



Republic of Malawi

Ministry of Health

**ADVOCACY AND
COMMUNICATION STRATEGY
FOR SEXUAL AND REPRODUCTIVE
HEALTH RIGHTS**

DRAFT

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**ADVOCACY AND COMMUNICATION STRATEGY FOR SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS
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ACCRONYMS

ADC	Area Development Committee
AIDS	Acquired Immune Deficiency Syndrome
ARP	Alternative Rites of Passage
ARV	Anti-Retro viral
BCC	Behavioral Change Communication
BCI	Behavioral Change Intervention
BEmONC	Basic Emergency Obstetric and Neonatal Care
BLM	Banja La Mtsogolo
CACC	Community AIDS Coordinating Committee
CBDA	Community Based Distribution Agents of Contraceptives
CBO	Community Based Organization
CDC	Centers for Disease Control
CEDAW	Convention on the Elimination of Discrimination Against Women
CHAM	Christian Health Association of Malawi
COM-CRH	College of Medicine-Reproductive Health Unit
CRC	Convention on the Rights of the Child
CST	Country Support Team
CSW	Commercial Sex Worker
Das	District Assembly
DACC	District AIDS Coordinating Committee
DEM	District Education Manager
DHMT	District Health Management Team
DHO	District Health Office
DHRD&M	Department of Human Resources Development and Management
DHTSS	Department of Health Technical Support Service
DSWO	District Social Welfare Office
FBO	Faith Based Organization
FP	Family Planning
FPAM	Family Planning Association of Malawi
GWA-SM	Goodwill Ambassador for Safe Motherhood
HIV	Human Immunodeficiency Virus
HMIS	Health Information Management System
HTC	HIV Testing and Counseling
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
KCN	Kamuzu College of Nursing
MDGs	Millennium Development Goals
MDHS	Malawi Demographic Health Survey

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MGDS	Malawi Growth and Development Strategy
MICS	Multi Cluster Indicator Survey
MIE	Malawi Institute of Education
MNH	Maternal and Neonatal Health
MoE	Ministry of Education
MoGCS	Ministry of Gender and Community Services
MoH	Ministry of Health
MoI	Ministry of Information
MoJ	Ministry of Justice
MoYDS	Ministry of Youth Development and Sports
NAC	National AIDS Commission
NAMISA	National Media Institute of Southern Africa
NGO	Non-Governmental Organization
NYCoM	National Youth Council of Malawi
PAC	Post Abortal Care
PCH&P	Parliamentary Committee on Health and Population
PMTCT	Prevention of Mother to Child Transmission
POA	Programme of Action
PSI	Population Service International
RH	Reproductive Health
RHU	Reproductive Health Unit
SDP	Service Delivery Points
SMC	School Management Committees
SRHR	Sexual Reproductive Health
STI	Sexually Transmitted Infection
SWAP	Sector Wide Approach
TA	Traditional Authority
WHO	World Health Organization

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FOREWORD

The Malawi government is committed to providing comprehensive and integrated Sexual and Reproductive Health Rights (SRHR) services in line with the recommendations of the International Conference and Population and Development (ICPD) held in Cairo, Egypt, 1994. The Ministry of Health through the Reproductive Health Unit has since 1997 coordinated the integration, implementation, monitoring, and evaluation of SRHR services at all levels. The Malawi National Reproductive Health Programme is the framework through which the Ministry of Health manages SRHR services. The National RH programme goal is to promote through informed choice, safer reproductive health practices by men, women, and young people including use of quality and accessible reproductive health services.

In 2009, the Reproductive Health Unit (RHU) reviewed its Reproductive Health (RH) Policy to guide implementation of SRHR services. Therefore, the SRHR policy has facilitated coordination between all stakeholders, guided decision makers, protected clients and providers, and provided a justification for allocation of resources.

The development of this SRHR strategy is to guide systematic and strategic programming in the area of advocacy and communication for Sexual and Reproductive Health and Rights at all service delivery points

Development of this SRHR advocacy and communication strategy involved consultations with organizations implementing SRHR services, individual health experts, programmed managers, health regulatory bodies, and media houses, training institutions and implementers and communities. The whole exercise would have not been possible without technical and financial support from United Nations Population Fund (UNFPA). The Ministry of Health would like to thank individuals and institutions for their contributions made towards successful revision of the document.

Hon. Professor Moses Chirambo, MP

Minister of Health

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Executive Summary

The Ministry of Health through the Reproductive Health Unit has since 1997 coordinated the integration, implementation, monitoring, and evaluation of SRHR services at all levels. The development of this SRHR strategy is to guide systematic and strategic programming in the area of advocacy and communication for Sexual and Reproductive Health and Rights at all service delivery points

The African Union Maputo Plan of Action signed by Malawi in September 2006 delineates the 9 components of an integrated RH plan. The plan takes into account the human lifecycle approach. The Malawi SRHR policy has taken into consideration all elements embedded with the Maputo plan of action which focuses on the elements:

- Maternal and Neonatal Health (including management of unsafe abortion)
- Young People's Sexual and Reproductive Health
- Family Planning
- Prevention and management of STI, HIV and AIDS
- Early detection of and management of cervical, prostate and breast cancers
- Elimination of harmful maternal practices, including domestic and sexual violence
- Prevention and management of obstetric fistula
- Prevention and management of infertility
- Male involvement in the development, promotion and delivery of SRHR services

SRH has multidimensional aspects and hence collaboration with other sectors is critical. In addition, SRH also raises issues of human rights, gender and equity, resource availability and distribution, which must be addressed through participatory processes that involve individuals, families, and communities. The SRHR policy provides guidelines to MOH and stakeholders on the implementation of the RH programme in response to Malawi's SRH needs.

Consultations were conducted with various stakeholders and communities working in the area of RH. Issues that came out from these discussions formed a basis for identifying broad outcome issues as well as specific advocacy and communication activities to be included under each thematic RH area.

This strategy takes cognizant of the overall goal of the National SRHR Policy, which aims at "providing a framework for provision of accessible, acceptable and affordable, comprehensive SRHR services to all women, men, and young people of Malawi through informed choice to enable them attain their reproductive rights and goals safely" (SRHR Policy, 2009). To contribute to this goal, the strategy will aim to achieve the following outcomes:

The advocacy and communication strategy has focused on the following broad outcomes:

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- Increased financial and human resources for sexual and reproductive health and rights.
- Increased Integration of STI/HIV and AIDS and SRHR programmes and services to maximize resource utilization and synergy
- Sustained SRH commodity security with emphasis of family planning and emergency obstetric care
- Increased Communication on SRHR issues among men, women and young people.

