

Prayas Health Group

Annual Report

April 2016 to March 2017



आरोग्य, ऊर्जा, शिक्षण आणि पालकत्व
या विषयांतील विशेष प्रयत्न

PRAYAS

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Dear friends,

We are pleased to present the annual report of PRAYAS Health Group (PHG) for the year 2016-17.

This report gives the details of our activities from April 2016 to March 2017.

We are grateful to our donors, funding agencies, friends and well-wishers for their continued support.

We are indebted to our patients, participants in our programs and research projects for keeping on motivating us to continue our work.

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ONGOING ACTIVITIES

Table 1: List of ongoing activities

Ongoing Activities			
No.	Name of the Activity	Start Year	Supported by
1.	Training & Awareness	1994	Internal resources of PHG
2.	PRAYAS Counseling Center	1998	Internal resources of PHG
3.	Child Care Project	2000	Internal resources of PHG & personal donations
4.	PRAYAS Amrita Clinic	2006	Internal resources of PHG
5.	PRAYAS Health Laboratory	2007	Internal resources of PHG
6.	Cervical Cancer Prevention	2010	Cipla Foundation, Mumbai and BMC software (CSR), Pune

TRAINING AND AWARENESS

Over the years Prayas has developed its expertise and conducted various training program for health care professionals as well as the communities. Presentations, pictures, games, group discussions, role-plays, quiz are some of the techniques used while conducting training. These programs are innovative and participatory in nature. PHG has also conducted training programs for teachers to encourage safe environment in the schools, for HIV infected adolescents and young adults to address their concerns regarding growing up and for health care providers about management of HIV.

PRAYAS COUNSELING CENTER

The counseling center provides psychological support to HIV infected as well as affected individuals. Started in 1998 the services of counseling center are being continued through trained and dedicated counselors.

CHILD CARE PROJECT

This project supports treatment for children whose parents cannot afford treatment. The medicines and investigations are provided completely free or with partial support from Prayas. The consultation fees for these children are waived. Such support is provided till the children enter adulthood i.e. till they become 18 years of age.

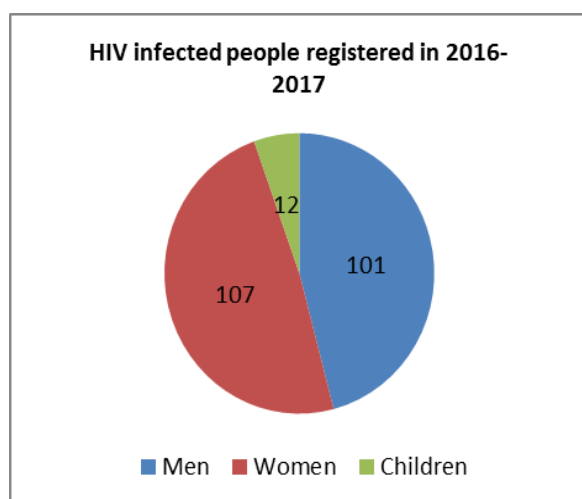
The following table gives details of the children enrolled in this project.

Table 2: Details of the children enrolled in this project.

No. of children receiving ART through the child care project	
100% concession	5
50% concession	3
Partial Concession	2

Out of these - 8 children are on first line ART and 2 are on second line ART medicines. On an average the first line ART treatment costs about Rs.500-1000/- per month and the second line treatment costs Rs.2000-4000/- per month. We spend around Rs. 2.5 - 3 lakhs per year on ART medicines for these children. The resources are generated through individual donations from well-wishers.

PRAYAS AMRITA CLINIC (AC)



Prayas continued providing treatment and care to HIV infected individuals through AC. Till March 2017, total 7904 patients have been registered at AC. Out of these 7284 were adults and 620 were children. Out of the total patients registered at AC till March 2017, a total 4697 adults and 407 children were ever started on ART. In this year a total of 220 HIV infected individuals were newly enrolled at AC. Out of these, 101 were men, 107 women and 12 children.

PRAYAS HEALTH LABORATORY



The PRAYAS Health laboratory was established in 2007, with the purpose to provide diagnostic and prognostic tests required for the management of HIV at subsidized rates. The tests available are Rapid HIV antibody detection test, routine

hemogram, biochemistry tests, urine analysis, serological tests for Hepatitis B and VDRL, CD4/CD8 counts, and viral load. HIV DNA PCR test & genotyping test for drug resistance are done at another commercial laboratory at a special concessional rate for Prayas. Histopathology reporting of FNAC & biopsy samples from 'Cervical Cancer Screening and Prevention' project is done in the laboratory.

Table 3: Details of the tests done in Laboratory.

