

Ipas Malawi

# Health Systems Strengthening Workshop

November 2021



# Executive Summary

With the support of the Bill & Melinda Gates Foundation, Global Integrity launched a health systems strengthening project in collaboration with the African Health Innovation Centre (AHIC) and local partners to leverage participatory systems thinking approaches (PSTA) as a method to address various local health challenges. In Malawi, Global Integrity partnered with Ipas Malawi to spend a 12 month period addressing challenges related to adolescent sexual and reproductive health and rights (SRHR), especially regarding access to safe, legal abortion. Global Integrity, AHIC, and Ipas Malawi spent approximately three months engaged in planning discussions for the initial in-person workshop experience, determining the official problem statements, developing a workshop agenda, and finalising a participant list and workshop logistics. The following report summarises the primary activities and content/process learnings from the workshop experience.

This report has been produced by the African Health Innovation Centre for Global Integrity, the Bill & Melinda Gates Foundation, and Ipas Malawi.

## Project Partners

This health systems strengthening workshop was planned by three core partners.

### Global Integrity



Global Integrity spun off from the Centre for Public Integrity in 2005 and provides tailored support to governance reformers and change agents, strengthening their ability to address challenges relating to corruption and the use of public resources. Global Integrity designed this project to help people and organisations solve complex social problems by supporting locally led innovation, learning, and adaptation.

### Ipas Malawi



Ipas Malawi works with partners to build sustainable abortion ecosystems. Their comprehensive approach works across institutions and communities and recognizes there are multiple factors that influence a person's ability to access abortion—including individual knowledge and power, community and political support, trained and equipped health systems, and laws and policies that uphold the human rights to health and to bodily autonomy.

### African Health Innovation Centre



The African Health Innovation Centre spun off from Impact Hub Accra in 2019 and is the first organisation in Ghana dedicated to improving health outcomes through innovation and entrepreneurship. AHIC facilitates 75+ workshop days or panel discussions per year with diverse participation, ranging from youth representatives to community or government leaders. AHIC currently works throughout West, East, and Southern Africa.

## Workshop Overview

The initial Ipas Malawi workshop was conducted over a period of three days, with a total of 20 participants. Ipas Malawi, GI, and AHIC had discussed and approved the participant list during planning calls prior to the workshop to ensure it included diverse key actors relevant to the focus area. The session had high rates of participant attendance and engagement.

# Workshop Summary | Day I

The first workshop day was focused on identifying, understanding, and deep diving on specific challenges within the problem statement, as determined by workshop participants.

## Why Should We Explore Potential Challenges?

As experts and advocates we often feel confident in understanding the barriers which impact our work and the communities we serve. But often, community members have new information or a different perspective which helps us see underlying challenges blocking our success. On Workshop Day 1 we take time to not just speak, but to listen and learn from community members about the challenges they are facing and how they should be prioritised.

## World Café Session

The first Challenge Activity was a World Café session, where participants were placed in small groups and given 5-7 minutes to reflect on each of the prompts provided. During this period, participants engaged in rich discussion with each other - sharing ideas, asking questions, and providing real-time feedback. A full list of the ideas shared is provided in the appendix, but three robust learnings are shared below:

1. Boys, girls, men, and women may have varying barriers to care based on their combination of age, sex, and gender.
2. Providers lack access to (or understanding of) legal information, limiting their clinical service provision in the areas of sexual health, reproductive health, and abortion care.
3. Underlying stigma (both cultural and provider-based) is a key barrier for patients seeking care.

### Understanding Legal Boundaries in Abortion and Post-Abortion Care

Service delivery can be limited when providers don't have a full understanding of complicated abortion law. During the session, clinical providers shared that they do not receive legal training during their initial medical education or continuing professional development courses. This can place providers in a tricky situation when treating a patient, as they may be unaware what services they are able to provide to whom under the law. This can cause provider hesitation, and in turn, limit the options available for patients. This key learning was followed through the workshop to the solution stage.

## Prompts Used During World Café Session

1. Where do people currently receive SRH + Covid advice?
2. In what ways does Malawi's culture and legal system react to unplanned pregnancy now?
3. Which groups of people have the most challenges accessing care? Why?
4. What is the strangest piece of SRH advice you have ever received?
5. Tell us how providers react when seeking SRH services, including abortions care.
6. What are the largest barriers for young people when accessing SRH services?

## Challenge Mapping Session

The second challenge activity was a Challenge Mapping session, where participants self-selected into small groups and used a fishbone model to map out why a problem was happening. During this period, teams were assigned a “challenge” identified from the World Café results. These challenges were then mapped in small groups using a mind map approach and prioritising key political, contextual, and technical factors.

### **Dilemma Because of Unclear Provider Policies (Lack of Knowledge and Legal Environment)**

*Conflict Between Policies* | The dilemma faced by various clinicians emerged as a hot topic throughout the course of the workshop. Participants stated that some legal policies appeared to conflict with each other, and providers were unaware which policy superseded the other. In addition, there may be times where ethical or professional expectations appear to conflict with legal guidance. In these instances, providers expressed hesitation in providing care which may technically be legal, due to fear of legal or professional retribution.

### **General Gaps for SRHR Services**

*Lack of Youth Friendly Services* | Participants felt that one noticeable gap for SRHR services was a lack of “Youth-Friendly Corners” or youth-focused services in general. It was expressed that there are many barriers for young people when seeking care - ranging from shame and embarrassment to lack of financial access or transport methods. Without services specifically aimed at young people, they will likely not seek care and may make poor choices, which could have been prevented. Participants felt that youth-friendly services should be holistic in nature, addressing both the social and logistical challenges faced by young patients.

### **Social Cultural Barriers which Negatively Impact Family Planning Service Access**

*Social Institutions* | While the education system was mentioned throughout the workshop, it did not emerge as a frequent topic. However in this activity, participants highlighted schools as one area of miscommunication about sexual health and rights as they do not distribute family planning resources or information.

### **Youth Challenges in Accessing SRHR**

*Lack of Trust* | Participants highlighted that lack of trust in providers is one of the primary reasons young people do not seek sexual healthcare or information. They noted that providers are not trained to deal with this topic, often have an obvious clash with their own personal beliefs, and have negative attitudes towards young people.

