Ipas Malawi

Health Systems Strengthening Workshop 2.0

March 2022

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. In November 2021, Global Integrity, AHIC, and Ipas Malawi held an initial in-person workshop experience, with a follow-up workshop held in March 2022. **The following report summarises the primary activities and content/process learnings from the second 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 second IPAS Malawi workshop was conducted over a period of two days, with approximately 17 participants. On Day 3, Ipas Malawi, in collaboration with GI and AHIC, held a multi-stakeholder meeting to bring together SRHR partners from various districts for presentations, hands-on activities, and collaborative conversations. AHIC served as the primary facilitation team for all three days, and used a series of activities and discussions to gauge progress from the initial workshop in November 2021and identify next steps for further action. Read below for a summary of workshop activities, and the key takeaways from the interactive, three-day experience.

Workshop Activities

Action Status Reviews

Participants were divided into small groups according to their professional background, and invited to brainstorm a list of activities in their assigned topic area which had taken place between Workshop I (November 2021) and Workshop II (March 2022). Participants developed a list of 36 total activities which had been underway in Malawi or were already planned for implementation. These 36 activities were distributed throughout three primary topic areas (Legal/Policy Environment, Community Attitudes & Limited Collaboration, and Inadequate Resources).

Ecosystem Updates

During the initial workshop, participants created an ecosystem map highlighting key stakeholders in their focus area. For this activity, participants revisited the initial ecosystem maps and made updates based on lessons learned during the implementation period between workshops, or from new participant perspectives included in their small group makeup.

Team Roundtable Scenarios

AHIC developed a series of real world scenarios tied to each small group focus area, which groups then discussed in detail - highlighting the players involved in each scenario, the roles they actually played and roles they should have been playing, and where responsibility fell in each scenario. The three groups addressed issues ranging from gaps in care delivery, pharmacy stock outs, and patient treatment and confidentiality.

Interactive Learning Games

To provide an alternative to traditional discussions, participants engaged in an interactive game period. This included a life-sized Snakes & Ladders game in which participants were prompted with an SRHR question to answer after rolling the die and moving on the board and a Game Show, where participants split into teams of two to test their knowledge on SRHR and innovation topics.

Action Experience Reviews

During the three Action Experience Review periods on Days I and II the small groups will focus on the specific activities in each of their sub-action areas. The Legal/Policy group is the only challenge area with four sub-actions, so they can combine two or split into two mini groups for one experience review session. Over the 45 minute period, the group will select one sub-action area and list all of the activities completed (copied from the initial Action Status Review sheet), then reflect on what went well, what should be replicated, what was challenging, and what needs to be changed.
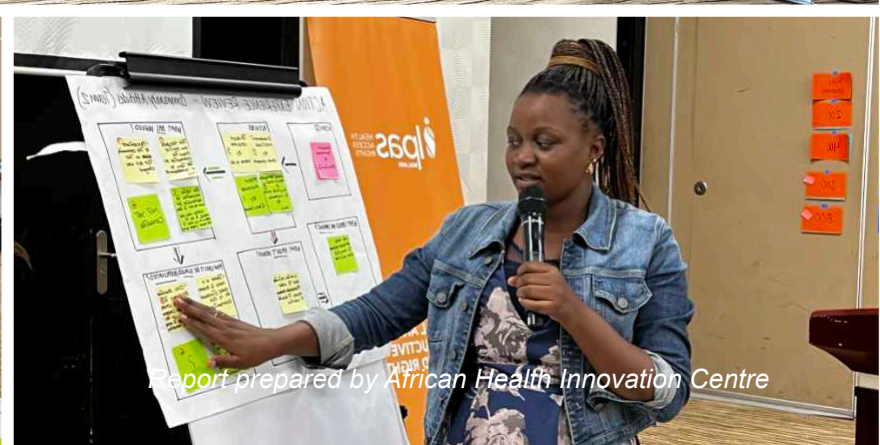
Stakeholder Meeting

Accountability Wall

During the stakeholder meeting, one large wall was covered with the scenarios from the Team Roundtable activity during the core workshop. Participants rotated through the scenarios and answered specific questions tied to responsibility and accountability of various parties involved in each situation via sticky notes.

