African Population and Health Research Center

APHRC ADVOCACY STRATEGY

By:

Opiyo Makoude and Doreen Othero (PhD)

Innovia Research Consulting

info@innoviaresearch.com

For further information on this Advocacy Strategy, please contact:

The Executive Director
African Population and Health Research Center
P.O. Box 10787-00100,
APHRC Campus, Kitisuru, Nairobi, Kenya
Email: info@aphrc.org
Telephone: +254 (20) 400 1000, 266 2244, or 266 2255
Mobile: +254 722 205 933, 733 410 102
Website: www.aphrc.org

Recommended Citation: APHRC (2023): Advocacy Strategy 2023-2026

Preface by the Executive Director

Table of Contents

EXECUTIVE SUMMARY

APHRC's Policy Engagement and Communications (PEC) division reorganized its Advocacy Unit in alignment with the Center's Strategic Plan (2022-2026). When well developed and working, the Unit will have clear areas of focus that will inform its operations especially its advocacy activities, fundraising efforts and engagement with internal and external stakeholders. This Advocacy Strategy was therefore developed to guide the advocacy activities of the Unit and to address gaps in optimal utilization of research evidence in Africa. It is divided into seven main sections that cover i) Strategic issues for APHRC Advocacy; ii) APHRC strategic directions for advocacy; iii) Theory of Change (ToC); iv) Implementation Framework; v) Revised structure for the Advocacy Unit; vi) Monitoring, Evaluation and Learning (MEAL); and vi) Resource Mobilization.

The Strategy aims to foster strong cross-organizational collaboration with the aim of entrenching more structured and strategic ways of engaging, while also fostering thematic clarity. It therefore presents a roadmap for influencing policy and practice that will guide the Advocacy Unit in its work over the next five years. It is aligned with the APHRC Strategic Plan (2022-2026) and furthers the Strategic Plan's intent of building on the Signature Issues as a programmatic approach to tackling pressing policy and development issues.

On strategic issues for APHRC advocacy, four advocacy thematic areas are prioritized including: health systems strengthening; sexual and reproductive health and rights; food and food systems; and water, sanitation and hygiene as well as gender inclusivity as a crosscutting issue. These constitute thematic areas that APHRC perceives as important to its core mandate, and on which the organization invests time and resources to push for changes in policy and practice. The Strategy therefore describes policy challenges in each of the thematic areas by bringing out global, continental and national perspectives and highlighting possible advocacy strategic focus issues.

The Centre's advocacy efforts will be underpinned by broad-based interrelated strategic interventions including: i) strengthening its partnership with key stakeholders in the policy landscape; ii) promotion of evidence-based decision making; and iii) capacity strengthening of strategic stakeholders within the African policy ecosystem These strategic interventions will be guided by core policy advocacy principles. While implementing advocacy activities, the unit will also take a lead role in undertaking policy analysis and problem driven political economy analyses (PEA) to provide systemic and contextual understanding of the policy and sectoral issues.

While articulating how policy change will be impacted through advocacy, this Strategy describes the outputs and outcomes to be achieved over time. The Strategy provides pointers to how these changes might look like for each of the Signature Issues including barriers to achievement of the issues and visualization of change over the short term and the long term. Based on the visualized changes, and the strategic interventions, a Theory of Change is described with clear pathways for each of the thematic areas. Political constraints hindering realization of the advocacy agenda are delineated, possible advocacy strategies enumerated with assumptions as well as expected policy outcomes and impact. The overarching understanding is that if APHRC enhances its efforts to support strengthening evidence generation and synthesis; mobilizes a large constituency of like-minded actors/stakeholders to advocate for full and comprehensive implementation of continental and international frameworks; promotes evidence-based decision making and employs a cross-sectoral approach, then there is a higher probability of influencing policy making based on evidence as a positive consequence of advocacy.

For these strategies to work, leadership is required at the highest levels of the Center to steer change in the desired direction. The leadership will need to establish and support ad hoc cross functional

teams bringing together staff from different units to work on specific evidence generation, synthesis and sharing activities related to the Signature Issues. This requires adequate funding, leadership support, and ongoing mentorship by designated senior leaders at APHRC.

This Advocacy Strategy also describes a re-organized Advocacy Unit that will be led by a Unit Head who will have the overall responsibility for line managing, mentoring, and leading staff under her/him. The person will act as the liaison between the Unit and other functions at APHRC. Under the Unit head will be four thematic leaders for Sexual and Reproductive Health and Rights (SRHR); Food and Food Systems Strengthening; WASH, and Health Systems Strengthening. Each thematic leader will equally manage staff working on themes that they are leading. There will be crosscutting functions such as those of monitoring, evaluation, learning (MEAL) and gender inclusivity. The Advocacy Unit will maintain relationships directly with relevant teams in other departments, but also through the PEC department. The exact modalities of working with other PEC units will be outlined once the division's reorganization is finalized.

Monitoring, Evaluation and Learning (MEAL) is an integral component of this Advocacy Strategy. It is important for performance management, learning and accountability. It will enable APHRC to understand what factors and approaches led to change, help improve their advocacy strategies, and enable the Centre to be accountable to all stakeholders. Routine sense reflection and sense-making sessions will be held every quarter to review, learn from and develop action plans for putting lessons learnt into practice. These meetings should be treated as learning platforms and should ideally involve staff from the Advocacy Unit, the wider PEC team, and staff from research. A MEAL Framework is **annexed** that provides descriptions of Strategic Actions, Key Milestones (Outcomes), Timeframes and Risks and Assumptions for the respective Signature Issues. It will be important to regularly review the MEAL framework and the different theories of change, and to reflect on what outcomes (intended and unintended, positive or negative) are being achieved through the Unit's work, the underlying causal processes explaining change, and whether the assumptions made in the theory of change are still relevant.

The Advocacy Strategy amplifies resource mobilization as a key component that will enable: prior planning on where resources are needed and assess appropriate possibilities for raising them; coordinate how resource partners will be identified and contacted; ensure coherent and clear messages to resource partners; and build a long-lasting relationship with them. Potential resource partners are identified including: host countries, global funds, UN organizations, international financiers, private sector, individuals and foundations and APHRC core funds. A comprehensive inventory of potential resource partners and types of funding per Signature Issue is annexed.

In conclusion, this Advocacy Strategy represents a commitment towards improving the advocacy work of APHRC by significantly influencing evidence use for policy and decision making and also promoting adoption and implementation of international and global conventions, policies and strategies by African governments. The Strategy provides a clear strategic direction with more structured engagement with policy makers and practitioners at different levels. In addition, there is bound to be stronger collaboration across the teams in research and advocacy resulting in greater impact.

ACRONYMS

AfDB	African Development Bank
AHS	Africa Health Strategy
APHRC	African Population and Health Research Center
ASRH	Adolescent sexual and reproductive health
AUC	African Union Commission
CRVS	Civil Registration and Vital Statistics
CSOs	Civil Society Organization
FAO	Food and Agricultural Organization
FGM	Female Genital Mutilation
GBV	Gender Based Violence
NCD	Non Communicable Diseases
NGO	Non-Governmental Organization
NPM	Nutrient Profile Model
PEA	Political Economy Analysis
PEC	Policy Engagement and Communication
REC	Regional Economic Community
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
SSA	Sub-Saharan Africa
UHC	Universal Health Coverage
UNECA	United Nations Economic Commission for Africa
UNEP	United Nations Environment Program
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

1. Introduction

The African Population and Health Research Center (APHRC) is Africa's Premier Research Institution, generating evidence to drive policy action to improve the health and wellbeing of African people. APHRC work is centered in three integrated programmatic divisions:

Research: research agendas are oriented to global and continental development priorities bringing independent evidence to the forefront of decisions supporting improved growth and development in the region.

Research capacity strengthening: Through strategic partnerships, the Center strives to nurture African research leadership by building a critical mass of researchers to meaningfully engage with policy actors in developing, reviewing and implementing policies and programs relevant to the continent's development.

Policy engagement and communications (PEC): The Center builds relationships with key decision-making bodies at the national, regional and global levels to encompass engagements with government and non-government entities, as well as academic, advocacy and research institutions. This is aimed at ensuring contextual, relevant and localized knowledge as a driver of change. The PEC division resorganized its Advocacy Unit and is developing an Advocacy Strategy so that they align with the APHRC Strategic Plan 2022-2026.

This APHRC advocacy strategy therefore presents a policy and practice influencing roadmap that will guide the Advocacy Unit in its work over the next five years. It is aligned with the APHRC Strategic Plan 2022-2026. It furthers the Strategic Plan intent of building on the Signature Issues as a programmatic approach to tackling pressing policy and development issues. The Advocacy Strategy will support the linking of APHRC research evidence to policy and programmatic decision processes in Africa. This will contribute to making policies and programmatic decisions evidence-based, and as well as ensuring that outcomes contribute to sustainable and beneficial impacts for the people of Africa's, particularly, the most vulnerable and marginalized. In particular, APHRC advocacy will prioritize health systems strengthening; sexual and reproductive health and rights; food and food systems; and water, sanitation and hygiene, as well as gender inclusivity as a cross cutting issue.

Advocacy as a function has steadily developed at APHRC, dating back to 2017, when the previous strategic plan was developed. Prior to this, advocacy was carried out mostly as an add-on activity by the different research teams and it mostly involved packaging the various types of evidence into material that could be communicated to audiences within the policy making circles. The desire for creating a fully-fledged advocacy unit stemmed from the fact that certain policy changes of interest to APHRC required more than disseminating research evidence. More structured engagement with policy makers and practitioners at different levels was required, and advocacy became the most suitable approach for achieving this.

Further reflection on how advocacy has been done since 2017 reveals that much has been achieved, but a lot more could be achieved if advocacy was more structured, based on a clear strategic direction. Moreover, it has been realized that greater leverage could be made of the research evidence being generated by APHRC; currently, sub-optimal use is being made of APHRC research evidence. Furthermore, stronger collaboration across the teams in research and advocacy could achieve greater impact, but this beneficial potential is currently under-exploited.

2. Goal, Objectives and Principles of the Advocacy Strategy

The advocacy strategy is designed to address the gaps articulated above, and to seize opportunities offered through greater collaboration across functions, entrench more structured and strategic ways of engaging, and having thematic clarity.

The APHRC advocacy strategy seeks to achieve the following objectives:

1. Outline a strategic policy and practice influencing framework for the Unit that includes the focus areas, geographic focus, strategic partners, and approaches to achieve impact
2. Identify mechanisms for enhancing synergy between the unit, other units within the PEC division, Research and Related Capacity Strengthening division (RRCS) as well as the West Africa Regional Office (WARO).
3. Recommend priority resource mobilization approaches for the Unit
4. Recommend an optimal structure for the Unit including linkages with other units in PEC

To achieve the above objectives, the advocacy strategy adopts a principles-based approach to conducting policy advocacy by highlighting salient core principles to guide the planning, design, execution and evaluation of policy advocacy activities. The principles offer broad indicative frameworks of thinking and acting in the African policy and practice influencing landscape, without being prescriptive of which specific actions to adopt in particular policy and practice influencing situations. The African policy and practice influencing landscape is fluid and complex, and a principles-based approach to thinking of how to initiate, sustain and institutionalize change in policies is more useful than working with a definite set of advocacy strategies that are deemed to work across all contexts.

The principles include:

i) **Understanding the policy and decision making contexts** – a clear understanding of the issues; the actors, their values and overt and covert interests in the policy issue; levers of change and opportunities available for action; and technical and political feasibility for change

ii) **Taking a long term view of change** – because the contexts are fluid and complex, change in policy will neither be linear nor definitely clear-cut; inertia, reversals and stagnation are to be expected and anticipated. A systemic rather than episodic view of change is important in this regard. It means understanding through careful analysis of how one issue might causally be linked to other issues within the same issue area or sector, and how initiating corrective measures on one dimension of a policy issue might affect, and in turn be affected by mechanisms operating in other domains or sectors. It also means understanding the positive and negative externalities and interdependencies that action on one level might have on other levels or sectors. Taking this panoramic systemic view of policy problems implies that while specific policy opportunities may be exploited, activities, projects or programs must be seen as cumulatively contributing to solving wider systemic constraints that create policy problems.

iii) **Building meaningful partnerships for change** – this is based on the understanding that a multiplicity of actors working at decentralized levels but focused on addressing the same policy constraints have a greater chance of achieving positive policy outcomes, if they coordinate their actions and work harmoniously. A partnership driven approach to policy advocacy necessitates making deliberate investments in identifying, capacitating, and

working in coordination with government, research institutions, universities, communities of practice, civil society and their networks, and like-minded alliances.

iv) **Intersectionality** – the advocacy stance on neutrality needs to be anchored on an intersectional analytical framework. Policy issues affect different people differently, and for many of the poor and marginalized, policy constraints reinforce pre-existing vulnerabilities, which may intersect and overlap, making change for such people daunting and intractable. Where pragmatic and appropriate, APHRC should work in solidarity with the most vulnerable, by ensuring they have a voice and space on key issues that affect their wellbeing. This principle also means that a do-no-harm commitment should inform all advocacy actions, particularly when dealing with vulnerable groups in the population.

v) **Clear and effective communication** – given the diverse actors within the policy and practice influencing landscape, advocacy efforts succeed or fail based on how well ideas are framed, packaged and communicated to the right audiences, in the right formats, and with the right sequencing and timing.

