

Introduction to the Project - Koshish

About the project

With increasing access to antiretroviral (ART) Treatment and subsequently increased longevity, people living with HIV (PLHIV) have regained the opportunity to live longer, fulfilling lives and to plan for the future, including decisions about sex, sexuality and the possibility of starting of expanding families. Evidence from India suggests that a comprehensive approach to sexual and reproductive health and rights (SRHR) has been lacking and that current responses are not sufficiently decreasing vulnerability and ill-health. Vulnerability to poor SRH is further exacerbated for those whose rights are violated due to stigma, discrimination, and marginalisation. Studies among people living with HIV show high rates of unmet contraceptive need, untreated STIs, and lack of knowledge and skills on safer sex and broader positive prevention. Among PLHIV from marginalised groups these health indicators show even higher rates of unmet sexual and reproductive health needs and violations of related human rights.

This project strengthen civil society organisations and networks, specifically those representing and working with PLHIV and other key populations—men who have sex with men (MSM), sex workers (SW), transgender (TG) and people who use drugs—to effectively advocate for the development and implementation of SRHR policies and programmes for PLHIV in India. This enable them to engage with key decision makers, such as government institutions generally and state and national level parliamentarians to ensure that the SRH needs and rights of PLHIV are supported through an enabling policy environment and subsequent implementation of these policies.

This project addressed the barriers to meeting the SRHR needs of PLHIV at the level of national and state-level policy and its implementation. In order to achieve this, the Action will specifically fill certain gaps at the level of target groups and beneficiaries.

Objectives of the project

Objective

Advocate for SRHR policy development and implementation and awareness rising of SRHR.

Specific Objectives

1. To strengthen the evidence base identifying the needs, gaps and progress in meeting SRHR needs of PLHIV
2. To identify and train technical support providers in the area of advocacy for SRHR for PLHIV
3. To build the capacity of Alliance partners, civil society organisations and networks working with and representing PLHIV and other key populations in four states in India to advocate for SRHR of PLHIV
4. To create and strengthen advocacy coalitions of these organisations in four states in India for joint advocacy
5. To support advocacy for improved SRHR with decision makers at state and national levels

Duration of the Project

The project was implemented in 3 years, from April 2011 to March 2014

Project Partners

This project implemented through an equal partnership between state lead partners (SLP) and state level PLHIV networks (SLN) in each state. Besides, 5 DLNs and 5 CBOs working with key populations have been selected from 5 districts in each state. The SLPs and SLNs have equal decision making power at state level and any decisions affecting implementation of the project have to be taken jointly and documented.

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States	State lead Partners	State level PLHIV Network	Other Partners at district level
Andhra Pradesh	VMM	TNP+	5 KP Organizations 5 District level PLHIV networks
Gujarat	CHETNA	G SNP+	5 KP Organizations 5 District level PLHIV networks
Maharashtra	MAMTA	NMP+	5 KP Organizations 5 District level PLHIV networks
Tamil Nadu	PWDS	PWN+	5 KP Organizations 5 District level PLHIV networks

Objective wise Achievement April 2011 to March 2014 Log frame Progress: Gujarat

Objectives and result	Indicators of achievement (April 2011- Mar 2014)
Overall Objectives	
To improve the sexual and reproductive health and rights of PLHIV in India	
Specific Objective	
Increased access to comprehensive SRHR information, services and realisation of related rights of PLHIV, especially from the most marginalised groups in Gujarat	<p>During the project period advocacy was done by the coalition on the following three objectives:</p> <p>"To provide delivery services to WLHIV at nearest government health facility"</p> <p>" To ensure PAP test of all WLHIV above 30 years registered at ART centres"</p> <p>"To ensure the quality counseling services accessible to PLHIV and KP as per the NACO guideline"</p>
Expected Results 1	
Increased availability of information on SRHR needs of PLHIV among advocates and decision makers	<ul style="list-style-type: none"> • 5000 copies of KOSHISH project broacher were developed and disseminated among state and district level stake holders, partner organisations and Government department, CBO, and NGO working in HIV field • 300 copies of the fact sheet on SRHR components and it information were printed and disseminated among partner organisations, Koshish field workers and Technical Support Providers as reference material • Assessment of counsellor's knowledge on SRHR was done and the findings were shared with GSACS at state level and with DPO and DS at district level.