Team Presentations and Small Group Discussions

During this activity, workshop small groups presented their workshop results via a slide deck presentation. This was followed by a full group discussion on current activities throughout multiple districts in the Greater Blantyre area and next steps for various partners.

Workshop Findings

The following pages contain the contributions made by participants during the workshop and the stakeholder meeting. During this period, participants shared feedback on activities which took place from November 2021 - March 2022, areas of success and areas for improvement, and various levels of responsibility in typical SRHR scenarios. A summary of participant contributions is included in the following figures.

SRHR ACCOUNTABILITY

Report prepared by African Health Innovation Centre

ACTION STATUS REVIEW

Legal/Policy Environment

Lobbying/ Campaigning & Policy Changes

1. Meeting engagements with Minister of youth on policy change concerning SRHR
2. Radio programs onSRHR policy change - Ndirande FM CSJ-Chiradzulu
3. National engagement meeting for policy change with the PS from Ministry of Health
4. Engagement meetings with local leaders and Health care workers on SRHR - CECOWDA

Parliamentary Discussions involving HCWs

1. Engagement meetings with city south MP & Health care workers on SRH
2. Discussion with MP's and HCW on PAC services

Digital Platform Application

1. Digital Platform launch by SRH champions
2. Youth Related Radio programs on SRHR Ufulu FM & CECOWDA
3. Share SRHR information using Mobile Applications - MobiSAFAIDS APP AYISE Champions
4. Engaging the Youth on SRHR using social media

Training of HCWs

1. Training on SRHR dm's by CECOWDA Nsanje
2. Training on health care workers of bangwe clinics on youth friendly services

Community Attitudes & Limited Collaboration

Community Awareness & Sensitization

1. Engagement meetings by SRHR Champions
2. SRHR & AIDS access to information by YAIO
3. Trigger sessions by Young voices organization
4. Mobile awareness by SRHR champions

Provision of information on SRHR via youth friendly platform

1. Muslim community started informing muslim youth on SRH through Radio Islam and TV Islam
2. Distribution of contraceptives methods by PSGR
3. HIC Testing and treatment
4. Islamic Commision organized a women conference in January and the agenda was i=on Islam & Abortion

Facilitating Multi-stakeholder Dialogues

1. Value clarification & Attitude Trasnformation Session by COPUA Youth Permanent Committee
2. Interface meeting by CECOWDA
3. Engagement Meeting by CECOWDA
4. Engagement meeting with HCW, local leaders and law enforcers on SRHR - CECOWDA
5. Engagement meeting with different religious leaders on SRHR - CECOWDA

Inadequate Resources

Capacity Development/ Training of SRH Youth Groups & HCWs

1. SRHR Champions trained on Ipas health and gender justice link by Ipas
2. Orientation of SRH Services to health care workers by Young Voices organization
3. Orientation of Youth advocates on SRHR by Pakachere/PAI
4. Orientation of Pac cordinatinators to the new Pac guidelines
5. Presentation of project proposals by Dumners to Ipas
6. Training Journalist on TOP bill advocacy

Digital Platform Application

1. Ipas health & gender justice link launced by Ipas

Health Information Dissemination

1. Radio Programs by SRHR champions
2. Ipas health link awareness by SRHR Champions
3. Dissemnination of Pac/ CAC guidelines to all DHSS and DMMO's - MOH
4. TV Programs on SRHR by champions

Legal/Policy Environment

Scenario 1

A woman and her husband experience a miscarriage in the 2nd trimester and go the clinic for a D&E procedure.

The clinician refuses to perform the D&E saying it is against the law. The woman gets an infection.

HOW DO WE ENSURE EXISTING POLICY AROUND LEGAL PROCEDURES IS ENFORCED?

