



Release of  
Cervical cancer poster

A.P - KOSHISH  
COALITION

Milestones of  
EC- Koshish Project

## Hormonal Contraception and HIV

Even though a wide variety of contraceptive choices are available in India, contraceptive prevalence in the country is only 56% as per the WHO Global Health Statistics 2012. This figure also holds true for the entire WHO South-East Asia region. Stratified by income, contraceptive prevalence in the low-income group within the region is only 35%, while it increases to 52% and 80% in the lower-, middle- and upper-middle-income groups. Most couples in India do not want to use a contraceptive method on a long-term basis for the fear of infertility felt more so with the use of oral pills and intrauterine devices (IUDs), or do not like to use physical barrier methods. Hence, unwanted and unplanned pregnancies are common.

As per data from WHO, 21.6 million unsafe abortions occurred globally in 2008, out of which 47 000 women died from abortion-related complications, contributing to 13% of global maternal mortality. An estimated 80 million unintended pregnancies occur in 2012 in the developing world, resulting in 30 million unplanned births, 40 million abortions and 10 million miscarriages. A considerable proportion of these abortions can be prevented by the timely use of emergency contraception. However, their side-effects, convenience of use, and safety and efficacy profiles vary.

### Key facts

- An estimated 222 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception.
- Some family planning methods help to prevent the transmission of HIV and other sexually transmitted infections.
- Family planning reduces the need for unsafe abortion.
- Family planning reinforces people's rights to determine the number and spacing of their children.

Family planning allows people to take decision about the spacing and number of children.

### Preventing pregnancy-related health risks in women

A woman's ability to choose if, and when to plan pregnancy has a direct impact on her health. Family planning allows spacing of pregnancies and can delay pregnancies in young women to increased risk of health problems and death from early childbearing, and can prevent pregnancies among older women who also face increased risks. Family planning enables women who wish to limit the size of their families. Evidence suggests that women who have more than four children are at increased risk of maternal morbidity and mortality. By reducing unintended pregnancies, family planning also reduces the need for unsafe abortion.

### Reducing infant mortality

Family planning can prevent close pregnancies that contribute to high infant mortality rates. The mother needs recuperating time to improve her haemoglobin levels and general health for giving birth to a healthy child. Infants of mothers who die during or after delivery have a greater risk of death and poor health.

### Helping to prevent HIV/AIDS

Family planning reduces the risk of unintended pregnancies among women living with HIV, resulting in fewer infected babies and orphans. In addition, male and female condoms provide dual protection against unintended pregnancies and against STIs including HIV. Family planning methods give sufficient time for the women to improve their health to plan their family.

### Reducing adolescent pregnancies

Pregnant adolescents are more likely to have preterm or low birth-weight babies. Babies born to adolescents have higher rates of neonatal mortality. Many adolescent girls who become

pregnant have to leave school. This has long-term implications for them as individuals, their families and communities. The modern contraceptive methods for men are limited to male condoms and sterilization (vasectomy).

### Global unmet need for contraception

The need for more innovations in contraceptive methods is felt by all with the increase in the sexually transmitted infections and other diseases like HIV, Hepatitis B and C. The needs are:

- limited choice of methods;
- limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people;
- fear or experience of side-effects;
- cultural or religious opposition;
- poor quality of available services;
- Gender-based barriers.

The unmet need for contraception remains too high. This inequity is fueled by both a growing population, and a shortage of family planning services. In Africa, 53% of women of reproductive age have an unmet need for modern contraception. In Asia, and Latin America and the Caribbean - regions with relatively high contraceptive prevalence - the levels of unmet need are 21% and 22%, respectively. <http://www.who.int/mediacentre/factsheets/fs351/en/index.html>

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### Recommendations for women at high risk of HIV infection

- Women at high risk of HIV can continue to use all existing hormonal contraceptive methods without restriction.
- It is critically important that women at risk of HIV infection have access to and use condoms, male or female, and where appropriate, other measures to prevent and reduce their risk of HIV infection and sexually transmitted infections (STIs).
- Because of the inconclusive nature of the body of evidence on progestogen-only injectable contraception and risk of HIV acquisition, women using progestogen-only injectable contraception should be strongly advised to also always use condoms, male or female, and other preventive measures. Condoms must be used consistently and correctly to prevent infection.

### Recommendations for women living with HIV infection

- Women living with HIV can continue to use all existing hormonal contraceptive methods without restriction.
- Consistent and correct use of condoms, male or female, is critical for prevention of HIV transmission to non-infected sexual partners.

