

# Prayas Health Group

## Annual Report

April 2015 to March 2016



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 2015-16.*

*This report gives the details of our activities from April 2015 to March 2016.*

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

*We are indebted to our patients for motivating us to continue our work in the field of Sexuality and HIV/AIDS.*

## TABLE OF CONTENTS

ONGOING ACTIVITIES .....	5
Training and Awareness .....	5
PRAYAS Counseling Center .....	5
Child Care Project.....	6
Prayas Amrita Clinic (AC).....	6
Prayas Health Laboratory .....	7
Cervical Cancer Prevention Services:.....	8
ONGOING PROJECTS.....	9
Prevention of Mother To Child Transmission of HIV.....	10
SAKAV Program.....	11
Bhavishya Project.....	12
Cervical Cancer Prevention in HIV Infected Women.....	14
Common Mental Disorders in Caregivers .....	15
Evaluation of Uptake and Utilization of Female Condoms among Women in Pune, India .....	15
Systematic Review of Global Prevalence of CMD among HIV Infected People .....	17
Evidence Summary of Effective Behaviour Change Communication (BCC) Interventions for Maternal Health .....	17
Systematic Review of Effective Gender-Responsive Policing (GRP) Interventions .....	18
Evaluation of the SWEDE Score Using the Gynocular .....	19
COMPLETED PROJECT .....	20
Barriers Faced by Parents/Guardians to Access Services for HIV Affected Children – A Situation Analysis .....	20
Assessing the Impact of Research Based Intervention to Improve Access to Contraceptive Choices among HIV Infected Women .....	20
PRAYAS INTERNAL COMPLAINTS COMMITTEE (ICC).....	22

CONFERENCES, WORKSHOPS AND MEETINGS ATTENDED BY GROUP MEMBERS .....	23
REPRESENTATION ON COMMITTEES.....	26
PRAYAS HEALTH GROUP PUBLICATIONS .....	27
Papers Presented at Conference: .....	27
Papers Published in Peer Reviewed Journal:.....	27

## ONGOING ACTIVITIES

Table 1 – List of ongoing activities

<b>Ongoing Activities</b>			
<b>No.</b>	<b>Name of the Activity</b>	<b>Start Year</b>	<b>Supported by</b>
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	Maharashtra Foundation USA & Internal resources of PHG

### 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. Recently PHG has conducted training program 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 are given 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.

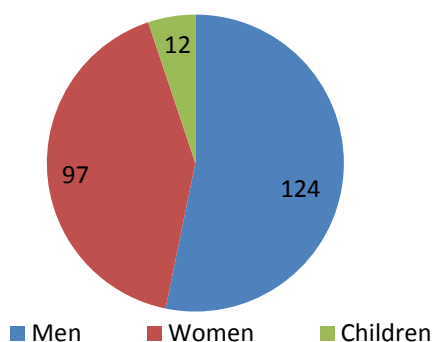
The following table gives details of the children enrolled in this project.

No. of children receiving ART through the child care project	
100% concession	9
50% concession	6
Partial Concession	5

Out of these - 17 children are on first line ART and 3 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.3 - 3.5 lakhs per year on ART medicines for these children. The resources are generated through individual donations from well-wishers.

## PRAYAS AMRITA CLINIC (AC)

### HIV infected people registered in 2015-2016



Prayas continued providing treatment and care to HIV infected individuals through AC.

Till March 2016, total 7599 patients have been registered at AC. Out of these 7001 were adults and 598 were children. Out of the total patients registered at AC till March **2016**, a total **4468** adults and 394 children were ever started on ART.

**In this year a total of 233 HIV infected individuals were newly enrolled at AC.** Out of these, 124 were men, 97 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.

