats to health may be crucial in prevention of epidemics. CARMMA Plus will promote integration of such information within social and behavior change communication programs in RMNCAH. During epidemics, HCWs will be supported with Information, Education and Communication (IEC) materials to facilitate interaction with and education of RMNCAH clients. When vaccine is available, the campaign will support initiatives to facilitate timely scale up of vaccination activities among member states, with support from partners, donor agencies and private sector, aiming at protecting the most vulnerable groups including mothers, children and adolescents.

Objective 3. Improve SRHR outcomes for adolescents through increased access to information and services

CARMMA's operations are derived from key priority areas enshrined in the AU's Continental Policy Framework for Promotion of Sexual and Reproductive Health and Rights in Africa and its operationalization through the Maputo Plan of Action 2016-2030 (African Union, 2006; African Union Commission, 2016). Adolescents and Youths aged between 10 and 24 years, which is a population group in transitional period between childhood and adulthood, do undergo major physical, emotional and social development, with significant impact on their health and development. While some of them successfully go through this transition into adulthood, others fail to overcome the challenges of this important stage and eventually miss the opportunity to realise their full potential in life. The behaviours and decisions of adolescents and youthregarding their health have a major impact on

their development. Hence, one of the most important commitments AU and its member states can make for Regional and country's economic, social, political progress and stability, is to invest in growth and development of adolescents and youths.

Harmful practices, such as child marriage and female genital mutilation, severely affect the rights of an African child and further deprives the child from attaining other aspirations like education, and healthy reproductive life. By 2020 it was estimated that 650 million women were married before their 18 th birthday and over 12 million girls under 18 years are married each year. Over a third of women in sub-Saharan Africa got married before age 18(UNICEF, 2020). The African Union (AU) has led the continental efforts to end child marriage and female genital mutilation/cutting (FGM/C), as it is demonstrated by launching of a continental Campaign to End Child Marriage in Africa on 29 May 2014. By early 2022, up to 30-member states had launched the campaign to End Child marriages, with evidence of allocating resources towards it. To facilitate strengthening of skills and enhancing multi-sector stakeholders learning across all regions in Africa towards Ending Child Marriage, the AU Campaign to End Child Marriage Community of Practice was recently launched in April 2022(African Union Campaign to End Child Marriage Event to Launch Its Community of Practice | African Union, n.d.). Thus, the CARMMA campaign will embrace this initiative to enable African member states work towards the SDG target 5.3 to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations" by 2030(Child Marriage and the SDGs - Girls Not Brides, n.d.).

From a human rights perspective, adolescents and youth have the right to access information, skills and services regarding their sexual and reproductive health (SRHR), the right to participate in health and development programs that affect their lives, and the right to grow up in a safe and supportive environment. Expanding the availability and use of universally accessible quality health services, including those related to sexual and reproductive health (SRH), is one of the main objectives of CARMMA which is critical to reducing maternal mortality. The CARMMA platform also enabled the African Union Commission and AU's member states to spearhead and prioritize maternal and child health issues on the political agenda of member states, which further influenced the Africa agenda 2063, with women, children and youths being part of the aspirations for the Africa we want (African Union Commission, 2015). This is also in line with a number of documents including the Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation and the Global Strategy for Women's, Children's and Adolescent's Health, which clearly stipulate specific priorities for adolescent health (Every Woman Every Child, 2015)(World Health Organization, 2017a).

The CARMMA evaluation report (2009-2019) identified several important actions related to health of adolescents for the campaign to be able to contribute to realization of SDG 3 and Agenda 2063, to end all preventable maternal, newborn, adolescent and child deaths by 2030. The MPoA has highlighted the need to invest in SRH needs of youths and adolescents as part of key strategies and action areas 7 of the strategy (African Union Commission, 2016). Through consultations with RECs and partners during development of this roadmap, there was a universal consensus that a focus on adolescent health required an enhanced attention for the coming phase of the campaign.

7 Included in the six key strategies and the ten action areas of the MPoA

Accordingly, going forward the CARMMA Plus would like to put more emphasis on the sexual and reproductive health for adolescents. The campaign will also draw special attention to issues affecting adolescents that are associated with maternal health outcomes such as early marriages, early childbirth and female genital mutilation, as it is stipulated in the MPoA (2016-2030). Across all other strategies, the campaign will as well promote reporting using disaggregated data on sexual and reproductive health of adolescents.

3.1 Enhancing an enabling legal, policy and programmatic environment to facilitate the implementation of SRH programs and services for adolescents

The CARMMA Plus will facilitate follow up with the implementation of several global and regional initiatives that ensure optimal health for adolescents, considering the particular and differing needs of various groups. Specific priorities for adolescent health are clearly stipulated in a number of documents including the Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation, and the Global Strategy for Women's, Children's and Adolescent's Health (WHO, 2016; World Health Organization (WHO), 2017). Key strategies for operationalizing the MPoA (2016-2030). Removal of legal, regulatory and policy barriers limiting adolescent's access to SRH commodities, programs and services is one of the key strategies for operationalizing the MPoA (2016-2030). To be able to achieve intended results in adolescent health by 2030, the CARMMA Plus campaign through partners and RECs, will support member states to have right policies and strategies in place, aligned to the latest continental and global strategic direction.

Activities:

3.1.1 Disseminate regional and global policy frameworks promoting adolescent sexual and reproductive health (ASRH) among African member states: With support of RECs and partners, the CARMMA Plus campaign will ensure key messages from such strategies are understood and actionable across the countries.

3.1.2 Facilitate adoption and operationalization of regional and global policy frameworks in improving ASRH among the member states: Based on needs, member states will seek support (financial and/or technical) from RECs, partners and/or private foundations to facilitate adopting, enacting and operationalizing policies to support ASRH.

3.1.3 Monitor status of ASRH policies among member states: Through regular reports produced by RECs, member states will provide information on status of adoption and implementation of national adolescent friendly policies in SRH.

3.2 Investing in a comprehensive agenda for the health and wellbeing of children and adolescents

It is not sufficient for women and children to survive but not be able to thrive. Evidence indicates that the burden of sub-optimal development is greatest on the African continent, with 3 in 5 children being at risk of not meeting their full potential. This, combined with limited maternal education, poor health literacy, and a rapidly growing adolescent population, presents countries with the challenge of forfeiting precious human capital, unless action is taken now. The Sustainable Development

Goals articulate the importance of survive and thrive. WHO and UNICEF in collaboration with partners have developed the Nurturing Care Framework, the Accelerated Action for the Health and Adolescents, the adolescent well-being framework, and brought the content of these frameworks together in one document entitled Investing in our future: A comprehensive agenda for the health and wellbeing of children and adolescents (WHO/unicef, 2020). The agenda builds on a life course approach, starting before conception, and emphasizes the importance of the early years for building the foundations for health, learning, productivity, and social cohesion that lasts a lifetime. As part of the CARMMA agenda, attention will be given to integration of interventions that support caregivers in providing nurturing care for children and adolescents and also address caregiver physical and mental health. Only through integrated approaches that optimize health at each stage of the life course will we effectively combat excess mortality and morbidity and facilitate healthy growth and development.

Activities:

3.2.1 Sensitize policy-makers, implementers and service providers about the importance of investing in women's children's and adolescents' health and development to improve survival and build human capital. Prevention of unintended pregnancies among adolescents will be prioritized. The campaign should urge member states to allocate resources for FP commodities to address FP unmet needs among women including adolescent girls and young people. Partners and research institutions will be encouraged to share state-of-the art evidence on effective interventions, delivery strategies and the cost of inaction.

3.2.2 Support the integration of evidence-based interventions that support nurturing care for child development and caregiver mental health in existing primary health care services and build workforce capacities for their implementation.

3.2.3 Develop national costed plans for strengthening services in health and other sectors to support child and adolescent health and development and allocate domestic budget for the implementation. Promote equity with attention to the needs of the most vulnerable families and children living with developmental disabilities.

3.2.4 Build capacity in the use of Nurturing Care Framework: Partners and multilateral organizations such as WHO and UNICEF will be resourceful in building capacity of the campaign's stakeholders in using the Nurturing Care Framework to strengthen services for mothers, newborns, children and adolescents. The stakeholders, such as the RECs, member states and the AU's RMNCAH taskforce, should also be able to use data that are relevant to the framework.

3.3 Increasing adolescents' access, participation and utilization of innovative, integrated, high-quality SRH services and programs

Adolescents' health-seeking behaviors are deterred by the lack of adolescent friendly services which encompasses the attitudes, availability, amount, and quality of the space and/or the service providers. CARMMA Plus seeks to provide adolescents with access to quality and comprehensive

SRH services in an adolescent friendly environment. The regional meeting to take stock of the progress made in Adolescent Sexual and Reproductive Health and Rights (ASRHR), in the 20 years since the International Conference on Population and Development (ICPD), which was held in 2015, documented that delivering adolescent friendly services within existing health facilities was a more effective strategy (WHO Africa, 2015). Thus, the focus will be more on supporting member states to integrate adolescent friendly services within existing service provision platforms to address specific needs of adolescents and young people.

Activities:

3.3.1 Reinforce health systems for African member states to provide comprehensive, integrated adolescent and youth friendly health services including development of service standards, tools for monitoring quality of health services, IEC materials and other relevant job aids that facilitate meeting SRH services needs of adolescents.

3.3.2 Have RECs guide national Governments to develop coherent- integrated plans for adolescents and youth health and development that aligns with regional frameworks, across diseases and across sector goals.

3.3.3 Enhance strategies for human resource development to enable provision of quality and friendly SRH services to adolescents and youths. This should entail building capacity of health care workers, through both pre-service and in-service training, to understand special needs of adolescents in accessing sexual and reproductive health services.

3.3.4 Coordinate multi-sectorial and multi-agency partnerships to provide adolescent and youth friendly SRH services while observing gender equality, empowerment of girls and young women, and respect for human rights. The focus should also be on enhancing public awareness on adolescent health and services, including with parents/guardians and other gate keepers.

3.3.5 Ensure monitoring and reporting of SRH indicators disaggregated by age to generate and use information for improving adolescent health services and programs.

3.4 Promoting positive attitudes and behaviour change among adolescents and youth towards SRHR information, education and services

Adolescents can make the right choices if they are given the right information, tools, and agency. Empowered adolescents and youth with relevant knowledge and skills, is important in promoting their health, wellbeing of their families and communities. Comprehensive sexuality education (CSE) starting from primary school onwards enables the gradual acquisition of information and knowledge necessary to develop the skills and attitudes needed for a full and healthy life as well as to reduce sexual and reproductive health risks. Having an informed constituency of young people can help to delay the initiation and frequency of sexual activity, reduce the number of sexual partners, increase the use of condoms and contraception, and reduce sexual risk-taking. When sexuality education is comprehensive addressing important aspects such as menstrual health, sexual and reproductive

health rights, and gender, the benefits increase. To that end, the CARMMA Plus campaign will urge member states to prioritize and work together on a common agenda in Africa Region for all adolescents and youth to deliver comprehensive sexuality education for a healthy generation. As it is recommended in the MPoA 2016-2030, reaching adolescents and young people will require use of new technologies such as e-health, tweeter, Instagram, Facebook among others. This can be strategically achieved through strengthening already established inter-sectorial coordination mechanisms led through the AU's recognized Regional Economic Communities (RECs).

Activities:

3.4.1 Scale up age-appropriate and culturally-sensitive comprehensive education on sexual and reproductive health: The education should be customized to reach both in and out of school adolescents based on a culture in respective member states. Social media and peer educators should be used in appropriate circumstances to maximize access to information. For school age adolescents, programs on comprehensive sexuality and reproductive education may be included within the formal curriculum and be examinable to ensure effective implementation and sustainability.

3.4.2 Build a competent workforce: to design and deliver comprehensive sexuality and reproductive health education for adolescents at all levels and in different service outlets, including health facilities, schools and community-based outlets.

3.4.3 Invest in health promoting schools and school health services: schools provide a unique platform for building health literacy and for providing essential health services. As part of the drive to build healthier populations, education and health sectors must work together to make the school environment fit for promoting students' health which should include the provision of health services that can deliver evidence-based interventions supporting health and development of children and adolescents.