The advocacy and communication strategy has also focused on the following thematic outcomes:

- Family Planning repositioned as a key development strategy
- Increased political and community commitment for improving access to quality maternal and neonatal health care
- STI/HIV and AIDS prevention and management services scaled up and strengthened
- Strengthened human resources and facilities for the prevention, early detection, management, monitoring and evaluation of reproductive cancers.
- Improved systems for detection and management of infertility
- Elimination of harmful SRHR practices
- Reduced incidence of Obstetric Fistula in Malawi
- Men empowered to promote and actively participate in SRHR services and programmes
- Increased access by young people to quality reproductive health services that are safe, rights-based, and confidential

All stakeholders in the implementation of the advocacy and communication strategy will make a commitment to adhere to six guiding principles.

1. Clear and consistent messages about Sexual and Reproductive Health and Rights are required. Any negative statements about SRHR shall be avoided by all stakeholders.
2. All stakeholders need to lead by example and involve different kinds of leaders at all levels as advocates and role models.
3. There is a need to increase participation of men in SRHR programs, address gender relations and reduce the vulnerability of women and girls.
4. District structures, faith-based organizations and communities need to be involved in decentralized implementation of advocacy and communication activities.
5. The media will ensure adequate research and factual data before airing or documentation of SRHR issues to the public.
6. Communities shall engage in communication on Sexual Reproductive Health and Rights Issues.

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Overview of Sexual and Reproductive Health and Rights in Malawi

The Malawi government is committed to providing comprehensive Sexual and Reproductive Health Rights (SRHR) services in line with the National Health Policy and the recommendations of the International Conference and Population and Development (ICPD) held in Cairo, Egypt, 1994.

The ICPD (1994) approved a Programme of Action (POA) that emphasized the need to integrate SRH and to discontinue the use of vertical programmes. This meeting defined Reproductive Health (RH) as: “A state of complete physical, mental, and social wellbeing and not merely the absence of disease and infirmity in all matters related to the reproductive system and its functions and processes”. SRH therefore, implies that people can have a satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

The African Union Maputo Plan of Action signed by Malawi in September 2006 delineates the 9 components of an integrated RH plan. The plan takes into account the human lifecycle approach.

The elements include:-

- Integration of Prevention and management of STI, HIV, AIDS and malaria services in Primary Health Care
- Strengthening of Community-based STI/HIV and AIDS and other SRHR services
- Repositioning of Family planning as a key development strategy
- The positioning of Adolescent sexual and reproductive health as a strategy for empowerment, development and social wellbeing
- Reduction of the incidence of Unsafe Abortion
- Universal Access to Quality Safe motherhood and child survival services
- Increasing resources for SRHR services
- Achievement of Reproductive Health Security
- Establishment of effective coordination, monitoring and evaluation of the implementation of the Maputo Plan of Action

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The Ministry of Health (MOH) through the Reproductive Health Unit has since 1997 coordinated the integration, planning, implementation, monitoring and evaluation of SRH services in primary health care. The goal of the National RH programme goal is to promote through informed choice, safer reproductive health practices by men, women, and young people including use of quality and accessible reproductive health services.

The Malawi SRHR service focuses on:

- Maternal and Neonatal Health (including management of unsafe abortion)
- Young People's Sexual and Reproductive Health
- Family Planning
- Prevention and management of STI/HIV and AIDS
- Prevention
- Early detection of and management of cervical, prostate and breast cancers
- Elimination of harmful maternal practices, including domestic and sexual violence
- Prevention and management of obstetric fistula
- Prevention and management of infertility
- Male involvement in the development, promotion and delivery of SRHR services

SRH has multidimensional aspects and hence collaboration with other sectors is critical. In addition, SRH also raises issues of human rights, gender and equity, resource availability and distribution, which must be addressed through participatory processes that involve individuals, families, and communities. The SRH policy provides guidelines to MOH and stakeholders on the implementation of the RH programme in response to Malawi's SRH needs.

The development of an SRHR advocacy and communication strategy therefore seek to provide a guide on how the Reproductive health unit, in collaboration with its stakeholders seek to improve access and demand of SRH services, through various advocacy and communication activities at all levels from policy makers to the users of the services in the community.

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Rationale for the Advocacy and Communication Strategy

Sexual and Reproductive Health indicators for Malawi are not very encouraging: The total fertility rate (TFR) is 6.0 (MDHS 2004) and the mean age at first childbirth is 19 years, a figure that has remained unchanged since 2000 (MDHS 2004). The contraceptive prevalence rate (modern contraceptives) is 28% (Ibid). The neonatal, infant and under-5 mortality rates are 31, 69 & 118 per 1000 live births respectively (Malawi MICS 2006) whilst the maternal mortality ratio is 984 per 100,000 live births (MDHS 2004), one of the highest in the world despite a slim reduction from 1,120 in 2000.

The Ministry of Health has completed the revision of the Sexual and Reproductive Health Policy which was necessitated by the need to incorporate emerging issues in various components of SRH which include Basic Emergency Obstetric and Neonatal Care (BEmONC); Community Based Neonatal Care; Cervical Cancer Screening; Youth Friendly Health Services, Anti Retroviral Therapy, and Prevention of Mother to Child Transmission (PMTCT). The emerging issues are in line with both national and international recommendations on SRH services. These include the Malawi Growth and Development Strategy (MGDS); African Union SRH policy guidelines; The Malawi Reproductive Health Strategy 2006 -2010; Millennium Development Goals (MDGs); The Road Map for Reduction for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Malawi; and Malawi Gender Policy.

The purpose of this Strategy is to guide systematic and strategic programming in the area of advocacy and communication for Sexual and Reproductive Health and Rights. This Strategy seeks to establish a framework for national and decentralized advocacy and communication, thereby overcoming scattered targeting and increase geographical coverage of programmes. The Strategy requires involvement and action by all policy-making and implementing agencies of SRHR programmes at all levels from the national to district, traditional and village levels. It spells out key expected outputs and areas of focus necessary for achieving these outputs between 2009 and 2015. The key areas of focus are in line with those outlined in the RH Policy and Strategy documents.

Consultations with Stakeholders

Consultations were conducted with various stakeholders and communities working in the area of RH. Specific districts of Mangochi, Nkhatabay and Mchinji were visited. Discussions were held with communities and health workers in all these districts. Various media houses and NGOs working on SRHR were also consulted with a goal to identify advocacy and communication gaps.

Issues that came out from these discussions formed a basis for identifying broad outcome issues as well as specific advocacy and communication activities to be included under each thematic RH area.

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Overall outcomes of the Strategy

This strategy takes cognizant of the overall goal of the National SRHR Policy, which aims at “providing a framework for provision of accessible, acceptable and affordable, comprehensive SRHR services to all women, men, and young people of Malawi through informed choice to enable them attain their reproductive rights and goals safely” (SRHR Policy, 2009). To contribute to this goal, the strategy will aim to achieve the following outcomes:

1. Broad outcomes

The advocacy and communication strategy shall focus on the following broad outcomes:

Broad outcome 1.1: Increased financial and human resources for sexual and reproductive health and rights.

