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 2021 and 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.
**ACTION STATUS REVIEW**

### Legal/Policies

- **Lobbying/Campaigning & Policy Changes**
  1. Meeting engagements with Minister of Youth on policy change concerning SRH.
  2. Radio programs on SRH 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 SRH - 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 SRH Ufulu FM & CECOWDA.
  3. Share SRHR information using Mobile Applications.
  4. Mobile awareness by SRHR champions.

- **Training of HCWs**
  1. Training on SRHR dh'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 contraceptive methods by PSGR.
  4. Islamic Commission organized a women conference in January and the agenda was on Islam & Abortion.

- **Facilitating Multi-stakeholder Dialogues**
  1. Value clarification & Attitude Transformation 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 SRH by Pakachère/P AI.
  4. Orientation of Pac coordinatator s 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. Radio Programs by SRHR champions.
  2. Ipas health link awareness by SRHR Champions.
  3. Disseminati on of Pac/ CAC guidelines to all DHSS and DMMO's - MOH.
  4. TV Programs on SRHR by champions.

- **Health Information Dissemination**
  1. Ipas health & gender justice link launched by Ipas.
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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.

**Legal/Policies Environment**

**Scenario 1**

**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. 
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.

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
Yes
They should offer other contraceptives
Yes
For negligence

Yes!
Because its a problem to do with the system
Yes
They are not professional
Yes because would have showed them where to go

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

Community Attitudes & Limited Collaboration

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.

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.

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

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**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**

**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.

**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.

**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

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

**Digital Platform Application**

**Training of HCWs**
<table>
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<tr>
<th>PARLIAMENTARY DISCUSSIONS INVOLVING HCWS</th>
<th>ACTIVITIES</th>
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<tr>
<td>• Value clarification and attitude transformation sessions by the youth</td>
<td>• People’s attitude on the top bill has changed</td>
<td>• More VCAT sessions are needed and different organizations working on abortion need to adopt this activity</td>
<td>• Despite the efforts that organisations are putting through, still the top bill hasn’t changed into a law</td>
<td>• Different approaches needs to be adopted and those approaches should be working simultaneously</td>
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<td>• Interfaces meeting by CECOWDA</td>
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<td>• Engagement meetings by CECOWDA</td>
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<td>COMMUNITY ATTITUDES &amp; LIMITED COLLABORATION</td>
<td>ACTIVITIES</td>
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<td>• Engagement meeting by SRHR champions</td>
<td>• The feedback was positive from the communities on the topic of comprehensive SRHR</td>
<td>• There is a need to engage more stakeholders in our communities</td>
<td>• Limited activities due to less resources especially money to facilitate logistics</td>
<td>• We need enough resources to facilitate our activities</td>
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<td>• Trigger sessions by Young Voices</td>
<td>• Perceptions of the communities on the top bill was changed</td>
<td>• Civi education especially to community leaders on issues on SRHR for the have power to change community perspective</td>
<td>• Resources on SRHR programs needs to be available at all times</td>
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<td>• Sexual reproductive health rights and HIV/AIDS access to information by YAIQ</td>
<td>• The youth understood the information that was given to them</td>
<td>• Establish more youth champions in communities for easy access of SRHR information and contraceptives</td>
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<td>• Mobile awareness by SRHR champions</td>
<td>• Youths are now able to go to health clinics to access SRHR services</td>
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<td>PROVIDING OF INFORMATION ON SRHR WITH YOUTH FRIENDLY &amp; MOBILE PLATFORM</td>
<td>ACTIVITIES</td>
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<td>• Media engagement at radio and TV islam by the muslim community</td>
<td>• A lot of people are following the program and they were given feedback on phone during the program</td>
<td>• Programs pertaining to SRHR should be aired or conducted in more media stations</td>
<td>• Less people were unable to follow the program on TV</td>
<td>• We need to take different approaches in disseminating SRHR information just to make sure that everyone is reached with the information</td>
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<td>• HIV testing and treatment</td>
<td>• Self test kits were distributed to the maternity</td>
<td>• Frequent availability of self test kits in communities</td>
<td>• People were afraid to be tested</td>
<td>Inclusion of proper clarification of the point (TOP)</td>
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<td>• Distribution of contraceptive by PSGR</td>
<td>• After distribution of contraceptive methods, now people are able to come for themselves to access contraceptives</td>
<td>• They didn't support the contents that are in the termination of pregnancy bill</td>
<td>• Young people were afraid to get the contraceptives</td>
<td>HSA's should be working with youth clubs for early access to contraceptives</td>
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<td>• Have conference on islam and abortion by Islamic community.</td>
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<td>• They didn't support the contents that are in the termination of pregnancy bill</td>
<td>• There should be a strong relationship between the youth and community about SRHR</td>
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<td>Capacity Development Training of SRHR Youth Groups + HCW's</td>
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<td>• Training of SRH champions on Health Link app</td>
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<td>• HCW’s and youth SRH services meeting by young voices</td>
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<td>• PAC trainings</td>
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<td>• Orientation of PAC coordinators on new PAC guidelines</td>
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<td>• Presentation of project proposals to IPAS</td>
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<td>• Procurement of equipments in health facilities.</td>
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<td>• Launch of health link app</td>
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<td>• Radio/TV programs by SRHR champions</td>
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<td>• Ipas health link awareness</td>
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<tr>
<td>• Dissemination of PAC/ CAC guidelines to DHSS and DMNOJ</td>
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<tr>
<td>• App is on playstore</td>
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<td>• Engage developers who are experts</td>
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<tr>
<td>• The youth champions are technologically adept/savvy</td>
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<td>• Reached 4 radio stations and 2 TV stations</td>
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<td>• Reached out to 40 youths</td>
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<td>• All 28 districts reached out</td>
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<td>• Dissemination of PAC/ CAC sidelines made in tones by expert in Pac</td>
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<tr>
<td>• Radio programs interactive as youth were utilizing their phones</td>
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<tr>
<td>• 45 champions were trained</td>
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<td>• Only 5 HCW-s participated</td>
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<td>• Ipas equipments were procured</td>
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<td>• All projects were funded</td>
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<td>• All coordinators were oriented</td>
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<tr>
<td>• Wider sensitisation</td>
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<td>• Reaching all TV/radio stations</td>
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<td>• Reach out to wider groups of youths</td>
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<td>• Champions to train fellow youth clubs</td>
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<tr>
<td>• Train all champions</td>
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<td>• Target 8 HCW's</td>
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<td>• Procurement of other equipments like speculum OBGYN tools.</td>
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<td>• Orientation to PAC providers</td>
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<td>• Training of HCW's in BT</td>
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<td>• It is not being used effectively</td>
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<td>• Marketing approach</td>
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<td><strong>SUCCESS FACTORS</strong></td>
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<td><strong>SCALABILITY</strong></td>
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<td><strong>CHALLENGES</strong></td>
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<td><strong>PROPOSED CHANGES</strong></td>
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<td>• Each facility should have one target Change sequence of activities</td>
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<td>• Align procurement with project cycle</td>
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<td>• Improve monitoring of the project by youth champions and all stakeholders</td>
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<td>• Involvement of major stakeholders.</td>
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<td>• Creating listeners clubs</td>
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<td>• Utilising prime hours</td>
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<td>• Using influencers, i.e Mikoz Pemphero Mphande</td>
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<td>• Explore channels that youths like and reach them there</td>
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<td>• Orientation of PAC/CAC guidelines to all HCW</td>
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<td>• Involve MACRA in identifying suitable channels for disseminating information</td>
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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.