

Sexual and Reproductive Health (SRH) Integration Advocacy Roadmap

September 2024



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Acknowledgements:

This work was supported by the Coalition to Accelerate and Support Prevention Research (CASPR), made possible by the generous support of the American people through the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID). The contents do not necessarily reflect the views of PEPFAR, USAID or the United States Government.



1. Executive Summary

The Sexual and Reproductive Health (SRH) Integration Advocacy Roadmap (the Roadmap) addresses the critical need for integrated SRH and HIV services. This integration is essential for enhancing public health outcomes, socio-economic benefits, and individual health and rights. The Roadmap aims to revitalize and sustain advocacy efforts for SRH and HIV integration, empower communities to hold stakeholders accountable for implementation, increase political and program support to enable the shift from policy to practice, and foster dynamic partnerships across research, advocacy, implementation, and policy sectors.

The development of the Roadmap was facilitated by Copper Rose Zambia (CRZ) as part of the Coalition to

Accelerate and Support Prevention Research (CASPR), through a comprehensive, multi-stakeholder approach. The Roadmap is meant to guide advocates, civil society organizations, policymakers, implementers, providers, and donors to achieve integration. The Roadmap was informed by a desk review of national and global integration policies and guidelines, key informant and stakeholder interviews, focus group discussions, and a multidisciplinary SRH integration advocacy workshop at the 2023 International Conference on AIDS and STIs in Africa (ICASA). The Roadmap is guided by principles of choice, equality, non-discrimination, and human dignity.



Participants attend the SRH integration advocacy workshop and engage in key informant interviews during the International Conference on AIDS and STIs in Africa (ICASA) in Harare, Zimbabwe in December 2023.

The four priority areas in the Roadmap are reflected below, alongside key recommendations:

1. **Community Level:** Community-centered approaches to integration can empower communities to take the lead in addressing harmful social, religious, and cultural norms that impact SRH integration. The community was identified as key in advocating for the development and updating of SRH integration guidelines that can be used to inform service delivery. Advocacy focused on influencing introduction of the Dual Prevention Pill serves as a model for MPT research-to-rollout advocacy. Communities have an essential role to play in generating evidence and championing evidence-based advocacy.

2. **Service Delivery Level:** Limited capacity of service providers to deliver integrated services and low adoption of new initiatives, such as task shifting, were identified as challenges. Often providers have the necessary skills but require additional staff and resources to implement, therefore increasing staffing capacity is also essential.
3. **Systems Level:** Gaps identified included the siloed funding available across SRH fields, particularly HIV and family planning. Opportunities include leveraging on existing funding mechanisms including domestic financing to advocate for integrated funding and promoting collaborations across the various SRH fields; developing a cost-effectiveness analysis of integration of

SRH services to help countries and communities achieve Universal Health Coverage (UHC); and landscaping the current integration initiatives to identify further gaps and opportunities.

4. **Policy Level:** Creating an enabling environment for the implementation of SRH integration is crucial. Of particular interest were the conversations around the existing regulatory frameworks, for example, age of consent to accessing SRH services, and the importance of harmonization on integrated SRH services.

The Roadmap also touches on the value of a multi-stakeholder approaches for successful integration, capacity strengthening across communities, and collaborative partnerships. The Roadmap provides

examples throughout to highlight the effectiveness of existing models.

The integration of SRH and HIV services can promote health and rights, particularly for women and children, contributing to Universal Health Coverage (UHC). It can also reduce maternal mortality and support the introduction of new technologies - such as multipurpose prevention technologies (MPTs) like the Dual Prevention Pill. The Roadmap underscores the need for sustained action and renewed commitments to achieve comprehensive and integrated SRH and HIV services. It serves as a guide for various stakeholders to align their efforts towards a common goal of improved health outcomes and rights for all.

2. Why the SRH Integration Advocacy Roadmap is Needed

2.1 Landscape

Bi-directional linkages between sexual and reproductive health (SRH) and HIV related policies and programs can lead to a number of important public health, socio-economic, and individual benefits. The 1994 Program of Action agreed to at the International Conference on Population and Development (ICPD) was a landmark consensus document in advancing the SRH 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 (GBV), preventing mother-to-child transmission, or advancing educational attainment would result in bridging this gap.

Likewise, the 2006 Maputo Plan of Action, adopted by 48 African countries, recommended integrating SRH and HIV to promote the universal right to health, recognizing that investment in SRH programmes and services is a key entry point for HIV prevention. Integrating SRH and HIV was also central to renewed commitments in the Maputo Plan of Action 2016–2030.

Similarly, there is a recognition with the Universal Health Coverage agenda to advance access to comprehensive SRH within health systems. According to the World Health Organization (WHO) universal health coverage (UHC) means that all people have

access to the full range of quality health services they need (including SRH services), when and where they need them, without financial hardship. This provides the basis for the integration of SRH services in UHC and in primary health care.

Historically, women- and girl-centered multipurpose prevention technologies (MPTs) have received far too little investment and limited research prioritization unless pushed by advocates (AVAC, 2021). The advent of MPTs has given a new meaning and practicality to SRH and HIV integration. A good example is the male and female condoms that can prevent HIV, sexually transmitted infections (STIs), and pregnancy at the same time. With new MPTs like the Dual Prevention Pill in the biomedical HIV prevention there is hope for the revitalisation of renewed actions and commitments to achieve SRH and HIV integration.

UNFPA and UNAIDS have demonstrated evidence on the impact and benefits of integration through the SRH/HIV Linkages Project, implemented in eight southern African countries (Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia, and Zimbabwe) and two eastern African countries (Kenya and Uganda) in the period 2011–2017. They highlight that through rapid scale-up of specific targeted interventions that integrate SRH and HIV services it is possible to: promote the health, wellbeing, and rights of women and children thus achieving UHC, reduce maternal mortality, and prevent new HIV infections.

2.2 Objectives of the Roadmap

The Roadmap aims to:

- Revitalize, sustain, and synergize the advocacy efforts for SRH and HIV integrated services.
- Strengthen the leadership and engagement of communities in holding key stakeholders accountable to the implementation of SRH and HIV integration.
- Increase political and program support for SRH and HIV integration, to enable the shift from policy to practice.
- Creating stronger and more dynamic partnerships across the SRH and HIV field ranging from research, advocacy, implementation, and policy.

