

Centre for the Study of Adolescence

Health Systems Strengthening Workshop 2.0

March 2022

Report prepared by African Health Innovation Centre



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 Kenya, Global Integrity partnered with the Centre for the Study of Adolescence (CSA) to spend a 12 month period addressing challenges related to adolescent sexual and reproductive health and rights (SRHR), especially regarding access access for vulnerable and marginalised communities. In September 2021, Global Integrity, AHIC, and CSA 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 the Centre for the Study of Adolescence.

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.

Centre for the Study of Adolescence



The Centre for the Study of Adolescence is an indigenous and independent non-profit organisation established in 1988. Their mandate is to advocate and implement policies and programmes that enable young people to exercise choice, access to services, and participate fully in activities that promote their health and well-being. CSA selected the Right Here, Right Now II project, for which they serve as the lead partner, as the focus for this participatory systems thinking project.

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 CSA workshop was conducted over a period of three days, with approximately 20-25 participants. 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 September 2021 and identify next steps for further action. As part of pre-workshop activities, the Right Here, Right Now II initiative also led an offsite visit to a local tech-focused community centre for Kenyan youth. The session was a collaborative conversation on sexual and reproductive health and rights with approximately 15 youth from urban Nairobi. Read below for a summary of workshop activities, and the key takeaways from the interactive, three-day experience.

Workshop Activities

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.

Action Status Reviews

Participants were divided into small groups and invited to brainstorm a list of activities in their assigned topic area which had taken place between Workshop I (September 2021) and Workshop II (March 2022). Participants developed a list of 44 total activities which were already underway in Kenya or were already planned for implementation. These 44 activities were cumulatively listed by three separate teams, brainstorming programme work in different focus areas. This activity helped facilitators and the Right Here, Right Now II initiative better understand the diversity and scope of activities currently underway and led by various key actors operating in the SRHR space in Nairobi County.

Team One (17 activities):

Develop CSE Content in Various Formats (7 activities); Building Capacities of Young People (6 activities); Integration of Gender Transformative Approaches in CSE Content & Delivery (4 activities)

Team Two (11 activities):

Engaging Religious Leaders on Advancing Women & Minority Rights/Gender Justice (3 activities); Campaigns on Gender Norms & SRHR (5 activities); Training & Engagement of Champions/Gatekeepers in SRHR for PWDs (3 activities)

Team Three (17 activities):

Conduct Virtual Monthly “Because Woman” Sessions with LGBT & Non-Binary Participants (4 activities); Creation & Dissemination of Digital Content in Various Formats (6 activities); Sensitization on SRHR for Sex & Gender Minorities (6 activities)

Accountability Wall

On the first day of the workshop, facilitators unveiled a large “Accountability Wall” covering one side of the room. The wall focused on three scenarios alongside accompanying questions focused on responsibility, accountability, and action. During each day of the workshop, participants were provided time to reflect and interact with the wall. On Day 1, participants discussed a single scenario in small groups and shared their opinions via sticky notes on the wall and in a large group discussion. On Day 2, participants had brief small group discussions, and shared their opinion on the remaining scenarios via sticky notes. On Day 3, participants engaged in a facilitated discussion about the holistic Accountability Wall being prompted by workshop leads with additional questions regarding root causes and layers of responsibility. The three scenarios are listed below:

- A 14 year old girl begins her monthly cycle and is embarrassed to ask for more information. She becomes pregnant after facing pressure to have sex without a condom.
- A 16 year old wheelchair user wants to learn more about her body, but cannot access training. She finds one of her developmentally disabled peers at school undergoing sexual assault by a teacher and doesn't know how to intervene.
- A young man realises he is sexually attracted to other men while an adolescent, and pursues MSM activity while in university. He becomes symptomatic for STIs and visits a health centre, but is misdiagnosed when he does not disclose the gender of his sexual partner.

Journey Maps

On the final day of the workshop, participants worked in small groups to develop User Journey Maps to further their depth of understanding on the Accountability Wall Scenarios. Each small group was tasked with walking through the full chronological pathway of a given persona and highlighting key programme applications and programming gaps for their assigned scenario, leveraging their programme learnings from the Action Status Review on Day 1

Action Experience Reviews

Following the Journey Maps, this activity provided small groups with the opportunity to deep-dive on the challenges and successes of the activities which participants felt applied to their specific scenario and journey map. Each small group reviewed the activities chronologically listed on their journey maps and highlighted corresponding challenges and success factors, as well as their proposed changes to better suit user needs and proposals for activity scalability.