## Challenge Ideation and Prioritisation Session

The final Challenge Activity was a Challenge Ideation and Prioritisation session, where participants brainstormed a list of the most impactful challenges they had discussed that day. Teams then selected their top three challenges and placed them on the wall, for a total of 15 challenges. Many of the challenges listed were similar, so the facilitators and the Ipas Malawi team combined them into six generalised challenges. Participants then voted on their top three choices through a colour-coded voting system, and weighted scores were tallied. The top four challenge areas were then selected for a deeper dive in small groups. The final six general challenges presented were (ranked by total votes)

## Final Challenge Selections

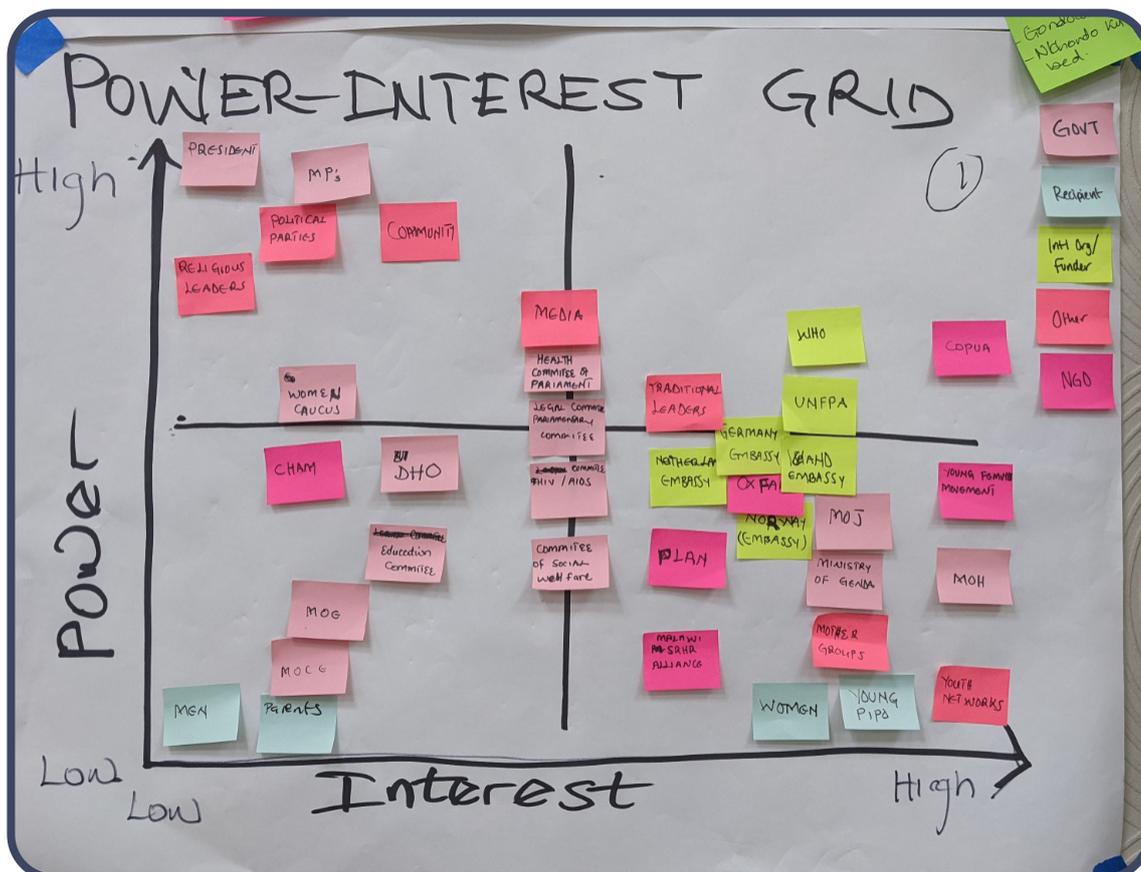
1. Restrictive laws are favouring rich people, the legal framework is not conducive for some SRHR services (such as safe abortion) (31 votes)
2. Policy and legal restrictions, discrimination laws, policy amendment, political influence from ruling and opposition parties on laws and policies (27 votes)
3. Limited access to SRHR services, long distances, poor infrastructure, bad attitudes, lack of resources to promote SRH services and train providers, inadequate supply of commodities and supplies of SRHR services (25 votes)
4. Negative attitude of the community, lack of involvement and participation at the grassroots level leading to an SRHR knowledge gap, misconceptions and myths, limited collaboration of actors on SRHR issues (15 points)
5. Leaders preaching against family planning (11 votes)
6. Social/cultural norms, beliefs prohibit youth from accessing SRHR services, misconceptions, harmful cultural beliefs endangering youth (1 vote)

## Workshop Summary | Day II

The second workshop day was focused on identifying, understanding, and deep diving on key actors and the roles various stakeholders play in supporting or preventing further work in the designated problem area.

### Key Actor Mapping Session

During this activity, teams were finalised based on the four challenge areas prioritised at the conclusion of Day I. Teams then mapped the key actors involved in each challenge areas by interest and influence, using a standardised power-interest grid template. Through this activity, participants mapped specific government entities, international organisations, community-based organisations, individuals, and more who are relevant to the challenge area. A full list of mapped entities is available in the appendix, and a sample is provided below.