2.3 Who can use the Roadmap

The Roadmap has been designed to be used by:

- Advocates: including young people and women in their diversities to refine approaches and advocacy tactics to integrate SRH and HIV services.
- Policymakers: to develop and revise policies, strategies, and guidelines to better integrate SRH

and HIV services, and thus create an enabling environment for effective service delivery and improved health outcomes.

- Health system managers: to define models of integrated service delivery, building the capacity of healthcare workers, and investing in infrastructure to improve the uptake of integrated SRH and HIV services.
- Service providers: to gain knowledge and skills to deliver high-quality, integrated SRH and HIV services, leading to better client satisfaction and more comprehensive care.
- Civil society and community leaders: to advocate for legal and policy reforms, addressing socio-cultural barriers, and promoting demand for integrated SRH and HIV services.
- Donors and development partners: to align their investments and technical support to strengthen the integration of SRH and HIV services, ensuring more efficient and effective use of resources.
- Beneficiaries (women, men, and young people in their different diversities): to improve access to and utilization of integrated SRH and HIV services, ultimately empowering individuals to exercise their SRH and leading to better health outcomes.

3. Methodology

The SRH Integration Advocacy Roadmap is a comprehensive and evidence-based guide and is grounded in a systematic and multi-stakeholder approach, ensuring that SRH integration is guided by the best practices and principles of human rights.

The Roadmap development was facilitated by Copper Rose Zambia (CRZ), one of the largest youth-led and youth-focused organizations in Zambia and a member of the Coalition to Accelerate and Support Prevention Research (CASPR).

2024 marks the fifth year since the results of the Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial was published and CASPR realized an opportunity to bring together advocates, funders, and governments to identify opportunities to revitalize advocacy for integrated SRH and HIV services. The [ECHO Trial](#)¹ was a pivotal clinical trial in East and Southern Africa on assessing whether the risk of acquiring HIV differs with the use of three methods of contraception; the intra-



Participants attend the SRH integration advocacy workshop during the International Conference on AIDS and STIs in Africa (ICASA) in Harare, Zimbabwe in December 2023.

muscular injectable depot-medroxyprogesterone acetate (DMPA-IM), the levonorgestrel (LNG) implant, and the copper intrauterine device (Cu IUD). The trial sought to provide important evidence to help inform women's choices on contraception and HIV prevention. During this trial a lot of momentum was witnessed towards integration of SRH and HIV services within the region by

policymakers, advocates, and program implementers. However, since the trial’s results were released, progress on SRH integration has been inconsistent across regions and slowed and the momentum has already died down. In order to revitalize the momentum towards SRH integration, CASPR, led by CRZ, utilized the International Conference on AIDS and STIs in Africa (ICASA, December 2023) to convene advocates, policymakers, and program implementers to discuss the way forward for SRH integration.

The development of the Roadmap has been informed by a comprehensive research process. The process included a variety of data collection methods to ensure a holistic understanding of the current state of SRH integration at community, national, regional, and global level. Key informant interviews (KIIs), focus group discussions (FGDs), unstructured interviews (UIs), a

desk review (DR), and summary of events at ICASA were methods used to gather insights to develop the Roadmap and identify key priorities.

The data collection tools were structured in five parts to collect information on:

- Introduction and background of respondents
- Understanding of SRH integration - drawing on practical experiences of the respondents
- Identifying and addressing key challenges to SRH integration
- Mapping a pathway for improved SRH integration
- Design of the Roadmap

Data Sources:

Tool	Frequency	Description
KIIs	2	Government official and civil society organization (CSO) representative in the field of SRH
FGDs	22	Experts in the field of SRH, representing various stakeholders including policymakers, program managers, healthcare providers, non-governmental organizations, CSOs, and international organizations
UIs	3	CSO representatives from the SRH field
DR	Assorted sources	Data was extracted from publications, reports, articles, etc. from SRH sources

The information from KIIs and UIs provided insights into the policy and programmatic aspects of SRH integration, the challenges and opportunities for integration at the national and regional levels, and the role of policy and programmatic interventions in successful integration. The FGDs provided an understanding of the community perspectives on SRH integration, the challenges and opportunities for integration at community level, and the role of community participation in successful integration.

A DR was conducted on existing literature and resources related to SRH integration including program reports from CASPR and gray literature (organizational websites working around SRH integration and unpublished opinion or commentary papers). Using a range of data collection tools provided valuable insights into the current state of SRH integration, the challenges and opportunities for further integration, and the best practices for successful integration.

¹ <https://avac.org/press-release/pivotal-echo-study-provides-reassuring-evidence-on-hiv-risk-and-contraceptives/>

4. Core Principles and Pillars for Effective SRH Integration Advocacy

SRH services refer to a comprehensive range of services that address the SRH needs of individuals, including:



FP: Access to a wide range of contraceptive methods, counseling, and education to help individuals plan their families and manage their reproductive health.

Maternal and Child Health: Services that ensure the health and well-being of mothers and children, including prenatal care, delivery, postpartum care, and child immunization.



HIV Prevention, Testing, and Treatment: Services that prevent HIV transmission, test for HIV, and provide antiretroviral therapy (ART) to those living with HIV, ensuring they can live healthy and productive lives.

Sexual Health: Services that address STIs, including testing, treatment, and counseling, as well as services for sexual dysfunction and other sexual health issues.

GBV Prevention and Response: Services that address the root causes of GBV, provide support to survivors, and promote a culture of non-violence and respect.



Ensuring marginalized groups including key populations have access to **inclusive and affirming care**.

Mental Health and Well-being: Services that address mental health issues, including counseling, therapy, and support groups, to promote overall well-being.

Reproductive Health: Services that address reproductive health issues, including menstrual health, fertility, and reproductive tract infections, to ensure individuals have access to comprehensive care.



Sexual and Reproductive Education: Education and counseling services that empower individuals to make informed decisions about their SRH.