3.5 Scaling up vaccination programs for adolescents and young people

From birth to adulthood, there is a number of vaccinations that are recommended as for public health measures to provide a lifetime of protection against many diseases and infections. After immunizations programs in childhood, adolescent is another important age group where proven vaccines should be provided for preventable diseases. Cervical cancer is the fourth leading cause of cancer deaths worldwide with 342,000 deaths in 2020, where sub-Saharan Africa presented with the highest regional incidence and mortality (Sung et al., 2021)(Arbyn et al., 2020). Human Papilloma Virus (HPV) vaccine along with screening have proved to be the highly effective primary and secondary preventive measures respectively. Vaccines against HPV are effective when administered to individuals not yet exposed to HPV vaccine types, which for most adolescents are before sexual debut. Hence, it is critical capture young adolescents for HPV vaccination. Since 2014, WHO recommended two doses of HPV vaccine for girls aged 9-14 years to be adequate to reduce the long-term future burden of cervical cancer. Nevertheless, less than 30% of Low to Medium Income Countries had implemented national HPV vaccination programs compared with over 80% of high-income countries, by May 2020 (Sung et al., 2021). A second HPV dose coverage has been

more of a challenge for most African countries due to girls moving out of their communities (districts or schools), lack of social mobilization activities and ineffective monitoring of girls between doses. Accordingly, CARMMA Plus will continue to work with member states, with support from partners particularly GAVI the Vaccine Alliance, to facilitate introduction and/or scale up of HPV vaccine and any other vaccines that will be deemed of public health significance from time to time.

Activities:

3.5.1 Support countries to ensure that immunization services for adolescents are well- managed and sustainable: Member states should build in-country systems for managing and supplying vaccines to all kinds of setting. This will involve building the service delivery infrastructure, supply chains, and data systems. Partner organizations, with support from funding agencies such as GAVI, will be expected to provide technical assistance and build capacity of national institutions for immunization and vaccines program.

3.5.2 Scale up HPV vaccination among eligible adolescent girls: RECs should prioritize having all its member states working towards recommended targets for HPV vaccination coverage, particularly for the second dose. This will require developing locally appropriate strategies including for; reaching out-of- school and marginalized girls, including HIV+, and strengthening in-school vaccination programs.

3.5.3 Promote integration of HPV vaccination with other adolescent health services interventions & amp; activities: GAVI has been advocating for adolescent health stakeholders to be involved in HPV demonstration program right from the onset, to enable learning on how HPV vaccines can be integrated into existing adolescent health services e.g. nutrition, SRHR, adolescent health days (Hanson et al., 2015) that extend beyond school- based platforms to reach girls in communities via community & health facility outreach. For sustainability, AU's member states will have to work with adolescent health stakeholders in supporting integration of such services.

3.5.4 Invest in social mobilization, communication plans and demand generation that are youth centered for HPV vaccination: Having adolescent girls, gate keepers and the community at large understand the significance of HPV vaccination in critical for increased coverage. Partners and civil society organizations possess a competitive advantage for accessing and working with local communities to raise the awareness, in particular women-led CSOs and youth networks.

Objective 4. Strengthen knowledge management and learning system

Monitoring, evaluation and learning practices enable to apply knowledge gained from evidence and analysis to improve development outcomes and ensure accountability for the resources used to achieve them. Performance of CARMMA has been tracked through internal activities and customized indicators through Africa health stats and CARMMA score card (AU Commission, 2019). The online African Health Stats (African Health Stats) platform, www.africanhealthstats.org, was developed with support from partners and launched in 2014. The platform aims to be

the central pillar of the AU's accountability mechanism for health and a widely used resource by multiple health data consumers (African Union Commission and Evidence for Action, 2016). The CARMMA Plus campaign will continue to use both Africa Health Stats and the CARMMA score card to track the performance of RMNCAH health indicators at the continental level. The CARMMA scorecard will be expanded to include assessment of domestic expenditure on RMNCAH issues and harmonization with other implementation frameworks such as the MPoA and the APF. To be able to keep stakeholders informed, the CARMMA- Plus secretariat in collaboration with the technical working group will facilitate timely update of the African Health Stats website, CARMMA website, CARMMA Scorecards and social media platforms.

4.1 Harmonizing RMNCAH performance measurement system at regional and national levels:

Indicator harmonization for monitoring implementation of the revised Maputo Plan of Action (MPoA) (2016-2030), monitoring CARMMA Plus, Accountability and Partnership Framework (APF) and RMNCAH scorecard is crucial for generating standard national and regional RMNCAH indicators and definitions, and reporting tools. Such harmonization will enable coordinated routine reporting, and facilitate evaluation of progress/results of the RMNCAH towards the objectives and targets hence inform CARMMA's effectiveness and efficiency (AU Commission, 2019). Identification and prioritization of indicator parameters, current and ideal performance levels should be spearheaded by the CARMMA Plus secretariat in collaboration with the reconstituted Africa Health Stats Technical Working Group (TWG) to track the performance of maternal health harmonized indicators at the continental level. Member states will identify a focal person per country to be responsible for tracking and reporting on the health indicators at the agreed frequency and work with the Economic Affairs Department and the Pan- African Institute for Statistics (STATAFRIC).

The data flow will be outlined by M&E teams' experts, working closely with the Economic Affairs Department and STATAFRIC on primary data sources for Africa Health Stats and CARMMA scorecard from member states. Member states will also be encouraged to establish reliable sources of data including to: strengthen their collection of vital statistics, household and other population-based surveys, facility reports, facility surveys and routine Health Management Information Systems (HMIS) for evidence-based generation on the status of the RMNCAH indicators that are needed for scorecard implementation.

Activities:

4.1.1 Track performance of CARMMA Plus agenda within existing African Peer Review Mechanism (APRM): The APRM established in 2003, is a tool for sharing experiences, reinforcing best practices, identifying deficiencies, and assessing capacity-building needs to foster policies, standards and practices that lead to political stability, high economic growth, sustainable development and accelerated sub-regional and continental economic integration (African Union, 2018). Decisions at the Assembly of the African Union, Twenty-First ordinary session, Addis Ababa, Ethiopia, 26-27 May 2013 (Assembly/AU/Dec.477(XXI), placed MNCH indicators on the continental platform within the African peer review mechanism, to ensure implementation commitments as part of accountability. Inclusion of indicators for monitoring CARMMA Plus will facilitate review of the campaign's progress in respective states through

the established types of the African Peer Review Mechanism (APRM) reviews, particularly the period review which takes place every four years. The CARMMA Plus secretariat will also explore and utilize relevant existing reporting frameworks such as the African Union Development Agency (AUDA-NEPAD) peer review mechanisms, the Conference of Finance Ministers and the African Committee of Experts on Rights and Welfare of the Child (ACERWC) to strengthen member state reporting on RMNCAH.

4.1.2 Reconstitute African Health Stats Technical Working Group (TWG): A Technical Working Group (TWG) was established with the overall objective to define, quality assure and regularly update evidence on the African Health Stats (African Health Stats) website for AU Member States, implementers and the public to track progress and accelerate action on key health commitments made by the African Union member states [8] . In improving efficiency and performance the African Health Stats, it will be reviewed to include members from RECs, Member States, experts in health statistics, experts in communications and advocacy, RMNCAH stakeholders and partners. A draft ToR is in place, to be finalized by the CARMMA Plus secretariat in consultation with the campaign's stakeholders.

4.1.3 Disseminate CARMMA –Plus Indicators: To enable uniform approach in monitoring performance of CARMMA Plus activities at both regional and country levels, the secretariat will work collaboratively with RECs and partners to disseminate the harmonized CARMMA Plus indicators to be tracked and reported on regularly. The Accountability Partnership Framework maps out a list of harmonized indicators by reporting source [9] . This proposal recommends that the agreed CARMMA Plus indicators be reviewed and revised from time to time as necessary to meet emerging needs.

4.1.4 Develop and/or strengthen a robust reporting system that communicates CARMMA Plus activities, achievements and progress: Despite the importance of reports, if not well managed they can become time-consuming especially when multiple sources and requests with different formats are needed at the same time. In facilitating continental wide sharing of best practices, lessons learnt and insights from implementation of CARMMA, national CARMMA reports, compendium of policy briefs and best practices and newsletters were put in place, although not all of them could be sustained for various reasons. For instance, the compendium of policy briefs and best practices (Assembly/AU/Dec.195 (XI)) was produced only once, in 2013. Similarly, MNCH Status Reports (Assembly/AU/Dec.494(XXII)), that were planned to be produced annually, were produced only 4 times (2012, 2013, 2014, 2017) during a six-year period (AU Commission, 2019). To make it more meaningful and sustainable, the CARMMA Plus will streamline the reporting process, including types of reports and the reporting frequencies to ensure that their generation does not become an administrative burden to member states. The timelines for reporting should align with timing of the respective meetings where they are set to be presented. Reporting intervals will be aligned from multiple requesting agents and ensure a single template submission from member states to Pan African Union Institute for Statistics (STATAFRIC)

8 AUC (2017): Terms of Reference for African Health Stats Technical Working Group (Draft)
9 APF, Annexure 3: The CARMMA Harmonized and Updated Indicator Table

captures the indicators and meaningful information needed to ensure actionable strategies including CARMMA scorecard. Table 2 below presents proposed changes in reporting process based on recommendations from the CARMMA campaign evaluation and consultations with both the RECs and Partners.

TABLE 2 : TYPES OF REPORTS AND REPORTING TIME FRAME

S/N	Reports	Gap	Proposal	Action Expected
1.	Bi-annual MNCH Status report **(Assembly/AU/Decl.1{XV})**	Funding from Member States has been consistent, but the decision has expired Maintaining the commitments to the CARMMA campaign over time	RMNCAH Status report should continue being produced Biennial	Current decision has expired, need a new decision CARMMA Secretariat to coordinate
2.	Compendium of Policy briefs **EX.CL/Dec.662(XIX)**	Has not been regularly produced	Compendium of policy briefs should be produced every 3 years No expiration dates	RECs to confirm on the frequency and mobilize resources to support generation of the Compendium
3.	National CARMMA reports **EX.CL/Dec.662 (XIX)**	Member states not submitting the reports Inadequate human and financial resources of existing structures to maintain the momentum of the campaign at member state level.	No expiration dates RECs submit the reports on behalf of member states annually	RECs will coordinate with member states to ensure submission of Regional CARMMA reports instead of national reports.
4.	CARMMA quarterly newsletter **EX.CL/Dec.662(XIX)**	Has not been regularly produced	No expiration dates To be produce on a Quarterly	RECs to confirm on frequency and how the CARMMA newsletter will be

S/N	Reports	Gap	Proposal	Action Expected
			basis	generated. The CARMMA Plus Secretariat will coordinate with RECS and Member states to ensure timely production

4.1.5 Review and re-focus CARMMA Platforms to maintain the momentum of the Campaign: The CARMMA campaign did set up platforms for bringing stakeholders together to facilitate the sharing of experiences and best practices across the continent and potentially sustained momentum on the campaign, resulting in better health outcomes for mothers, children and adolescents. From the campaign's evaluation, it was evident that such platforms are still cru cial in guiding the RMNCAH activities and in promoting visibility of the campaign although they will require reconsideration to address bottlenecks and be more effective. Such plat forms, and relevant findings from the campaign's evaluation that inform future efforts include:

- The Maternal Newborn and Child Health (MNCH) Task Force: This was established by the Commission in 2013 where its notable achievement was spearheading the finalization of the indicators for monitoring implementation of the revised MPoA and CARMMA. Nevertheless, the evaluation could only document two taskforce meetings (the inaugural meeting in 2013, and the second meeting in 2018). The task force was not fully operational at both the technical and political level largely due to the lack of financial resources.
- The International Conference on Maternal, New-born and Child Health in Africa: The first event was hosted by the Commission and the Government of South Africa in 2013, which also launched the Mama Afrika Award. Despite that the conference was supposed to be held every two years, the second conference did not happen until after five years in 2018, which took place in Kenya. The evaluation noticed a very packed agenda for the 3-day conference, which could not allow enough time for meaningful discussions. Besides, monitoring implementation of action plan was challenging, since member states and other key stakeholders did not share reports with the Commission.
- CARMMA Week commemorations: This involved week-long events celebrated in the month of November. Commemorations started since 2011 after being endorsed by Executive Council (EX.CL/Dec.649(XIX)) and AU Assembly (Assembly/AU/Dec.680(XXX)) decisions, and then commemorated in 2014, 2015, 2016, 2017 and 2018. However, there was no evidence or documentation for national level events commemorating the CARMMA week. Accordingly, CARMMAPlus through RECs should focus on advocating such events across member states, organized around themes related to the indicators being tracked for progress to gain meaningful impact at country and regional levels.