Key issues:

- Decreasing RH expenditure as a proportion of overall MoH expenditure (Report on the Status of RH within the SWAp, (2008)
- Shortage of trained healthcare professionals continues to hinder the provision of RH services
- Inability to retain staff, especially in rural areas
- Inadequate capacity of training institutions to train enough skilled professionals

Broad outcome 1.2: Increased Integration of STI/HIV and AIDS and SRHR programmes and services to maximize resource utilization and synergy

Indicators:

- Percentage of SDPs providing HIV/STI prevention, management and treatment with SRHR, including dual protection
- Number of training institutions integrating STI/HIV and AIDS, nutrition with SRHR in their curricula

KEY ISSUES

- *Lack of integration of STI/HIV and AIDS SRHR programs*
- *Disaggregated training for service providers in SRH and HIV*

Broad outcome 1.3: Sustained SRH commodity security with emphasis of family planning and emergency obstetric care

Key issues:

- Erratic supply of RH commodities, including drugs, condoms and screened blood
- Lack of ring-fenced resources for RH commodities within the national budget.
- Unreliable supply chain management and forecasting compromises SRH commodity security.

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Broad outcome 1.4: Increased Communication on SRH issues among men, women and young people.

Key issues:

- Culture of silence surrounding SRH discussions.
- Inability of parents to openly discuss SRH issues with their dependents.
- Insufficient media coverage of SRH issues.
- Lack of community conversations on SRH issues

2. Thematic outcomes

The National RH Strategy 2006-2010 has identified Family Planning, Maternal and Neonatal Health, Prevention and Management of STI/HIV and AIDS, Early Detection and Management of Cervical, Breast, and Prostate Cancer; Infertility; Mitigation of Harmful Practices and Obstetric Fistula as some of the key components of the RH program. This advocacy and communication strategy will aim to address these components to ensure alignment and complementarities. The following are the thematic advocacy and communication outcomes for this strategy:

Thematic area 2.1: Family Planning
Advocacy and Communication outcome: Family Planning repositioned as a key development strategy

Key issues:

- Unmet need is high at 8%
- Resistance among political, community and faith leaders to promote modern contraception
- CBD services not sustainable
- Family planning commodity insecurity
- Low utilization of male and female condom

Thematic area 2.2: Maternal and Neonatal Health
Advocacy and Communication outcome: Increased political and community commitment for improving access to quality maternal and neonatal health care

Key issues:

- Skilled attendant at birth still low at 56%
- Limited availability of basic EmONC services
- Limited accessibility of RH services
- Maternal health care facilities not well staffed and ill-equipped
- Midwifery not compulsory in registered nurse training
- Lack of community mobilization in MNH
- Limited access to post-abortion care services Low utilization of PMTCT services
- Lack of male involvement in MNH care
- Lack of law enforcement on early marriages.

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- Limited participation of other -ministries in addressing challenges of MNH.
- Lack of community's awareness on SRH rights

Thematic area 2.3: Prevention and management of STI/HIV and AIDS
Advocacy and Communication outcome: STI/HIV and AIDS prevention and management services scaled up and strengthened

Key issues:

- Treatment not well entrenched Partner notification not well entrenched
- STI prevention and treatment among high-risk groups not given priority (Prisons, sex workers, young people, men having sex with men, mobile groups)
- Second line of treatment for STIs not available
- Low utilization of condoms, especially the female condom
- Lack of consistent availability of condoms in rural areas
- Continued delays on accessing STI treatment (opting for self-medication or traditional medicine)
- Hostility from political, community and faith leaders in the promotion of male and female condoms for STI prevention.
- Proliferation of STI drugs on our local markets creating resistance
- Low risk perception to STIs/HIV

Thematic area 2.4: Reproductive cancers
Advocacy and Communication outcome: Strengthened human resources and facilities for the prevention, early detection, management, monitoring and evaluation of reproductive cancers.

Key issues:

- Lack of active screening services for breast, prostate and cervical cancers
- Low demand for screening services
- Lack of community awareness about reproductive cancers
- RH cancers not part of the EHP package

Thematic area 2.5: Prevention and management of infertility
Advocacy and Communication outcome: Improved systems for detection and management of infertility

Key issues:

- Absence of guidelines on screening and management of infertility
- Inadequate research on infertility in Malawi
- Prevention of secondary infertility not fully integrated into primary health care.
- Lack of community awareness about infertility and its causes.

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Thematic area 2.6: Elimination of harmful SRHR practices
Advocacy and Communication outcome: Increased community involvement in the modification and/or elimination of harmful SRHR practices¹

Key issues:

- Lack of systematic interventions to address issues of harmful practices
- Poor attitude of providers towards victims of sexual abuse
- Deeply entrenched cultural beliefs
- Resistance by traditional leaders and healers

Thematic area 2.7: Obstetric fistula
Advocacy and Communication outcome: Reduced incidence of Obstetric Fistula in Malawi

Key issues:

- Inadequate specialized skills for management and repair of fistula
- Inadequate resources to prevent and manage clients with Fistula.
- Lack of community awareness on the availability of repair services
- High rates of adolescent fertility
- Limited access to skilled attendance at birth

Thematic area 2.8: Male involvement in SRH
Advocacy and Communication outcome: Men empowered to promote and actively participate in SRHR services and programmes

Key issues:

- Existing RH services not male friendly
- Entrenched cultural beliefs that regard SRH as women's issues.
- Ignorance by men on pregnancy and birth preparedness.
- Lack of male participation in SRH

Thematic area 2.9: Young people's sexual and reproductive health
Advocacy and Communication outcome: Increased access by young people to quality reproductive health services that are safe, rights-based, and confidential

Key issues

- Limited access to community based peer education and service provision by young people
- Most service providers are not youth friendly
- Most of the existing health services are not youth friendly

¹¹¹¹ These practices include wife inheritance, fisi, dry sex, death rituals, use of traditional herbs to induce labor, sexual harassment, genital mutilation and physical abuse

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- Lack of integration of SRH/HIV programmes with other initiatives targeting young people (Sports, MARDEF, income generating programs)
- Limited communication between parents and young people on SRH issues

Guiding Principles of the Strategy

All stakeholders in the implementation of the advocacy and communication strategy make a commitment to adhere to the following guiding principles.