Interactive Learning Games

To provide an alternative to traditional discussions, participants engaged in interactive games throughout the three-day workshop period. These included a life-sized Snakes & Ladders game in which participant teams were prompted with an SRHR question to answer after rolling the die and moving on the board. Participants also broke into teams for “Game Show”, where participants tested their knowledge on SRHR and innovation topics.



Workshop Findings

The following pages contain the contributions made by participants during the workshop. During this period, participants shared feedback on SRHR programme activities which took place in Nairobi County from September 2021 - March 2022, areas of success and improvement in programme and advocacy work, and various levels of responsibility/accountability in typical SRHR scenarios. A summary of participant contributions is included in the following figures.

ACTION STATUS REVIEW

| TEAM | ACTION GOAL | SPECIFIC ACTIVITIES | STATUS | DESCRIPTION |
|--------|---|--|-----------|---|
| Team 1 | DEVELOP CSE CONTENT IN VARIOUS FORMATS | CSA Solitaire game on CSE | Completed | BW was held on We've Been Here in line with Mogo has Statement -30pax |
| | | CSA Solitaire game on CSE | Completed | Managing stress 30-pax |
| | | Articles on CSE | Planned | Protection (All round) 30 pax |
| | | Illustrations focusing on CSE | Planned | 20 young LBTQGNC Woman |
| | | Online Essay Poetry and art competition focused on CSE | Completed | BW was held on We've Been Here in line with Mogo has Statement -30pax |
| | | Online Quizzes on CSE for Young People | Completed | Managing stress 30-pax |
| | | Online Videos giving Informal CSE | Planned | Protection (All round) 30 pax |
| | BUILDING CAPACITIES OF YOUNG PEOPLE (ESPECIALLY THE MOST VULNERABLE + MARGINALIZED) TO PARTICIPATE, ENGAGE, + CONTRIBUTE TO SOCIAL CHANGE + SRHR ADVOCACY | Recruited champions from marginalized groups | Completed | we recruited champions -5 Nairobi -2 Kisumu -2 Mombasa |
| | | Training youth on SRHR advocacy and policy communication - NAYA | Completed | 20 youth advocate including PWD and gender minorities Nov 2021 1/MSA |
| | | Recruitment and Training of Y.A on policy advocacy - NAYA | Planned | 20 Y.A.S including PWD + gender minorities Q3/MSA |
| | | Gamification of SRHR content - CSA Kenya | Ongoing | Using SRHR information to create experimental learning games targeting young people |
| | | Capacity build the 9 champions to participate, engage and contribute to social change + SRHR advocacy. -Alliance | Planned | Capacity build 9 champions through trainings Q2 |
| | | Dialogue with PWD and stakeholders on SRHR needs and rights of PWD -YAC | Planned | Needs & Rights of PWD - 20 PAX |
| | INTEGRATION OF GENDER TRANSFORMATIVE APPROACHES IN CSE CONTENT + DELIVERY | Games that define gender roles | Ongoing | Informal community in Nairobi county done by peer educators |
| | | Holding trainings on GTA for AYP | Ongoing | CSA - LMK - SRHR - NAIROBITS - ALLIANCE |
| | | Films and Art production at community level on GTA | Ongoing | Both offline & online in informal community Y-ACT |
| | | School talks on demystifying gender norms | Ongoing | Done in schools - Life skills promoters in Kenya |