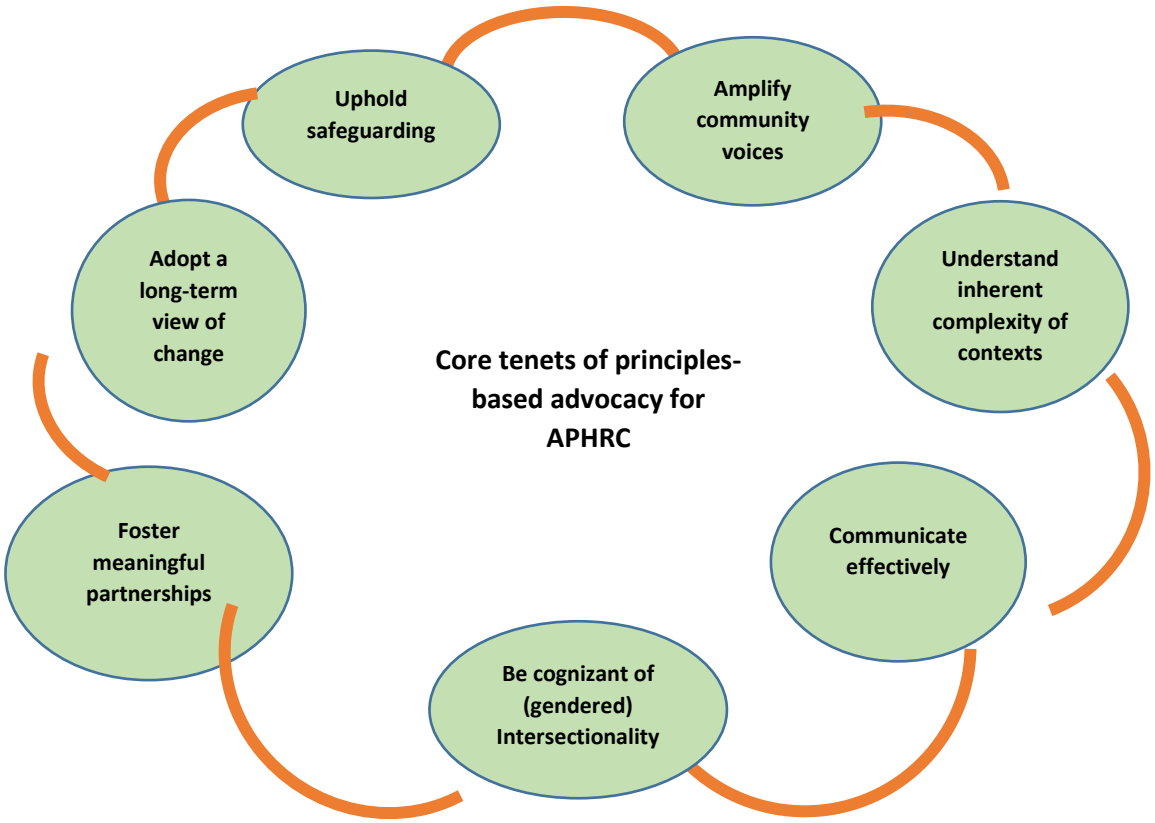
vi) **Safeguarding-** APHRC generates evidence on sensitive issues such as abortion, LGBTQ+ among others. It is therefore important to ensure confidentiality and privacy for those who volunteer information yet they belong to any of these categories. Such privacy and confidentiality should be extended to cover APHRC staff who collect the information. This will not only contribute to ensuring trust between APHRC and organizations and networks of the special populations but it will also help maintain the neutrality of APHRC.

vii) **Centering and amplifying community voices**: APHRC recognizes that communities know and understand best what is good for them, based on the lived realities of their contexts. There are moments when communities will want change and have the agency and power to effect change. In these circumstances, APHRC will accompany and work with communities in championing the change they want. There will also be circumstances when communities might lack both the platforms and voice to engage in critical decision making processes. In these circumstances, APHRC will work with communities in centering and amplifying their voices, while simultaneously working towards opening up space for community participation, and strengthening agency and voice for the communities we work with to speak for themselves.

The principles are interlinked and complementary. They need to inform the analysis, design and execution of the Advocacy Unit's activities. They act as a canvas on which desired policy changes can be visualized and measured, and they constitute what a programming mind-set in advocacy should look like. Their continuous and consistent use should eventually be part of the working culture of how to think and act in the African policy and practice influencing landscape.

Figure 1 is a graphic presentation of the interrelationships across the seven principles identified above.

Fig. 1: Interrelationships across the seven principles



3. Strategic Issues for APHRC Advocacy

The advocacy strategy will be woven around four major Signature Issues, namely:

1. Sexual and reproductive health and rights
2. Food and food systems
3. Health systems strengthening
4. Water, Sanitation and Hygiene

Gender will be treated as a crosscutting theme. Whilst the four thematic areas have been chosen as the major signature issues of focus, the Advocacy Unit team will occasionally work outside these areas – either with the APHRC research teams on other signature issues, or on non-signature issues deemed to be important for APHRC. The core of the team's work will, however, be on the four identified signature issues. The signature issues constitute thematic areas that APHRC perceives as important to its core mandate, and on which the organization invests time and resources to push for changes in policy and practice. Besides, the signature issues offer broad thematic frameworks within which diverse policy and practice influencing interventions can be conceptualized, implemented and evaluated.

The ensuing description elaborates on each of the identified signature issues for the Advocacy Unit.

3.1. Sexual and Reproductive Health and Rights

Description of Policy Challenges

According to DFID Position Paper of 2004 on Sexual and Reproductive Health and Rights, SRHR are important because of several reasons: i) Sexual and reproductive health is an essential element of good health and human development. Therefore, more progress on SRHR is needed to meet many of

the SDGs; ii) upholding people's rights to sexual and reproductive health would help prevent maternal and new-born deaths through improved access to well integrated reproductive health services including access to modern contraception; iii) improving SRHR is among the most cost-effective of all development investments, reaping personal, social and economic benefits. Reducing high fertility can create opportunities for economic growth if the right kinds of social policies are in place.

Adolescent sexual and reproductive health (ASRH) continues to be a major public health challenge in sub-Saharan Africa where the high risk of mortality, early childbirth, and sexually transmitted infections are compounded by the limited investments in protective actions to address critical antecedents to sexual and reproductive health behaviors such as insufficient access to comprehensive, accurate, and age-appropriate sexuality education; sexual and reproductive health services; and lack of SRHR and health literacy/knowledge among adolescents [1].

Existing patterns of healthcare service utilization reveal under-investment of public domestic financing for adolescent friendly services and ASRHR outcomes, worsened by low rates of social service utilization by adolescents, in addition to demand side bottlenecks [2]. These are occurring alongside market and health systems failures that impede access to contraceptives; for instance, supply systems that are unwilling or unresponsive to adolescent demand for contraceptives as well as other demand-side factors. The inequities in access are manifest in the utilization of contraceptive services in publicly run health facilities, patronized mostly by older, married women, while adolescents and young women use contraceptives less often and are more likely to purchase contraceptive methods from private pharmacies and drug shops by paying out-of-pocket [3].

A quarter of the unsafe abortions occurring within developing countries (86 percent), occur in Africa among 15-19-year-olds. Unlike safe abortion, unsafe abortion contributes to an estimated 7.9 percent of all maternal deaths globally, and 9.6% of maternal deaths in Sub-Saharan Africa. Decisions about sexual debut, education, marriage, and childbearing occur in contexts largely determined by the social, gender, and power dynamics within which those decisions are made, and these impact on SRHR outcomes. These factors similarly interface with health and education systems that may be underperforming in the delivery of essential services. Critical gender determinants include the legal protections afforded to women and girls, harmful norms and practices that limit women's participation in social and economic activity, employment opportunities for women outside of the home, the threat of gender-based violence, and access to menstrual hygiene and health facilities.

It is important to examine the effects of individual factors on health outcomes, harmful practices and health services uptake; but it is equally important to understand the synergistic effects of these factors and how they interlink to create and concentrate disadvantage. Deepening the analysis of intersectionality in the context of adolescent sexual and reproductive health is vital if we are to have a more holistic understanding of the way in which social systems, power and identity influence outcomes and behaviours. Moreover, data on the categories of adolescents who may experience greater risks of SRH problems and face greater obstacles in accessing and using SRH interventions are generally not captured in nationally representative surveys; this includes adolescents who live and work on the street, those who are disabled, and those who of diverse sexual orientations and/or gender identities and expressions.

Possible advocacy strategic focus issues:

- Increased government commitment to and investments in adolescent sexual and reproductive health services, which meet the unique and context based circumstances of adolescents;
- Making sexual and reproductive health and rights for adolescents a pertinent issue on policy agenda at national and regional levels. In particular, decriminalization of abortion and

provision of post-abortion care; addressing the intersectional vulnerabilities faced by adolescents; decriminalization of the rights of sexual minorities

- Holding governments accountable for commitments made for implementation, monitoring and reporting on actions made on international norms and to human rights treaty bodies to eradicate harmful sociocultural practices, i.e. FGM, forced and early child marriages, sexual and gender-based violence, etc.;

3.2. Food and food systems

Description of the Policy Challenges

The African continent is off-track in meeting the Sustainable Development Goal (SDG) 2 targets to end hunger and ensure access by all people to safe, nutritious and sufficient food all year round and to end all forms of malnutrition. Africa accounted for 55 percent of the global rise in the number of undernourished over the 2014 to 2020 period [4]. Poverty and inequality are largely responsible, as well as the underlying structural causes that amplify the main drivers of food insecurity and malnutrition such as conflict, climate variability and extremes, economic slowdowns and downturns and the unaffordability of a healthy diet. In 2020, the COVID-19 pandemic and the measures taken by many countries to contain it added to the already existing food security vulnerabilities, further undermining efforts to reduce hunger and malnutrition in the region.

There is a parallel worrying trend of a growing number of Africans who are consuming too many calories in the form of diets that are overly rich in saturated fats, sugar, and salt, and low in fruits and vegetables. This is resulting in a rising prevalence of overweight and obesity, with a corresponding increase in diet-related diseases such as cardiovascular diseases, cancer and diabetes. Without urgent action to tackle the growing rates of overweight and obesity, by 2030, diet-related illnesses are likely to become the leading cause of mortality in SSA. It is becoming increasingly common to find undernutrition and obesity coexisting within the same country and even household, with girls and women being more affected by overweight/obesity than boys and men. This double burden of malnutrition is further straining fragile health systems and could undermine increases in life expectancy.

Leadership for tackling malnutrition has traditionally come from the health sector; but multi-sectoral, nutrition-specific and nutrition-sensitive interventions are urgently required across food value chains and within rural services and development, including health, education and sanitation. Thus, nutrition must be integrated into agricultural policy-making, rural development plans, social protection, water–sanitation–hygiene (WASH), and education. The best way to achieve the nutritionally diverse diets, which protect people from all forms of malnutrition is through the promotion of nutritionally diverse production systems together with nutrition-sensitive policies in agriculture, livestock, fisheries, and aquaculture.

African food systems could also be steered to generate more and better employment opportunities. This will necessitate investments in, and promoting the uptake of new technologies such as ICT, solar power, remote sensing technologies, digital finance, and e-commerce to enable food system entrepreneurs to build and seize new opportunities and enhance output. It will also require deliberate policy efforts designed to cultivate an entrepreneurial mind-set among Africa's youth, as well as crowding in talents and investments into the agri-food sector.

Possible advocacy strategic focus issues:

- Adoption by African governments of integrated cross-sectoral approaches and food systems policies that are supportive of resilient, sustainable and inclusive food systems. The policies should be coherent and holistic enough to support food systems transformation from the continental, national to the local levels.
- Advocate for policies and regulatory frameworks that incentivize investments in nutritionally diverse production systems and nutrition sensitive policies in agricultural, livestock, fisheries and aquaculture food systems.
- Development and implementation of enabling policy and regulatory frameworks supportive of diverse, wholesome and affordable dietary products, especially for the most vulnerable segments of the population.
- Development and implementation of policies that address systemic barriers to catalytic financing (especially for women and youth), and creation of an enabling environment for ambitious, integrated capital investments that are responsive, flexible and context specific.
- Advocate for comprehensive and decisive policy actions on gender-based barriers for youth, women and other vulnerable groups in the food systems and value chains so that inequities and inequalities in accessing employment, investments, markets, finance and opportunities can be addressed.

3.3. Health and Health Systems Strengthening

Description of the Policy Challenges

Universal health coverage (UHC) aims to ensure that every individual and community, irrespective of their circumstances, receives the health services they need without risking financial hardship [5]. UHC is central to the health-related targets of the Sustainable Development Goals (SDGs). Although several of the 17 Sustainable Development Goals (SDGs) have targets that relate to health, SDG 3 has a specific focus on ensuring healthy lives and promoting well-being for all at all ages. Target 3.8 of SDG 3 – achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all – is the key to attaining the entire goal.

In the first assessment based on 9 out of the total tracer indicators in a World Bank/WHO study in 2017, sub-Saharan Africa emerged with the lowest index value (42), compared to East Asia (77), or North America and Europe (also at 77) [6]. The same study also notes that countries have difficulties in meeting targets, but also in measuring progress towards the indicators.

