

Speaking Out for Sexual Health

Stories of Significant Change from PLHIV and Key Populations



India
HIV/AIDS
Alliance



India HIV/AIDS Alliance

Headquartered in New Delhi, India HIV/AIDS Alliance (Alliance India) was founded in 1999 as a non-governmental organisation working in partnership with civil society and communities to support sustained responses to HIV in India. Complementing the Indian national programme, Alliance India works through capacity building, technical support and advocacy to strengthen the delivery of effective, innovative, community-based interventions to key populations affected by the epidemic. The organisation's programmes focus on those most vulnerable to HIV, with a particular emphasis on marginalised populations including men who have sex with men (MSM), transgenders, hijras, sex workers, injection drug users (IDUs), at risk youth and women, and people living with HIV (PLHIV).

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Preface

Access to antiretroviral treatment (ART) has helped enable people living with HIV (PLHIV) to live longer, fulfilling lives. Improved health and wellbeing has allowed PLHIV to plan for their futures, futures that include sex, sexuality, and the possibility of starting or expanding families. A comprehensive approach to sexual & reproductive health (SRH) for PLHIV across India has been lacking, and in most places current interventions are inadequate. Key populations vulnerable to HIV such as sex workers, men who have sex with men, transgenders, and people who inject drugs are similarly challenged to find supportive and responsive SRH services.

Stigma and discrimination marginalise PLHIV and key populations limiting their access to and uptake of SRH services. Studies show that people living with HIV have higher levels of unmet contraceptive need, more untreated Sexually Transmitted Infections (STIs), and knowledge gaps on positive prevention. Among PLHIV from key population groups, these indicators are even more dismal.

In response, India HIV/AIDS Alliance (Alliance India) implemented the Koshish programme from April 2011 to March 2014 in four states: Andhra Pradesh, Tamil Nadu, Gujarat and Maharashtra. Supported by the European Union, this programme aimed to strengthen and advance the SRH and rights of PLHIV and other key populations through advocacy.

In each state, an advocacy coalition was established that typically consisted of the lead partner Non-governmental organisation (NGO), the state-level PLHIV network (SLN), five district-level PLHIV networks (DLNs), and five community-based organisations (CBOs) for key populations, along with representation from eight additional civil society constituencies. The coalition was responsible for determining SRH advocacy priorities in each state and designing and implementing strategies to reach key decision makers to ensure better policies and programming responsive to the SRH needs of PLHIV and key populations.

In order to understand the effect that Koshish has had on the communities it engaged, the programme considered a variety of evaluation options. To maintain the central place of community voices, we developed a qualitative study that considered intermediate outcomes and changes in the lives of these communities during the course of the project.

The study applied an adapted version of the Most Significant Change (MSC) technique (Dart & Davis, 2003) that gauged outcomes and impact of the programme through the qualitative analysis of stories of change from programme beneficiaries. This methodology was community-driven and participatory and ensured that the evaluation of Koshish directly involved those people served by the programme.

The study was conducted over a three-month period in 2013 in the four Koshish states. Stories were collected by a trained field team comprised of programme beneficiaries and peer leaders from PLHIV and key population communities and networks. The lead consultant Sameer Thakur coordinated the study design, execution and analysis, along with Alliance India team members, staff from lead partner NGOs, SLNs, DLNs and other CBOs in each state. As part of the process, particular effort was made to build the capacity of community members on research methodologies and data collection processes in the field.

The stories presented here tell of changes within four major domains: personal change; changes in participation; changes in capacity; and challenges. These findings can serve to inform ongoing efforts to improve programme implementation, enrich policy discussions, and ensure the SRH and wellbeing of PLHIV and key populations remain policy and programming priorities. Our thanks to all involved.

James Robertson

Executive Director

India HIV/AIDS Alliance

Most Significant Change

‘Most Significant Change’ (MSC) is a qualitative and participatory technique involving the ongoing collection of stories of significant change. MSC goes beyond merely capturing and documenting participants’ stories of impact, to offering a means of engaging in effective dialogue. Each story represents the storyteller’s interpretation of impact, which is then reviewed and discussed. The process offers an opportunity for a diverse range of stakeholders to enter into a dialogue about programme intention, impact and ultimately future direction. Hence, MSC technique was used by India HIV/AIDS Alliance (Alliance India) to understand the intermediary outcome and impact of Koshish programme.

About Koshish

Evidence from India suggests that a comprehensive approach to sexual & reproductive health and rights (SRHR) for PLHIV has been lacking and that current responses are not decreasing their vulnerability and ill-health sufficiently. Vulnerability to issues of sexual & reproductive health (SRH) is further exacerbated for those whose rights are violated due to stigma, discrimination, and marginalisation. To address these issues, the European Commission funded a programme called Koshish to effectively advocate for policies and strategies on SRHR for PLHIV and key populations (KPs) in India. Alliance India led this project in partnership with MAMTA, PWDS, VMM, and CHETNA, along with state-level PLHIV networks in Maharashtra, Tamil Nadu, Andhra Pradesh, and Gujarat.

Koshish aimed to achieve its goals by strengthening civil society organisations (CSOs) and networks— specifically those representing and working with PLHIV and KPs such as men who have sex with men (MSM), transgender (TG) persons, female sex workers (FSW) and their clients, and people who inject drugs (PWIDs). Through coalitions, the partner organisations developed and implemented state and district level interventions that were based on a theory of change, with the principles of empowerment and meaningful partnerships as core elements of effective advocacy.

MSC Technique for Koshish

Alliance India used the MSC technique to have better understanding of the intermediate outcomes and impact of Koshish programme from various perspectives. MSC study followed all the steps: raising interest for the study, defining domains of change, defining the reporting period, collecting significant change stories, initial analysis, selection of the most significant change stories, verification and quantification, final selection of the stories, and analysis.

Domains of Significant Change

At the beginning of the study plan, certain broad change-domains were identified and reviewed. The study design allowed for story collectors to contextualise and detail the broad change domains at the beginning of the study and select stories from different perspectives at the end of the study. The following were the broad change-domains identified:

1. Changes in people's lives
2. Changes in participation
3. Changes in capacity

In addition, challenges identified by various stakeholders were also captured.

Overall, the MSC stories provide a range of insights into the lives of key people and groups that the Koshish programme has reached in the last three years. As a qualitative evaluation project, the study has allowed the programme stakeholders to learn what has worked, what has not worked, and why so. On one hand, the study managed to gather a major amount of anecdotal evidence around sensitive, and often painful experiences of marginalised people while on the other hand it captured the motivation, positive attitude and proactive steps taken by a few brave people in a rather unkind world.