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	<ul style="list-style-type: none"> • 8 Newsletters were developed to showcased the advocacy efforts under the project.500 copies of each edition were disseminated among district and state level stakeholders, partner organisations, Government department, district health facility and other CBO and NGO • Informative poster on Pap test – 1000 copies were developed and disseminated among partner organisation, all DLNs, ICTC, STI, ART,PPTCT, TI project clinic, TI NGO and CBOs • IEC(Folder) on SRH services for PLHIV and KP and Maternal and Child health schemes available in Gov. health facilities was developed during the project period – 5000 copies were printed and will be disseminated among community people, DLNs and KP organisations
Expected Result 2	
Increased capacity among 40 TSPs to provide capacity building on SRHR advocacy for PLHIV	Will be prepared by Technical Hub
Expected Result 3	
Increased capacity of 20 CSOs in each states to advocate for SRHR of PLHIV	<p>For 20 partners - Coalition</p> <ul style="list-style-type: none"> • Orientation meeting was organised with 20 partners by CHETNA during June 2011 to share about project activities and role of partners on in the project. Total 30 participants from 20 CSOs participated in the meeting. 8 technical support providers were identified for providing technical support on various issues during the project period. • These eight TSPs were trained by Technical support Hub - Alliance. The TSPs got opportunity to facilitate the training of partner organizations on SRHR and advocacy. This on hand experience developed confidence among them as a trainer, which was reflected in facilitation of their sessions during state level training programmes. • There was increase in knowledge of coalition members on SRHR issues, advocacy planning and monitoring of advocacy process. At the end of the project Coalition has become strong and has also developed a sustainability plan which they will take forward after completion of the project • Special session on documentation to enhance the documentation skills of DLN and KPs was organised during April-May 2012 Coalition member. More than 30 participants including Koshish field workers and board members participated in the session. DLN and KP organisation has developed case studies on different SRHR issues. Inputs were also given by Coalition member and SLP to strengthen the case studies prepared by team members.

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	<ul style="list-style-type: none"> To built capacity of Koshish team (staff) on SRHR 12 training programmes on different SRHR components were facilitated by CHETNA as state lead training organization during 2012-13 in accordance with TSPs <p>Five KP organisations</p> <ul style="list-style-type: none"> Total 151 visits and 189 days were dedicated by TSO – SLP to provide technical support to KP organisations. Task force group of 25 members was developed in each KP organisation. All 25 members were trained on SRHR information during TSO’s visit 25 members of taskforce group disseminated SRHR information to 644 community members (KP) during their support group meeting and DIC visits. Community members are now confident to advocate for their day to day challenges at health facilities specially for counselling and in receiving their routine test reports Two SRHR sessions were facilitated by TSO with other sex workers CBOs (apart from partners) to enhance their SRHR knowledge and information, 50 sex workers received information and they joined as allies for Koshish advocacy agenda <p>Five DLNs</p> <ul style="list-style-type: none"> Total 121 visits and 140 days were dedicated by TSO - SLN to provide Technical support to DLN. Task force group of 20 members was developed in each DLN. The members of task force group were trained on SRHR of PLHIV during TSO’s visits Task force group disseminated SRHR information to 525 community members (PLHIVs) during their support group meetings. Now community members continue with their pregnancy, breastfeed new born child and started early intake of nevapirin after delivery. Apart from this even if they have any other difficulties in availing SRH services they contact DLN for help.
Expected Result 4	
Representative, accountable state-level advocacy coalitions established and prepare for state-level advocacy	<ul style="list-style-type: none"> 11 Coalition meetings were organised by SLP and SLN in which 42 coalition members participated and identified advocacy issues, developed advocacy plan, implemented advocacy plan, monitored advocacy activities and made necessary changes in plan as per need

