

PRAYAS

Health Group

Annual Report

April 2014 to March 2015

PRAYAS

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Dear friends,

We are pleased to present the annual report of PRAYAS Health Group (PHG) for the year 2014-15.

This report gives the details of our activities from April 2014 to March 2015.

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.

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I. LIST OF ONGOING PROJECTS:

No.	Name of the project	Beginning date	Supported by
1.	Training and Awareness Programs	1994	Internal resources of PRAYAS Health Group
2.	PRAYAS Counseling Center	1998	Internal resources of PRAYAS Health Group
3.	Child Care Project	2000	Internal resources of PRAYAS Health Group and personal donations
4.	Prevention of Mother To Child Transmission of HIV (PMTCT Project)	September 2002	MAC AIDS Fund (Through SAATHII, India), MSACS and partial support from Oak foundation
5.	Sakav–Graduated Cost Recovery for ART Program (GCR Project)	October 2005	i. ARCON through grant from Global Fund for AIDS, Tuberculosis and Malaria (till March 2009) ii. Supported by UPS foundation for a period of 1 year (from June 09-May 10) iii. Self-supported activity of Prayas Health Group (June 2010 onwards)
6.	PRAYAS Amrita Clinic	January 2006	Self-supported activity of PRAYAS Health Group
7.	PRAYAS Health Laboratory	April 2007	Internal funds of PRAYAS Health Group
8	Adolescent HIV Program	2010	Internal funds of Prayas Health Group and ActionPlus
8.	Cervical Cancer Prevention	November 2011	Maharashtra Foundation USA
9	Forum on Child Protection and HIV	2012	Prayas is one of the partner organizations of this forum supported by UNICEF Maharashtra and coordinated by Committed Communities Development Trust (CCDT)
10	Bhavishya Project	Sept 2013	Supported by Keep a Child Alive (KCA)
11	Project UNITE	Nov 2013	Supported by Janssen Infectious Diseases – Diagnostics BVBA
12	Barrier Study	July 2014	Supported by UNICEF Maharashtra

13	Common Mental Disorders in Caregivers Study	December 2014	Supported by Indian Council of Medical research
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OVERVIEW OF ONGOING PROJECTS AND ACTIVITIES

1. Prayas Amrita Clinic and Counseling Center:

Prayas continued providing treatment and care to HIV infected individuals through Amrita Clinic. The counseling center provides psychological support to HIV infected as well as affected individuals.

Till March 2015, total 6996 patients have been registered at AC. Out of these 6465 were adults and 531 were children. Out of the total patients registered at AC till March **2015**, a total **4411** adults and 365 children were ever started on ART.

In this year a total of 252 HIV infected individuals were newly enrolled at AC. Out of these, 126 were men, 115 women and 11 children.

2. Adolescent HIV program (So what)

The adolescent HIV program started in year 2010 to address the needs and concerns of adolescents and young adults living with HIV around growing up and transiting to adulthood. The major components of this program are workshops conducted on this theme and facilitation of the So What! group.

Till now Prayas has conducted 5 growing up with HIV and transitioning to adulthood (GUWHATTA) workshops for about 100 adolescents and young adults living with HIV. The So What! group which is a peer support group contributes majorly to these workshops.

During this year –

- The support group meetings of the adolescents continued.
- An Annual meet was conducted for all the adolescents who had attended GUWHATTA workshops. 40 adolescents participated in this meet. This was more of a retreat to provide adolescents an open and free space to get to know each other better, have fun and decide next steps for the ‘So What!’ group.
- A GUWHATTA workshop was held in December 2014 for 20 new adolescents. Six members of ‘So What!’ facilitated some sessions in this workshop.
- After attending GUWHATTA workshop some of the participants join ‘So What!’ group; the ALHIV peer group. Members of So What! Made a presentation at a conference organized by the Sangam World Center. The conference ‘Be the Change’ was for international youth members trying to become community leaders and advocate for some change in their community. The members of So What! shared their experiences and challenges in forming and running a peer support group.
- The members of So What! participated in a one day interactive program with children from an organization called Prerana (Mumbai). The children were not HIV infected but were all HIV affected as they were all children of women in prostitution. That group conducts very lively programs for HIV/AIDS awareness which they shared during this

interactive program. However this was their first experience of interacting with HIV infected children. Healthy interaction and dialogue made the program a huge success as both groups learnt a lot from each other.