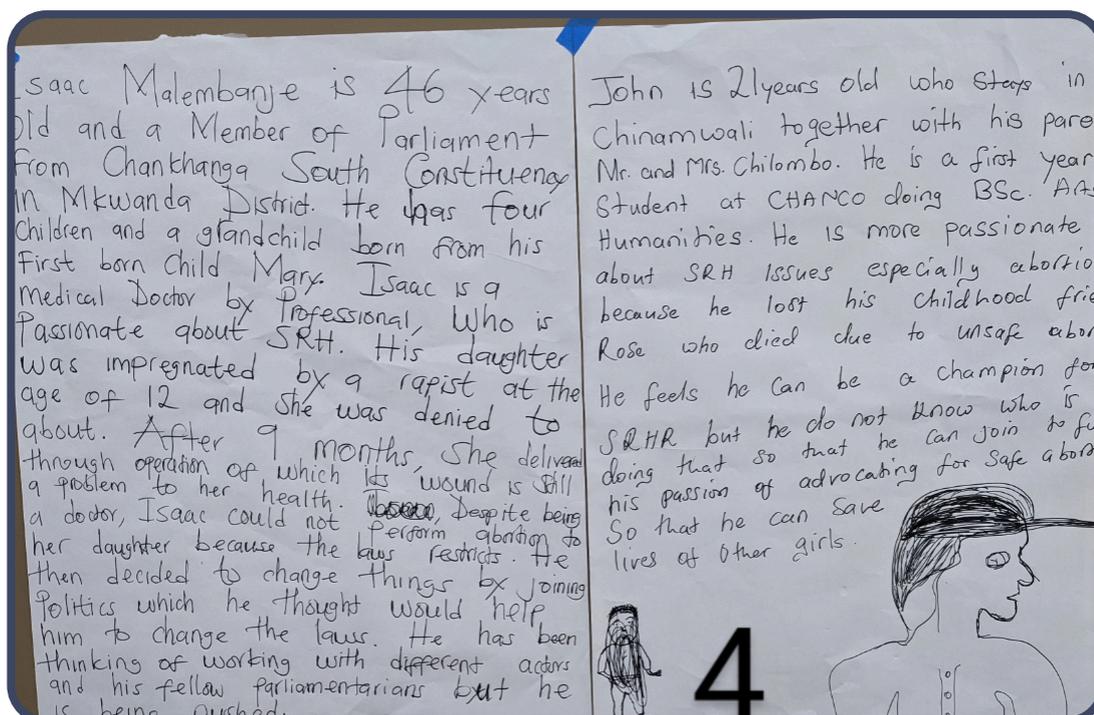
## Persona Development Session

During this activity, workshop participants create a fictional representation of a key actor in their selected focus area. Teams ultimately created two personas who represented users/beneficiaries and providers. These fictional personas represent the stories and background of various key actors. The full details of the mapped entities is available in the appendix, and a list of the personas and a persona sample is provided below.

- Sheikh Iman Amidu is 45-year-old sheikh who assists women in obtaining safe abortions, but finds himself in a conflict due to his religious doctrine.
- Chikumbutso Malata is a registered sex offender who continues to suffer discrimination after re-entering society to assist youth experiencing similar issues
- Max, a 48-year-old man, lost his wife because she employed a local method to abort their child owing to illegalized abortion rights in their area.
- Melisa is a nurse who was unaware of her jurisdiction's abortion policies and laws, who failed to save a 15 year old adolescent girl who came to her clinic to seek an abortion.
- Maria is a 16-year-old orphan. She became pregnant by her uncle, who is financially responsible for her upkeep and tuition fees. After her uncle threatened her life, he bought her concoctions to end the pregnancy, which caused her to bleed.
- Jane, a Makata resident, decided to advocate for SRH issues after witnessing a friend who died due to unsafe abortion.
- Isaac Malembanje is a medical practitioner and member of parliament who is enthusiastic about matters concerning sexual and reproductive health. When his 12-year-old daughter became pregnant, she was harmed by abortion law restrictions. She continues to have health problems even after giving birth through operation.
- John, an SRH champion who feels his childhood friend would have survived if the laws concerning abortion had been revisited.

### Why Do We Develop Personas?

Often, barriers to affordable, accessible, quality service delivery go beyond the design of a specific education programme or clinic setup. Other factors such as household dynamics, family schedules, geographic location, and more can impact how people seek and receive care. By deep diving into the players involved we learn more about how to truly create change at the household, community, and governance levels.





# Workshop Summary | Day III

The final workshop day was a half-day focused on ideating potential solutions to the problem statement, within each group challenge topic area.

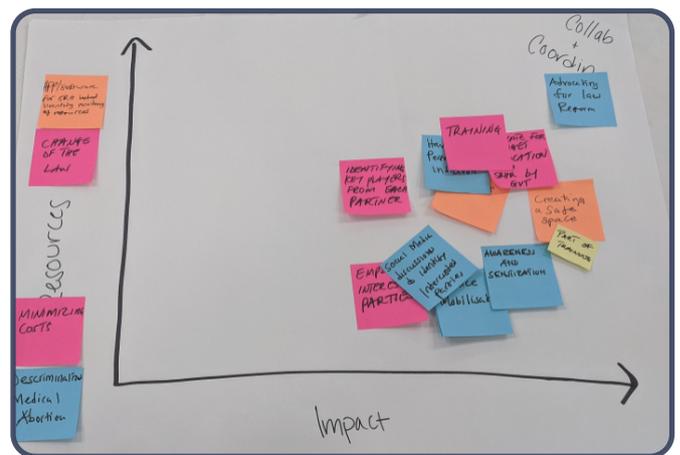
## Solution Ideation, Prioritisation, and Selection

At the start of the final workshop day, participants began to ideate new solutions to the challenges they had noted over the previous two days. This involved brainstorming all types of interventions on sticky notes and then discussing them within their small groups. Participants were provided templates which prompted them to create up to four sub-challenges and then ideate a “Small Idea,” “Medium Idea,” and “BIG IDEA” in response to each one.



## Action Planning Session

The facilitators (AHIC) placed all of the actions ideated by participants on the wall and then provided a matrix for each challenge area to rank each idea determined as “in-scope” for the Ipas Malawi team by the amount of resources required and its potential impact. Ipas Malawi then worked internally to prioritise actions and develop ongoing action plans.



## Conclusion

The health systems strengthening workshop in November 2021 was a high-energy opportunity bringing together a diverse group of people for collaborative and engaging discussion on a highly sensitive topic. AHIC is grateful to Global Integrity and Ipas Malawi for the opportunity to facilitate these three days of conversation, and looks forward to continued engagement over the months to come. The appendix on the following pages will provide project partners with access to material produced by participants over the course of the three days.



# Appendix

## DAY I - CHALLENGES

### Problem Statement:

Many women in Malawi want/need to prevent unplanned pregnancies and/or access safe abortion services and post-abortion care, but currently the resources, policies, and enabling environment do not allow women to have access these services.