ACTION STATUS REVIEW

| TEAM | ACTION GOAL | SPECIFIC ACTIVITIES | STATUS | DESCRIPTION |
|--------|---|---|---------|--|
| Team 2 | ENGAGING RELIGIOUS LEADERS ON ADVANCING WOMEN+MINORITY RIGHTS+GENDER JUSTICE | Community leader meeting | Ongoing | |
| | | Integration dialogue on CSE. | Ongoing | Have religious leaders lead a panel discussion |
| | | Engaged Leaders in addressing LGBTQI | Ongoing | Engage religious bodies to advance SRHR |
| | CAMPAIGNS ON GENDER NORMS AND SRHR | -Forest Road -adjunct RH policy 2022 -CSA Commitment twitter & zoom - Launched Reach mental health app by LVCT | Ongoing | ESA -Access to safe abortion -EAC SRH BILL 2021 |
| | | Reused OKY App for mental health - International condom day on use of condoms - Calling MOHs MOE to recommit to ESA | Ongoing | ESA -Access to safe abortion -EAC SRH BILL 2021 |
| | | 16 days of activism against violence - On supporting the EAC SRHR Bill 2021 - National youth HIV+AIDS Awareness day - Creating safe spaces for LGBTQI youth + HIV Youth space | Planned | |
| | | 16 days of activism - GBV -Outreaches during school breaks - New contraceptives | Planned | |
| | | Community CPR Access & uptake of SRHR, GBV, & HIV services among young people in Nairobi | Ongoing | Target law enforcers - Opinion leaders |
| | TRAINING + ENGAGEMENT OF CHAMPIONS +GATEKEEPERS IN PWD SRHR | Training on GBV on clinic management - 16 Days of activism VCAT by health provider - Engaging the moms on Pama care | Ongoing | |
| | | Support groups on HIV/AIDS management - Renew of amaze videos | Planned | |
| | | Train Chiefs D.O on GBV | Planned | Design PWDs Health services -Info materials accessible to pwws eg Braille |

ACTION STATUS REVIEW

| TEAM | ACTION GOAL | SPECIFIC ACTIVITIES | STATUS | DESCRIPTION |
|--------|--|--|-----------|--|
| Team 3 | CONDUCT VIRTUAL, MONTHLY "BECAUSE WOMAN" SESSIONS w/LGBT + NON-BINARY PARTICIPANTS | Because Women JAN Edition | Completed | BW was held on We've Been Here in line with Mogo has Statement -30pax |
| | | Because Women FEB Edition | Completed | Managing stress 30-pax |
| | | Because Women MARCH Edition | Planned | Protection (All round) 30 pax |
| | | Because Women Uzina wellness Camp | Planned | 20 young LBTQGNC Woman |
| | CREATION + DISSEMINATION of DIGITAL CONTENT IN VARIOUS FORMATS | Social media dissemination of SRHR Digital content | Ongoing | Through social media websites |
| | | Screening of SRHR videos in the community | Ongoing | Offline & Online Screening - CSA - LMK -NAIROBITS -PLAN INTL |
| | | Campaigns on SRHR | Ongoing | Online Platform Community Outreach -LMK -NAIROBITS |
| | | Peer Educator (Roving) | Ongoing | Community Outreach - NAIROBITS - CSA -YAC |
| | | Social Media Influencer Integration | Ongoing | LMK - Shijoa |
| | | Podcasting on SRHR | Ongoing | Online platform -LMK -NAIROBITS |
| | SENSITIZATION ON SRHR FOR SEX + GENDER MINORITES | Consultative meeting with NMS on access to SRHR | Completed | -15 pax - November 2021 - Meeting highly gender minorities is key. |
| | | Sensitization meeting on transgender, Gender, and Non-Comforming Minorities -MOH | Ongoing | Targeting sub-economy managers & Health facilities |
| | | National Conative meeting with allies & partners on election preparation and access to SRHR during this period | Ongoing | 20-25 pax stakeholders CSO partners, allies - Q1 & Q2 |
| | | Training journalists on reporting SRHR for gender minorities - NAYA | Planned | 20 Health journalists & crime reporters - KSM, MSA, NBI Q2 & Q3 |
| | | Rights of a child to education NGLHRC - Integrated Parts (Petition) | Ongoing | Petition has been filled in court |
| | | Rights of a child to education NGLHRC - Integrated Parts (Petition) | Ongoing | Targeting young people age 10-24 |

Accountability Wall

Team Yellow | Scenario 1

A 14 year old girl in Kibera begins her monthly cycle and starts to notice other changes in her body. She doesn't know who to ask for more information, so she secretly uses her mothers phone to do a google search.

On facebook, she sees someone post that if you want a boy to like you, you should leave condoms behind because boys don't like them. A boy at school has been giving her pressure and she agrees to have unprotected sex with him. One month later she is pregnant.

WHO IS RESPONSIBLE FOR THIS PREGNANCY?

- Social Media - 8
- Both boys & Girls - 4
- Mother - 8
- Teacher - 4
- The Girl - 6
- The Boy - 8
- The School - 2
- The community -1

WHAT ARE THE POLICY IMPLICATIONS?