Stories of Personal Change

These stories capture the changes in personal behaviour and outlook towards SRHR by KPs and the important milestones in their lives as a result of contact, and engagement with, the Koshish programme. These changes range from rejecting stigma and discrimination to making informed family planning choices and decisions towards a happier life.

The following are significant changes witnessed in the stories narrated by KPs:

- **Positive change in self-esteem and identity:** Enhanced self-esteem through Koshish programme activities led to more PLHIV access SRHR services in public hospitals. Regular access to advocacy initiatives by Koshish programme has increased the confidence of PLHIV to demand services at par with everyone else. Also, the narratives show how respondents who were having unsafe sex without much negotiation power now refused unprotected sex with clients, highlighting the changes in personal behaviour and attitudes.
- **Increased SRHR knowledge among KPs:** New awareness around SRHR has been created as human rights and it resulted in increased demand for safer sex practices among female sex workers and transgenders.
- **Self-awareness and acceptance of SRH rights:** These narratives foreground how Koshish programme created new awareness that PLHIV can plan and have children. Advocacy by Koshish programme staff helped these women make informed choices about having families. Individuals and networks have demanded and received family planning (FP) services in government health centres. Starting a family has been articulated as a life-changing milestone by many in these stories.
- **Risk perception and behaviour change led to earlier diagnosis:** Change in risk-perception has improved SRH of key populations, especially in the context of HIV and cervical cancer risk. A major change articulated in a few stories is how the new awareness about risk of cervical cancer translated into choice to early diagnosis and treat cervical cancer. Koshish programme's initiative for cervical cancer screening is clearly identified as a pioneer campaign for advancement of larger SRHR in all four states. Increase in demand for pap smear tests has been a major outcome among the networks at state and district levels.

Moving ahead in life, one step at a time

Storyteller: WLHIV, 24
Amravati District, Maharashtra

I was married when I was 18 and got pregnant within a year of marriage. I was working as an administrator at a private hospital and was undergoing antenatal care (ANC) there. The hospital doctors conducted HIV test as a routine. The next day, they asked me to bring my husband and referred him for the same test. We both tested positive for HIV. Suddenly, the same hospital employers asked me to stop attending my work. I reasoned that the hospital was the best place to be in my condition but they refused to change their minds. My in-laws accused me of giving my husband the infection and started harassing me. To cope with stress, my husband started drinking and neglected me. To make ends meet, I started doing odd jobs in houses. As a result, my husband started accusing me of having affairs and regularly abused me.

After the birth of my child, having had enough of harassment, I sought help from an NGO. They counselled me and introduced me to the Koshish programme. The Koshish peer educator patiently listened to my story. They suggested an HIV test for my child and a cervical cancer screening test for me at a camp. My child was found free of HIV; it gives me immense relief! At the camp, they explained to me the added risk of cervical cancer, and assured all medical help free of cost. So I agreed and underwent the test. The results were not clear, so I had to undergo the Pap smear test again. This time, the doctor explained that I had early symptoms of cervical cancer and that a surgery was needed. I was very depressed given my poverty, HIV status and now cervical cancer. I cried a lot and was worried about my child being uncared for if I died. I shared this with my husband but he was abusive all the time. I finally sought my father's help and got surgical treatment at the same hospital for cervical cancer. Koshish team helped me a lot during this period. This is a direct benefit I got from Koshish, they made everything available for me free of cost.

My husband was not dealing with his HIV infection well. He was unhappy and tried to exploit me for sexual satisfaction and money. Now I have left him and take care of my child independently. Life is more meaningful and peaceful now. The biggest contribution of Koshish has been giving me a new meaning to life and taking care of my SRH needs.



My body, my rights, my identity

Storyteller: FSW, 36
Amravati, Maharashtra

I am sex worker and I live alone. I was born in a village to illiterate parents, so I received no formal education. I started working in an upper-caste home as a maid when I was young. Due to extreme poverty, my parents married me to an older man at a very young age. My husband turned out to be a crook and sold me to a brothel. I was subjected to a lot of physical and sexual violence in the beginning but later accepted my fate and continued sex work. Most of my clients had unsafe sex with me that led to many health complications but I never had the chance to get treated.

I started attending Koshish community meetings in 2011. While doing so, I realised a violence-free life is possible and started some savings by opening a bank account. I would put a small amount in my account every day. I decided to take charge of my own body and business. I soon met a regular partner and started having only safe sex with him. Attending a few more Koshish meetings gave me new confidence. I became a vocal member of my community and started working as a peer educator for Koshish. In a couple of years, despite being uneducated, I started to understand rights and services related to SRH and can advocate in any forum in my own language.

I wanted to start a family but my partner refused to support me in this decision. So I made a bold decision to leave him. I managed to complete all the procedures alone, such as getting my passport, PAN Card and Adhaar Card. I have my chosen name on these and feel a new identity was created due to my association with Koshish. I now have my own home and a healthy body free of infections and cervical cancer. I am proud of my achievements.

From a spark to a flame

Storyteller: FSW, 28
Ahmednagar, Maharashtra

I grew up in a small village near Nagpur. I lived with my mother who worked in an orange orchard. I worked there too to help her. When I was a teenager, one day I was sent to the orchard alone. The orchard owner sexually abused me and gave me money to keep it a secret. I was afraid of him and kept silent. He later started sexually exploiting me in exchange of money and support. I eventually started having sex for money with other men as well. I was having sex in unsafe conditions, without condoms. I was getting used to the money as it helped my family grow financially strong.

My body started giving troubles soon. I was repeatedly suffering from pain and vaginal infections, but I ignored them for a long time. Once, when I had severe pain, I contacted a private clinic and was introduced to the Koshish peer educator there. I agreed to go for a counselling session and realised that I was playing a dangerous game with my own body. I decided to stop abusing my body; I started having sex only with condoms. Some regular clients offered more money for unsafe sex but I refused. "Don't give me a little more money. Give me a safer life. I will not risk my life," was my answer. They went away a few times but returned to have safe sex. I was very pleased by this new power I had and the change in my own outlook.

I was shy about my HIV status and did not share them with anyone for fear of mistreatment and stigma associated with this disease. I feared everyone would stop eating and drinking with me. The Koshish programme changed a lot for me. I feel strongly for other women who have similar problems, so I started a support group in my locality. My neighbours now have moved beyond branding me as immoral to accepting and respecting my new identity. The frequent visits by peers and Koshish advocates have also helped me gain new respect in my local community. I have started advocating around HIV and SRHR issues during local festivals. This has slowly changed the mindset of the people about sex workers and helped them see us as valuable members of the community. This is the biggest change in my life.