- Voluntary use of contraception by HIV-positive women who wish to prevent pregnancy continues to be an important strategy for the reduction of mother-to-child HIV transmission. ([http://www.who.int/reproductivehealth/topics/family\\_planning/hc\\_hiv/en/](http://www.who.int/reproductivehealth/topics/family_planning/hc_hiv/en/))

The contraceptive methods most commonly available in developing countries are:

- Oral contraceptive pills
- Injectable contraceptives
- Hormonal implants
- Intrauterine devices (IUDs)
- Sterilization
- Male condoms and Female condoms
- Fertility awareness methods,
- Lactational Amenorrhea Method (LAM)

These contraceptive methods are safe and suitable for nearly all women, yet medical barriers to contraception still exist. To ensure access to family planning for women and couples who wish to prevent pregnancy, health systems must employ up-to-date, evidence-based family planning guidelines that follow the World Health Organization's Medical Eligibility Criteria for Contraceptive Use and Selected Practice Recommendations for Contraceptive Use.

### Community Consultation Meetings

During this quarter Koshish project partner DLNs and KPOs conducted five Community Consultation Meetings in five districts facilitated by State Advocacy Officers. The meetings were conducted as public hearing meetings with District Medical Officers. The objective of the meetings is for better services on Pap smear testing for WLHIV and FSW community. To achieve the objective, advocacy officers facilitated the community members in submission of memorandums to the Head of the departments, Medical Officers of Gynecology Department and ART Medical centers in public hearing meetings. 203 community members were involved in public hearing meetings. Among them 103 are PLHIV and 100 are FSW and M/T/H.

### 10th Coalition Meeting

On 28th December, 2013, VMM conducted 10th coalition meeting at Vijayawada. The State Coalition team of Koshish project attended the meeting and the members discussed and finalised the advocacy action plan.

### Coalition Resolutions

The Coalition team discussed and approved the advocacy plan till February, 2014 as,

- a) To better the efforts with district level advocacy with DAPCU team for better accessibility and availability of Pap Smear tests to the community
- b) As per the APSACS orders, APSACS MIS to reflect the Pap smear tests and STI screenings for visibility of the advocacy outcomes of KOSHISH project.

**Presented Posters on EC - Koshish project at ICAAP-11**

Two abstracts of KOSHISH were selected for poster presentation in ICAAP -11 (11th International Congress on AIDS in Asia and the Pacific) from 18th to 22nd November, Bangkok, Thailand. The project coordinator Mr. Ramanujiah and Technical support officer Mr. Janardhan presented posters on " Advocacy for Pap smear test for Women living with HIV for cervical cancer in AP" (Poster No: ICAAP2265-01330) and "Improving Sexual and reproductive health and rights of PLHIV and Key population in AP"(Poster No: ICAAP2187-01412). Dr. B. Keerthi, TSM displayed the poster in International HIV/AIDS Alliance stall managed by KHANA organization. Dr. Keerthi shared VMM experiences of Koshish project during the skills building workshop session conducted by India HIV/AIDS Alliance.

**APSACS Logo on Cervical cancer poster**

APSACS added value by allowing VMM to print their logo on the poster of Pap smear test developed by Alliance India and



Shri. L.V. Subrahmanyam, IAS, Principal Secretary to Govt., Health, Medical & Family Welfare, AP, Shri. Ajay Sawhney, IAS Principal Secretary to Govt., Health, Medical & Family Welfare, AP, Dr. B.Kishore, IAS, Project Director, APSACS, on the eve of World AIDS day programme at Hyderabad on 1st December, 2013. On the same day the poster of Pap smear test was released in Krishna District by Additional Joint Collector Mr. B.Chennakesava Rao and DM&HO Dr. Sarasijakshi at World AIDS Day programme at Vijayawada.

**Press meet on "Sexually Transmitted Infections is Public Health Concern"**

VMM and TNP+ jointly organized a press meet on "Sexually Transmitted Infections is Public Health Concern" on Thursday, 31 October 2013, Hyderabad.

The then Project Director, APSACS Sri C. Parthasarathy, briefed the vulnerability and importance of STI/STD treatment in public health setting in a stigma free environment and need of strengthening cross referrals amongst other health settings in Government Hospitals for ensuring quality of health services for PLHIV and other sexual minorities in the society. STIs can be treated effectively when the partner is also notified and treated and the services are available at all Government Hospitals in the name of SURAKSHA Centers/Clinics free of cost and voluntary organizations and media can play an



important role in the utilization of the services. The Project Director appreciated the collective efforts of VMM & TNP+ for addressing the Sexual and Reproductive Health and Rights [SRHR] of PLHIV and sexual minorities and advocating for availability of Pap smear test for early detection and treatment of cervical cancer and strengthening referral mechanism for STI diagnosis during pre-ART registration.