Impoverishment from out-of-pocket health spending at the $1.90 and $3.20 per person per day thresholds has been decreasing at different rates across the world's regions. At the same time, there have been a growing number of people and percentage of the population incurring catastrophic health spending as tracked by SDG indicator 3.8.2, along with an increase in impoverishment due to out-of-pocket health spending using a relative poverty line. Previous global analysis showed that these indicators are correlated with GDP per capita, suggesting that as countries become richer, people may face greater financial hardship due to increased expo-sure to out-of-pocket payments [7]. The challenge for policy is to ensure that additional resources for health care are channelled through compulsory pooled prepayment mechanisms rather than through out-of-pocket spending.

Inequities in access to and utilization of health services are prevalent across Africa, and in cases where interventions are provided, the poorest members of society usually have the least access to them. Thus, health systems need to have the capacity not only to deliver interventions efficiently but also to sustain high levels of coverage, especially of the poorest and most vulnerable. System-wide actions are needed to address these inequities at the highest levels, because broad multi-sectoral public policies, environmental and contextual characteristics of health systems set limits on what can be

changed at different levels of the health sector. This is particularly true for policy actions in the public health sector that are set centrally and require the public sector-wide action, not just for confined pockets of the sector.

According to the 2015 Review of the Abuja Call[1], a majority of Member States did not allocate sufficient resources for health. Out-of-pocket expenditure on health remains high while social protection systems and health insurance coverage lag behind population expansion. African countries still highly depend on donor funding to offer medical supplies especially vaccines, medicines, contraceptives and other health technologies. Additionally, value for money and returns on investments are not routinely considered when selecting priority interventions, policy priorities or strategic options. For instance, investment is skewed towards urban secondary or tertiary health facilities as opposed to primary care and towards curative care as opposed to prevention. Other inefficiencies in Africa's health systems can also be found in the low level of leveraging of the private sector potential in innovation, co-financing and expanding coverage of essential interventions [8].

Although the majority of African countries have put in place policy frameworks to improve the availability of skilled human resources for health, the health work force suffers from insufficient production, inadequate pre-service training, inappropriate skills-mix, unsatisfactory workplace support, low motivation, weak retention strategies and regulatory frameworks. There are also major challenges in the health information system of most countries in Africa. Less than two fifths of African countries have a complete civil registration and vital statistics (CRVS) systems. The poor strategic information base in most countries has resulted in weak utilization of data and evidence for decision-making, including national policy and strategy development and sub-national planning and management of health services [9].

The AUC African Health Strategy 2016–2030 (AHS 2016–2030) policy framework [10] is premised on a number of continental and global health policy commitments and instruments. In the policy context, it is important to note that AHS 2016–2030 is an **advocacy** tool for Member States and RECs implementation of the continental frameworks, the AHS 2016-2030 thus serves as a consolidating framework that helps advocate for and monitor all health-relevant continental frameworks already adopted by RECs and Member States.

AHS 2016-2030 has key strategic approaches drawn from those whose validity and success have been demonstrated in global and continental experience as well as emerging ones whose importance is beyond doubt. They therefore form the basis for advocacy campaigns on the continent.

Possible advocacy strategic focus issues:

- Formulation and implementation of policies by African governments that will facilitate the design of programmes and allocation of resources for service delivery with full inclusion of the voice and contribution of the end-users of the health system.
- Comprehensive implementation of the Abuja commitments by African governments, especially commitments on financial allocations for the health sector in order to reduce on the high out-of-pocket expenditure for the poor
- Focus on policy frameworks that improve the availability of skilled human resource for health including motivation, development and retention

[1] In April 2001, heads of state of African Union countries met in Abuja Nigeria and pledged to set a target of allocating at least 15% of their annual budget to improve the health sector. The Abuja Declaration was meant to strengthen Africa's health systems and ensure their preparedness for disease outbreaks and also address the pressing health challenges of the day, including HIV and AIDS, Malaria and Tuberculosis. At the same time, they urged donor countries to fulfil the yet to be met target of 0.7% of their *GNP* as official Development Assistance (ODA) to developing countries.

- Within the context of the AU African Health Strategy (AHS) 2016-2030, advocacy efforts should focus on strengthening all the key pillars of the health systems in order to sustain the gains in performance;
- Technically, Member States should prioritize and invest in specific social determinants of health through better inter-sectorial collaboration, health systems strengthening, leveraging of community strengths and public private partnerships
- Enhance efforts to improve the quality of healthcare services in all public and private healthcare facilities while ensuring that services are accessible, affordable and efficient to all

3.4. Water, Sanitation and Hygiene

Description of the Policy Challenges

Only 54% of the urban population in the sub-Saharan Africa (SSA) region use safely managed drinking water, while those in the informal settlements are either un-serviced or under-serviced by the water utilities. The compromised water service delivery has far-reaching implications on individual livelihood and community health at large, as it is linked to the spread of dysentery, cholera, hepatitis A, typhoid and poliomyelitis among others. The world remains off track to meet Sustainable Development Goal 6, to "ensure availability and sustainable management of water and sanitation for all" by 2030. Progress globally has been slow and uneven, and in some instances, there have even been setbacks. The lack of access to safe water and sanitation is not a question of resource scarcity, but rather a result of bad social, political and economic choices. A 2006 UN report observed that "water insufficiency is often due to mismanagement, corruption, lack of appropriate institutions, bureaucratic inertia and a shortage of investment in both human capacity and physical infrastructure [11].

Rapid population growth, inadequate water supply and poor sanitation services have created strong pressure and emphasis on the construction of new facilities by national governments, development partners and NGOs. This has been done at times at the expense of properly and efficiently managing the current systems and installations. The consequence has been groundwater and surface water contamination from dry and wet sanitation systems.

Water provision and sanitation facilities are developed, but in most cases, maintenance has been a major challenge. The high percentage of dysfunctional hand pumps in rural areas and the high water losses in urban water reticulation systems are symptomatic of the culture of poor maintenance of sanitation systems in Africa. Poorly managed facilities lead to declining service levels that in turn reduce the chances of cost recovery – resulting in service demand outpacing investment in service delivery [12]. Segmentation and duplication of roles is common at the national level, where government ministries such as those responsible for water, agriculture, environment, local government, energy and health may all have a mandate to deal with some aspects of water and sanitation issues. This creates duplication of efforts and, in some cases, inaction due to overlapping and conflicting mandates, hence over-focus on installing new systems at the expense of maintaining existing ones, because of the rents and prestige inherent in the former.

WASH service delivery is influenced by interactions of economic, social, institutional and political factors that affect urban water service provision in SSA. Economically, the minimal national budgetary allocation to the ministerial dockets in charge of water services constitutes a major challenge. Budgetary constraints limit how far existing distribution networks can be extended, as well as the rehabilitation of old, decayed and malfunctioning infrastructure. Providing water services in low-income areas is normally plagued by a high amount of non-revenue water, less consistency in bill payment, illegitimate connections, absence of trunk infrastructure and a higher rate of disconnection. These challenges prevent water utilities from extending their services to urban low income areas.

Economic decisions resulting in the privatisation of water services, failure to regulate private companies that prioritise profits above public interest and lack of adequate public investment in essential infrastructure and services can all result in rights violations. Poor resource management can cause a shortage of water for household use. For instance, water usage in industries such as agriculture has ballooned, causing water use to grow at more than twice the rate of the human population over the last century. Agriculture now accounts for 70% of global freshwater use [13].

Possible advocacy strategic focus issues:

- Enhancing advocacy for the adoption and application of African Sanitation Policy Guidelines (ASPG) as a guide in the development and implementation of national and sub national Water, sanitation and Hygiene laws, policies and strategies
- Strengthening gender mainstreaming in WASH policy processes across Africa
- Increasing investments for WASH services
- Enhanced sector coordination and harmonisation to reduce segmentation and duplication for improved service delivery and sector monitoring
- Improving equitable and sustainable access to WASH services especially to populations in rural areas and in urban low income areas
- Enabling regulatory frameworks and incentives for private sector participation in WASH to crowd in resources and investments into the sector while ensuring equity and sustainable exploitation of water resources are not compromised

4. APHRC Strategic Directions for Advocacy

APHRC advocacy will be underpinned by the following broad-based interrelated strategic interventions: i) promotion of evidence-based decision making; ii) capacity strengthening of strategic stakeholders within the African policy ecosystem; and iii) strengthening its partnership with key stakeholders in the policy landscape. These strategic interventions will be guided by the core policy advocacy principles identified earlier. Each of these strategic interventions are described in turn.

A. *Promotion of evidence-based decision making*

The decision makers in the African policy and practice landscape are increasingly looking to researchers and research organizations for sound, credible evidence to aid in their decision-making. The Advocacy Unit will capitalize on this interest by developing continuing and trusting relationships with stakeholders working in sectors related to the Signature Issues. These relationships will involve engagements on joint evidence generation and synthesis projects, evidence co-creation, providing rapid evidence synthesis services, and facilitating evidence uptake and use. The Unit will also take a lead role in undertaking policy analysis and problem driven Political Economy Analyses (PEA) to provide a systemic and structural understanding of the policy issues. Key stakeholders to be targeted under this strategic intervention include policy makers in government, communities of practice and programmers working for NGOs, researchers in universities and other research organizations, and the media.

This approach is aimed at improving APHRC's evidence pace-setting capacity. Based on a long-term view of relationship building for effecting systemic changes in policy, the Advocacy Unit will invest in establishing, nurturing and sustaining trusting relationships with key users of evidence in the policy system. Relationships will be established and maintained with technical staff and those with decision making roles in government ministries, departments and agencies; those at the regional economic

blocs; the African Union; as well as knowledge brokers and entrepreneurs in civil society, social and mainstream media, parliaments across various countries; and donor community.

Developing and sustaining such relationships will ensure that APHRC can quickly detect and respond to the need for evidence where it is required; identify policy windows and respond appropriately to such opportunities; and provide evidence to those with the ability to utilize the evidence for effecting policy and practice change.

To be effective at evidence pacesetting, the Unit will forge cordial and collegial working relationships with APHRC research teams. In this regard, deliberate efforts will be taken to reduce and completely eliminate the existing barriers to collaboration. The head of the Advocacy Unit will work with the advocacy team to identify teams of researchers from the APHRC research function who can support in synthesizing research outputs on the identified signature issues. Regular meetings will be held with the research teams to update them on ongoing and upcoming advocacy activities. Besides, all activities related to project design, fundraising proposal development and regular project reviews will endeavour to include the input of researchers.

B. Capacity Strengthening of key stakeholders in the African policy and practice landscape

The advocacy Unit will work with various users of the evidence produced in strengthening their capacity to generate, synthesize and utilize evidence to improve decision making processes on policy and practice. In working with public officials, the Unit will provide synthesized research outputs such as policy briefs, factsheets, research summaries, podcasts and blogs either on demand, or as part of ongoing relationship building on mutual themes of interest. The Unit will also support capacity strengthening through training of public officers on issues of mutual interest; supporting them to attend technical workshops on issues related to selected Signature Issues or ongoing advocacy campaigns; and by accompaniment (i.e. joint research generation and evidence synthesis; embedding technical staff in government taskforces or technical working groups; and involving public officers as co-principal investigators in the conceptualization and execution of relevant research undertakings).

In working with universities and other research institutions, the Unit will support joint studies on issues of mutual interest; provide internships to policy research graduate students at APHRC so that they can have practical hands-on experience in conducting policy relevant research and engaging with policy and practice decision makers; and in facilitating joint learning exercises that bring together researchers and students from several universities, where APHRC perceives there will be value in such engagements.

Capacity strengthening for evidence users (policy and decision makers) is necessary because governance teams and structures keep changing with changing electoral cycles. Emphasis should be put on priority policy needs and policy development processes.

Capacity strengthening for civil society and CSO networks will include providing synthesized research outputs to stakeholders in the sector; working in consortia when APHRC is the lead research partner while partners take on policy advocacy influencing roles; and targeted training for CSO partners and their networks, where issues being handled are technical.

Work with the media will entail supporting the media in evidence synthesis approaches; support for media documentaries or writing of blog articles on issues of mutual interest, and production of podcast summaries of research findings.

Capacity strengthening will be used as a deliberate strategy for building and sustaining relationships that can aid in identifying policy windows; mounting advocacy campaigns for agenda setting on intractable public policy issues; and for sustaining the requisite momentum for seeing through ongoing policy reforms. The Advocacy Unit will identify key partners on each signature issue, collaborate with APHRC teams where appropriate in conducting capacity needs assessments, and use this information for tailoring capacity strengthening for partners as an integral part of its project implementation activities. Having a long-term systemic view will be critical, to visualize and anticipate required capacities for initiating and sustaining long-term system-wide policy changes.

C. Strengthening partnerships with key stakeholders

To institutionalize the first two strategic interventions into ways of working for the Advocacy Unit, a mapping of key and strategic stakeholders in the African policy landscape will be done. Stakeholders will be categorized based on the levels at which they work (local, national, sub-regional and continental); by organizational type (government, intergovernmental, civil society, research organization, etc.), and grouped thematically, based on the themes related to the Unit's signature issues. Different approaches will be applied, depending on the issues at hand. Overall, partnership building needs to be seen as a long-term goal that should evolve into trusting relationships built across the policy landscape. In this regard, APHRC will be strategic, deciding when it is optimal to take a leadership and be on the driving seat in pushing ahead some policy issues, and when to be a supportive, facilitative partner on policy processes being championed or led by its partners. Strategic choices will be made on which partnerships are valuable and therefore, worth investing in and sustaining, and which ones are not strategic, and therefore requiring minimal engagement (i.e. limited to sharing research evidence) from the APHRC Advocacy Unit.