With lessons from the previous period of the CARMMA campaign, CARMMA Plus is determined to strengthen the above platforms by addressing identified bottlenecks. From experience gained during COVID-19 pandemic, the CARMMA Plus Secretariat should also be able to guide and/or facilitate virtual events in cases where physical gatherings are not possible including due to lack of financial resources. It will be critical to ensure that no event is missed in the calendar. Table 3 below depicts key considerations moving forward.

TABLE 3 : CARMMA PLUS PLATFORMS AND SCHEDULES

S/N	CARMMA Activities Current	Gaps	Proposal	Action Needed
1	Bi- annual MNCH taskforce Meeting **EX.CL/Dec.516(XV)**	Funding from member states has not been regular	RMNCH taskforce meeting should be every 2 years before STC-HPDC	CARMMA Plus Secretariat to provide support to the Task Force RMNCH reports and recommendations to be submitted to the STC-HPDC
2.	Bi-annual International Conference on MNCH (**Assembly/AU/Dec.461(XX)**	Funding from member states has not been regular The agenda was very packed	Hold the Conference Every Five years Identify targeted theme to guide the campaign for the following period	CARMMA Plus Secretariat with the support of RECs, Stakeholders and Partners to prepare the conference. Begin preparations at least 1 year before the next conference
3.	Annual CARMMA commemorations **EX.CL/Dec.662(XIX)**	Inconsiste nt Funding from member states; No	Need a new decision! Strengthen National level commemoratio ns with a	CARMMA Plus Secretariat to lead selection of annual themes RECs and Partners to work with member states
		national level presence	consistent theme	in preparing and financing commemorations. Private partners to be engaged including in sponsoring events

There are a number of other advocacy platforms at both national and regional levels, which the CARMMA Plus can leverage on to provide evidence and encourage actions on RMNCAH outcomes. These include but are not limited to:

- Day of the African Child- 16 th June every year
- Africa's Women's Day- 31 st July every year
- Breastfeeding week- August every year
- Immunization week- April every year
- Regional technical and political meetings for instance, the East, Central and Southern Africa Health Community (ECSA-HC) Health Ministers Conference; Early Childhood Development experts' committee meetings; etc.

4.2 Promoting timely sharing of CARMMA Plus information and evidence-based reports through technology

Advocating for and facilitating the sharing of experiences and best practices across the continent around RMNCAH issues is pivotal to the CARMMA agenda. Modern technology and electronic information systems enable member states to submit and access data on time and smooth the communication related to CARMMA achievements, progress and best lessons(AUC, 2020). Multiple tools already exist for providing data and information for African Union Member States and other stakeholders including: the CARMMA website (www.carmma.org), launched in 2012; the African Health Stats platform (www.africanhealthstats.org); the CARMMA scorecards; and social media tools such as Facebook (CARMMAfrica) and Twitter (@CARMMAfrica). Besides, the AU's communication and resource mobilization strategy identifies a number of channels (Box 5) that if used effectively they can facilitate delivering the campaign's key messages to the right audiences (African Union, 2019a). Nevertheless, such tools should be strengthened to be efficient and effective in learning and sharing of information and reports on maternal and child health not only for the political leadership of the continent but also the public at large (AU Commission, 2019). Developing a culture of using electronic information channels will potentially increase efficiency in many ways such as to reduce the burden of manual collection of indicators, and ensuring timely updating of the information for timely access by all stakeholders across the continent.

Box 5: Identified Communication channels for the CARMMA Plus campaign

- Website
- Social media
- Development of CARMMA Media Kit
- Television and Radio
- Champions/good will ambassadors
- Promotional materials
- CARMMA Plus publications
- CARMMA APP
- CARMMA Score Card
- CARMMA Branding (Logo and Slogan)

Activities:

4.2.1 Strengthen and maintain regular communication: through social media and other communi cation platforms (EX.CL/Dec.516{XV}), timely updating of the websites; keeping the social me dia active; monitor interactions/traffic/no. of followers to social media sites: CARMMA social media and communication platforms including the website, Facebook, twitter and LinkedIn have been a critical communication and advocacy tool, promoting maternal and newborn sur vival strategies, and providing evidence on progress in achieving the targets set by African leaders (AUC, 2018). Social media while available, they need improvement in order to be ef fective in reaching more audience in the member states including: translation into several

official languages used among across the continent; keeping information up to date, which was a bottleneck reported from the campaign's evaluation (AU Commission, 2019); and mak ing the sites available and active all the time. The CARMMA Plus Secretariat will facilitate the timely update of the African Health Stats website, CARMMA website, CARMMA Scorecards and social media platforms.

4.2.2 Improve monitoring and reporting on use of the campaign's social media and communication platforms: Despite that the campaign's evaluation documented the use of social media tools such as Facebook (CARMMAfrica), Twitter @CARMMAfrica and LinkedIn (CARMMAfrica), it could not establish the level of reach in terms of number of followers hence it wasn't possible to understand the effectiveness of the tools in sharing experiences and best practices. Simi larly, there was no data on website analytics to be able to ascertain figures on traffic to the website. Going forward, this will be a key responsibility of the CARMMA Plus Secretariat that will ensure regular reports are produced and shared with the stakeholders.

4.2.3 Develop and promote use of shared data repository, dashboards, infographics and factsheets: The African Health Stats and CARMMA website scorecard allow comparing various RMNCAH indicators and performance across different member countries and over time. Ensuring that these platforms have timely publication of data with factsheets and infographics will be crucial for enhancing data use among countries. Under the leadership of the CARMMA Plus Secretar iat, and with support from both RECS and partners, indicators at process, output and out come levels will be disseminated to track the progress of the campaign preferably through use of electronic/online tools. In collaboration with experts such as Africa CDC and STATAF RIC, the campaign should consider promoting a common data repository for RMNCAH-related data from African member states for easy data access and use.

4.3 Establishing and maintaining an electronic CARMMA Plus Community of practice (CoP)

The Commission will establish a modern community of practice platform which will be used to engage representatives from RECs, development partners and donor community, private sector,- multi-sectorial organizations, academic institutions and RMNCAH implementing partners with an explicit purpose of sharing resources and expertise on the CARMMA Plus Campaign's agenda. A selected committee of contributors from various potential partners could facilitate what is shared amongst members and the wider community of AU member states through the CARMMA website and the social media platforms.

The CoP will be based on the principle for closing the so-called "know-do" gap – the gap between what is known and what is done in practice – and translating knowledge into effective implementation. This will be an effective mechanism for knowledge management and providing an opportunity to bring stakeholders together, which ultimately leads to programs that are executed more effectively on the ground. Besides, the CARMMA Plus Community of Practice (CoP) is a platform that will facilitate accountability in tracking commitments and success in relation to RMNCAH across the continent. Through this initiative, the CARMMA Plus stakeholders such as RECs representatives, private sector and donors, and technical experts will have the opportunity to interact on priority RM-

NCAH topics. It will potentially help policy makers and program implementers to identify strategies for development and execution of priority projects, programs and approaches that are proven in eliminating preventable maternal, newborn and child deaths.

Activities:

4.3.1 Support task force to coordinate the CARMMA Plus Community of Practice (CoP): The RECs will use existing/established technical task force working closely with the CARMMA Plus secre tariat and member states to coordinate annual CoP meetings. A task force may consist of representatives from the RECs, the private sector, RMNCAH implementing partners and other stakeholders at regional and/or national level that can strategically contribute to the functions of the CoP. Membership to the task force will change every two years to accom modate new members, considering rotation of regional representatives.

4.3.2 Organize, publicize and document the CoP's meetings: The CoP's meetings will be virtually organized via webinars to maximize attendance, where the scheduled meeting date and intended topic(s) will be known at least 90 days before and advertised through the campaign's electronic platforms such as the website, Facebook, Twitter and LinkedIn. The webinars will be facilitated and co-facilitated by external technical experts over an agreed period of time for instance two to three weeks, where stakeholders can exchange technical knowledge, share resources and experiences. Contributions can be made in the form of comments, questions, seeking clarification and/or sharing interesting articles in relation to the topic under discussion. At the end of the discussion, the task force will make a summary of key messages and post an outcome document on relevant platforms.

4.3.3 Support knowledge management to facilitate learning about RMNCAH through the CoP: The CoP platform will serve as a catalyst in generating and accessing new evidence in RMNCAH across the continent. The task force, in collaboration with the CARMMA Plus Secretariat and the M&E team, will facilitate generation, collation, dissemination and discussion of rele vant evidence for improving programming and policies around RMNCAH in Africa. Topics for discussion at CoP's webinars will be based on prevailing evidence and/or issues with potential implications to RMNCAH in Africa.

4.4 Strategic partnership with academic and research institutions in generating and applying evidence regarding RMNCAH

With an increased focus on advocating for high impact RMNCAH interventions to be based on evidence, academic and research institutions become increasingly resourceful. Strategic partnership with these institutions will enable to integrate the CARMMA Plus agenda in their routine activities including research and generating innovative technologies that can promote RMNCAH agenda. Accordingly, such institutions should be regarded as both audience (secondary) and actors for the CARMMA Plus campaign.

Activities:

4.4.1 Identify and engage academic and research institutions for strategic partnership at national and continental levels: The Commission will work collaboratively through RECs to identify regional and national research and academic institutions that focus on maternal, newborn, child and adolescent health issues. Common areas of interest will be identified for strategic partnership and collaboration, which may be fostered through agreements between the RECs and the engaged academic and research institutions.

4.4.2 Facilitate capacity building for local research institutions: The partnership between RECs, member states, academia and research institutions enables use of research, education and innovation to support the transformation of Health information systems and promote sustainable development approaches (Nabyonga-Orem, 2017)(Suthar et al., 2019). It is important to have such capacity at national level, but unfortunately capacity of research institutions differ from country to country. In order to enhance collaboration for improvement of maternal, newborn, child and adolescent health, it is crucial to strengthen the capacities of national institutions through the RECs. RECs will identify opportunities for south to south collaboration and mentorship among institutions with interest in RMNCAH. Consequently, it will be expected that the academic and research institutions can be engaged in promoting the CARMMA Plus agenda through conducting research and dissemination of findings in RMNCAH, building capacity of member states and RMNCAH implementing partners in analyzing, interpreting and use of RMNCAH data, and implementation of joint RMNCAH activities including advocacy events.

4.4.3 Strengthen linkage with African Peer Review Journals: The Collaboration with African peer review journals focusing on reproductive, maternal, newborn, child and adolescent's health will enable the CARMMA Plus team and its stakeholders to have timely access to jointly published information from member states. It is also possible to establish links between the campaign's electronic platforms and websites of such journals which in turn may promote learning among its member states, RECs, AUC and other relevant stakeholders.

4.4.4 Advocate for investment in research, measurement and monitoring for RMNCAH: Research produce high quality findings that informs actions, produce contextualized knowledge that is applicable outside the research settings and establish strong evidence-based data for baseline and inform the future on the progress. For the African region to be able to achieve SDG targets, evidence is needed regarding low cost and high impact RMNCAH interventions to inform decisions on investing smart and being cost effective. Hence, the research agenda will also need to look into analysis of results in RMNCAH compared to resources invested. AU member states and research institution partners will promote investment in research for better measurement and monitoring of the RMNCAH services. The initiative will focus on promoting integrated national research, innovation and monitoring and evaluation systems that incorporate population-based surveys and research studies, as well as tracking of financial resources for RMNCAH among member states (African Union Commission, 2016).

4.5 Building Capacity in data analysis and reporting

Member states use some form of electronic mechanism to transmit data, with DHIS2 currently being the favored system. Although in many cases, countries capacity to analyze newly collected data is low, as most of the investments have focused on data collection systems, with less focus on strengthening capacities of the health workforce to collect, understand and use the data in routine decision making. The M&E team at the commission with partnerships from academic and research institutions can collaborate to improve the analytical capacity of the collected data for routine use and programing to facilitate accountability through informed decisions.

Activities:

4.5.1 Promote online courses in data analysis and presentation: In collaboration with the Pan-African Institute of Statistics (STATAFRIC) and other academic institutions both at national and continental levels, the CARMMA Plus team will develop/adopt certified online data analysis and use training modules and integrate in CARMMA website for relevant personnel from member states to attend and improve their capacity. Besides, the team will provide links to existing and reputable courses to be accessed by personnel from member states and other interested stakeholders. Capacity building should also be on data visualization that will promote reporting in order to facilitate evidence-based advocacy.