1. Clear and consistent messages about Sexual and Reproductive Health and Rights are required. Any negative statements about SRHR shall be avoided by all stakeholders.
2. All stakeholders need to lead by example and involve different kinds of leaders at all levels as advocates and role models.
3. There is a need to increase participation of men in SRHR programs, address gender relations and reduce the vulnerability of women and girls.
4. District structures, faith-based organizations and communities need to be involved in decentralized implementation of advocacy and communication activities.
5. The media will ensure adequate research and factual data before airing or documentation of SRHR issues to the public.
6. Communities shall engage in communication on Sexual Reproductive Health Issues

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Results and Activity Matrix

Broad Outcome 1.1: Increased financial and human resources for sexual and reproductive health and rights

Indicators:

- Proportion of health sector budget that is dedicated to reproductive health
- Proportion of graduates from health training institutions with comprehensive skills in RH
- Proportion of health service staff in rural health facilities providing RH services

KEY ISSUES

- Decreasing RH expenditure as a proportion of overall expenditure on health
- Shortage of trained health care professionals continues to hinder provision of RH services
- Inability to retain staff, especially in rural areas
- Inadequate capacity of training institutions to train enough skilled professionals

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Decreasing RH expenditure as a proportion of overall expenditure on health	To increase financial allocation and expenditure for reproductive health as part of the overall national budget for health.	Lobby for resources for reproductive health programmes	Conduct advocacy meetings with parliamentarians and the Ministry of finance to increase budgetary allocation for reproductive health	Development partners; NGOs; , PCH&P, MoF, DEC	DHO; RHU; CHAM	X	X	X	X
Shortage of trained health care professionals continues to hinder provision of RH services	To increase availability of skilled health care providers at all levels of service delivery, as per WHO criterion	Lobby for expansion of infrastructure at training institutions to accommodate more trainees	Conduct round table meetings with key stakeholders for resource mobilization to expand infrastructure in training institutions.	Development partners; NGOs; , PCH&P, MoF, DEC	DHO; RHU; CHAM; GWA-SM	X	X	X	X
Inability to retain staff, especially in rural areas	To strengthen employment and deployment policies for RH service providers	Lobby for an incentive program for the health care service providers prioritizing critical areas e.g. rural areas	Conduct round table meetings to discuss implementation of the package	Development partners; NGOs; , PCH&P, MoF, DEC	DHO; RHU; CHAM; GWA-SM; Professional Associations	X	X	X	X

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Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
		Initiate mentorship and twinning programmes for girls in the hard to reach areas.	Market the health service profession in secondary schools to lure potential candidates	Development partners; NGOs; , PCH&P, MoF, DEC	DHO; RHU; CHAM; GWA-SM; Professional Associations	X	X	X	X
Inadequate capacity of training institutions to train enough skilled professionals	To increase outputs from the health training institutions	Lobby for increased funding and intake to training institutions	<ul style="list-style-type: none"> Conduct round table meetings Provide suggestions to introduce parallel programs within the health training institutions. 	Development partners; NGOs; , PCH&P, MoF, DEC	DHO; RHU; CHAM; GWA-SM; Professional Associations; Regulatory bodies.	X	X	X	X

Broad Outcome 1.2 – Increased Integration of STI/HIV and AIDS and SRHR programmes and services to maximize resource utilization and synergy

Indicators:

- Percentage of SDPs providing HIV/STI prevention, management and treatment with SRHR, including dual protection
- Number of training institutions integrating STI/Hi and AIDS, nutrition with SRHR in their curricula

KEY ISSUES

- Lack of integration of STI/HIV and AIDS SRHR programmes*
- Disaggregated training for service providers in SRH and HIV*

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Lack of integration of STI/HIV and AIDS SRHR programs	To strengthen provision of integrated HIV and AIDS and SRHR programs.	Advocate for the upgrading of health facility infrastructure for delivery of integrated SRHR programs and services	Conduct roundtable meetings with MoF, PCH &P, DEC to justify need for additional resources for health targeting SRHR services	Development partners; NGOs; , PCH&P, MoF, DEC	DHO; RHU; CHAM	X	X	X	X
		Advocate for funding of SRH activities using Global funds	Conduct round table meetings with coordination groups for global fund	HMIS; NAC; MoH; DHO	DHO; RHU; CHAM	X	X	X	X
		Advocate for harmonized guidelines for provision of integrated STI/HIV AND AIDS and RH services	Conduct in-service education in harmonized guidelines for provision of STI/HIV and AIDS	MoH; CHAM; NGOs; Regulatory Bodies	DHO; RHU; CHAM	X	X	X	X
		Lobby for harmonized SRHR and HIV and AIDS policies, guidelines and standard packages for SRHR and HIV to be delivered at all SDPs	Conduct meetings with development partners to integrate SRHR services	MoH; CHAM; NGOs; Regulatory Bodies, Development partners	DHO; RHU; CHAM	X	X	X	X

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Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
		Advocate for extended service hours for SRHR at all SDPs	Discuss with DHMT for the possibility of extending SRHR services	DHMT; MoH; Service providers; CHAM; Private sector; Health Professional Associations	DHO; RHU; CHAM	X	X	X	X
Disaggregation of trainings for service providers in SRH and HIV and AIDS	To improve knowledge and skills of health care services providers in provision of integrated SRH/HIV services.	Advocate for production of training materials for integrated STI/HIV AND AIDS and SRHR programs and services	<ul style="list-style-type: none"> Conduct in service training for health care service providers in delivery of integrated health care services Review pre-service curriculum for SRHR to integrate SRHR and HIV and AIDS. Produce integrated SRHR and HIV and AIDS training materials 	<ul style="list-style-type: none"> Service providers; Training institutions; 	DHO; RHU; CHAM	X	X	X	X

Broad Outcome area 1.3: Sustained SRH commodity security with emphasis on family planning and emergency obstetric care

Indicators:

- Proportion of health budget allocated to RH commodities
- Inclusion of RH commodities in essential medicines list
- Availability of a reliable system for maintaining and regularly updating statistics on RH commodities' stocks and flows.
- Number of RH commodity stock-outs

KEY ISSUES

- Erratic supply of RH commodities, including drugs, condoms and screened blood
- Lack of ring-fenced resources for RH commodities within the national budget.
- Unreliable supply chain management and forecasting compromises SRHR commodity security.