Test	Amrita Clinic	Other projects/laboratories	Total
Anti HIV	446	--	446
CD4	2073	1396	3469
Routine monitoring tests	2186	--	2186
HbsAg	1008		1008
HCV	247	--	247
VDRL	381	--	381
Viral Load	1960	116	2076
HIV DNA PCR	55	--	55
Abacavir sensitivity test	29	--	29
Drug resistance(PI+RT)	8	--	8
Drug resistance(RT)	44	--	44
Urine Analysis	122	--	122

CERVICAL CANCER PREVENTION WORK AT PRAYAS

In spite of being preventable, cervical cancer is the second most common cancer among Indian women. One woman dies every seven minutes in India due to this cancer. India accounts for 1/5th of the global burden of cervical cancer in the world. Cervical cancer is a preventable cancer but for its prevention, all women aged 30 to 49 need cervical cancer screening. Cervical cancer is preceded by precancerous changes for many years before cervical cancer develops. Early detection of pre-cancerous lesions and their treatment can prevent cervical cancer. This screening and treatment (if required) can prevent many untimely deaths among women. Cervical cancer screening, colposcopy, biopsy, appropriate treatment for cervical cancer precursor lesions (ablative treatment using cold coagulation and excisional treatment using Loop Electro-excision Procedure), and HPV vaccination is provided at Prayas at extremely affordable costs.

Cervical cancer prevention awareness:

There is a lack of awareness about this prevention in India and less than 5% of the women get screened for this cancer. Our cervical cancer prevention awareness work in 2016-2017 includes following things:

1. Development of 4 posters for cervical cancer prevention awareness
2. Development of a brochure
3. Development of 2 short films for awareness
4. Meetings (48) for cervical cancer prevention in the community

Research study for cervical cancer prevention in HIV infected women:

Principal Investigator: Dr Smita Joshi, Senior Scientist, Prayas

Co-investigators: Dr Vinay Kulkarni, Director, Prayas

Dr Richard Muwonge, IARC (WHO), Lyon, France

Funding support: Cipla Foundation, Mumbai

As mentioned in our previous annual reports, we are following one of the largest cohorts of HIV-infected women at Prayas considering their increased risk of cervical pre-cancer and cancer. Our findings from the cross-sectional component have been published in peer-reviewed international indexed journals previously and the research study is ongoing. This cohort addresses important research questions for cervical cancer prevention in HIV-infected women. Our poster entitled, 'Incidence of cervical intra-

epithelial neoplasia (CIN) in a cohort of HIV-infected women from Maharashtra, India' was accepted for poster presentation at HPV 2017 conference in Cape Town that was held from 28th February -4th March 2017. Dr Smita Joshi received a scholarship to present the poster and attend the conference.

Community based cervical cancer prevention project

Funding Support: BMC Software India Private Limited

BMC Software India Private Limited has supported Prayas to conduct 88 cervical cancer screening camps during 2016-2017 in Pune city to increase awareness and to provide free cervical cancer screening to women from the low socio-economic group and for women who are safai karmacharis of PMC or their relatives. The donation was facilitated by Live Life Love Life Foundation through their fundraiser. BMC Software has also donated a mobile clinic which is being used to provide screening and appropriate treatment in the community setting. The project was initiated in November 2016. Cervical cancer screening camps are implemented in collaboration with Pune Municipal Corporation (PMC) after receiving an approval from them. We conduct about 2 cervical cancer screening camps per week at PMC hospitals and dispensaries. From 15th November 2016 to 31st March 2017, we have conducted 33 cervical cancer screening camps, treated 43 women in the community and have referred 21 women for additional diagnostic evaluations and treatment at our dedicated clinic for cervical cancer prevention at Prayas.



Inauguration of the mobile clinic with the authorities of BMC Software India Pvt Ltd



Cervical cancer screening camps in the community

ONGOING PROJECTS

Table 4: List of ongoing projects

Ongoing Projects			
No.	Name of the project	Start Year	Supported by
1.	Intervention: Prevention of Mother To Child Transmission of HIV (PMTCT Project)	2002	Current : Global Fund for AIDS, TB and Malaria (GFATM) with MSACS Past: Elizabeth Glazier Pediatrics AIDS Foundation ; MAC AIDS Fund (Through SAATHII, India), MSACS and partial support from Oak foundation
2.	Intervention: Sakav - Graduated Cost Recovery for ART (GCR Project)	2005	Current : Internal resources of PHG Past: ARCON through GFATM; UPS
3.	Intervention: Adolescent HIV Program	2013	Keep a Child Alive (KCA)
4.	Research: Cervical cancer prevention in HIV infected women	2010	Current : Maharashtra Foundation USA, Internal resources of PHG and personal donations, Past: International Union Against Cancer
5.	Research: Evaluation of uptake and utilization of Female Condoms	2015	Indian Council of Medical research (ICMR)
6.	Research: Systematic review of global prevalence of CMD among HIV infected	2015	Internal resources of PHG
7.	Research: Evidence summary of effective BCC interventions for maternal health	2015	DFID (UK) through South Asia Research Hub.
8.	Research: Systematic Review of effective Gender-Responsive Policing (GRP) interventions	2015	DFID (UK) through South Asia Research Hub.
9.	Intervention: mMitra is a free mobile voice call service that provides culturally appropriate comprehensive information on preventive care and simple interventions to reduce maternal and infant mortality and morbidity in urban and rural India.	2016	ARMAAN, Mumbai

PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT)

PRAYAS is implementing “Prevention of Mother to Child Transmission of HIV” program in 6 districts (Ahmednagar, Satara, Sangli, Solapur, Pune and Kolhapur) of Maharashtra state. The program is exclusively working in private sector. Since the inception (2002 to 2013) the program was funded by Elizabeth Glazer Pediatric AIDS Foundation. Later it was supported by Oak Foundation and MAC AIDS foundation for a small period.