As the Unit grows, it might be useful to consider partnerships management as a core function embedded in the roles of managers and/or senior officers of the Unit. A harmonized way of relating with partners is necessary to minimize overlapping engagements with partners across APHRC. Moreover, partnerships built for one project or program can be leveraged on by other projects or programs. Unstructured modes of engagement are potentially confusing for partners, and could create fatigue among partners. For this reason, the Unit will develop frameworks for partnership engagement that foster mutual and trusting relationships with core partners in government, civil society and research organizations.

The strategic interventions discussed under this section will be broken down into specific policy influencing strategies and tactics, depending on the policy advocacy influencing task at hand. For instance, in engagements with the media, the Advocacy Unit will undertake the following interrelated activities:

a) *Issue analysis* – the Unit will work with the researchers at APHRC to gather and synthesize evidence on policy problems, including the nature and context of the issue, the causes or underlying reasons why the problem persists, the effects of non-action on the issue on different categories of the population, and the vested interests who want the status quo (i.e. non-action) on the policy problem to continue.
b) *Audience mapping and categorization* – mapping will be done of all actors with a stake in the issue, probably because they are affected negatively by it; have the mandate and/or interest in addressing the issue; or those whose interests will be hurt if the policy problem is addressed. Different levels of intersectional vulnerabilities should form part of the analysis. Comprehensive mapping of the different stakeholders will also give insights on stakeholder interests on the issue, and therefore offer a rough guide on what messages would be appealing to each audience category.

c) *Media and packaging of advocacy messages*- Based on messaging analysis, it should be possible to match different stakeholder categories with which media will be the most suitable and optimal to reach them. This will be followed by issue framing and message packaging for each audience category. At times, the messaging strategy will require blunting the opposition and counter-messaging by those with vested interests in seeing the problem persist, by carefully presenting evidence in ways that counter any negative messaging they may promote or champion

d) *Media communication and evaluation* – no media engagement strategy will be static. Continuing evaluation, reflection, and adaptations need to be made as media engagement evolves and continues. A variety of media platforms and formats need to be used, for optimal impact.

5. Impacting Policy Change through Advocacy – Key Milestones

The outputs and outcomes to be achieved through APHRC advocacy will evolve over time. However, it is useful to provide pointers to how these changes might look like. This section provides the issue analysis conducted by the Advocacy Unit on each major signature issue.

Barriers to the Achievement of Sexual and Reproductive Health and Rights (SRHR)

- Retrogressive social and cultural norms
- State criminalization of abortion among women of reproduction age
- Adolescents requiring consent to access SRHR services
- Misconception on comprehensive sexuality education
- Low prioritization of evidence generation around reproductive health issues
- Weak commitment by African governments to the implementation of regional frameworks on SRHR – Maputo Protocol [14], the Africa and People Human Rights Charter, African Charter on the Rights and Welfare of Children [15], Agenda 2063 [16],
- Political reservations by States on domestication of regional health frameworks clauses on contentious issues, unsafe abortion, GBV, FGM and sexual minorities

Visualizing Change on SRHR over the short to long-term

Short term

- Strong movements at all levels that advocate for change of retrogressive sociocultural norms
- Local leaders become allies and champions of positive SRHR social norms
- Increased knowledge and understanding on harmful social norms, and age appropriate sexuality information
- Increased conversations and media coverage on abortion and abortion related care
- Increased advocacy campaigns in Sub-Saharan Africa on abortion, lowering age of consent in accessing SRHR services
- Demystifying and clarifying what comprehensive sexuality education is
- Policymakers have capacity to identify credible evidence and use it for decision making
- Presence and existence of strong movements on the health aspect

Long term

- Change in attitude, values and behavior on SRHR issues
- More Africa countries decriminalize access to abortion services
- Adolescents access SRHR services and information when needed
- Policymakers use evidence to make decisions for policy and practice on SRHR issues

- Countries develop and implement SRHR policies, strategies, programs aligned to international conventions and agreements such as the MAPUTO protocol, ACRWC, Abuja declaration, ICFP, SDG3 and others

Barriers to Improving Food and Food Systems

- Weak policies on the linkages between NCDs and Food systems/Linking NCDs and social economic factors
    - Fragmented and outdated policies on food systems
    - Weak sector coordination among stakeholders
- Inadequate and outdated nutrition data
- Interference by industry players as it will affect their profits
- Gender inequality in food production systems and food value chains

Visualizing change on food and food systems over the short to long-term

Short term/immediate

- Adoption of the nutrient profile model (NPM) [17] in Kenya and other African States
- Increasing awareness on the Front of pack labels among the consumers
- Conversations and agenda setting on the identified areas among stakeholders
- Media develops interest in the identified areas and run publicity campaigns around the issues

Long term

- Implementation of the Nutrient Profile Model
- Adoption of front of pack labels by industry players
- Development of policies that promote healthier food options
- Consumption of healthier food options by the consumers
- Reduction of NCDS

Key Assumptions

- Availability of data and evidence on NCDs and food and food systems
- Stakeholder engagement triggers public interest and participation – and level of consensus exists amongst internal and external stakeholders in the health, education, Food security and industry players
- The right partners are on the table – Ministry of Health, Ministry of Agriculture, KEBS

Barriers to health systems strengthening

- Weak translation, prioritization, planning and budgeting for access to UHC as informed by the Africa Health Strategy and SDG 3
- Lack of accountability on the utilization of health resources
- Lack of proper social security systems for the vulnerable
- Weak and ineffective national health insurance systems in Africa hence increased out-of-pocket expenditure the compounds the already poor
- Low involvement of end--users in the policy making processes and designing of projects and programmes
- Failure to address inequities especially among the poor, marginalized and vulnerable populations

Visualizing Change on Health Systems over the Short to Long-term

Short term

- Adequate funding is allocated for service delivery with full inclusion of the voice and contribution of the end-users of the health system.
- Human resources for health are trained and motivated, coupled with the existence of a continuing professional development framework, in order to reduce on brain drain
- Specific social determinants of health are prioritized and investments made for them through better inter-sectorial collaboration, health systems strengthening, leveraging of community strengths and public private partnerships
- Effective implementation of UHC (not as a medical insurance scheme but) as a policy goal that should benefit all as per SDG 3
- Robust measures exist for tracking and prosecuting those who embezzle funds meant for health service delivery
- Investments are made on youth and adolescents as well as improving inter-country collaboration to achieve efficiencies.

Long term

- Effective policies and programmes exist at national and regional levels that are geared towards addressing health problems that burden the health system
- Comprehensive implementation of the Abuja commitment regarding financial allocations for the health sector in order to reduce on the high out-of-pocket expenditure for the poor
- In the policy context and in line with the AU African Health Strategy (AHS) 2016-2030, there is increased focus on strengthening all the key pillars of the health systems in order to sustain the gains in performance
- There are effective strategies and measures in place for reaching the poor and vulnerable populations with health services
- There exist multi-sectoral partnerships for addressing the socio-economic and environmental determinants of health
- An enabling regulatory and supportive environment exists for provision of quality medicines and technologies, including to nurture African Traditional Medicine;

Barriers in the Water Sanitation and Hygiene (WASH) sector

- Lack of safe water and sanitation leading to waterborne diarrhoeal diseases
- Increased infant and child morbidity and mortality
- Mismanagement and corruption leading to poor management of water and sanitation infrastructure resulting in lack of water and poor sanitation
- Lack of appropriate institutions to manage water and sanitation
- Bureaucratic inertia and shortage of investment in both human capacity and infrastructure
- Failure to regulate private companies that prioritise profits above public interest
- Lack of adequate public investment in essential infrastructure and services
- Poor resource management leading to shortage of water for household use.

Visualizing Change on WASH over the Short to Long-term

Short term

- Measures and enforcement mechanisms exist to address mismanagement and corruption in the water and sanitation sector to reduce water shortages and poor sanitation
- Prompt maintenance of water and sanitation infrastructure to reduce wastage, and minimize negative health and environmental consequences
- Women and men are reached with better information on good sanitation and hygiene practices;

- Improved stakeholder (including communities') knowledge, skills and relationships to engage in participatory planning, management and delivery of WASH services, and

Long term

- Regulatory frameworks exist for private companies to ensure that service delivery to the people is prioritized without exploitation
- Increased public investment and funding for essential infrastructure and services
- Improved and consistent access to WASH services in urban and informal settlements through effectively functioning institutions
- Increased human capacity and infrastructure for water and sanitation
- Integrated cross-sectoral approaches widely adopted and used for the management of water and sanitation services to promote inclusivity especially by non-state actors
- Robust legislative, administrative, budgetary and judicial measures exist to ensure consistent supply of safe water and sanitation
- Effective monitoring and performance management systems for tracking availability of safe water and sanitation

6. Theory of Change

Based on the visualized changes, and the strategic interventions. The following narratives and graphics present a theory of change for the APHRC Advocacy strategy. For each Signature Issue a description is provided of the issues being addressed, the assumptions being made, and the expected/desired changes.

Sexual and Reproductive Health Rights

African governments continue to make limited investments in sexual and reproductive health service provision. Moreover, existing patterns of healthcare service utilization reveal under-investment of public domestic financing for adolescent friendly services and ASRHR outcomes, worsened by low rates of social service utilization by adolescents, in addition to demand side bottlenecks. Major decisions on sexual and reproductive health occur in contexts largely determined by the social, gender, and power dynamics within which those decisions are made. These factors similarly interface with health and education systems that may be underperforming in the delivery of essential services. Critical gender determinants include the legal protections afforded to women and girls, harmful norms and practices that limit women's participation in social and economic activity, employment opportunities for women outside of the home, the threat of gender-based violence, and access to menstrual hygiene and health facilities.

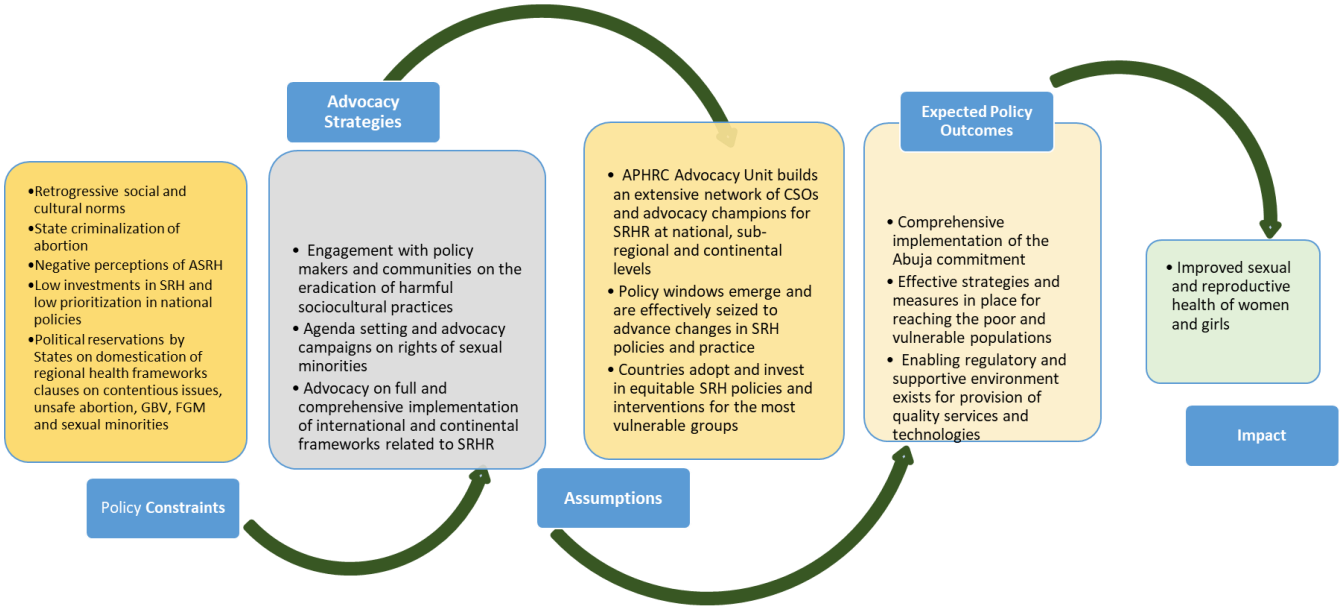
The theory of change for advocacy on sexual and reproductive health rights is that:

If APHRC develops effective and context-appropriate mechanisms for engaging with policy makers and on communities on reducing and eventually eradicating the effects of retrogressive sociocultural practices on SRH service provision; and

If APHRC mobilizes a large enough constituency of like-minded actors/stakeholders to advocate for full and comprehensive implementation of continental and international frameworks related to sexual and reproductive health rights by catalysing and seizing policy windows as they emerge;

Then sufficient momentum will be built for incentivizing African countries to create enabling policy environments that are supportive of the implementation of Abuja Commitments, and development

of national strategies for meeting the SRH needs and rights of the most vulnerable and marginalized groups.