Stigma Reduction and Social Support: Services that reduce stigma and promote social support, ensuring individuals feel comfortable seeking care and disclosing their SRH status.

4.1 Core Principles for Effective SRH Integration and Advocacy

Reproductive Rights are Human Rights - SRH are inherent and alienable to everyone. Providing SRH services that are integrated and comprehensive can be achieved if the approach is Human Rights based and people and community centered.

Collaboration and Co-creation - Impactful integrated SRH services require coordinated collaborations and spaces to co-create the collaborations across diverse key stakeholders ranging from policy makers, service providers, communities.

Accountability - Delivery of comprehensive SRH and integrated services is a human rights issue. Therefore accountability should be bi-directional to allow interactions between rights holders and policy makers. Platforms and conversations should be inclusive to all and ensure spaces are safe for marginalized people to share their views and ensure cross pollination of ideas.

Meaningful Participation - SRH for all can be a reality if there is meaningful participation in decision making processes and in service provision for all by all. Prioritize populations that are often left behind including young people, adolescent girls and young women, people with disabilities, and LGBTIQ+ populations. Prioritising populations that are usually left behind including young people, adolescent girls and young women, people with disabilities, LGBTIQ+ populations.

Evidence-Informed - Making an investment case for SRH integration requires robust, coordinated systems of gathering and presenting evidence. Ensuring communities that are mostly affected are at the forefront of these efforts will support effective and impactful integration projects.

Intersectionality - Achieving SRH for all requires adopting an intersectional feminist lens in programming- that is, recognising different intersecting social and gender identities. This ensures no-one is left behind and integration of SRH services meets the needs of every person.

4.2 Pillars for building strong advocacy strategies

Building strong advocacy strategies requires a comprehensive approach. By incorporating these pillars, advocates can ensure that their advocacy efforts are comprehensive, effective, and sustainable. These strategies are not exclusive to SRH integration but can be applied to SRH integration advocacy. Below are the 9 pillars that can help guide the development of a successful advocacy strategy:

1. **Advocacy identification:** A clear understanding of the problem, how it came to be, and the context surrounding it is essential to building the base of your advocacy strategy.
2. **Clear and detailed advocacy strategy:** Outline your overall goal and objectives. This can provide a clear roadmap of your advocacy. A good advocacy strategy describes the problem, identifies the potential solutions, outlines activities to do, and maps the key stakeholders or decision makers whom you need to target. Strong action plans are targeted, rooted in evidence, and strongly tied to community needs, voices, and priorities. NGO Connect has an advocacy tool that can inform and support in crafting an advocacy strategy.

Key tip: *Research and gather facts: Conduct thorough research to gather relevant facts, data, and evidence related to the issue. This step is crucial for building a strong case and developing persuasive arguments.*

3. **Key actors and relationships:** Identify the existing stakeholders in the community and national contexts as well as possible allies and build relationships with appropriate actors. Multi-sectoral collaboration involves working with various sectors, including health, education, and social services, to address SRH issues. Working in coalition provides an opportunity to amplify advocacy efforts, to achieve greater impact, share resources and create a sense of community ownership. You need to assess existing coalitions that can be joined, built on and/or strengthened, or if there is a need to co-convene a new coalition in collaboration with key partners. You can use [Mural](#) to visualize the mapping.

4. **Constituents, allies, and opponents:** must be identified and engaged. Develop a strength, weaknesses, opportunities, and threats (SWOT) analysis and use it to guide your advocacy planning. We Rise has a useful guide on doing a SWOT analysis in advocacy: [Friends, Foes and Forces: A SWOT Analysis: \[https://werise-toolkit.org/en/system/tdf/pdf/tools/friends-foes-and-forces-a-swot-analysis_0.pdf?file=1&force=\]\(https://werise-toolkit.org/en/system/tdf/pdf/tools/friends-foes-and-forces-a-swot-analysis_0.pdf?file=1&force=\)](https://werise-toolkit.org/en/system/tdf/pdf/tools/friends-foes-and-forces-a-swot-analysis_0.pdf?file=1&force=)
5. **Tactics:** Decide on specific, strategic activities to accomplish the goals and objectives. Develop a [workplan](#) to guide your day to day operations or strategy. Establish communication and engagement with relevant legislators, policymakers, and other decision-makers. This may involve meetings, written communication, and media engagement.
6. **Messages:** Develop a media strategy to raise awareness of the issue. This can include writing op-eds, press releases, and engaging with reporters to ensure the issue receives media coverage. Be specific about the messages that will be conveyed in each tactic, who your advocate will be (and to which audience). Use social media, traditional media, and interpersonal communication. [PrEP Watch website](#) has a set of resources that can help you in designing key messages for your advocacy work.
7. **Resources:** Assess the resources needed (people, time, and money). Resource mobilization is an

important advocacy step that involves identifying and securing the necessary resources to support the advocacy campaign. This includes developing a resource mobilization action plan, (make use of the USAID [Resource Mobilization Module](#)) prioritizing activities, and identifying the people, networks, tools, strategies, and systems needed to implement a successful resource mobilization strategy. Effective resource mobilization is essential for accountability, implementation, and sustainability. Sustainable resource mobilization refers to the process of securing and utilizing resources in a way that ensures the long-term viability and effectiveness of an organization. It involves identifying and leveraging various resources, including financial, human, and material resources, to support the organization's programs and services. Sustainable resource mobilization is critical for organizations to maintain their service provision, improve and scale up their offerings, and ensure their overall sustainability.

8. **Evaluation:** Plan to evaluate your efforts and determine how to measure success. Establish a system to monitor and evaluate the progress of the advocacy campaign. This involves tracking the impact of the advocacy efforts and making adjustments as needed. Save the children has an [M & E tool](#) to guide.

5. SRH Integration and Advocacy in Action

The Roadmap is structured around four key actionable priorities on SRH integration at community level, service delivery level, systems level, and policy level. In order to action the identified priorities, the Roadmap also emphasizes the importance of a multi-stakeholder approach, involving the participation of all relevant stakeholders, including policymakers, program managers, service providers, and the communities to be served. The Roadmap also highlights the need for a human rights and person-centered approach to ensure that SRH integration is guided by the principles of equality, non-discrimination, and human dignity.