From loss to hope in a single night

Storyteller: **WLHIV, 38**
Erode, Tamil Nadu

I am a 38-year-old housewife and live with my husband and a son. I became pregnant for the second time in 2011. After four months of being pregnant, I suddenly had a miscarriage. My husband took me to the nearest private clinic where I was routinely tested for HIV. The results showed that I was infected. The clinic staff immediately stopped attending to me and referred my case to the government hospital. There, when the staff came to know of my HIV status, they severely reprimanded me while I was in severe pain. “Where did you get this disease from?” asked a staff member. “Why do you want to live when your baby is dead? Do you want to kill us too?”

The next morning, when still nobody was attending to my pain, I called a friend and narrated my story. She assured me help and contacted the Koshish District Advocacy Officer (DAO). The DAO immediately contacted the head of the hospital and came over to my ward to counsel the staff. The staff denied any wrong doing. When asked why nothing had been done in my emergency case throughout the night, unavailability of donor blood was given as an excuse. The network members accompanying the DAO immediately sourced blood and, finally, the medical staff took care of me. I was there for another four days but worried about more ridicule from the hospital staff. Thankfully, because Koshish staff informed the head of the hospital about my mistreatment, I did not face any more discrimination and was sent home safely. When I came back home, my husband said he was shocked to know about my HIV status but after counselling by network members and the Koshish DAO, he has accepted my status and we are living a happy life together.

I am currently on ART. I have also opted for cervical cancer screening through a Koshish referral and was found to have some complications. I was provided follow-up, treatment and care and now am back to good health. I still consider that one night to be one of the most important events of my life. Through regular contact with the ART centre and Koshish team, I am now well aware of my health needs and also appreciate the fact that I have a happy and supportive family.

Giving up was not an option

Storyteller: FSW with HIV, 29
Anantapur, Andhra Pradesh

I eloped with a relative who forced me to do sex work in a brothel. I was later arrested by the police during a raid and sent to a home run by an NGO. Thereafter, I decided not to do sex work and returned home to my mother. Within a short time, my mother suffered a paralysis stroke and I had to start taking care of her needs. We had no income options, so I went back to secret sex work in my hometown. I soon got married to a truck driver and got pregnant within a year. I was eager to start a family now. However, the first child was a girl child, so I was discriminated by my in-laws and rest of my husband's family. I was under constant pressure to give them a male child or face divorce. My husband was uncaring and was away for long periods; so I started sex work again to run the household.

Some days later, I came in touch with the CBO again and attended a meeting. I also got referred to the Integrated Counselling and Testing Centre (ICTC) and later was diagnosed with HIV. I was completely devastated after knowing my HIV status. I decided not to get pregnant for fear of my child getting HIV from me. I could not share my status at home for fear of abuse. So I got an Intra-uterine device contraception procedure done without informing the family. This I thought was the best option in the current situation. As a truck driver, my husband was soon referred to an ICTC and was found to have HIV infection. I attended counselling sessions with him. There, Koshish team members invited us to the next meeting. We got to know a lot more about SRHR of PLHIV through these meeting. I made an effort to get more information from the advocacy officer personally and shared it with my husband. There was no point in discussing who got HIV from where, so I revealed my status to him. He felt responsible this time and agreed to go for family planning counselling. We were relieved to know that our daughter is free from HIV.

We got to know our rights of family planning and with the help of further counselling, after sometime I got pregnant again. I followed all necessary guidance given and gave birth to a son at a government hospital. Koshish staff counselled the rest of the family too. My son is free of HIV. Now we are living happily despite our status being known.

Illiteracy is not a barrier to my rights

Storyteller: Hijra, 32
Anantapur, Andhra Pradesh

I am a Hijra who does sex work at the local bus stand. I have to regularly face problems from the law enforcement authorities. I also have a regular male lover. I am uneducated so do not know much about health problems. I came in contact with a CBO and got to know about sexual health, condom, and so on. However, I continued my sex work without much precaution and got anal infection. After much pain, I went to the TI clinic for check-up and was advised surgery at the government hospital. They admitted me at the hospital and after a routine test I was diagnosed with HIV. The doctor falsely postponed my surgery saying, “HIV has to come under control like sugar and BP.” They soon moved me to an empty ward. My family and relatives heard about me being admitted in hospital, they came to meet me. The attending doctor fiercely reprimanded them for my sexual identity. My HIV status as well as my identity came as unexpected rude shock to them. They were unkind to me and before leaving the hospital premises they said that they have disowned me and I will have no rights over my ancestral property.

I was very shocked at the way I was treated so I called the CBO members who came with the Koshish DAO and spoke to the concerned doctor. The doctor behaved in the same stigmatising way and now even refused to do surgery on me. The Koshish team further advocated about SRHR with the district health office and hospital superintendent. After many efforts, the District Health Officer (DHO) gave a notice to the doctor who discriminated against me and transferred my surgery to another doctor. Surgery was done and I was discharged thereafter.

Although under stress, I now directly experienced the power of voicing my rights and was determined to get everything that rightly belonged to me from my family and relatives. The DAO and other DLN members accompanied me to the legal cell and I put forward a due claim to my property. After about two months, I was duly given rights to my property that included land

and a house. I give importance to safety while having sex now. Despite being uneducated, I can understand what is good for me. I am trying my best to spread this information among friends and clients. I can confidently meet and advocate with the highest government authorities to ensure that our rights are upheld.



Coming forward to bring change

Storyteller: FSW, 40
Erode, Tamil Nadu

Due to extreme poverty and unfavourable family situations, I started sex work early in my life. I now have two grown up children – a son attending college and a daughter in the high school. My husband gets drunk and harasses us all.

After I started sex work, I joined a CBO. I had a lot of health problems due to frequent unsafe sex with clients. When the white discharge and discomfort became regular, I spoke to the peer educator at my CBO and she invited me to a Koshish community consultation meeting. There, I received new information about the risk of cervical cancer. Until then, I had only heard about HIV/AIDS and condoms, and did not really take the information seriously. But on learning of a cancer risk, it started to worry me a lot. Through Koshish, I got a referral for a Pap smear test at the government hospital in Tirunelveli. The staff there denied to do a Pap smear test and insulted me because I was a sex worker.

I informed the Koshish staff about my experience. Koshish coordinator met the dean of the medical college and updated him about my health condition and the Koshish programme. He also gave more information on cervical cancer and SRHR to the Resident Medical Officer (RMO) and other hospital staff. The hospital staff promised to get me tested but it was not done to our satisfaction. The staff again refused to test citing lack of kits. The DLN and SLP then organised an advocacy meeting with state health officials. Senior doctors were sensitised on the major risk of cervical cancer and the importance of early detection. Following this, tests are now being carried out at the government hospital. I have availed the services as well as accompanied many peers to get their Pap smear test done.