3. 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.

During these years,

- **1890** individuals are currently taking ART from the Sakav program.
- **483** adults have been transferred to government free ART centers for continuation of ART.
- **349** patients have been reported to be expired,
- **1547** patients have been lost to follow up

The following table shows the tier wise distribution of patients. 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.

Tier 1	Tier 2	Tier 3	Tier 4	Special category	Total
1105	233	222	291	39	1890

4. 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	11
50% concession	4
Partial	7

concession	
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Out of these- 20 are on 1st line ART and 2 are on 2nd line ART medicines.

On an average the 1st line ART treatment costs about Rs.500-1000/- per month and the 2nd line treatment costs Rs.2000-3000/- 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.

5. Prayas Health Laboratory

The PRAYAS Health laboratory was established in 2007. All diagnostic and prognostic tests required for diagnosis and management of HIV disease such as HIV testing by antibody detection or by DNA PCR, Hepatitis B and VDRL test, routine hemograms and biochemistry tests, CD4 counts, viral load test are done here. The genotyping test for drug resistance testing is done at another commercial laboratory, at a special concessional rate for Prayas. The biopsies taken for the Cervical Cancer Screening and Prevention project are studied for histopathology at our laboratory. Fine needle aspiration cytology reporting is also done. Reporting of samples from HPV and HIV co-existence study and GSK HPV vaccination study at Jehangir Clinical Development Center was also done at Prayas Laboratory. The details of number of tests done during this year are as shown in the following table.

Test	Prayas Amrita Clinic	Other projects and tests from other laboratories	HPV vaccination project	Total
Anti HIV	248	73	6	327
CD4	3727	891	3	4621
(Hmg + BSL® + LFT + RFT)	2305	--	--	2305
HbsAg/VDRL	295	--	--	295
Viral load	886	509	3	1398
HIV DNA PCR	17	--	--	17
Genotyping	33	--	--	33

6. 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 HPV vaccination is provided at Prayas at extremely affordable costs. During the reporting period of April 2014 to March 2015, we have screened 244 HIV-infected women and 86 women from general population at the clinic at Prayas. In addition, we have provided 48 HPV vaccine doses to 22 girls.

In 2014-15, we have concentrated on creating awareness among girls and women from general population for cervical cancer prevention. There is lack of knowledge among Indian women for cervical cancer prevention and less than 10% of Indian women get screened. In addition to conducting awareness programs, we provide cervical cancer screening and treatment of cervical cancer precursor lesions using 'Screen and Treat Strategy' recommended by the World Health Organization in camps arranged in the community settings. Although awareness programs are free, community camps are generally sponsored by some social organizations or sometimes women pay themselves and get screened. During this reporting period, we have conducted 94 awareness programs and more than 3681 women have been educated. We have screened 758 women from the general population in various camps and appropriate treatment/ referral was provided to them.

Research study: Cervical cancer prevention in HIV-infected women in Maharashtra

We are following one of the largest cohorts of HIV-infected women at Prayas. The cross-sectional component of the study received funding from the Union for International Cancer Control (UICC) in 2011-2012. Since then, this study was continued with the help of research donations and funds generated by providing affordable screening and vaccination. In November 2014, Maharashtra Foundation, USA approved a grant of USD 10000 for this study. 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.

7. Prevention of Mother to Child Transmission of HIV (PMTCT) program:

PRAYAS is implementing its PMTCT program in private sector in Maharashtra since 2002. We will be completing 13th year of implementation this year. We are currently working in 6 districts of Maharashtra namely, Ahmadnagar, Pune, Satara, Sangli, Solapur and Kolhapur.

In continuation of our program strategy in 2013, this year too, our objective was to saturate PMTCT services in private sector of these districts by establishing Public Private Partnerships (PPP), so that we continue to contribute to the national goal of ‘Elimination of Pediatric HIV’.

This year we focused on increasing HIV testing coverage in program districts and strengthening referral networks. We worked on saturating program services in high as well as low HIV prevalence areas. Activities were also undertaken to expand the program in urban and rural slums.

Currently the program has a total 390 sites. During this year, a total of 3755 health care providers from various hospitals and NGO’s/CBO’s were trained. The program team closely worked with Maharashtra State AIDS Control Society (MSACS) and District AIDS Prevention and Control Units (DAPCU) for smooth functioning of the program activities.

