# **III MSI REPRODUCTIVE CHOICES**

**Health System Strengthening Vision Framework** 

# **ENABLING ENVIRONMENT**

#### **SUPPORTIVE SRHR LAWS**

Legislation that protects, respects and fulfils access to comprehensive SRHR.



**Health Workforce** 

SRHR (including SA/PAC) integrated into training packages for all cadres of health worker.



Reduced stock outs and improved commodity management at all health system levels

### **EDUCATIONAL INSTITUTIONS**

STRENGTHENING SERVICE DELIVERY SRHR is mainstreamed through the education system. SRHR information is available and health care providers are appropriately trained.

#### **Supply Chain**



#### Health workers empowered

by data to make decisions



Data for **Decision Making** 

Improved quality, timeliness, and validity of HMIS data.

Facility suitable and stocked for quality SRH services

Gender and social norms support access to quality SRH services and SRHR



Woman and girls have The ability and agency To access quality SRHR



**Trained personal** delivering quality assured SRH.

> Community engagement in health planning and monitoring.

CSO partners empowered to support improved





#### **Health Financing**

Increased domestic financing for FP/SA PAC as part of **UHC** efforts





**Civil Society Partnerships** 

Hold government to account for resourcing for health.



COMMUNITY LEVEL

**HSS Support** 

Informed by evidence of partners (TWGs, MEL, meetings etc).





**CIVIL SOCIETY** 

Joint planning, budgeting and monitoring of STRENGTHENING DEMAND

Civil society enjoys the freedom of assembly and association, expression and opinion.



## **LEADERSHIP** AND GOVERNANCE

Political institutions are able to ensure public health needs. including SRHR, are met.