Community awareness and policy definition

Law reform

Advocacy for law reform

Engagement with lawmakers

Advocating with lawmakers

Need for new guidelines for management of abortion cases

Develop new laws

Orient health workers

Defining the law/ policy to providers, stakeholders and community

Engagement

Advocacy

Orienting health workers on policies and procedures

Orient health workers in transformative thinking and action

Need to change the legal framework

Law enforcement

Lobbying

Engage the lawmakers to revise the laws

Law reform action and Advocacy

Developing guidelines and share those guidelines with the communities

Revising the policy

Health workers need to be well oriented and trained on SRHR

Engaging the MPs, minority and the local leaders plus the community

SHOULD A STAFF MEMBER OR ORGANIZATION BE PENALIZED FOR THIS ACTION? IF YES HOW?

The clinician

No! Because legitimizing PAC makes unsafe legal

Yes for not orienting their staff members should be sued

No they should be trained on how to handle legal issues

No, since it's only used according to the level of framework

Yes they were supposed to do the procedures since it was a miscarriage or refer if not capable.

Yes because sometimes they act their personal objective

Yes because the refusal could cost the woman's life. Therefore her right to life is infringed

No because the clinician was on duty

According to the guidelines its not the way its supposed to be.

No because the clinician was on duty following his/ her laws

Yes because the could have referred her to other institution to get the help needed

Yes the act against the law

He/She can perform DNE without policy guidance

Because they acted against the law.

Yes

Because of refusing to provide the service and never referring the woman for SETTER TROFIN ENT

No, since it's only used according to the level of framework

SHOULD A STAFF MEMBER OR ORGANIZATION BE PENALIZED FOR THIS ACTION? IF YES HOW?

The government especially the legislature

The law enforcers since the doctors follow the laws

The clinic   Lawmakers   The Clinician   The legislature   Government   Hospital   Clinician

Community   The clinician   MOH   The health facility

The husband has to be responsible to take care   The government

Ensuring Policy Enforcement

During this exercise, participants were faced with a scenario in which a woman sought a life-saving procedure which is legal under Malawian law. That procedure was denied, possibly because the clinician disagreed with the procedure ethically or perhaps because the clinician was unaware the procedure was legal - both scenarios which occur in Malawi regularly. When asked how to ensure policies were properly enforced in the future, six (6) participants advocated for legal reform, while four (4) encouraged engagement with lawmakers, and three (3) encouraged revision of existing guidelines or development of new guidelines.

Holding Clinics and Clinicians Accountable

A follow-up question inquired about accountability for both clinics and clinical staff in scenarios where legal procedures are declined by a practitioner. The feedback for this prompt was split, with 10 participants stating that the clinic and/or clinician should be penalised, while eight (8) participants felt there should be no formal reprimand. The majority of the accompanying statements on both sides advocated for increased training and legal familiarity at both the clinic and provider level, with select comments referencing legal liability. One additional comment suggested that the husband was liable as the caretaker of his wife.

Recognizing Responsibility

A final framing asked participants to think about the endline impact, in this instance an infection, and identify where responsibility fell for its occurrence. The majority of participants (12) felt that the clinician themselves shouldered the burden of this infection, while others (6) felt the government was responsible, and a small number (3) identified the clinic as the responsible entity.

HOW DO WE ENSURE PHARMACY STOCKOUTS ARE PREVENTED? OR ALTERNATIVE OPTIONS?

Manage stock out

Advocate for more and timely supplies.

Awareness on adolescents

Pre Ordering procedure of needed resources should be flexible

By auditing in the pharmacy stock

By developing proper inventory Pharmacy ICT systems

Empower HMC and to do Pharmacy audits

Ordering in time & providing enough stock

Getting accurate number of clients for planning

By introducing check-in methods which can monitor the service accessibility in hospitals

Supervisions and Drug audit

Proper stock management by the clinic

Lobby from partners to help with stock out

Using pull system to manage stocks

Bring powerful security system since most of the drugs are stolen

Timely ordering and reporting

Stock relocations of commodities

Supervision on the stock

Inclusion

Government should prioritize help sectors in the budget

Community Attitudes & Limited Collaboration

Scenario 2

An adolescent couple decides to begin engaging in sex and goes to the clinic for protection/ contraception.