### ACTIVITY 1 - WORLD CAFÉ

1. Where do people currently receive SRH + Covid advice?	2. In What ways does Malawi's culture and legal system react to unplanned pregnancy now?	3. Which groups of people have the most challenges accessing care? Why?	4. What are the largest barriers for young people when accessing SRH services?	Tell us more about how providers react when seeking SRH services, including abortions care.	What is the strongest piece of SRH advice you have ever heard?
Radio	Forced to keep pregnancy	Sex workers	Lack of stocks	Refusal because of the existing laws	SRHR Information is for married people
Posters	Abortion law is restrictive	Old people mobility	Distance to the SRHR service centres	Shocked - because of the age of the girl	Family planning implant consumes blood
Newspapers	Parents feel ashamed	Discrimination	Service accessibility for disabled people	Issues because of religious beliefs / cultural	When a woman is on top during sex, she can't get pregnant
Women forums	Excommunicated in church	People who are displaced	Religious beliefs	Being shunned	Using coca-cola esp, washing the private parts. You won't get pregnant.
Herbalists	Banned from other social services like churches	We do not expect old people to be engaged in sexual activity	Negative attitude of parents towards the service	Harsh	Bathing after sex, you won't get pregnant
Wedding ceremonies	Provision of unsafe abortion as an option	Youth drug store out - being judged by service providers	Poor communication from healthy workers to the youth	Feeling scared of doing an illegal thing.	Inserting cassava branches reduces pregnancy
Music	Discrimination and stigma from the society	PWD	Youth not being a priority for some SRH product	Bad attitude	Powdered soap induces abortion
Stadiums	Unplanned responsibility	Accessibility and lack of information about services	Lack of expertise (Youth friendly)	Reluctancy	There is age range for a woman to get pregnant

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APPENDIX

At village bank	Self-discrimination - shame in school	LGBTQI people	Inadequate knowledge	Friendly/ helpful	Having sex in a swimming pool/ river can not get you pregnant
Schools	It can result to gender based violence	They feel ashamed	Lack of community participation on SRH services	Choosing right services referrals	Religious beliefs hinder SRHR
Community leaders	You are forced to drop out of school	Women	Fear of being talk of town	Trained providers not having adequate material	Taking a lot of doxycycline capsules removes pre-cum
Mosques	The Laws doesn't exist allow one to attend school while you're pregnant	Religious beliefs	Lack of knowledge of the service by young people	Unwillingly	Squatting after sex prevents you from getting pregnant
Billboards and street poles	Boy stays in school	Restricted access	Lack of conducive environment at health facilities	Dilemma because of unclear policies/laws	Eating some herbs makes you good in bed -Tselcetseke -Gondolosi -Nchondo ku wed
Media	Forced into marriages	People living in poverty because of their status	Clash between personal & professional belief of service providers	Resistant	Condoms can cause cancer penile
Political platforms		Prisoners	Shame	Judgemental	Pepper is not suitable for pregnant woman
Friends		Refugees	Cultural beliefs	Put themselves in young people's shoes	Family planning promotes infertility
Facebook		Youth Living With HIV	Health worker poor attitude towards young people	Prejudice that one is promiscuous	Pregnant women should not eat baobab fruit
Community police reforms		Boys they are shy	Myths towards SRH services	The deception that it's illegal	Pregnant women should not eat eggs & beans
Peers		LGBTQI	Lack of affordability in private hospitals	Issues of religious and beliefs/cultural	Family reduces performance in bed
Health centres		Transgender	Inadequate youth friendly corners		
		GBV victims (especially those abused by breadwinners)	Services accessibility for disabled people.		
		Orphanage			
		People in the remotest areas because of geographical positions			

ACTIVITY 2 - CHALLENGE MAPPING

1.Dilemma because of unclear provider policies (Lack of Knowledge + Legal environment)	2.General Gaps for SRHR services	3.Misconceptions on Family planning + SRHR services	4.Social/Cultural barriers which negatively impact FP services access	5.Youth challenges in accessing SRHR
1. Intrapersonal factors by providers.	1.Lack of information on SRHR services	1.Gender preferences	1.Religious beliefs	1. Peer pressure influence
2. Religion, culture, attitude	2.Socio-cultural norms	2.The community believes that only women are responsible for family planning methods	2.Religious leaders preaching against accessing SRHR +FP	2. Fear of being talk of town
		3. Women are the ones who get pregnant.		3.peer to peer influence
1.Abortion Law	1.unsave abortion		1.Politically the clash of ideas of FP+SRH	
2.providers don't know the law	2. Abortion is illegal / restrictive	1.Health Illiteracy	2.The rejection of termination of pregnancy bill by MP's	1.Religious beliefs
3.Not one of government priorities -MOH		2.Lack of awareness on (HS)		2.knowledge gap
4.Interpretation of the law - grey areas. -When-women life is in danger -who to make the decision	1.Policy issues	3.Government fails to introduce SRH information in primary (grassroot level)	1.Unwelcomed concert, leaders to people not accessing	
	2. Contradicting issues	4.Parents prohibit their children to talk about SRH	2.Fertility is prestigious	1. Lack of trust
1.Lack of political will to clarify policies and laws				2. Multiple services offered at one place
	1.Lack of access to SRHR services	1.Religious beliefs	1.Lack of knowledge and Information	3.Inadequate space for privacy
1.Conflict between policies	2. Lack of disability friendly services	2.Some religions hinder their members from		4.Emerging new program services

		accessing SRH services		
2.SRH Policy WCBA can access FP methods while penal code - sex after 16years	3.Distance to access SRHR services	3.In accordance of their beliefs & by laws as well as their teachings	1.Clashes of ideology	5.Poor oversight of planning
	4.Inadequate of facilities		2.Among youths would rather rebel or ignore existing and or arising ideology	6.Negative attitude of service providers towards young people.
		1.Cultural beliefs	1. Myths & misconceptions (Family Planning reduces performance in bed	7.Personal & professional belief
	1.Lack of political commitment	2.In accordance with their teachings	2.People not accessing	8.Training needs
	2.Low resources allocation	3. Age limit	3. Male dominated society	9.Lack of resources for training
				10.Poor government funding SRH services
	1.Low supplies of commodities towards SRHR	1.Negative peer pressure	1.Ruling party controls the policies -example COVID-19 pandemic	
	2.Government do not prioritize SRHR commodities	2. Wrong information from peers		1.Long distance to services centres.
		3.People believe their peers than experts	1. Peer pressure - protected sex is not enjoyable / your not msart or cool.	2. Few health facilities providing SRH services
	1. Lack of youth friendly health services			3.Existing governance policies
	2.Government do not prioritise youth friendly health services		1.Social institutions (school)	4.Lack political will
	3.Reliance on Donors			5.Socio-economic status
	4.they do focus on HIV and Aids than SRHR			6.Lack of sustainable livelihoods
	1.Inclusion of the target group at design level			1.Knowledge gap
				2. limited information
	1. Discrimination against LGBTQI and sex workers			3.Information not packed for usability
	2.Discriminatory laws			