These priority actions can be led by a number of stakeholders - CSOs, advocates, program implementers, and governments. Advocates can identify context-specific actors to action these priorities, but can also advocate for resources with funders to be able to implement approaches.

5.1 Integration at Community Level

SRH integration at community level is essential for ensuring that all individuals have access to quality SRH services. By engaging community members, leaders, and local organizations, and addressing cultural and religious norms, advocacy efforts can help promote positive change and improve SRH services for all.

Key priority actions for strengthening a community-level approach:

1. Create platforms that strengthen literacy and provide opportunities for engagement of community members in SRH decision-making:
 - a. Advocate for the development of community-based and community-focused SRH education that is accessible, culturally sensitive, and age-appropriate. This education should address

the social and cultural norms that hinder the implementation of SRH policies and programs.

- b. Advocate for the inclusion of SRH in existing community programs and schools to equip individuals with accurate information and skills to make informed decisions about their SRH.
- c. Establish community-based SRH committees that bring together community members, leaders, and local organizations to promote SRH integration. These committees can help to identify community needs, develop community-based interventions, and monitor progress towards SRH integration such as tracking the number of community-based health workers trained on SRH.

2. Creative inclusive mentorship and capacity building models in the community:

- a. Strengthen the capacity of community members, leaders, and local organizations to become SRH advocates through training, mentoring, and coaching.
- b. Ensure inclusivity in approach - prioritizing groups that are usually marginalized, criminalized and excluded in all their diversities, to advocate for their SRH, access services, and participate in decision-making processes. This empowers communities to drive change from within. They also have a role to play in driving demand, leading advocacy and accountability efforts, and engaging in task shifting for service provision.
- c. Engage men and boys in SRH integration by promoting positive masculinity, challenging harmful gender norms, and encouraging male involvement in reproductive health. Engaging men and boys in SRH :<https://www.bmj.com/content/385/bmj.q1042.full>.

3. Expand community-based SRH interventions that are tailored to the needs of the community. The interventions should address the social and cultural norms that hinder the implementation of SRH policies and programs.

- a. Develop, document, and promote best practices around community-led interventions that empower local communities to take ownership of SRH initiatives. This approach supports sustainability; services should be integrated with other health services, such as HIV and maternal health services.

- b. Foster partnerships between community organizations, healthcare providers, and local authorities to enhance the delivery of SRH services. Collaborative efforts can leverage resources, expertise, and networks to maximize impact.
- c. Conduct community dialogues, religious sermons, and other activities that promote positive attitudes towards SRH.
- d. Monitor and evaluate community-based SRH interventions to ensure that they are effective, efficient, and sustainable. This can be achieved through data collection, analysis, and reporting.

10. LET COMMUNITIES LEAD AND BE FUNDED.

Extract from FGD with CASPR members during the ICASA Conference.

4. Advocate for policy changes that support SRH integration at the community level. Engage with policymakers, local authorities, and other key stakeholders to create an enabling environment for comprehensive SRH services.

- a. Identify the policies or strategies that guide service delivery within your country context. This guide on policy advocacy on SRH for young key populations from Children and AIDS shares more [practical steps](#).
- b. Analyze whether the policies are acting as barriers or enablers to ensure there is integration of services. You can use the GIZ [policy tracker](#).
- c. Consult with communities through dialogues and gather recommendations on how the policies or strategies can be revised. Open Society has an [Advocacy Mapping Guide](#).
- d. Develop recommendations that can be shared in the form of advocacy briefs, policy briefs etc. An example of a [policy brief](#) to guide development.

5. Form or join technical working groups comprising community stakeholders, CSOs, and advocates to influence policies, planning, implementation, and monitoring of SRH integration initiatives. These groups can ensure meaningful community engagement and representation in decision-making processes.

“As young people the tables are there, but we are not part of the table as contributors but on the menu - if integration is going to be effective we need to do away with ageism in program design.”

Participant from FGD, 35 year old young woman from Uganda

Case Study



Integrating SRH/HIV Services into Community Dialogues a Case of Uganda

Frontline AIDS in collaboration with Alive Medical Services (AMS) in 2018-2020 implemented a service delivery innovation project of new or different ways of providing a service supported by EJAF. The project aimed at integrating SRH and HIV into community dialogues. In Uganda, people from marginalized groups are often reluctant to use HIV and SRH services due to the stigma and discrimination they face. Yet they are often the people who need these services the most.

To address this, AMS invites marginalized people to attend peer-led community discussions in host-spots and drop-in centers alongside free HIV/SRH services (e.g. HIV testing, starter packs for anyone with a positive HIV screen, condoms, lubricants, pre-exposure prophylaxis (PrEP), hepatitis B testing and vaccination, STI screening and treatment, and FP services). Here, they can gain an understanding of how the HIV epidemic affects their community and discuss ideas to improve services.

Between January 2019 and January 2020, these integrated outreaches supported 719 men who have sex with men, 284 transgender people, 437 lesbian women, and 1,101 sex workers. The outreaches have not only increased access to community-based HIV/SRH services but confidence in clinical services: 95% of people attending the events have gone on to visit friendly clinics for further treatment and support.

NEXT STEPS

- The Ugandan government has embraced this innovation and is working with AMS to roll this service out nationally. This support will help to sustain these activities and increase their reach and impact.
- The pilot currently operates in the districts of Kampala, Mukono and Wakiso and there are plans to establish the model in other districts.
- Plans are being developed to share the model with more health facilities and to work with them to improve their key population services.
- As part of this work the Ministry of Health has asked AMS to support it in finalizing guidelines on differentiated HIV prevention, care treatment and support guidelines for key populations, which will also help to improve the HIV/SRH services marginalized people can access.
- AMS has been meeting with the Ugandan government and the technical working group every month since February 2020 to support this and other innovations.