In 2012 MSACS has entrusted the responsibility of scaling up of PMTCT services in private sector of six high prevalence districts from the state through Public Private Partnership (PPP). From October 2016 the program is supported by Global Fund for AIDS, TB and Malaria (GFATM). The goal of the project is to achieve ‘Elimination of pediatric HIV’. Currently the program is being implemented at 504 PPP sites.

Since the inception of the project 757,655 pregnant women received ANC counseling and HIV testing services. We have been able to serve around 2506 HIV infected pregnant women for PMTCT.

Table 5 - PMTCT program coverage in the year 2016-2017

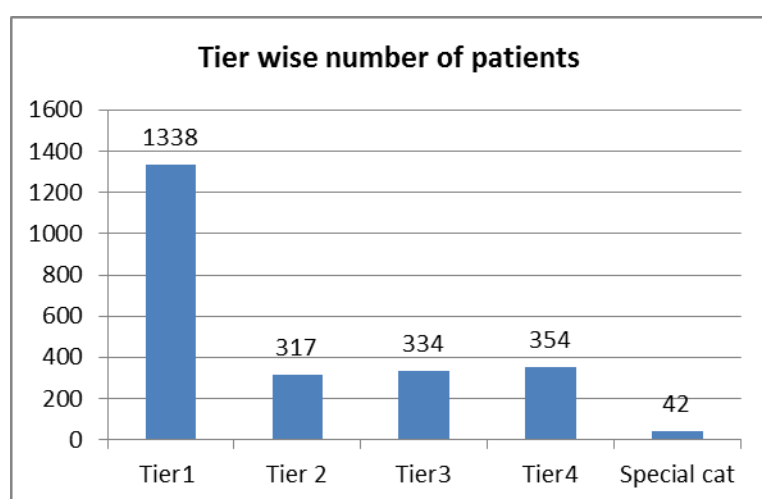
Parameters (April 2016 - March 2017)	Number
Number of women provided pre-test and ANC counseling	142968
Number of pregnant women tested for HIV	142968
Number of HIV infected pregnant women enrolled in the project	189
Number of HIV infected women delivered	141
Live births	138
CD4 count uptake	175 (92.5%)
Maternal ARV uptake	163 (86.2%)
Infant ARV uptake in the Program	137 (99.2%)
Babies turned out to be HIV infected by DNA PCR testing	1

SAKAV PROGRAM

The Sakav program continued to provide antiretroviral treatment (ART) to people living with HIV (**PLHIV**) at highly subsidized rates. This activity is supported through the funds generated through Amrita clinic.

Table 6: Total number of people taking ART under Sakav program

Parameter	Total number
Currently taking ART from the Sakav program.	2385
Adults transferred to government free ART centers for continuation of ART.	639
Patients reported to be expired.	281
Patients lost to follow up	1799
Total number of HIV infected people ever enrolled in the program	5104



The tier wise distribution of people who are currently on ART (N=2385) is given in the graph. These tiers are decided based upon the economic status (paying capacity) of the patient. Tier one patients pay the maximum amount (which is still highly subsidized as compared to the treatment in other private

clinics) and tier 4 the minimum. There is also a special category in which two of the combinations of ART which are not covered under Sakav program are provided at subsidized cost to patients from very low socio-economic status.

ADOLESCENT HIV PROGRAM

This is a fourth year of Adolescent HIV program, which is funded by ‘Keep a Child Alive’ Foundation. Prayas has continued working with adolescents from residential institutions as well as from community. Besides this, Prayas had made efforts to reach out to a few new institutions/networks working for people living with HIV, and also to explore alliance for further empowerment of ALHIVs and related advocacy with government.

Activities conducted include:

1. Reaching out to new institutions /organization

Towards strengthening of alliance with the institutions and networks in a view to reach out to unreached ALHIVs staying in institutions or in community (home based ALHIVs), various meetings and visits to networks and institutions have been made by Prayas.

A few to mention are –

- Visit to Latur; where meetings with officials from ART center, representatives of network of positive people and other NGOs working in the field of HIV were conducted.
- Visit to Sangli where two organizations have been visited, one was a community based organization and another was residential institution. Both organizations were ready to involve in activities for ALHIVs.
- Visits and meeting with organizations working in Pune and network members from Parbhani district.