	1.Duplication of Effort by CSO			
	2.Working in fragmentation			
	3.Different donor requirements			

### ACTIVITY 3 - CHALLENGE IDEATION

<p><b>Group 3</b></p> <p>1. Social Cultural Norms-</p> <ul style="list-style-type: none"> <li>Beliefs prohibits youth from accessing SRH services</li> <li>Misconception</li> <li>Harmful cultural beliefs endanger youth</li> </ul> <p>2. Policy and legal restriction</p> <ul style="list-style-type: none"> <li>Discrimination laws</li> <li>Policy Amendment</li> </ul> <p>3. Limited Access to SRH Services</p> <ul style="list-style-type: none"> <li>Long distance</li> <li>Poor infrastructure</li> <li>Bad attitudes</li> </ul>	<p><b>Group 4</b></p> <p>1. Political Influence From Ruling &amp; Opposition Parties on Laws &amp; Policies</p> <p>2. Lack of resources to</p> <ul style="list-style-type: none"> <li>Promote SRH services</li> <li>To train providers</li> </ul> <p>3. Religious &amp; Cultural Beliefs</p> <ul style="list-style-type: none"> <li>Leaders preaching against F.P</li> </ul>
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<p><b>Group 1</b></p> <p>1. Restrictive laws which are favoring rich people.</p> <p>2. Limited collaboration of actors on sexual and reproductive health rights issues.</p> <p>3. Negative attitude of the community towards SRH not willing to change</p>	<p><b>Group 2</b></p> <p>1. National Issue</p> <ul style="list-style-type: none"> <li>The legal framework environment is not conducive for some SRHR services eg. safe abortion</li> </ul> <p>2. District level</p> <ul style="list-style-type: none"> <li>There is inadequate supply of commodities and supplies of SRHR services</li> </ul> <p>3. Community Level</p> <ul style="list-style-type: none"> <li>There is lack of involvement and participation of the grassroots which brings a knowledge gap regarding SRHR services, hence the misconception &amp; myths</li> </ul>
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### ACTIVITY 4 - CHALLENGE PRIORITISATION

#### 1. Legal Environment

<p><b>Vote: 1st (31 votes)</b></p> <p>Restrictive laws which are favoring rich people.</p>	<p>The legal framework environment is not conducive for some SRHR services eg. safe abortion</p>
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#### 2. Political will / Challenges

<p><b>Vote: 2nd (27 votes)</b></p> <p>Policy and legal restriction</p> <ul style="list-style-type: none"> <li>Discrimination laws</li> <li>Policy Amendment</li> </ul>	<p>Political Influence From Ruling &amp; Opposition Parties on Laws &amp; Policies</p>
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**3. Lack of Adequate supplies**

<p><b>Vote: 3rd (25 votes)</b> Limited Access to SRH Services</p> <ul style="list-style-type: none"> <li>• Long distance</li> <li>• Poor infrastructure</li> <li>• Bad attitudes</li> </ul>	<p>Lack of resources to -Promote SRH services -To train providers</p>	<p>District level -There is inadequate supply of commodities and supplies of SRHR services</p>
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**4. Community Attitudes**

**Lack of coordination**

<p><b>Vote: 4th (15 votes for both themes)</b> Negative attitude of the community towards SRH not willing to change</p>	<p>There is lack of involvement and participation of the grassroots which brings a knowledge gap regarding SRHR services, hence the misconception &amp; myths</p>	<p>Limited collaboration of actors on sexual and reproductive health rights issues.</p>
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**5. Faith based religious challenges**

<p><b>Vote: 5th (11 votes)</b> Religious &amp; Cultural Beliefs</p> <ul style="list-style-type: none"> <li>• Leaders preaching against F.P</li> </ul>	
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**6. General cultural challenges**

<p><b>Vote: 6th (1 vote)</b> Social Cultural Norms-</p> <ul style="list-style-type: none"> <li>• Beliefs prohibits youth from accessing SRH services</li> <li>• Misconception</li> <li>• Harmful cultural beliefs endanger youth</li> </ul>
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ACTIVITY 5 - STAKEHOLDER MAPPING

	Low power   Low interest	Low power   High interest	High power   Low interest	High power   High interest
<b>1 Legal/policy</b>	<ul style="list-style-type: none"> <li>• CHAM</li> <li>• Men</li> <li>• Parents</li> <li>• MOE</li> <li>• Education committee</li> <li>• DHO</li> <li>• MOCE</li> </ul>	<ul style="list-style-type: none"> <li>• Women</li> <li>• Young people</li> <li>• Youth networks</li> <li>• MOJ</li> <li>• MOH</li> <li>• Ministry of gender</li> <li>• PLAN</li> <li>• German embassy</li> <li>• OX FAM</li> <li>• Netherlands embassy</li> <li>• Iceland embassy</li> <li>• Norway embassy</li> <li>• Committee of social welfare</li> <li>• Committee HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>• President</li> <li>• MP's</li> <li>• Religious leaders</li> <li>• Political parties</li> <li>• Community</li> <li>• Women caucus</li> <li>• Media</li> <li>• Health committee of parliament</li> <li>• Legal committee of parliament</li> </ul>	<ul style="list-style-type: none"> <li>• TRADITIONAL LEADERS</li> <li>• UNFPA</li> <li>• WHO</li> <li>• COPUA</li> <li>•</li> </ul>
	Low power   Low interest	Low power   High interest	High power   Low interest	High power   High interest
<b>2 Community attitude</b>		<ul style="list-style-type: none"> <li>• YONECO</li> <li>• Amplify 4 change</li> <li>• Youth clubs</li> <li>• Coalition for prevention of unsafe abortion</li> <li>• IPAS</li> <li>• Bangwe youth network</li> <li>• Namiyango women club</li> <li>• Islamic commission for justice forum for the youth with disability</li> <li>• CECOWDA</li> </ul>	<ul style="list-style-type: none"> <li>• Anglican and catholic organisations</li> <li>• men/boys</li> <li>• SDA youth clubs</li> <li>• Zion youth clubs</li> <li>• BT SYNOD youth clubs</li> <li>• Ministry of health</li> <li>• Ministry of information</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Faith based organisation</li> <li>• Ministry of gender</li> <li>• CARE MW</li> <li>• MSF</li> <li>• Mother groups</li> <li>• Banja la Mtso Golo</li> <li>•</li> </ul>
	Low power   Low interest	Low power   High interest	High power   Low interest	High power   High interest
<b>3 Adequate services/resources</b>	<ul style="list-style-type: none"> <li>• Church</li> <li>• Corporate communities</li> <li>• Community leaders</li> </ul>	<ul style="list-style-type: none"> <li>• JHPIEGO</li> <li>• PSI</li> <li>• UNICEF</li> <li>• UNFPA</li> <li>• YONECO</li> <li>• PAWACHERE</li> <li>• EGPAF</li> <li>• GENET</li> <li>• Media</li> <li>• ABYM</li> <li>• Girls</li> <li>• CBOs</li> </ul>	<ul style="list-style-type: none"> <li>• Ruling party</li> <li>• DHO</li> <li>• CHAIM facilities</li> </ul>	<ul style="list-style-type: none"> <li>• DYO</li> <li>• DC</li> <li>• USAID</li> <li>• IPAS</li> <li>• BLM</li> <li>• Global</li> </ul>
	Low power   Low interest	Low power   High interest	High power   Low interest	High power   High interest

