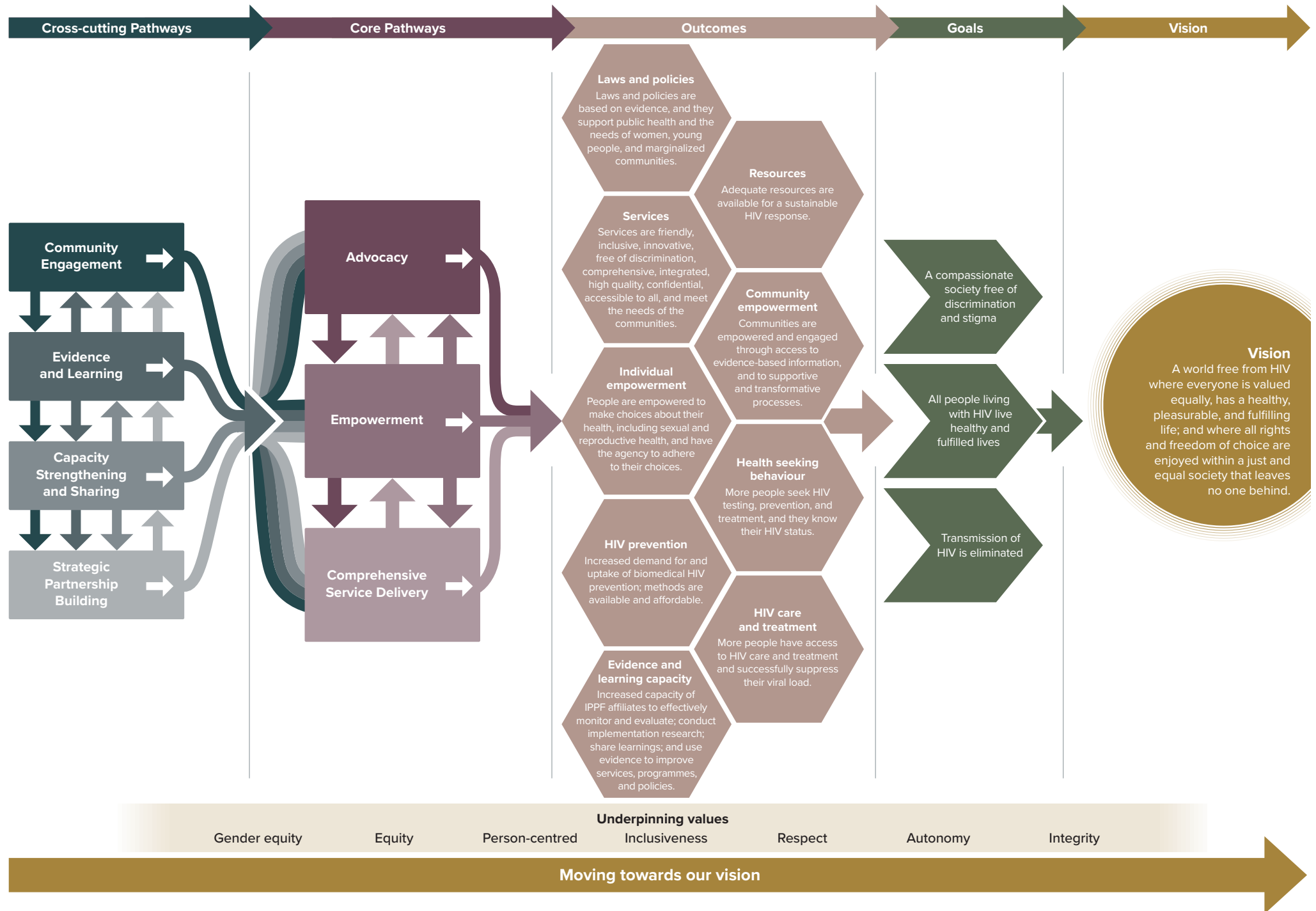
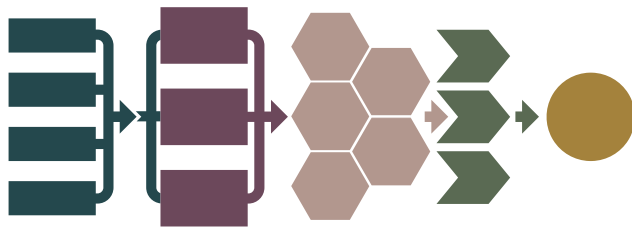


# IPPF HIV Theory of Change





**Background**

IPPF is a global healthcare provider and a leading advocate of sexual and reproductive health and rights for all, operating in approximately 150 countries. IPPF comprises locally owned affiliates which include Member Associations and Collaborative Partners.