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Erratic supply of SRHR commodities.	To strengthen commodity supply and management system for SRHR services	Lobby for increase in SRHR commodities	Conduct roundtable meetings to justify need for increased resources for SRHR services	PCH&P; MoH; MoF; Development partners	RHU; H-GWA-SM	X	X	X	X

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Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
		Lobby for orientation on SRH commodity management strategy at all SDPs.	Conduct discussions on need for orientation of SRHR commodity management at all SDPs.	DHMT, Zones, Development partners	RHU; H-GWA-SM	X	X	X	X
Lack of ring-fenced resources for SRHR commodities within the national budget.	To ring-fencing of RH commodity resources within the national budget.	Advocate for specific budget allocation for SRHR commodities	Conduct advocacy meetings with the Minister of Finance on importance of national budget prioritizing and ring-fencing resources for RH	MoF; Development partners; PCH&P; MoH, Civil Society, Human Rights Groups,	RHU; H-GWA-SM; NGOs	X	X	X	X
			Produce fact sheets on importance of having adequate resources for RH.	MoF; Development partners; PCH&P; MoH, Civil Society, Human Rights Groups,	RHU; H-GWA-SM; NGOs	X	X	X	X
			Conduct round-table meetings with Parliamentary of Committee on health and population.	MoF; Development partners; PCH&P; MoH, Civil Society, Human Rights Groups,	RHU; H-GWA-SM; NGOs	X	X	X	X
Unreliable supply chain management and forecasting compromises SRH commodity security.	To create a reliable supply chain management and forecasting system	Lobby for deployment of competent pharmacy technicians at all SDPs	Conduct meetings on human resource management	Development partners; NGOs; , PCH&P, MoF, DEC	DHO; RHU; CHAM; GWA-SM; Professional Associations	X	X	X	X
		Advocate for in-service training of service providers in logistics management	Provide in-service training of service providers in supply chain management and forecasting of RH commodities	DHMRD; MoH; Training institutions	DHO; RHU; CHAM	X	X	X	X
		Lobby for timely forecasting and procurement of SRHR commodities	Conduct in-service education on forecasting and procurement for SRHR commodities	DHTSS; MoH; Training institutions	DHO; RHU; CHAM	X	X	X	X

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Broad outcome area 1.4: Increased Communication on SRH issues among men, women and young people

Indicators:

- Proportion of individuals reporting increased knowledge in SRHR
- Number of accurate media reports on SRHR issues
- Proportion of individuals reporting accurate information of SRHR

KEY ISSUES

- Culture of silence surrounding SRHR discussions.
- Inability of parents to openly discuss SRHR issues with their dependents.
- Insufficient media coverage of SRHR issues.
- Lack of community conversations on SRHR issues

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Culture of silence surrounding SRHR discussions.	Increase dialogue on issues of SRHR	Promote dialogue on SRHR issues	<ul style="list-style-type: none"> • Conduct interactive community dialogue on SRHR issues i.e. FGDs; drama; open days; etc • Produce and disseminate mass media campaigns and programmes on SRHR issues through radio jingles; leaflets; community film shows; • Encourage existing columnists and cartoonists to discuss issues in SRHR • Dedicate a column in the local print media to discuss issues of SRHR • Conduct safe motherhood awareness week • Produce SRHR IEC materials like posters; bill boards, briefing reports. • Introduce SMS messages every fortnight on key SRHR issues. 	PCH&P; MoH; MoF; Development partners; Media; Community	RHU; H-GWA-SM	X	X	X	X
				DHMT, Zones, Development partners	RHU; H-GWA-SM	X	X	X	X
Inability of parents to openly discuss SRHR issues with their dependents.	Increase dialogue between parents and their dependents	Promote parent/children discussions surrounding SRHR issues	<ul style="list-style-type: none"> • Orient traditional leaders and parents on SRHR issues • Produce radio and TV programmes show-casing parent/child communication • Conduct parent child discussions within religious groups 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities; Traditional	RHU; H-GWA-SM; HEU, NGOs	X	X	X	X
					RHU; H-GWA-SM; HEU, NGOs	X	X	X	X

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Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
				SRH counselors					
Insufficient media coverage of accurate SRHR issues.	Increased accurate media coverage on SRHR issues	Increased media coverage on SRHR issues	<ul style="list-style-type: none"> • Generate interest among media – Orient media on SRHR issues • Conduct periodic media briefing meetings on updated SRHR issues with SRHR experts • Conduct themed media tours on SRHR • Create and disseminate a directory of SRHR experts available/mandated to speak to the press • Create a communication unit on SRHR issues • Initiate a special annual media award for documenting of SRHR issues • Introduce weekly TV and radio programmes; and print articles on SRHR issues • Introduce and maintain a website to discuss SRHR issues 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities Media; Health Education Services Department	DHO; RHU; CHAM; GWA-SM; Professional Associations, Media	X	X	X	X
Lack of community awareness in SRHR issues	To create greater awareness on SHRH issues	Create public awareness on SRHR issues	<ul style="list-style-type: none"> • Introduce weekly newspaper, radio and TV programmes focusing on SRHR issues. • Document best practices on SRHR and disseminate among all communities and stakeholders • Produce quarterly flyers and fact sheets on SRHR • Contribute to the a website on SRHR issues • Conduct press conferences on emerging issues on SRHR • Participate in national public events i.e. World AIDS Day; Trade Fair; Stand Up Against Poverty; through drama, songs, dance, and stories on SRHR • Conduct open days using video van 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities Media	DHO; RHU; CHAM; GWA-SM; Professional Associations, Media	X	X	X	X

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Thematic area 2.1: Family Planning
Advocacy and Communication outcome: Family Planning repositioned as a key development strategy

Key issues:

- Unmet need is high at 28%
- Resistance among political, community and faith leaders to promote modern contraception
- CBD services not sustainable
- Family planning commodity insecurity
- Low utilization of male and female condom

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Unmet need is high at 28%	To reduce unmet need to 0% for family planning services by strengthening availability and access to services at health facility and community levels	Increase demand and access to family planning services	<ul style="list-style-type: none"> • Train CBDAs covering all TAs • Mobilize public and private service providers to increase sites providing FP and hours of operation • Conduct community mobilization and mass media campaigns to generate demand for Family planning 	NGOs, Development partners, Community leaders;	RHU; H-GWA-SM; Media, DHO; RHU; BLM; CHAM; DHMT; PSI	X	X	X	X
Inadequate support from political, community and faith leaders to promote modern contraception	To solicit support on FP issues among the community (cultural) faith and political leaders	Conduct advocacy meetings with political, community and faith leaders on how to address FP issues	<ul style="list-style-type: none"> • Introduce weekly radio program on FP issues; • Conduct focus group discussion with faith women organizations 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities	RHU; HEU; H-GWA-SM; Media, DHO; RHU; BLM; CHAM; DHMT; PSI	X	X	X	X
		Involve opinion leaders in review of various policies and guidelines in family planning	<ul style="list-style-type: none"> • Orient opinion leaders in review of various policies and guidelines in family planning 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities	RHU; HEU; H-GWA-SM; Media, DHO; RHU; BLM; CHAM; DHMT; PSI	X	X	X	X
Inadequate CBD services	To scale up CBD services	Mobilize community leaders to get involved in the CBD program,	<ul style="list-style-type: none"> • Conduct joint work by Village health committee s and CBD agents 	Community and political leaders; Communities	RHU; HEU; H-GWA-SM; Media, DHO; RHU; BLM; CHAM; DHMT; PSI	X	X	X	X