No more secrets, no more risk

Storyteller: MSM, 29
Guntur, Andhra Pradesh

I am a married daily wage earner but have secret sexual relations with other men. I was introduced to Koshish CBO by one of my male partners. I had shared my fear of HIV with him but did not get tested. After many discussions, I finally agreed to get tested and was found to be living with HIV. I was shattered and was now worried that I might have also passed on the virus to my wife. This thought really tormented me for many months. So I got more information from the CBO and DLN about safe sex methods and started adopting them.

After talking with Koshish staff, I finally got the courage to share everything with my wife. She too was devastated at first but still decided to live with me. She was referred for both the HIV and Pap smear test. Thankfully, she is safe on both counts. We later went to counselling for family planning, as we wanted to raise a child. We got much needed counselling on safe pregnancy for discordant couples and hope to start a family soon.

I am now aware of my SRHR and my responsibilities. I do not have many sexual partners and live with my wife. I have only one male partner who is aware of my status. We adopted safe-sex methods. My sexual life is good now and I am an active volunteer in advocacy efforts of my CBO. I am not secretive about myself like I was before.



Stories of Change in Participation

Stories in this section capture changes that reflect better acceptance and demand of existing SRHR services as well as increase in participation and advocacy efforts by beneficiaries and community leaders. These stories capture changes in attitudes, advocacy styles and approach to SRHR issues by individuals and communities.

Most instances of denial and discrimination go unchecked due to lack of evidence. Individuals deny discriminating and stigmatising others when the problem is escalated to a higher authority. Therefore, many cases have remained unresolved in the past. However, strategic advocacy plans and capacity-building trainings under Koshish programme have made it easy to collect evidence in cases of denial and discrimination and use it to make advocacy more effective. Stories in this section showcase experiences of repeated denial, leading to a collective strategy and action to uphold SRHR of affected individuals or groups. By building a stronger, proactive coalition of individuals and networks within districts, Koshish programme has ensured a drop in reported cases of denial and discrimination. By directly engaging discriminating individuals, their superiors or appropriate authority, Koshish programme has brought long-term improvements in quality SRH service delivery.

Stories in this section also highlight the added leverage of a strong network. SLN and DLN leaders have testified that they feel more empowered by this association and have learned to approach issues with better strategies and advocacy plans. As recognised peer educators, many individuals have been able to bring nuanced but crucial changes in their relationships and communities.

We have real names too

Storyteller: WLHIV, Widow, 33
Ahmedabad, Gujarat

I have been a member of a network since 2011. I had absolutely no knowledge about SRHR or Pap smear test until I attended a network meeting of Koshish programme. There, the staff informed me of the added risk that women with HIV have of cervical cancer. I had earlier been referred to the government hospital for a Pap smear test without any explanation. I am a widow and was not given convincing answers for visiting the gynaecology department for a test. After joining the DLN, I learned more about the test and then finally went for the test again with proper knowledge. I was relieved to know that I am not in danger of cervical cancer. Apart from the Pap smear test, I was counselled about my SRH rights. I now counsel my peers on SRH and cervical cancer and refer them to Koshish staff.

I am now associated full-time with the network. Due to this, people ask me about everything - from health issues to pension schemes to scholarships for children of WLHIV. I am now the point person at the network for children's scholarships. This started when I once volunteered to help with account opening at the local bank. The bank official referred to my PLHIV friend as "the AIDS account." I was taken aback and said right then, "Sir, you are addressing a person. We are people and have names just like you. You may call us PLHIV and I will be happy to explain the difference to you." I later complained to higher authorities at the bank about the attitude of the official and also counselled the individual. Now, no one discriminates against us in the bank and we share a good rapport with them.

I am safe from cervical cancer and now want to save my other sisters from this danger. I counsel my peers on being safe and refer them to Koshish staff. I remember my relatives shunning me before but I now advice my female relatives about their gynaecological problems. I found a new place in the society. This has been a major change due to the Koshish programme. I am now aware that I can fight for my right to information not just for myself but for my friends too. I also know that we can ensure proper services if we insist on our rights. I know where to go and who to meet and I can do this confidently.

Linking up the sisterhood

Storyteller: FSW, 40
Ahmedabad, Gujarat

This is the story of my good friend who I initially met through another peer educator. During our first interactions, she simply denied being a sex worker but later, on finding common friends and contacts in the sex work, she opened up about her sex work. In 2011, she agreed to get an HIV test done. She was reluctant at first as she was afraid of stigma surrounding sex work. But we counselled her about the risk HIV poses and advised her that she should know her HIV status. The test results came out positive.

She was initially in shock and then slipped into despair. She has told me that she contemplated suicide on many occasions. I started to consider her my special sister. This created a special bond between us. After regular interaction with our common friends and me, she accepted her HIV status and is now attending the network meetings. She later agreed to the Pap smear test and was diagnosed with traces of cervical cancer as well. Koshish staff and peer educators counselled her regularly. She was not keen to go to the main civil hospital, members of the network referred her to the FPAI clinic in Ahmedabad. They have taken good care of her health needs and have provided full treatment. She is now well and regularly brings other KP members to the network meetings as well as the FPAI clinic.

In this way, I've seen Koshish programme helping people like my friend know about their health status and encourage them to take measures to treat themselves. This is having a ripple effect in the community and I see many women leading healthier lives because of the Koshish programme.

Making way for a new family member

Storyteller: PLHIV couple, male 33, female 25
Rajkot, Gujarat

We live in a small town in Gujarat. We discovered our HIV status when my wife became pregnant and when I was advised to take an HIV test along with her. The counsellor immediately advised us to terminate our pregnancy and we had to go ahead with an abortion despite wanting a child. After the abortion, my wife went into deep depression and I even feared for her life.

One day I met a Koshish peer educator at the ART centre. When I shared our abortion story, the peer educator invited us to a community coordination meeting where we understood our rights to family planning. My wife suddenly changed and we decided to have a child. Koshish programme in-charge, peer educator and District AIDS Prevention Control Unit (DAPCU) network members started their advocacy with the Community Health Centre (CHC), District Health Officials as well as Gujarat State AIDS Control Society (GSACS) to ensure family planning services to PLHIV. As a result of positive and direct advocacy with officials, we were provided all due care and support during the second pregnancy at the very CHC that had asked us to abort earlier.