- Education on Puberty-2
- Education system - 2
- Implementation of CSE in school - 7
- Social Media Restriction- 3
- Girl needs to go back to school after birth- 3

WHO HOLDS THE POWER IN THIS SITUATION?

- Social media - 8
- Both boys & girls - 4
- Mother - 8
- Teachers - 4
- The girl - 6
- The boy - 8
- The school - 2
- Community - 1
- Content creators - 5
- The government and enforce the law - 1
- Education regulation providing CSE - 1

WHY DID THIS SCENARIO OCCUR?

- Wrong information from social media - 3
- Lack of information - 9
- Lack of adequate and accurate info among digital content creators - 5
- Peer pressure - 1
- Lack of power of consent in the use of CD - 1
- Influence -1
- The mother failed to educate their girl on SRHR matters - 1

Team Orange | Scenario 2

A 20 year old university student realized in adolescence that he (a young man) had sexual feelings for other men. He has kept a secret so that he is not in trouble or shamed by his peers.

He met other men who felt the same while at university and became sexually active. Recently he has started to feel an itching and burning and has visited his local health centre. The health care provider has already shared him for having sex before marriage and questioned why, as a man, he is effeminate - so he chooses not to share his sexual partner is male. He is misdiagnosed by the provider.

WHO IS RESPONSIBLE FOR THIS MISDIAGNOSIS?

- Healthcare provider - 13
- MOH - 2
- The 20year old student - 7

WHAT ARE THE POLICY IMPLICATIONS?

- Lack of inclusive laws - 1
- Need to be addressed by the government - 1
- Policy implication -1
- Lack of inclusive curriculum - 1
- She was afraid she will be discriminated-1
- Inclusivity - 4
- Existence of punitive laws criminalizing same-sex intimacy - 1
- We don't have active policies that support this scenario - 1
- Shaming because of gender orientation - 1
- Existence of primitive ways of criminalizing same sex intimacy - 1
- We don't have the active policies - 1

WHO HOLDS THE POWER IN THIS SITUATION?

- The healthcare provider - 14
- Lack of misunderstanding from the society - 1
- The 20yr old student/client/patient/young man - 15
- MOH - 7
- Healthcare system 1
- Community - 2

WHY DID THIS SCENARIO OCCUR?

- Stigma and discrimination - 10
- Fear of stigmatization - 5
- Homophobia - 1
- Lack of proper information to the healthcare provider - 4
- Sexual wants - 1

Team Pink | Scenario 3

A 16 year old uses a wheelchair to move around. She tries to go to training to learn more about herself and her body, but every training is held in a tall building with many stairs and on the opposite side of town with no transport options.

One of her colleagues at school can move freely, but has developmental delays. She was recently found in a closet with a teacher touching her, but didn't seem to understand what was happening. The 16 year old wants to help herself and her peers but doesn't know how.

WHO IS ACCOUNTABLE FOR REPORTING & FOLLOW-UP IN THESE SITUATIONS?

- The school - 1
- Health Officer - 2
- Parents - 4
- The student/16 year old girl - 5
- The children's officer - 2
- Teachers - 2
- TSC - Teacher Service Commission - 2
- Bodies of regulation in government - 2
- NGOs - 3
- MoE - 3
- Their peers witnessing the abuse - 1
- School head teacher - 3
- The young PWD struggling - 1

WHO IS ACCOUNTABLE FOR PREVENTION OF THESE SITUATIONS?

- Children's department or directorate - 1
- School management - 5
- Policy makers - 2
- Teachers (TSC) - 7
- Parent - 6
- Ministry of Education - 6
- Security agencies - 1
- Children's act - 1
- Community - 3
- Civil societies & NGO's - 4
- Government - 1
- MOE - 1
- Ministry of transport - 1

WHAT ARE THE POLICY IMPLICATIONS?

- No policies in place on how to work with PWDs - 1
- Teachers - 2
- Parents - 2
- Child safeguarding policy not in place - 5
- Lack of harassment policy and implementation - 5
- No policies in place to work with PWDs - 3
- Buildings should be friendly to people with disabilities - 3

WHO HOLDS THE POWER IN THE SITUATION?

- The teacher - 12
- The training facilitators - 7
- The 16 year old - 3
- Government - 7

WHY DID THIS SCENARIO OCCUR?

