



## COMMUNITY CONSULTATION

Ten community consultation meetings were conducted by DLN and KP organization. 195 community members were present during the meetings, including 84 members from DLN and 111 members from KP organization. Information was provided about the symptoms of cervical cancer, and the importance of PAP smear tests. Some of the FSW participants shared their health problems and shared their experience on undergoing a Pap smear test.



## Advocacy Events

Panel discussions were organized at advocacy events in Ahemadnagar, Amravati, Kolhapur and Nagpur.

The themes for the panel discussion were

- Easy accessibility of pap smear testing facilities in government hospitals for WLHIV
- How to stop unnecessary referrals, and conduct delivery of WLHIV at Rural Hospitals and PHC.

It was suggested that there is a need to establish a monitoring system to stop the referral and to make sure deliveries of positive ANC are being done at the nearest government hospital.



### Meeting with State level stakeholders.

**State Level:** A meeting was held with MSACS PD, Deputy director of health, Joint director- basic services and Head of IEC department on 18<sup>th</sup> January 2013. The main objective of the meeting was to discuss the State level plan and to raise advocacy issues with decision makers.

The Deputy Director assured Koshish team that after receiving the evidence he will conduct a meeting with civil surgeons to stop unnecessary referrals.

## 7<sup>th</sup> Coalition Meeting

The Seventh coalition meeting was held at Pune on 15<sup>th</sup> March 2013 in which 22 CSOs participated. The major objectives of the meeting were to follow up on state and district level advocacy plans, follow up of evidence collection, PAP smear testing camps, and the planning of state and district level events. All the DLN and KPO shared evidence collected from the field about referral of positive ANC's to civil hospitals. The status of PAP smear testing was also shared during the meeting.

It was decided to conduct a service mapping exercise, and two blocks were selected. The format will be developed by TSO and the Advocacy Officer.

The revised State Level Plan was shared with participants and activities planned accordingly with deadlines.

The Director's roles and responsibilities and contribution towards Koshish project were also discussed.



## 5th Capacity Building Workshop



One capacity building workshop was organized in January 2013. Nine field Officers (representing four DLNs and five KPOs), three SLP Staff, two SLN Staff and one TSP were the participants for the workshop. Dr. Ujwal Nene was the facilitator of the training. The TSP's services were utilized during the capacity building training.

## Case Study

### My Baby is safe

Meena (name changed) came to know that she was pregnant for the second time. She registered her name in Mauli PHC for further treatment. She was very happy for her second child. During the treatment she was tested for HIV in the ICTC centre and was detected positive. The counsellor of ICTC centre counselled her husband Ashok for HIV testing. He was also detected positive. Afterwards the counsellor registered her name at the PPTCT centre for further care and treatment. Meena was very conscious about her child and took regular treatment and check up. The counsellor urged Ashok to register at the ART centre and referred them. But Ashok was not willing to register Meena and his name at the ART centre. Meena also insisted with him but he was not ready to hear anybody and was avoiding counsellors. Meena went regularly for treatment in PHC. The PPTCT ORW also took regular follow up of her. On completion of nine months she started having labour pains and was admitted to the PHC for delivery. In the PHC, the doctor and nurses knew her HIV status and referred her to the government hospital by giving some medical reason and not mentioning her HIV positive status. Meena was suffering from severe labour pains when she was admitted to the government hospital in Amravati. Due to her advanced state delivery was done without taking any universal precaution.

The PPTCT counselor went to Meena's house for routine follow up, and they discovered that she was admitted in Government hospital in Amravati. They went to the hospital, informed the doctor about her HIV status and suggested giving nevirapine to her and her baby. The doctor was shocked and checked her file but there was no record of her HIV status. It was not mentioned in her referral slip. However, Meena's child now got nevirapine within 48 hours, because of the vital intervention of PPTCT staff.

This case was discussed with the civil surgeon and it was shared during panel discussions that cases should not be referred, and each ANC should get health services at the nearest hospital.

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