Now we are proud parents. This has also motivated us to become peer educators and we have advocated relentlessly to ensure availability of nevirapine for our child as well as post-natal care for women living with HIV. My wife has also been tested for cervical cancer and she is very happy with the knowledge that she is still safe. However, if the Koshish programme closes, there will be many more couples like us who will miss out on similar services and knowledge to lead a quality of life. The biggest change has been that positive couples can now think of starting a family without undue pressure to terminate pregnancy. The DLN now ensures non-expired stocks of nevirapine, which is essential for our babies.

The firstborn

Storyteller: Peer Educator, State Women's Forum, DLN
Surat, Gujarat

In 2012, a Koshish field worker visited our CBO. We took the opportunity to visit a CHC together. Our purpose was to understand services available for women living with HIV (WLHIV). We found that no WLHIV had ever had a delivery at the centre despite 45% of women in the area availing the same services. We discovered that all WLHIV were referred to the civil hospital in Surat. As we could not ask more direct questions or blame anyone, we decided to do something later. Soon a case came up at the same centre where a pregnant WLHIV who was given ANC was referred to the civil hospital as her delivery date came nearer. As she was a daily-wage earner, she found it difficult financially to travel.

The Koshish field worker took up her case and got, surprisingly, support from the CHC counsellor. They accompanied the client to the Medical Superintendent (MS) and explained the situation. They highlighted that no PLHIV had given birth in the centre and asked for reasons. She gave us excuses like lack of kits and manpower. On further probing, she got angry with us and we had to stop the meeting. We then approached the gynaecologist at the centre and gave her information on SRHR as well as rights of WLHIV. We also tried to convince her to provide delivery services at the CHC. However, she did not respond positively.

We then took up the matter with the DLN and District AIDS Prevention Control Unit. Evidence was collected, the client was interviewed and we fixed another meeting with the hospital staff. The MS was very defiant. Finally, after many discussions, all arrangements were made for the delivery at the same CHC and our client became the first WLHIV to deliver a baby at the particular CHC. The child was given nevirapine dosage and proper care has been taken since then. In 2013, four WLHIV gave birth at the centre. Now the centre and its staff treat all pregnant patients equal in terms of ANC and Postnatal Care (PNC). In this way, Koshish has helped in having the first baby born to WLHIV in Surat, and many more women gave birth here thereafter. This is the most significant change I saw.

Strong advocacy leads to firm action

Storyteller: FSW, 35
East Godavari, Andhra Pradesh

I got married at an early age. My husband was a drunkard and used to beat me frequently. Once I was sick and had to be admitted to the government hospital. During that time, a girl got friendly with me and said, “You look nice, why don’t you do some side business and earn good money.” That is how I got into sex work. Later she introduced me to a brothel. I started having sex with 4-5 clients and earn Rs. 1500-3000/- per day. I faced many problems and discrimination. Later I made contact with a CBO, where I got awareness on HIV and SRHR under the Koshish programme. The DAO talked about sexual and reproductive health and rights, the care to be taken during pregnancy and delivery, and availability of services for the community members for various health issues. During regular meetings with community members, the DAO explained to our sex workers’ community to avail various health services in the government health care centres to improve our health.

One day my companion went to the ICTC at the District Hospital for an HIV test. The counsellor asked her publicly, “Are you a sex worker?” and asked her to stand away from him, and he asked many irrelevant questions that humiliated her in public. Afterwards, in the community consultation meeting of Koshish, other FSW community members also shared similar experiences. The issue was prioritised in the coalition meeting and was taken up for advocacy with the concerned DAPCU team. The State Advocacy Officer prepared a memorandum. Thereafter, the Advocacy Officer, board members from CBO and DLN, along with the community members, arranged a hearing. The additional district medical and health officer attended the meeting in which the board and 27 community members were present. I also participated in the meeting and shared my experience at ICTC and requested the hospital administration to provide us stigma-free services.

Later, the ADMHO organised a review meeting with all the counsellors in the district and instructed to all the counsellors in the district that “FSWs should be given priority in availing

health services and all the necessary tests should be conducted on the same day.” This change happened due to Koshish programme support. Now the counsellor has changed his behaviour and provide services on priority to the community members without asking any irrelevant questions. The community members are now happy availing the services.





Stories of Change in Capacity

These stories highlight building better capacity for SRHR advocacy as well as quality services in networks, coalitions, public health institutions and other CSOs. Changes mainly include towards ending discrimination and denial of SRHR services to PLHIV and other key population members. Some include introduction of specific measures by authorities to ensure quality of services.

- **Resource pool and technical capacity:** People resources and technical capacities around SRHR have been strengthened across the programme. The Koshish programme has achieved its mandated goal of identifying and training Technical Support Providers (TSPs) with considerable efforts and investment in workshops, trainings and consultations. This resulted in a ready resource pool of TSPs associated with various CBOs. This ensures regular information update around SRHR at the community level and promises a sustainable model for future advocacy needs. At the individual level, TSPs and other peer educators regard this capacity building a major milestone in terms of personal confidence and self-esteem.
- **Awareness generation and advocacy action:** Awareness generation on SRHR issues has increased manifold due to various trainings and regular network meetings. Individuals and groups have equally shared an exponential increase in advocacy efforts beyond just HIV to larger SRHR issues. Information-fatigue was also limiting the impact of communication and advocacy by peer educators. New interest created by Koshish programme in SRHR and awareness on prevention of cervical cancer through weekly community consultation meetings, monthly trainings and regular impact analysis has emerged as a most significant change in the featured stories.
- Identifying advocacy issues and advocacy action has become easier within a structured programme with strong linkages within networks. With a clear advocacy strategy designed to include individuals, very small peer groups to large implementing partner organisations, efforts to advance SRHR of PLHIV and other KP are becoming more effective. Many stakeholders in the selected stories appreciated new learning in designing advocacy plans, strategies and implementation processes within coalitions and networks.

Straight from the heart

Testimonials of capacity enhancement among programme staff

1

**Outreach Worker,
DLN**

“Before joining the Koshish programme a year ago, I was unaware of any SRHR issues in my life. I suffered from STIs but never discussed them openly or sought treatment. After training, I slowly overcame my own shyness around sexual issues as a man and within a year, I got new confidence as a peer educator. I have accompanied many women clients and sometimes fought for their rights to SRH as an outreach worker. Many times, I have counselled officials to be more sensitive and confidential. Clients now feel comfortable to share their personal problems with a man and openly ask for referrals to various services. This change from a shy individual to a valuable member of the network has been the biggest change in my life currently. I will continue to work.”

2

**TSP, State Women's
Forum, DLN**

“I have been associated with Koshish for two years. Before Koshish, I had no knowledge on SRH issues. Now, being part of Koshish, I am aware that SRHR is important for all PLHIV. I am also actively promoting screening for cervical cancer and have undergone the tests myself. The biggest change has been that I don't overlook problems in my sexual health but promptly seek professional and complete treatment. Koshish has changed a lot of things but I fear if the programme ends we will not be able to touch lives of many more people who are living in ignorance.”