Test	Amrita Clinic	Other projects/laboratories	Total
Anti HIV	238	168	406
CD4	3399	1215	4614
Routine monitoring tests	2278	--	2278
HbsAg/VDRL	259		259
Viral load	1253	99	1352
HIV DNA PCR	13	--	13
Abacavir sensitivity test	21	--	21
Drug resistance(PI+RT)	12	--	12
Drug resistance(RT)	59	--	59
Fine needle aspiration	1	--	1
LFTs	82	--	82
RFTs	129	--	129

## CERVICAL CANCER PREVENTION SERVICES:



India accounts for one fifth of the global burden of cervical cancer and this is in spite of the fact that this cancer can be prevented. 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 Human Papilloma Virus (HPV) vaccination is provided at Prayas at extremely affordable costs. We have continued to conduct awareness programs and cervical camps during this reporting period. In February and March 2016, we screened women at 15 hospitals run by Pune Municipal Corporation and over 600 women were screened and treated (if required) appropriately. During the reporting period of April 2015 to March 2016, we have conducted many awareness lectures and screened over 1600 women. Diagnostic evaluation and treatment was offered to screen positive women.



## ONGOING PROJECTS

Table 2- List of ongoing projects

Ongoing Projects			
No.	Name of the project	Start Year	Supported by
1.	<b>Intervention:</b> Prevention of Mother To Child Transmission of HIV (PMTCT Project)	2002	<b>Current :</b> Global Fund for AIDS, TB and Malaria (GFATM) with MSACS <b>Past:</b> Elizabeth Glazier Pediatrics AIDS Foundation ; MAC AIDS Fund (Through SAATHII, India), MSACS and partial support from Oak foundation
2.	<b>Intervention:</b> Sakav - Graduated Cost Recovery for ART (GCR Project)	2005	<b>Current :</b> Internal resources of PHG <b>Past:</b> ARCON through GFATM; UPS foundation
3.	<b>Intervention:</b> Bhavishya Project	2013	Keep a Child Alive (KCA)
4.	<b>Research:</b> Cervical cancer prevention in HIV infected women	2010	<b>Current :</b> Maharashtra Foundation USA, Internal resources of PHG and personal donations <b>Past:</b> International Union Against Cancer
5.	<b>Research:</b> Common Mental Disorders (CMD) in Caregivers	2014	Indian Council of Medical research (ICMR)
6.	<b>Research:</b> Evaluation of uptake and utilization of Female Condoms	2015	Indian Council of Medical research (ICMR)
7.	<b>Research:</b> Systematic review of global prevalence of CMD among HIV infected people	2015	Internal resources of PHG
8.	<b>Research:</b> Evidence summary of effective BCC interventions for maternal health	2015	DFID (UK) through South Asia Research Hub.
9.	<b>Research:</b> Systematic Review of effective Gender-Responsive Policing (GRP) interventions	2015	DFID (UK) through South Asia Research Hub.
10.	<b>Research:</b> Evaluation of the SWEDE Score using the Gynocular	2015	Christian Medical College (CMC, Vellore)

## PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV

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). Currently the program is being implemented in 445 health facilities through Public Private Partnership (PPP).

From October 2015 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’.

Since the inception of the project 614,687 pregnant women received ANC counseling and HIV testing services. And we have been able to serve around 2317 HIV infected pregnant women for PMTCT.

Table 3- PMTCT program coverage in the year 2015-2016

Parameters (April 2015 – March 2016)	Number
Number of women provided pre-test and ANC counselling	141109
Number of pregnant women tested for HIV	140999
Number of HIV infected pregnant women enrolled in the project	196
Number of HIV infected women delivered	137
CD4 count uptake	97%
Maternal ARV uptake	92%
Infant ARV uptake in the Program	99%
Babies turned out to be HIV infected by DNA PCR testing	2