2. Reaching home based ALHIVs through ART centers

To reach out to unreached ALHIVs, advocacy activities at ART centers have been planned. In this year one of the largest district level ART center have been contacted, and with the mutual understanding a pilot activity of interacting with adolescents coming to this ART center and giving them information about ‘So What’ group and its activities was successfully conducted. As a result, a communication with few ALHIVs has been initiated.

3. Clinical mentoring visit

Dr. Kulkarni along with his clinical team and laboratory assistants visited 2 institutions, of Latur district. Clinical checkup of 113 children was done and blood samples for viral load of 12 children were collected. The issues of looking after the growth through height and weight charts, adherence through monitoring of visits and the health through attention to any intermittent illnesses and linking to care; were discussed.

4. Advocacy Activities

In the month of September a meeting with divisional commissioner was held. Representatives from Sevalay (Latur), Infant India (Beed), Baba SaiSanstha (Aurangabad), Sahara (Usmanabad), Snehdhar (Udgeer) attended this meeting along with Prayas representatives. A letter signed by all representatives was given to the divisional commissioner regarding various concerns faced by these institutions.



5. Preparing and publishing module for conducting Growing up with HIV and Transitioning to Adolescents workshops (GUWHATTA) - A module for conducting GUWHATTA is prepared in Marathi language and has been shared with many organizations. It includes all details about the GUWHATTA workshop mainly how to conduct the sessions and

the material required for the communication etc. Eventually it was used in Training of Trainers/Facilitators (TOT) workshop. The Module has been very well appreciated by the participants. We are in the process of preparing this module in English language.

6. Training of Trainers/Facilitators (TOT)

A workshop was organized for training of new facilitators to conduct GUWHATTA workshops, in the month of November. Participants included were: few members of 'So What' group, Prayas members, participants from organizations such as Committed Communities Development Trust (CCDT), Catholic health association of India (CHAI), Karnataka Health Promotion Trust (KHPT) and one participant from Khelghar (group working for children from slums).

7. In the month of February a meeting was called by MDACS (Mumbai Districts AIDS Control Society) and coordinated by KHPT (Karnataka Health Promotion Trust) /CCDT (Committed Communities Development Trust). Representatives from Prayas, CCDT, KHPT, INSA (International Service Association India) participated in the meeting. Training modules prepared by INSA and Prayas to conduct workshops

for adolescents living with HIV and transitioning to adulthood were presented in the meeting. The module prepared by Prayas was very well appreciated by all. After this meeting all the representatives from above organizations as well as Assistant Programme Director (APD) of MDACS had a meeting with ‘So What’ members at Prayas office. The dialogue with ‘So What’ members and their empowered voices impressed the visitors. The APD assured more involvement of ‘So What’ members in the national program.

8. Growing up with HIV and transitioning to Adulthood (GUWHATTA) workshops

Table 7: Details of GUWHATTA workshop

Date		Venue	Number of participants		Institution names
From	To		Boys	Girls	
27-09-2016	01-10-2016	AFARM Center, Kondhanpur Pune	15	11	Home based ALHIV from Pune, Sangli and Latur
25-12-2016	29-12-2016	BAIF Center, Pune	6	9	Snehalaya, Prayas

9. Workshop for parents of ALHIVS

On demand of ‘So What’ group members, workshop for their parents was planned and conducted in month of March. The focus was basically to build/encourage a healthy communication within parent and child so that, various concerns could be positively resolved.

CERVICAL CANCER PREVENTION IN HIV INFECTED WOMEN

Title: Cervical cancer prevention in HIV-infected women

Principal Investigator: Dr Smita Joshi, Senior Researcher, PHG

Co-investigators: Dr Vinay Kulkarni, Coordinator, PHG

Dr Richard Muwonge, IARC (WHO), Lyon, France

Cervical cancer prevention work at Prayas was initiated in 2010 for a research project in HIV- infected women. Invasive cervical cancer is an AIDS defining illness. Observational

studies in different regions of the world indicate that HIV infected women are at high risk for oncogenic (high-risk) human papillomavirus (HPV) infection and at 5 to 10 fold increased risk of developing cervical cancer. HPV infection among HIV infected women is more persistent and progressive than in HIV-negative women. Cervical cancers in HIV infected women present with aggressive natural history, advanced disease and with metastasis in unusual sites and often respond poorly to treatment due to the large volume clinical disease. Thus, cervical cancer prevention among HIV- infected women assumes major priority, given the high risk of HPV infection, cervical precursor, and malignant lesions among them. In spite of large burden of both HIV infection and cervical cancer, there are very few studies in India that have addressed the association between them and the ways and means to control the disease. Thus in 2010 we initiated a project to comprehensively address prevention of cervical neoplasia in HIV-infected women in low- and medium-resourced settings. Our findings from the cross-sectional component have been published in peer-reviewed international indexed journals previously and the cohort study continues. We are now following one of the largest cohorts of HIV-infected women at Prayas. This cohort addresses important research questions for cervical cancer prevention in HIV-infected women. The cohort is being followed to evaluate incident/ persistent/ new HPV infections, incident CIN lesions and occult CIN in women with persistent HPV infections.

