IPPF International Planned Parenthood Federation
South Asia Region

Documenting Best Practices
ADVOCACY ON INTEGRATING SRH HIV



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South Asia Region

The International Planned Parenthood Federation is a global network of 153 Member Associations working in 173 countries and the world's foremost voluntary non- governmental provider and advocate of sexual and reproductive health rights. Its focus is on the poor, marginalised, stigmatised, socially excluded and underserved people.

IPPF's South Asia Office is located in New Delhi, India and supports the Member Associations in nine South Asian Countries – Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka.

"This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of IPPF and can under no circumstances be regarded as reflecting the position of the European Union."

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ADVOCACY ON INTEGRATING SRH HIV

Consolidating Learning, Promising Initiatives and Guidelines for Advocacy Actions



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ACKNOWLEDGEMENTS



We would like to acknowledge the contribution of the following people in developing this Best Practice Document on SRH HIV Integration: Ms. Joyatri Roy, the Consultant, for her technical expertise in conducting a series of discussions, deliberations and analyses of data and information with different audiences and thereafter writing the document.

We would like to thank all the Civil Society Organizations from the Afghanistan, Bangladesh, Iran, India, Maldives, Nepal, Pakistan and Sri Lanka for sharing the information, knowledge and innovations from implementing of this project in their respective countries. We would also like to acknowledge expertise of the Technical Hub Consultants who were critical in the process of preparing the document.

We are grateful to all the Country Team Members, Government Functionaries and Country Coordinating Mechanism of Global Fund from all the eight countries who supported this initiative and provided valuable information and insights.

We would like to thank IPPF Member Associations in Afghanistan, Bangladesh, Iran, India, Maldives, Nepal, Pakistan and Sri Lanka for their cooperation and support with this initiative.

We are thankful for the generous funding support provided by the European Union for developing and printing of this Best Practice Document on SRH HIV Integration as part of the Project entitled, “Building Momentum for Sexual Reproductive Health (SRH) HIV Integration”.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral medicines
EU	European Union
BPHS	Basic Package of Health Services
CCM	Country Coordinating Mechanism
CHC	Community Health Centre
DHO	District Health Officer
EDO	Executive District Officer
EPHS	Essential Package of Hospital Services
FP	Family Planning
FPA	Family Planning Association
HIV	Human Immunodeficiency Virus
IPPF	International Planned Parenthood Federation
MDG	Millennium Development Goal
MER	Monitoring, Evaluation and Reporting
MTH	MSM Transgender Hizra
MARPS	Most At Risk Populations
PACP	Pakistan Association of Clinical Psychologists
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
RH	Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
VCCT	Voluntary Confidentiality Counseling and Testing
WHO	World Health Organization
WLHIV	Women Living with HIV

GLOSSARY OF TERMS

Advocacy

Advocacy is the active support of an idea or cause expressed through strategies and methods that influence the opinions and decisions of people and organizations. Advocacy involves identifying, embracing and promoting a cause. Advocacy is an effort to shape public perception or to effect change that may or may not require legislation.

Integration

Integration refers specifically to a continuum of health service delivery of organized tasks that need to be performed in order to provide a population with good quality health services at the facility level.

Linkages

Linkages refer to health systems (co-ordination mechanisms, partnerships, monitoring and evaluation and logistics systems) and policies (protocols, funding mechanism, and legal issues).

Best Practice

Best practice is defined by IPPF-SARO as being, 'a practical instrument that facilitates sharing within and between Member Associations in order to assist stakeholders to scale-up interventions based on what is known to work'. The status of a best practice is attained through:

- Documenting, understanding and appreciating good experiences.
- Facilitating learning of what works and what does not.
- Sharing experiences.
- Proving replicability of small and successful interventions on a larger scale.

FOREWORD



Sexual Reproductive Health and Rights (SRHR) are integral to the attainment of human rights and are fundamental in achieving the unfinished agenda of especially MDGs 5 and 6. It is also critical to understand the interrelation of SRHR with HIVAIDS considering the present global scenario of the HIV epidemic, the lack of funding availability and the political will of nations on HIV.

In South Asia the vertically functioning SRH and HIV services is leading to insufficient information and support to SRH clients on HIV. Simultaneously it hampers access to information and services to HIV clients on issues related to SRH. Linking of HIVAIDS and SRH programmes could lead to assurance of higher-quality, lower cost and better-usage of services, particularly for the marginalized groups, thus containing the AIDS epidemic. The bi-directional linkages between the two areas mean that action in one area leads to benefits in the other. These linkages arise due to sexual and reproductive ill-health and HIV sharing common root-causes, such as poverty, gender inequality and social marginalisation of the most vulnerable populations. In addition, many HIV infections are sexually transmitted or are associated with pregnancy, childbirth and breastfeeding. Equally, poor SRH services increases an individual's vulnerability to HIV.

IPPF South Asia Region implemented a program advocating for the integration of SRH and HIV in Afghanistan, Bangladesh, Iran, India, Maldives, Nepal, Pakistan and Sri Lanka at policy, system and service delivery level through its Member Associations in the respective countries. The uniqueness of the program is its multi-stakeholder, multilayered approach promoting the concept of SRHR HIV linkages and integration at various levels. It facilitated in building up cross learning platforms and partnerships with different stakeholders, innovative integrated service approaches through provision of small grants and developing of a series of knowledge products which are useful for both replication and sustainability.

This document on ""Best Practices of SRH HIV Integration captures the process and the achievements of the past four years of the programme which also includes the learning and the way forward. Based on the three pillars of a) Strategic Partnerships, b) Capacity Enhancement and c) Knowledge Products, the document includes several case stories. These are on the i) varied partnerships built during the process, ii) scaling up of advocacy actions through capacity enhancement programs and iii) creating and supporting multidimensional learning opportunities in support of integration.

This document was conceptualized and reviewed by the IPPF SARO Team, Mr. Anindit Roy Chowdhury, Ms. Subhalaxmi Mohanty and Ms. Susmita Choudhury and drafted by Ms. Joyatri Roy, External Consultant. We are grateful to our Member Associations and all the civil society organizations from the eight countries in the region for providing timely inputs to the document.



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INTRODUCTION



An important component of IPPF's work at the global, regional and national levels is to persuade governments and decision makers to promote Sexual and Reproductive Health and Rights (SRHR), to change policy and to fund programs and service delivery. Crucially, it also seeks to place the delivery of sexual and reproductive health (SRH) services for those that most urgently need them, right at the heart of the Millennium Development Goals (MDG) debate[1].

This documentation is an attempt to consolidate various strategies that IPPF-SARO and its Member Associations (MAs) have adopted to facilitate an enabling environment to advocate for SRH HIV integration. This is not a guidebook for doing advocacy. We assume that the readers of this documentation are already undertaking some form of advocacy in their own sphere of work and are already exposed to advocacy strategies and tools. This document focuses on three pillars of advocacy actions and how they have been used by various countries to promote the cause. The spirit of this documentation lies in the fact that three pillars a) Strategic Partnerships, b) Knowledge Products and c) Capacity Enhancement were the common thread in all the eight South Asian countries and how beautifully it has spread its wings to reach out to various stakeholders with special emphasis on key populations, potential partners and the international community to advocate on the issue of SRH HIV integration.

The aim of this document is to share strategies that have worked in our advocacy project on the integration of SRH HIV interventions through models and practices. We hope that this will harness the wealth of experience amongst the practitioners, which will, in turn, promote a coordinated and coherent response that contributes towards an enabling policy environment, seamless accessibility to the integrated services, raising quality standards, appropriateness and effective service delivery.

We also hope that this documentation would make a strong case for developing platforms that promote participation of grassroots organizations (CBOs) and expose them to cross-cultural, multi-sectoral learning to enrich their own sphere of work.

Purpose of this documentation

- Widen the base of knowledge to make informed choices in the realm of program, policy and practice.
- Provide an understanding on the importance of various partnerships, linkages and consortiums that help in strengthening and complementing each-others skills for optimizing development outcomes.
- Make available examples of 'what works' to programmers and policy makers that will guide them in improved and meaningful decision-making on program policies and management.
- Avoid repeating errors in programming: Best practice documents share lessons learnt with an aim to guide programs towards a lower margin of error, and to enhance greater effectiveness of outputs.

To the true spirit that defines best practices which support the continuous process of learning, feedback, reflection and analysis of what works, what does not work and reasons why it does not work, this document will provide an insight to advocacy strategies that inspire improved programming and service delivery. It describes the advocacy efforts of IPPF –SARO and its Member Associations in Afghanistan, Bangladesh, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka.

1. http://www.ippf.org/our-work/what-we-do/Advocacy

Integrating SRH and HIV services: The case for integration

Evidence points to the importance of promoting SRH HIV integration as a strategy that could tackle issues ranging from lack of resources to stigma and discrimination that restricts accessibility of these services to the key population. It has also been proven that bi-directional linkages between SRH and HIV related policies and programs can lead to a number of important public health, socio-economic, and individual benefits. The fundamental linkages were articulated and human rights were enshrined as the cornerstone of this joint response by the 2004 Glion Call to Action on Family Planning and HIV/AIDS in Women and Children[2] and the New York Call to Commitment[3]: Linking HIV/AIDS and Sexual and Reproductive Health. The 1994 Program of Action agreed to at the International Conference on Population and Development (ICPD) was a landmark consensus document in advancing the sexual and reproductive health and human rights of women and girls. This ICPD agenda has firmly reflected in the SRH and HIV linkages agenda, in relation to the challenges faced by women and girls as a pillar for linkages and raised questions about whether tackling gender-based violence, preventing mother-to-child transmission, or advancing educational attainment would result in bridging this gap.

Over the past decade, a number of policy statements have been made and guidelines issued by international organizations exhorting greater commitment towards SRH and HIV linkages. These calls for integration were based on the argument that there may be common needs and concerns among clients seeking HIV services and those seeking SRH services, and that integrating both services provides an opportunity to address them efficiently and comprehensively. Furthermore, it was suggested that linkages between these two programs and services ensured that reproductive health needs and rights of all people, including those living with HIV, were met with[4].

In this enabling environment, where collaboration, linkages and integration are the core components needed to make significant headway to reach the MDGs, the socio-political as well as the programmatic importance of integrating (at least creating linkages) SRH and HIV has gained considerable momentum at all levels ranging from policy, systems and services.

The rationale, laid out since 2004 is indisputable – the majority of HIV infections are sexually transmitted or are associated with pregnancy, childbirth and breastfeeding; and the risk of HIV transmission and acquisition can be further increased due to the presence of certain sexually transmitted infections (STIs). Moreover, sexual and reproductive ill health and HIV share root causes, including economic inequality, limited access to appropriate information, gender inequality, harmful cultural norms and social marginalization of the most vulnerable populations.

The most compelling rationale for SRH and HIV linkages are that it is people centric, acknowledging that health systems need to meet people where they are. This concept was espoused in the Declaration of Alma Ata on primary health care for “bringing health

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2. *UNFPA & WHO (May 2004)* Glion Call to Action on Family Planning and HIV/AIDS in Women and Children.
3. UNFPA & UNAIDS (June 2004) *New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health.*
4. WHO, USAID and FHI (2009), Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services, WHO, Geneva, 2009

care as close as possible to where people live and work, and constitutes the first element of a continuing health care process"[5]. Whether providing women with family planning services to empower them, delivering comprehensive sexuality education for young boys and girls, preventing child marriage, eliminating gender-based violence, managing sexually transmitted infections, ensuring access to female and male condoms for dual protection (against HIV/STI and unwanted pregnancies), or providing antiretroviral treatment alongside cervical cancer screening, it is critical that enabling policies are in place and infrastructural support is provided to facilitate implementation of these comprehensive approaches[6].

In brief, when HIV/AIDS programs are linked with other initiatives {e.g. family planning, sexual health, ante- and post-natal care, gender-based violence (GBV) prevention and services, prevention and control of sexually transmitted infections (STIs), or youth empowerment} and vice-versa, they can demonstrate greater effectiveness and value for money than when implemented alone. The one window approach has both social and economic impact, helping better utilization of scarce human resources, and thus greater coverage especially for young people and the key population. Thus integrating SRH HIV interventions is a logical approach to provide an enabling environment that helps optimization of health care infrastructure and ensures inclusive and non-intrusive health services for all. Overall it is envisaged that linkages yield the following mutually beneficial results[7].

- Improved access to and uptake of key HIV and SRH services.
- Better access for people living with HIV to SRH services tailored to their needs and vice-versa.
- Reduction in HIV related stigma and discrimination.
- Improved coverage of underserved/vulnerable/key populations.
- Greater support for dual protection.
- Improved quality of care.
- Decreased duplication of efforts and competition for scarce resources.
- Better understanding and protection of individuals' rights.
- Mutually reinforcing complementarities in legal and policy frameworks.
- Enhanced program effectiveness and efficiency.
- Better utilization of scarce human resources for health.