<p><b>4 Political will</b></p>	<ul style="list-style-type: none"> <li>UNICEF</li> </ul>	<ul style="list-style-type: none"> <li>CHREAA</li> <li>Congoma</li> <li>PSI Malawi</li> <li>She decides</li> <li>OXFAM Malawi</li> <li>Ministry of gender</li> <li>SRHR champion</li> <li>Medical personnels</li> <li>Children</li> <li>Youth</li> <li>Men</li> <li>Women</li> </ul>	<ul style="list-style-type: none"> <li>Executive</li> <li>Legislative</li> <li>Faith leaders</li> <li>Ministry of youth</li> <li>Women caucus</li> </ul>	<ul style="list-style-type: none"> <li>Parliament committee on health</li> <li>Ministry of health</li> <li>USAID</li> <li>Community leaders</li> <li>BLM</li> <li>UNFPA</li> <li>IPAS</li> <li>SRHR alliance</li> </ul>
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**ACTIVITY 6 - PERSONA DEVELOPMENT**

<p><b>Group 1</b></p>	<p>Sheikh Iman Amidu is 45 years old, he stays in Mangochi, he is married to 4 wife with 6,5,4,and 2 children respectively. He stays for a week at each wife's house. Sheikh Amidu is also a doctor at Banjala Mtsogolo clinic at M'baluku. His work requires him to assist ladies with safe abortion but his faith condemns abortion. As a result, he sometimes refuses to assist women who seek abortion services: he preaches to them, judges and shout at them as a result he fears being fired. He is in a dilemma considering his faith and responsibility as a breadwinner of a big family.</p>	<p>Meet chikumbutso malata a boy aged is, he was staying in ndirande with his parents until he was incarcerated for sexual offenses. in rehabilitation he attained technical skills, once released his parents did not want be associated with an ex-sex offender. abandoned and alone he tried to reach out to youths facing similar problems but finds it difficult as he continues to face discrimination due to his offenses He is now at a point where he feels at a loss and has no will to live.</p>
<p><b>Group 2</b></p>	<p>Meet Max, He is 48 years old and was married to a beautiful wife. He has 4 Children, working for an NGO. He lives in kanjedza. Max is a sad man because his wife died 3 weeks ago due to abortion complication She discovered She was pregnant when the youngest was 6 months old, She decided to abort because she could not raise 2 babies at once. She tried to access safe abortion but due to legal environment, she used local mediame to abort and died in the process. This provoked Max to become passionate about Influencing to expand access to Safe abortion.</p>	<p>Meet Melisa, a 26 years old nurse at Guileka health centre, with 2 years experience, Melisa became passionate about needing additional policy information. When she failed to help a 15 year old girl who had come to the clinic to seek abortion services. Melisa got confused because she could not help the girl since abortion laws are not clear as to who determines which pregnancy puts a woman in danger.</p>
<p><b>Group 3</b></p>	<p>Mario an Orphan age 16 and a form for Student at dziwe cdss. After missing her cycle months, she went for a Pregnancy test and it came out positive. the man responsible for the pregnancy is her uncle who has been paying for her school fees. Maria is afraid to reveal that her uncle is responsible for the pregnant because he threatened her that she is going be Chased out of the the house and he won't be responsible for her School, So the uncle bought some concoctions So that she can terminate The Pregnancy, after taking in She started bleeding and decided to go dziwe health centre but she was rettered to QUECH Since they. do not provide PAC services</p>	<p>Jane aged 30 years resides in Makata area which is a rural Health Centre Located 40 kilometres from the Central Hospital. She has 3 Children, 2 girls and One boy, all below 9 years old. The past. 4 months, She has referred 7 girls to the Central Hospital for PAC, because Makata Health Centre Can not provide PAC Service. When Jane was in Standard 8, She had a friend, Very Intelligent girl who died before writing examination due to Unsafe arbotion. Her desire is to assist and Support eradicating Unsafe abortion among girls. The Health Centre regularly runs out of Contraceptives and this Stresses her up most of the time.</p>
<p><b>Group 4</b></p>	<p>Isaac Malembanje is 46 years Old and a Member of Parliament from Chanthanga South Constituency in Mkwanda District. He has four Children and a grandchild born from his First born child, Mary. Isaac is a Medical Doctor by Professional, Who is Passionate about SRH. His daughter age of 12 and she was denied to abort. After 9 months, she delivered through</p>	<p>John is 21 years old who stays in Chinamwali together with his parents Mr. and Mrs. Chilombo. He is a first year Student at CHANCO doing BSc. Arts in Humanities. He is more passionate about SRH Issues especially abortion because he lost his childhood friend Rose who died due to unsafe abortion. He feels he can be a champion for SRHR but he does not know who is doing that so that he can join to fulfill</p>