Adapted from Frontline AIDS <https://bit.ly/IntegratingSRHHIVinCommunityDialogues>

5.2 Integration at Service Delivery Level

SRH integrated services heavily rely on the point of service delivery. Healthcare workers play a crucial role in delivering integrated SRH services, therefore it is critical to develop actions directed at increasing healthcare worker capacity to provide stigma free, quality, tailor-made integrated SRH services for individuals and communities. These priority actions can be led by a number of stakeholders - CSOs, advocates, program implementers, and governments. Advocates can identify context-specific actors to action these priorities, but can also advocate for resources with funders to be able to implement approaches.



Key informant interviews are conducted to inform development of the SRH integration advocacy roadmap.

Priority actions for strengthening a service delivery approach:

1. Analyze the regulatory and legal framework including policies, processes and decision-making bodies that guides service provision in your country. This has implications on which services are available and to whom. Consider the following questions to guide the analysis - does your legislative and regulatory framework have:

Policies: Are there regressive laws that prevent access to the complete range of SRH services, free of stigma, discrimination, and coercion? For example, an age of consent to services; a lack of laws defining rape within marriage as a crime; the criminalization of certain populations, e.g., sex workers, adolescents?

Processes: Are there third-party authorization to access SRH services? Are monitoring and evaluation systems fragmented?

After mapping advocacy steps can include:

- a. Advocate for the removal of legal and regulatory barriers that hinder the integration of SRH services.

- b. Engage with policymakers and stakeholders to promote the adoption of policies and regulations that support integrated SRH service delivery.
 - c. Collaborate with CSOs and other stakeholders to advocate for policy and regulatory reforms at the national and global levels.
2. Conduct a comprehensive assessment of existing SRH service delivery models; this builds on the community-level approaches and actions:
 - a. Identify the strengths and weaknesses of current service delivery models.
 - b. Analyze the availability and accessibility of SRH services for different population groups.
 - c. Identify gaps and barriers in the current service delivery models that hinder the integration of SRH services.
 3. Develop a service delivery strategy that prioritizes integration:
 - a. Define the key components of an integrated SRH service delivery model that is appropriate to the context.
 - b. Identify the most appropriate service delivery channels for different population groups.
 - c. Develop a plan for scaling up integrated SRH services, including resource mobilization and capacity-building strategies.
 4. Strengthen the capacity of service providers to deliver integrated SRH services:
 - a. Identify the capacity gaps. Do providers have enough training on integrated SRH service provision? Do they understand the concept and the advantages in achieving UHC for all? Is the current staffing capacity allowing providers to deliver integrated SRH and HIV services without being overburdened? This information can come from FGDs, dialogues, assessment reports including [Community Led Monitoring](#) programs (which can be obtained from partners that closely work with the Ministry of Health).
 - b. Develop and/or advocate for training programs for service providers on integrated SRH service delivery.
 - c. Ensure ongoing technical assistance and mentoring to service providers to ensure the quality and consistency of integrated SRH services.

- d. Propose the establishment or strengthening of quality assurance mechanisms to monitor and evaluate the performance of service providers in SRH service provision.
5. Ensure the availability and accessibility of essential FP commodities:
 - a. Conduct regular assessments of the availability and affordability of essential FP commodities.
 - b. Develop a procurement and distribution strategy for FP commodities that ensures equitable access.
 - c. Map and collaborate with private sector actors and coalitions to expand the availability and accessibility of FP commodities.
 6. Strengthen data collection and monitoring systems for SRH service delivery:
 - a. Assess, strengthen and/or develop a standardized data collection system for SRH service delivery.
 - b. Establish monitoring and evaluation systems to track progress towards SRH service delivery goals.
 - c. Use data to identify areas for improvement and to inform policy and program decisions. Data can be collected via a survey, and should separate community level barriers from the systematic/structural barriers that focus on the connection between laws and policies and implementation. Service delivery data will be most effective if completed in collaboration with healthcare service providers.
 - d. Care international has a SRH and GBV Integration M & E [tool](#) that can be used or the UNFPA [Tool](#).

Case Study



Effective SRH Integration Service Delivery Level Namibia

Adapted from Linking the SRH and HIV in Southern Africa: Demonstration projects in seven Southern African countries have scaled up effective models for strengthening integrated SRH and HIV policies, systems and service delivery mechanisms (2015).

Despite the challenges of limited staff capacity, high staff turnover, and other weaknesses in the health delivery system, Namibia has identified an integrated model of care that has demonstrated the potential to improve programme efficacy and effectiveness. Health workers from the project’s pilot sites have benefited from training on integration of SRH and HIV and were actively involved in the process of re-organizing services to be both more efficient and conducive to integration.

A time-motion study on integration of SRH and HIV services conducted in the pilot sites suggests that improvements in infrastructure, patient flow, and capacity building have the potential to improve efficiencies and the overall quality of care provided to clients. The study analyzed the four dimensions of integration: who (provider) does what (service), where (setting) and when (time). It concluded that the organization of services using the ‘one nurse, one patient, one room’ model has the potential to improve nurse productivity 2.5 times, reduce patient waiting times by half, and reduce stigma and discrimination. Evidence from the project has reinforced political commitment, leading the country’s Permanent Secretary of Health to state that “the Primary Health Care model (one nurse, one patient, one room) in an integrated manner should be the way forward for the Ministry of Health.”

Key Tip to Remember: *You do not always need to create a new advocacy plan from scratch. You can consider joining existing coalition movements of the same agenda. However, bring something to the table too - and this is where you can use this Roadmap to gather the much-needed evidence!*

5.3 Integration at Systems Level

A systems approach requires understanding and action on multiple fronts. A systems approach to healthcare improvement is a way of addressing health delivery challenges that recognises the multiplicity of elements interacting to impact an outcome of interest and implements processes or tools in a holistic way (Komashie, 2021). This view of a systems approach integrates perspectives on people, systems, design and risk in a way that is applicable to healthcare systems across all scales from local service systems through to organizational, cross-organizational and national policy levels (Komashie, 2021). Systems change advocacy works towards collaborations and partnerships across stakeholders to change systems, funding, and policies, to address the issue at a broader level in the integration of SRH services. This step is essential for achieving sustainable and comprehensive integration.