EVALUATION OF UPTAKE AND UTILIZATION OF FEMALE CONDOMS AMONG WOMEN IN PUNE, INDIA

Title: Evaluation of uptake and utilization of female condoms among women in Pune, India

Principal Investigator: Dr Smita Joshi

Co-investigator: Dr Vinay Kulkarni

Duration of the report: 01-Apr-16 to 31-Mar-2017

Sponsor: Indian Council of Medical Research (ICMR), New Delhi, India

Background:

As mentioned in the previous annual report, ICMR has been supporting a research study entitled, 'Evaluation of uptake and utilization of female condoms among women in Pune, India'.

In this study we are evaluating the uptake and utilization of female condom among urban and rural women. Its utilization and adherence will be assessed by the pregnancy events during its use for one year following enrollment.

Primary Objective:

1. Evaluate uptake of female condoms among young urban and rural women of reproductive age who are not using any contraception

Secondary Objectives:

1. Evaluate its potential as a temporary contraceptive method as evaluated by pregnancy rate at the end of 1 year in the enrolled participants
2. Evaluate acceptability of female condoms in young Indian couples

The sample size for the study is 400 women (200 from urban area and 200 from rural area) aged 18 to 30 who are not using any spacing method. All enrolled participants will be followed for one year and we will evaluate the pregnancy rate among female condom and male condom users. The study enrollment at the urban site was initiated on 07-Jul-2015. By the end of March 2017, we have completed all the enrollments in the study and follow-up is currently ongoing.

SYSTEMATIC REVIEW OF GLOBAL PREVALENCE OF CMD AMONG HIV INFECTED PEOPLE

Title: Systematic review of Global prevalence of CMD among HIV infected people

Principal Investigator: Dr. Shrinivas Darak, Senior Researcher, PHG

This project was financially supported by internal resources of PHG.

The primary objective of this systematic review was to find out global prevalence of common mental disorders among HIV infected population.

Total 2260 records were identified after searching four databases for this systematic review. After title and abstract screening, full texts of total 347 articles were assessed and final 54 articles were included for quantitative synthesis. Data extraction and meta-analysis was completed by 19th December, 2016.

We are currently under process of writing manuscript for publication.

EVIDENCE SUMMARY OF EFFECTIVE BEHAVIOUR CHANGE COMMUNICATION (BCC) INTERVENTIONS FOR MATERNAL HEALTH

Title: Effectiveness of behavior change communication (BCC) interventions in delivering health messages for improving maternal and child health (MCH) indicators in a limited literacy setting: An evidence summary of systematic reviews

Principal Investigator: N. Sreekumaran Nair, PhD, Director, Public Health Evidence South Asia (PHESA), Professor of Biostatistics and Head, Department of Statistics, Manipal University, Manipal, India

Co-investigators: Dr. Shrinivas Darak, Senior Researcher, PHG

The evidence summary (review of systematic review) is funded by the South Asia Research Hub, Research and Evidence Division of the Department for International Development, UK. This is designed to provide an overview of the key evidence discussed in systematic reviews, to assist policy-makers and researchers in assessing the evidence of behavioural change communication (BCC) interventions in delivering health messages on ANC for improving maternal health outcomes. In collaboration with Public Health Evidence South Asia, Manipal this evidence summary is being carried out to answer the following questions:

- What are the different types and mediums of BCC interventions aimed at improving ANC coverage and uptake of ANC services in low literacy settings?
- Which are the most effective BCC interventions to improve ANC coverage and uptake of ANC services?
- What is the effectiveness of theory based BCC as compared to non-theory based BCC?

Searching of 33 databases and websites and application of eligibility criteria lead to the inclusion of 41 systematic reviews. Of the 41 systematic reviews, 19 relevant ones were used for synthesising the effect of any type of BCC intervention seeking to improve ANC coverage and uptake of services. This evidence summary finds that increasing community participation, raising awareness about local populations' health care rights and delivering interventions in home and/or community settings are effective ways to increase antenatal care (ANC) coverage and uptake. At the delivery level, mobile health (mHealth) is a promising intervention.

We are in the process of finalizing the summary report and planning for the wider dissemination of this report.

SYSTEMATIC REVIEW OF EFFECTIVE GENDER-RESPONSIVE POLICING (GRP) INTERVENTIONS

Title: Effectiveness of different ‘gender-responsive policing’ initiatives designed to enhance confidence, satisfaction in policing services and reduce risk of violence against women in low and middle income countries - A systematic review

Principal Investigator: N. Sreekumaran Nair, PhD, Director, Public Health Evidence South Asia (PHESA), Professor of Biostatistics and Head, Department of Statistics, Manipal University, Manipal, India.