Health and Health Systems Strengthening

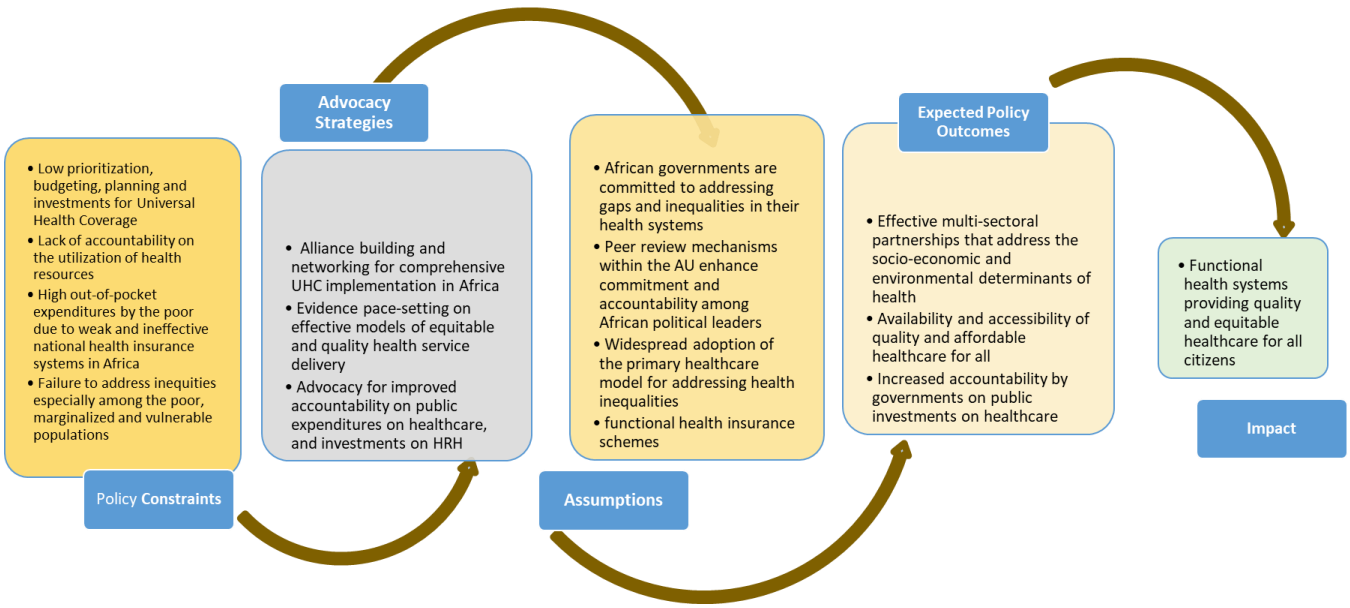
Inequities in access to and utilization of health services are prevalent across Africa, and in cases where interventions are provided, the poorest members of society usually have the least access to them. The poor bear the greatest costs in accessing and utilizing health services, by incurring high levels of out-of-pocket expenditures due to asymmetries in health insurance provision. Although the majority of African countries have frameworks for improving the availability of skilled human resources for health, the health work force suffers from insufficient production, inadequate pre-service training, inappropriate skills-mix, unsatisfactory workplace support, low motivation, weak retention strategies and regulatory frameworks. There are also major challenges in the health information system of most countries in Africa.

The theory of Change in health and health systems strengthening is that:

If APHRC builds and strengthens coalitions and networks of CSOs and other stakeholders to campaign for comprehensive implementation of Universal Health Coverage (UHC) as envisaged under SDG 3.8 as a way of addressing the persistent prevalence of health inequalities and inequities in Africa; and

If APHRC promotes evidence-based decision making on equitable and sustainable models of quality healthcare provision, including evidence on how to improve accountability on public expenditures on health;

Then African countries will be pressurized to commit resources for Universal Health Coverage, invest in human resources for health, and practice greater accountability in the utilization of public resources for health, thereby triggering positive incentives for strengthening primary healthcare to achieve functional and equitable health systems.



Food and Food Systems

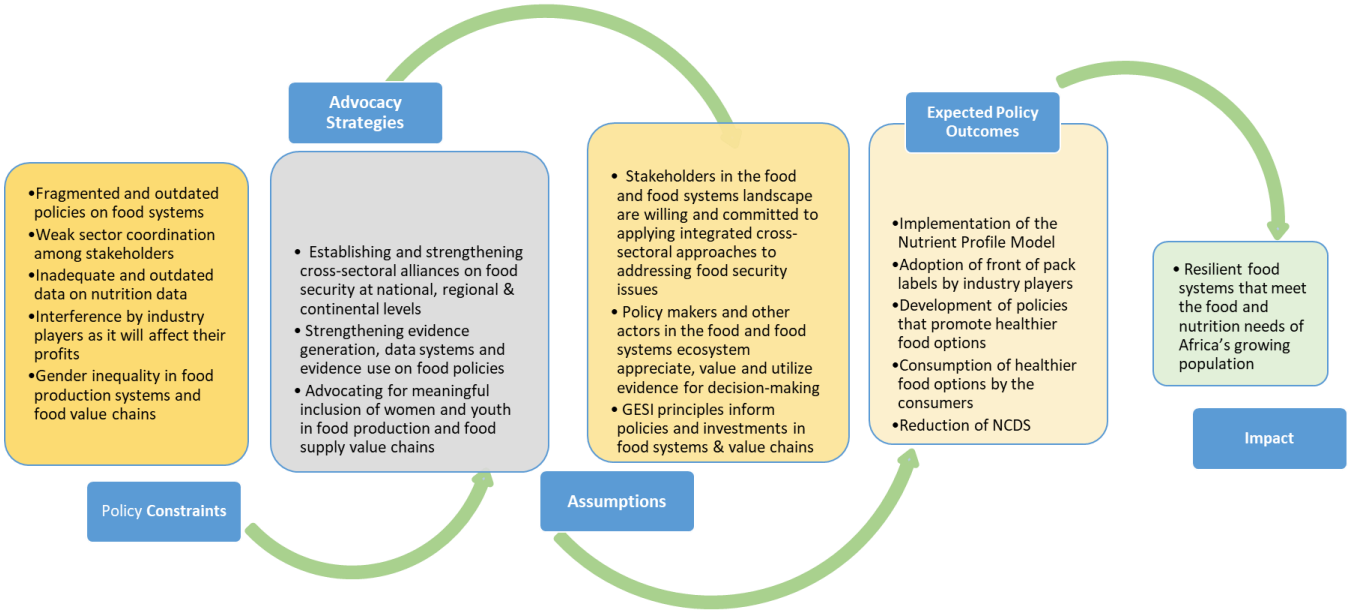
The African continent is off-track in meeting the Sustainable Development Goal (SDG) 2 targets to end hunger and ensure access by all people to safe, nutritious and sufficient food all year round and to end all forms of malnutrition. There is equally a worrying trend of a growing number of Africans who are consuming too many calories in the form of diets that are overly rich in saturated fats, sugar, and salt, and low in fruits and vegetables. This is resulting in a rising prevalence of overweight and obesity, with a corresponding increase in diet-related diseases such as cardiovascular diseases, cancer and diabetes. Not enough has been done to stimulate African food systems to generate more and better employment opportunities, and the participation of women and youth remains peripheral in the African food production systems and the food and nutrition value chains. There is little coordination across the value chain, which is compounded by a dearth of quality, accurate and timely data for decision making on food and nutritional security.

The theory of change for food and systems is that:

If APHRC supports strengthening generation and synthesis of evidence on food and nutritional security, including supporting improvements of existing data systems on food policies; and

If transformative gender approaches are encouraged and adopted across food production and food supply value chains to ensure meaningful inclusion and participation of women and youth;

Then African countries will realize the need for developing policies that promote resilient food production and food value chains that improve the food and nutritional security of Africa's growing populations.



Water, Sanitation, Health and Hygiene (WASH)

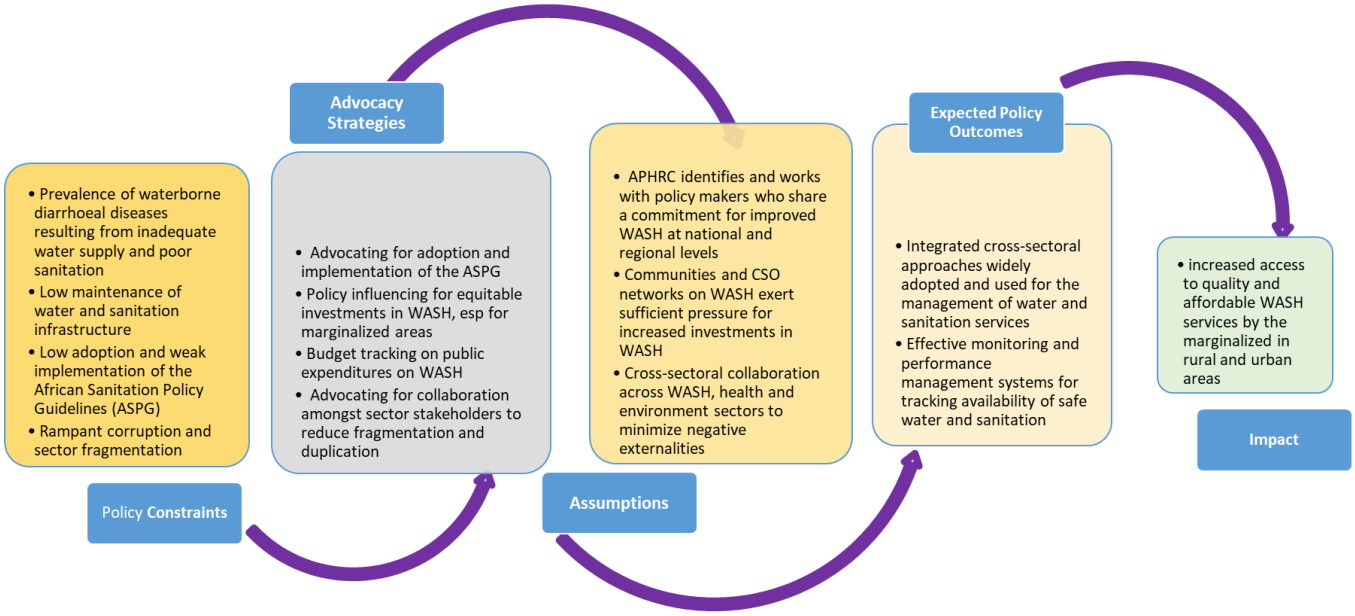
African Water, Sanitation, Health and Hygiene (WASH) systems continue to be plagued with low investments for WASH coverage extension, and poor maintenance of existing infrastructure. Existing networks are old and dilapidated; and large sections of Africa's population remain unserved or under-served by existing WASH service delivery systems, especially in rural areas and urban informal settlements.

The theory of change under WASH is that:

If APHRC advocates for and supports the adoption of the African Sanitation Policy Guidelines (ASPG); and

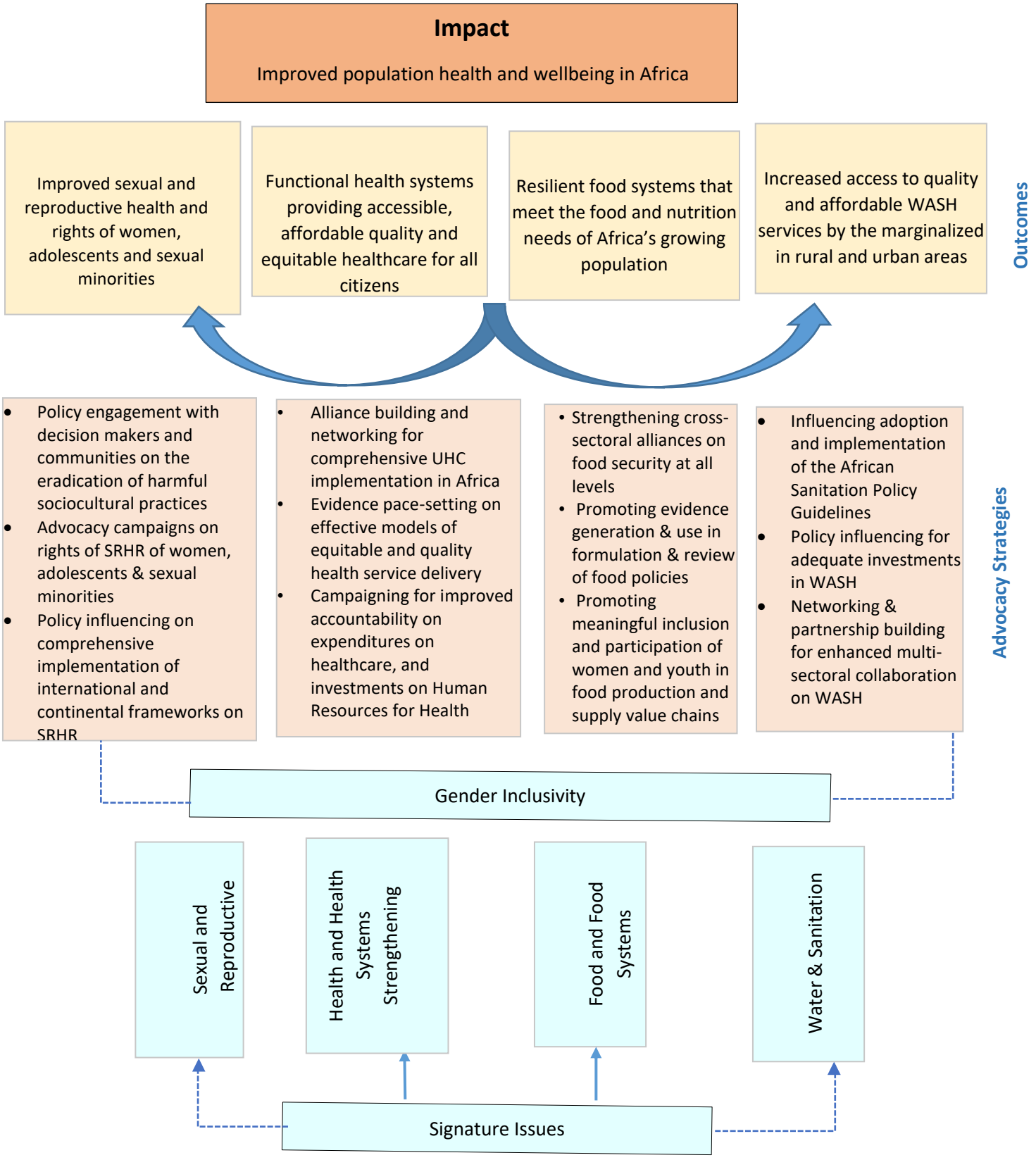
If APHRC rallies other actors in the WASH ecosystem to launch an advocacy campaign on achieving equitable coverage and access to affordable WASH services,

Then there will be greater recognition of the value of employing integrated cross-sectoral approaches in WASH investments and service delivery, thereby contributing to increased access to quality and affordable WASH services for the marginalized segments of the population in African countries.