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5. International Conference on Primary Health Care (September 1978) Declaration of Alma-Ata.
6. Ibid
7. The Global Fund to Fight AIDS, Tuberculosis and Malaria (2009) The Global Fund's Strategy for Ensuring Gender Equality in the Response to HIV/AIDS, Tuberculosis and Malaria ('The Gender Equality Strategy').

Rationale for documenting advocacy best practices on SRH HIV integration

Though there is a general consensus among various stakeholders on the rationale and importance of SRH HIV integration, the need of the hour is to determine and learn the ways and means of implementing an integrated approach within the given policy framework to optimize existing health infrastructure and facilities. With financial support from European Union, IPPF-SARO has implemented a project on ***Building Momentum for SRH HIV Integration*** which was adapted from a highly successful project[8] implemented in 10 sub-Saharan African countries which generated €430,469,860 in funds for integration projects from the Global Fund Rounds 8 and 9.

Key Expected Results

- Increased commitment of CCMs to SRH and HIV integration.
- Increased commitment within the government health system.
- Increased commitment of private sectors towards SRH & HIV integration.
- Enhanced capacity of CSOs in integration, proposal writing, gender, budgeting and financial management for Global Fund enhanced and integrated SRH HIV proposals submitted to the CCMs in project countries.
- Increased funding from the Global Fund for SRH and HIV integration in the eight project countries.
- Increased uptake of SRH and HIV services by young people.

This project was implemented in eight South Asian countries namely, Afghanistan, Bangladesh, India, Iran, Maldives, Nepal, Pakistan, and Sri Lanka through the MAs and with technical support from IPPF South Asia Regional Office (SARO) in New Delhi, India, from 2011 till 2015.

Though the specific objective of this project was to advocate for SRH and HIV integration in the operations of the Country Coordinating Mechanisms (CCMs) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in Afghanistan, Bangladesh, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka, but later due to the postponing of Global Fund Round 11, the objective **"To advocate for SRH HIV integration within the overnment health system and private sectors in the countries of Afghanistan, Bangladesh, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka"** was also added. This amendment included government stakeholders as a target audience to advocate on integrated service approach within the government health system. The project consists of the following four components which work in tandem to increase the CCMs' commitment to SRHHIV integration and thereby increase the number of SRHHIV integration proposals submitted to and funded by the Global Fund in the eight project countries. It also includes increase of the government stakeholders' commitment to providing integrated services.

i. Country Team: A multi-sectoral team established to raise awareness and advocate for SRH HIV integration at the national level (especially within Global Fund processes).

8. Mobilizing for RH/HIV Integration. A project partnership between IPPF, Population Action International, and other SRH/HIV stakeholders to mobilize funds from Global Rounds 8 and 9.

ii. Small grants to local civil society: to support advocacy with the stakeholders for SRH HIV integration in Global Fund proposals, positioning CSOs as Principle Recipients or Sub Recipients, advocacy and/or information work with media representatives to create greater coverage of issues.

iii. Technical Assistance: A Technical Assistance (TA) Hub established to support CSOs in making strong SRH HIV integration proposals to the CCMs and to support the CCMs in developing the technical capacity needed to commit to SRH HIV integration.

iv. National Advocacy: to build support for SRH HIV Integration. Advocacy activities will target CCM members, relevant government representatives, and stakeholders who are able to influence the CCMs.

This is a unique project that focuses on facilitating enabling processes and cross-learning platforms for varied stakeholders including the government, international NGOs, CSOs, CBOs and MAs for integrating SRH HIV at the policy, program and implementation levels. This four- year long engagement with concerned government departments, country specific NGOs, grass-root organizations as well as international forums helped in gaining specific insights on the principles of advocacy actions that could yield promising results contributing to MDGs 5 and 6 and significantly, increase uptake of both HIV and SRH services, especially for women, young people, PL HIV and marginalized groups.

IPPF-SARO and its MAs believe that sharing of adopted/followed processes, lessons and experiences amongst the different stakeholders will contribute significantly towards achieving universal access to SRH and HIV prevention, treatment, care and support. Thus, an attempt has been made to document the strategies that were adopted along with the examples from each participating countries towards achieving the project's stated goal of ***Building Momentum for SRH HIV Integration in South Asia.***

Advocacy is a core process for addressing inequity and disparities.
Advocacy addresses inequity by bringing the issue of child disparities to the forefront of the agenda for decision makers, by building awareness, visibility and public momentum behind the issue, and by improving access, cost and quality of programs and services for disadvantaged children and women. Central to its approach is obtaining disaggregated data on who are the most disadvantaged and excluded, gaining a deep understanding of the root causes of the problem, and creating an enabling environment so that the problem can be addressed. This involves strengthening the accountability of decision makers to the most disadvantaged children and women, and supporting the most disadvantaged children and women in claiming their rights. Advocacy addresses underlying causes of problems to achieve equity, and addresses issues of equity to solve underlying causes of problems (UNICEF, 2010)

Methodology

The methodology adopted for this documentation was based on the understanding that this document had to act as a practical tool that facilitates sharing within and between Member States as well as a larger audience and CSOs in order to assist stakeholders to scale-up interventions based on learnings, challenges and opportunities.

This was achieved by documenting, analyzing and appreciating promising initiatives, understanding and deriving learning of what works and what does not; sharing experiences; and culling out information for replication of small and successful interventions on a larger scale.

The methodology seeks to validate and strengthen the three essential components of this advocacy project

- Forming strategic partnerships,
- Preparing knowledge products,
- Enhancing the capacity of varied stakeholders.

The following data collection methods were employed, using a triangulation approach.

- Focus group discussions (FGDs) – five FGDs were conducted with groups of different target groups.
- Key informant interviews (with policy makers, project implementers) and stakeholders.
- Service provider interviews (8 interviews were held with service implementers and relevant government departments).
- Literature review (program and national records and documents including proposals and reports).
- Observation data (site visits to identified countries).

The criteria used are explained in detail below

Effectiveness	This is a fundamental criterion implicit in the definition. The practice must work and achieve results that are measurable. An initiative that has clear objectives, guided by identified needs established through a baseline study, and confirming that it is achieving the stated objectives, could be qualified as best practice.
Cost effectiveness	Cost of delivery is proportionate to available resources, that is, the intervention should be focused on cost optimization methods and approaches to reach out to a larger group with the available resources. The cost efficiency is measured by the capacity of the program to achieve desired results with minimum expenditure of energy, time and resources.
Ethical soundness	The intervention/initiative must respect the current rules of ethics for dealing with human populations as per the country context.
Replicability	How replicable is the approach/strategy and the interventions.
Relevance	Interventions need to take cognizance of the specific context in which they operate. The interventions/initiatives must address the priority advocacy issue on SRH HIV integration as per the need and requirement of the target population.
Innovativeness	A best practice may show a unique way of implementing a program that is more effective or saves resources.
Sustainability	Though it is not the primary criteria of the best practice documentation, but it is believed that if an intervention/ effort meets the above 5 non-negotiable criteria then the sustainability of the initiative/effort is almost ensured. Thus the interventions/initiatives have to be promising enough to show that they could be sustained after the project funding cycle is complete.

Adopted strategies and its application

Advocacy is a core strategy that is often adopted by development agencies to create and seek support for change or effective implementation of policy, program and operation. Advocacy is an effort that is targeted towards the internal organizational changes as well as external changes that would facilitate an enabling environment for a positive eco-system to optimize development outcomes. Partnership, engagement with a wider stakeholder base, involvement of opinion leaders, knowledge sharing and grass-root activism coupled with policy level actions are almost mandatory requirements to achieve results in advocacy actions.

Some of the techniques of advocacy that were followed by IPPF –SARO and its MAs are given below,

- Designing an advocacy and mobilization plan to achieve greater results.
- Creating and strengthening strategic alliances with key players within the UN system, CSOs and networks, governments, and the international development community.
- Policy monitoring and policy dialogue.
- Campaigns for policy change as well as effective implementation.
- Building the advocacy capacity of stakeholder groups.
- Preparation of knowledge products.
- Demonstrator projects.

In doing so, IPPF-SARO has focused its efforts in documenting on the basis of the three important pillars of advocacy:

- Strategic partnerships
- Knowledge products
- Capacity enhancement

STRATEGIC PARTNERSHIPS

IPPF-SARO believes that effective advocacy is possible through a regional advocacy partnership which is based on evidence and rooted in grassroots empowerment. Working towards this, IPPF-SARO and its MAs have formed varied partnerships to involve and engage a wider group of stakeholders to promote the SRH HIV integration agenda. Very effectively, the partnerships were formed by forming various committees based on the skill sets and influencing capacities of the members of that particular group.

Key Approach
- Involving leaders
- Building partnerships
- Mobilizing the community groups
- Capacity building
- Working with mass media

The formation of multi-sectoral Country Teams (CTs) in each of the eight countries to raise awareness and advocate for SRH HIV integration at the national level (especially within Global Fund processes) is a promising initiative that ensured wider awareness among the policy makers and opinion leaders. The identification of CT members is so appropriately done that it not only prepares them to do external advocacy, but also supports them in their own field of work helping to integrate SRH and HIV. Though it was a challenge to bring all CT members on the same level of understanding and interpretation of the advocacy agenda, but this diversity of members facilitated a multi-layered discussion that enriched advocacy actions on one hand and on the other it helped in reaching out to a wide range of people, who otherwise may not have been reached under the project.

"It is not only a space for getting prepared to do external advocacy, but a space to share knowledge and learning that could be applied in our own sphere of work. It is so important for me to negotiate and influence the employers' associations to integrate SRH in their HIV clinic for larger efficacy of their health service package to the employees": Anomy from Sri Lanka, an IR consultant

Role of CCMs (Country Coordinating Mechanisms of Global Fund)	CCM Core Functions
Country Coordinating Mechanisms are central to the Global Fund's commitment to local ownership and participatory decision making. These country-level multi-stakeholder partnerships develop and submit grant proposals to the Global Fund based on priority needs at the national level. After grant approval, they oversee progress during implementation. CCMs include representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, NGOs, academic institutions, private businesses and people living with the diseases. For each grant, the CCM nominates one or more public or private organizations to serve as principal recipients.	• Coordinate the development and submission of national proposals. • Nominate the principal recipient. • Oversee implementation of the approved grant and submit requests for continued funding. • Approve any reprogramming and submit requests for continued funding. • Ensure linkages and consistency between Global Fund grants and other national health and development programs. • Meaningfully participate in the National Strategic Plan (NSP) discussions at the country level. • Convene stakeholders to engage in inclusive country dialogue and agree on funding split

Working with the National Government as a partner in change has helped this project to build advocacy actions as per the country's situation, cultural specifications and need of the target population. This partnership was managed and mentored, largely by the MAs of each country. The uniqueness of this partnership was that it was built on an evidence based advocacy approach that focused on the achievement, challenges, and opportunities for further strengthening of the health care system.

In Afghanistan: The Afghan Family Guidance Association, MA of IPPF SARO has been able to advocate for joint monitoring of BPHS and EPHS service delivery points in coordination with representatives from NACP (National AIDS Control Programme) and RHD (Reproductive Health Dept.). This shift in monitoring practice has yielded positive results in terms of program optimisation as well as cost efficiency. Moreover, it has seen the results of monitoring being used and analysed to seek greater integration of SRH HIV at service delivery level.

In Sri Lanka: For the Family Planning Association of Sri Lanka, MA of IPPF SARO, SRH HIV integration is not a new concept or approach for them to work on. The country is already in its third phase of SRH HIV integration in terms of policy and operational strategy. Thus the partnership that was formed with the CCM and CT was more towards advocating for the effective implementation of policies and strengthening the health infrastructure that could facilitate the integration process at the community level. This has transformed the service delivery approach in the communities and has been able to create demand for integrated SRH HIV service at the clinics.

Engaging with media in India

Dindigul District HIV Positive Society (DDS+) is a district level network formed by, of and for people living with HIV/AIDS. Recognizing that the media can play a pivotal role in advocating for the SRH HIV integrated services, it had organized capacity enhancement training for 30 selected journalists from the electronic and print media. This workshop focused on the need to integrate SRH HIV services and how it could help PLHIVs to access quality services and reduce stigma. This workshop helped in building up a district level coalition of like-minded media professionals who could use the print and electronic media to spread information on SRH-HIV integration and contribute to building mass opinion on integrated SRH HIV services.

Engaging with media in Iran

FHA Iran has been working with the media for several years. The media advocacy work included sensitizing media on SRHR issues, providing fellowships to journalists to write on SRHR issues, formation of a committee of journalists, review of articles and awarding/recognizing the best article. FHA Iran tried to make the media advocacy effort more focused on SRH HIV/AIDS integration. Around 15 journalists were trained under this project. FHA Iran also conceptualized a radio program on integration, its importance and efficacy to raise general awareness among the Iranian population. This program was telecast on Iranian radio (Health program).

Working with large networks was another strategy that could be considered as a best practice in achieving the advocacy outcomes. As the aim was to build momentum to advocate for SRH HIV integration, the strategies were also focused on reaching out to a maximum number of people who could be made aware of the importance and benefits of integration. They could use this in their own spheres of life as well as demand integrated services at all levels of policy, program and practice. IPPF-SARO and its MAs have been instrumental in working with large country-wide networks to facilitate incorporation of the SRH HIV integration in their existing set of advocacy actions.