The stock of condoms at the clinic is finished and the couple is too embarrassed to go to the local pharmacy. One month later, they are pregnant.

Ensuring Patient Confidentiality

During this exercise, participants were faced with a scenario in which an unmarried woman sought care for an unexpected pregnancy, but fled from formal care after feeling insulted by a non-clinical staff member. When asked how to ensure patient confidentiality was properly maintained in the future, participants provided varied feedback ranging from increased staff supervision and training to provision of youth-friendly services.

Holding All Staff Accountable

A follow-up question inquired about accountability for both clinics and non-clinical staff in scenarios where patients were not treated with confidentiality and respect. The feedback for this prompt was almost unanimous with 16 participants stating that the staff member should be penalised for their action, and only two (2) participants stating they should not. Of the two who declined, one believed the staff member should face disciplinary action (likely agreeing with the prompt, but using different language) and the other felt it was unfair to penalise the staff member if there was no set policy or procedure. Another participant stated in the comments that the facility should be stripped of their accreditation, prompting deeper thought into where the accountability at an individual level ends and that of the facility level begins.

SHOULD A STAFF MEMBER OR ORGANIZATION BE PENALIZED FOR THIS ACTION? IF YES HOW?

No

Yes

Should know how to handle the youth

Yes

They should refer to the other facility

They should offer other contraceptives

Yes

For negligence

No!

Because its a problem to do with the system

Yes

They are not professional

Yes because would have showed them where to go

SHOULD A STAFF MEMBER OR ORGANIZATION BE PENALIZED FOR THIS ACTION? IF YES HOW?

The couple

The clinic

The government

The couple and the clinic

Admin pharmacy

MOH

Clinician

The community

The government

The owner and her husband

Hospital Unbiasman

Recognizing Responsibility

A final framing asked participants to think about the endline impact, in this instance a woman falling out of formal care, and identify where responsibility fell for its occurrence. The majority of participants (11) felt that the clerk was the primary responsible party, while others (6) felt the clinic/institution was responsible. A small number (4) identified the clinician (behind-the-scenes) as the responsible entity, while two (2) participants felt the patient was responsible for not staying to receive care from the provider themselves.

Scenario 3

An unmarried 20 year old young woman is pregnant and goes to a clinic for care. The clerk insults her in front of the queue.

She flees the clinic and goes to seek help from the local medicine woman in the village instead

Inadequate Resources

WHO IS RESPONSIBLE FOR THIS WOMAN LEAVING PROFESSIONAL CARE?

- The clerk is the one who is answerable
- The system has failed this lady
- The clerk
- The health facility
- The queue
- Clerk + Institution

- Community healthcare volunteers
- The woman because the clerk is not the provider of
- Supervision should ensure that the clerk should be responsible
- The healthcare provider
- The clinician
- The institution
- Government through the ministry of health

SHOULD A STAFF MEMBER OR ORGANIZATION BE PENALIZED FOR THIS ACTION? IF YES HOW?

- No
- Should be sent to discipline first
- By taking the clerk to a disciplinary action
- He did not welcome the girl with love
- Yes
- Because every person has a right to privacy
- Yes, He should be punished because he did not follow the right procedure
- Yes, That is unprofessional
- Yes, Because it doesn't show any professionalism

- Yes, because she has the right to be assisted and also to keep her secret for her
- Yes because for working in that particular organization makes them responsible for caring for such women
- Yes, Legal issues (suing the institution as well as penalized
- Yes because the clerk violated the right of the girl to access the service
- No if there is no policy and guiding principles

SHOULD A STAFF MEMBER OR ORGANIZATION BE PENALIZED FOR THIS ACTION? IF YES HOW?