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Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
		Strengthen collaboration and partnerships at community levels in CBDA programmes	<ul style="list-style-type: none"> Conduct discussions on linkages of all stakeholders at all SDPs. 	Community and political leaders; Communities, Local Government; ADCs	RHU; HEU; H-GWA-SM; Media, DHO; RHU; BLM; CHAM; DHMT; PSI	X			
X Low utilization of the male and female condom	To increase utilization of female condoms through increased public awareness	Sensitize the public on male and female condoms in health facilities	<ul style="list-style-type: none"> Conduct condom open days; Conduct public demonstrations on how to use male and female condoms Produce and air radio and TV programs focusing on condom issues; 	Communities; Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities	HEU, RHU, NGOs,	X	X	X	X

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Thematic area 2.2: Maternal and Neonatal Health

Advocacy and Communication outcome: Increased political and community commitment for improving access to quality maternal and neonatal health care

Key issues:

- Skilled attendant at birth still low at 56%
- Limited availability of basic EmONC services
- Limited accessibility of RH services
- Maternal health care facilities not well staffed and ill-equipped
- Midwifery not compulsory in registered nurse training
- Lack of community mobilization in MNH
- Limited access to post-abortion care services Low utilization of PMTCT services
- Lack of male involvement in MNH care
- Lack of law enforcement on early marriages.
- Limited participation of other -ministries in addressing challenges of MNH.
- Lack of community's awareness on SRH rights

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Limited community mobilization in MNH and SRHR issues	To mobilize the community on MNH and SRHR issues	Promote community MNH activities	<ul style="list-style-type: none"> • Conduct community sensitization campaigns on MNH issues • Document best practices in community on MNH services • Conduct study visits to best practicing communities • Initiate community dialogue on MNH issues 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities	RHU' HEU' Pakachere' DHO' NGOs; GWA-SM	X	X	X	X
Limited access to post-abortion care services	To increase the accessibility of PAC services at all levels	Lobby for legalization of abortion in Malawi	<ul style="list-style-type: none"> • Disseminate results of the magnitude study on abortion in Malawi • Conduct community awareness meetings on availability of PAC services • Community sensitization campaigns on utilization of PAC services 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities	RHU; NGOs; Developmental partners	X	X	X	X
Lack of law enforcement on early marriages.	To stop early marriage	Lobby for enforcement of laws to stop early marriage	<ul style="list-style-type: none"> • Conduct campaign to stop early marriages • Conduct a stakeholders meeting with key influential leaders providing evidence on the consequences of early marriage 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities; Parliamentarians	RHU; NGOs; Developmental partners; NYCOM; Youth NGOs	X	X	X	X

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Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
			<ul style="list-style-type: none"> • Produce fact sheets on the health and social outcomes of early marriages • Conduct a radio forum with young people regarding consequences of early marriage • Produce media programmes (radio, TV and print) on issues related to early marriage • Produce IEC materials on stopping early marriage 						
Limited participation of other -ministries in addressing challenges of MNH.	Promote involvement of other ministries in MNH issues	Advocate for multisectoral approach to MNH service delivery	<ul style="list-style-type: none"> • Conduct annual review meetings with key ministries • Produce data providing evidence for other ministries to participate in MNH activities • Conduct sensitization meetings with key ministries on their role in MNH services 	Cabinet forum; PS-meetings; PCH&P; Parliamentarians; DECS	RHU; MoH; CHAM; Development partners; GWA-SM; NGOs.	X	X	X	X

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Thematic area 2.3: Prevention and management of STI/HI and AIDS
Advocacy and Communication outcome: STI/HIV and AIDS prevention and management services scaled up and strengthened

Key issues:

- Treatment not well entrenched Partner notification not well entrenched
- STI prevention and treatment among high-risk groups not given priority (Prisons, sex workers, young people, men having sex with men, mobile groups)
- Second line of treatment for STIs not available
- Low utilization of condoms, especially the female condom
- Lack of consistent availability of condoms in rural areas
- Continued delays on accessing STI treatment (opting for self-medication or traditional medicine)
- Hostility from political, community and faith leaders in the promotion of male and female condoms for STI prevention.
- Proliferation of STI drugs on our local markets creating resistance
- Low risk perception to STIs/HIV

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Low utilization of PMTCT services	To improve access to PMTCT services	Lobby for increase in accessibility of comprehensive package of PMTCT services	<ul style="list-style-type: none"> • Conduct community sensitization campaign on availability of PMTCT services • Produce and distribute IEC materials on PMTCT 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities; Parliamentarians	RHU; MoH; CHAM; Development partners; GWA-SM; NGOs; HIV/AIDS unit; NAC	X	X	X	X
STI prevention and treatment among high-risk groups not given priority (Prisons, sex workers, young people, mobile groups)	To increase access STI prevention and treatment for high risk groups	Provide information on STIs at all levels	<ul style="list-style-type: none"> • Conduct community STI prevention sensitization meetings and campaigns • Produce STI IEC materials • Conduct trainings (peer) for high-risk groups on STI prevention and management. 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities; Parliamentarians; Youth, sex workers, mobile groups; communities	RHU; MoH; CHAM; Development partners; NGOs; HIV/AIDS unit; NAC	X	X	X	X
		<ul style="list-style-type: none"> • Lobby for increased availability of non-human condom dispensers in high-risk zones like bottle stores, rest houses and some public places. 	<ul style="list-style-type: none"> • Advertise availability of non-human condom dispensers in high-risk zones 	Youth, sex workers, mobile groups; communities	RHU; MoH; CHAM; Development partners; NGOs; HIV/AIDS unit; NAC	X	X	X	X