4.5.2 Hold-Annual webinars with a focus on data management, analysis and reporting for RMNCAH: Capacity building webinars will be organized for member states capitalizing on experts among RMNCAH implementing partners, private sector, research and academic institutions. The Pan-African Institute of Statistics (STATAFRIC) is likely to play a key role in organizing such webinars focusing on the right skills. For each session a case study on RMNCAH data analysis from any of the member states may be presented and discussed for cross learning.

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Appendix A: Areas of focus on the re-strengthened CARMMA campaign (CARMMA Plus)

TABLE 4 : AREAS OF FOCUS ON THE RE-STRENGTHENED CARMMA CAMPAIGN (CARMMA PLUS)

Based on Evaluation Recommendations; consultations with RECs and Partners; and AU's strategic documents

Theme	Identified needs/gaps? / Observed Status	Focus under CARMMA Plus
Campaign's leadership and coordination	Poorly-resourced CARMMA secretariat	- Strengthen CARMMA Plus Secretariat with increased human resource capacity, and financial support; - Strengthen member states' leadership to the campaign, with high impact and low-cost roadmaps; - Work with Champions and Good will ambassadors; - Establish feasible frequency of meetings and conferences; - Strengthen Government's ownership of the campaign; - Strengthen partners' support of RMNNCAH leadership; - Strengthen leadership and engagement of RECs with the campaign
	No clear roadmaps for member states	
	Non-regular meetings and/or conferences	
	Lack of national coordinating mechanisms in some countries	
	Poor political will at the level of RECs	
Resources for the campaign	Inadequate resources to sustain the campaign	- Implement AU's communication and resource mobilization strategy for the campaign on CARMMA; - Mobilize increased domestic resources; - Mobilize technical and financial resources from stakeholders at all levels, including the private sector; - Ensure alignment of partner priorities with country needs, hence tapping on their resources
	Limited allocation of domestic resources	
	Competing priorities among partners and member states	

Theme	Identified needs/gaps? / Observed Status	Focus under CARMMA Plus
Accountability	No clear accountability mechanism at national and regional levels	- Accountability framework with improved knowledge management; - Strengthen MPDSR among member states; - Institute mechanism to follow up implementation of commitments by the member states; - Anchor advocacy in existing political structures and platforms, including at grassroots; - Ensure that action and decision- making are based on the data generated; - Engage communities for social change; - Institutionalize the campaign's vision
	Limited use of data for decision-making	
	Poor account of maternal and perinatal deaths	
	Campaign's vision held by few individuals in some member states	
Partnership and collaboration	Weak commitment and leadership from AU's recognized RECs	- Broaden and strengthen partnership through implementation of the Accountability Partnership Framework; - Meaningful engagement of the private Sector, RECs and Partners; - Develop mechanisms for coordinating partners at both the regional and national levels.
	Insufficient collaboration with a variety of partners at multiple levels	
	Inadequate participation of private sector in the campaign	
	Ineffective coordination of the campaign at various levels	
M&E and Reporting	Lack of indicator harmonization	- Streamline the reporting process, including on reasonable number and frequency of reports; - Harmonize indicators and health statistics; - Use existing data platforms, reporting frameworks and initiatives; - Strengthen data systems that
	Perceived burden of reporting	
	Poor documentation and reporting of national events/activities	
	Inconsistent production of reports e.g. MNCH status reports	

Theme	Identified needs/gaps? / Observed Status	Focus under CARMMA Plus
		provided accurate disaggregated data, including for adolescents; - Linkage with African academic and research institutions;
Scope of the campaign	Main focus on Maternal and Child Health Lack of adequate linkages with changing times in RMNCAH	- Broaden the campaign focus to comprehensively address RMNCAH; - Review the strategic focus of the to reflect the changing reality reflected in the global sustainable Agenda 2030, and Africa's transformative Agenda 2063, the and the revised MPoA 2016-2030; Review the campaign's theme to reflect the broader focus.
Communication	CARMMA website not regularly updated and not always available; Inadequate dissemination of information about the campaign to broader stakeholders Policy Briefs and Best Practices not consistently produced	- Strengthen communication channels to inform, engage and motivate the right audience; - Implement the AU's communication and resource mobilization strategy; - Strengthen the Secretariat's capacity in communication;

Appendix B: Opportunities and Limitations among Regional institutions

TABLE 5 : OPPORTUNITIES AND LIMITATIONS AMONG REGIONAL INSTITUTIONS FOR IMPLEMENTATION OF THECARMMA PLUS CAMPAIGN

No.	Institution	Limitation	Comparative Advantage
1	AUC	• Inadequate Funding for CARMMA Plus activities • Inadequate Staffing to implement CARMMA plus activities • No ground presence within member states.	• Convening of partners /stakeholders and member states. • Continent wide advocacy. • Monitoring and Evaluation and reporting • Coordination of programs
2	SADC	• Multiple and overlapping memberships among member states • Social and civil conflict • Weak alignment between donors' and the region's priorities hence affecting funding	• Existence of a strategy for SRHR in the SADC Region (2019-2030)-demonstrating regional political commitment • SADC meets international standards of good practice in accounting, audit, internal controls and procurement, hence can receive and manage financial assistance.
3	ECOWAS/WAHO	• Limited human and financial resources • Limited use of ICT • Persistent security problems • Political instability and leadership transitions • Difficult to get hold of and engage senior political leaders	• Has a regional specialized health agency (WAHO), which enables high-impact and cost-effective interventions. • WAHO's strategic plans include improved RMNCAH as part of expected outcomes • Promote research as a tool for strengthening maternal and infant health in West Africa • ECOWAS launched a self-financing initiative (the community levy from Member States) • Existing Regional financing mechanism for RH commodities and services • Deliberated to have RMNCAH Champions for each member state • Strong and good working relationship with Ministries of Health, including regular supportive supervision of member states

No.	Institution	Limitation	Comparative Advantage
4	ECCAS	• Lack of human resource capacity to implement Health and RMNCAH activities • No RMNCAH initiatives coordinated through ECCAS • Absence of systematic knowledge management and data repository system within the secretariat • ECCAS is heavily dependent on development partners' funding • Poor coordination of policies due to huge financial constraints	• Obtained funding from the World Bank for the establishment of the Regional Project for the Strengthening of Disease Surveillance Systems in Central Africa (REDISSE IV), 2020-2024 • Region's rich resource potential • ECCAS has a new structure from September 2020, that includes a department for health • Proposed establishment of an organization/agency for heath for ECCAS (under approval process) • Establishing a health sub-committee for ECCAS (under approval process) • Partner states are already funding ECCAS activities. They will need more sensitization to increase resources for RMNCAH
5	AMU	• Limited cooperation between AMU and the AU Commission •	
6	CEN-SAD	• Unpredictable and disruptive funding from donors	• CEN-SAD is putting up an SRHR project with member states, The CEN_SAD team proposes to streamline its SRHR project in line with the CARMMA Plus Campaign.
7	COMESA	• Overlap in membership of members states with other regional communities, hence challenging to follow the same RMNCAH agenda • Limited political coordination • Insufficient human capacities	• Member states submit bi-annual gender report hence they may report on maternal health data through same reports • Existence of COMESA federation of women in business (COMFWB), a forum that can be used to champion for RMNCAH
8	EAC	• Self –funding challenges • Insufficient human resource	• Wide range of resource mobilization strategies • The most advanced REC in terms of the level of integration
9	IGAD	• Fragile situation for peace and stability in some member states • Socio-economic and environmental problems in	
No.	**Institution**	**Limitation**	**Comparative Advantage**
		the ever-growing urban centers	

NB. Information in the table will be updated from time to time

Appendix C: M&E Plan for the CARMMA Plus campaign

Introduction

Re-strengthening of the campaign to accelerate the reduction of maternal mortality in Africa (CARMMA Plus) with its Monitoring and Evaluation (M&E) Framework will be the tools forpla ning, managing, evaluating, and documenting progress towards achieving the goals of the CARMMA Plus campaign (2021-2030). The Framework will support to methodologically assess and communicate the campaign's relevance and progress in line with identified strategies and activities for the 10-year period from 2021 to 2030.

The campaign's monitoring and evaluation will contribute to the overarching learning strategy, that is based on 'adaptive management', stakeholder participation, and periodic self-evaluation. The Monitoring Evaluation Framework includes two major components. The first component is the Performance Management Plan (PMP) and its associated indicator reporting, which is tied to the campaign's objectives and immediate results. The second component is the Community of Practice that will consider a learning strategy to share information, results, and lessons—and solicit input and feedback in support of adaptive management. The Monitoring and Evaluation Framework will optimize the campaign's performance and increase accountability of the campaign for all of its stakeholders (the Commission, AU recognized Regional Economic Communities (RECs), member state and the development partners.) The approach for monitoring CARMMA Plus will be in two folds; tracking internal activities as well as custom indicators, and externally tracking standard indicators through the Africa health stats and CARMMA scorecard.

Internal Monitoring Approach

Based on the approved activities, output and outcome indicators will be developed to track the progress of the campaign. Both qualitative and quantitative data on indicators will be collected using either online or paper-based tools that will be designed during the implementation of the campaign.

External Monitoring Approach

The CARMMA Plus campaign will continue to use both Africa Health Stats and the CARMMA score card to track the performance of RMNCAH indicators at the continental level. The CARMMA scorecard will be expanded to include assessment of expenditure on RMNCAH issues. Improving the tracking of resources will enhance accountability, transparency, priority- setting and enhance the focus on the areas within RMNCAH that require attention. The CARMMA Plus team in collaboration with the technical working group will facilitate the timely update of the African Health Stats website, CARMMA website, CARMMA Scorecards and CARMMA social media platforms.

The M&E team at the AUC will work closely with economic affairs on primary data sources for Africa Health Stats and CARMMA scorecard. Focal Points will be identified from the member states and will be responsible for providing data on the health indicators.

AU member states will be encouraged to establish reliable sources of data, strengthen their collection of vital statistics, household and other population-based surveys, facility reports and facility surveys and population censuses, and subsequently map these updated and validated indicators against existing data sources.

Purpose of CARMMA Plus Campaign M&E Plan

The aim of this Monitoring and Evaluation (M&E) plan is to be able to track and assess the results of the CARMMA Plus interventions throughout the campaign's implementation. The monitoring and evaluation plan for the CARMMA Plus will involve periodic assessment of project implementation and performance of activities. The M&E system of the campaign is expected to provide ongoing information on progress made by the member states and their partners in achieving the campaign's outputs and outcomes. Performance evaluation will assess the campaign's success in achieving the outputs based on the inputs provided and activities conducted. Other M&E Plan functions will include:

1. Provide a common, standard set of indicators to measure organizational results (outputs, outcomes, and impacts);
2. Capture the results of the CARMMA Plus campaign with evidence.
3. Provide program and technical staff with a menu of recommended, tested and standardized indicators from which to choose, encouraging standardization and aggregation of results monitoring.
4. Aggregate results across member states to measure the level of continental performance in achieving "long-lasting positive change;"
5. Ensure the CARMMA Plus campaign is consistently accountable to all its stakeholders and donors.
6. Encourage communication among field staff related to the application of common indicators or data collection and evaluation strategies; and
7. Encourage standardization of approaches to measure key outcomes using the CARMMA Plus Campaign data collection tools.

CARMMA Plus Organizational M&E Roles & Responsibilities

The campaign will be monitored closely by the CARMMA Plus secretariat, in close collaboration with the M&E team at the AUC, AU's recognized Regional Economic Communities (RECs), the member states, and partners through developing reports with various timelines (as detailed in Table 2 under objective 4 of the roadmap). Moreover, performance of the CARMMA Plus will be tracked through internal activities and customized indicators including through the Africa health stats and the updated CARMMA scorecard (AU Commission, 2019). The online African Health Stats (African Health Stats) platform aims to be the central pillar of the AU's accountability mechanism for health and a widely used resource by multiple health data consumers (African Union Commission and Evidence for Action, 2016). The implementation of the campaign's M&E plan will consider the harmonization with other implementation frameworks such as the Maputo Plan of Action (MPoA) 2016-2030, the CARMMA's Accountability and Partnership Framework (APF) and the CARMMA Communication and Resource Mobilization Strategy 2018-2030. Strategies and activities detailed under objective 4 of the CARMMA Plus roadmap creates a backbone for effective monitoring of the

CARMMA Plus campaign for improved knowledge management.