Priority actions for strengthening a systems level approach:

1. Funders across FP and HIV must come together to:

- a. Establish a joint funding mechanism to support integrated SRH programs that address both FP and HIV, and do not leave STIs behind.
- b. Develop a common set of indicators to measure the impact of integrated SRH programs on both FP, STI and HIV outcomes.
- c. Provide funding for technical assistance and capacity-building support to organizations implementing integrated SRH programs.

2. International and regional organizations must advance:

- a. The development of global and regional guidance on SRH integration, including best practices and lessons learned from country-level experiences. These global and regional guidance documents must be enforced with funded implementation and monitoring and evaluation plans to ensure follow-through and accountability across stakeholders.
- b. The collection and analysis of data on SRH integration, including the development of a global database on integrated SRH programs.
- c. The promotion of South-South cooperation and knowledge exchange on SRH integration, including the organization of regional forums and workshops.

3. National governments must:

- a. Develop and implement national SRH integration policies and strategies that align with global guidance and best practices. Policies should be revised consistently and continuously to reflect the newest developments in the field and ensure new SRH products are provided when available.
- b. Establish coordination mechanisms between relevant ministries and departments to ensure a whole-government approach to SRH integration.
- c. Provide funding and technical support to organizations implementing integrated SRH programs at the community level.

“The one-stop shop concept is good for integration however our health care workers in most cases do not have the required skills and knowledge to offer all the range of services, understaffing also leads to them being overwhelmed-hence prioritizing their capacity is needed for improved integration.”

Participant from FGD with CASPR

4. CSOs must:

- a. Advocate for the inclusion of SRH integration in national policies and strategies.
- b. Develop and implement community-based SRH integration programs that address the specific needs and priorities of marginalized populations.
- c. Collaborate with other CSOs, governments, and international organizations to promote SRH integration at the global level.
- d. Assess and incorporate SRH integration messages into existing health-related campaigns they champion. Integration of SRH advocacy and messages is an effective, efficient and impactful strategy.

5. Academia and research institutions must:

- a. Develop access plans as early as possible in the clinical research and development process to ensure there is a clear pathway for availability of new SRH products within an integrated service delivery model.
- b. Conduct implementation research on SRH integration, including the evaluation of integrated

SRH programs and the identification of best practices and challenges.

- c. Disseminate implementation research findings and best practices to a wide audience, including policymakers, practitioners, and CSOs.
- d. Bridge silos between FP, HIV and STI research within academia and research institutions to identify opportunities for collaborative research and learnings, including the advancement of multipurpose prevention technologies that seek to address more than one SRH need.

6. Private sector actors must:

- a. Invest in SRH integration programs and initiatives, including the development of innovative solutions and technologies.
- b. Collaborate with governments, CSOs, and international organizations to promote SRH integration at the global level.
- c. Advocate for the inclusion of SRH integration in national policies and strategies.

Case Study

Effective SRH Integration at Systems Level in Kenya

Adapted from Integration of HIV prevention and sexual and reproductive health in the era of antiretroviral-based prevention: findings from assessments in Kenya, Malawi and Zimbabwe (2022).

HIV, FP, and other SRH programs are often siloed. A big part of integrating at the systems level is to figure out how to bridge across these silos to bring different Ministry of Health departments together and promote inter-ministerial collaborations. Kenya has an existing National Reproductive Health and HIV and AIDS Integration Strategy (2009). Though this may need some revisions it still provides a strong foundation for integration of SRH and HIV services in Kenya. Kenya has made strides to cascade the policy into practice, and this is steered by the HIV/SRH integration sub committee. The Integration Sub-Committee was co-chaired by the HIV and FP/RH divisions within the Ministry of Health and worked to identify and accomplish shared goals. This resulted in development of shared budgets, work plans and consolidated Monitoring and Evaluation systems making it effective to implement, monitor and support integration at service delivery level. This model was cited as one of the best models to support integration at systems levels, in a study conducted in Kenya, Malawi and Zimbabwe on integration of HIV prevention and SRH services (Kachale, 2022).



☐ Checklist to Consider for SRH Integration at Systems Level

✓ **Step 1: Community mapping and engagement.**

Ground the policy and practice change by understanding the local context and incorporating community input into the advocacy action plan.

Community mapping and engagement is a crucial step in the integration of SRH services, as it helps to ground policy and practice change by understanding the local context and incorporating community input into the advocacy strategies. This step involves several key actions:

- I. **Assessing the local context:** Identify the unique challenges and opportunities related to SRH services in the community including for specific sub-populations. This can help in tailoring the integration strategy to address the specific needs of the general and target populations.
- II. **Identifying existing resources:** Recognize and utilize existing resources and service delivery points, such as community centers, clinics, and schools, to provide SRH services and initiate and/or support the integration process.
- III. **Developing a comprehensive localized SRH package:** Based on the local context and stakeholder input and within a rights framework, develop a comprehensive SRH package that addresses the needs of the community, including services related to FP, and SRH.
- IV. **Implementing integrated services:** Work with healthcare providers and facilities to integrate the SRH services into the existing healthcare system, ensuring that the services are accessible, affordable, and of high quality.

✓ **Step 2: Identify spaces for peer learning and collaborations**

that exists in your context. These can range from national technical working groups, regional linking and learning platforms, south to south exchange learning programs. For each platform mapped, crosscheck on whether key stakeholders in SRH integration are involved and actively participating.

✓ **Step 3: Coalition Building.**

Strengthening and/or establishing and maintaining strong broad-based coalitions and stakeholder alliances is a crucial step in the

integration of SRH services. Coalitions can help to amplify the voice of advocates, increase the impact of advocacy efforts, and promote policy change. This step involves several key actions:

- I. **Identifying potential partners:** Identify organizations, institutions, and individuals who share the goal of integrating SRH services and can contribute to the coalition's efforts. Collaborate with various stakeholders, including community leaders, health providers, and local organizations, to ensure that the integration process is inclusive and responsive to the needs of the community.
- II. **Establishing clear goals and objectives:** Develop a shared vision and set of goals for the coalition, ensuring that they align with the broader objectives of integrating SRH services. Creating a structure for collaboration, establishing a formal structure for the coalition, including leadership roles, working groups, and regular meetings, to facilitate communication and coordination among members. Develop a shared strategy by collaborating to develop a comprehensive strategy for integrating SRH services, including advocacy, policy change, and community engagement.
- III. **Allocating resources and responsibilities:** Determine the resources needed to implement the coalition's strategy and allocate roles and responsibilities among members, ensuring that everyone contributes according to their expertise and capacity. When fundraising is needed for the coordination of such a coalition, consider how coalition members can share resources (secretariat, messaging etc.) utilizing existing assets so the engagement can begin while simultaneously fundraising.