Co-investigators: Dr. Shrinivas Darak, Senior Researcher, PHG.

The Systematic Review is funded by the South Asia Research Hub, Research and Evidence Division of the Department for International Development, UK. In collaboration with the Public Health Evidence South Asia, We are conducting this systematic review to address following questions:

1. What are the principles, components and theories of change of interventions to enhance the gender responsiveness of policing?
2. Have these interventions been evaluated and if so, how? What are the findings of these evaluations in terms of desired outcomes?
3. How these GRP interventions are received by the target group and the participant group?
4. What are the challenges to implementation of the GRP interventions?
5. What may be the suggestions/ recommendations on design, implementation and evaluation to improve GRP interventions?

After searching 28 online databases, hand searching of 8 key journals, grey literature search from 83 websites and visiting few organisations, 6300 articles were screened and total 36 articles which looked at effectiveness of GRP interventions were included for synthesis. The evidence shows Women police station, Training of police on gender sensitization, Community policing and special cell units were promising interventions which increased women’s confidence and satisfaction in policing services. Regular and specialised training and improvement in the implementation is necessary for the effectiveness of these interventions. There was lack of rigorous evaluation of GRP interventions in the literature.

We are in the process of finalizing the summary report and planning for the wider dissemination of this report.

mMITRA PROJECT

Introduction:

Prayas is implementing mMitra project in Pune city, the project is supported by ARMAAN, Mumbai based organization. mMitra is a free mobile voice call service that provides culturally appropriate comprehensive information on preventive care and simple interventions to reduce maternal mortality and morbidity in urban areas. Through this project, pregnant and lactating women receive messages on antenatal and postnatal care. Medically verified, individualized voice messages of 60 - 90 seconds (145 messages in all) in Hindi or Marathi are sent directly to the mobile phones of each enrolled woman. The voice calls are in the local dialect, specific to the woman's gestational age or age of infant and are sent weekly, free of cost directly to pregnant woman and mother with infants. The enrollment of eligible woman in the program is carried out by a trained 'Sakhi', identified by the organization. The intent of implementing the mMitra program is to communicate and to engage with pregnant women, and women with children under one year of age (women) on preventative care measures and about simple interventions to reduce maternal and infant mortality and morbidity.

Activities

Prayas is implementing mMitra project in Pune city since May 2016. We are working with Municipal corporation facilities and private/trust based hospitals from Pune city catering to urban poor women. Currently mMitra services are offered through 8 private and 14 PMC hospitals. We are reaching to approximately 2000 women every month through 30 Sakhis working on the project. Till date total 14000 women have been registered in the project.

Table 8: Annual data from May2016 to March 2017

Private/Public sector	Number of Facilities	Number of women registered
Private Sector	8	6978
Pune Municipal Corporation	14	4669
Total	22	11647

COMPLETED PROJECT

COMMON MENTAL DISORDERS IN CAREGIVERS

Title: Prevalence and correlates of common mental disorders among HIV uninfected women caregivers in HIV sero-discordant setting in Pune, Maharashtra

Principal Investigator: Dr. Shrinivas Darak, Senior Researcher, PHG

Co-investigators: Dr. Vinay Kulkarni, Coordinator, PHG

Dr. Sanjay Phadke, Consultant, Deenanath Mangeshkar Hospital, Pune

The research project funded by the Indian Council of Medical Research was completed on 9th December, 2016. The primary aim of the project was to study prevalence of common mental disorders (CMD) and their correlates among HIV uninfected women caregivers who are wives of HIV infected persons in Pune, Maharashtra. The secondary objective of the research was to assess sensitivity and specificity of locally designed short tool for screening of common mental disorders (CMD) in the same population (CBM-SQ) .

The study found high current, past and lifetime prevalence of at least one CMD among the study population. The commonest diagnoses found were mixed anxiety depressive disorder, major depressive disorder and posttraumatic disorder and high suicidality. The screening tool was found to have good diagnostic accuracy with high sensitivity and specificity.

Final report was submitted to ICMR and was approved. We are currently in process of submitting study results for publications and planning for dissemination of the study results.

PRAYAS INTERNAL COMPLAINTS COMMITTEE (ICC)

Prayas ICC was formed in the year February 2014. Aim of this committee as per the Act published by Gazette of India, is regarding Sexual harassment of women at workplace (Prevention, Prohibition and Redressal)

Our committee includes following members:

1. Dr. Sanjeevani Kulkarni, Trustee, PRAYAS
2. Preeti Karmarkar, External NGO representative
3. Adv. Vrishali Vaidya, Advocate, External member
4. Ashwin Gambhir, PEG & ReLi representative
5. Shruti Bhide, PHG representative
6. Vijaya Jori, PHG representative
7. Aparna Joshi, Accounts and Trust office representative