A consolidated theory of change for APHRC advocacy would straddle all the four signature issues, capitalizing on positive externalities and momentum generated across the signature issues. If APHRC advocacy is effective, it is to be expected that across the board, there will be strengthened partnerships and collaboration; and pacesetting of credible synthesized evidence, including its use in informing critical decision making processes in policy and practice.

The graphic below presents an overall theory of change for all the Signature Issues.



7. Advocacy Strategy Implementation Framework

This section offers principles that will guide the implementation of the Advocacy Strategy by the Advocacy Unit. The description is kept at high level, to allow flexibility and adaptability of the strategy's

implementation. The processes described below will be useful in guiding the team on the implementation of various activities.

A. Linkages between the Advocacy Unit and other units in APHRC

In line with the aspirations of the APHRC Strategic Plan 2022-2026, the Advocacy Unit's priorities will be closely aligned with those of other units whose focus is on evidence generation on the signature issues outlined in the introductory section of this Strategy. These include: other units under the PEC division, Research and Related Capacity Strengthening division (RRCS) as well as the West Africa Regional Office (WARO). For the linkages to realize meaningful results, the following mechanisms may be considered:

- Working with the research division in co-designing and co-creating of research ideas to ensure clear understanding of the research processes and planning on how to make the evidence useful
- Venturing in joint implementation of programs with other units of the Centre and key stakeholders, with the aim of achieving greater impact
- Participating in establishment of partnerships, networks and alliances to facilitate wider engagement with communities of practice in the advocacy and EIDM landscape
- Jointly analysing advocacy feedback with researchers to inform identification of relevant research ideas and evidence generation that is people centred and driven by policy needs

For these strategies to work, leadership is required at the highest levels of the Centre to steer change in the desired direction. The leadership will need to form ad hoc cross functional teams bringing together staff from different units to work on specific evidence generation, synthesis and sharing activities related to the Signature Issues. This requires adequate funding, leadership support, and ongoing mentorship by designated senior leaders at APHRC. Robust documentation of such collaborative arrangements should be carried out, lessons drawn and shared via either technical seminars, or in internal publications. The teams working on such collaborative efforts should be formally recognized by the leadership and modelled as examples of what cross-functional collaboration should be. Where collaborative efforts are less successful than originally intended, documentation should be done, and lessons drawn to inform future efforts in cross-functional team collaboration.

Virtual working arrangements between teams based in the Nairobi office and WARO should be strengthened, so that WARO research staff can be twinned, for instance, with the advocacy teams based in Nairobi. Arrangements that draw in external teams of researchers or policy experts could also be explored – but this work needs to involve teams from Nairobi and WARO working on joint evidence-based research for advocacy initiatives. In sum, only a deliberate, leadership driven process of institutionalizing collaborative work across teams at APHRC will have the desired effect. Change in organizational processes and procedures takes long to crystallize, but this duration can be shortened where there is decisive leadership.

B. Routine policy and practice influencing targeting government

Over the short term, most advocacy work is likely to take the form of continuing with ongoing advocacy activities. It is also likely that this type of advocacy will be targeted at policy makers the Unit has been dealing with, and might also involve coalitions, partnerships and/or networking with familiar organizations. The following considerations will be useful when engaging in this kind of advocacy work:

- Regular reflection and sense-making of whether desired and expected outcomes in policy are being achieved. This might also entail reflecting on whether there are unexpected intended outcomes, and how these impact on the original advocacy goal.
- Regular reviews of which advocacy tactics are working with various targets, and how effective they are at driving change towards the desired effects. It is also important to be clear on influencing strategies, approaches and tactics that are not working, and why they are not.
- Reviewing whether existing policy windows are effectively being used, whether unexploited opportunities are being seized as well as reflecting on whether there are any patterns emerging in the positive and negative changes.
- Reflecting, learning and adapting strategies based on emerging realities of advocacy activities or engagements with policy makers and partnerships built for this.
- Assessments of the advocacy process, in particular, asking whether everyone who needs to be included has been included, whether evidence is being shared expeditiously and in formats that are usable; and whether partners and allies feel valued and respected.
- An awareness of risks – careful mapping and reviewing of risks, which ones are highly likely, and which ones might derail ongoing advocacy efforts, or wipe out progress already made, and developing mitigation strategies for identified risks.
- Whether there are realistic prospects of change happening in the course of the current advocacy efforts, and whether there is mentoring of partners who can continue with advocacy once APHRC exits. It is also important to explore with partners how to institutionalize any changes, however little, that might have happened.

C. New policy and practice influencing initiatives

In the implementation of new advocacy initiatives, it is important to carefully analyse what the issues are, understand the context in which advocacy will be done, and weigh the risks (of failure, reputational risks, and risk to partners). A problem driven political economy analysis is useful in this regard, by helping to unravel the actors, their interests (overt and covert) in the issues at hand, the relative positioning of actors vis-à-vis the issue in terms of their ability to influence the direction of change, and the institutional enablers and bottlenecks for change. This should be followed by clarifying roadmaps for change – i.e. given the resources (financial and human) available, what realistically can APHRC achieve? Besides, asking the following additional questions might guide the planning:

- What are public attitudes, values and beliefs on the issue, i.e. does the issue affect large enough numbers of the population, do people care about the problem, and are there misconceptions of how the problem is understood by the public?
- Who has a vested interest in the issue? For instance, are there powerful people, organizations or entities that can derail change on the issue? If so, how do you plan to deal with such opposition?
- What institutional enablers and bottlenecks exist around the issue? In other words, are there clear policies, laws, regulations, procedures and norms that make action possible, or are these opaque and contested?
- Is the issue on the public policy agenda, or will you need to create awareness around the problem as a first advocacy strategy?
- Who can you realistically rally to your side – are there networks of actors, progressives within government, or knowledgeable experts (in universities, research organizations, private sector) whom you can rally to set the agenda on the issue?

- Do you have all the evidence you need for this advocacy initiative, if not, what plans do you have for generating additional evidence? How will the evidence be generated, framed and packaged?
- Do you have an exit plan – whether or not the advocacy initiative succeeds? How much of an impact will you have made on the issue by the time you exit?
- How does this specific initiative contribute to the strategic direction of the Unit, and to the signature issues?

D. Participating in advocacy coalitions and networks

Joining existing networks, coalitions or alliances can have enormous value. It enables the Advocacy Unit team to leverage on the institutional expertise, networks, and resources of other organizations or networks. It also offers clout, visibility and opportunity to build new or strengthen existing relationships. Networks or advocacy coalitions are invaluable in agenda setting on controversial issues, or on those where public interest is low. It is hard to ignore large numbers of organizations championing a particular cause, and both the media and government normally pay attention to such networks. But it can also come with risks and challenges. The following considerations are important:

- Be clear on the added value of participating in the network or partnership: how does it benefit the Advocacy Unit? What value are you adding to the network?
- Know the terms of engagement and participation – it is always good to have written memoranda of understanding, or formal engagement mechanisms. In particular, the use of organizational logos on joint events, news briefs, communiques, statements, as well as the no-go areas for you need to be clarified before you start engaging.
- Understand whether you are required to pay subscriptions, make contributions or co-payments, and any other resources you might be required to commit
- Be clear on the exit strategy – unless this is stipulated in the engagement documents, the Advocacy Unit needs to be clear on how to exit the network in an orderly way, either at the completion of the task, or if the network no longer adds value, or has lost direction. There is also need for clarity on how far exiting might attract liabilities to the Unit.

E. Advocacy campaigns

Campaigns can be a useful tool for policy influencing, but they are normally complicated to run and require huge investments in time and resources, depending on their purpose. Media campaigns are fairly easy to conduct. They require identification of media professionals to produce the media products, and agreeing on the messaging and frequency and duration of the campaign. There is need to be clear on what is to be achieved by the media campaign, who the main audiences are, and the appropriate messaging, the messaging formats, and the media that will be used. Media campaigns can be one-off events planned over a few days or weeks, or long drawn campaigns to sway public opinion on controversial issues, i.e. unsafe abortion or to bring to the policy agenda neglected public policy issues, i.e. diets and non-communicable diseases.

Outside of media campaigns, APHRC may decide to undertake an advocacy campaign on any of the signature issues. The following considerations will need to be made, if such as decision is taken:

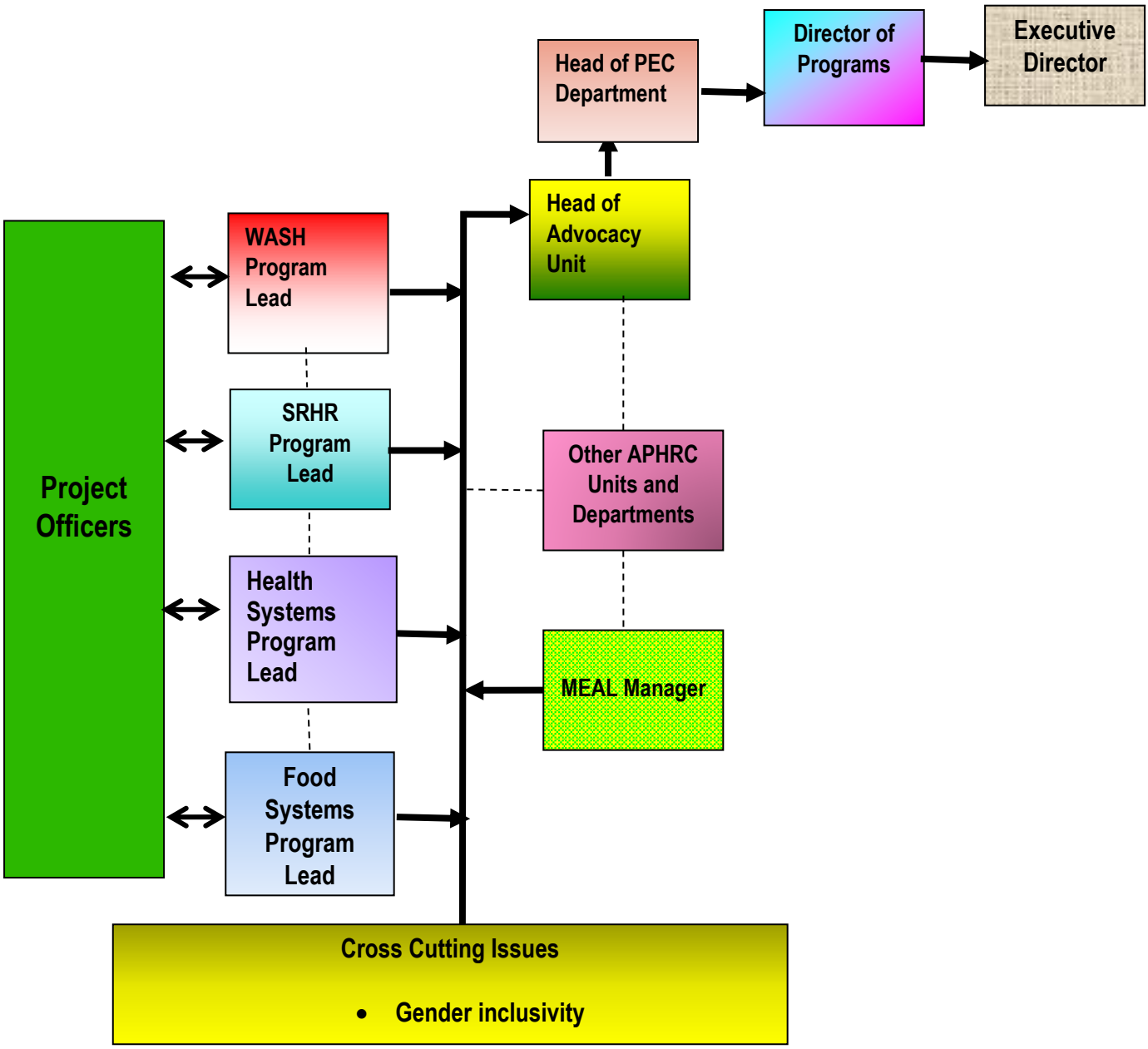
- The specific objective of the advocacy campaign – how will change look like if the campaign is successful? What is the worst case scenario, if things do not go as planned or expected?