- Enforce punitive measures
- Infrastructure setup
- Enforce supervision of staff
- By making a day for youth-friendly services
- Building youth health centers
- Ensure they meet the right people
- Ensure services are well-known to the staff and are accessible to users
- Providing well equipped hospitals

- Law enforcement
- Creating awareness of user rights
- Awareness on hospital responsibilities & roles
- Make patients aware of their rights direct on health care workers on patients rights
- Having youth helped by youth representatives
- They need to treat patients with respect

Ensuring Contraceptive Stock

During this exercise, participants were faced with a scenario in which an adolescent couple sought contraception prior to becoming sexually active, but became pregnant when no condoms were available and they were too embarrassed to seek contraceptives elsewhere. When asked how to ensure contraceptive stock was properly maintained in the future, participants provided varied feedback, though the most frequent answers were tied to an effective stock management, patient need tracking, and supply ordering system. The second most common answer was tied to resource allocation, but came in far behind the primary focus on monitoring supplies.

Staff Accountability

A follow-up question inquired about accountability for both the clinic and its staff. Participants were split on this answer, with five (5) believing the clinic should have played a stronger role in directing the adolescents to an alternate, supportive contraceptive provider and four (4) believing the clinic had fulfilled its role to the best of its ability.

Recognizing Responsibility

A final framing asked participants to think about the endline impact, in this instance an unexpected adolescent pregnancy, and identify where responsibility fell for its occurrence. Unlike previous scenarios, the majority of participants (16) felt that the patients were the primary responsible party. However, it was unique that many participants included multiple responsible parties listed on the same sticky note. Many participants felt that the clinic and the government held dual responsibility.

Legal/Policy Environment		ACTIVITIES	SUCCESS FACTORS	SCALABILITY	CHALLENGES	PROPOSED CHANGES
	Lobbying /Campaigning & Policy Changes	• Engagement meeting with minister of youth on policy change concerning SRHR • National engagement meeting for policy change with the PS from MOH • Radio programs on SRHR for policy change • Engagement meeting with local leaders and HCW on SRHR	• - Radio programs on SRHR for policy change more than media houses • - National engagement meeting for policy change with the PS from MOS • - Local leaders are open to engage with the youth regarding SRHR • - Health workers are able to provide medical help without problems • - Engagement meeting with local leaders and HCW on SRHR	• Increase time for radio programs on SRHR • More awareness and also use of local languages	• Engagement meeting with the minister of youth	• The application should be in local language • It should be data free
	Digital Platform Application	• Digital platform launch by SRHR champions • Engaging the youth on SRHR using social media • Youth related radio programs on SRHR Ufulu & Celous • Share SRHR information using mobile application (Ayise champions)	• Radio program on SRHR used more than media houses accessible to both rural and urban areas. • Engaging the youth on SRHR using social media • Share information on SRHR using mobile application, It helps to show valid information on SRHR • The launch has worked and now accessible on smart phone and USSD.	• Increase air time, and radio programs on SRHR • Stakeholder should be open to share SRHR information	• Engaging the youth on SRHR using social media • -Some youths courts excess social media	• The application should be in local language • It should be data free
	Training of HCWs	• Training on SRHR done by CECOWDA Nsenje • Training of HCWS of Bangwe clinics on youth friendly services • Training of HCW's on legal framework in Malawi	• Training of extra 5 youth friendly health care workers at Bangwe • Training of HCW's on legal framework has worked because people are able to understnad some SRHR	• There is a need to build a youth friendly corner (infrastructure) at Bangwe clinic. • Increase awareness on legal issues concerning SRHR especially in rural areas. •	• Training on SRHR by CECOWDA due to lack of resources.	• Increase resources • Increase number of training to be conducted regarding SRHR