The meeting of India PMTCT consortium partner was held at Hyderabad in September 2014. The objective of the meeting was to design next year plan of action and settings targets for the program. The current status of the TB and Hep-B epidemics in India and the critical need for expansion of TB and Hep-B services in the private sector, was discussed. It was decided during the meeting that the program should be integrated and expanded its services into TB, Hep-B and Reproductive Maternal Neonatal Child Adolescent Health (RMNCH+A) services along with PMTCT program.

We conducted several meetings with government officials from different departments to discuss the possibility of integrating the existing program with other programs (e.g. TB control program (RNTCP), RMNCH+A program, etc.). Several of the existing project sites were registered for national TB notification initiative NIKSHAY.

In 2014-2015, we tried to raise funds for IEC material by tapping local resources. In two of the districts, we received funding support through district collector funds.

1st December ‘World AIDS Day’:

On the occasion of ‘World AIDS Day’, several activities (such as lectures on HIV/PMTCT, screening film on universal precaution, ‘Conducting a positive delivery’ and a music video on adolescents living with HIV) were conducted for general population, NGO/CBO workers, nursing colleges and hospitals.

Annual data (April 2014- March 2015)

Parameter	Numbers
Number of sites	795

Number of women received pretest and ANC counseling	1,26,650
Number of pregnant women tested for HIV	1,26,499
Number of HIV infected pregnant women enrolled in the project	188
Number of HIV infected women delivered	150
CD4 count uptake	95%
Maternal ARV uptake	93 %
Infant ARV uptake in the Program	99 %
Babies turned out to be HIV infected by DNA PCR testing (All babies are linked to ART/care and support)	3
Overall mother to child transmission rate in the program - 2%.	

8. Project UNITE

Prayas along with Deenanath Mangeshkar Hospital Research center started this research project in November 2013. It was a randomized, controlled, open-label, multicenter trial to evaluate the effect of access to TAMA (Treatment Advice by Mobile Alerts; an IT system with a cell phone interface) on treatment effectiveness in HIV-1 infected individuals initiated on first-line antiretroviral therapy. Primary objective of this research project was to demonstrate superiority in efficacy of a first-line NNRTI-based regimen in the group having access to TAMA versus the control group receiving Standard of Care (SoC). It was measured by the proportion of treatment-naïve HIV-1 infected subjects with plasma viral load < 50 HIV-1 RNA copies/mL at week 48. In addition to the current SoC, participants in TAMA group also received treatment reminders, health tips on various topics and advice on symptoms by use of a cell phone.

Due to much slower rate of recruitment than anticipated it was decided by Janssen Infectious Diseases– Diagnostics BVBA (sponsor of the trial) to terminate the trial early. The data collected for the first cohort of patients (N=161 from 11 sites) were analyzed which showed that there was no difference on treatment effectiveness observed between the TAMA arm and control arm. The new recruitments were stopped from 4th Feb 2015. Patients already recruited in the study were informed about this and were requested to come to site for an early withdrawal visit. All the early withdrawal visits were completed by 15th March 2015.

Total enrolments in the project	39
Number of cases with screening failure	01

Number of participants in TAMA group	19
Number of participants in Control group	19
Number of participants completed study participation	06
Number of cases LTF	01
Number of cases with early termination due to severe adverse event	01
Number of cases with early withdrawal	30

9. Bhavishya Project:

This was second year of the Bhavishya project. It is a partnership project between Sahara Allhad and Prayas and is being funded by 'Keep a Child Alive' Foundation.

Specifically in year two, Prayas will offer its expertise to implement activities related to quality in patient care for children as well as adolescents from Sahara needing critical care, viral load testing and cervical screening services, building capacity of Sahara Aalhad nursing staff in cervical cancer screening, mentoring peer support groups of HIV infected adolescents, and exploring the issue of building advocacy around the issue of rehabilitation of children living with HIV.