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	<ul style="list-style-type: none"> • 100 Community Consultations were organised by DLNs and KP organisations in which 1223 PLHIV and 927 KPs participated. They identified their SRHR issues, monitored the quality of SRH services available in Government health facilities and provided feedback on advocacy efforts. • Special 19 community Consultations were organised by SLN to know the current situation of Pap test in government facilities and elicit delivery related problem faced by WLHIV in all districts of Gujarat state • 31 meetings with state level decision makers and 116 meetings with district level decision maker were organised during the project period for advocacy purpose
Expected Result 5	
<p>District, state and national level decision makers show increased awareness and political will to address SRHR needs of PLHIV</p>	<p>Orders and circulars issued by state Government and its impact</p> <ul style="list-style-type: none"> • To regularise Pap test of all WLHIV by 30 years and above registered at ART, on 7th November 2012 and 6th June 2013, GSACS circulated, NACO guideline for Pap test to all ART and Link ART centres of the State and insisted entry of Pap test in Green book and white card of WLHIVs. Total 1450 WLHIV and FSW had under gone Pap test during the project period. • To provide delivery services to WLHIV without any stigma and discrimination at nearest public health facility, on 15th January 2013, Health Commissioner of Gujarat circulated Supreme Court direction for care of people living with HIV, to all CDHO at districts level and all Government hospitals. WLHIV delivery has been started in 21 CHC of all five districts. • To ensure the quality counselling services accessible to PLHIV and KP as per guide line, on 27th September 2013, GSACS made provision for session on SRHR during regular training for counsellors at state level. GFATM- State training centres for counsellors at M S University, Vadodara invited master trainers from GSNP+ who are community members to facilitate sessions on SRHR of PLHIV and KPs during the training of counsellors. Two sessions were facilitated by GSNP+ master trainers <p>State level events</p> <ul style="list-style-type: none"> • In October and December 2012 sessions were facilitated on SRHR and issues of PLHIV and KPs, during state level counsellor training at state training institute of GFATM. In which more than 50 counsellors were equipped with the knowledge on SRHR of PLHIV • To regularise Pap test, dialogue between community and state level decision makers was organised on 16th April 2013 by CHETNA. Total 19 community member shared their experiences. GSACS organised a special sensitisation session for