Engaging with media was another important strategy of this project. The uniqueness of this engagement was that it not only focused on responsible writing practices, but also oriented journalists from the electronic, as well as print media on the importance of issues related to SRH HIV integration. Besides this, CSOs were supported to continue with this engagement; CSOs were mentored by the MAs and the Technical Hub experts to develop content for the radio sessions and also helping CSOs to reach out to media personnel at the grassroots level.

The encouraging participation of a multi-sectoral, multi-stakeholder group to advocate for SRH HIV integration is a unique practice to facilitate an enabling environment for advocacy actions. This has served many purposes

- they have provided a platform for different perspectives to be discussed;
- they have created awareness among varied groups;
- they have integrated SRH HIV in their own work;
- they have facilitated formation of an interest group that can act as a pressure group for CCMs to integrate SRH HIV in their next negotiation with the Global Fund and
- as the members are all reputed citizens of the country, they become silent advocates for the issues under discussion. This partnership brought in the benefit of "economy of scale" with sharing of expertise, funds and human resources to advocate for the cause.

Engaging with the media in Sri Lanka

The Project had the unique opportunity to engage with Sinhala, Tamil and Muslim media personnel working in the print and electronic media at the district level in two provinces – Southern and Uva. This was achieved through the awarding of two small grants to **Prathiba Media Network (PMN), a young dynamic group of media enthusiasts in the Matara District of the Southern Province.**

Southern Province

PMN was already engaged in the publication of a Newsletter – "Wiparama" *(Inquiry)* and reaching out to young people through the radio programs in the Southern Province Radio Service – "RuhunuSevaya" of the State Broadcasting Corporation of Sri Lanka. This enabled the Project to maximize their existing capacities while using their ongoing operational strategies.

PMN selected 20 journalists from among the 200 journalists in the Southern Province through a competitive process based on the number of articles published by them during the preceding six months. The three workshops addressed the concept of SRH HIV integration and its benefits, and human rights and provided detailed information on MARPs including the Beach Boys who are a unique group found serving foreign visitors in the coastal belt of the Southern Province. Media participants were almost exclusively Sinhalese. The "Ruhunu Sevaya" granted an additional 30 minute free radio time for an extra broadcast based on the basis of high listener satisfaction ratings and requests for more programs.

Uva Province

The Uva Province has two large districts –Badulla which has a large Indian Tamil plantation community, and Moneragala that is predominantly agricultural and populated by Sinhalese. The province has been consistently underperforming on economic and health indicators. Overall, the estate underperforms on indicators on reproductive health, mother and child morbidity and mortality in comparison to national averages and also reports concerning levels of GBV and early marriage.

The target audiences were media personnel who were key opinion makers and sources of information for the general public. Journalists from the Eastern Province also joined in the meeting where parallel sessions in Tamil and Sinhala were conducted to facilitate in depth discussions on sensitive issues such as abortion, teen pregnancies etc.

Using two mass media approaches - newspaper articles and radio broadcasts ensured the wide engagement with all ethnicities while strategies such as the Listener's Quiz and prizes promoted the interest and engagement of young people. The quality of the radio programs was ensured by using the TH experts to provide the technical content on SRH HIV integration and gender and rights based issues. The publication of newspaper articles after the workshops provided tangible evidence of the outcomes.

Engaging with the media in Bangladesh

Bondhu trained around 60 media personnel on SRH HIV integrated intervention and its importance in regards to the sexual minority community. **Aid Organization (AO)**, another civil society organization in Bangladesh also trained both print and electronic media personnel from Barisal to enhance their knowledge base on SRH HIV integrated intervention. The print media and community radio was a useful medium to reach out to the larger masses.

Bangladesh Nari Sangbadik Kendra (A center for women journalists, Bangladesh) is an organization that aims to support and encourage women journalists. This platform for women journalists was used to sensitize 40 women journalists on SRH HIV integration.

Engaging with the media in Nepal

Radio Audio Pvt. Ltd. of Nepal trained media personnel as part of this project and broadcast several episodes on SRH HIV integration. To bridge the knowledge and information gap, Radio Audio produced and broadcast radio episodes 'Khulduli.com' addressing adolescent and youths, in order to encourage them in safer sexual and reproductive behavior.

The aim was to create mass awareness among adolescents and young people to keep themselves safe from HIV and how they could practice safer and responsible sexual behavior. In addition to this, the endeavor was to raise their knowledge base on SRHR. The sessions ranged from having experts answer their queries through a radio interactive program on SRH HIV. The program included interaction with former drug users and peer educators. These sessions enabled the youth to clarify their doubts, understand the consequences, and the availability of services and most importantly the confidence to access SRH HIV integrated services and information as required by them.

These sessions got huge public response and support. The radio station received several SMSs asking for the continuation of the program and also for clarifying doubts. Looking at the success of this initiative, the organization continued these sessions as a good public measure.

"As the program has been receiving a number of SMSs on HIV and STI, Radio Audio continued to produce and broadcast the episodes on HIV and STI. We found it essential because there are many who are still unaware about HIV and STI. Thus, it is essential to disseminate information regarding HIV and STI and live a healthyand stigma free life. For this, Khulduli.com production team has used pamphlets and reference books to answer the queries."

The case of strategic partnership in Bangladesh

The Marie Stopes Clinic has been providing a wide range of SRH services including MR in Bangladesh since 1988. Marie Stopes' vision was to provide improved SRH and the well-being of women, men and adolescents in Bangladesh. Marie Stopes Clinics reach out to 62 districts of Bangladesh with their SRH services. FPA Bangladesh partnered with Marie Stopes to provide capacity enhancement training for their staff members as well as the NGOs who are part of the Marie Stopes network. This partnership provided FPA Bangladesh with a platform to train around 57 NGOs, representing 62 districts of Bangladesh on the issues relating to SRH HIV integration.

Similarly, FPA Bangladesh has worked very extensively with the STI/AIDS network of Bangladesh (SANB). This network covers the entire country and has around 250 members. This partnership has enabled FPA Bangladesh to train all members of this network on the issues related to SRH HIV integration. This ensured that at least one NGO in each of the districts of Bangladesh is empowered with the know-how of SRH HIV integration.



This strategic partnership has helped to reach out to a larger population with information and awareness about the benefits of SRH HIV integrated services. These partnerships have also yielded results in reaching out to the most disadvantaged and often excluded groups in the country (hilly areas of Bangladesh).

Most importantly, each of these NGOs has brought a different set of values, priorities, resources and competencies to a partnership, but has become aligned to a common vision in order to advocate for SRHHIV integration.

Knowledge sharing as a strategy for partnership in Sri Lanka

FPA Nepal adopted a strategy to showcase their work related to SRH HIV integration in various forums and platforms that they had participated during the project period. This strategy of presenting their work resulted in a) peer reviews and insights to optimize the impact of the intervention; b) recognition and endorsement of the ongoing efforts and c) building connects and links with professionals from other countries for exchanging learning and future collaborations.

Two such important platforms were a) **Sri Lanka: Strengthening provincial alliances and networks to respond to SRH and HIV health challenges for beyond 2015**: *Asia Pacific Conference on Reproduction and Sexual Health Rights. Manila January 2014* and b) **Sri Lanka: Advocating for SRH HIV Integration through Partnerships and Networking using Provincial Structures as a Platform:** *Asia Pacific Academic Consortium for Public Health Conference Wu Han, Hubei, China October 2013.*

The eight foundation areas for stronger advocacy

1. Credibility,
2. Skills,
3. Intra-office coordination and leadership,
4. Capacity to generate and communicate relevant evidence,
5. Ability to assess risks,
6. Capacity to work with children and young people,
7. Long-term partnerships that can form a broad base for advocacy, and
8. Sufficient resources

VOICE OF A SMALL GRANTEE

"We were working on HIV/AIDs for several years now, but the partnership with FPA Sri Lanka was an opportunity to expand our understanding on the need for integrating SRH HIV interventions and how important it was for our target group to access integrated services. This was our first exposure to the issue of SRH HIV integration and we learnt how seamlessly it could be incorporated into our existing programs for our target communities." Dieherm, Sri Lanka



The case of strategic partnerships in Nepal

In Nepal, FPA Nepal has strategically partnered with youth networks, such as Youth Vision. Youth Vision was established in 1985 to serve people who use drugs and people infected and affected by HIV/ AIDS. In Nepal, Youth Vision (YV) is viewed as a pioneering organization dedicated to minimizing drug use and drug induced HIV. Partnering with Youth Vision enabled FPA Nepal to reach out to the people who use

drugs with adequate information on the SRH HIV integrated services. This approach has enabled them to include key populations and to empower them with information, knowledge and access to the integrated SRH HIV services. This advocacy project helped them to strengthen their service delivery.

FPA Nepal has also partnered with the national network "NANGAN" which has around 200 NGOs as its members. This partnership ensured that the agenda for SRH HIV integrated services was included in the existing activities of these NGOs, resulting in a larger reach and advocacy actions.

The approach to partner NGOs such as Youth Vision and a national network like NANGAN, expanded the reach of the advocacy actions to include the unreached population, living in different parts of the country with limited resources. The knowledge sharing on the importance of SRH HIV integrated services helped in the seamless incorporation of SRH interventions with HIV initiatives and vice versa.

VOICE OF A SMALL GRANTEE

"We work with people who use drugs and are living with HIV. We are considered to be the pioneers of this work in Nepal. For us SRH was a concern but never thought that it could be integrated with the existing services that we provide in HIV to this most excluded population in Nepal. Though the engagement with FPA Nepal started with the capacity enhancement training, we consider this a much valued partnership as it has enabled us to serve our target population better."
Youth Vision- Nepal

Building momentum for RH HIV integration in Afghanistan: A case study of AFGA

The Afghan Family Guidance Association (AFGA), Member Association of IPPF in is working in the field of reproductive health and rights.

Keeping in mind the socio-political context of Afghanistan, AFGA started its advocacy efforts to integrate RH HIV by conducting meetings and workshops with different stakeholders within the Ministry of Public Health (MoPH) and with CCM members. AFGA facilitated joint visits by the RH directorate and NACP to the BPHS and EPHS facilities to recognize the need for integrated RH HIV services. The good reputation and rapport that AFGA had with the MoPH, and also their membership in the Reproductive Health Task Force as well as the National AIDS Control Program helped in facilitating an understanding among the government authorities. This helped in convincing stakeholders at the provincial level on RH HIV integration. AGFA also started implementing the PPTCT project which was under the NACP's purview and funded by UNICEF. This resulted in greater recognition of the need for RH HIV integrated services and practices in Afghanistan.

AGFA also enrolled as an observer of the CCM meetings which helped in understanding CCM proceedings to advocate on integration. To keep the momentum alive, AGFA involved CCM members in their events, workshops and regional training programs on RH HIV integration. This subtle way of knowledge sharing and confidence building among the government stakeholders helped AGFA to continue with the advocacy efforts at a national as well as provincial level.

This policy level advocacy was supported by the grassroots advocacy actions by funding two youth organization's to help address the issues of youth and the key population. This resulted in the a)formation of a youth coalition, b)HIV awareness sessions and c)advocating for integrated services for the key population particularly for HIV and STI management and youth friendly services.

Recognizing the context in which the program operated and penetration of the advocacy actions at the grassroots as well as at the policy level could be considered as a promising practice that could be replicated in other similar contexts.

Building momentum for RH HIV Integration in Iran: A case study of FHA Iran

FHA Iran focused its efforts on empowering CSOs and building advocacy through private sector partnerships to achieve the objective of SRH HIV integration. FHA Iran started its advocacy action by partnering with the Welfare Organization of Iran in Kish Island to organize a seminar with the Directors of NGOs Active in the field of Harm Reduction.

Another important partnership that FHA Iran had nurtured was with the private sector. Realizing that the health companies could play an important role in implementing integration programs in the country, a meeting was organized in cooperation with Parsian Evin Hotel. About 69 participants from different organizations such as the Ministry of Interior, Prison Organization, Ministry of Health and Medical Education, Ministry of Foreign Affairs, Tehran University, Municipality, UNDP, UNFPA, UNHCR, UNAIDS and as well as FHA Iran staff members participated in the meeting. This was the first step in involving the private sector as partners in advocating for integrated SRH HIV actions. Simultaneously, advocating through media and capacitating media personnel was another strategy that FHA Iran had adopted. The most important of all was the engagement with the midwifery system of Iran and its strategic leveraging to advocate SRH HIV through actions.

Given the context of Iran, it is imperative to identify partners with complementary skills and influencing power that could help in promoting the cause. FHA Iran had beautifully crafted the advocacy program to build momentum at the grassroots level through action oriented advocacy along with policy level initiatives to influence institutional changes by engaging with policy makers, UN bodies and the private sector.