		ACTIVITIES	SUCCESS FACTORS	SCALABILITY	CHALLENGES	PROPOSED CHANGES
Community Attitudes & Limited Collaboration	Parliamentary Discussions involving HCWs	• Value clarification and attitude transformation sessions by the youth • Interfaces meeting by CECOWDA • Engagement meetings by CECOWDA	• People's attitude on the top bill has changed	• More VCAT sessions are needed and different organizations working on abortion need to adopt this activity	• Despite the efforts that organisations are putting through, still the top bill hasn't changed into a law	• Different approaches needs to be adopted and those approaches should be working simultaneously
	Community Awareness & Sensitization	• Engagement meeting by SRHR champions • Trigger sessions by Young Voices • Sexual reproductive health rights and HIV/AIDS access to information by YAIO • Mobile awareness by SRHR champions	• The feedback was positive from the communities on the topic of comprehensive SRHR • Perceptions of the communities on the top bill was changed • The youth understood the information that was given to them • Youths are now able to go to health clinics to access SRHR services	• There is a need to engage more stakeholders in our communities • Civi education especially to community leaders on issues on SRHR for the have power to change community perspective • Establish more youth champions in communities for easy access of SRHR information and contraceptives	• Limited activities due to less resources especially money to facilitate logistics	• We need enough resources to facilitate our activities • Resources on SRHR programs needs to be available at all times
	Providing of Information on SRHR with Youth Friendly & Mobile Platform	• Media engagement at radio and TV islam by the muslim community • HIV testing and treatment • Distribution of contraceptive by PSGR • Have conference on islam and abortion by Islamic community.	• A lot of people are following the program and they were given feedback on phone during the program • Self test kits were distributed to the maternity • After distribution of contraceptive methods, now people are able to come for themselves to access contraceptives	• Programs pertaining to SRHR should be aired or conducted in more media stations • Frequent availability of self test kits in communities	• Less people were unable to follow the program on TV • People were afraid to be tested • Young people were afraid to get the contraceptives • They didn't support the contents that are in the termination of pregnancy bill	We need to take different approaches in disseminating SRHR information just to make sure that everyone is reached with the information Inclusion of proper clarification of the point (TOP) HSA's should be working with youth clubs for early access to contraceptives - There should be a strong relationship between the youth and coomunity about SRHR