Similarly, the member states will be encouraged to share regular reports including documented lessons, best practices and challenges related to M&E and research activities with insights for improvement of the CARMMA Plus. The Regional Economic Communities, RMNCAH related partners, multi-lateral health organizations, private sector partners, bilateral organizations, and research and academic institutions, all need to join hands in ensuring that the campaign generates data and uses information for evidence-based and cost-effective interventions in ending preventable maternal, child and adolescent deaths in Africa by 2030. Furthermore, the mid-term evaluation will be conducted at the 5 th year of the roadmap's implementation to generate replicable key lessons learned and best practices from the implementation of the CARMMA Plus campaign to inform the decision-makers and program implementers to improve the quality of care and appropriately guide decision making processes with regard to resource allocation for RMNCAH programs.The generated evidence and lessons learned will be resourceful to AU commission (lead implementing partner), member states, partners and Regional Economic Communities in improving the implementation of the campaign to achieve intended results.

CARMMA Plus ProgramTracker (Web-Based M&E System)

The Commission will develop a custom, password-protected, geo-enabled, web-based M&E system to simplify data flow and management by decentralizing data entry across the various RECs and allowing for analysis of real-time data, or, for data entered in the field outside the reach of the internet, uploaded when an internet connection can be established. The M&E system's application design will use an ultra-thin client architecture that supports low-bandwidth (dial-up) connections and all web browsers, regardless of the operating system. This M&E system will be simple yet fast, efficient, and easy to use.The web-based M&E system will capture detailed information on each Member State, REC, partners, and donors. Data will be disaggregated by sex, age, country, RECs, and others. Confidential information entered in the database will be kept on a secure server with limited access and will be de-identified when extracted for analysis and reporting. Indicator values will be available in real-time for RECs and senior management staff of the Health Population and Nutrition Division to assess the performance of the campaign at the member state, RECs and continental level.

CARMMA Plus Scorecard

Based on previous experience and lesson learnt from the CARMMA scorecard, the Commission will redesign a new scorecard for the CARMMA plus campaign to assess the performance of the various member states on CARMMA Plus health indicators. The scorecard will help promote accountability and transparency during the implementation of the CARMMA Plus Campaign's. The scorecard will be linked to the Accountability Partnership Framework to include MNCH expenditure indicators.

Establishment of a CARMMA Community of Practice (CoP)

The commission will establish a modern community of practice platform which will be used to engage representatives from RECs, partners, private sector and the donor community with the explicit purpose of sharing resources and expertise on the CARMMA Plus Campaign.The Community

of Practice (CoP) will be based on the principle for closing the so-called "know- do" gap – the gap between what is known and what is done in practice – and translating knowledge into effective implementation. This will be an effective mechanism for knowledge management and provide an opportunity to bring stakeholders together, which ultimately leads to programs that are executed more effectively on the ground.

Indicator Handbook

The Indicator Handbook presents the set of performance management indicators for the CARMMA Plus Campaign. The set of indicators to be described in this Handbook will be designed or adopted from both standard and custom indicators to measure progress against each result in the CARMMA Plus results framework, to be able to assess the plausible contribution of campaign's activities to achieving better reproductive health outcomes for women, children and adolescents by 2030. This handbook would ensure that all reference materials on the CARMMA Plus indicators and guidance are always accessible to all for a common understanding at all levels.

As the Framework indicators become mainstreamed into program design and implementation, they will be a key part of the CARMMA Plus campaign, not a separate exercise requiring additional time and resources. As long as the data is entered as part of routine operations, it will be available in real-time at Member State, RECs and at continental level, allowing for the generation of reports to track indicator progress against targets, cost-share realization, and to review achievements within and across Member States, RECs and the continent.

Data Sources

Data sources will be identified and vetted for all African health stats and CARMMA plus indicators. Generally, monitoring data will be obtained from various primary sources, ranging from implementing entities and service providers to national and regional reports. In addition, the M&E unit will obtain secondary data for the high level (Objective and Impact) indicators from the relevant government agencies including Pan-African Institute of Statistics (STATAFRIC).

Methods of Data Collection

The M&E Unit will use a wide range of methods for gathering, analyzing, and storing performance data and information generated in the course of the implementation of the CARMMA Plus Campaign. The CARMMA Plus Campaign will use research methods from the social sciences as well as participatory methods. Where necessary, the M&E will adapt an existing method or design or an entirely new method that will enable the Commission to collect comprehensive data for reporting purposes.

Generally, the CARMMA Plus Campaign will use the following methods in data gathering:

a. Quantitative methods
b. Qualitative methods

Quantitative Data Collection Methods

Based on indicators set by the CARMMA Plus Campaign, a set of data collection tools will be designed to collect quantitative data for reporting purposes. In instances where quantitative data is required on some indicators, the survey method will be used. The following quantitative datacollection strategies would thus be used:

a) Obtaining relevant data from management information systems for reporting on indicators.

b) Obtaining secondary data from health agencies in Africa such as Pan-African Institute of Statistics (STATAFRIC).

Qualitative Data Collection Methods

The Commission will employ the use of qualitative data collection methods to gather in-depth understanding of some health issues. The qualitative methods will assist the CARMMA Plus campaign to investigate the **why** and **how** behind certain decision that will be made by some member states during the course of the implementation of the CARMMA Plus campaign. The following methods would be used by the Commission:

a) Qualitative questionnaires designed to help gather in-depth information to assist assess the progress of the CARMMA Plus campaign.

b) Key informant interviews with RECs representatives and other stakeholders on issues related to CARMMA Plus campaign.

Data CollectionTools

Data collection is standardized by developing forms and checklists for the RECs and member states to apply. This will include sharing the M&E framework and indicator reference sheets to ensure that the indicators are well understood. Both qualitative and quantitative data collection tools will be designed and used to collect data from member states, RECs and other stakeholders. The forms will be designed based on the nature of the health indicators, and they will be vetted and pre-tested to ensure easy completing.

CARMMA Plus Performance Indicators

The CARMMA Plus performance indicator tracking (Table 6) below depicts how results from the campaign's activities/inputs will be measured through indicators to assess ongoing performance of the campaign in achieving its objectives. Besides these activity-based results, the CARMMA Plus secretariat will work closely with the AU Institute for Statistics and Economic Affairs to monitor and regularly report on outcome and impact level indicators for RMNCAH, including the campaign's harmonized and updated indicators as presented in the Accountability and Partnership Framework (Table 7 below). Hence, information on the campaign's progress and achievements will be communicated to the wider audience including through modern technology to ensure that the information is accessible, visible and understandable in promoting the CARMMA Plus agenda.

TABLE 6 :THE CARMMA PLUS PERFORMANCE INDICATOR TRACKING TABLE (CUSTOM INDICATORS)

Objectives and Results	Indicators	Definition/ Calculation	Baseline	Life of project Targets	Frequency	Means of Verification	Involved
Objective 1: Broaden and Strengthen Accountability and partnership for RMNCAH							
Result 1.1 A fully functioning CARMMA Plus secretariat established	a. Number and categories of the campaign's stakeholders informed of secretariat TOR	Count of the campaign's stakeholders informed of secretariat TOR per categories	N/A	TBD	Annual	CARMMA Plus Secretariat reports	AUC
	b. Number and proportion of CARMMA Plus Secretariat positions hired and funded	Count of CARMMA Plus Secretariat positions hired and funded per total positions suggested	N/A	TBD	Semi-annual		
	c. Number of Secretariat performance reports produced and shared	Count of Secretariat performance reports both programmatic and financial produced and shared	N/A	TBD	Annual		
Result 1.2 AU's REC's engagement in implementation of the CARMMA Plus strengthened	a. Number and % of existing reports from RECs incorporating RMNCAH issues	Count of existing reports from RECs reflecting on activities related RMNCAH per total reports from RECs	N/A	TBD	Annual	CARMMA Plus Secretariat reports; National CARMMA Plus reports RECs regular reports	RECs, AUC, Member states
	b. Number of CARMMA Plus activities implemented in collaboration with RECs	Count of CARMMA Plus strategic activities implemented jointly and/or in collaboration with RECs	N/A	TBD	Annual		

Objectives and Results	Indicators	Definition/ Calculation	Baseline	Life of project Targets	Frequency	Means of Verification	Involved
Result 1.3 Partnerships with RMNCAH related partners and stakeholders strengthened for the implementation of the CARMMA Plus	a. Number of partners and stakeholders supporting CARMMA Plus campaign, by type of support.	Count of partners and stakeholders supporting CARMMA Plus campaign at various levels, both technically and financially.	N/A	TBD	Annual	CARMMA Plus Secretariat (Semi/Annual) reports; National CARMMA Plus reports	Member states, RECs, RMNCAH partners
	b. Number and type of campaign's activities engaging grass root organizations	Count of campaign's activities engaging grass root organizations within members states by type	N/A	TBD	Annual		
Result 1.4 Private sector supported RMNCAH agenda through CARMMA Plus	a. Number of private sector entities providing support to CARMMA Plus (by type of support)	Count of private sector entities (new and existing) providing both technical and financial support to CARMMA Plus by type of support	N/A	TBD	Annual	CARMMA Plus Secretariat (Semi/Annual) reports; National CARMMA Plus reports	Private Sector partners, AUC, member states
	b. Amount of resources mobilized from private sector to support the campaign	Total amount of resources mobilized from private sector to support the campaign over 6 and 12 months in a respective calendar year	N/A	TBD	Annual		
Result 1.5 Mama Afrika Awards implemented biennially	a. Number and % of Mama Afrika Awards events conducted (per schedule)	Count of Mama Afrika Awards provided during events per schedule, region and categories	N/A	TBD	Biennial	National CARMMA Plus reports EX.CL/Dec.662 (XIX) CARMMA Plus Secretariat (Semi/Annual) reports	Member States, AUC, RECs
	b. Number of member states and partners (including private sector) taking part in Mama Afrika Awards per sub-region	Count of member states and partners including private sector taking part in Mama Afrika Awards in a respective period per sub-region	N/A	TBD	Biennial		

Objectives and Results	Indicators	Definition/ Calculation	Baseline	Life of project Targets	Frequency	Means of Verification	Involved
Objective 2. Strengthen leadership and governance for RMNCAH policies and quality services							
Result 2.1 Political commitment towards further and better implementation of the CARMMA Plus demonstrated	a. Number and % of member states with national RMNCAH plans that incorporated CARMMA Plus agenda	Count of member states with national RMNCAH plans that incorporated CARMMA Plus agenda per sub-region	N/A	TBD	Annual	National CARMMA Plus reports; CARMMA Plus Secretariat (Semi/Annual) reports	Member States, RECs
	b. Number of political leaders/champions involved in advocating for CARMMA Plus at regional and national levels	Count of political leaders/champions involved in advocating for CARMMA Plus at regional and national levels	N/A	TBD	Annual		
	c. Amount and trend of resources allocated for RMNCAH in national budgets	Percentages of amount and trend of resources allocated for RMNCAH in national budgets out of total health budget	N/A	TBD	Annual		
Result 2.2 Campaign's in-country leadership strengthened	a. Number of member states with a dedicated and functional campaign coordination team	Count of member states with a dedicated and functional campaign coordination team	N/A	TBD	Annual	National CARMMA Plus reports CARMMA Plus Secretariat (Semi/Annual) reports	RECs, AUC, Partners
	b. Number and type of capacity building activities for CARMMA Plus in-country teams	Count of capacity building activities for CARMMA Plus in-country teams by type of capacity building	N/A	TBD	Annual		
	c. Number of national campaign's activities supported by RECs and/or Partners	Count of national campaign's activities supported by RECs and/or Partners by source of support	N/A	TBD	Annual		