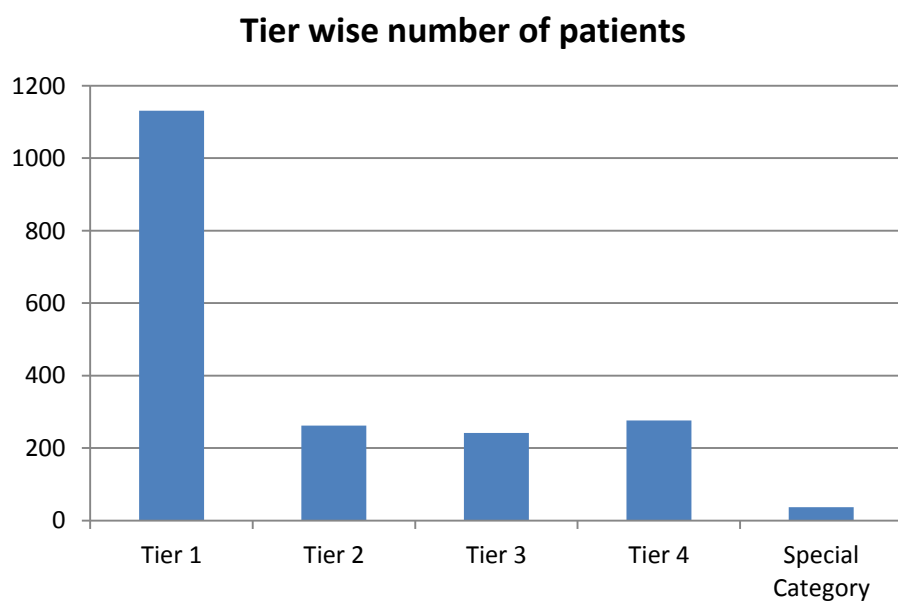
## SAKAV PROGRAM

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 4. Total number of people taking ART under Sakav program

Parameter	Total number
Currently taking ART from the Sakav program.	1948
Adults transferred to government free ART centers for continuation of ART.	750
Patients reported to be expired.	411
Patients lost to follow up	1739
<b>Total number of HIV infected people ever enrolled in the program</b>	<b>4848</b>

The tier wise distribution of people who are currently on ART (N=1948) 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.



This is the third year of Bhavishya Project which is funded by 'Keep a Child Alive' Foundation. Specifically in the third year, Prayas has worked with adolescents from institutions and established a dialogue with the Directors of the institutions across Maharashtra and government officials.

Activities conducted include:

- A meeting with the Directors of Institutions was held in May 2015. Several challenges that the directors face while running the institutions were discussed. An Alliance group (Maitri Gat) was formed to support each other and solve the challenges that are faced by the institutions.
- It was decided that Prayas would conduct 4 workshops for adolescents with 3 institutions participating in each workshop. It was also agreed that Prayas would help all the institutions in other areas regarding the health of the children. Official from DWCD (Directorate of Women and Child Development) attended this meeting.



- A meeting with the government officials of DWCD was held and all the important issues regarding institutions were discussed. Permission was obtained to conduct the adolescent workshop. The DWCD officials extended their full support for the activities.

- A meeting with the Alliance group was conducted in March 2016. The feedback regarding the adolescent workshop was shared by the directors of institutions as well by Prayas. It was discussed that one more workshop for adolescents for the remaining 3 institutions: Manavya, CARE, and Suryoday would be conducted by Prayas. Also, it was decided that Prayas would conduct a workshop for the care providers of the institutions to address their challenges and issues. Advocacy for the rehabilitation of children was also discussed.

Table 5. The details of the workshops that were conducted are as following

<b>Sr.</b>	<b>Place</b>	<b>Date</b>	<b>Participating institutions</b>	<b>No. Participants</b>
1	Ahemadnagar	23 <sup>rd</sup> to 27 <sup>th</sup> Aug 2015	Snehalay, Infant India	31
2	Latur	27 <sup>th</sup> Sep to-1 <sup>st</sup> Oct 2015	Sevalay, Snehadhar, Sahara	28
3	Solapur	10 <sup>th</sup> to 14 <sup>th</sup> Dec 2015	Palavi, Savali	29
4.	Kolhapur	1 <sup>st</sup> to 5 <sup>th</sup> Feb 2015	Karunalaya, Sahara	23

As per the objectives, a healthy dialogue has been established with the institutions and Government officials and various issues and challenges are being discussed and worked upon. In the previous year Prayas offered its expertise to implement activities related to quality in patient care for children as well as adolescents from Sahara needing critical care. This was in terms of providing viral load testing and mentoring peer support groups of HIV infected adolescents. Additionally PHG provided cervical screening services to women in Sahara along with building capacity of Sahara Aalhad nursing staff in cervical cancer screening.

**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.

## 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 is aimed at studying 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 is to assess sensitivity and specificity of locally designed short tool for screening of common mental disorders (CMD) in the same population (CBM-SQ)

The project was started in December 2014. The recruitment for the project started in April 2015 and is currently ongoing. As of March 2016 there were 98 HIV uninfected women care-givers of HIV infected person who have been enrolled in the study. The total sample size of the project is estimated to be 196. We anticipate completing the recruitment by September 2016. We are currently in process of doing an interim analysis of the data.