A case of regional initiative at Asia Pacific Region

IPPF SARO has been engaged in several global and regional processes of United Nations at the Asia Pacific level. Being the critical years of ending of MDGs and the formulation of the Sustainable Development Goals in the Post 2015 development framework, IPPF SARO advocated on SRHR HIV Integration at International AIDS Conference 2012, Asia Pacific Population Conference 2013, Commission on Population and Development 2014 and 2015, HIV Intergovernmental meeting 2015 and Asia Pacific Forum on Sustainable Development 2014 and 2015. In each of the forums the emphasis was on need and importance of linkages and service integration. In the HIV Intergovernmental meeting, IPPF SARO partnered with two regional organizations and UNAIDS to organize an event "My Body My Rights" where the focus was reprioritising HIV in SRHR highlighting the fact that every person living with HIV is entitled to Sexual Reproductive Health Rights. The panellists of the event comprising of youth and key population including transgender, PLHIV and LGBTIQ shared their experiences, best practices at different levels on integrated services reducing stigma and discrimination. In order to increase political will on HIV, IPPF SARO worked closely with different Governments in the UN processes advocating on Integration of SRH and HIV which can enhance program effectiveness and efficiency, reducing duplication and competitiveness for scarce resources.

IPPF SARO along with FPA India commissioned a study to gather viewpoints of agencies and networks working with PLHIV and vulnerable populations in India. The aim was to strengthen HIV responses in the Sustainable Development Goals (SDGs) and agree on suitable global and national indicators on achieving HIV and SRH targets. This study was used a base document while advocating with the Governments during HIV Intergovernmental meeting.

The study highlighted the voices, perspectives and insights of Indian civil society agencies and community leaders who work with and represent people living with HIV and key populations such as female sex workers (FSWs), men who have sex with men (MSMs), transgender (TG) people and people who inject drugs (PWIDs).

Key recommendations to sustain international and national commitment on HIV responses as part of the Post2015 development agenda

- Endorse the inclusion of HIV and SRH targets under SDG 3 (health goal).
- Include the term 'sexual and reproductive health and rights' (SRHR) in the SRH target of SDG 3 and develop appropriate global indicators for SRHR.
- Contribute funds for supporting the work on HIV and SRH through the current (e.g., GFATM) and/or new international funding channels for health.
- Endorse the provision of essential HIV and SRH services under the 'Universal Health Coverage' target of SDG 3.
- Involve civil society working on HIV and SRH when finalizing the list of global indicators to track progress on HIV and SRH.

Learning

To prosper and grow as an advocate, more often than not, one needs to find creative new ways to expand and diverge into new partnerships. Strategic alliances/partnerships have grown increasingly popular and serve as a means for both parties to increase the awareness on the advocacy issues and capital, without expending extra time or experiencing significant financial impact. Some of the learnings that we observed in this program by adopting this strategy are:

- Strategic partnership creates a supportive policy framework for integration and promotes larger accountability of stakeholders.
- It supports and strengthens models for integrated, interlinked SRH and HIV services, promoted by a group of stakeholders to systematically initiate an integrated, collaborative and mainstreamed intervention that would result in the provision of quality services and effective use of resources.
- Before pursuing a strategic partnership, one should identify partners that offer different, yet complimentary skill sets from their own eco- system, but act on similar values, norms and principles to achieve advocacy outcomes.

Advantages of forming strategic alliances/ partnerships

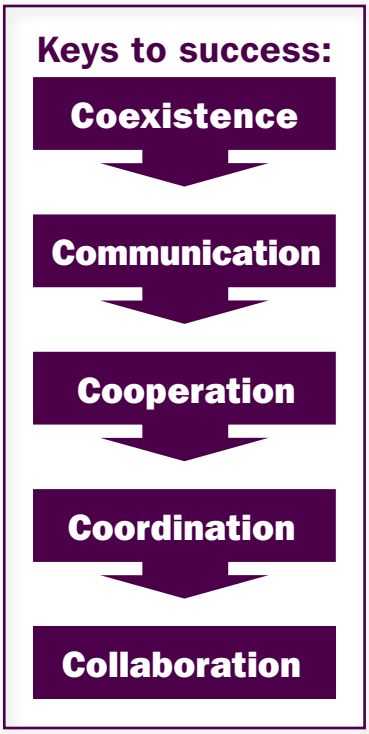
- Enlarges the area of support.
- Provides safety for advocacy efforts.
- Magnifies existing resources.
- Increases financial and programmatic resources.
- Enhances the credibility and influence of advocacy efforts,
- Helps develop new leadership.
- Assists in individual and organizational networking.

- We learnt that in approaching a potential alliance partner, one of the most important things to keep in mind is, "Ask not what your strategic partner can do for you, but what you can do for the partnership?" The most important point to keep in mind about a strategic alliance/partnership is that it has to be mutually beneficial.

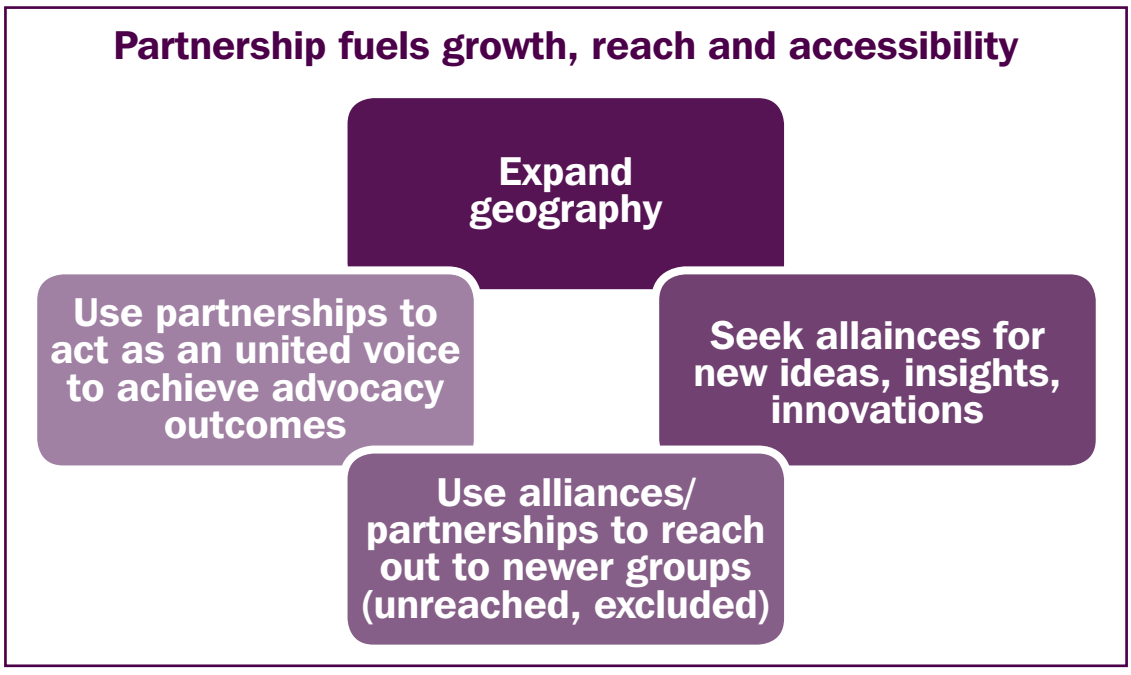
- Strategic alliances/partnerships are extremely beneficial in reaching out to a wider group of people, offering opportunities for increasing exposure to the advocacy issues through the partner's channels, as well as the potential to offer supplementary services to existing ones.

- Advocacy initiatives should constantly search for new, creative ways to increase the target population. They should reach out to new potential groups and forming a strategic alliance/partnership provides an opportunity to do that.

- Nurturing a trusting, solid partnership that would provide access to a completely new target population that the organization may not have had access to otherwise.



Thus, one of the key components of the advocacy program is to form strategic partnerships that support joint strategic planning and evidence-based advocacy on government commitments to bring about real changes in the lives of women, youth, their families and communities. This in-turn would create new advocacy opportunities that heighten the demand for better health governance and accountability in the context of integration, access and affordability.



CAPACITY ENHANCEMENT OF CSOS

Capacity development is a fundamental part of advocacy projects. Much of the success of the advocacy initiatives depends on the national capacities to deliver on the advocacy agenda. But, often capacity enhancement programs are conducted as a by-product of any activity and not with strategic intent. IPPF-SARO and its MAs have realized this requirement and have adopted this as one of the core strategy of this project. IPPF-SARO and its MAs have addressed this aspect of advocacy actions through training, providing technical advice, exchange of experiences, research, and policy advice. Many times, these activities strengthen the skills of individuals, but have not always succeeded in enhancing the effectiveness of the ministries and other organizations where those individuals are working, thus a conscious effort was made to enable organizational development through these capacity enhancement trainings. It was addressed by forming Technical Assistance Hubs, Country Teams, working with CCMs, capacitating CSOs and also hand-holding CSOs to help align their existing work to incorporate SRH HIV integration.

This strategy could be viewed as a process that was set forth to widen the scope of advocacy at all levels of operations: ranging from policy to practice and operations. This approach had helped in increasing the number of women and young people who know their SRH rights entitlements and have access to integrated services as and when required by them.

This strategy was considered to be a long-term, endogenous process of developing sustainable abilities at all levels: the individual, organizational, institutional and system levels. This was linked to and has implications for NGO action in four different, yet interdependent ways. Firstly, the all-encompassing approach of capacity development fits well with NGO action. NGO interventions are known for involving local stakeholders, for being adapted to the local context, for providing awareness and for developing capacity, all of which are aimed at community empowerment.

Secondly, capacity development is linked to governance issues in the sense that it asks the question of who should be properly involved in what. Within the SRH HIV integration program, the knowledge of NGOs in the realm of SRH HIV integration contributes to their relevance as actors. Such knowledge might prove to be particularly valuable in order to meet some of the current challenges in providing health care.

Thirdly, given the complexity of the issue, and the broad and somewhat indistinct interpretation of 'capacity development' NGOs can contribute by giving the

Components of capacity enhancement

- What it SRH HIV Integration, what benefits could it bring and what are the principles involved?
- What are the 'roadblocks' to SRH HIV integration?
- How do you decide what to integrate and how?
- What are common models for SRH HIV integration?
- How do you put SRH HIV integration into practice in your services, logistics and human resources?
- How do you put SRH HIV integration into practice in planning, management and systems?
- Rights, contexts and synergies: What 'makes or breaks' SRH HIV integration?
- Do you monitor and evaluate SRH HIV integration?
- How do you promote and advocate SRH HIV integration?
- Identifying next steps for action on SRH HIV integration?
- Mainstreaming gender in SRH HIV integration.

concepts and real content through concrete action alongside the government. In this sense, capacity development of NGOs can help them influence each other: Capacity development can open up new spaces of intervention and new activities for NGOs. Conversely, NGOs can take part in and shape the content of capacity development efforts and health policy, as they consider capacity development a "mixture of politics and management". Beyond the management approach advised through capacity development, NGOs can participate in negotiating and defining the broader understanding and policy implications of the concept.

Finally, capacity development was used as a useful tool for CSOs to have an impact on their existing work and thus improve on their program/service delivery mechanism, with regard to the sustainability and the limited scope of their actions.

As one of the inherent weaknesses of CSOs is that they are unable to provide an overall framework in which to operate, the capacity development trainings were able to provide such a framework, and contribute to improving and diversifying NGO action aimed at the public health sector.

Concerning the lack of sustainability associated with NGO action, capacity development constitutes a comprehensive approach to development that distinguishes itself from the 'project approach' to an integrated program delivery system that is sustainable in its own way.

As capacity building requires a learning-by-doing approach that cannot easily be accommodated within the formalities of a classic project style. IPPF-SARO had developed a "Small Grant Program" to mentor CSOs as well as to sow the seed of sustainable, long-term actions that would facilitate the integration of SRH HIV as part of the larger public health issues. Around 350 CSOs were trained under this capacity development training, across eight countries in South Asia. Forty four small grants have been provided to 30 CSOs from districts and provinces of eight implementing countries to reach out to different populations for integrated SRH HIV services on one hand and on the other to develop an understanding and awareness on the importance of integrated SRH HIV interventions to create demand at all levels – policy, practice and operations. What makes it a best practice is that the capacity enhancement was a multi-dimensional, multi-layered initiative. It had brought in policy makers, opinion leaders, service delivery organizations and CSOs to increase their knowledge base on issues related to SRH HIV integration as well as its application on the ground to ensure people-centric, one-window service delivery that ensures optimization of resources from the point of view of both service seekers and service providers.

FROM A PARTICIPANT'S DIARY

"After attending the first workshop of the Family Planning Association of India on SRH HIV Integration in May 2012, we realized the importance and benefits of SRH related information for its targeted population i.e. for MTH (MSM, Transger and Hizra) community and female sex workers. The USO Board of Management decided to integrate SRH related information, counseling and referral services in its all HIV/AIDS programs supported by various donors and made HIV services the entry point for providing other SRH services in its ongoing projects for high risk population": Universal Service Organization (USO), Rayagada, Orissa

Voice of a Practitioner: My first step for HIV SRH Integration

I am a member of the district level network (DLN) of people living with HIV – Bhavnagar District, Gujarat State. I was responsible for counseling of HIV positive people on various issues related to HIV/AIDS. But I was unaware of the need of SRHR for the people living with HIV. During the Koshish Project, I got an opportunity to go through training related to SRHR. The training helped me to understand the reproductive and sexual health needs of PLHIVs and integrate this knowledge while counseling PLHIVs.