3

**Advocacy Officer,
SLN**

“The first big change due to Koshish programme has been awareness on cervical cancer. There has been a big push in advocacy around cervical cancer in Koshish implementing districts. We are now able to understand discrimination beyond HIV and in other SRH services. We used various advocacy methods and tools to provide better services for WLHIV. We could find real reasons for denial or discrimination including lack of kits and sense of fear among medical staff. This was a new learning and we are now better capacitated to advocate at the right levels.”

A new person in the same body

Storyteller: FSW, 27
Nagpur, Maharashtra

I am a sex worker and I want to share my story because I trust this programme.

I am a peer educator for FSWs in a CBO. I heard of the Koshish programme at the drop-in-centre (DIC) I frequented but did not understand much at first. Then the staff at the government hospital mistreated me during a routine visit and I decided to learn more about my rights through the Koshish programme. I returned from the hospital and shared the same with the Koshish team. They assured me that they will meet the senior doctors about my mistreatment. When I went back to the hospital after a few days, I was again subjected to the same mistreatment and denial because of my occupation. I then asked them for written proof that services were not available. They refused and asked me to leave.

I learnt of my rights soon after a discussion with the Koshish team. They also intervened and used my experience as a case to advocate with senior doctors in the hospital. Thanks to sustained efforts by all of us, we don't have to deal with discrimination and indecent behaviour while we wait in the hospital. I now take my peers to the hospital and we receive better services. The doctors now recognise us, thanks to Koshish.

My identity as a sex worker was earlier hidden. I was facing a lot of disrespect and harassment from locals and the police. I have benefited from the Koshish programme as I now have a new identity as a peer leader. This new identity has shifted people's outlook towards me. Now they come to me for certain problems and issues, as they know I work in the sexuality and SRHR field. Some of my clients have stopped objectifying my body and started respecting me as an individual. This is a very big change. I now know everything about my own SRHR and my peers request me to accompany them for services.

Same old partners, newer friends

Storyteller: DLN leader
Nagpur, Maharashtra

I was diagnosed with HIV in 1996. In 2006, I joined the DLN and felt for the first time I had a family. I started working with the DLN in various capacities. We were very pleased to that the DLN was to involve with an SRHR programme for the first time. As we had only advocated around HIV till Koshish, we saw this as the next big step. Till Koshish joined hands with us, we did not really think of SRHR as a focus issue. Once we started with a specific SRHR advocacy project, we have seen many changes: deliveries have started for WLHIV at the taluka level health centres. There has been an official circular to this effect recently. We have taken up counselling and screening WLHIV for cervical cancer actively. My test results were normal but we have also managed early detection in some cases and facilitated treatment and care. This has been a big new influence within our network.

A larger SRHR programme makes sense to us. As a result, a major rise in demand has been noted among women. When we introduced the cervical cancer screening with the Pap smear test, there was a big push in demand for other SRHR services too. I would say that out of one to ten scale, ten being the most prevalent, we were at number one with regard to SRHR before Koshish. Now I can say we are at seven. We have received technical support, training and financial support from Koshish to get us here. We have a dedicated person here from SLP who collects evidence, counsels and advocates for SRHR in the district. This is a big resource. We work together to sensitise public health officials and sometimes have to use activism to ensure rights of PLHIV.

I also think it is important for networks to engage more with medical officers in government health centres. Regular interactions will improve familiarity and rapport for a sustained change. We feel three years is too short, as we would continue to require technical support and information. We are just starting to reach our full capacity and could use sustained engagement.



An essential learning

Storyteller: TSP, DLN, 32
Nagpur, Maharashtra

I am a 32-year-old homosexual man. I have been working in HIV/AIDS prevention and care projects for the last decade. I consider it a great opportunity to be part of Koshish as a Technical Support Provider (TSP). I have been associated with Koshish for two years. These two years with Koshish have definitely improved my knowledge of SRHR and enhanced my advocacy skills. At the first induction training, I became especially aware of rights-based advocacy around SRH. I also got the opportunity to learn various forms of advocacy, what issue to advocate on, whom to advocate with. Through the Koshish programme, I came in contact with other organisations and have provided SRH information at DICs and CBO meetings.

As part of the Koshish programme, we found that not a single hospital in Nagpur was screening women for cervical cancer; a large number of WLHIV requiring Antenatal Care (ANC) were unnecessarily referred from taluka health centres to Nagpur Civil Hospital; and deliveries were not done at taluka health centres in the case of WLHIV. This was putting WLHIV under tremendous stress and hardships in a panic situation. I along with the SLP field officer, visited every government hospital in the city to sensitise authorities about these facts. We also organised a major SRHR event. We invited all senior medical officials, doctors and network representatives and conducted an advocacy session with them. We also invited and informed all officials of DAPCU.

As a result of the advocacy event, three major government medical centres in Nagpur have setup facilities and are conducting Pap smear tests to detect cervical cancer. A special day has been allocated for KP groups and the other days are also open to them. As a result, ANC and PNC services are now being provided to WLHIV at the taluka level. When I look back, I see some major differences. I have got complete and correct information on SRHR. I feel more capable of discussing and finding solutions to SRH problems among my friends and peers. My self-esteem has grown and I feel capable of doing excellent advocacy for the benefit of my community.

Growth from within

Storyteller: **Member of CBO for TG and MSM**
Anantapur, Andhra Pradesh

We are very pleased to partner with Koshish programme since 2011. Before the Koshish advocacy project was started, referrals were sent to ART centres as well as STI clinics but discrimination and denial levels were very high. None of our KPs (MSM) got any treatment or advice at the government clinics. Advocacy by Koshish at the highest level and at the grassroots has brought about a big positive change. Clinics have a much better attitude towards our CBO members and referrals. Some individual cases supported by Koshish have been instrumental in bringing this change. The referral system in our CBOs has now been extended to FSWs for Pap smear tests.

Before Koshish we had no documentation systems and skills in advocacy. After technical support sessions from Koshish and their SLP, we learned skills in the following:

- Collecting news stories.
- Accounting and auditing.
- Board members have enhanced their personal and presentation skills by attending Koshish workshops.
- Proposal writing: one of the CBOs submitted a proposal for Pehchan programme and was later select to be part of the programme.
- Documentation skills - especially around tax exemption, funding, etc.



Stories about Challenges

These stories highlight challenges in advocacy efforts as well as perceived drop in quality. These range from sporadic cases of denial and discrimination, despite all advocacy efforts by Koshish, to gaps in sustainability, leadership, delivery mechanisms, and quality of care.