## 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, Senior Researcher, PHG

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

Unintended pregnancies, sexually transmitted infections (STI) and HIV remain major personal and public health issues not only in India but in the world although their relative priorities vary from region to region. Barrier contraceptives which include male and female condom have the potential to simultaneously avert all of these and thus would be the ideal multipurpose technology (MPT) to improve reproductive health. Male condoms have been widely promoted

and their correct and consistent use can also protect women against HIV, STIs and unintended pregnancies, however its use requires cooperation of the male partner and females do not have much control over its use. In India, male condoms are widely available and are inexpensive. Female condoms have been available in India for quite some time however they are known only to the minority. Very few studies have examined the acceptability of female condoms (FC) in India and no study has yet explored its uptake, acceptability and utilization as a spacing technology where there is a huge unmet need of contraception.

The research project funded by the Indian Council of Medical Research will evaluate the uptake and utilization of natural rubber female condom developed by HLL Life care Limited (A govt. of India enterprise) when introduced along with other spacing methods which include male condom, oral contraceptive pills (OCP), Copper-T (CuT) and injectables (Inj) among rural as well as urban young women of reproductive age group. Its utilization and adherence will be assessed by the pregnancy events during its use for one year following enrollment.

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 2016, we have enrolled 165 women in the female condom arm and 160 women in the male condom arm at the urban site. The enrollment at the rural site was initiated in 15-Jan-2016 and by the end of March 2016, we have enrolled 60 women in the female condom arm and 9 women in the male condom arm at the rural site.



## 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 is financially supported by internal resources of PHG.

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

The project started in January 2015 and we are in a process of extracting the data from the full text. In order to carry this systematic review, four online data bases were searched. We have total 65 full text articles to extract the data from.

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

**Title:** Effectiveness of behaviour 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

This project is financially supported by DFID (UK) through South Asia Research Hub.

In collaboration with Public Health Evidence South Asia, an evidence summary (review of systematic review) is being carried out to answer the following questions

- What are the different types and mediums of BCC interventions aimed at improving antenatal care (ANC) coverage and uptake of ANC services in low literacy settings, in particular South Asian 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?

The project started in October 2015. We are in a process of synthesizing the findings of this study.

## 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

In collaboration with the Public Health Evidence South Asia, We are conducting a systematic review to address following objectives:

- To identify and thematically classify interventions carried out under Gender Responsive Policing initiatives in low and middle income countries to enhance women’s confidence and satisfaction in policing services.
- To synthesize the existing evidence on effectiveness of different ‘gender-responsive policing’ initiatives designed to enhance confidence and satisfaction in policing services and reduce risk of violence against women in low and middle income countries.

The project has started in Oct 2015 and we are in a process of searching the databases for relevant articles.

**Title:** Evaluation of SWEDE score using the Gynocular

**Principal Investigator:** Dr. Abraham P., Christian Medical College (CMC, Vellore), Vellore

**Site Principal Investigator:** Dr. Smita Joshi, Senior Researcher, PHG

It is recommended that all women aged 30 to 50 undergo regular cervical cancer screening. Cervical cancer screening can be done using cytology, visual screening tests and HPV testing. Implementation of cytology based screening has several logistic limitations in developing countries and HPV test is still expensive. Visual screening tests offer several advantages however these tests as these tests are subjective and lack specificity. Ideally screening should be followed by colposcopy, directed biopsy and treatment. However routine colposcopy is not feasible in the field settings/ community settings/ rural settings. Gynocular is a hand held, battery operated, pocket-sized, light-weight, portable colposcope which can be used in the field settings. It is attached to a smart phone adapter so high quality digital images can be captured, stored, and sent for expert opinion. The Gynocular has the facility of transmission of images for instant expert opinion thereby improving patient care by reducing over-treatment associated with visual screening methods. It can also be used for monitoring reporting by nurses and help in improving their colposcopy skills.

This is the first time Gynocular is being introduced in India and its use by a variety of about 50 potential users across India will help in evaluating its use in the periphery by nurses, doctors, etc. Each site will enroll about 200 participants in the study. Christian Medical College (CMC, Vellore), Vellore has donated Gynocular for this study to PHG. There is no additional funding support for the study which is being managed by the staff of Prayas.