As I got to know the importance of SRH HIV integrated services, I started advocating with CHC and district level decision makers to perform normal deliveries for WLHIV at CHCs which was otherwise denied to PLHIVs in Bhavnagar District. Evidence based grassroots advocacy, strengthened by constant follow up and support from DLN of Bhavnagar, we were able to institutionalize normal delivery of WLHIVs in four CHCs at Palitana, Koliyad, Shihor and Vallabhipur from March 2014. This is a huge success of our advocacy action as the economically poor WLHIVs from remote areas need not travel to the district hospital for deliveries. – **Hina Chhgnani, Bhavnagar District, Gujarat State**

Importance of involving civil society in advocacy actions

Successful advocacy efforts do not just address immediate problems, they can help transform the relationship between the government and civil society from distrust and power struggles to partnership and cooperation. By making the voices of civil society heard in an open and transparent manner, advocacy can ensure that policy dialogue and decision making is informed by the perspectives, concerns and voices of children, women and men, including those who are often forgotten and marginalized.

VOICE OF A PRACTITIONER

Integrating SRH HIV seems to me a spontaneous progression of my work

"My staff members are already in the field to raise awareness among the villagers on malaria and its prevention mechanisms. For me, adding information on the SRH HIV integrated services and its importance was a natural response. I thought about it, initially but then realized that it will be immensely beneficial for my staff members as well as the target population that we cater to. It was a welcome move for my staff members to discuss other health issues like SRH HIV and for the target population to learn a new subject which is often neglected, but of utmost importance for their development" – ***Dr. Afroja Parveen, NUS Founder Director, Bangladesh***

VOICE OF A PRACTITIONER

Integrating SRH HIV is a mandatory step to protect my own people

"For me it is about my own community and my own people. I see them going to other countries for work and then returning home after a few months. I am not sure what happened in the foreign country where they stayed for a long time. After I got trained, I started discussing this in my own family, my neighborhood, in the micro-credit groups and with youth in my village. Initially there was resistance and people misunderstood me, but once I started discussing it with facts and figures as well as stories from the nearby villages, they agreed. Today, I see parents accompanying their children for HIV testing when they return from other districts of Bangladesh or other countries. Also parents are aware of the tests that they need to do prior to fixing up marriages." ***Sauda Begum, Micro-credit, Bangladesh leader***

Technical Assistance Hub

IPPF – SARO established a Technical Assistance Hub at the regional level to provide technical assistance to CSOs and members of CCM of the Global Fund through a pool of consultants in coordination with the MAs in eight countries. The main objective of the hub was to enhance the capacities of CSOs and CCMs so that comprehensive and integrated proposals are submitted in the upcoming rounds of Global Fund and also to provide technical assistance as required in cases where (integrated) proposals have been accepted by the Global Fund.

Role of Technical Assistance Hub Members - A South Asia Regional Initiative

The Technical Assistance (TA) Hub was primarily established at the IPPF South Asia Regional Level to support CSOs to make strong SRH HIV integration proposals to the CCMs and also to support the CCMs in developing the technical capacity needed to commit to SRH HIV integration. The TA Hub is regionally managed by IPPF- SARO and included a pool of 30-35 consultants based in South Asia who are experts in their respective countries. IPPF- SARO provided training to technical hub consultants on the concept of SRH HIV integration, gender mainstreaming and equality, proposal development and finance management (Global Fund). In turn they used the manual developed by IPPF to provide capacity enhancement training to the CSOs and other stakeholders on the above mentioned thematic areas.

The hub members were diverse in their skill sets. There was a good mix of members with expertise on

- issues related to SRH HIV,
- gender equality and mainstreaming
- Global Fund proposal writing and
- Global Fund budgetary processes and financial management.

The selected consultants came with local and regional experience in their respective spheres and had worked with/were currently working with UN agencies, multilateral and bilateral donors, and international NGOs.

Role of Country Team Members

A Country Team is a multi-sectoral team established by MAs at the country level. It works as an advisory body and supports MAs in reaching out to key stakeholders and in strategy development to advocate for SRH HIV integration at the national level and CCM for Global Fund funding.

Country Team members

CCM members, Ministry of Health officials, activists and representatives of SRH and HIV organizations.

This strategy was based on a needs assessment that involved strengthening the capacity of the entire eco-system that is expected to deliver on the SRH HIV integration agenda, including strengthening the network and program partners' capacities. This ensured the comprehensive coverage different stakeholders through this project.

The rigor by which members of the Technical Assistance Hub were selected and the CSOs were identified to carry forward the advocacy agenda had emphasized the importance of this strategy. The categories for assessment include operational capacity, management

capacity, adaptive capacity, leadership capacity and more importantly the target group that they cater to and their presence and penetration at the community level.

The Technical Assistance Hub's unique approach in the multi-ethnic setting of Sri Lanka

This advocacy project was targeted at a versatile audience that included policy makers and decision makers, and key populations, youth and adolescents, and women - including those in the former post-conflict areas of the Northern and Eastern Provinces, the underserved plantation sector and the Southern Province coastal tourist belt. Besides this, the challenge was that the target audience represents three main ethnic groups- Sinhalese, Tamil and Muslim. Recognizing the importance of imparting training in the language of the ethnic group, Family Planning Association Sri Lanka (FPASL) identified experts who could speak at least 2 languages. The ethnic and gender balance of the TH Hub: was largely maintained throughout the project. At any given time the project had 7 – 8 experts on call and some with expertise in more than one area.

Technical Hubs were drawn from the academia, activist groups, GFATM Project in Sri Lanka and the central level Line Ministry of Health (National STD/AIDS Control Program (NSACP)) and provincial level (Eastern Province Ministry) of the healthcare delivery system.

Further, the Country Project Coordinator a lady with Public Health Consultant with almost 9 years' experience in the National STD/AIDS Control Program and working in the preferred sphere of SRH HIV and gender was always available as an additional resource.

This approach ensured the availability of adequate resource for programs as all experts had demanding professional commitments.

Working in a group facilitated greater professional recognition and cooperation among experts and also increased the gender sensitivity of those who were less familiar in this sphere.

This approach also ensured that the capacity enhancement trainings were conducted in three ethnic languages which ensured greater understanding, open discussion and seamless incorporation of the integration issues in the day to day activity of the participating organizations and media.

Capacity enhancement Training to Action – the case of Bangladesh

Family Planning Association Bangladesh (FPAB) has trained around 100 CSOs from across the country on issues related to SRH HIV integration. The emphasis was to build the capacity of those CSOs that have community outreach as well as networks of CSOs who can reach out to the maximum number of people, primarily women and youth to spread the word about the importance of SRH HIV integrated services.

The primary objective was to empower CSOs and existing networks with adequate information on the subject of integration and its nuances in terms of

implementation. CSOs have used this training in different ways to reach out to their target population.

A micro-credit leader from Khulna, Bangladesh has used this information to educate her target population i.e. village women who are members of self help groups. A session on SRH HIV integrated services was undertaken as part of the monthly meeting. It was a non-intimidating way of raising awareness among the village community who experience migration to other countries where there is a high incidence rate of HIV.

Another micro-credit leader has used this information to educate youth on the importance of HIV testing and seeking proper help and services on SRH issues. This leader has also trained other CBOs on the importance of SRH HIV integrated services along with how and where they can access these services.

The largest network of Bangladesh and its members has used this training to further educate CBOs in their own geographical locations. One of the network members, Anondo, has set up village resource centers to facilitate life-skill trainings for the rural youth of the hilly regions of Bangladesh (these are also considered to be very remote and often inaccessible). These centers are facilitated by village volunteers who belong to the same community. These village volunteers are also trained in the issues related to the importance of SRH HIV integrated services and are skilled enough to impart training to the youth to demand and access integrated services.

Another organization, Bondhu has used this opportunity to strengthen their own organization with information and knowledge on SRH HIV integration. Promotion of SRH HIV integrated services has formed part of their third strategy document. The organization has worked with media extensively and has trained 37 media leaders as part of this project. As a result, it has been able to curve out a niche program on "Media Fellowship" to promote the advocacy action and information sharing on SRH HIV integration with emphasis on sexual minorities.

Another organization, Nari Unnayan Samiti has used this opportunity to train 34 staff members on SRH HIV integration to raise awareness in the community that they serve.

DEIHERM's approach to SRH HIV integration among youth and adolescents: From capacity building to action

DEIHERM worked with various categories of youth and adolescents: With school youth, out of school youth, Beach Boys, and three wheeler drivers to form a concerted approach to first provide a platform for them to share their concerns and then to educate them on SRH HIV services and its importance accessing comprehensive services. The key strategies included:

- Implementing the program through the CSO network to reach out to larger number of youth and adolescents. This also helped in creating a platform to express ideas and share experiences among a larger group of youth, resulting in wider awareness generation.

- Facilitating the creation of a teen's club network across the country to promote the cause of SRH HIV integrated services is a laudable initiative.

- Discussion with the municipal council and other stakeholders of the district to organize joint programs with the District Deputy Health Services Office

- Well-articulated communication materials for targeted stakeholders: This was a good way of involving various stakeholders ranging from district health officials, youth, health workers to CSOs.

- Identifying key persons and particularly youth to conduct awareness programs among Beach Boys and other target groups. This also helped in facilitating to one discussion to collect a lot of hidden data and behavior of adolescents. They used the participants who had actively participated or were curious to know more details about participating in one to one discussions. That was a good strategy to identify new issues and find new case studies within society.

- Starting beach Volley Ball among the beach boys and the peer educators was a good strategy to sustain the relationships among Beach Boys' groups.

The above example shows that an integrated strategy needs to be adopted to ensure SRH HIV integration at various levels and primarily on the demand generation level. DEIHERM has achieved great success in their six months program and have planned several activities to sustain this momentum:

- A Facebook page for adolescents and youth (special emphasis on teens) to discuss and share SRH HIV issues;

- Comprehensive sexuality education for the out of school youth and adolescents as well as school going youth through peer networks;

- Establishing teenagers networks (10 to 18 years) for spreading awareness,

- Contributing to the Draft policy on Health of Youth Person

- Capacity enhancement of adolescent and

- Establishing teen clubs to focus on their needs and requirements on matters related to SRH HIV.



From Learning to Action: A case of Indian CSOs

Child in Need Institute (CINI): CINI discussed the importance of SRH HIV integration in one of their strategic planning meetings with all the board members and it was decided to henceforth write project proposals to be submitted to various funding agencies, integrating both SRH and HIV components for maximum impact. CINI is promoting SRH and HIV integration in all new health initiatives that they undertake. As a policy, all new employees inducted in CINI are oriented on SRH HIV integration and its benefits.

Narayani Seva Sansthan, a Bihar based CSO also made good use of the capacity enhancement programs. After attending FPA India's workshop on SRH HIV integration, the key lessons were shared with board members of the organization about the need for SRH HIV integration and incorporating the same in field level activities for the dual benefit of beneficiaries. They now organize regular follow up meetings with staff about delivering services on SRH HIV in an integrated manner. The Human Resource policy of the organization talks about providing induction training to all newly recruited staff on SRHHIV integration. The organization has also decided to include SRH HIV integration related activities in all their new program proposals to ensure inclusion of integrated SRH HIV at the organizational policy, practice and delivery level.

SEEDS from Andhra Pradesh, who had benefited from the workshop, were able to identify the sexual and reproductive health needs of the various target audiences. Despite vast experience in the implementation of HIV/AIDS services among various clients, SEEDS had its first exposure on SRH HIV integration services in FPA India's first capacity building workshop. The two senior program officers who attended the first workshop on SRH HIV integration gained information from the workshops and imple-

mented it in their own projects on a pilot basis by introducing SRH related information, counseling and referral services in HIV/AIDS programs, and vice-a-versa. They realized that an effort within the organization itself would create a community model for SRH HIV integration services for all. The learning from project proposal writing and financial management training also enhanced the skills of the senior officials and helped them to effectively implement projects with good understanding, planning, coordination and financial management. SEEDS has prepared a SRH HIV integration training module in Telegu for link workers and other field workers and introduced a module on SRH HIV integration in adolescent and youth life skills training courses.

Aarju, an NGO in Mumbai working with the MSM community used the leraning from FPA India's capacity workshop with board members and field staff of Aarju Foundation. The organization started advocating for the SRH needs of married MSMs and their family members (mainly wives and partners). The field staff was trained to provide information on the importance of the diagnosis of SRH related problems of MSMs and their spouses and encouraged them to visit the MSM clinic for diagnosis and treatment. After three to four months of sincere effort, a positive response started coming from married MSMs. They started bringing their SRH related issues, as well as their spouses' problems and also started showing interest in getting HIV tests for their children. Besides advocacy initiatives with clients and service providers, Aarju Foundation conducted an advocacy workshop with eleven NGOs and CBOs from Maharashtra and Goa working in HIV/AIDS prevention programs. This advocacy was conducted with the board members of these organizations regarding SRH-HIV integration, and showed them the advantages of synergistic interventions for the overall wellbeing of the MSM community and their families.