✓ **Step 4: Systems Change Advocacy.**

Engage in designing an advocacy plan as highlighted in Part 3 of the Roadmap on Pillars on building strong integrated advocacy strategies.

5.4 Integration at Policy Level

Engaging with policymakers and other stakeholders to advocate for policy change and secure political commitment for SRH integration is crucial. Policy documents either at global or regional level are similar in how they are developed and utilized for holding policy makers (governments) accountable. In some cases countries may feel more connected and more accountable to regional documents than global documents. These priority actions would be led predominantly by CSOs and advocates. Advocates should also engage funders to invest in policy advocacy to move actions forward.

Priority actions for advocating for the strengthening of a policy level approach:

- Analyze existing laws and policies around age of consent for accessing SRH services for young people and how they are acting as barriers or enablers.
- Consolidate and harmonize existing guidelines, strategies for various SRH services - integrated policies will result in integrated service delivery.
- Develop policy briefs that can be used for advocacy and in engaging policy makers. Policy briefs will use language that can be adapted easily by policymakers in their decision-making.
- Equip communities of advocates with necessary training on policy advocacy for effective engagement in policy dialogues.
- Translate policy documents into user-friendly language for communities, program implementers, and providers. Where possible, utilize graphics to ensure stakeholders have adequate information to hold policy makers accountable.

Case Study

Effective SRH Integration at Policy Level in Zimbabwe

*Adapted from **Linking the Sexual and Reproductive Health and HIV in Southern Africa: Demonstration projects in seven Southern African countries have scaled up effective models for strengthening integrated SRH and HIV policies, systems and service delivery mechanisms (2015).***

Leveraging existing country-level efforts in SRH and HIV integration has the potential to rapidly expand service delivery. In Zimbabwe, the project's 'upstream' work on developing national policies, service guidelines, and training tools has been catalytic and instrumental in supporting the country's ongoing 'downstream' work on linking SRH, HIV, and GBV services. Through the development of several national guidelines and tools—including the **SRH and HIV Linkages Service Guidelines**, which guides the delivery of standardized integrated SRH and HIV services and a related training package—the project has provided a policy framework to support several other initiatives for example integrating components of FP, cervical cancer screening, Option B+ (test and treat HIV positive mothers/parents) in maternal health care.



□ Checklist to Consider for SRH Integration at Policy Level

Note: The checklist need not be interpreted as linear. You do not have to do all eight steps, and you do not have to go in numerical order!

✓ **Step 1:** Create (or find) your compendium or “cheat sheet” of relevant global and regional instruments (policies, strategies, protocols, etc.) that supports SRH integration efforts.

✓ **Step 2:** Conduct a comprehensive policy and strategy review to identify existing gaps and barriers in SRH integration. This action step should include:

- Reviewing the current policy and strategy landscape related to SRH integration, including any existing policies, strategies, and guidelines.
- Analyze the mapped policies considering the following:
 - Does the policy or strategy pay close attention to the participation of stakeholders who in some settings are underserved such as representatives of women’s groups, youth groups, key populations, ethnic minorities and people with disabilities, and does it include programs for ensuring their participation not only as beneficiaries for the services but as key stakeholders in shaping, implementing and evaluating programs?
 - Does the SRH policy or strategy either in its formulation or revision, identify existing laws and regulations that affect provision and access to SRH services that need to be reviewed and brought into alignment with human rights laws and standards and does it explicitly include and promote principles of gender, rights, equity, as well as transparency and accountability?
 - Does the policy or strategy include guidelines on integrated SRH and HIV service provision?

- Does the policy or strategy have mechanisms for improving sustainable funding to ensure long-term access to SRH and HIV integrated services? Is integration being prioritized for funding and financing?
- Does the policy or strategy provide for adequate review, monitoring and accountability including a monitoring and evaluation framework to measure progress in addressing inequities in financial access, service delivery and access to quality SRH and HIV integrated services?
 - Identifying gaps and barriers in the current policy and strategy landscape that may be hindering the integration of SRH.
 - Developing a detailed list of each identified gap or barrier, along with possible solutions, actions, or recommendations for addressing them.

✓ **Step 3:** Develop a policy advocacy plan to communicate identified solutions or actions for improving SRH integration through policy. This action step should include:

- Identifying key stakeholders and decision-makers who have the power to implement the identified solutions or actions.
- Developing a clear and concise advocacy message that highlights the importance of SRH integration across policies and decision-making platforms and the need for policy action.
- Identifying opportunities for engagement and advocacy, such as policy meetings, consultations, or other relevant events.
- Creating an advocacy plan that outlines the steps and actions needed to effectively communicate the identified solutions or actions to key stakeholders and decision-makers.

6. Conclusion

We hope this guide has:

- Reinforced and added to your knowledge of the context of SRH and HIV integration and its importance
- Provided guidance and practical steps on how to develop and implement advocacy initiatives on SRH integration
- Inspired you to take action, in your context

Integrating SRH into broader health and development efforts is critical to improving health outcomes and advancing human rights. This Roadmap has outlined key steps to achieve successful SRH integration, centered on collaboration, strategic mapping, and targeted advocacy.

First and foremost, SRH integration requires bringing together diverse stakeholders from the health sector, community organizations, government, donors, and more to align on shared goals and coordinate efforts. Mapping out the key players, their roles, and potential synergies is essential for building an effective coalition. Processes and programs must be carefully designed to bridge SRH with other priority areas like maternal and child health, HIV/AIDS, gender equality, and universal health coverage. Integrating SRH into existing service delivery platforms, supply chains, health information systems, and monitoring and evaluation frameworks will help achieve economies of scale and sustainability.