**Primary Objective:** To compare the Swede score at colposcopy in the peripheral clinics with the score done on virtual images transmitted centrally

**Secondary Objectives:** To determine the prevalence of cervical neoplasia in India

**Expected Results:** Feasibility of using Gynocular in the field settings, assessment of agreement between 2 providers evaluating colposcopic images and prevalence of CIN in India among women from the general population.

## COMPLETED PROJECT

### BARRIERS FACED BY PARENTS/GUARDIANS TO ACCESS SERVICES FOR HIV AFFECTED CHILDREN – A SITUATION ANALYSIS

**Title:** Barriers faced by parents/guardians of family based children affected by HIV/AIDS (CABA) to access services for children-A situation analysis in 4 districts of Maharashtra

**Principle Investigator:** Dr. Vinay Kulkarni, Coordinator, PHG

Dr.Ritu Parchure, Senior researcher, PHG

This study was funded by UNICEF, Maharashtra. A total of 512 parents/guardians of family based children affected by HIV/AIDS from 4 districts of Maharashtra were interviewed during this situation analysis. In addition, 4 focus group discussions were held with representatives of organizations working for CABA and brief interviews were held with service managers.

The project was initiated in September 2014. Data collection and analysis was completed in May 2015. A meeting was held in Mumbai on 15th May to disseminate the findings of the study. The meeting was attended by different stakeholders across Maharashtra as well as officials from MSACS. The report based on findings of this situation analysis was published and disseminated widely. This report, Out of Reach: Barriers faced by parents/guardians of family based children infected/affected by HIV/AIDS to access services for children: A situation analysis in four districts of Maharashtra is available at Prayas web site.

### ASSESSING THE IMPACT OF RESEARCH BASED INTERVENTION TO IMPROVE ACCESS TO CONTRACEPTIVE CHOICES AMONG HIV INFECTED WOMEN

**Title:** Assessing the impact of a novel research based intervention to improve access to contraceptive choices among HIV infected women from Western India

**Principle Investigator:** Dr. Shrinivas Darak, Senior researcher, PHG

This was an exploratory study to assess the usefulness of the book, Gosti Mazya Tuzya (Stories, Yours and Mine) by using quantitative and qualitative data collected from women coming to Prayas Amrita Clinic. This study was completed in Jan 2016.

## Summary of the results

Among the 174 women who received the book and were interviewed for this study, 83 (47.7%) had read all the stories in the book, 60 (34.5%) had read a few stories and 31 (17.8%) had either just glanced through the book or had not read it at all. Lower education, lack of reading habit, poor readability and comprehension were identified as the factors associated with not reading the book completely.

The qualitative assessment of the usefulness shows that the impact of the book has gone beyond SRH issues and has helped women in improving their self-efficacy, accepting their partners and improved coping by realizing that they are not alone and they are not different from other women.

This study clearly shows the need for health communication which goes beyond aiming at specific behavior change among PLHIV but comprehensively addresses their coping with the disease.

### Numbers:

Total enrolments in the project	190
Quantitative part	174
Qualitative part (in-depth interview)	16

## 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 2015-16 total 3 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. Annual Conference of Indian Society of Colposcopy and Cervical Pathology dated 18<sup>th</sup> and 19<sup>th</sup> April 2015 at Lucknow organized by Department of Obstetrics and Gynaecology of King George's Medical University, Lucknow. Dr. Smita Joshi was Faculty and was one of the panelists in panel discussion.
2. UNITE RCT Investigators Meeting at Mumbai on 3<sup>rd</sup> and 4<sup>th</sup> July 2015. Attended by Dr. Vinay Kulkarni, Dr. Ritu Parchure, and Dr. Trupti Darak.
3. Meeting to disseminate findings of the situation analysis undertaken by Prayas to understand the barriers faced by parents/guardians of children affected by HIV/AIDS to access services for children on 14<sup>th</sup> May 2015 at YMCA, Mumbai. A total of 45-50 participants from all over Maharashtra attended the meeting. They belonged to following institutions/organizations
  - State as well as district level government officials from various departments
  - Representatives of UNICEF, networks of positive people, NGO/CBOs working on issues related to children and HIV/AIDS
  - Member organizations of CP HIV forum

The meeting was organized by Prayas. The detailed findings of the study were shared with the participants. The participants discussed and prioritized further advocacy steps and action points based on the findings. A training module, developed by CCDT, was also released during the meeting. The module aims at empowering adolescents infected or affected by HIV.