Objectives and Results	Indicators	Definition/ Calculation	Baseline	Life of project Targets	Frequency	Means of Verification	Involved
Result 2.3 Accountability towards prioritization of RMNCAH among African Member states reinforced	a. Number of regional and national plans with RMNCAH priorities	Count of regional and national plans with RMNCAH priorities	N/A	TBD	Annual	Biennial RMNCAH Status report	Member states, RECs, AUC
	b. Number of new legislative frameworks and/or polices to support access to RMNCAH services	Count of new legislative frameworks and/or polices to support access to RMNCAH services in a reporting period	N/A	TBD	Annual		
Result 2.4 Mortality surveillance program and Maternal and Perinatal Death Surveillance and Response (MPDSR) institutionalized	a. Number of member states with updated MPDSR guidelines	Count of member states with updated MPDSR guidelines	N/A	TBD	Annual	National CARMMA Plus reports; Biennial RMNCAH Status report	Member States, AUC
	b. Number of member states reporting on MPDSR implementation progress	Count of member states reporting on MPDSR implementation progress per sub-region (including actions implemented)	N/A	TBD	Annual		
Result 2.5 CARMMA scorecard included domestic expenditure on RMNCH issues	a. Number of countries reporting on RMNCAH expenditure indicator	Count of countries reporting on RMNCAH expenditure indicator	N/A	TBD	Annual	National CARMMA Plus reports; RMNCAH Status report; CARMMA scorecard and AU statistics	Member states, RECs, AUC
Result 2.6 Primary health care systems strengthened for promoting people-centered,	a. Number of member states with operational policies and protocols to promote people-centered, integrated and quality RMNCAH services	Count of member states with demonstrated policies and protocols to promote people-centered, integrated and quality RMNCAH services by type	N/A	TBD	Annual	National CARMMA Plus reports; CARMMA Plus Secretariat (Semi-/Annual)	Member states, AUC

Objectives and Results	Indicators	Definition/ Calculation	Baseline	Life of project Targets	Frequency	Means of Verification	Involved
comprehensive, integrated and quality RMNCAH services at all levels	b. Number of member states with policies to support alternative financing for RMNCAH services (to reduce out-of-pocket payment for services)	Count of member states with an established policy on alternative financing for RMNCAH services by status of implementation	N/A	TBD	Annual	Reports	
Result 2.7 Immunization coverage among children improved	a. Member states with average percentage of districts whose coverage with a third dose of pentavalent vaccine is equal or greater than 80% (for Equity) per Sub-region	Count of member states with districts whose coverage with a third dose of pentavalent vaccine is equal or greater than 80% per Sub-region	N/A	TBD	Annual	National CARMMA Plus and immunization reports;	Member states, GAVI and Immunization Partners
	b. Percentage of transitioning member states that are on track to do so successfully (per GAVI's definition)	A country is on track if: At least 75% of predefined transition activities (such as having a national regulatory agency) have been completed on time; DPT3 coverage has increased over the last 3 years (if the country has already at least 90% DPT3 coverage, this level should have been sustained for 3 years); and It is meeting its co-financing obligations and did not default on payment in the previous year.	N/A	TBD	Annual	GAVI Countries' performance reports; Biennial RMNCAH Status report;	
Result 2.8 Public Health Emergency preparedness	a. Number of member states with national policies, protocols and/or plans addressing RMNCAH services during	Count of member states with national policies, protocols and/or plans addressing RMNCAH services during	N/A	TBD	Annual	National CARMMA Plus reports;	RECs, Member states,

Objectives and Results	Indicators	Definition/ Calculation	Baseline	Life of project Targets	Frequency	Means of Verification	Involved
strengthened for RMNCAH services	epidemics/pandemics	epidemics/pandemics (including newly developed)				CARMMA Plus Secretariat (Semi-/Annual) Reports	
	b. Number of regional and national activities conducted to promote availability of quality RMNCAH services during epidemics/pandemics	Count of regional and national activities conducted to promote availability of quality RMNCAH services during epidemics/pandemics	N/A	TBD	Annual		
Objective 3. Improve SRHR outcomes for adolescents through increased access to information and services							
Result 3.1 Enhancing an enabling legal, policy and programmatic environment to facilitate the implementation of SRH program and services for adolescents	a. Number of regional and global policy frameworks promoting adolescent sexual and reproductive health (ASRH) disseminated among African member states	Count of regional and global policy frameworks promoting adolescent sexual and reproductive health (ASRH) disseminated among African member states during a reporting period	N/A	TBD	Annual	RECs Reports National CARMMA Plus reports; CARMMA Plus Secretariat (Semi-/Annual) Reports	RECs, Member states, AUC
	b. Number of member states with established guidelines and polices for adolescents' friendly services	Count of member states using guidelines and polices for promoting adolescents' friendly services	N/A	TBD	Annual		
Results 3.2 Investing in a comprehensive agenda for the health and wellbeing of children and adolescents	a. Number of Policy makers, implementers and service providers sensitized on the need to invest in women's, children's and adolescent's health	Count of Policy makers, implementers and service providers sensitized on the need to invest in women's, children's and adolescent's health	N/A	TBD	Annual	CARMMA Plus Secretariat (Semi-/Annual); Reports Biennial RMNCAH Status report	Partners (WHO, UNICEF), Member states
	b. Number of Member states with national costed plans for child and adolescent health	Count of Member states with established and operationalized national	N/A	TBD	Annual		

Objectives and Results	Indicators	Definition/ Calculation	Baseline	Life of project Targets	Frequency	Means of Verification	Involved
		costed plans for child and adolescent health					
	c. Number of member states applying the Nurturing Care Framework to provide services for mothers, newborns, children and adolescents.	Count of member states with deliberate plans in using the Nurturing Care Framework to provide services for mothers, newborns, children and adolescents.	N/A	TBD	Annual		
Result 3.3 Increasing adolescents' access, participation and utilization of innovative, integrated, high-quality SRH services and program	a. Number of member states with clear national plans for provision of adolescent friendly SRH services	Count of member states with plans to guide stakeholders for provision of adolescent friendly SRH services	N/A	TBD	Annual	National CARMMA Plus reports; CARMMA Plus Secretariat (Semi-/Annual) Reports; RMNCAH Status reports	Member states, AUC
	b. Number of members states reporting on SRH indicators disaggregated by age	Count of members states reporting on SRH indicators disaggregated by age	N/A	TBD	Annual		
Result 3.4 Promoting positive attitudes and behavior change among adolescents and youth towards SRHR information, education and services	a. Number of member states implementing comprehensive sexuality and reproductive health education through culturally-sensitive channels	Count of member states implementing comprehensive sexuality and reproductive health education through culturally-sensitive channels including health facilities, schools and community-based outlets.	N/A	TBD	Annual	National CARMMA Plus reports; CARMMA Plus Secretariat (Semi-/Annual) Reports	Member states, AUC

Objectives and Results	Indicators	Definition/ Calculation	Baseline	Life of project Targets	Frequency	Means of Verification	Involved
Result 3.5 Vaccination program for adolescents and young people scaled up	a. Number of member states integrating HPV vaccination with other adolescent health services, interventions and/or activities	Count of member states with HPV vaccination (information and services) being integrated with other adolescent health services including in school health programs	N/A	TBD	Annual	National CARMMA Plus reports; CARMMA Plus Secretariat (Semi-/Annual) Reports	Member states, AUC, Immunization & ASRHG Partners
	b. Number and proportion of member states attaining 90% of girls fully immunized by HPV vaccine by 15years of age	Number of member states (out of all member states) with at least 90% of second dose of HPV vaccine coverage among girls by 15years of age	N/A	TBD	Annual		
Objective 4. Strengthen knowledge management and learning system							
Result 4.1 Harmonizing RMNCAH performance measurement system at regional and national levels	a. Number and proportion of member states reporting on minimum CARMMA Plus indicators on Africa Health Stats	Count of member states (out of all members states) reporting on minimum CARMMA Plus indicators on Africa Health Stats	N/A	TBD	Annual	National CARMMA Plus reports; CARMMA Plus Secretariat (Semi-/Annual) Reports	Member states, AUC, RECs
	b. Number of CARMMA Plus indicators reported through Africa Health Stats	Count of CARMMA Plus indicators reported through Africa Health Stats	N/A	100%	Annual		
	c. Number and % of CARMMA Plus reports and publications produced timely as per schedule	Count of CARMMA Plus reports and publications produced timely as per schedule out of all reports proposed	TBD	100%	Annual		
	d. Number and % of CARMMA Plus events/platforms held successfully	Count and % of CARMMA Plus events/platforms held successfully in a year (Table 3 under section 4.1.5)	N/A	100%	Semi-annual		

Objectives and Results	Indicators	Definition/ Calculation	Baseline	Life of project Targets	Frequency	Means of Verification	Involved
Result 4.2 Promoting timely sharing of CARMMA Plus information and evidence-based reports through technology	a. Number of active social media and communication platforms for the campaign	Count of active (updated routinely and being accessed) social media and communication platforms for the campaign during a reporting period			Semi-annual	CARMMA Plus Secretariat (Semi-/Annual) Reports; African Health Stat	AUC, STATAFRIC, and Partners
	b. Number of online dashboards with timely published data	Count of online dashboards with timely published data	N/A	TBD	Semi-annual		
Result 4.3 An electronic CARMMA Plus Community of practice (CoP) established	a. Number of CoP meetings held and topics discussed (by theme)	Count of CoP meetings held and topics discussed (by theme)	N/A	TBD	Annual	CARMMA Plus Secretariat (Semi-/Annual) Reports	AUC
	b. Number of campaign stakeholders participating in the CoP activities (by category)	Count of campaign stakeholders participating in the CoP activities by category (Member states, partners, private sector, Champions, etc.)	N/A	TBD	Annual		
Result 4.4 Academic and research institutions involved in generating and applying evidence in RMNCAH	a. Number of academic and research institutions engaged to support CARMMA Plus agenda (by region)	Count of academic and research institutions involved in conceptualizing, designing, implementing and/or disseminating studies related to RMNCAH to support the CARMMA Plus agenda by region	N/A	TBD	Annual	National CARMMA Plus reports; CARMMA Plus Secretariat (Semi-/Annual) Reports	RECs, Member states, Academic/Research institutions
	b. Number of research and publication activities carried out jointly between Academic/Research institutions and member states and/or RECs	Count of research and publication activities carried out jointly between Academic/Research institutions and member	N/A	TBD	Annual		

Objectives and Results	Indicators	Definition/ Calculation	Baseline	Life of project Targets	Frequency	Means of Verification	Involved
		states and/or RECs					
	c. Number of capacity building activities in RMNCAH research for local institutions and partners	Count of capacity building activities in RMNCAH research implemented for local institutions and partners (with or without involvement of research and/or academic institutions)	N/A	TBD	Annual		
Result 4.5 Build Capacity in data analysis and reporting	a. Number of capacity building activities in RMNCAH data management, analysis and reporting for RMNCAH by theme and type of stakeholders	Count of capacity building activities in RMNCAH data management, analysis and reporting for RMNCAH by theme and type of stakeholders involved	N/A	TBD	Annual	CARMMA Plus Secretariat (Semi-/Annual) Reports	AUC, Member states

TABLE 7 :THE CARMMA HARMONIZED AND UPDATED INDICATOR (STANDARD INDICATORS)

Indicators	MPoA 2016 - 2030	CARMMA 2013	MNCH Scorecard	African Health Stats website	Countdown to 2030	Proposed CARMMA 2020
Governance						
Existence of a national health policy that integrates SRHR, HIV/AIDS/STI and malaria services	■					
Existence of laws dealing with sexual and gender-based violence	■					
Presence of a costed roadmap for the reduction of maternal and new-born morbidity and mortality	■	■				■
Percentage of the allocation for RMNCH expended	■	■	■	■		■
General government expenditure on health as a percentage of total government expenditure	■			■		
Per capita public funds for health	■			■		■
Government health expenditure as % current health expenditure				■		
Government health expenditure as % GDP				■		
External health expenditure as % current health expenditure				■		
Out-of-pocket expenditure on health as a per cent of total expenditure on health	■			■		
Percentage of population covered by a demand- side scheme; e.g., social health insurance, community-based insurance	■					
Density of health workers – physicians				■		

Indicators	MPoA 2016 - 2030	CARMMA 2013	MNCH Scorecard	African Health Stats website	Countdown to 2030	Proposed CARMMA 2020
Density of health workers – nurses and midwives						
Qualified obstetricians						
Birth registration						
Nutrition						
Proportion of stunted children under five years old						
Wasting – low weight for height under age 5						
Overweight – heavy for height under 5						
Early initiation of breastfeeding						
Exclusive breastfeeding						
Continued breastfeeding (year 1)						
Minimum dietary diversity						
Vitamin A supplementation, full coverage						
Reproductive Health						
Child marriage – before age 15						
Child marriage – before age 18						
Contraceptive prevalence rate						
Unmet need for family planning						
Unmet need for modern contraception						
Proportion of unsafe abortions, per 1,000 women aged 15-49 years						
RH packages in place (MH, FP, PAC and STI prevention, HIV)						
Sexual violence by age 18 – female						
Very early child bearing under age 16						
Female Genital Mutilation						
Maternal and Newborn Health						
Life Expectancy at Birth						