Learning

- The capacity development of CSOs has helped them to scale up their actions, not simply by doing more of the same activities, but by changing functions or gradually assuming more areas of responsibility to form a comprehensive integrated response to the cause they are addressing.

- This approach brought in the principle of shared value and facilitated a learning environment that promotes advocacy actions.

- This capacity enhancement has enabled CSOs to undertake varied kinds of activities that brought them out of their comfort zones. This diversification can be interpreted as a strategy for 'scaling up' and has corresponded to the aspiration to increase their influence in providing integrated health care services, focusing on SRH HIV.

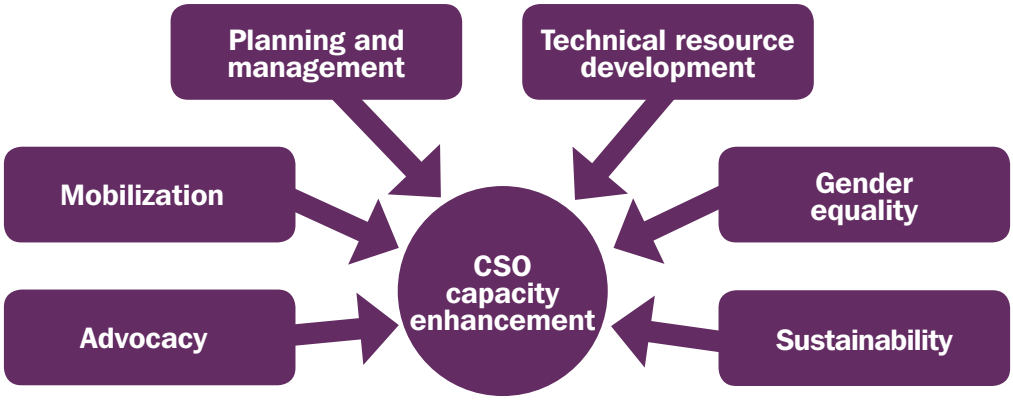
- By taking part in capacity development efforts, CBOs have contributed to shaping the content of capacity enhancement curriculum. On the other hand, integrating capacity enhancement of the CBOs and other stakeholders at the grassroots levels into their overall strategies of intervention in a coherent manner expanded the scope of the project in terms of outreach and awareness creation.

- Ensuring creation of ownership and participation in this advocacy effort.

"This forum introduced us to like-minded organizations working with young people. It has opened doors for us to collaborate with them. We hope that we can share new research and interventions with each other." ***(Representative from International Youth Centre, New Delhi)***

"An eye-opener that two issues could be integrated to save resources and increase impact. NYK can include such sessions in our regular youth interaction program by enhancing our technical expertise and by providing IEC support." ***(Representative from Nehru Yuva Kendra (NYK)***

CSO capacity enhancement – areas covered



Dindigul District HIV Positive Society (DDS+) is a district level network formed by, of and for people living with HIV/AIDS. It is based in Dindigul and the members are drawn from all classes, castes, creeds, and religions. Its vision is to "Improve the quality of life of people living with HIV/AIDS".

The capacity enhancement of this network resulted in generating awareness FP as dual protection of within the clients accessing services of Integrated Counselling and Testing Centre (ICTC) in Dindigul district. The network identified this as an opportunity to advocate with the State AIDS Control Society on integration of SRH in HIV programming. The President of DDS + deputed DDS+ staff at the PPTCT (ICTC -Out Patients) to provide counselling on FP related information to all the clients who were antenatal attendees (both mothers and spouses). The strategy was to run this integrated approach periodically by the DDS+ staff members and it would then gradually be transferred to the existing ICTC team. The ICTC team had sufficient human resources to replicate the work and further the actions that would help integration and decentralization of HIV SRH at the district hospital level.

Another component of advocacy was to integrate cervical cancer screening within HIV testing among antenatal mothers and PLHIV women who access PPTCT/ICTC/ART services at government hospitals. This is considered to be one of the vital components in SRH care service. As their experience in clinical research on cervical cancer at ART centres showed that 3 out of 15 WLHIV are at high risk of acquiring cervical cancer and Dindigul District, Tamilnadu has been categorized as one of the HIV high prevalent districts, the network advocated that cancer cervical screening should be mandated for integration in HIV care in resource poor settings.

KNOWLEDGE PRODUCTS

Although there is general consensus amongst stakeholders on the rationale for linking SRH and HIV, different perceptions and familiarity with principles that are fundamental to advocacy efforts vary, depending on the country context and target population. To facilitate a learning environment and also to create a self-learning space, several knowledge products were developed as part of this project. The objective of these publications were primarily to ensure an uniform understanding of issues related to SRH HIV integration and its application at the policy, practice and operation level.

Knowledge products helped in enhancing the skills of CSOs as well as other stakeholders such as the media, and CCM members, to link SRH and HIV, which otherwise would have acted as a key barrier to efficiently moving the agenda forward.

These documents catered to the need to create and support multidimensional learning opportunities in support of integration, which include sharing practical interventions that significantly contribute to achieving linkages and integration goals.
The training modules developed by IPPF SARO on

- SRH HIV integration,
- Gender Equality and Mainstreaming and
- Global Fund Mechanisms were developed; which have been used to sensitize and train IPPF Member Associations, CCM and CSOs.

Knowledge products

- Rapid Asessment of country situation on SRH HIV Integration in eight countries
- SRH HIV Integration (training curriculum and support pack).
- Global Fund proposals development – This curriculum also focuses on writing tips for general proposals
- Global Fund budgetary and financial management.
- Manual on Gender Equality and Mainstreaming.
- Youth perspective: Access to integrated SRH and HIV services. A PEER (Participatory Ethnographic Evaluation and Research) study in Nepal
- Community perspective to access integrated SRH HIV services by MSM: A PEER (Participatory Ethnographic Evaluation and Research) study in Sri Lanka

The training modules have been used to capacitate youth networks, media and to orient government stakeholders. Apart from this, each country has assessed the SRH HIV integration status at the country policy, health system and service delivery levels through the Rapid Assessment Tool. Eight Rapid Assessment Reports have been published with findings and recommendations for each level. A country update was prepared during the midterm review meeting of the project depicting the country's situation and progress on the project in each country.

These knowledge products became a ready reckoner for the CSOs as well as the media. At the country level, MAs and CSOs have also developed several communication materials to cater to the country specific audience.

Dieherm, Sri Lanka has developed pamphlets, announcing events for the youth, with special focus on teenagers. The pamphlet had a unique approach – it states that the sessions will be held on "Personality Development" for youth at their convenient time. Interestingly, the organization considers SRH HIV integrated information sharing as a life-skill and it needs to be marketed as part of the personality development classes. This was a very successful initiative which led to the forming of Teen Clubs in Galle.

Youth Vision, Nepal, has developed several IEC materials to raise awareness on SRH HIV integration, focusing on people who use drugs and on PLHIVs. The uniqueness of these communication materials is that they empowers the target community with adequate information along with ways and means to access the services. It provides details on the benefits and how it can help the target population to receive quality services and reduce the stigma that is often associated with this target population.

FPA Bangladesh has used the Manual on Gender Equality and Mainstreaming extensively to train the CSOs as well as the organization's staff members. This manual helped in integrating gender issues as part of the SRH HIV integrated service delivery model. The understanding of gender divide and how it becomes a barrier for women to access these services helped in expanding their scope of advocacy and also partnerships. CSO partners have also developed several materials in Bengali to reach out to the unreached population in the remote villages of Bangladesh.

FHA Iran in cooperation with Iran Scientific Association of Midwifery (ISAM) had developed integration messages which were presented through advocacy meetings and workshops. They were distributed at the General Assembly and at workshops to create visibility of the advocacy efforts and also to seek partnerships.

What makes these strategies best practices?

Best Practice Criteria	Strategic Partnership	Knowledge Product	Capacity Enhancement
Effectiveness	• Complementarities of skills and expertise to enrich advocacy actions. • Multiple perspectives to inform the advocacy action. • Wide reach in terms of creation of an eco-system for effective advocacy – policy –practice-operation. • Expanded outreach – potential to cover a wide range of beneficiaries under one advocacy action.	Creation of these knowledge products enabled CSOs, staff members of MAs as well as the government to have a ready reckoner on the issues, opportunities and challenges of a SRH HIV integrated approach.	This was the star strategy of this project. The systematic enhancement of capacity of each stakeholder was a unique approach. It resulted in impactful initiatives at the grassroots level. MAs and CSOs were trained by IPPF–SARO. Some CSOs had conducted activities without any financial support for the project. The knowledge shared with the participants was so strong that it enabled them to incorporate SRH HIV as part of their existing initiatives.

Cost effectiveness	• Value for money approach. • Maximum reach with minimum investment of time, energy, effort, fund resources and finances.	In terms of cost-effectiveness, it saves time in searching for adequate information prior to any event/ workshop.	One of the common bases for integration is cost efficacy. This cascading approach of capacity enhancement was an absolute "value for money" approach. It helped in reaching out to a large population who needed to be aware of this integrated approach and the availability of services to create demand for such practices.
Ethical soundness	• Based on sound ethical grounds as the advocacy actions are undertaken by expert organizations/ individuals who are already working with the specific target population. • Greater chance to be aware of the principles of operation within the targeted communities. • Another important component of this was the empowerment of the clientele to know their rights in terms of SRH HIV and thus enabling them to make an informed choice.	The publications are based on ethical principles that uphold human rights, confidentiality and informed choices.	The community mobilization component has contributed towards raising awareness of the service and to creating demand, whilst taking account of the community's wishes and experiences.
Relevance	• This is the new-age requirement to form partnerships that are strategic in nature. • In the context of South Asia, it is almost mandatory to have strategic partnerships to address the diverse communities, languages and requirements. • The primary relevance of this approach is that it helps to form an enabling environemnt in which such advocacy actions can take place. • Another important factor is that the capacity to deliver on the agreed advocacy actions multiplies by adopting this approach	Although there is a general consensus that SRH HIV integrated interventions are required and are extremely useful, there still remains a wide gap in creating a knowledge base in the application of this integrated approach. These knowledge products helped in bridging the knowledge gap to a great extent.	The relevance of this approach could be assessed by the case studies that have been documented in this document. The primary evidence of its relevance is that trained CSOs incorporated SRH HIV as an integrated intervention in their own activities. CSOs in turn have trained CBOs on the importance and relevance of the SRH HIV integrated approach thus ensuring larger awareness among the target population so that they can access such services as and when they are required.

Replicability	This is not a new approach but the process and the multi-stakeholder, multi-layered approach that was adopted to form and sustain this partnership is highly replicable in any given context. The core principle that needs to be kept in mind while replicating it is the stakeholder specific interest and knowledge sharing that binds them together to promote the cause.	Knowledge products are in the public domain for wider usage by other communities, organizations and individuals. This has high replicability value as the core principles of SRH HIV integration are standard for each context, the customization would be required in terms of application to the context where in it operates.	One of the easy methods of expansion, reach and replicability. The approach has already seen it being replicated by other stakeholders. For e.g. trained CSOs under this project have replicated this model in their own initiatives to expand their outreach for their own activities (NUS, Bangladesh).
Innovativeness	Though strategic partnerships may not be an innovative strategy, the process that was followed in this project to achieve strategic partnerships was unique. It has worked with multiple stakeholders by understanding their needs and requirements to deliver on the integrated SRH HIV intervention. The partnership was based on knowledge sharing, understanding each others' requirement and building up a complementary skill transfer platform that enables advocacy actions.	It is not an innovative approach, but the document on gender mainstreaming in the SRH HIV intervention has been able to suggest a roadmap for the practitioners on the application of gender while serving its clientele on one hand and at the policy level on the other. Various knowledge products developed by MAs in their own context were innovative enough to attract the attention of the policy makers, practitioners and the target population.	As discussed in the earlier sections, capacity enhancement is usually a one-time workshop or seminar where information and knowledge is shared with a large or a small group of participants. But in this case, it was a long term investment with strategic intent. Thus the identification of participants for the capacity enhancement trainings was done carefully to ensure larger impact. Some of the participants of these workshops were networks of organizations, CSOs working with key populations, sexual minorities or working in remote areas of the country and the media. Another innovation was to make the training comfortable and non-intimidating for participants by imparting training in the participants' language.
Sustainability	This strategy has enabled a platform for multiple stakeholders to come together to share the responsibility of advocating integrated SRH HIV interventions. Thus, the strategy itself promises to ensure sustainability of this approach either by direct interventions or by raising awareness and knowledge on the issue, to create a demand for integrated SRH HIV interventions.	Knowledge products are sustainable efforts in themselves as they will remain as resources for advocacy actions.	The strength of this strategy is that it is self-sustainable. The investment in knowledge building and mentoring to demonstrate the learning through projects (small grants) ensured that the CSOs were convinced by the impact that it could create. Though there remains the issue of resource generation, primarily financial, it was observed that CSOs were able to continue with this initiative, after the small grant funding cycle got over. CBOs are continuing their work with the target people to carry out capacity building for strategic evidence generation on one hand and to mobilize demand for improvement in integrated services on the other hand.