	<p>operation of which its wound is still a problem to her health., Despite being a doctor, Isaac could not perform abortions for his daughter because of the laws restrictions. He then decided to change things, to Joining Politics which he thought would help him to change the laws. He has been thinking of working with different actors and his fellow parliamentarians but he is being pushed.</p>	<p>his passion of advocating for Safe aborsion. So that he can save the lives of other girls.</p>
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### ACTIVITY 7 - JOURNEY MAPPING

<p><b>Group 1</b></p>	<ol style="list-style-type: none"> <li>1. Has a mosque with members</li> <li>2. Conflict of interest between hospital work and his religion</li> <li>3. Girl comes to him for abortion</li> <li>4. He turned her away</li> <li>5. Girls goes home not given care and went to seek other means to avoid ridicule and stigma</li> <li>6. He is unsatisfied due to poor service delivery</li> <li>7. Goes into depression due to stress from work</li> <li>8. Goes home thinking about client</li> <li>9. Has different houses for the wives</li> </ol>
<p><b>Group 2</b></p>	<ol style="list-style-type: none"> <li>1. The parents have given birth but ignorant about PP</li> <li>2. They discovered that she is pregnant</li> <li>3. They get afraid of responsibilities and their economic status</li> <li>4. They decide to seek abortion at thr hospital</li> <li>5. The clinician denies them and they did'nt get safe abortion</li> <li>6. They agreed to take local medicine</li> <li>7. The wife gets sick due to abortion complications</li> <li>8. She died</li> <li>9. Now the husband has become determined to push for policies that will allow abortion at hospitals.</li> </ol>
<p><b>Group 3</b></p>	<ol style="list-style-type: none"> <li>1. She is a student</li> <li>2. Experience sexual violence</li> <li>3. Gets pregnant at an early age</li> <li>4. No responsibility from the man</li> <li>5. Gets unsafe abortion</li> <li>6. Goes through psychological trauma and depression</li> <li>7. Hemorrhage and died</li> <li>8. Due to policy and legal restrictions</li> <li>9. Lack of resources</li> </ol>
<p><b>Group 4</b></p>	<ol style="list-style-type: none"> <li>1. John and Rose at college (CHANCO)</li> <li>2. Rose gets pregnant and tried to get it aborted but she was denied at the hospital</li> <li>3. Rose seeks for traditional ways and she used herbs</li> <li>4. Rose lost her life through the unsafe abortion</li> <li>5. John is confused and does not know what to do with his life</li> </ol>

**ACTIVITY 8 - CONTINUATION OF STAKEHOLDER MAPPING**

**Group 1**

Working Together	Often in Conflict	Need to Meet	Easily moved
Youth Networks + COPUA	Religious leaders + COPUA	Media + Community	MPs + Community + Young Plpo
Legal committee + Health committee	Women Caucus + Young feminist	MOH + CHAM	
Religious leaders + community		Political parties + MPs	

**Group 2**

Working Together	Often in Conflict	Need to Meet	Easily moved
IPAS MW +COPUA	Politicians (MPs)	Care MW Should meet youth clubs	MOH
Bangwe youth networks	CCAP Leaders	MSF should meet BLM	Ministry of Gender
Banja la mtsologo	Anglican and Catholic Organizations	CECOWDA should meet MSF	Ministry of Education
Bangwe health centre	Seventh - day adventist leaders	Catholic Youth	Ministry of information
	Faith leaders Community leaders	FDYD should meet Arasa	Traditional leaders
		BI synod youth	
		Zion youth	
		SDA Youth	
		Bangwe boys club	
		Ndirande men group	

**Group 3 Lack of Adequate supplies**

Working Together	Often in Conflict	Need to Meet	Easily moved
DHO	IPAS	Community	Community Members
CHAM	Church	IPAS	Politicians
IPAS	USAID	Local NGO's	
QMAM MAM	UNFPA	YOHECO	
DC	Local NGO's	SRHR Promoters	
UNFPA		PWDs	
GF		Media houses	

USAID		Pakachere	
UNICEF			

**Group 4**

<b>Working Together</b>	<b>Often in Conflict</b>	<b>Need to Meet</b>	<b>Easily moved</b>
SRHR alliance + BLM	Faith leaders vs CSOs working on Abortion law reform	Mini - Health Min - Youth Min-Gender Min - Justice Min - Parliament	Women Men Youth Media
UNFPAM + MOH \ IPAS	Local Leaders vs Member of parliament	Min -Health CSOs -COPUA -USAID -UNFPA -IPAS	
IPAS + SRHR champion	Women circus vs CSOs working on law reform	Executive -CSOs -NGOs Partners Faith leaders	
USAID + PSI, YONECO	USAID vs UNFPA P3PFAR		
She decides + IPAS			
Parliamentary health communities +COPUA			
BANTWAN +YONECO +JPIEGO			
COPUA + BLM NGOGW CHRR CEYCA MHRRC			

**ACTIVITY 9 - SOLUTION IDEATION**

**1. Legal/Policy enabling environment**

Challenges	Small Ideas	Medium Ideas	Big Ideas
Policies on SRHR are not well defined and this makes it to be hard to interpret by the practitioners on the ground	Use easy understandable language not legal	Define and interpret the laws	Policies need to be amended  Create a platform where practitioners can ask when ever they need clarification
The existing policies are not well known by the practitioners on the ground	Every facility to have a focal point to champion the policies  Facilities should paste all existing policies on when having SRH meetings	Practitioners should be interested to know the policies through searching and reading	Campaign to make them well known like: Orientation Awareness
Most laws on SRHR are in conflict and this leaves the implementing partners to be in dilemma	The laws should be clearly be defined	All concerned parties to be holding review meetings on how the policies have been implemented and discuss the challenges that have been failed during that month.	Laws and policies to be amended by policy makes
The medical practitioner bodies do not direct their affiliates on how to handle the existing policies	Professional bodies should follow up their affiliates on how they utilize policies	Professional bodies to hold SRHR policies in their working guidelines	Medical borders should intervene when a practitioner fails to adhere to the policies  Involve medical practitioners in the parliamentary discussions concerning SRHR

**2. Community attitude**

Challenges	Small Ideas	Medium Ideas	Big Ideas
Conflict of interest (Religious & moral values)	Provision of clear information	Engage the community in dialogue and have ideas together	Mindset change
Little sometimes no interest in following SRHR services	Provision of Information	Provision of trainings to the youth clubs on use of SRH issues	International organizations should provide financial support to youth clubs & organizations
Negative pressure	Empowering youth clubs with technical skills and life skills	Provision of mobile youth friendly services	Create a comfortable environment that enables youth to be aware of themselves
Early pregnancies  Early marriages	Provision of information to young people on Family Planning	Increase access to FP on all abortion services	Create an environment that enables youth to have voice over their body

School dropout Cultural preferences REligious Affiliations			Create an environment that enables girls to speak up when it comes their bodies
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3.