Indicators	MPoA 2016 - 2030	CARMMA 2013	MNCH Scorecard	African Health Stats website	Countdown to 2030	Proposed CARMMA 2020
Maternal mortality ratio	■			■		
Proportion of births attended by skilled health personnel	■	■	■	■		■
Postnatal care for mothers and babies				■	■	
Stillbirth rate				■		
Infant mortality rate	■			■		
Percentage of pregnant women who attended at least four ANC visits	■	■		■	■	■
Percentage of pregnant women who attended at least eight ANC visits				■		■
Proportion of health facilities offering Basic EmOC services	■	■	■			■
Percentage of new-born who received post-partum care from a skilled birth attendant within two days after birth	■	■				■
Percentage of women who received post-partum care from a skilled birth attendant within two days after delivery	■	■			■	■
Proportion of districts that have an established and functional MDSR system	■	■	■			■
Percentage of HIV- positive pregnant women who received antiretroviral drugs	■		■		■	■
HIV prevalence among population aged 15-24 years	■					
Percentage of pregnant women attending ANC who were tested for HIV and know their results	■					
Percentage of infants born to HIV-infected mothers who are infected	■					

Indicators	MPoA 2016 - 2030	CARMMA 2013	MNCH Scorecard	African Health Stats website	Countdown to 2030	Proposed CARMMA 2020
Proportion of pregnant women who received two doses of intermittent preventive treatment of malaria during their last pregnancy	■				■	
Child Health						
Neonatal mortality rate	■			■		
Proportion of infants aged 12–23 months immunized against DPT3	■		■		■	■
Coverage of first dose of measles vaccine				■	■	
Full immunization of children under-5					■	
Under-five mortality rate	■			■		
Appropriate care-seeking for diarrhea, suspected pneumonia, or fever					■	■
Appropriate treatment for malaria					■	■
Proportion of children under five years old who slept under an ITN the previous night	■				■	
Proportion of households with at least one ITN and/or sprayed by IRS in the last 12 months	■					
Percent of children <5 years with fever in last two weeks who were screened for malaria	■					
Proportion of children under five years old with fever in last two weeks who received antimalarial treatment according to national policy within 24 hours of the onset of fever	■					
Diarrhea treatment: ORS					■	
Diarrhea treatment: ORS + Zinc					■	■
Adolescent Health						
Adolescent fertility rate	■	■	■	■		■

Indicators	MPoA 2016 - 2030	CARMMA 2013	MNCH Scorecard	African Health Stats website	Countdown to 2030	Proposed CARMMA 2020
Demand for family planning satisfied with modern methods among adolescent women						
HIV testing for adolescents						
Human papilloma virus (HPV) vaccine coverage among adolescents						
ANC4+ among adolescents						
Skilled attendant at delivery among adolescents						
Postnatal care for adolescent mothers						
Environmental Interventions						
Population using basic drinking-water services				*		
Population using basic sanitation services				#		
Population with hand washing facilities with soap and water at home						

Source: Annexure 3 in the CARMMA Accountability and Partnership Framework (Page 47-51)

* The African Health Stats website records that "At least basic drinking water" reflects the proportion of the population using either a "basic drinking water service" (improved source, provided collection time is not more than 30 minutes for a roundtrip, including queuing) or a "safely managed drinking water service" (improved water source located on premises, available when needed and free from faecal and priority chemical contamination).

The African Health Stats website records "At least basic sanitation services" as the proportion of a population using either 'a basic sanitation service' (improved facilities not shared with other households) or a 'safely managed sanitation service' (improved sanitation service not shared with other households and where excreta are safely disposed of in situ or treated off site).

Appendix D: A 3-year workplan for the CARMMA Plus campaign (2021-2023)

TABLE 8 : 3-YEAR WORKPLAN FORTHE CARMMA PLUS CAMPAIGN (2021-2023)

	STRATEGIES AND ACTIVITIES	TIMELINE (YEARS) YR 1	YR 2	YR 3	DELIVERABLES/OUTPUTS	RESPONSIBLE
SO 1: Broaden and Strengthen Accountability and partnership for RMNCAH						
1.1 Facilitating the set-up of a fully functioning CARMMA Plus secretariat						
1.1.1	Develop terms of reference (TOR) for the Secretariat and get them approved by AU policy organs	X			• TOR for CARMMA PLUS Secretariat finalized, approved and disseminated among key stakeholders	AUC
1.1.2	Develop a staffing plan for the CARMMA PLUS Secretariat	X			• Secretariat staffing plan developed and staff hired, with buy-in from key stakeholders	AUC
1.1.3	Develop the Operational budget and the resource mobilization plan for the CARMMA PLUS	X	X	X	• Annual budgets and plans in place • Resources mobilized for campaign's activities	AUC (working with Partners and RECs)
1.1.4	Implement monitoring and evaluation plans for both the CARMMA PLUS roadmap and the Partnership Accountability Framework	X	X	X	• M&E team assigned responsibility for monitoring implementation • Annual schedule of campaign's deliverables developed Regular campaign reports produced per schedule	AUC (M&E team) in coordination with Member states and RECs
1.2 Promoting strategic engagement of Regional Economic Communities (RECs)						
1.2.1	Identify already existing reports from RECs and incorporate RMNCAH issues	X			• Type of reports on RMNCAH issues identified for each REC • RMNCAH issues summarized from RECs reports	RECs AUC (M&E team)
1.2.2	Use existing structure with RECs to discuss the agenda of CARMMA PLUS	X	X	X	• List of REC's events for each year • RMNCAH prioritized in the agenda for RECs events	RECs, Member states

STRATEGIES AND ACTIVITIES		TIMELINE (YEARS)			DELIVERABLES/OUTPUTS	RESPONSIBLE
		YR 1	YR 2	YR 3		
1.2.3	Plan and execute joint strategic activities between the AUC and RECs	X	X	X	• Annual plans of joint events to promote the campaign • Annual reports of campaign events implemented jointly	AUC Secretariat/RECs
1.3 Strengthening partnerships with partners and stakeholders committed to the implementation of the CARMMA PLUS						
1.3.1	Strengthen meaningful inclusion and involvement of all Reproductive Maternal New-born, Child and Adolescent Health (RMNCAH) related partners	X	X	X	• Database of RMNCAH partners established at both national and regional levels • Campaign's focal persons among partners identified • Annual reports on RMNCAH partners' participation in the campaign, at national and regional levels	RECs, Member states, AUC/Secretariat
1.3.2	Promote public policy advocacy in partnership with grassroots' organizations	X	X	X	• Database of CSOs working in RMNCAH advocacy at regional and national levels • Reports on CSOs participation in promoting CARMMA PLUS agenda	RECs, Member states, AUC/Secretariat
1.4 Promoting strategic engagement of a private sector for RMNCAH						
1.4.1	Reach out and engage the private sector for RMNCAH resource mobilization	X	X	X	• Private Sector engagement officer hired (part of the secretariat) • Annual plans and reports include contribution of private sector	AUC, RECs, Member states
1.4.2	Capitalize on expertise from the private sector in advancing RMNCAH agenda	X	X	X	• Private entities with a particular expertise to support the campaign identified and engaged	AUC RECs Member states
1.4.3	Mobilize support from the private sector in implementing accountability awards for RMNCAH	X	X	X	• A 3-year costed plan for Mama Africa Awards developed and shared submitted to Private Sector partners for potential funding • MoUs/Agreements drawn with Private Sector entities to support the Awards	AUC

STRATEGIES AND ACTIVITIES		TIMELINE (YEARS)			DELIVERABLES/OUTPUTS	RESPONSIBLE
		YR 1	YR 2	YR 3		
1.5 Strengthening Mama Afrika award system by introducing biennial award scheme						
1.5.1	Finalize and disseminate criteria for Mama Afrika Award	X			• Criteria for Mama Afrika Awards finalized and disseminated to all campaign's stakeholders	AUC, RECs
1.5.2	Coordinate biennial Mama Afrika Awards		X		• Events for Mama Afrika Awards held at least once in every region.	AUC, RECs
1.5.3	Mobilize resources for Mama Afrika Awards	X	X	X	• Budgets for Mama Afrika Awards developed and shared with potential sponsors • Agreements with Award sponsors in place	AUC
SO 2: Strengthen leadership and governance for RMNCAH policies and quality services						
2.1 Increasing political commitment towards further and better implementation of the CARMMA PLUS						
2.1.1	Identify and continuously engage National CARMMA –Plus Advocacy Champions	X	X	X	• CARMMA PLUS Champions identified and engaged at continental level and in every member state	AUC, RECs, Member states
2.1.2	Track expenditure on RMNCAH	X	X	X	• Indicators on RMNCAH expenditure tracked through CARMMA score card • Member states reporting on RMNCAH expenditure at least once a year	RECs, Member states, AUC
2.2 Strengthening and supporting In-country leadership for CARMMA PLUS						
2.2.1	Identify, recognize and empower country-level CARMMA PLUS coordination team	X	X		• Designated campaign's focal person identified for each member state, with clearly defined roles	
2.2.2	Engage and build capacity of Ministries of Health	X	X	X	• Capacities identified and support provided for MoH in each member state • Reports on campaign's activities implemented under the leadership of MoH	RECs, AUC, Member states

STRATEGIES AND ACTIVITIES		TIMELINE (YEARS)			DELIVERABLES/OUTPUTS	RESPONSIBLE
		YR 1	YR 2	YR 3		
2.2.3	Develop human resource capacity for effective advocacy on RMNCAH issues	X	X	X	• Team identified to support the campaign's advocacy agenda in each member state • Reports on capacity building in advocacy (training and mentorship)	RECs, AUC, Member states
2.2.4	Harmonize and support national level activities in promoting the agenda of CARMMA PLUS	X	X	X	• Joint plans for campaign's advocacy by member states and partners • Reports on campaign's advocacy activities at country level	Member states, Partners
2.3 Reinforcing accountability towards prioritization of RMNCAH among African member states						
2.3.1	Support campaigns for institutionalization of health legislation and policies for improved access to RMNCAH services	X	X	X	• Reports on reviewed/enacted laws/policies to support RMNCAH	Member states, RECs
2.3.2	Facilitate prioritization of RMNCAH into national development plans and budgets	X	X	X	• National plans with RMNCAH priorities shared among partners (at least once a year)	Member states, Partners
2.4 Promoting institutionalization of a Mortality surveillance program and Maternal and Perinatal Death Surveillance and Response (MPDSR)						
2.4.1	Strengthen the implementation of MPDSR and integration to AU institute of statistics	X	X	X	• Member states implementing MPDSR • Maternal and perinatal deaths data included into the AU institute of statistics website, including cause of death	Member states, AUC
2.4.2	Facilitate African member states to have updated MPDSR guidelines and Mortality Surveillance Program strategic plans and policies	X	X	X	• Updated National MPDSR guidelines available with each member state	Partners, Member states
2.4.3	Identify bottlenecks and establish plans for improvement	X	X	X	• Quick assessment conducted among members states to inform plans for improving MPDSR processes	Member states, Partners
2.4.4	Monitor and report on MPDSR and	X	X	X	• Annual reports on status of MPDSR implementation at	Member states,

STRATEGIES AND ACTIVITIES		TIMELINE (YEARS)			DELIVERABLES/OUTPUTS	RESPONSIBLE
		YR 1	YR 2	YR 3		
	Mortality Surveillance Program progress				country level (including lessons, challenges and actions implemented)	AUC
2.5 Expanding CARMMA scorecard to assess domestic expenditure on RMNCAH issues						
2.5.1	Identify the financing and domestic expenditure indicators	X	X	X	• Domestic expenditure indicators incorporated into reporting tools (including the CARMMA score card)	AUC
2.5.2	Track performance of domestic expenditure indicators on RMNCAH	X	X	X	• Annual status report on domestic expenditure on RMNCAH	AUC, Member states
2.6 Strengthening primary health care systems for promoting people-centered, comprehensive, integrated and quality RMNCAH services at all levels						
2.6.1	Advocate for policies and programs promoting People-Centered Care in RMNCAH	X	X	X	• National policies and protocols promoting people-centered and respectful care in RMNCAH	Partners, Member states
2.6.2	Strengthen integration and continuum of care for RMNCAH services	X	X	X	• RMNCAH services provided in an integrated manner	Member states, Partners
2.6.3	Improve the quality of RMNCAH services to meet evidence-based standards	X	X	X	• National health service quality strategies developed • Capacities for point-of-care quality improvement in health facilities instituted	Member states, Partners
2.6.4	Support meaningful engagement of communities for equitable access to RMNCAH services	X	X	X	• Community-based RMNCAH interventions implemented, including from a gender perspective	Member states, Partners
2.6.5	Improve availability and performance of the health care workforce for RMNCAH	X	X	X	• National policies and strategies to improve availability and performance of RMNCAH workforce	Member states, Partners
2.6.6	Ensure the availability of the widest range of drugs/medicines and commodities for RMNCAH	X	X	X	• Supportive national policies, systems and capacity for RMNCAH commodities and supplies • Recommendations of the UN Commission on Life-Saving Commodities for Women and Children	Member states, Partners

