Activities

WHRAP partners will carry out systematic activities to further the initiative’s advocacy agenda. These activities which have to be realistic, strategic and doable, will include:

- National policy dialogues and strategic meetings between WHRAP partners and policy makers, decision-makers, NGOs/CBOs, and other key players.
- Advocacy activities that involve building coalitions, strengthening partnerships and strategic planning with other civil society actors.
- Data collection, policy analysis and systematic monitoring of key SRHR indicators.
- Capacity building for NGOs and CBOs through national and regional workshops on strategic planning, monitoring and evaluation, policy advocacy and media advocacy.
- Working Groups formed to guide the preparation of regional overview papers and national position papers on the two critical areas.
- Advocacy tools and other materials including a WHRAP homepage, policy briefs, fact sheets, and an advocacy manual.
- Translation and trans-creation of advocacy and information materials into local languages.
- Documentation of best practices/evaluation.

Partners

All core WHRAP partners are well-established, credible NGOs. They have substantial experience in advocacy, and have had long-term partnerships and collaboration with CBOs, governments, service providers and international NGOs, and with each other.

The six country-level NGO partners implementing WHRAP from 2003-2005 are:

<table>
<thead>
<tr>
<th>Countries</th>
<th>Partners</th>
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</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Bangladesh Women’s Health Coalition (BWHC)</td>
</tr>
<tr>
<td>India</td>
<td>Centre for Health Education, Training and Nutritional Awareness (CHETNA)</td>
</tr>
<tr>
<td>Nepal</td>
<td>Beyond Beijing Committee (BBC)</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Shirkat Gah</td>
</tr>
</tbody>
</table>

At the local level in the four countries, the national NGO partners are working with CBOs in rural and urban areas to enable grassroots organisations to carry out advocacy at the community level, and at the same time represent issues of marginalised women, primary health care service providers and local communities at higher policy levels in order to effect meaningful change.

The six country partners, together with the Asian-Pacific Resource & Research Centre for Women (ARROW) and the Danish Family Planning Association (DFPA) have teamed up to build and carry out WHRAP. The designing of WHRAP was a collaborative effort between all these partners. As regional partner, ARROW coordinates overall activities, as well as regional and international advocacy. ARROW also provides technical assistance, as does DFPA. WHRAP is funded by DANIDA.
WHRAP brings together women NGO partners who are committed to strengthening civil society capacity to effectively advocate for sexual and reproductive health and rights (SRHR), especially safe motherhood and young people's SRHR at the local, national and regional levels. Currently implemented in Bangladesh, India, Nepal and Pakistan, this initiative is eventually planned to cover the Asia-Pacific region.

WHRAP is expected to generate a synergistic process, whereby data collection, awareness raising, capacity building and strategic planning for advocacy by NGOs and community-based organisations (CBOs) at the local and national levels, coupled together with evidence-based and strategically planned advocacy at the regional level, will create a dual-sourced pressure on the state. It is envisioned that the double pressure on the state, calling for improved policy formulation, effective implementation of policies, and provision of quality, affordable and accessible services, will lead to better SRHR conditions in the region.

By supporting NGO and CBO partners with appropriate capacity building activities, WHRAP aims to facilitate greater awareness of rights to health, women's health issues, and government commitments, policies and responsibilities, while transferring to partners a variety of skills and tools necessary for carrying out effective and strategic advocacy. In this way, the civil society actors involved will gain confidence to raise and defend issues affecting women and marginalised groups, and will have a better understanding of how to mobilise more effectively for change, especially regarding safe motherhood and young people's SRHR.

**Vision**

WHRAP vision: Improved sexual and reproductive health status for marginalised women and young people.

WHRAP development objectives:
- Improved conditions in the region regarding safe motherhood and young people's SRHR.
- Strengthen the capacity of civil society organisations to effectively advocate for safe motherhood and young people's SRHR – locally, nationally and regionally.

**Issues**

WHRAP partners will advocate on two specific SRHR concerns: safe motherhood and young people's SRHR. Changes that are meaningful and long-term have to take place at policy, service and community levels for safe motherhood and young people's SRHR to improve. The specific issues to be identified will relate to local and national contexts and advocacy needs, and will be based on systematic monitoring of current SRHR indicators as well as position papers that will be developed in the course of the initiative.

The impact of health sector reforms on SRHR has been identified by partners as a significant overarching issue that negatively affects women's access to quality, affordable SRHR services. Special attention will be given to equipping NGOs and CBOs with the skills and analytical tools to place the impact of health sector reforms on WHRAP's advocacy agenda.

<table>
<thead>
<tr>
<th>WHRAP SRHR Priorities</th>
<th>Safe motherhood</th>
<th>Young people's SRHR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service level</strong></td>
<td>• Reducing maternal mortality and morbidity, including unsafe abortion • Access to emergency obstetric care • Access to affordable, quality, women-focused services • All births to be attended by skilled personnel</td>
<td>• Access to affordable, quality, youth-friendly services • Information and education on STDS and RTIs, including HIV/AIDS • Access to contraceptives • Access to life-skills training and employment opportunities</td>
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<tr>
<td><strong>Policy level</strong></td>
<td>• Government commitments to international agreements • Government accountability to citizens • Weak policies/weak implementation of policies • Fragmented health systems • Lack of community participation in decision making • Poor infrastructure and development • Low prioritisation of women's health</td>
<td>• Government commitments to international agreements • Government accountability to citizens • Weak policies/weak implementation of policies • Fragmented health systems • Lack of community participation in decision making • Poor infrastructure and development • Low prioritisation of young people's health</td>
</tr>
<tr>
<td><strong>Community level</strong></td>
<td>• Gender inequality and inequity • Patriarchal systems • Cultural taboos and practices • Early, unwanted and/or unplanned pregnancies</td>
<td>• Gender inequality and inequity • Patriarchal systems • Cultural taboos and practices • Early, unwanted and/or unplanned pregnancies • Vulnerability to exploitation</td>
</tr>
</tbody>
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