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	<p>Doctors and counsellors of ART centres and GSACS promised to regularise Pap test in state very soon. Referral for pap test started in Gov. hospital in all five districts. Total 1450 WLHIV and FSW had under gone screening of Pap test</p> <ul style="list-style-type: none">• To share WLHIV challenges while availing delivery services, a state level meeting was organised on 6th August 2013 with GSACS by GSNP+. Total 28 WLHIV shared their experiences. On 13th August 2013 a sensitisation meeting was organised in Palanpur district in association with GSACS. District hospital of Palanpur, Bharuch and Himmatnagar started delivery of WLHIV – even if complicated.• Counselling related recommendation was submitted to GSACS on 14th August 2013, to include SRHR of PLHIV and KPs in counsellor's regular training programmes by CHETNA. On 27th September 2013 GSACS circulated the letter to both state training institutes and made provision for a session on SRHR of PLHIV during regular trainings of counsellors. During February and March 2014 sessions were facilitated on the same by master trainer of GSNP+ <p>District level events</p> <ul style="list-style-type: none">• To sensitise counsellors on SRHR issues of PLHIV and KPs, half a day sensitization workshops were organised with district level counsellors in all five districts during October to December 2012. Total 87 counsellors, 5 DPO and 5 DS participated in the workshop. DPO, DS and counsellors committed to provide SRH counselling to PLHIV and KPs. In January 2014, 750 community people were interviewed for their feedback on counseling services, out of them 621 community member found improvement in counseling services.• To create awareness and sensitisation among service providers on SRHR of PLHIV and KPs, district level media workshops were organised on 30th November 2012 in all five districts. Total 77 media people participated and eleven print media provides coverage in their news paper and 18 local TV channel broad cast community's voice through their channel.• To create awareness on SRHR of PLHIV and Key Population among larger group and services provider, district level event was organized in form of silent rally with SRHR posters during 1 to 5 December 2012 in all five districts. Total 653 community people, members from other organization and district level stake holders participated. Local print media covered the event to showcase their support to the cause.• To regularise Pap test, dialogue between community and district level decision makers (CDHO, DPO Nodal Officer ART and Gynaecologist) was organised in all five districts on International Women's Day 2013. Total 144 PLHIV and KPs participated and district level decision
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	<p>makers allotted fix day for Pap test and supported Pap test camps. Total 1450 WLHIV and FSW had under gone Pap test during the project period</p> <p>Ahmedabad :</p> <ul style="list-style-type: none">• DAPCU invited KOSHISH team members to participate in monthly DAPCU meeting to share the field observations• WLHIV delivery related issues were shared and advocated with DAPCU, GSACS, AMCACS and UHC. Naroda, Chadlodia and Sabarmati UHC started WLHIV delivery. Total four delivery were conducted at UHC in last six month• Developed MoU with FPAI to provide SRH services to PLHIV and FSW and organised Pap test camp• SLP was invited by DAPCU to share KOSHISH experiences on Pap test provision at CHC and delivery related issues of WLHIV which can be included in next year district PIP. CDHO and RCHO promised to make necessary provision in PIP for the same. <p>Rajkot</p> <ul style="list-style-type: none">• DAPCU invited KOSHISH team to participate in monthly DAPCU meeting to share the field observations• Media advocacy was done to advocate delivery related issue. Superintendent of district hospital organised special meeting with DLN and started WLHIV delivery. Gondal, Jetpur, Jasdan and Morbi CHC started WLHIV delivery at their CHC• Developed MoU with FPAI to provide SRH services to PLHIV. Organised special Pap test camp and WAD was celebrated in association with FPAI• Advocated with DAPCU regarding discrimination and rude behaviour of counsellor towards MSM at ICTC centre. Now MSM are reporting changed counsellors behaviour towards them during their visits to ICTC . <p>Surat :</p> <ul style="list-style-type: none">• DAPCU invited KOSHISH team to participate in monthly DAPCU meeting to share the field observations• Efforts were made to start WLHIV delivery at Lokhat Trust hospital, Managing director of Lokhat Hospital circulated a letter to all dept of hospital to provide services to PLHIV without discrimination. Two deliveries were conducted at the same hospital during the project period• Constant follow up was done with districts hospital regarding regularisation of Pap test, Hysterectomy surgery and counselling
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	<p>on breast feeding related services. Counselling on breast feeding has been started by PPTCT counsellor to all pregnant WLHIV.</p> <ul style="list-style-type: none">• Kamraj and Palsana CHC started performing the deliveries of WLHIV at their CHC <p>Bhvanagar:</p> <ul style="list-style-type: none">• Constant follow up meeting were organized with Head of STI department regarding Physical examination of MSM and their counseling on STI . Now a day's Physical check up of MSM has started while accessing STI treatment• Constant follow up with CHC and district level health authorities regarding delivery at CHC . Delivery of WLHIV has been started at Shihor, Koliyad, Mahuva and Palitana CHCs <p>Vadodara:</p> <ul style="list-style-type: none">• Constant follow up with CHC and district level health authorities regarding delivery at CHC. Delivery of WLHIV has been started at Chhotaudaipur, Sankheda, Savli, dabhoi, Padra, Sinor, Karjan, Pavijetpur and Kvat
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