Dr. G. Samaram, former National President of IMA and pioneer in sex education in Andhra Pradesh too focused on the vulnerability of adolescents and young women in contacting STI and poor treatment seeking behaviors which is leading to several sexual and reproductive diseases and cervical cancer. He also felt the need of integrated SRHR services under one roof along with ART Centers for a better control of HIV prevalence in the state.

**A.P - KOSHISH COALITION**

To protect the Sexual and Reproductive Health and Rights of People Living with HIV and Key Population, Twenty Civil Society Organizations (CSO) including District Level Networks, Key Population Organizations and CSOs formed as Advocacy Action Group. With their dedicated efforts, on 7th January, 2013 the Project Director, APSACS directed all the ART centers in the State to conduct PAP Smear test for screening of Cervical Cancer to WLHIV along with regular CD4 test. The Project Director, APSACS issued letter vide number: Rc.Lr.No:941/CST/APSACS/2013-14 dated 14th August, 2013 for screening of STIs during the enrollment of PLHA at ART centers to improve sexual and reproductive health. For sustainability of Koshish project, District Coalitions with CBOs/CSOs were formed and capacitated to continue the process of helping the community in advocacy initiatives at district level.



## MILE STONES OF ANDHRA PRADESH KOSHISH PROJECT

### 2011

- Initiation of the KOSHISH Programme with capacity assessment and selection of CBOs followed by Orientation on SRHR to CBO representatives
- Partners Meeting from 6th to 8th April at Delhi organised by India HIV/AIDS Alliance.
- Finalisation of Partners and execution of Memorandum of Understanding with 5 Key Population Organisations and 5 District Level Networks in April.
- Formed Koshish Coalition with 20 Civil Society Organizations(CSO), among them 5 Key Population Organisations and 5 District Level Networks and 8 Non Government Organisation with VMM as state level partner and TNP+ as state level network and conducted two coalition meetings for induction and advocacy plan.
- Civil Society Organizations Assessment workshop on 5th and 6th July at VMM by India HIV/AIDS Alliance
- Curriculum development meeting from 13th to 15th July at Delhi
- Investigators training for base line study from 22nd to 24th July at Hyderabad followed by Baseline Study by Sigma team with 234 samples.
- Sharing of information on KOSHISH project to Project Director, APSACS on 19th August
- Training of Trainers on SRHR from 31st October to 4th November to Technical Support Providers and Technical Support Officers at Chennai.

### 2012

- Third Coalition meet at Vijayawada on 21st June facilitated by Ms.Sonal Mehta, Director, Programmes, India HIV/AIDS Alliance.
- Submitted Position paper to Additional Project Director, APSACS on NACO vide GO number- T-11020/36/2005-NACO (ART) in ART/LAC/LAC plus on 10th September.
- Seminar on "Cervical Cancer among Women Living with HIV and Key Population: Emerging Trends" at Hyderabad on 7th November on the eve of National Cancer Awareness Day.
- Release of Handout on Cervical Cancer at State by Mr. D.L.Ravindra Reddy, Hon'ble Minister of Health, Andhra Pradesh, on 1st December, on the eve of World AIDS Day.
- Technical Support Providers Trainings from 17-21 December, at Pondicherry.

### 2013

- Joint Director, Care and Support, Andhra Pradesh State AIDS Control Society issued a letter to all ART centers in the State on 4th January, for conduction of PAP smear test for Women Living with HIV.
- Project Director, APSACS permitted KOSHISH project to display wall boards on cervical cancer awareness at ART Centers in February
- Training of Technical Support Providers on SRHR module from 23rd to 27th September at Goa
- Facilitated Pap Smear tests for 336 women (WLHIV-162, FSW-163 and MSM wives-11) in May and June at government health facilities.
- Representation to Project Director, APSACS on STI screening during enrollment at ART centers on 13th August followed by a circular to all the ART centers and Teaching institutions to implement the order letter vide number: Rc.Lr.No :941/CST/APSACS/2013 14 dated 14th August by Project Director APSACS.
- Press meet on 'STI is public health concern' to bring visibility to Koshish project on 31st October with the interaction of press with Sri. C. Parthasarathy, IAS, PD, APSACS and Dr. G. Samaram, Former National President Indian Medical Association.
- Poster on Cervical Cancer developed by India HIV/AIDS Alliance with APSACS logo released by PD, APSACS on 1st December on the eve of World AIDS Day.

### Activities across three years of KOSHISH

- 13 Capacity Building Trainings to the Project staff on SRHR for 29 days.
- 10 Coalition Meetings were conducted with all Project staff

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