- Unequal power dynamics - 3
- Lack of interest in PWD's access to services - 1
- Discrimination - 2
- Ignorance - 1
- Values regarding PWD's SRHR needs - 1
- Lack of policy - 3
- Lack of appropriate transport mechanism for all persons - 3
- Infrastructure of the building - 1
- Nearness of facility that helps accessibility - 1
- Lack of information - 12
- Power dynamics - 3
- Untrained / lack of CSE in schools - 2
- Accessibility - 5
- Teacher - 1
- Fear to report - 1

Journey Map

Scenario 1

What happens Next?

- Activities from other groups
- If positive ends up in centres for adolescent mothers or gets safe abortion
- If negative the girl can be forced to get married, forced out of the house or forced to do unsafe abortion
- Health condition
- Poverty
- School dropout
- Stigma and discrimination
- Death at birth



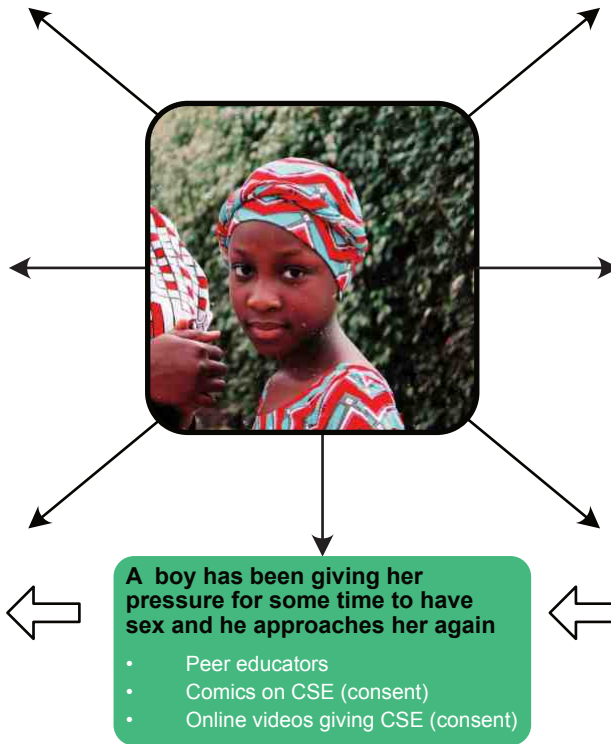
Months later, the girl is pregnant at age 14

- Videos
- Referrals



She begins engaging in unprotected sex with the boy

- Campaigns for SRHR
- Screening of SRHR videos in the community on safe sex
- Parents to be trained to train their children
- International day for condoms
- Illustrations concentrating on CSE (condoms)



A 14 year old girl begins her monthly cycle and notices changes in her body

- Online videos giving informal CSE
- Social media influencers giving info on CSE



She's embarrassed to ask questions, so secretly borrows her mothers phone to search online