- **Lack of comprehensive approach to SRH for all:** A major challenge shared by many respondents was the lack of complete and comprehensive SRH services in government health centres. Despite all efforts by Koshish and partners, all required information and services are not available at one place, thereby creating opportunities for denial and delay in services. Respondents from TG and Hijra communities listed unavailability of Sexual Reassignment Surgery (SRS) and after-care in government hospitals as a major gap that puts them in exploitative situations in order to repay large debts incurred for surgery in private hospitals. In many cases, lack of funds has forced them to adopt unsafe traditional practices. Within TG and Hijra groups, many face resistance from peers as surgical SRS is considered against traditional, ritualistic castration.
- **The challenge after:** As a time-bound advocacy programme, the Koshish programme has managed to make crucial changes from various perspectives and at many levels. However, network leaders have described sustaining an advocacy campaign without support in resources, activities and action as a major challenge. Despite attempted integration within implementation plans of PLHIV and KP networks, erosion in regularity and scale of these activities due to resource constraints is a major concern for most. This points out to a need for transition strategies and plans to further leverage the human and organisational capacities developed by Koshish programme.
- **Uncertain advocacy momentum:** In most narratives and stories, the question “What next?” was answered with “Don’t really know.” Most stories of positive change that highlight exponential growth in advocacy and awareness also point to a need to continue this momentum for much longer. For example, the awareness efforts around cervical cancer have only been implemented for a few months and the overwhelming response to it clearly indicates a need for larger, sustained initiatives by CSOs. While a strong referral system for cervical cancer screening is in place, there are still gaps in readiness for large numbers of screening and resultant medical diagnosis and treatment. Most respondents shared that the project life cycle is too short and real impact will only be evident in the future if efforts are sustained to maintain this advocacy momentum.

Price of freedom

Storyteller: Transgender, 23
Viruthunagar, Tamil Nadu

I have been a transgender female for over a year now. Around 14, at puberty, I realised my gender identity but kept it secret from everyone out of fear and shame. I was often scorned, laughed at and discriminated against because of my effeminate nature. I got educated and worked with a youth sensitisation organisation for a year. Even at my workplace, when I voiced doubts about my own gender, I was ridiculed.

I later joined a TG group and started working with them. I could now dress freely like a woman with this new group but ran away from them as I was not comfortable with some members. I moved from one group to another. I then found a male partner to live with. My desire and urge to become a complete woman was now stronger than ever. So I joined a large TG group and slowly made my place there. Over two years, I moved up in the clan as I could use my education when the community leader needed. My education also helped me read about SRS and some of our sisters who were opting for it. I decided, “I have to get this done now!”

I finally asked the community leader to help me financially for my SRS. She refused at first but finally gave me some money for SRS when I persisted with other members of the community to loan me money for the procedure. There was also resistance from older members of the family as it was against tradition. I finally found another TG in a similar situation. We struck a one-plus-one deal and we both underwent SRS at a private hospital. I had to be bedridden for a few months but started getting back to life. However, the post-surgery infection had already taken root and I could not urinate well. I had run out of money and more complications started, so I had no choice but to go to the STI clinic at the government hospital in my town. At the hospital, I was in great pain due to the accumulation of urine in my body. There, no one was willing to help me.

I finally spoke to my old friend in another TG group in Coimbatore and she spoke to the Koshish team. They immediately mobilised the PLHIV DLN to help me out and advocated strongly with the medical staff about my SRHR. Finally, the staff attended to me and I was able to get back to normal. As my community helped me financially, I am repaying them by begging in markets with the group. I dislike what I do but I have no choice. This is the price I have to pay to be a complete woman. I thank the network that understood my need and helped me but feel that I could have had a happier ending to my story if the government hospitals start SRS and after-care for those who opt for it.



Last brave stand

Storyteller: Senior Doctor, Government General Hospital
Major City, Tamil Nadu

At the outset, I am aware that big changes have not taken place at service delivery level in Tamil Nadu, especially with regard to SRHR of PLHIV. At the level of HIV testing and ART programme, things are smooth and people know their regimen and rights now. There are still cases of denial and discrimination but much progress has been made to check the spread of HIV. However, in SRHR, the general public and PLHIV are facing many hurdles to better access the sexual health and quality of life. Most ANC cases of WLHIV at Taluka Health Centers are still trivially referred for deliveries to the main government hospitals in cities. One individual was referred simply because she had a cold!

This has come down since Koshish started the advocacy project with networks and state health officials. There are big challenges at these big hospitals. There is still denial of gynaecology services to WLHIV especially for delivery of child. There is not much accountability; so we are unable to follow-up aggressively in such cases. The basic information and advocacy around safety and confidentiality has not percolated down among doctors. They still feel at risk while attending to WLHIV. This seems to be the general attitude here. The ART Clinic currently gives medication for other general ailments, as no one else will attend to PLHIV. Sometimes, I have heard fellow doctors make very unkind remarks about patients. There has also been a decline in quality of SRH services to PLHIV due to lack of advocacy with state officials and decision makers in the health ministry.

Most challenges can be easily overcome. Regular meetings where senior doctors share technical knowledge, clients share experiences and networks share advocacy efforts will help everyone involved. Doctors should also understand the value in treating and caring for PLHIV. Many doctors do not understand the fact that they also remain life-long clients. This comes from personal fear and prejudice. The Koshish programme has increased awareness and district hospitals are now equipped to deal with SRH needs of PLHIV. Another positive impact has been the familiarity among ART staff and network leaders. Now, the network manages to facilitate quality services in most cases at the ART centre. New referrals for Pap smear test for cervical cancer have increased in the last year.

Conclusion

As part of its work the Koshish programme sensitised key populations and networks on the increased risk of cervical cancer and resultant increase in demand for Pap smear tests have emerged as very significant in these stories. Awareness of individual rights, change in risk-perception and personal behaviour, increased self-esteem and motivation, and developing independent identities were other significant changes clearly articulated in these stories.

Personal changes have also resulted in higher and more informed demand for STI treatment, ANC and PNC services, SRHR services as well as referrals to partner organisations for cervical cancer screening. Stories also highlight distinctive changes in participation levels of individuals and networks in advocating for unbiased and quality SRHR services for PLHIV, WLHIV and other marginalised groups, including FSWs and TGs. They also capture incremental building of capacities in various forms among individuals and groups.

Stories collected were about WLHIV, TG and FSWs becoming aware of their larger SRHR needs and therefore accessing regular advocacy initiatives like Community Consultation Meetings and SRH services offered by other programmes in their communities. There are examples about enhanced capacities in identifying advocacy issues: collection of evidences, and awareness generation on issues ranging from stigma and discrimination, and limited access to and availability of essential SRHR services. There was also anecdotal evidence of strong linkages between networks to address specific SRHR needs.