IPPF offers a comprehensive approach to sexual and reproductive health and rights through its Integrated Package of Essential Services (IPES) which is offered at affiliate service delivery points. The IPES includes HIV testing, HIV prevention, HIV care and treatment, services for sexually transmitted infections and reproductive tract infections, contraception, abortion care, obstetrics and gynaecology, fertility support, and support for sexual and gender-based violence.

**Inequalities drive the HIV pandemic**

Key to an impactful HIV programme is understanding and addressing drivers of the HIV pandemic, including structural barriers; violence against women; discrimination; stigma; harmful social norms; inequalities related to sex, gender, sexual orientation, race, disability, and economic status; criminalization of HIV transmission and certain populations; and restrictive laws and policies. Due to social and biological vulnerabilities, certain groups of people experience higher incidence rates of HIV including women and girls; gay, bisexual, and other men who have sex with men; sex workers and their clients; people who inject drugs; trans people; and people in prisons. Working with community stakeholders affected by and living with HIV to design, implement, and evaluate IPPF services and programmes is essential to successfully contribute to our stated goals and vision and meet the needs of communities.

**A community-led, inclusive response**

Working with community stakeholders affected by and living with HIV includes both tailoring services and programmes to address the needs of populations more severely affected by HIV, as well as addressing the needs of all people who would benefit from HIV-related services such as youth, people with disabilities, pregnant women and infants, people in discordant sexual relationships, boys and men, and others who may not identify as a member of certain groups. Of key importance is creating programmes, services, and spaces that are inclusive, discrimination-free, and accessible to all, where each person feels welcomed and that their health and well-being needs will be at the centre of the care that they receive.

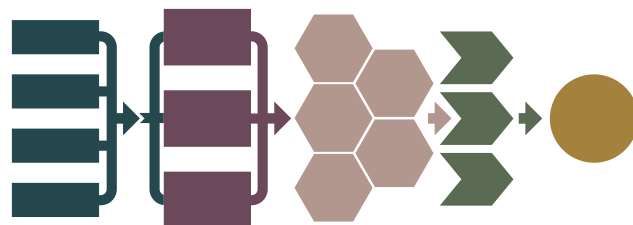
## Vision

A world free from HIV where everyone is valued equally, has a healthy, pleasurable, and fulfilling life; and where all rights and freedom of choice are enjoyed within a just and equal society that leaves no one behind.

## Purpose

The purpose of our HIV Theory of Change is to clarify the goals and vision of IPPF's HIV programme and to articulate the different pathways and strategies IPPF uses to contribute towards its HIV goals and vision. This Theory of Change endeavours to represent a conceptual model that is complex and non-linear in the format of a readable diagram. Therefore, this Theory of Change diagram is a simplified representation of a complex process which cannot be fully captured in this format.

Our Theory of Change describes causal pathways for how the work in our HIV programme contributes to the ultimate goals and vision. The purpose of this conceptual model is not to provide a detailed description of the components of our HIV services, as these are described in the 2020 'IPPF Comprehensive HIV Services Package' and the IPPF 2022 'Client-centred-clinical guidelines for sexual and reproductive health care'.



## Reading the diagram

Our Theory of Change diagram is read from left to right, representing movement in time from the world we currently live in (left side) towards the future we would like to see, which is represented by our vision (right side).

There are 7 pathways (page 1), each with a set of strategies (shown on pages 4 and 5 as close-ups of the diagram), whose work contributes towards achieving our HIV goals and vision. The 7 pathways are divided into cross-cutting pathways (community engagement, evidence and learning, capacity strengthening and sharing, strategic partnership building) and core pathways (advocacy, empowerment, comprehensive service delivery). The cross-cutting pathways are iterative and intersecting, contributing to each other and collectively contributing to the 3 core pathways. The core pathways represent the 3 main areas of our HIV programme, which, like all elements of the diagram, also interact with each other synergistically. The strategies of all 7 pathways working together contribute towards a set of outcomes. The outcomes interacting together contribute towards our goals, which in turn interact with each other, and contribute towards our ultimate vision.

## A note about IPPF HIV clinical services

IPPF's comprehensive approach to sexual and reproductive health is an integrated service package which includes HIV testing, prevention, and care and treatment, as well as prevention, diagnosis, and treatment of sexually transmitted infections (STIs) among other sexual and reproductive health services. Integration of services means that a comprehensive set of sexual and reproductive health services is available within one location (according to local availability), and that the full range of services is offered to users at their visit, no matter their initial reason for the visit.