A FEW OPINIONS EXPRESSED BY CLIENTS

"This service is for us and we are an integral part of this clinic. We know the clinic's staff and they are very helpful and polite to us. They inform us about the benefits of accessing integrated services and also how we can involve our spouse in accessing these services. We are happy that we don't have to visit the clinic several times, but can receive the information and service at once." - ***A client in Youth Vision, Nepal***

"I feel that the clinic has heard our pleas, I was tired of the many trips to the clinic to collect my ARV supplies, my family planning pills and other services, since these services were offered on different dates that I was often not aware of. This was draining financially too, but now if I am unwell, I only go to the clinic once and the queues move much faster, since everyone is told in advance how the clinic is arranged"- ***A client***

Ensuring sharing of quality information as a catalyst for change – A case from Sri Lanka

Prathiba Media Network has produced pre-recorded CDs and published newsletters and a standalone special bilingual (Sinhala/Tamil) supplement of the organization's newsletter "Wiparama" (Inquiry) with the guidance of the TH experts. The special supplement has articles on the concept of integration and its benefits, information on MARPs, key messages related to symptoms of STIs, gender, women's issues and issues of youth, and human rights discussions focusing on stigma and discrimination of PLHIVs and MARPs. It is intended to be a reference for those needing facts on integration and related issues, and is especially intended to support factual and ethical reporting/writing by journalists. PMN will now work on health briefing papers that would provide overview of the current status of the National Prevention Response, the challenges faced by the country and how integration may support prevention efforts for generating mass awareness.

The CDs containing the pre-recorded radio programs on integration and related issues will be copied for distribution, as they would be useful in training workshops etc. Organizations will be requested to copy/share the supplement and CDs freely with acknowledgement of the donor partners, FPA Sri Lanka and PMN.

PMN has incorporated information on the concept of integration and HIV; youth issues etc. into their organizational web page that is accessed by the young trainees. The center also has on display issues of the PMN newsletter "Wiparama" that has articles on integration, HIV and SRH. PMN is planning to establish five more Vocational Skills Training centers in the near future.

A few highlighted case studies from across South Asia

A case from Maldives

The Society for Health Education (SHE), Member Association of IPPF is an organization that is proactive in identifying and addressing the crucial health and social concerns of Maldives.

To better understand the country situation of Maldives on SRH HIV Integration, SHE Maldives, conducted an assessment on SRH and HIV linkages. The rapid assessment highlighted the lack of an enabling environment that could make SRH HIV integrated services used and accessed by all, but the information on the importance of integrated SRH HIV is available in the public arena. This accessibility issue is primarily due to the discrimination based



on appearances that made it disconcerting for the target group. It also highlighted that the tertiary health centers were not convenient for obtaining services and they prefer the drop-in centers run by NGOs for integrated services. These findings helped the organization to come up with an integrated SRH HIV service delivery at their centers, which covered various aspects of health care including Thalassaemia. The integrated service delivery was also complemented with information sharing and capacity building on HIV and AIDS, STIs, unsafe abortions, family planning, emergency contraceptive pills, menstrual hygiene, urinary tract infections and violence against women. These trainings were also extended to NGOs to empower them with information and the knowledge base to strengthen advocacy actions as well as to integrate SRH HIV in their own sphere of work.

This was an important action point for Maldives as the hinterlands of this island are inaccessible due to their geographical positioning. Thus, empowering local NGOs with knowledge and information is an important part of the advocacy action to ensure that the hinterland of this island is also benefitted by this project.

The case of Pakistan: Health advocates on SRH HIV Integration as a tool of change

Building the capacity of the local lady health workers (LHWs) in the field of SRH and HIV integration and how to leverage the locally available infrastructure and resources seemed to have worked in promoting the cause. This was implemented in the district of DGKhan, Pakistan.

By building the capacity of these LHWs, it was ensured that knowledge and information on SRH HIV reaches the local population, primarily women. The training focused on the recent developments in SRHHIV integrated approach and internal norms and practices that were being followed at the ground level while implementing these initiatives. The importance of integrated services and the information that SRH is intricately connected with the AIDS epidemic that

Strategies that worked in Pakistan

- Working with lady health workers and empowering them with information and knowledge on SRH HIV integrated approach.
- Working with tribal chiefs in Baluchistan to get access to women and young girls for the purpose of raising awareness on SRH HIV.
- Capacity building of MCH staff on HIV/AIDS preventive services, focusing on the existing resources.
- Integration of VCCT services at MCH Centers, Okara.
- Condoms for dual protection: Family planning and prevention of HIV and STIs.
- Sharing information with key stakeholders in thegovernment.
- Display of HIV information posters in MCH Centers.

continues to ravage individuals and communities around the world were discussed in details. This approach yielded results in increasing the knowledge and commitment of the community members with special emphasis on women. To maximize the outreach of this training, a core support group of LHWs was formed. Knowledge products were translated in Urdu so that it becomes easy for the LHWs to understand and internalize it better.

SRH HIV integration in MCH Centers, Okara, Pakistan

AAS, a CSO has worked towards integrating SRH HIV in four MCH centers in Okara, Pakistan in partnership with FPA Pakistan - Rahnuma. The objective was to support the mainstreaming of SRH HIV integrated services in four MCH Centers (2 in a government set up and 2 in a NGO set up) and to build a referral system among the Centers, with government and private VCT and PMTCT Centers in Lahore. In this process the AAS Team organized different



advocacy and capacity building activities with key stakeholders. As a result of the advocacy efforts with District Health Officer (DHO) Okara, Executive District Officer (EDO) Health, Okara and Pakistan Association of Clinical Psychologists (PACP), Lahore the project team was able to mobilize and convince the DHO and EDO Health, Okara and the management of NGOs to start SRH HIV integrated services in four MCH Centers.

Thirty four key stakeholders were mobilized to support integrated service delivery. Training was provided to 20 staff members on the relevance and efficacy of providing integrated SRH HIV services in these four MCH Centers. To activate this process, the PACP provided four HIV testing kits for HIV testing and condoms for the prevention of HIV and STIs to four MCH Centers, in Okara. Since March 2013, the MCH staff has started to provide, HIV/AIDS prevention services, along with SRH services in the MCH Centers; such as screening for HIV, STIs and GBVs, and providing counseling for their prevention. The cases screened for HIV, STIs and GBV were provided treatment and were made aware about preventive measures of infections. A referral system was built with the PMTCT Centers, Lady Wallington Hospital, Lahore, through PACP for Women Living with HIV and with New Lights AIDS Control Society, Lahore for treatment and care services for HIV positive people.

The most important component of this intervention was that with a small investment on human resources AAS achieved good results. This intervention had shown that by leveraging the existing health infrastructure such as MCH Centers which are already providing SRH services, and by investing in capacity building of the staff on HIV/AIDS prevention, the HIV infection could be prevented at the grassroots level. A change that was noticed was the advice given by the MCH Center's staff members on the usage of condoms not only for FP but also for the prevention of HIV/AIDS, and STIs. This has shown an increase in the demand for condoms at the centers as well as an increase in the number of STI patients by about 30 per cent in, Okara, Pakistan.

Posters were displayed at the MCH centers to generate awareness among the clientele. This resulted women asking about the HIV information which was explained by LHWs at the centers. This strategy has acted as an ice-breaker between the clients and the MCH staff members in discussing such topics. It was felt that posters played a role in opening up the doors for young women and girls to seek information as well as access services, as necessary.

The second element of this intervention is that it has focused on women, who are more vulnerable to HIV infection; they lack the knowledge and information about STIs and HIV and AIDs. It has also highlighted the element of GBV and linked it with HIV and STIs.
Sharing of the project intervention process with key stakeholders such as EDO Health and PACP was an important step to garner support in the implementation of the project and to optimize its outcome. It has helped to build a good working relationship with the government and build public private partnerships for the integration of HIV services in government MCH Centers, in Okara, Pakistan. With this intervention, now women and young girls also have the facilities to avail treatment for VCCT and STIs in their city.

Baluchistan Educational Awareness Management Society (BEAMS): Implemented SRH and HIV Integrated Project in the remote area of Baluchistan, Pakistan

This initiative helped in mobilizing communities for improved awareness on SRH HIV integration and to enhance demand for access to integrated services in District Loralai,

Quetta, Baluchistan in Pakistan. Being one of the remotest areas of Pakistan, they managed to generate demand for integrated services and implement the program. Despite several challenges, the CSOs have been able to achieve the following:

- Established rapport with the community elders, tribal chiefs, influential community members and government officials of the area.
- Good rapport with the staff of the District Health Department and law enforcement agencies.
- Sensitized youth about integration and created youth groups.
- Engaging local people to deliver the advocacy agenda. They have used their language, dress and culture to be accepted in the community to speak about SRH HIV.
- Mobilized 512 community members (including girls, boys, married males & females, and medical practitioners) for generating awareness on the concept of SRH and HIV integration, implementation models, to increase demand for access to SRH HIV integrated services.
- Increased awareness through the media; build capacity building of 25 media representatives on SRH HIV integration in Loralai District.
- Lobby with the District Advisory Board consisting of politicians, tribal elders, government officials and religious leaders who were oriented on the concept of SRH HIV Integration. This helped in strengthening the advocacy process for increased programmatic and policy linkages between SRH and HIV/AIDS at the district and provincial levels.

A Case from Sri Lanka: Using calendars to spread the word on the integrated approach of SRH HIV

Women and Media Collective (WMC) along with ARROW had developed a calendar where each of the 12 pages focused on an important "myth" related to SRH, SRHR in the country, and provided "facts" to demystify them in Tamil, Sinhala and English. With permission from WMC, FPASL used the calendar as a tool in the workshop with young people in Eastern Province on SRH HIV integration and educate people on the key SRH, SRHR and HIV issues relevant to Sri Lanka.

What makes it a best practice is that this calendar provided a quick overview of key areas of critical importance to the health of women and youth in Sri Lanka. The issues of service provision, migrant women workers, abortion and gender based domestic violence are of particular importance in the Eastern Province.

Using street dramas to highlight the benefits of integration and support the rights of female sex workers in Sri Lanka

Indrani along with two other women founded an organization called Praja Diriya Padanama in North Western Province of Sri Lanka. As part of the small grant facility, Praja Diriya Padanama got the opportunity to educate community on integrated services through street drama in two districts of Ampara and Batticoloa. This was an interesting challenge because the people in Ampara are mostly Sinhala and Muslim while in Batticoloa the greater majority is Tamil.



In both districts, the drama was the medium to reach out to different types of people with support from the police, probation officer and the Medical Officer - STIs. A great achievement was that they were able to establish close links with sex workers in these two districts who contacted them by telephone after watching the performance.

In Batticoloa, besides performing in the usual locations, they also linked up with the Suriya Development Foundation, a very well-known and established NGO that works on women issues. Fifty members of different CSOs/CBOs in Batticoloa watched the performance. Later, they were able to successfully engage in a dialogue with the audience who told them that they welcomed the drama because they had limited knowledge of SRH HIV issues.

The experience and learning that was gained from these performances is that drama is one of the best ways to spread the message of the integrated SRH HIV intervention, among different people and communities. What makes it a best practice is:

- Selecting public places for the performance so as to reach a wider audience.
- Reach out to different provinces irrespective of language and cultural differences.

Indrani explains "The street drama we do is about the life of sex workers and their risk of HIV and how they face stigma and discrimination by the police and the public. The pregnant female sex worker also speaks of the risk of HIV to her unborn child. The narrative is backed by a chorus. We select crowded public places for our performances - outside the main hospital around visiting hours and the main bus stands because the waiting crowds get engaged and we can engage them in a discussion at the end of the play. This gives us the chance to address any myths and misconceptions they may have about sex workers, and HIV and make them understand that we are also human beings coping with the same daily problems as them".

- Linking with local organizations to ensure wider dissemination of the integration messages.
- Support from police department to stage performances on SRH issues of female sex workers.

Case study from India: Facilitating grassroots advocacy and actions: The case of the Child in Need Institute (CINI), West Bengal

Child in Need Institute (CINI), a national level NGO started its journey in the year 1974 and is dedicated to sustainable development in health, nutrition, education and protection of the child, adolescent and woman in need. CINI attended all the capacity building workshops for CSOs organized by FPA India in the year 2013. As a direct learning, CINI prepared a project proposal "UJJAN - Empowering adolescent girls and boys [10-19 years] to promote SRHR in three districts of West Bengal". This project addresses the unmet need of SRH information and knowledge. The project was prepared to empower adolescents about their rights and entitlements in three critical districts of West Bengal, namely South 24 Parganas, Kolkata and Murshidabad as identified in the Census of India 2011. These districts are not only critical in terms of gender indicators taken by the Census of India, but also social evils like early marriage; school dropout, child trafficking, and GBV, which are rampant in these areas. CINI began their advocacy for this integration project by convincing their board members on the importance of the concept of SRH HIV integration. The internal advocacy was focused first on educating the internal staff members by sharing all required information and resource materials with other core staff of the project located in West Bengal and Jharkhand. Some of the key information and the module on SRH HIV integration was translated in Bengali and added to the training modules of CINI.