4. Comprehensive healthcare screening and treatment program for women dated 11<sup>th</sup> June 2015 at Lucknow organized by PSI-India and Govt of Uttar Pradesh. Dr. Smita Joshi attended this program and was in Technical Advisory Panel.
5. Preventive Oncology Conference dated 13<sup>th</sup> and 14<sup>th</sup> June 2015 at Pune organized by Deenanath Mangeshkar Hospital. Dr. Smita Joshi was one of the faculty members.
6. AIDS Clinical Trial Group (ACTG) Network Meeting: Vijaya Jori, a member of Community Advisory Board (CAB) of Clinical Trial Unit, B.J. Medical College, Pune, participated in the ACTG Network Meeting held at Washington DC, during 22<sup>nd</sup> to 26<sup>th</sup>, June 2015. This

meeting was arranged to provide vital information, training and discussions related to HIV/AIDS therapeutic clinical trials projects at Pune, India.

7. Asia Oceania Research Organization in Genital Infection e Neoplasia (AOGIN)-India conference dated 27<sup>th</sup>-29<sup>th</sup> August 2015 at Vellore was organized by CMC Vellore. Dr. Smita Joshi attended this conference as a faculty member.
8. 35<sup>th</sup> National Conference of India Association of Study of STD and AIDS (ASTICON 2015) 11 – 13 September, 2015 at Coimbatore organized by Indian Association for the Study of Sexually Transmitted Diseases (IASSTD) & AIDS. Dr. Vinay Kulkarni Spoke at the Plenary: Current Scenario of STIs in HIV era and its implications for special populations.
9. Comprehensive Prevention and Control of Cervical Cancer in Northeast India Symposium on 28<sup>th</sup> -29<sup>th</sup> September 2015 at Gangtok, Sikkim organized by Cancer Foundation of India. Dr. Smita Joshi attended this symposium as one of the speaker.
10. Ms. Seema Kand (Nurse) attended training for using Gynocular for early detection of cervical pre-cancer on 30<sup>th</sup> Sept 2015 at CMC, Vellore which was organized by CMC Vellore.
11. Dr. Sanjeevani Kulkarni and Dr. Vinay Kulkarni conducted a workshop on sexuality for youths from Gandhi Vidyapith on 10<sup>th</sup> to 11<sup>th</sup> Oct 2015 at Vedachee, Gujarat. It was a part of the Loknayak Jayprakash Narayan Smruti Vyakhytanmala, and was organized by Gandhi Vidyapith and Sampurna Kranti Vidyalay.
12. Systematic review protocol workshop for Systematic review of initiatives for Gender Responsive Policing organized by Public Health Evidence South Asia, Manipal and Prayas, Pune on 17<sup>th</sup> to 18<sup>th</sup> Oct 2015 at Manipal. Dr. Shrinivas Darak and Dr. Trupti Darak attended this workshop as team members.
13. Systematic review protocol workshop for evidence summary on Behaviour Change Communication interventions organized by Public Health Evidence South Asia, Manipal and Prayas, Pune on 19<sup>th</sup> to 21<sup>st</sup> Oct 2015 at Manipal. Dr. Shrinivas Darak, Dr. Trupti Darak and Dr. Ritu Parchure attended this workshop as team members.
14. 8<sup>th</sup> National Conference of AIDS Society of India dated 30<sup>th</sup> Oct – 1<sup>st</sup> Nov, 2015 at Mumbai organized by AIDS Society of India. Dr. Vinay Kulkarni was one of the panelists in the Panel discussion.