- Who will be targeted by the campaign and why? Being clear on who targets of an advocacy campaign are is important. In this regard, a political economy analysis (PEA) or landscape analysis might be useful to identify the various stakeholders, their interests, incentives, and the institutional arrangements that either facilitate or limit the choices they have for action.
- Considerations of whether to run the advocacy campaign as part of a network, or whether to run it purely as a one organization initiative
- The resources required to run an effective advocacy campaign, and how long it will take.
- Key activities and milestones in running the campaign.
- A risk analysis and mitigation plan

8. Revised Structure for the Advocacy Unit

The Advocacy Unit has been operating under the Policy Engagement and Communication (PEC) Division, alongside the communication and synergy units. The PEC has undergone restructuring and will now be a department under the director of programs, alongside research, capacity strengthening and international programs. Under PEC, there will be advocacy and knowledge translation, and visibility, minus the Synergy unit. The previous structure created confusion in roles and responsibilities, with overlaps and duplication in how various tasks were performed. The advocacy strategy will cure these overlaps by clearly defining a structure for the Unit, which is graphically presented below:

ORGANOGRAM – APHRC ADVOCACY UNIT



The Unit will be headed by a Unit Head who will have the overall responsibility for line managing, mentoring, and leading staff under him/her. This person will also act as the liaison between the Unit and other functions at APHRC. Ideally, the unit head should be vested with strategic leadership of the Unit by focusing his/her efforts in growing the Unit portfolio in terms of funding, scope of thematic coverage, and staffing. The individual can similarly manage strategic relationships with external partners such as donors, government officers, and other high level contacts. External partner relationship management should be a shared responsibility between the Unit head and Thematic leaders, with each thematic lead managing relationships with his/her partners.

The Advocacy Unit will maintain relationships directly with relevant teams in other departments, but also through the PEC department. The exact modalities of working through the PEC with other departments will be worked as the Unit structure becomes more defined and clear. Some of the collaborative arrangements between advocacy staff and those from research might best be worked out through the PEC, with cascaded leadership up to the director of programmes. Under the Unit head will be four thematic leaders for Sexual and Reproductive Health and Rights (SRHR), Food and Food Systems Strengthening; WASH, and Health Systems Strengthening. Each thematic leader will report to the head of the Unit, but will equally line manage staff working on themes that they are leading. There will be crosscutting functions such as those of monitoring, evaluation, research and learning (MERL); and a gender expert. The MERL function could be at the same level as the thematic leaders, or a role lower than a theme leader, depending on the scope of work, experience and seniority required for the role.

9. Monitoring, Evaluation and Learning (MEAL)

Monitoring, evaluating and learning is an integral component of this Advocacy Strategy. It is important for performance management, learning and accountability. It will enable APHRC to understand what factors and approaches led to change, help improve their advocacy strategies, and enable the Centre to be accountable to all stakeholders. Routine reflection and sense-making sessions will be held every quarter to review, learn from and develop action plans for putting lessons learnt into practice. These meetings should be treated as learning platforms and should ideally involve staff from the Advocacy Unit, the wider PEC team, and staff from research. At these meetings, different staff will present synthesized reflections on what they have been doing, what advocacy strategies are working with different audiences, strategies that are less useful, and what lessons have been learnt from engaging in different advocacy initiatives. It is also important to review the MEAL framework and the different theories of change, and to reflect on what outcomes (intended and unintended, positive or negative) are being achieved through the Unit's work, the underlying causal processes explaining change, and whether the assumptions made in the theory of change are still relevant.

Learning from these sessions should be documented and used for improving practice; but it should also be synthesized into technical papers that can be shared with the rest of the Centre staff and leadership with an interest in advocacy. The MEAL should be linked to APHRC knowledge management framework and the organizational M&E system. This will make it possible to assess how far the Unit is contributing to the APHRC strategic plan. Advocacy evaluation will also help donors and other stakeholders understand the complexity of policy change and manage expectations about what grantees can accomplish in what timeframes. A MEAL Framework **Annex 1** provides a detailed view of the broad MEAL targets, indicators and means of verification.

10. Resource Mobilization for the Strategy

The environment in which resources are mobilized is increasingly competitive, given the rise of numerous development actors, coupled with a scarcity of resources resulting from the recent global economic crisis. However, resource mobilization is a critical means for identifying the resources essential for the development, implementation and continuation of works for achieving an organization's or program's mission.

Therefore, resource mobilization for this Advocacy Strategy is important to:

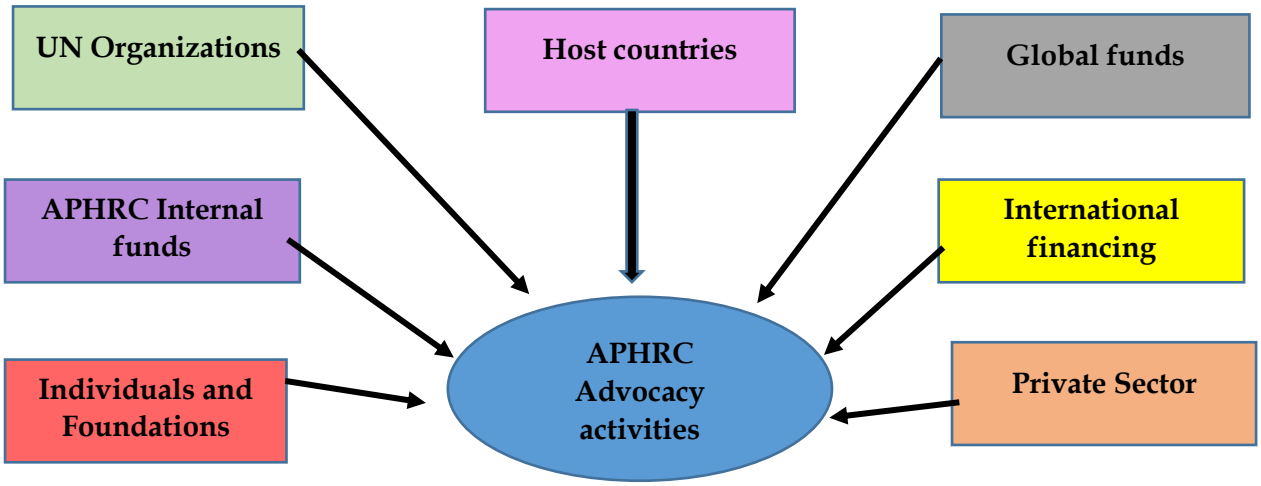
- Plan beforehand where resources are needed and assess appropriate possibilities for raising them;

- Coordinate how resource partners will be contacted and build a long-lasting relationship with them;
- Ensure coherent and clear messages to resource partners;
- Ensure that staff's role in resource mobilization is maximized and their contributions are as effective and efficient as possible;
- Have enough time to apply for interesting grant opportunities;

The Advocacy Unit will therefore undertake the following to ensure successful resource mobilization:

1. *Formation of a resource mobilization team and undertaking a SWOT analysis:* An analysis of the Centre will be done with the aim of capitalizing on the strengths. It will help identify what aspects need to change in order to increase effectiveness in resource mobilization both internal and external funders. Likewise, it will help in identifying advocacy resource needs and establishing the extent of the resource requirements. This will also provide information on what areas require additional efforts in resource mobilization.

3. *In-depth analysis of the resource environment:* This will be done at global, regional and country levels while matching the thematic (signature) issues and the resource partners' interests. This should be seen as an ongoing process that requires updating of the details and specificities of potential resource partners. When identifying resource partners, it will be advisable to investigate types of agreements they engage in to ensure compatibility. Below are categories of potential resource partners.



4. *Establishment of dialogue mechanisms with potential resource partners:* Resource mobilization is a process and continuous dialogue and engagement with potential resource partners is necessary to build relationships and trust

5. *Strengthen fiduciary systems:* - ensure transparent and accountable financial system with meticulous financial and programmatic reporting. Potential resource partners tend to have confidence in an organization whose accounting, audit and reporting systems are above board

6. *Reflect on the achievements, challenges and lessons:* - This is better done through structured evaluations. Reflecting on previous resource mobilization efforts, which will help the Unit to refine RM efforts and improve success

7. *Communicate with potential resource partners:*- this may be by sharing the entire Advocacy Strategy or segments of the strategy based on the funding priorities of the partners. Communicating with potential partners may be done through deliberate visits to their offices, as side meetings during global events, or during relevant engagement and dialogue forums. Effective communication will

require developing popular versions of the Strategy including resource mobilization targets for the respective outcomes.

An inventory of potential resource partners is provided as **Annex II.**

11. Conclusion

This Advocacy Strategy represents a commitment towards improving the advocacy work of APHRC by significantly influencing evidence use for policy and decision making and also promoting adoption of international and global conventions, policies and strategies by African governments. The Strategy supports the pursuit of a clear strategic direction with more structured engagement with policy makers and practitioners at different levels. In addition, greater leverage will be made of the research evidence being generated by APHRC as opposed to the current status where sub-optimal use is being made of APHRC research evidence. Finally, there is bound to be stronger collaboration across the teams in research and advocacy resulting in greater impact.

References

1. The Global Financing Facility for Women, Children and Adolescents (GFF). https://www.globalfinancingfacility.org/
2. Thioye A.B (2023): How youth groups in Africa are transforming health for women and girls: World Bank Blogs. https://blogs.worldbank.org/team/aminata-badiane-thioye
3. Melesse D.Y, Mutua M.K , Choudhury A, Wado Y.D , Faye C.M, Neal S, Boerma T (2020): Adolescent sexual and reproductive health in sub-Saharan Africa: who is left behind? BMJ Glob Health 2020 Jan 26;5(1): e002231. https://pubmed.ncbi.nlm.nih.gov/32133182/
4. FAO et al., 2021: (FAO, IFAD, UNICEF, WFP & WHO. (2021). *The state of food security and nutrition in the world 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all)*. Food and Agriculture Organization of the United Nations. Retrieved from https://doi.org/10.4060/cb4474en.
5. Tracking Universal Health Coverage: 2017 Global Monitoring report <http://documents.worldbank.org/curated/en/640121513095868125/pdf/122029-WP-REVISED-PUBLIC.pdf>
6. Tracking Universal Health Coverage: 2017 Global Monitoring Report<http://documents.worldbank.org/curated/en/640121513095868125/pdf/122029-WP-REVISED-PUBLIC.pdf>
7. Global Monitoring Report on Financial Protection in Health 2019, World Health Organization and the International Bank for Reconstruction and Development / The World Bank, 2020
8. Kanneganti S (2021): Unlocking the Power of the Private Sector to Build Resilient and Equitable Health Systems: World bank Blogs- Published on Investing in Health- https://blogs.worldbank.org/health/unlocking-power-private-sector-build-resilient-and-equitable-health-systems
9. WHO civil registration and vital statistics strategic implementation plan (2021-2025): https://www.who.int/data/data-collection-tools/civil-registration-and-vital-statistics-(crvs)
10. African Union Commission: Africa Health Strategy 2016-2030 Policy Framework. https://au.int/en/documents/30357/africa-health-strategy-2016-2030
11. "Water: a Shared Responsibility; the United Nations World Water Development Report" (WWAP, 2006), http://www.unesco.org/new/en/
12. AfDB, UNEP and Grid Arendal (2021): Sanitation and Wastewater Atlas for Africa. https://www.afdb.org/en/news-and-events/press-releases/new-sanitation-and-wastewater-management-benchmark-tool-highlights-opportunities-boost-health-and-economic-growth-africa-40649
13. Bhardwaj G, et al., "Exploring the Looming Water Crisis," Chatham House, January 6, 2020, https://www.chathamhouse.org/expert/comment/exploring-looming-water-crisis
14. African Union: Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003). https://au.int/sites/default/files/treaties/37077-treaty-charter_on_rights_of_women_in_africa.pdf

15. African Union: African Charter on the Rights and Welfare of the Child (1990). https://au.int/sites/default/files/treaties/36804-treaty-african_charter_on_rights_welfare_of_the_child.pdf

16. Agenda 2063: The Africa We Want. https://au.int/en/agenda2063/overview

17. WHO: Use of Nutrient Profile Models For Nutrition And Health Policies. https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6201-45966-66383#:~:text=Nutrient%20profiling%20is%20%E2%80%9Cthe%20science,be%20used%20for%20various%20purposes.