Among some challenges articulated, the study participants identified unforeseen challenges of non-availability of certain SRHR services as well as internal exploitation to recover financial debts within a specific gender groups as a result of seeking unsafe and unaffordable SRH services outside the public health system. The lack of a comprehensive approach to the SRHR needs of PLHIVs and KPs was the major challenge and needs more programmatic focus in the future. There are also gaps in ensuring sustainable quality of SRH services within the public health system. Continued sporadic denial of SRHR services to WLHIV, stigma and discrimination towards PLHIV and even friends of PLHIV, challenges in service delivery systems, rapidly changing political climate as well as lack of leadership were the more urgent issues shared.

Key findings at a glance

Change Domains	Most Significant Changes
Personal Change	<ul style="list-style-type: none">● Increased self-esteem has driven more PLHIV to access SRHR services in the public hospitals● Independent identities as change-leaders have been created among peer educators● Power of negotiation has increased with added SRHR knowledge among KPs● Individual rights awareness has increased leading to affirmative action in many cases of denial and discrimination● Personal behaviour change has improved sexual health of PLHIV and KPs● Change in risk-perception has improved SRH of key populations especially in the context of HIV and cervical cancer risk● Having a child has become safer and more accessible for WLHIV
Change in Participation	<ul style="list-style-type: none">● Collection of evidences is more effective● Advocacy against stigma and discrimination is stronger with a large organisation leading the programme● Network linkages are stronger and everyone comes together to advocate with relevant authorities
Change in Capacity	<ul style="list-style-type: none">● Awareness generation on SRHR issues has increased manifold due to various trainings and regular network meetings● Identifying advocacy issues has become easier in a structured programme with strong linkages within networks

Annexure: Methodology

The study objective and the methodology were discussed with various stakeholders and partners of Alliance India before commencement. These included key persons within Alliance India, implementing partners (SLP) in four states, state-level networks for HIV+ people (SLN), district networks (DLN) as well as other CSOs. A schedule for story collection and initial story selection was agreed upon. Story collectors were identified with the support of SLPs. Participation in the MSC Study as a story collector was open to beneficiaries and key community members.

Training and Story Collection

The MSC Study employed an adapted version of the PEER (Participatory Ethnographic Evaluation & Research) method with key population members, peer educators and other stakeholders. A four-day story collection and selection workshop was conducted in four states (Gujarat, Maharashtra, Tamil Nadu, and Andhra Pradesh). Thirty one (8-10 per state) story collectors participated (beneficiaries of the programme) in each workshop. Participants were trained on story collection including interview skills, ethics, probing, non-biased recording and recollecting techniques on the first day of the workshop. Staff from SLP, SLN and Alliance India also participated in the study workshop. Story collection guide and testimonials were finalised during the workshop.

The story collectors chose story subjects based on prior familiarity and detailed discussions and exercises during the workshop. Sixty nine stories were collected by the story collectors on the second and third days of the workshops. On the fourth day of the workshops, stories were shared voluntarily and in an enabling environment with due consent taken many times over. In addition to the story collection, 21 stakeholder interviews were also conducted directly by consultant based on different expected perspectives. Some stakeholders were strategically chosen based on consultation with SLP.

Finalisation of Change Domains

At the beginning of the study plan, certain broad change-domains were identified through discussions with Alliance India team and review of available Koshish documents such as

programme reports and KAP (Knowledge, Attitudes & Practice) study conducted during Koshish programme initiation. However, the study design allowed for story collectors to contextualise and detail the broad change domains at the beginning of the study and story selectors to select stories from different perspectives at the end of the study. Broad change-domains were identified based on the collected stories as:

1. Changes in people's lives¹
2. Changes in participation²
3. Changes in capacity³

In addition, challenges or gaps expressed by various stakeholders were captured⁴

Domain-wise collected stories

State	Personal Change Stories	Participatory Change Stories	Capacity Change Stories	Challenge Stories
Gujarat	14	8	4	1
Maharashtra	9	5	4	2
Tamil Nadu	10	3	4	2
Andhra Pradesh	12	5	5	-

¹ Changes in personal behaviour and outlook towards SRHR, important choices and milestones in life as a result of contact and engagement with the Koshish programme. These changes range from rejecting stigma & discrimination to making informed family planning choices and decisions towards a happier life.

² Changes that reflect better acceptance and demand of existing SRHR services as well as increase in participation and advocacy efforts by beneficiaries and community leaders. These capture changes in attitudes, advocacy styles and approach to SRHR issues by individuals and communities.

³ Building better capacity for SRHR advocacy as well as quality services in networks, coalitions, public health institutions and other CSOs. Changes mainly include stopping discrimination & denial of SRHR services to PLHIV and other key population members. Some include introduction of specific measures by authorities to ensure quality of services.

⁴ Challenges in advocacy efforts as well as perceived drop in quality – presently and in the future. These range from sporadic cases of denial & discrimination despite all advocacy efforts by Koshish to gaps in sustainability, leadership, delivery mechanisms and quality of care.

Story Analysis and Selection for the Final Report

Story Selection was done at two levels. Koshish partners (SLP, SLN & DLN) including advocacy officers, outreach workers, project coordinators, network leaders and story collectors were invited to participate and highlighting significant change stories in the initial selection process exercise at the end of the four-day story collection workshop at the state level. In a storyboard exercise, these stories were further grouped into major changes: at personal level, community level and systemic level. Story collectors analysed their own stories and were given the choice to re-group their stories. In the final part, story collectors were asked to nominate and mark stories that best highlighted a particular change more than any other. By way of brainstorming before each nomination, the *significant change* was marked in each story.

Alliance India staff managing Programmes, Monitoring & Evaluation and Communications participated in the final story selection workshop at the end of the MSC study at the national level. Participants analysed 69 stories and 20 interviews/testimonials and selected eight stories under personal change domain, five stories under participatory change, two stories and two stake holder testimonials under capacity changes and two (one story and one stakeholder narration) under gaps/challenges were selected finally to feature in the report.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal care
ART	Anti Retroviral Therapy
CBO	Community-based Organisation
CSO	Civil Society Organisation
DAO	District Advocacy Officer
DLN	District Level Network
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling Testing Centre
KP	Key Population
MSM	Men who have Sex with Men
NGO	Non-governmental Organisation
PLHIV	People Living with HIV
SLN	State Level Network
SLP	State Level Partner
SRH	Sexual and Reproductive Health
SRS	Sex Reassignment Surgery
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TG	Transgender



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