Challenges	Small Ideas	Medium Ideas	Big Ideas
Few SRHR providers including PAC/CAC in the facilities	Training of provider in PAC/YFHS	Mentorship Monitoring (Supportive)  Renovation of infrastructure for YFHS PAC	Lobbying for policy change  Procurement of vans for outreach services (self contained)
Limited information on SRHR in the community	IPC Interpersonal communication Peer to peer  Van mobilities	Message and development community awareness  Health information dissertation  Capacity development of youth groups on SRH  Recreation materials	Digital platform application
Social cultural issues	Community sensitisation  Community mapping  Interface meetings with church		
Inadequate supplies of SRH	Availability of contraceptives and PAC materials		Support local producers of supplies & commodities

4.

Challenges	Small Ideas	Medium Ideas	Big Ideas
Conflicts of interest	Employing interested parties	Awareness and sensitization  Social media discussions to identities interested parties	Training  Employing Interested parties
Inadequate resources	App/software for SRHR investing monitoring of resources	Go fund me Mobilisation	Minimizing costs  Budget allocation for SRHR by Gvt
Lack of trust among partners	Openses	Having key performance indicators	Key player from each partners  Identifying key players from each partner
Illigatias	Creating a safe space	Reaching consensus	Change of the law Discriminating medical abortion

			Criminalizing unsafe abortion Advocating for law reform
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**IPAS MALAWI ACTIVITY – ACTION MAPPING**

**Area: Community Attitudes**

Outside scope of work	High resources, Low impact	High resources, High impact	Low resources, Low impact	Low resources, High impact
<ul style="list-style-type: none"> <li>• Law Reform</li> <li>• Create an environment that enables girls to speak up when it comes to their body</li> <li>• International organizations should provide financial support to youth clubs &amp; organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of clear information</li> <li>• Provision of Information</li> <li>• Provision of information on family planning</li> </ul>	<ul style="list-style-type: none"> <li>• Increase access to all F.P or abortion services (<b>IPAS only on abortion services</b>)</li> <li>• Provision of training to the youth clubs on use of SRH services</li> <li>• Provision of mobile youth friendly services</li> <li>• Empowering youth clubs with technical skills and life skills</li> </ul>	<ul style="list-style-type: none"> <li>• Create a comfortable environment that enables youth to be aware of themselves</li> </ul>	<ul style="list-style-type: none"> <li>• Engage the community in a dialogue and have ideas together</li> </ul>

**Area: Lack of Resources**

Outside scope of work	High resources Low impact	High resources High impact	Low resources Low impact	Low resources High impact
<ul style="list-style-type: none"> <li>• Procurement of van(s) for outreach services (self contained)</li> <li>• Support local productions, supplies &amp; commodities</li> <li>• Van mobilities</li> </ul>		<ul style="list-style-type: none"> <li>• Lobbying for policy change</li> <li>• Training producers PAC/YFHS</li> <li>• Availability of contraceptives and PAC materials</li> <li>• Capacity development of youth groups on SRHR</li> <li>• Renovation of infrastructure for YFHS &amp; PAC</li> <li>• Digital platform application</li> <li>• Community mapping</li> </ul>	<ul style="list-style-type: none"> <li>• Health information dissemination</li> <li>• Mentorship</li> <li>• Interpersonal communication (Peer to peer)</li> <li>• Recreation materials</li> <li>• Interface meetings with church</li> </ul>	

**Challenge: Collaboration & Coordination**

Outside scope of work	High resources, Low impact	High resources, High impact	Low resources, Low impact	Low resources, High impact

<ul style="list-style-type: none"> <li>Decrimination Medical Abortion</li> <li>Minimizing Costs</li> <li>Change of the Law</li> <li>App/software for SRH inventing monitoring of resources</li> </ul>		<ul style="list-style-type: none"> <li>Training (creating a safe space, openness)</li> <li>Advocate for budget allocation for SRHR by Govt</li> <li>Advocating for law reforms</li> </ul>	<ul style="list-style-type: none"> <li>Social Media discussions to identify interested parties</li> <li>Employing interested parties</li> <li>Identifying key players from each partner.</li> </ul>	<ul style="list-style-type: none"> <li>Having key performance indicators</li> <li>Go fund me</li> <li>Awareness and sensitization</li> <li>Resources mobilization</li> </ul>
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**Area: Legal/Policy**

Outside scope of work	High resources, Low impact	High resources, High impact	Low resources, Low impact	Low resources, High impact
<ul style="list-style-type: none"> <li>Medical boards should intervene when a practitioner fails to adhere to the policies</li> <li>Professional bodies should follow up their Affiliates on how they utilize policies (IPAS do on SRH only)</li> <li>To be holding review meetings on how the policies have been implemented and discuss the challenges that have been failed during the month.</li> </ul>	<ul style="list-style-type: none"> <li>Create a platform where practitioners can ask when ever they need clarification</li> <li>Involve medical practitioners in parliamentary discussions concerning SRHR</li> </ul>	<ul style="list-style-type: none"> <li>Policies needs to be amended</li> <li>Laws and policies to be amended by policy makers</li> <li>Define and interpret the laws</li> <li>Campaign to make them well known like: orientation - Awareness</li> <li>Every facility to have focal persons to champion the policies</li> </ul>	<ul style="list-style-type: none"> <li>Facilities should paste all existing policies on walls when having SRH meetings</li> <li>Practitioners should be interested to know the policies through: <ul style="list-style-type: none"> <li>-Searching</li> <li>-Reading</li> </ul> </li> <li>Use easy understandable language not legal</li> </ul>	<ul style="list-style-type: none"> <li>Professional bodies to hold SRHR policies in their working quicklines (ALready being done)</li> </ul>