In the year 2016-17 total 2 awareness workshops were conducted in Prayas (for Health and Energy group). The main objective of these workshops was for increasing awareness and understanding about gender and sexuality. In the workshop, information regarding the act (For prevention, prohibition and redressal for sexual harassment at work place), the internal complaints committee, and its mandate was also imparted. In the last year, no complaint was reported at Prayas ICC

CONFERENCES, WORKSHOPS AND MEETINGS ATTENDED BY GROUP MEMBERS

- 1) Dr. Vinay Kulkarni attended **Chennai ART Symposium (CART) 2016** organized by Y.R.G. care on 16th- 17th April 2016 at Chennai.
- 2) Dr. Vinay Kulkarni was invited for ICMR consultation on **Pre-exposure prophylaxis (PrEP)** on 18th April 2016 at Chennai.
- 3) Dr. Shirish Darak conducted one day **sexuality workshop for visually impaired youths** on 5th May 2016 at Hadapsar, Pune which was organized by Poona Blind Mens Association, Hadapsar.
- 4) **Evidence on effectiveness of behavior change communication interventions to improve ANC coverage and uptake of ANC services in South Asia: Consultative meeting** with experts from the field for contextualizing evidence from evidence summary to South Asian context on 4th and 5th July 2016 in Pune which was organized by Prayas Health Group and Public Health Evidence South Asia, Manipal. Dr. Shrinivas Darak, Dr. Trupti Darak and Dr. Ritu Parchure attended this workshop as team members and Dr. Vinay Kulkarni attended this meeting as an expert consultant.
- 5) Dr. Vinay Kulkarni presented on **‘Changing faces of sexually transmitted diseases’** in a CME organized at Viderbha Dermatology Society on 10th July 2016 at Nagpur.
- 6) Dr. Vinay Kulkarni presented on **‘Skin Infection in HIV’** in a CME organized at Sangli on 31st July 2016.
- 7) **Stories for Better Health, a Consultative meeting on Printed Narrative Health Communication** was organized by Prayas on 6th August 2016 at Pune. Experts from various fields, having different capacities and skills such as public health experts, creative writers, language experts, etc. who are involved in preparing IEC materials were invited. Objective of the meeting was to start the discussion on overall role of written narrative health communication material in public health in Indian context.
- 8) Dr. Kailas Kurkute attended **ASICON-National Conference of AIDS Society of India**, on 7th to 9th Oct 2016, at Mumbai. He presented an abstract (Cohort Study Paper) on **‘Treatment outcomes of third line Antiretroviral therapy among people living with HIV –Experiences from a Private sector clinic from Pune, India.’**

- 9) Dr. Vinay Kulkarni delivered a lecture on **Current Concepts in Management of HIV** in a CME organized by Krishna Institute of Medical Sciences on 6th October 2016 at Karad.
- 10) Dr. Vinay Kulkarni attended **ASICON-National Conference of AIDS Society of India**, on 7th to 9th Oct 2016, at Mumbai. He presented on **Issues in linking HIV infected individuals to care.**
- 11) Dr. Vinay Kulkarni, Dr. Kailas Kurkute and Dr. Anjali Mahamulkar attended **HIV Resistance Workshop** (ART and Understanding and management of Retroviral Resistance) organized and supported by Janssen Pharmaceutical companies of Johnson and Johnson in EMEA at Mumbai on 21st Nov 2016.
- 12) Prayas conducted a **Training of Trainers (TOT) workshop** to prepare facilitators for conducting **GUWHATTA workshop**. In this workshop individuals who are working with children in HIV institutions, SO WHAT group members who have worked as co-facilitators and people who are interested in getting more knowledge about this workshop participated. It was a four day residential workshop. The workshop was held from 27th November 2016 to 30th November 2016 at All India Institute of Rural Governance, Kothrud, Pune.
- 13) Second **Winter school on embedding qualitative research methods in health science** was held during 5th to 9th December 2016 at Public Health Evidence South Asia, Manipal University Manipal. Dr. Shrinivas Darak was one of the facilitator for conducting the winter school which was attended by 24 participants from India and abroad.
- 14) Dr. Shrinivas Darak is co-supervising a PhD student, Ms. Barnali Chakraborty registered at the Population Research Centre, University of Groningen. Her research is to understand normative dimensions of child nutritional wellbeing in Haor areas of Bangladesh. Dr. Darak visited the field areas in Haor regions in Bangladesh to support qualitative field work of Ms Chakraborty from 25th December till 29th December.
- 15) **South Asian Evidence Summit** – dated 6 & 7th Jan 2017 at Manipal, Karnataka was organized by Department of Public Health Evidence South Asia (PHESA), Manipal University. Dr. Shrinivas Darak, Dr. Ritu Parchure and Dr. Trupti Darak presented preliminary findings of the two research projects. Dr. Shrinivas Darak was chairperson for

one of the session and speaker for panel discussion. Dr. Ritu Parchure was chairperson for one of the session.