The project in Murshidabad is one of its kind as the project has not only been successful in raising awareness among the students from Std 6th to 10th on SRH HIV, but have also helped these students in developing their skills in attempting sustainable practices that could optimize their impact. Children of these schools learn the importance of SRH HIV integrated services along with general health and hygiene issues. The process started by empowering the staff members of CINI to understand the linkages, their importance and the ways and methods to deliver this knowledge base to the adolescent groups. CINI field team in Murshidabad then interacted with teachers from each of these 10 schools, informing them about the project for conducting a full-fledged session on SRH HIV integration to raise their awareness on the SRH, HIV issues, integration as a concept and how it can address stigma and discrimination in accessing services by young people. Teachers were informed

At the state level, CINI

At the state level CINI is promoting SRH and HIV /AIDS as an integrated issue through TEENLINE [033-24611463] – the tele-counseling service of CINI for adolescents and young people from different parts of West Bengal as well as from other states like Jharkhand, Madhya Pradesh and Maharashtra.

At the district level

At the district Level, CINI is promoting SRH, HIV/AIDS integration at 3 service delivery points in Raninagar II and Jalangi Block of Murshidabad District, West Bengal through the sensitization of 3 ICTC Counselors [for HIV and AIDS] and 3 Anwesha Counselors [for adolescent SRH counseling and referral services]. CINI is also building awareness on the importance of integration of SRH and HIV services in 10 schools of Murshidabad under FPA India's small grants support project.

about the various sessions and the content of the training programs for the students. Teachers then formed groups of students to initiate an informed interaction on issues of SRH HIV integration. A typical group consists of students from 7th, 8th, 9th and 10th Stds. The 10th Std students mentored the younger ones on the information as well as gain confidence to take classroom sessions. The resource centre in each of these schools acted as a platform for development and a space that facilitates creativity, expressions and interactions with students and teachers that is beyond the pages of school books.

Today, these children are not only empowered with SRH HIV knowledge, available services and information that could ensure a healthy future, but also know how to manage a class, how to attract students' attention in the classroom sessions. This is a holistic model that has creatively and successfully integrated knowledge sharing, confidence building, team work, leadership, communication skills and management to ensure a healthy, informed future.

Facilitating SRH HIV integrated knowledge to adolescents and women in the coal mine areas of KUJJU, Jharkhand – A Srijan Foundation initiative under the small grant program

Empowering adolescent girls living in the coal mine area of Kujju under Mandu Block of Ramgarh through better access to SRH HIV services is not an easy intervention to implement, but Srijan Foundation has done this with a heightened degree of comfort and ease. Working in this area for the past 10 years, Srijan Foundation has been able to secure the confidence and partnership of various interest groups that control the coal mine area. The villages are distantly located, often isolated from the mainstream and are deprived of basic civic amenities and health care.

The Srijan Foundation adopted the strategy of leveraging from one program to other. It was working on targeted interventions in these coal mine areas, focusing on HIV/AIDS. Once they received a capacity enhancement training from FPA India, the approach of intervention changed to integrate SRH related information and access to services with the HIV/AIDS initiatives. According to the organization, it was a seamless integration process that happened organically as soon as they were aware of the importance, linkages and effectiveness of the SRH HIV integration approach.

This intervention became a best practice when it went beyond the project outcome of raising awareness on SRH HIV integration to forming a support group within the community for women, and for adolescents to demand their rights – be it education, health or other civic amenities. These adolescent groups not only interacted on SRH HIV issues, but have also formed self help groups to start savings to help each other in distress. The partnership with "Sahiya didis" and "Anganwadi Workers" has enabled them to access SRH HIV services and also empowered them to take actions in consultation with each other. These groups helped their peers as well as other children/adolescents/women by extending financial help in distress; pay enrollment fees for adolescents and children whose families may not be able to support them in continuing their education. This intervention by Srijan Foundation has gone way beyond the issues of SRH HIV integrated knowledge base creation and thus access to services. It has been able to facilitate a bonding within these adolescents, women, and government health workers to facilitate an enabling environment in which one can demand their rights and perform their duties to form a better future.



A case study from Iran: Leveraging existing members of Iran's Scientific Association of Midwifery in integrating SRH HIV

The socio-political context of Iran prompted FHA Iran to leverage on the existing health care system to build advocacy actions on SRH HIV integration. In Iran, midwives are the main health staff members who provide health care services to all women during their reproductive ages. There are around 36,000 Iranian midwives, across the country. This group of health care givers is highly qualified holding Bachelors in midwifery, Masters degrees in MCH and midwifery education and PhD degrees in reproductive health. They are the front line workers in providing various reproductive health services and have direct contact with women, including the pregnant ones, girls and newborns. They are also the members of Iran's Scientific Association of Midwifery (ISAM). FHA Iran identified ISAM as one of the small grantees to advocate on the issue of SRH HIV integration.

Recognizing the importance of preventing HIV transmission from mother to child, youth awareness programs and access to SRH HIV integrated health care services, this strategic partnership was meant to enhance the capacity of the midwives in providing integrated services to their clientele. Twenty five midwives from ISAM were identified to provide training on the integrated SRH HIV issues. The emphasis of this training program was to enhance their understanding on the importance of integrated services, the ways and means to integrate SRH HIV in their day to day work and most importantly knowledge on how this approach can help them to provide SRH services to women living with HIV without any stigma and discrimination. This strategy of building capacity of midwives on integrated SRH HIV services helped in enhancing the accessibility of people living with HIV to quality MCH services which also highlights of leveraging existing health infrastructure and systems, including human resources to integrate SRH HIV.

Learning

Key lessons that have been learnt at various levels through the implementation are as follows.

- **Integration of SRH HIV is a strategic intervention:** that could bring in optimization of health resources at all levels – policy, practice and operation.

- **Integration leads to client satisfaction:** it ensures client satisfaction as it reduces the number of visits that clients make to health facilities. The integration interventions' thrust to collaborate with varied stakeholders and primarily traditional leaders, community opinion leaders has helped to create linkages between the health facility and the community, enabling them to access services that are more structured in a way that responds to their needs and lifestyles.

- **Building capacity of service providers ensures participation and ownership creation:** The structured approach adopted by the program to engage with the service providers has made practitioners more confident which has resulted in greater ownership and appreciation of the services being provided by health care workers.
- **Systematic capacity enhancement of strategic partners** is the key to success for any advocacy action.

- Educating the community to promote demand driven advocacy is lined to sustainability of the program.

The 4 pillars of building a sustainable, active and strategic partnership

Educate: understand the knowledge gap and constantly feed into information in the network/ partnership to bridge the knowledge gap – that is the first step of learning.

Engage: The cornerstone of member engagement is relevancy — getting the right messages to the right audiences. The more you can segment your lists (active donors, volunteers, members, prospective members, etc.) the more you can tailor messages to the things these groups care about most.

Mobilize: The hallmark of an effective organization is having a mobilization strategy and adapting to conditions as they develop (as opposed to simply relying on nimbleness alone).

Measure: A lot of organizations claim that they measure results, but their measurement metrics do not really extend beyond "we made our goal" or "we did not make our goal". That is not really the basis for any valuable learning. In order to thrive, you need to know things like "What messages resonated most with our partners?", "What campaign yielded the most results and why?" and "Where and how are people responding to your messages (e-mail, print, social media) and how does that affect how we will spend our money next year?" "What did we learn and how can we get better?" are questions that get asked and answered frequently and used to inform actions going forward

Core principles of advocacy

Whatever the issue that one is advocating for, the following principles of advocacy will greatly enhance the chances of achieving agreed advocacy outcomes. Given below are a few steps that one needs to know prior to starting work on an advocacy agenda.

- Know your case and document your facts on the issue that you would like to advocate for.
- Whenever possible, ensure that you are familiar with current policies on the said issue.
- Know opposing cases and arguments and develop a strategy for countering them. You may find that role playing will help you to refine your strategies.
- Advocacy by coalition requires effective collaboration. Ensure that each person/ organization has a clearly defined role and that communication within your group is timely and effective.
- Know your resources and allies. Consult these people, inform them of your issues and enlist their assistance.
- Take a positive approach. Assume good will on the part of the system and communicate this assumption to those within the system. Use positive documentation and give credit where it is due. Whenever possible, recruit those within the system to your cause as your ally/partner.
- Demonstrate to those in the system the ways in which the system interferes with or defeats its own goals and suggest alternative ways to optimize its outcomes.
- Never engage in an overt power struggle without the agreement of your planning group as well as government structures.
- Always be aware of the vulnerability of those within your group. The group must assess risks and weigh them carefully against possible gains before choosing confrontation.

Principles to be adopted

- **Equity:** Budgets should emphasize non-discrimination, social inclusion, and attention to power relations. This implies ensuring that children, women and poor families are not marginalized in both the actual public sector allocations as well as the decision making processes.
- **Efficiency:** Budgeting involves raising revenues, allocating resources, and achieving outcomes with the least distortions and costs.
- **Stability:** Program decisions support sustained and long-term objectives as well as reflect pro-poor countercyclical policies and ensure sufficient social protection during periods of economic volatility. Contributing to stability would therefore involve securing adequate resources to sustain investments in the social sectors and promote social protection, notably during times when they are most needed, for example, during crises.
- **Participation and accountability:** Participatory decision-making processes could help to ensure that everyone has a voice.

- **Define the theory of change:** Being strategic in advocacy is essential because it makes advocacy effective.
- **Develop a clear message:** In message development, it is often effective to link target audiences with those to whom they are accountable. Tying your message to the stakeholders' concerns can remind your advocacy audience of how addressing the issue will help fulfill their responsibilities.
- **Develop evidence based messages:** Evidence based advocacy yields greater results.
- **Choosing the messenger strategically:** Remember that popular, known people with experience, credibility, and a public image that complements advocacy goals, bring media attention to issues.
- **Encourage inclusivity, simplicity and predictability:** Inclusivity. Simplicity and predictability should be encouraged in advocacy actions.
- **Recommend policies:** Policies that accommodate the diversity of target groups in delivery models should be recommended.
- **Validate proposed recommendations:** Proposed recommendations should be validated with research and data analysis wherever possible.




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• Strategic partnership
• Knowledge Products
• Capacity Enhancement
• Guiding principles

The Way Forward

Facilitating creation of the monitoring, evaluation and reporting framework for documenting evidence of SRH HIV integration

One of the core components of an effective advocacy program is to develop concrete result based actions that could demonstrate progress in advocacy efforts. To ensure that the advocacy actions/strategies are resulting in the desired outcome it is important to develop progress indicators along with process indicators to review its efficacy in achieving advocacy outcomes.

To track strategic areas such as quality of service, client satisfaction, cost effectiveness and process efficiencies, it is important to develop indicators for all levels of actions – policy, practice and operations.

Developing a clear strategy for sustaining this momentum

The relevance of SRH HIV integrated intervention has demonstrated its efficacy beyond any doubt, through the commitment of leadership at different levels, including service providers. The project has invested significantly in building capacity for the diverse stakeholders; this pool of highly skilled organizations and individuals must be leveraged on for the future sustainability of the program.



Conclusion

In order to be successful in their efforts to influence policy, advocates will need to have a very deep understanding of the policy process and political landscape. In addition to the usual problem analysis, corresponding research (if needed), and stakeholder analysis, is critical. This means identifying and analyzing policy targets - down to the level of the target population - and clearly understanding the constraints under which they work (e.g. political obligations, election concerns, or budgetary constraints). Though there is growing understanding from all concerned stakeholders about integrating SRH HIV, there are still certain concerns, such as lack of facilities, stigma, discrimination and accessibility issues that need to be addressed. Capturing this data on a regular basis would provide a trend analysis that would help in understanding the momentum of the advocacy actions, to plan better and also to rate the involvement of various stakeholders to identify like-minded people at all three levels – policy, system and services to develop a targeted response for the issues under discussion.



DOCUMENTING BEST PRACTICES





THE LATIN ROOTS OF ADVOCACY

Advocacy originates from advocare, 'call to one's aid' or to speak out on behalf of someone, as a legal counselor. Conceptually, advocacy fits into a range of activities that include organizing, lobbying and campaigning. Organizing is a broad-based activity designed to ensure that the views represented in advocacy come from those who are actually affected by the issue. Lobbying derives from the Latin word loggia, a room where one would meet directly with decision makers to engage in (often private) quality discussions and debate. Compared to organizing, lobbying takes a more targeted approach and reaches out to fewer people. On the other end of the spectrum, the Latin origin for campaigning is campus, the wider battlefield. An advocacy campaign publicly promotes an agenda, involving platforms where a wide audience can hear the advocate's message.

- Based on input from **Alison Marshall**, UK National Committee and Jyothi Kanics, PFP Geneva



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