Services include:

- HIV testing: pre-test information and counselling; HIV diagnostic testing (at the service delivery point or via self-testing); post-test information and counselling; management of those with a positive result, including linkage to care and treatment and voluntary partner notification.
- HIV prevention: a sex and pleasure positive approach to risk reduction counselling; condoms and compatible lubricants; voluntary medical male circumcision; antiretroviral (ARV)-based prevention, including emergency HIV prevention medication (post-exposure prophylaxis—PEP), pre-exposure prophylaxis (PrEP) methods such as oral, vaginal ring, injectable, and other methods as they become available, prevention of vertical transmission for infants; screening for sexual and gender-based violence; harm reduction for people who inject drugs; screening, diagnosis and treatment for STIs and other infections.
- HIV care and treatment for people living with HIV: counselling and supportive interventions; antiretroviral therapy (ART), including for the prevention of vertical transmission of HIV; CD4 count and viral load testing; assessment and management of common co-infections and comorbidities.
- In humanitarian settings, the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health.



## Community Engagement Strategies

- Ensure that interests of communities affected by and living with HIV are the force behind IPPF's HIV response and that they are meaningfully engaged in the design and implementation of strategies for evidence and learning, capacity strengthening and sharing, strategic partnership building, advocacy, empowerment, and comprehensive service delivery.
- Ensure that all relevant stakeholders are meaningfully engaged in IPPF strategies to address HIV, including communities affected by and living with HIV, for example, girls and women, youth, men who have sex with men, sex workers, trans people, people who inject drugs, people in prisons, other marginalized and underserved populations, and all people who desire and need HIV services.

## Evidence and Learning Strategies

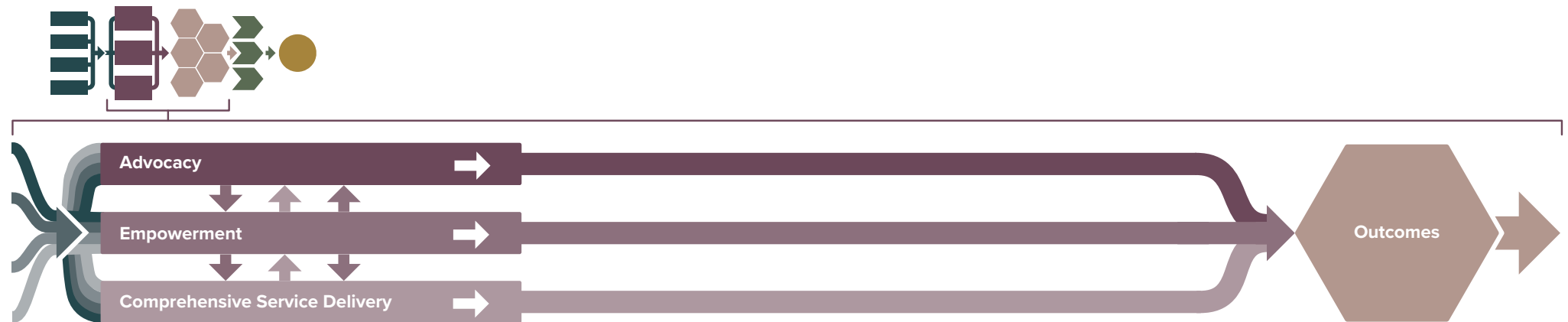
- Work with community stakeholders to develop and define relevant indicators and systems for ongoing monitoring and evaluation of IPPF affiliate services while ensuring their participation in these processes.
- Develop and implement data collection systems that support effective monitoring and evaluation of services, including quality of care, the ability to track integrated service delivery, the range of biomedical HIV prevention methods being provided, and key demographics to ensure that IPPF affiliates are serving stakeholders in need.
- Develop and implement systems that support designing, conducting, analysing, and reporting research.
- Develop and implement systems that support the effective review and sharing of evidence, lessons learnt, and success stories.

## Capacity Strengthening and Sharing Strategies

- Ensure that every person working at service delivery points receives ongoing quality experiential training on methods to create and sustain inclusive, rights-based, and friendly comprehensive services which are free from stigma and discrimination.
- Ensure that providers receive ongoing training on how to offer comprehensive HIV and sexual and reproductive health services, including care for sexual and gender-based violence, in a truly integrated manner and that clinic tools such as checklists and flow diagrams are utilized.
- Ensure a range of providers and peer providers are trained on the provision of the latest biomedical HIV prevention technologies (including antiretroviral-based methods), testing methods, and care and treatment standards.
- Improve systems to coordinate and better support commodity availability, infrastructure, and staffing needs.