- 16) Dr. Vinay Kulkarni attended a **meeting for discussing creating IEC material for several programs of NACO (PPTCT, TB / HIV, STIs, etc.)** which was organized by NACO at Delhi on 9th January 2017.
- 17) Dr. Vinay Kulkarni was invited for a **National consultation on PPP (Public Private Partnership) for ART** organized by World Health Organization, NACO and Center for Disease Control on 10th January 2017. A presentation on ‘What do we expect from the government’ was done.
- 18) Dr. Vinay Kulkarni attended **HIV e-conference** organized by Asha Kiran, Mysore as a faculty at Mysore and presented on ‘**Adolescents with HIV transitioning issues**’ on 25th and 26th February 2017.
- 19) Members from PMTCT group attended a meeting on ‘**National Strategic plan for PMTCT and TB**’ organized by NACO on 10th Mar 2017 at Delhi. Team shared their PMTCT and TB related field experiences in the meeting.
- 20) Ms. Vijaya Jori and Ms. Leena Tribhuvan from Prayas attended a **Capacity building workshop of greater involvement of people living with HIV/AIDS (GIPA)** organized by NACO on 15th to 17th Mar 2017 at Patana. Members from Prayas were called by Karnataka Health Promotion Trust, (the organization working for HIV infected and affected children). Ms. Leena Tribhuvan, representative from ‘So what’ (peer adolescent group) presented the process of formation of ‘So what’ group and its activities.
- 21) Dr. Vinay Kulkarni attended **CART (Chennai ART) symposium** as a faculty dated 25th and 26th March 2017.

REPRESENTATION ON COMMITTEES

1. Dr. Sanjeevani Kulkarni is a representative and Chair Person of ICC (Internal Complaint Committee) of National AIDS Research Institute (NARI), and National Institute of Virology.
2. Ms. Vijaya Jori is a member of community advisory board of B.J. Medical College, Pune.
3. Dr. Vinay Kulkarni is in the consultancy services of Emcure Pharmaceuticals Ltd. and Mylan Pharmaceuticals to provide scientific advice not limited to development of new products /treatment regimens and ARV guidelines in the area of HIV/AIDS.
4. Dr. Shrinivas Darak is on the advisory committee of the research project "Determinants of Neonatal Pneumonia and the factors associated with mortality of Neonatal Pneumonia: A Systematic Review combined with Qualitative Research Approach" being carried out by Public Health Evidence South Asia and funded by INCLEN.
5. Dr. Shrinivas Darak is on the Doctoral advisory committees of PhD projects titled "An epidemiological study of gynecological problems among girls with cerebral palsy" by Dr. Arathi Rao and "An Investigation into the concept and assessment of well-being in Indian context: A mixed method approach" by Dr. Bhumika TV being carried out at the Manipal University, Manipal, India.
6. Dr. Shrinivas Darak is engaged as an adjunct faculty at the Public Health Evidence South Asia, Manipal University, Manipal.
7. Dr. Shrinivas Darak was associated with SATHI Pune as consultant for Research.

PRAYAS HEALTH GROUP PUBLICATIONS

PAPERS PRESENTED AT CONFERENCE:

1. Dr.Kailas Kurkute presented a paper (Cohort Study Paper) on **‘Treatment outcomes of third line Antiretroviral therapy among people living with HIV –Experiences from a Private sector clinic from Pune, India.’** in **ASICON-National Conference of AIDS Society of India**, held on 7th to 9th Oct 2016, at Mumbai.
2. Dr. Shrinivas Darak presented paper on **‘Dealing with couples in qualitative research’** at the International seminar on gendering qualitative methods 12th and 13th December, 2016 conducted by Trans-disciplinary center for qualitative methods, Manipal University, Manipal.

PAPERS PUBLISHED IN PEER REVIEWED JOURNAL:

1. Treatment outcomes of daily anti-tuberculosis treatment in HIV infected patients seeking care at a private clinic in India; **Parchure R, Kulkarni V, Gangakhedkar R, Swaminathan S; 2016; International Journal of Tuberculosis and Lung Disease**
2. Educational outcomes of family-based HIV-infected and affected children from Maharashtra, India; **Parchure R, Jori V, Kulkarni S, Kulkarni V; 2016; Vulnerable Children and Youth Studies**

INFORMATION, EDUCATION AND COMMUNICATION (IEC) MATERIAL PREPARED BY PRAYAS HEALTH GROUP

1. HIV Sah Tarunyabhan

A training module is prepared for trainers to conduct GUWHATTA workshops. The module is targeted at trainers from organizations/health care providers working for ALHIV. The module is prepared in Marathi as well as English. It provides the details of the methodologies and tools used during workshop.

2. HIV vishayi he aapalyala mahit have

This is the fifth edition of this book with updated information about HIV. This book gives the basic information about different modes of HIV transmission, prevention of HIV transmission, HIV testing, difference between HIV and AIDS, treatment of HIV, etc.