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Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
		<ul style="list-style-type: none"> Lobby for performance quality improvement for STI management 	<ul style="list-style-type: none"> Introduce comprehensive standard based management approach. 	Training institutions; DHOs	RHU; Training institutions;	X	X	X	X
Continued delays on accessing STI treatment (opting for self-medication or traditional medicine)	To promote early health seeking behavior in STI related issues	Encourage early seeking behaviors on STI management	Provide information on dangers and complication of delayed STI management	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities; Parliamentarians	RHU; MoH; CHAM; Development partners; NGOs; HIV/AIDS unit; NAC	X	X	X	X
Low utilization of male and female condoms for dual protection	To increase utilization of male and female condoms	Promote utilization of male and female condoms	<ul style="list-style-type: none"> Conduct community awareness on use of male and female condoms Disseminate evidence based information on the efficacy of male and female condoms 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities; Parliamentarians	RHU; MoH; CHAM; Development partners; NGOs; HIV/AIDS unit; NAC	X	X	X	X
Proliferation of STI drugs on our local markets creating resistance	To prevent proliferation of STI drugs on the local market	Lobby for stiff penalties on illegal identified traders and suppliers for STI drugs	<ul style="list-style-type: none"> Produce information kits on dangers of drug abuse Sensitize the community on dangers of STI drug abuse 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities; Parliamentarians; Media	RHU; MoH; CHAM; Development partners; NGOs; HIV and AIDS unit; NAC	X	X	X	X
Low risk perception to STIs/HIV	To increase risk perception on STIs and HIV	Provide evidence based information on dangers and complications of STIs & HI and/AIDS	<ul style="list-style-type: none"> Share available evidence on dangers and complications of STIs and HIV and AIDS. Engender messages on STI and HIV Disseminate targeted messages on STIs and HIV and AIDS 	Community and political leaders; Faith proprietors; Faith Organizations; Human Rights Organizations; PCH&P; Communities; Parliamentarians; Media	RHU; MoH; CHAM; Development partners; NGOs; HIV and AIDS unit; HEU; NAC; Media	X	X	X	X
Inadequate support from political, community and faith leaders in the promotion of male and female condoms for STI prevention	Increase support of political, faith and community leaders on the use of condoms	Advocate for support from political, community and faith leaders on male and female condom use for STI prevention	Conduct community awareness on use of male and female condoms for STI prevention	Community, political and faith leaders; Human rights organizations.	RHU, HEU; NGOs; Development partners.	X	X	X	X

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Thematic area 2.4: Reproductive cancers
Advocacy and Communication outcome: Strengthened human resources and facilities for the prevention, early detection, management, monitoring and evaluation of reproductive cancers.

Key issues:

- Lack of active screening services for breast, prostate and cervical cancers
- Low demand for screening services
- Lack of community awareness about reproductive cancers
- RH cancers not part of the EHP package

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Inadequate active screening services for breast, prostate and cervical cancers	To provide active screening services in all health facilities	Lobby for increase in the number of hospital/health facilities, which provide screening for breast, prostate, and cervical cancer.	<ul style="list-style-type: none"> • Conduct in service training for SRHR service providers on reproductive cancer screening and management. 	Development partners, MoF	Training institutions; RHU, Regulatory bodies	X	X	X	X
		Conduct meetings with developmental partners on need for the reproductive cancer services (prevention screening and management)	<ul style="list-style-type: none"> • Conduct in service training for SRHR service providers on reproductive cancer screening and management. • 	Development partners, MoF	MoH; RHU; GWA-SM; COM-RHU; CHM	X	X	X	X
Lack of community awareness about reproductive cancers)	To improve awareness on reproductive cancers and availability of screening services	Advocate for cancer awareness week	<ul style="list-style-type: none"> • Conduct community sensitization campaigns on reproductive cancers and services available • Introduce an annual national reproductive cancer screening week • Produce and distribute IEC materials focusing on reproductive cancers 	Communities	MoH; RHU; GWA-SM; COM-RHU; CHAM	X	X	X	X
RH cancers not part of the EHP package	Reproductive cancers to be integrated in EPH package	Lobby for inclusion of RH cancers in the EHP package	Conduct discussions with stakeholders on inclusion of cancer in RH.	Development partners, MoH	RHU.				

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Thematic area 2.5: Prevention and management of infertility
Advocacy and Communication outcome: Improved systems for detection and management of infertility

Key issues:

- Absence of guidelines on screening and management of infertility
- Inadequate research on infertility in Malawi
- Prevention of secondary infertility not fully integrated into primary health care.
- Lack of community awareness about infertility and its causes.

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Absence of guidelines for infertility service delivery.	To institute guidelines on screening and management of infertility	Lobby for inclusion of infertility management into the existing pre and in-service training materials	Produce and disseminate guidelines and formulate standards for infertility service delivery.	Development partners, MoH	MoH; RHU; GWA-SM; COM-RHU; CHAM	X	X	X	X
		Advocate for production of guidelines of infertility services.	Produce guidelines for infertility			X	X	X	X
Inadequate research on infertility in Malawi	To conduct research on infertility, to assess the magnitude and causes/contributory factors	Advocate for more research on infertility.	Conduct round table meetings	Community and political leaders; Faith proprietors; FBOs; HROs; PCH&P; Communities; Parliamentarians; Media	MoH; RHU; GWA-SM; COM-RHU; CHAM	X	X	X	X
		Lobby with the donor community for funding of research on infertility	Community sensitization, dialogue and engagement			X	X	X	X
Lack of community awareness about infertility and its causes.	To increase community awareness on infertility and its causes	Promote awareness on infertility	Community sensitization, dialogue and engagement. Produce radio, TV and print information on infertility	Community and political leaders; Faith proprietors; FBOs; HROs; PCH&P; Communities; Parliamentarians; Media	MoH; RHU; GWA-SM; COM-RHU; CHAM; Media	X	X	X	X

Thematic area 2.6: Elimination of harmful SRH practices

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Advocacy and Communication outcome: Increased community involvement in the modification and/or elimination of harmful SRHR practices²

Key issues:

- Lack of systematic interventions to address issues of harmful practices
- Poor attitude of providers towards victims of sexual abuse
- Deeply entrenched cultural beliefs
- Resistance by traditional leaders and healers

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Lack of systematic interventions to address issues of existence of harmful SRHR practices	To develop a comprehensive systematic intervention to address issues of harmful practices	Lobby for the development of comprehensive systematic interventions on harmful SRHR practices	Develop comprehensive systematic intervention to address issues of harmful practices	Community and political leaders; Faith proprietors; FBOs; HROs; PCH&P; Communities; Parliamentarians; Media	MoH; RHU; GWA-SM; COM-RHU; CHAM; Media	X	X	X	X
Poor attitude of providers towards victims of sexual abuse	To improve the Knowledge and skills of providers in handling victims of sexual abuse or other harmful practices	Scale up orientation to all service providers on management of sexual abuse	<ul style="list-style-type: none"> • Orientation and dissemination of guidelines on handling/management of sexual abuse and other harmful practices • Implementation, monitoring and evaluation of guidelines 	DHOs; Service providers; Police officers	RHU; NGOs; Police victim support unit.	X	X	X	X
Deeply entrenched cultural beliefs	To eliminate harmful SRH cultural practices through community awareness of their effects on community health	Advocate for sensitization of harmful cultural practices	<ul style="list-style-type: none"> • Conduct briefing meetings on effects of harmful cultural practices. • Conduct orientation of traditional healers/birth attendants/cultural leaders on modification of harmful practices. • Conduct community dialogue with traditional leaders and traditional healers on elimination of harmful cultural practices. 	Community and political leaders; Faith proprietors; FBOs; HROs; PCH&P; Communities; Parliamentarians; Media	MoH; RHU; GWA-SM; COM-RHU; CHAM; Media	X	X	X	X