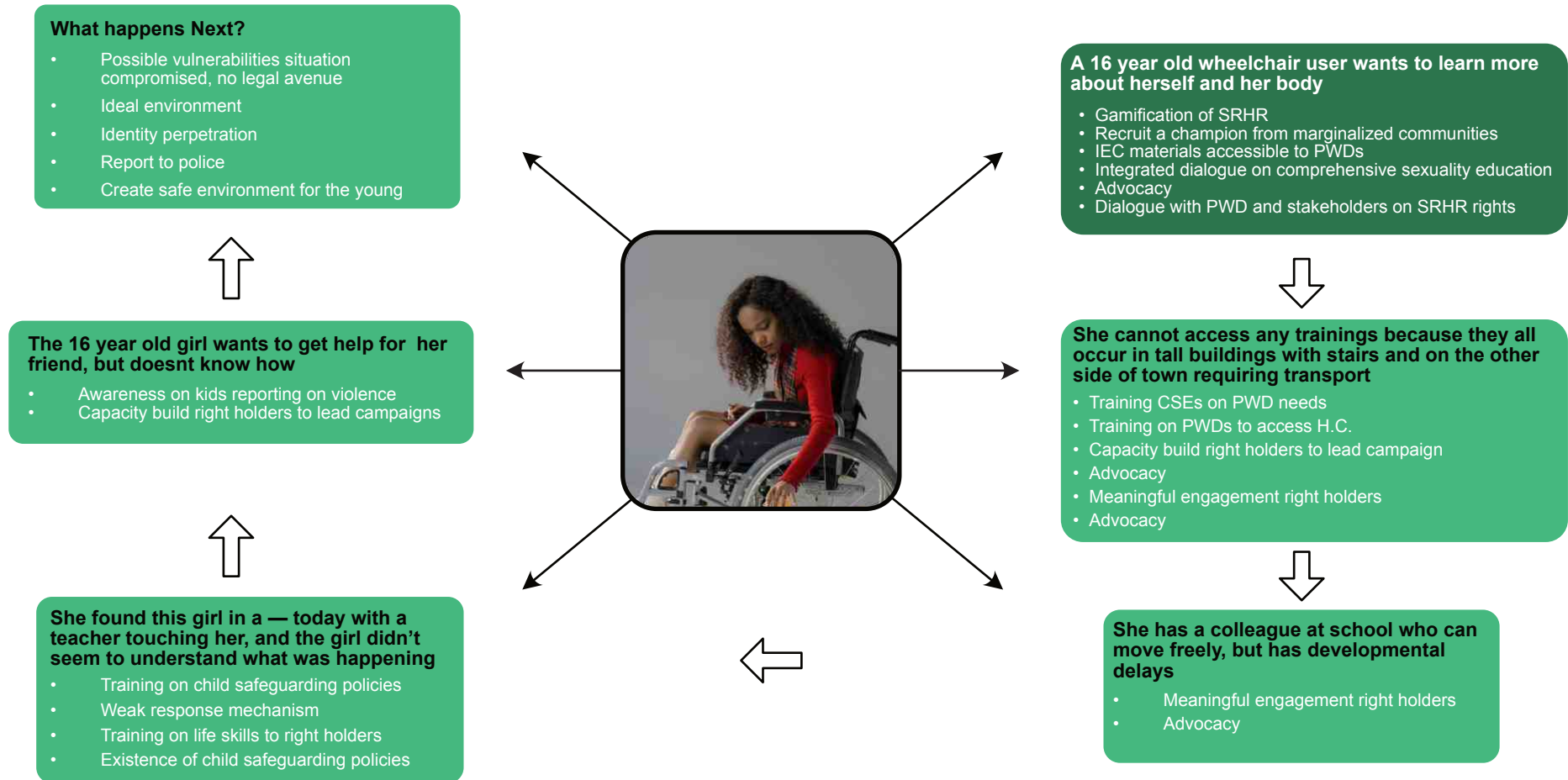
- Social media influencers
- Flooding of good SRHR contents
- Capacity building for young adults



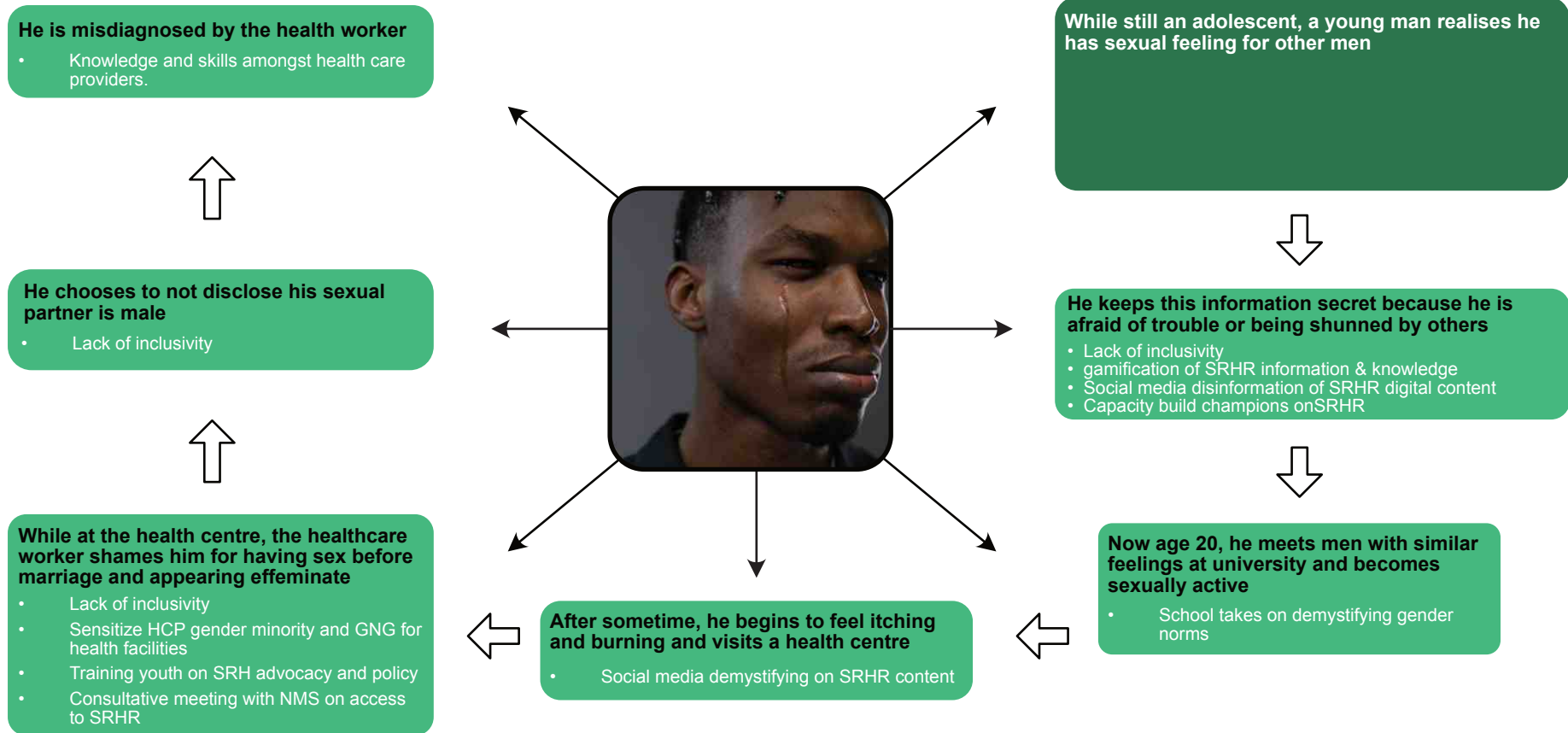
She finds a Facebook post that says if you want boys to like you, you should have sex with him without a condom