		ACTIVITIES	SUCCESS FACTORS	SCALABILITY	CHALLENGES	PROPOSED CHANGES
Inadequate Resources	**Capacity Development Training of SRHR Youth Groups + HCW's**	• Training of SRH champions on Health Link app • HCW's and youth SRH services meeting by young voices • PAC trainings • Orientation of PAC coordinators on new PAC guidelines • Presentation of project proposals to IPAS • Procurement of equipments in health facilities.	• 45 champions were trained • Only 5 HCW-s participated • Ipas equipments were procured • All projects were funded • All coordinators were oriented	• Champions to train fellow youth clubs • Train all champions • Target 8 HCW's • Procurement of other equipments like speculum OBGYN tools. • Orientation to PAC providers • Training of HCW's in BT	• Training of healthcare workers on the app • Training of police officers • Not all health facilities were targeted • Monitoring and evaluation has not been done	• Each facility should have one targetChange sequence of activities • Align procurement with project cycle • Improve monitoring of the project by youth champions and all stakeholders • Involvement of major stakeholders.
	Digital Platform Application	• Launch of health link app	• App is on playstore • Engage developers who are experts • The youth champions are technologically adept/savvy	• Wider sensitisation	• It is not being used effectively	• Marketing approach
	Health Information Dissemination	• Radio/TV programs by SRHR champions • Ipas health link awareness • Dissemination of PAC/CAC guidelines to DHSS and DMNOJ	• Reached 4 radio stations and 2 TV stations • Reached out to 40 youths • All 28 districts reached out • Dissemination of PAC/CAC sidelines made in tones by expert in Pac • Radio programs interactive as youth were utilizing their phones	• Reaching all TV/radio stations • Reach out to wider groups of youths	• Not sure intended audience has been reached • Not all relevant HCW (PAC providers) were oriented • Many youths not targeted	• Creating listeners clubs • Utilising prime hours • Using influencers, i.e Mikozi Pemphero Mphande • Explore channels that youths like and reach them there • Orientation of PAC/CAC guidelines to all HCW • • Involve MACRA in identifying suitable channels for disseminating information
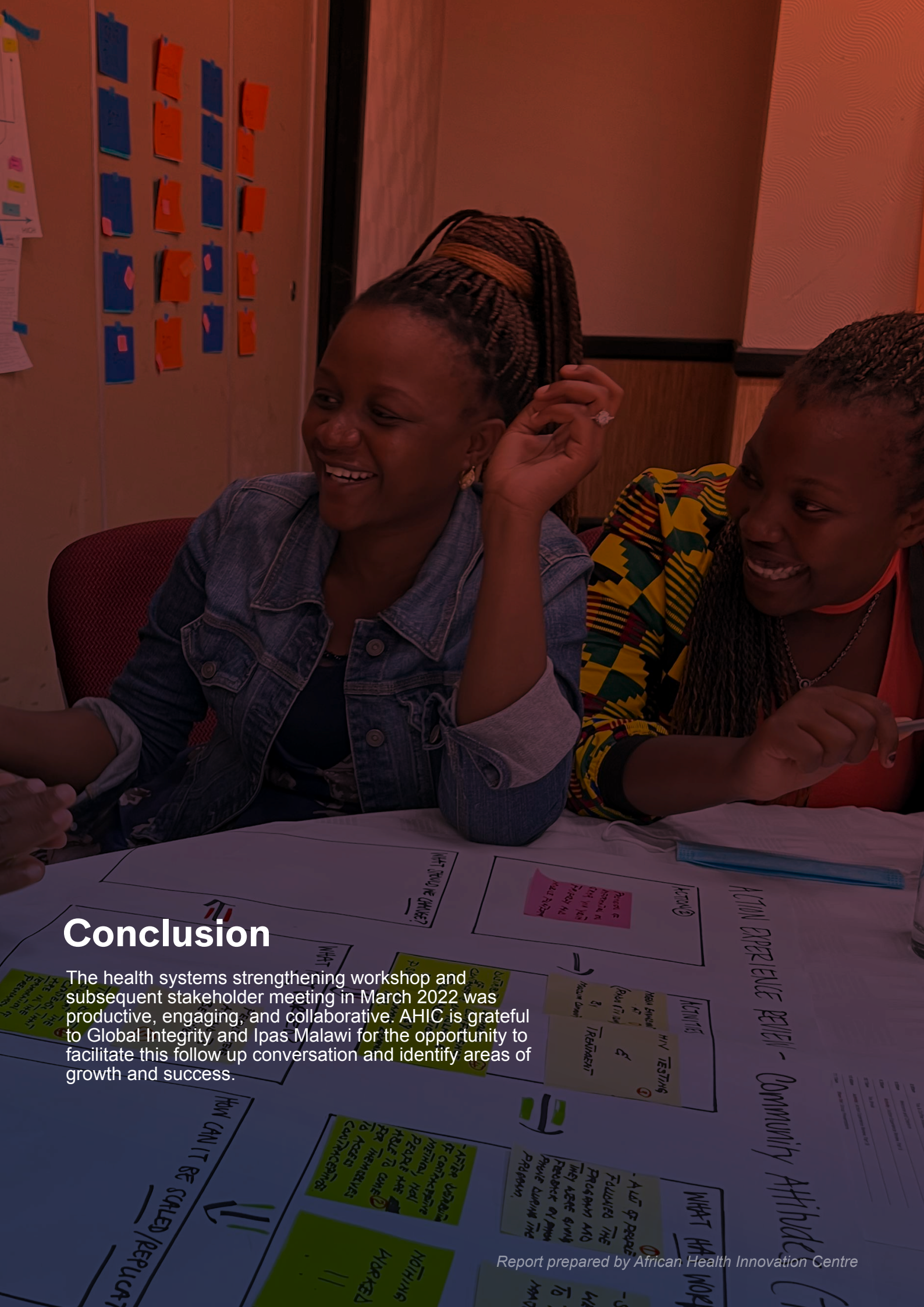
Conclusion

The health systems strengthening workshop and subsequent stakeholder meeting in March 2022 was productive, engaging, and collaborative. AHIC is grateful to Global Integrity and Ipas Malawi for the opportunity to facilitate this follow up conversation and identify areas of growth and success.