Thematic area 2.7: Obstetric fistula

Advocacy and Communication outcome: Reduced incidence of Obstetric Fistula in Malawi

Key issues:

- Inadequate specialized skills for management and repair of fistula
- Inadequate resources to prevent and manage clients with Fistula.
- Lack of community awareness on the availability of repair services
- High rates of adolescent fertility
- Limited access to skilled attendance at birth

²²²² These practices include wife inheritance, fisi, dry sex, death rituals, use of traditional herbs to induce labor, sexual harassment, genital mutilation and physical abuse

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Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Lack of specialized skills for management and repair of fistula	To provide specialized services for management and repair of obstetric fistulas	Lobby for availability of funds for training specialized providers for management and repair of obstetric fistulas	Conduct meetings with stakeholders	DHOs; Service providers; Training institutions	MoH; RHU; GWA-SM; COM-RHU; CHAM; Media	X	X	X	X
		Advocate for the development of national centers for management of obstetric fistulas	Conduct meetings; Develop national centers for management of obstetric fistula; Provide evidence of availability of centre of excellence in fistula management.	DHOs; Service providers; Training institutions; Development partners; DHOs	MoH; RHU; GWA-SM; COM-RHU; CHAM; Media	X	X	X	X
Inadequate resources to prevent and manage clients with Fistula.	To increase resources for fistula	Lobby for allocation of resources for fistula prevention and management	Conduct meetings	MoH; Development partners	MoH; RHU; GWA-SM; COM-RHU; CHAM; Media	X	X	X	X
Lack of community awareness on the availability of obstetric fistula repair services	To increase awareness on availability of obstetric fistula repair services	Conduct community sensitization meetings on availability of obstetric fistula repair services	Produce radio, TV and print information on obstetric fistula	MoH; Development partners; Media	MoH; RHU; GWA-SM; COM-RHU; CHAM; Media	X	X	X	X

Thematic area 2.8: Male involvement in SRH

Advocacy and Communication outcome: Men empowered to promote and actively participate in SRHR services and programmes

Key issues:

- Existing RH services not male friendly
- Entrenched cultural beliefs that regard SRH as women's issues.

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Existing SRH services not male friendly	To promote provision of male friendly SRHR	Advocate for training in male friendliness in SRHR services	Train service providers in provision of male friendly SRH services.	MoH; Training institutions; Regulatory bodies; NGOs	MoH; Training institutions; CHAM	X	X	X	X

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	services	Lobby for funds to upgrade infrastructure/health facilities for provision of male friendly reproductive health services	Produce guidelines for provision of male friendly health services Incorporate male friendly guidelines into existing in service training	MoH; Training institutions; Regulatory bodies; NGOs	MoH; Training institutions; CHAM	X	X	X	X
Entrenched cultural beliefs that regard SRH as women's issues.	To improve male involvement in MNH care	Advocate for male involvement in SRHR issues.	<ul style="list-style-type: none"> • Introduce RH days in work places • Conduct community dialogue with men on MNH issues • Introduce paternity leave in work places • Refurbishment of health facilities to be male friendly. • Develop relevant materials for the training of male friendly services. • Train SRHR service providers for provision of male friendly services to promote male involvement. • Document and disseminate best practices in SRHR and male participation. 	DHMT; DHOs; MoH; CHAM; Training institutions; regulatory bodies; Men; Traditional leaders	RHU; NGOs; Professional associations; HEU; Pakachere; BLM; PSI; Story workshop; Media	X	X	X	X

Thematic area 2.9: Young people's sexual and reproductive health

Advocacy and Communication outcome: Increased access by young people to quality reproductive health services that are safe, rights-based, and confidential

Key issues

- Limited access to community based peer education and service provision by young people
- Most service providers are not youth friendly
- Most of the existing health services are not youth friendly
- Lack of integration of SRHR/HIV programmes with other initiatives targeting young people (Sports, MARDEF, income generating programs)
- Limited communication between parents and young people on SRH issues

Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
Inadequate youth friendly health services	To provide youth friendly SRH services in all health facilities.	Advocate for youth friendly services at all levels	<ul style="list-style-type: none"> • Provide training of service providers in provision of YFHS 	DHMT; DHOs; MoH; CHAM; Training institutions; regulatory bodies; Young people; Traditional leaders	NYCOM; RHU; MYDS; Young people; HEU	X	X	X	
		Mobilize resources for provision of YFHS	<ul style="list-style-type: none"> • Provide evidence on benefits of providing YFHS 	DHMT; DHOs; MoH; CHAM; Training institutions; regulatory bodies; Young people; Traditional leaders	NYCOM; RHU; MYDS; Young people; HEU	X	X	X	X

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Key issue	Broad objective	Specific Objective	Planned Activities	Target audience	Responsible actors	Y-1	Y-2	Y-3	Y-4
		Increase awareness on YFHS	<ul style="list-style-type: none"> • Advertise availability of YFHS • Document best practices in YFHS • Sensitization to the public on YFHS • Conduct peer education trainings 	DHMT; DHOs; MoH; CHAM; Training institutions; regulatory bodies; Young people; Traditional leaders	NYCOM; RHU; MYDS; Young people; HEU	X	X	X	X
Limited access to community based peer education and service provision by young people	To increase peer education and service provision by young people	Support integration of youth peer education with YFHS	<ul style="list-style-type: none"> • Develop integrated YFHS and peer education materials. • Produce IEC materials targeting young people and SRH • Introduce more youth clubs in the communities • Conduct planning and coordination meetings on YFHS and peer education programmes 	DHOs, Young people, parents, traditional leaders	NYCOM; RHU; MYDS; Young people; HEU	X	X	X	X
Limited communication between parents and young people on SRH issues	Conduct community mobilization to encourage importance of communication between parents and children	Sensitize communities on benefits of parents and children communication	<ul style="list-style-type: none"> • Conduct community mobilization to encourage importance of communication between parents and children • Conduct dialogue of men and young men in communities in issues of SRH • Document and share importance of parent-child communication 	DHOs, Young people, parents, traditional leaders	NYCOM; RHU; MYDS; Young people; HEU	X	X	X	X
Lack of integration of SRHR/HIV programmes with other initiatives targeting young people (like Sports, MARDEF and income generating programmes.)	To promote integration of SRHR/HIV programs with other initiatives targeting youth program	Integration of services targeting young people with SRHR information	Conduct stakeholder meetings with all service providers	Young people, Development partners; MoYDS;	NYCOM; RHU; MYDS; Young people; HEU	X	X	X	X