15. ASICON 2015. (AIDS Society of India. National Conference) dated 1<sup>st</sup> Nov. 2015 Dr. Vinay Kulkarni presented on: ‘Challenges in management of adolescents living with HIV.’
16. HIV Resistance Workshop on 21<sup>st</sup> Nov 2015 at Mumbai, India. Which was organized by J & J. Dr. Vinay Kulkarni was one of the facilitators.
17. University of Groningen and Public Health Evidence South Asia, Manipal University, Manipal has organized a winter school on qualitative research in Health: Winter school for South Asia from 6<sup>th</sup> to 13<sup>th</sup> Dec 2015 at Manipal. Shrinivas Darak was one of the resource persons for conducting the winter school.
18. Dr. Ritu Parcure presented a research protocol at Indo US workshop on 10<sup>th</sup> to 11<sup>th</sup> Dec 2015 at Delhi on New Scientific Priorities.
19. Dr. Ritu Parchure addressed a Meeting of female sex workers - Mahila Melawa organized by Pune City AIDS Control Society on 21<sup>st</sup> Dec 2015.
20. Prayas conducted a collaborative workshop for VCTC and ART Counselor on Sexual and Reproductive Health of HIV Infected People on 29<sup>th</sup> Dec 2015 at Family Planning Training center, Aundh, Pune. It was organized by Pune District AIDS Prevention Control Unit (DAPCU) & Prayas Health Group, Pune.



21. Visit to Groningen - From 12<sup>th</sup> January 2016 till 2<sup>nd</sup> February 2016 for finalization of the analysis and the report of an exploratory study to assess the usefulness of the book, Gosti Mazya Tuzya (Stories, Yours and Mine), Dr. Shrinivas Darak visited University of Groningen, the Netherlands which is the collaborating University for this project. During this visit, the report of the project was finalized in consultation with the principal investigator of the project from the University of Groningen.
22. Dr. Vinay Kulkarni attended HIV Congress 2016 on 18<sup>th</sup> to 20<sup>th</sup> Mar 2016 at Goa.

## 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 gynaecological 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.

## PRAYAS HEALTH GROUP PUBLICATIONS

### PAPERS PRESENTED AT CONFERENCE:

1. Presentation on **‘Prevention of Parent To Child Transmission–Challenges & Opportunity’** by Dr. Vinay Kulkarni in ASICON 2014 –Annual conference of AIDS Society of India in Dec. 2014.
2. Oral presentation by Dr. Vinay Kulkarni on **‘Cost effectiveness of a repeat HIV test at near term during pregnancy’** in a Preconference workshop in Dec 2014 at Mysore

### PAPERS PUBLISHED IN PEER REVIEWED JOURNAL:

1. **“Now What?” to “So What!”: Journey with Perinatally HIV Infected adolescents Transitioning to Adulthood;** Parchure R, Kulkarni V, Vaidya N, Pardhe M, Darak S, Kulkarni S; 2015; Social Work in Public Health.
2. **High prevalence of unwanted pregnancies and induced abortions among HIV infected women from Western India: Need to emphasize dual method use?;** Darak S, Hutter I, Kulkarni V, Kulkarni S, Janssen F; 2015; AIDS Care
3. **Cost-effectiveness of a repeat HIV test in pregnancy in India;** Joshi S, Kulkarni V, Gangakhedkar R, Mahajan U, Sharma S, Shirole D, Chandhiok N.; 2015; BMJ Open.
4. **Cervical cancer screening and treatment of cervical intraepithelial neoplasia in female sex workers using "screen and treat" approach;** Joshi S, Kulkarni V, Darak T, Mahajan U, Srivastava Y, Gupta S, Krishnan S, Mandolkar M, Bharti AC; 2015; International Journal of Women’s Health.
5. **Trajectories of Childbearing among HIV Infected Indian Women: A Sequence Analysis Approach;** Darak S, Mills M, Kulkarni V, Kulkarni S, Hutter I, Janssen F; 2015; PLoS One.
6. **Opportunities for cervical cancer prevention in India;** Joshi S, Sankaranarayanan R; 2015; JKIMSU
7. **Human Papillomavirus (HPV) Testing for Secondary Prevention of Cervical Cancer;** Basu P, Joshi S, & Sankaranarayanan R; 2015; Current Obstetrics and Gynecology Reports.
8. **Are we missing opportunities to prevent cervical cancer in HIV-infected women in India;** Joshi S, Kulkarni V, Gangakhedkar R, Sankaranarayanan R; 2015; Indian J Med Res