## Strategic Partnership Building Strategies

- Identify and map local, regional, and international partners that IPPF and affiliates can collaborate with, including communities affected by and living with HIV, for example, girls and women, youth, men who have sex with men, sex workers, trans people, people who inject drugs, people in prisons, other marginalized and underserved populations, and all people who desire and need HIV services.
- Build, strengthen, and sustain partnerships with stakeholders, including organizations representing communities affected by and living with HIV, governments, donors, and multilateral bodies around the response to HIV.
- Collaborate with partners to bid for funding and implement programmes and services.
- Ensure that IPPF is represented within key consortia, working groups, and relevant decision-making spaces locally, nationally, and internationally.



## Advocacy Strategies

- Advocate for laws, structures, and social norms to promote and sustain societies that are inclusive, equal, and just, including with respect to gender equity, youth, and marginalized populations.
- Advocate for evidence-based laws and policies that support public health and the HIV response, including the provision of comprehensive user-centred services.
- Advocate for laws and policies that support the provision of comprehensive sexual and reproductive health services that are fully integrated with HIV services and that address and include care for sexual and gender-based violence.
- Advocate for enabling laws and environments for youth to access HIV services.
- Advocate for laws to support the rights of all people, and to decriminalize HIV transmission and marginalized groups.
- Advocate for substantial and sustained funding for the HIV response from relevant entities.
- Advocate for comprehensive sexuality education to be included in schools and out-of-school programming.
- Advocate for new biomedical HIV prevention technologies to receive regulatory approval and be made available to all who want them, especially women and girls.
- Advocate for HIV testing, prevention, and care and treatment to be accessible and affordable to all.

## Empowerment Strategies

- Work with community partners—including communities affected by and living with HIV—to develop and implement interventions, programmes, community dialogues, and awareness campaigns to support inclusive and equal societies and to address discrimination and stigma, including self-stigma.
- Work with community partners to develop and implement programmes and campaigns to provide information about health, sexual and reproductive health and rights, and evidence-based information on HIV and AIDS including transmission, testing, prevention, care and treatment.
- Collaborate with community partners to design and deliver services that are friendly and fully respond to community needs, including how communities want to receive services.
- Work with community partners to design and conduct training programmes to support peers in providing services (for example, peer ambassadors, lay mentors, peer navigators).
- In collaboration with community partners, design and conduct activities to educate stakeholders on biomedical HIV prevention technologies—including ARV-based prevention with a range of prophylaxis options (emergency, oral, ring, injection, prevention of vertical transmission)—and generate demand for those desired by communities.
- In collaboration with community partners, develop and implement interventions and programmes to support users to identify their needs, support their choice of HIV prevention methods, and adhere to their chosen method of prevention.
- In collaboration with community partners, develop and implement interventions and programmes to support people living with HIV to adhere to their treatment and care programme and successfully suppress their viral load so it is undetectable.
- Work with community partners to develop and implement systems for community stakeholders to effectively monitor IPPF affiliate activities, and to ensure they participate in the design of improved services, programmes, and policies.
- Develop policies to consistently and meaningfully engage with and recruit communities affected by and living with HIV for employment.

## Comprehensive Service Delivery Strategies

- Provide comprehensive, user-centred quality services that are integrated, inclusive, friendly, sex and pleasure positive, discrimination and stigma free, and accessible to all.
- Ensure that, upon entry and at each point of contact, clients are informed of the range of sexual and reproductive health services available, including the full package of HIV testing, HIV prevention—including biomedical and ARV-based prevention, HIV care and treatment—and support for sexual health and well-being, sexually transmitted and reproductive tract infections, contraception, sexual and gender-based violence, obstetrics and gynaecology, fertility, and abortion care.
- Design and offer services to all populations, using a range of approaches, methodologies and tools that are acceptable to different stakeholder groups (for example, youth friendly spaces, mobile clinics, outreach community work, home visits, tele-health).
- Train and support a range of people to offer different aspects of services, from peers to lay mentors to counsellors to nurses and doctors.
- Develop systems and train staff to provide a range of choices of biomedical HIV prevention methods (condoms, voluntary medical male circumcision, ARV-based prevention with a range of prophylaxis options including emergency, oral, ring, injection, and prevention of vertical transmission) to all clients who want them, and develop systems to support adherence.
- Develop systems and train staff to support people living with HIV to successfully adhere to treatment to suppress their viral load so it is undetectable, and to understand the benefits of 'undetectable = untransmittable'.
- Establish and maintain robust referral pathways for services not provided directly.
- Ensure the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health is implemented in humanitarian settings.