Advocacy is a critical component to drive political will, mobilize resources, and ensure accountability for SRH integration commitments. Advocacy plans should be developed with clear, measurable targets and tailored to the unique contexts and decision-makers in each country and community. Campaigns should amplify the voices of those most affected, including women, young people, and marginalized groups. Targeted advocacy to parliamentarians, ministries of health and finance, and local leaders can secure policy and budget commitments. Grassroots advocacy to raise awareness and demand for integrated SRH services is also essential.

By working together, mapping the landscape, aligning processes and programs, and advocating for change, we can make significant strides in integrating SRH and realizing the vision of universal access to Sexual and Reproductive Health For all. The time for action is now. Let's get to work.

The world needs committed people like you and your expertise, experiences to ensure effective delivery of integrated quality SRH services.

Thumbs Up! You are a Champion for Stepping Up!

7. Annex

Acronyms

AIDS: Acquired Immunodeficiency Syndrome

Cu IUD: Copper Intrauterine Device

CSO: Civil Society Organization

DMPA-IM: Intramuscular Injectable Depot-medroxyprogesterone Acetate

DR: Desk Review

ECHO: Evidence for Contraceptive Options and HIV Outcomes trial

FP: Family Planning

FGD: Focus Group Discussions

GBV: Gender-Based Violence

HIV: Human immunodeficiency virus

ICASA: International Conference on AIDS and STIs in Africa

KIIs: Key Informant Interviews

LNG: Levonorgestrel Implant

PrEP: Pre-exposure prophylaxis

SRH: Sexual and Reproductive Health

STI: Sexually Transmitted Infection

UHC: Universal Health Coverage

UNAIDS: United Nations Joint Action and Information Network on AIDS

UNFPA: United Nations Population Fund

UI: Unstructured Interviews

WHO: World Health Organization

Key Concepts

SRH: Good SRH is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so. To maintain one's SRH, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice.

They must be informed and empowered to protect themselves from STIs including HIV. And if they decide to have children, women must have access to skilled healthcare providers and services that can help them have a fit pregnancy, safe birth and healthy baby. Every individual has the right to make their own choices about their SRH. This is essential for individuals' overall well-being. The Reproductive Justice Framework states three

core values of reproductive justice are the right to have a child, the right to not have a child, and the right to parent a child or children in a safe and healthy environment.

Integration of Services: 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 facility level. This refers to the process of combining different health services, such as those related to SRH, STIs, FP, HIV, mental health, gender, and disability, to ensure that individuals receive comprehensive and coordinated care. In the context of the Roadmap, it means ensuring that individuals have access to a wide range of services, including those related to SRH, FP, HIV, mental health, gender, and disability, in a coordinated and seamless manner.

Advocacy: This 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.

Rights-Based Approach: An approach that emphasizes the importance of affirming the rights of all individuals to access essential SRH services, free from discrimination and coercion. It focuses on the importance of affirming individuals' rights to access essential services without any social construct limitations.

Holistic Approach: The Roadmap adopts a holistic approach to address the various interconnected aspects of SRH. It is a method that addresses gaps in SRHs by considering the interconnected social, economic, and cultural factors that influence individuals' access to and utilization of services in these areas.

Comprehensive Sexuality Education: Providing young people with accurate and age-appropriate information on SRH.

Gender Equality and Women's Empowerment: Addressing GBV, discrimination, and harmful cultural practices that affect women and girls.

Youth Participation and Leadership: Engaging young people in decision-making processes and empowering them to advocate for their rights.

Multi-Sectoral Collaboration: Working with various sectors, including health, education, and social services, to address SRH issues.

Advocacy and Policy Change: This involves a process of representing, promoting, or defending interests and opinions. It means taking action to create change.

Task Shifting: The rational redistribution of tasks among health workforce teams. Specific tasks are moved, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more efficient use of the available human resources for health.

Community Mobilization and Engagement: Engaging communities in advocacy efforts and empowering them to take action on SRH issues.

Monitoring, Evaluation, and Learning: Monitoring, Evaluation, and Learning (MEL) play a crucial role in the implementation of the SRH Integration Advocacy Roadmap, ensuring accountability, tracking progress, and identifying areas for improvement. Here are key aspects of MEL that can be noted:

1. **Monitoring:** Regular monitoring involves tracking the implementation of activities outlined in the Roadmap, assessing whether targets are being met, and identifying any deviations from the planned course of action. Monitoring helps in real-time tracking of progress, early identification of challenges, and timely adjustments to ensure effective implementation.
2. **Evaluation:** Evaluation involves assessing the impact and effectiveness of the integrated SRH services implemented as per the Roadmap. It helps in determining the outcomes achieved, identifying what works well and what needs improvement, and providing evidence for decision-making and resource allocation.
3. **Learning:** Learning involves capturing lessons from the implementation process, identifying best practices, and sharing experiences to inform future actions. Learning from successes and failures helps in continuous improvement, adaptation of strategies, and scaling up successful interventions to enhance the impact of integrated SRH services.
4. **Data Collection and Analysis:** Establishing robust data collection mechanisms to gather relevant information on key indicators related to SRH integration is essential. Analyzing this data allows for evidence-based decision-making, trend identification, and performance assessment against set targets.
5. **Capacity Building:** Building the capacity of stakeholders involved in MEL activities is crucial for effective implementation. This includes training on data collection methods, analysis techniques, and interpretation of results to ensure accurate monitoring and evaluation of the SRH integration efforts.
6. **Feedback Mechanisms:** Implementing feedback mechanisms to gather input from service providers, beneficiaries, and other stakeholders is vital. Feedback helps in understanding the impact of integrated services, addressing challenges in real-time, and improving service delivery based on the needs and preferences of the target population.

Sustainable Financing: Ensuring that programs are adequately funded and that resources are available to sustain them over the long term.

UHC: This means that all people have access to the full range of quality health services they need (including SRH services), when and where they need them, without financial hardship.

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