ANNEX 1: APHRC ADVOCACY STRATEGY MONITORING, EVALUATION AND LEARNING (MEAL) FRAMEWORK

	Signature Issue	Strategic Action	Key Milestones (Outcomes)	Timeframes	Risks & Assumptions
1	Sexual and Reproductive Health	Engage policy makers and communities on the eradication of harmful sociocultural practices	**Long-term Outcome**: *Women, girls and boys exercise more freedom over their sexual and reproductive health rights* **Short-term outcome:** *Stricter enforcement of laws by African countries on harmful sociocultural practices such as FGM, forced and early child marriages, etc.*	Year 5 Year 3	**Risk**: *Fight back from custodians of culture* **Assumption**: *strong political leadership by reputable change champions in countries*
		Conduct advocacy on full and comprehensive implementation of international and continental frameworks related to SRHR	**Long-term Outcome**: *Targeted African countries have policy frameworks, including budgets, for comprehensive implementation of the Abuja commitment* **Short-term Outcome**: *Effective strategies and measures in place for reaching the poor and vulnerable populations*	Year 3 Year 2	**Risk**: *Debt overhang piles fiscal pressure on countries* **Assumption**: *CSO networks conduct organized advocacy campaigns*
		Work towards agenda setting and generate public interest on rights of sexual minorities	**Long-term Outcome**: *Increased public tolerance for the rights of sexual minorities* **Short-term Outcome**: *African countries repeal legal provisions that criminalize LGBTQI*	Year 5 Year 3	**Risk**: *Clawback on rights of sexual minorities* **Assumption**: *Compelling evidence catalyses greater tolerance for LGBTQI*
		Support alliance building and networking for comprehensive UHC implementation in Africa	**Long-term Outcome**: *Health sector policies and programs in African countries are aligned with SDG target 3.8* **Short-term Outcome**: *Effective multi-sectoral partnerships formed at national, sub-regional and continental levels to*	Year 3	**Risk**: *Health inequalities persist* **Assumption**: *strong CSO coalitions on UHC sustain*

	Signature Issue	Strategic Action	Key Milestones (Outcomes)	Timeframes	Risks & Assumptions
2	Health and Health systems strengthening		*address inequalities in access to and utilization of health services*	Year 2	*pressure on African governments*
		Support evidence pace-setting on effective models of equitable and quality health service delivery	**Long-term Outcome**: *The most vulnerable populations in African countries have access to quality and affordable healthcare* **Short-term Outcome**: *Public officials and other stakeholders in the health and other related sectors have timely access to relevant quality evidence for decision and policy making on health service delivery*	Year 5 Year 2	**Risk**: *Health sector financing reforms stall* **Assumption**: *Models of equitable healthcare provision presented to policy makers are technically and politically feasible*
		Advocacy for improved accountability on public expenditures on healthcare, and investments on HRH	**Long-term Outcome**: *Increased accountability by African governments on public investments and expenditures on healthcare* **Short-term Outcome**: *Broad-based coalitions and networks on public expenditure tracking on health*	Year 3 Year 2	**Risk**: *Civic space for scrutiny of government expenditures shrink* **Assumption**: *strong local & international pressure leads to enhanced accountability*
		Support development of cross-sectoral alliances on food security at national, regional & continental levels	**Long-term Outcome**: *Enhanced cross-sectoral collaboration and integration amongst stakeholders working on food and nutritional security at national, sub-regional and continental levels* **Short-term outcome**: *strong networks and coalitions on food and nutritional security at all levels in Africa*	Year 3 Year 2	**Risk**: *Competition for funds and clout limits progress* **Assumption**: *APHRC develops rapport and convening power with regional CSO networks*

	Signature Issue	Strategic Action	Key Milestones (Outcomes)	Timeframes	Risks & Assumptions
3	Food and Food Systems	Support evidence generation, data systems strengthening and evidence use on food policies	**Long-term Outcome**: *Targeted African countries adopt and enforce policy and regulatory frameworks that promote healthier food options* **Short-term Outcomes**: (1) *Targeted countries adopt and enforce standards on the Nutrient Profile Model* (2) *Targeted countries enforce standards on front of pack labels by industry players*	Year 4 Year 3	**Risk**: *Fight back from private sector vested interests* **Assumption**: *Researchers and experts' views outweigh counter narratives by private sector vested interests*
		Conduct advocacy on meaningful inclusion of women and youth in food production and food supply value chains	**Long-term Outcome**: *Increased participation by women and youth in Africa's food and nutrition value chains* **Short-term Outcome**: *Targeted African countries adopt policies that crowd in women and youth in food production and distribution value chains*	Year 4 Year 2	**Risk**: *Financial constraints keep women and youth out the value chains* **Assumption**: *Governments enact laws and invest in gender inclusive innovations*
		Advocating for adoption and implementation of the ASPG	**Long-term Outcome**: *Integrated cross-sectoral approaches widely adopted and used for the management of water and sanitation services* **Short-term Outcome**: *Targeted countries reorient their national sanitation policies based on the ASPG*	Year 4 Year 3	**Risk**: *Countries lack technical capacity on ASPG* **Assumption**: *AMCOW offers technical support to countries on national sanitation policy development*

	Signature Issue	Strategic Action	Key Milestones (Outcomes)	Timeframes	Risks & Assumptions
4	Water, Sanitation and Hygiene Services (WASH)	Conduct budget tracking on public expenditures on WASH	**Long-Term Outcome**: *Effective monitoring and performance management systems exist across targeted countries for tracking investments and expenditures on water and sanitation* **Long-term Outcome**: *Strong coalitions on WASH budget tracking are formed at national, regional and continental levels*	Year 5 Year 2	**Risk**: *Shrinking civic space frustrates budget scrutiny* **Assumption**: *Regional and international frameworks & mechanisms compel countries to accommodate CSO budget scrutiny*
		Advocate for collaboration amongst sector stakeholders to reduce fragmentation and duplication	**Long-term Outcome**: *enhanced integrated cross-sectoral collaboration across sectors working on WASH related issues* **Short-term Outcome**: *Cross-sectoral partnerships in the delivery of WASH services at national levels*	Year 4 Year 2	**Risk**: *Competition for clout and resources limits collaboration* **Assumption**: *Regional WASH networks overcome coordination barriers*

ANNEX II: INVENTORY OF POTENTIAL RESOURCE PARTNERS

Thematic Area	Funding Agency	Description of Funding
Sexual and Reproductive Health and Rights	**European union**	**Scheme:** *Promoting the Universal Reproductive Sexual Health and Rights of Vulnerable Adolescents in Africa.* **Description of the Programme:** The global objective of this call for proposals is to contribute to countries reaching universal coverage for Sexual and Reproductive Health and Rights (SRHR) of adolescents in Africa, especially adolescent girls and other vulnerable adolescents. It aims at improving demand and access to comprehensive, integrated, affordable, quality, discrimination-free, age-appropriate SRHR information and services in (eligible) African countries, with a particular focus on reaching adolescent girls and vulnerable (out of school, poor, marginalized/discriminated, disabled, under-served) adolescents .Strengthening public and community health systems to provide these information and services and promoting an enabling legal, political and societal environment that allows adolescents, especially girls and vulnerable adolescents, to access the quality SRH (sexual and reproductive health) services they need, and protects their sexual and reproductive rights. **Size of grant offered:** Any EU requested contribution under this call for proposals must fall between the following minimum and maximum amounts: ▪ Minimum amount EUR 5,000,000; ▪ Maximum amount: EUR 10,000,000. **Type of organization funded:** NGO'S ,Civil society organizations and companies that deal with Adolescent girls and other vulnerable adolescents (notably disabled, key populations, out-of-school, living in remote or urban poor areas, from ethnic minorities), critical groups for achieving SRHR goals
	The David and Lucile Packard Foundation	**Scheme:** Family planning and reproductive health **Description:** The Packard Foundation supports programs that promote access to family planning and reproductive health services, among other issues**.** The

	The John D. and Catherine T. MacArthur Foundation	foundation's Population and Reproductive Health program invests in improving access to family planning services, promoting comprehensive sexuality education, and advancing reproductive rights **Grant size:** Varies depending on the program or project. **Type of organizations funded:** Non-profit organizations and government agencies. **Eligibility criteria:** Varies depending on the program or project**.** **Funding deadline:** Varies depending on the program or project. **Scheme:** Sexual reproductive health and rights **Description:** The MacArthur Foundation supports programs that promote sexual and reproductive health and rights, among other issues. The foundation's Girls' Secondary Education in Developing Countries program invests in improving access to education for girls and young women, which can have positive impacts on their sexual and reproductive health and rights **Grant size:** Varies depending on the program or project**.** **Type of organizations funded:** Non-profit organizations and government agencies. **Eligibility criteria:** Varies depending on the program or project**.** **Funding deadline:** Varies depending on the program or project**.**
	The Bill & Melinda Gates Foundation	**Scheme:** Contraceptives and family planning **Description: The** foundation's Family Planning program invests in research and development of new contraceptive methods, supports advocacy and policy change to increase access to family planning services, and strengthens health systems to deliver quality care**.** **Grant size varies.** Varies depending on the program or project**.** **Eligible organizations:** nonprofits, academic institutions, and government agencies. **Funding deadline:** Varies depending on the program or project**.**
	Ford Foundation	**Scheme:** sexual and reproductive health and rights **Description: The** foundation's Gender, Racial, and Ethnic Justice program supports organizations that advance sexual and reproductive health and rights as a human right and promote women's empowerment. **Grant size:** Varies depending on the program or project**.** **Eligible organizations:** nonprofits, academic institutions, and media outlets.

		Funding deadline: Varies depending on the program or project.
	The Hewlett Foundation	**Scheme:** sexual and reproductive health and rights **Description**: The foundation's Global Development and Population program supports organizations that advance sexual and reproductive health and rights, especially for marginalized communities, and promote gender equality. **Grant size** Varies depending on the program or project. **Eligible organizations:** nonprofits, academic institutions, and government agencies. **Funding deadline:** Varies depending on the program or project.
	The United States International Development (USAID)	**Scheme: Family planning and reproductive health** **Description of the Programme:** The U.S. Agency for International Development (USAID) advances and supports voluntary family planning and reproductive health programs in nearly 40 countries across the globe. As the world's largest family planning bilateral donor, USAID is committed to helping countries meet the family planning and reproductive health needs of their people. USAID is a central partner in the Family Planning 2030 (FP2030) partnership, a global alliance aimed at empowering women and girls by investing in rights-based family planning, and the Ouagadougou Partnership, a similar effort focused on expanding family planning and reproductive health in Francophone West Africa. **Size of grant offered:** Varies depending on the program or project. **Type of organization funded:** non-profits, academic institutions, and government agencies
		Health and Health Systems
	The African Development Bank (AfDB)	**Description:** AfDB supports health programs that focus on improving healthcare systems, disease prevention, and control, and maternal and child health, among other issues. **Grant size:** Varies depending on the program or project. **Type of organizations funded:** Governments, NGOs, and private sector organizations. **Eligibility criteria:** Varies depending on the program or project. **Funding deadline:** Varies depending on the program or project.

	The Rockefeller Foundation	**Description:** The Rockefeller Foundation supports programs that promote health equity, improve health outcomes, and strengthen healthcare systems, among other issues. **Grant size:** Varies depending on the program or project. **Type of organizations funded:** Non-profit organizations and government agencies. **Eligibility criteria:** Varies depending on the program or project. **Funding deadline:** Varies depending on the program or project**.**
	The Wellcome Trust	**Description:** The Wellcome Trust supports research and programs that improve global health, including infectious diseases and neglected tropical diseases. The trust's Our Planet, Our Health program supports research and innovation that improves global health and addresses emerging health challenges, such as climate change, infectious diseases, and antimicrobial resistance. **Grant size:** Varies depending on the program or project. **Type of organizations funded:** Research institutions, NGOs, and government agencies. **Eligibility criteria**: Varies depending on the program or project. **Funding deadline:** Varies depending on the program or project.
	The USAID	**Description:** The US government agency supports global health programs that address HIV/AIDS, malaria, tuberculosis, and other infectious diseases, as well as maternal and child health, family planning, and nutrition. **Grant size:** Varies depending on the program or project **Eligible organizations**: national governments, NGOs, and academic institutions. **Funding deadline:** Varies depending on the program or project**.**
		Food and Food Systems
	The Global Alliance for Improved Nutrition (GAIN)	**Description**: GAIN partners with governments, businesses, and civil society to improve access to nutritious food for vulnerable populations, especially women and children. **Grant size**: Varies depending on the program or project. **Eligible organizations**: nonprofits, academic institutions, and government agencies. **Funding deadline:** Varies depending on the program or project

	The United Nations Food and Agriculture Organization (FAO)	**Scheme: Food** security and sustainable agriculture **Description:** FAO supports programs to improve food security and sustainable agriculture, among other issues. **Grant size:** Varies depending on the program or project. **Type of organizations funded**: Non-profit organizations and government agencies**.** **Eligibility criteria:** Varies depending on the program or project**.** **Funding deadline:** Varies depending on the program or project.
	The Rockefeller Foundation	**Scheme:** Food systems and food waste **Description**: The foundation's Food program focuses on creating more resilient and sustainable food systems, promoting nutritious diets, and reducing food waste. **Grant size** : Varies depending on the program or project **Eligible organizations**: non-profits, academic institutions, and government agencies. **Funding deadline:** Varies depending on the program or project.
		Water, Sanitation and Hygiene
	The World Bank	**Description:** The World Bank supports programs that improve access to safe water and sanitation, among other issues. **Grant size:** Varies depending on the program or project. **Type of organizations funded:** Governments and NGOs. **Eligibility criteria:** Varies depending on the program or project. **Funding deadline:** Varies depending on the program or project**.**
	The Bill and Melinda Gates Foundation	**Description:** The Gates Foundation supports programs that improve access to sanitation and hygiene, particularly in low-income countries**.** The foundation's Water, Sanitation, and Hygiene program invests in innovative technologies and approaches that improve access to safe water and sanitation, and promote behaviour change for better hygiene practices **Grant size:** Varies depending on the program or project**.** **Type of organizations funded**: NGOs, research institutions, and governments**.** **Eligibility criteria:** Varies depending on the program or project**.**

		Funding deadline: Varies depending on the program or project**.**
	The Conrad N. Hilton Foundation	**Description**: The foundation's Safe Water program supports organizations that provide safe water and sanitation services in underserved communities, especially in Sub-Saharan Africa. **Grant size**: Varies depending on the program or project**.** **Eligible organizations**: non-profits, academic institutions, and government agencies. **Funding deadline**: Varies depending on the program or project**.**