STRATEGIES AND ACTIVITIES		TIMELINE (YEARS)			DELIVERABLES/OUTPUTS	RESPONSIBLE
		YR 1	YR 2	YR 3		
					implemented	
2.6.7	Advocate for free access to RMNCAH services	X	X	X	• Out-of-pocket payment for RMNCAH services reduced • Alternative financing mechanisms for RMNCAH services established	Member states, Partners
2.7 Accelerating immunization coverage among children to address vaccine preventable diseases						
2.7.1	Extend immunization services to regularly reach under-immunized and zero-dose children	X	X	X	• Number of zero-dose children reduced among member states	Member states, Partners
2.7.2	Ensure the programmatic and financial sustainability of immunization services	X	X	X	• Member states meeting co-financing obligations for immunization services • Member states having national immunization plans prioritizing low-coverage districts	Member states, Partners
2.7.3	Build resilient demand and address gender-related barriers to immunization	X	X	X	• Gender-based and context specific strategies implemented to address barriers for immunization	Member states, Partners
2.8 Strengthening Public health emergency preparedness for RMNCAH services						
2.8.1	Ensure availability of national legislation and policies for prevention and management of health epidemics, emergencies and disasters	X	X	X	• National policies and strategies to respond to health emergencies and epidemics/pandemics	Member states, Partners RECs
2.8.2	Build sustainable systems for timely financing of emergencies affecting RMNCAH	X	X	X	• Regional and national initiatives to mobilize resources in addressing health emergencies and pandemics	Member states. Partners, RECs
2.8.3	Ensure availability of the necessary equipment, medicines and infrastructures to provide RMNCAH	X	X	X	• Guidance available to support member states to support uninterrupted RMNCAH services during health emergencies/pandemics	Member states. Partners, RECs

STRATEGIES AND ACTIVITIES		TIMELINE (YEARS)			DELIVERABLES/OUTPUTS	RESPONSIBLE
		YR 1	YR 2	YR 3		
	services during health emergencies					
2.8.4	Equip RMNCAH providers during health epidemics and emergencies	X	X	X	• Guidance and job aids to protect and support RMNCAH providers in case of health emergencies/pandemics	Member states. Partners, RECs
2.8.5	Empower communities for protection from epidemics	X	X	X	• Availability of context appropriate strategies for educating communities and RMNCAH clients on specific pandemics • Timely scale up of vaccination of women, children and adolescents for vaccine preventable diseases	Member states. Partners, RECs
SO 3: Improve SRHR outcomes for adolescents through increased access to information and services						
3.1 Enhancing an enabling legal, policy and programmatic environment to facilitate the implementation of SRH programs and services for adolescents						
3.1.1	Disseminate regional and global policy frameworks promoting adolescent sexual and reproductive health (ASRH) among African member states	X	X	X	• Member states aware of up to date Regional and global strategies on ASRH	Member states, RECs
3.1.2	Facilitate adoption and operationalization of regional and global policy frameworks in improving ASRH among the member states	X	X	X	• Regional and global strategies on ASRH operationalized among member states	Member states, RECs
3.1.3	Monitor status of ASRH policies among member states	X	X	X	• Reports on status of implementation of ASRH policies among member states	Member states, RECs
3.2 Investing in a comprehensive agenda for the health and wellbeing of children and adolescents						
3.2.1	Sensitize policy-makers, implementers and service providers about the importance of investing in women's	X	X		• Policy makers, implementers and service providers sensitized on the need to invest in women's, children's and adolescent's health	Partners, Member states

STRATEGIES AND ACTIVITIES		TIMELINE (YEARS)			DELIVERABLES/OUTPUTS	RESPONSIBLE
		YR 1	YR 2	YR 3		
	children's and adolescents' health and development to improve survival and build human capital					
3.2.2	Support the integration of evidence-based interventions that support nurturing care for child development and caregiver mental health in existing primary health care services and build workforce capacities for their implementation.	X	X		• PHC integrates services that supports nurturing care for child development and caregiver mental health	Partners (WHO, UNICEF), Member states
3.2.3	Develop national costed plans for strengthening services in health and other sectors to support child and adolescent health, including children living with development disabilities		X	X	• Member states have national costed plans for child and adolescent health	Member states, Partners, RECs
3.2.4	Build capacity in the use of Nurturing Care Framework		X	X	• The Nurturing Care Framework being used to provide services for mothers, newborns, children and adolescents.	Partners, Member states
3.3 Increasing adolescents' access, participation and utilization of innovative, integrated, high-quality SRH services and programs						
3.3.1	Reinforce health systems for African member states to provide comprehensive, integrated adolescent and youth friendly health services	X	X	X	• Member states with health systems equipped to provide adolescent friendly SRH services	Member states, RECs
3.3.2	Develop coherent- integrated plans for adolescents and youth health and development	X	X	X	• Member states developing integrated plans for adolescent and youth health and development	Member states, RECs
3.3.3	Enhance strategies for human resource development to enable provision of	X	X	X	• Member states with strategies to build capacity of health care workforce in providing adolescent friendly SRH	Member states, RECs

STRATEGIES AND ACTIVITIES		TIMELINE (YEARS)			DELIVERABLES/OUTPUTS	RESPONSIBLE
		YR 1	YR 2	YR 3		
	quality and friendly SRH services to adolescents and youths				services	
3.3.4	Coordinate multi-sectorial and multi-agency partnerships to provide adolescent and youth friendly SRH services	X	X	X	• Partnerships established to support adolescent friendly SRH services and programs	Member states, Partners, RECs
3.3.5	Ensure monitoring and reporting of SRH indicators disaggregated by age	X	X	X	• CARMMA PLUS reports include data disaggregated by age	Member states, RECs, AUC
3.4 Promoting positive attitudes and behaviour change among adolescents and youth towards SRHR information, education and services						
3.4.1	Scale up age-appropriate and culturally-sensitive comprehensive education on sexual and reproductive health	X	X	X	• Member states implementing comprehensive education on SRH for adolescents	Member states, Partners
3.4.2	Build a competent workforce: to design and deliver comprehensive sexuality and reproductive health education for adolescents	X	X	X	• Member states with competent health workforce to provide comprehensive education on SRH for adolescents	Member states, Partners
3.4.3	Invest in health promoting schools and school health services to support health and development of children and adolescents	X	X	X	• Schools with health interventions for development of children and adolescents	Member states, partners
3.5 Scaling up vaccination programs for adolescents and young people						
3.5.1	Support countries to ensure that immunization services for adolescents are well-managed and sustainable	X	X	X	• Member states demonstrate national capacity to manage and supply vaccines for their population	RECs, Partners
3.5.2	Scale up HPV vaccination among eligible adolescent girls	X	X	X	• Member states reach recommended targets for HPV vaccination	Member states, RECs, Partners

STRATEGIES AND ACTIVITIES		TIMELINE (YEARS)			DELIVERABLES/OUTPUTS	RESPONSIBLE
		YR 1	YR 2	YR 3		
3.5.3	Promote integration of HPV vaccination with other adolescent health services, interventions and activities	X	X	X	• HPV vaccination provided in integration with other adolescent health services, interventions and activities	Member states, Partners
3.5.4	Invest in social mobilization for HPV vaccination	X	X	X	• Member states reach recommended targets for HBV vaccination	Member states, Partners
SO 4: Strengthen knowledge management and learning system						
4.1 Harmonizing RMNCAH performance measurement system at regional and national levels						
4.1.1	Track performance of CARMMA Plus agenda within existing African Peer Review Mechanism (APRM)	X			• Indicators for monitoring CARMMA PLUS included in APRM reviews • APRM reviews provide reports on CARMMA PLUS	AUC
4.1.2	Reconstitute African Health Stats Technical Working Group (TWG)	X	X	X	• Reconstituted African Health Stats TWG is in place • The TWG manages the campaign's updates on the African Health Stats website	AUC
4.1.3	Disseminate CARMMA Plus Indicators, as presented in the Accountability Partnership Framework	X	X	X	• Member states reporting on harmonized CARMMA Plus indicators	AUC, RECs, Member states
4.1.4	Develop and/or strengthen a robust reporting system that communicates CARMMA Plus activities, achievements and progress	X	X	X	• Timely production and dissemination of CARMMA Plus reports and publications as per established Timelines (Table 2).	AUC, RECs, Member states
4.1.5	Review and re-focus CARMMA Platforms to maintain the momentum of the Campaign	X	X	X	• RMNCAH taskforce meeting conducted every 2 years • International conference on RMNCAH held every 5 years • Annual CARMMA PLUS commemorations held with a consistent theme	AUC, RECs, Member states
4.2 Promoting timely sharing of CARMMA PLUS information and reports through technology						

STRATEGIES AND ACTIVITIES		TIMELINE (YEARS)			DELIVERABLES/OUTPUTS	RESPONSIBLE
		YR 1	YR 2	YR 3		
4.2.1	Strengthen and maintain regular communication: through social media and other communication platforms	X	X	X	• Active CARMMA social media and communication platforms including the website, Facebook, twitter and LinkedIn	AUC/Secretariat
4.2.2	Improve monitoring and reporting on use of the campaign's social media and communication platforms	X	X	X	• Regular reports produced and shared with the stakeholders on CARMMA PLUS social media use.	AUC/Secretariat
4.2.3	Develop and promote use of shared data repository, dashboards, infographics and factsheets for RMNCAH	X	X	X	• Data repository, dashboards, infographics and factsheets with CARMMA Plus indicators produced and disseminated through online platforms	AUC, RECs, Partners
4.3 Establishing and sustaining an electronic CARMMA PLUS Community of practice (CoP)						
4.3.1	Support task force to coordinate the CARMMA Plus Community of Practice (CoP)	X			• A task force in place to coordinate CARMMA PLUS CoP	AUC, RECs, Partners
4.3.2	Organize, publicize and document the CoP's meetings	X	X	X	• CARMMA PLUS CoP meetings facilitated at least once a year	AUC
4.3.3	Support knowledge management to facilitate learning about RMNCAH through the CoP	X	X	X	• Relevant evidence discussed for improving programming and policies around RMNCAH in Africa	AUC, RECs, Partners
4.4 Strategic partnership with academic and research institutions in generating and applying evidence regarding RMNCAH						
4.4.1	Identify and engage academic and research institutions for strategic partnership at national and continental levels	X	X		• Compiled database of research and academic institutions to collaborate in RMNCAH issues at country and regional levels	Member states, RECs
4.4.2	Facilitate capacity building for local research institutions	X	X	X	• Reports on capacity building activities for local research/academic institutions	Member states, RECs
4.4.3	Strengthen linkage with African Peer	X	X	X	• Report on publications in RMNCAH with African Peer	RECs, AUC

STRATEGIES AND ACTIVITIES		TIMELINE (YEARS)			DELIVERABLES/OUTPUTS	RESPONSIBLE
		YR 1	YR 2	YR 3		
	Review Journals				Review Journals	
4.4.4	Advocate for investment in research, measurement and monitoring for RMNCAH	X	X	X	• Demonstrated increase in investment to monitor, evaluate and research RMNCAH issues	Member states, RECs
4.5 Building Capacity in data analysis and reporting						
4.5.1	Promote online courses in data analysis and presentation	X	X	X	• Online courses made available and accessible on data analysis and presentation	AUC (M&E team), STATAFRIC
4.5.2	Hold annual webinars with a focus on data management, analysis and reporting for RMNCAH	X	X	X	• Annual webinars held with member states, RECs and partners	AUC (M&E team), STATAFRIC

Annex 1: CARMMA Communication and Resource Mobilization Strategy 2018-2030

(See Attached)

Annex 2: The CARMMA Accountability Partnership Framework

(See Attached)

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