- Social media influencers
- Flooding of good SRHR contents
- Capacity building for young adults

Scenario 2



Scenario 3



Action Experience Review

| SCENARIO | ACTIVITIES | SUCCESS FACTORS | SCALABILITY | CHALLENGES | PROPOSED CHANGES |
|--|--|--|---|--|---|
| Poor access to SRHR services for PWDs | <ul style="list-style-type: none"> Advocacy Training CAW on AYP/ SRHR needs and right Bring developemtns of IEC materials Traning PWD champions on SRHR | <ul style="list-style-type: none"> Meaningful engagements of right holders Training of HCWs on AYP/ SRHR Formulation of AYP joint workshop for NMS snd ESOS Behaviour change forget intetventions for right holders | <ul style="list-style-type: none"> Advocacy More champions PWD and AYSRHR Gamification of SRHR V-CAT Training of HCWs on AYP/ SRHR | <ul style="list-style-type: none"> Funding of activities Stigma and discrimination Prioritisation on AYP/ SRHR & PWD | <ul style="list-style-type: none"> Co-creation of activities or intervention with PWDs Contextualise VCAT to PWD |
| SRHR Misinformation | <ul style="list-style-type: none"> Online videos Illustrations focusing on CRE Comics | <ul style="list-style-type: none"> Availability of content Availability of content creators Platforms Readily available materials on SRHR Peer to oeer education Increase in SRHR campaigns Youth involvement | <ul style="list-style-type: none"> Content dissemination through social media Branding Content creators | <ul style="list-style-type: none"> Opposition Restrictions on social media Proportion of AYP has no access to the internet or social media | <ul style="list-style-type: none"> Language and tone used to disseminate (peer to peer tone) Incorporate sex positive or pleasure base approaches |
| A young man is misdiagnosed due to homophobia, stigma and bias | <ul style="list-style-type: none"> Consultative meeting with NMS on access to SRHR Training youth on SRHR advocacy and policy Sensitization HCP gender minority and GNG for health facilities | <ul style="list-style-type: none"> All health providers sensitised by NMS have had a change of attitude Creation of safe spaces due to peer to peer interaction Creation of more awareness on queer matters | <ul style="list-style-type: none"> More sensitization of health care practitioners Training more youth on SRHR advocacy and policy Availability of resources | <ul style="list-style-type: none"> Lack of implementation in all counties Community stigma Homophobia Existence of laws that criminalize same sex intimacy | <ul style="list-style-type: none"> Policies Sociatal attitude on queer persons Criminalization of same sex/conduct |





Conclusion

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