Activities done:

- 2 Sahara staff members and 2 peer mentors trained in facilitating and conducting the proceedings of the youth peer support groups as well as equip them to deal with issues related to adolescents.
- 20 adolescents participated in 'Growing up with HIV and transitioning to adulthood workshop.
- 2 Sahara staff members trained in the theoretical aspect of cervical cancer screening. Practical training of actual screening is in process.
- 8 Sahara staff members were trained who would go in the field to explain and motivate women to undergo cervical cancer screening.
- 3 adolescents and young adults were provided with critical medical care
- 307 viral load tests were done for children as well as adults
- 122 cervical cancer screenings were done
- 13 women were provided further treatment based on the screening

During this year, Prayas was to explore the possibility of building advocacy around the issue of rehabilitation of institutionalized children living with HIV in need of care and protection. This would include talking with pre-existing structures, systems (Ministry of Women and Child

Development (DWCD), Child Welfare Committee (CWC)) and organizations involved, organizing meeting with different stakeholders and making this issue visible by creating networks, working with the systems and publicity. As a part of this effort –

- Prayas tried to establish contact with the government machinery working for this issue.
- A cursory search was done to understand the current situation of institutionalization of HIV infected children based on statistics. The search revealed that the need for institutionalization of HIV infected children probably far exceeds the available capacity in government approved children homes for HIV infected children.
- Prayas tried to contact all the children homes for HIV infected children in the entire state of Maharashtra in order to understand the issues faced by them. A two days workshop cum meeting has been decided in the month of May 2015, for the organizations to come together, discuss issues and decide future course of action and try and establish dialogue between the government system and the existing organizations.

10. FORUM ON CHILD PROTECTION AND HIV:

This forum was formed in the year 2012 as a civil society initiative to strengthen the advocacy on behalf of the vulnerable children infected / affected by HIV/AIDS. Objective of this forum is to move beyond sheer survival- related programming to more comprehensive efforts towards ensuring quality of life for children infected and affected by HIV/AIDS. Prayas is one of the partner organizations of this forum. It is supported by UNICEF and coordinated by Committed Communities Development Trust (CCDT).

One of the objectives of the forum for the year was to prepare a module for conducting workshops for empowering HIV infected and affected adolescents so that the concept can be widely disseminated. Prayas participated actively in the meetings for discussions and preparation of the module ‘Aao bat karein’.

11. Barriers faced by parents/guardians of family based children infected/affected by HIV/AIDS to access services for children-A situation analysis in 4 districts of Maharashtra

This situation analysis was undertaken to get an in depth understanding of the barriers faced by parents/guardians of family based HIV infected and affected children to access services for children. The study was done in the four districts of Maharashtra- Pune, Solapur, Sangli, Mumbai and was supported by UNICEF.

Project period – 1 July 2014 to 15 May 2015

Objectives of the study -

Primary objectives -

- To estimate the magnitude of school non enrollment, school drop-out and highest educational attainment (years of formal schooling) among family based HIV affected/infected children
- To understand the barriers faced by care givers of family based children affected/infected with HIV to access the services for children.
- To understand the barriers faced by other stakeholders involved in provision of services to these children

Secondary objectives –

- To understand socio-demographic determinants of school non enrollment and school drop-out among these children
- To document information on the best practices to overcome the barriers faced by CABA while accessing services for children and social welfare schemes
- To understand the current availability of services of health, education, HIV care and support and other child protections services in the state

Study Design and Methods-

A mixed methods approach was used.

- A. A cross sectional survey with care givers of family based, 6-18 years old HIV infected or HIV affected children was undertaken to understand the educational outcomes of children, their health status, treatment seeking behaviors, uptake of other services, and barriers faced by the care givers to access services for children.

The barriers of other stakeholders involved in provision of services to children were assessed by-

- B. Conducting Focused Group Discussions (FGD) with organizations (CBOs/networks of positive people/NGOs) facilitating linkage of CABA to different services
- C. Undertaking interviews with managers of the government departments providing services for children
- D. Mapping availability of existing services for children

An advisory group was formed for this study. The study was approved by Prayas IECR. After seeking required approvals from the respective state departments and training of the staff, the study recruitment was initiated in September 2014.

Number of parents/ guardians enrolled for the survey	510
Number of Focus group discussion participants	25
Number of key informant interview (with service managers)	23

The data collection and analysis was completed by 31st March.

12. 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

The primary objective is 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 is to assess sensitivity and specificity of locally designed short tool (CBM-SQ) for screening of CMD among the same population. The project is being funded by the Indian Council of Medical Research, New Delhi (ICMR). The project activity started in the month of December 2014 and the duration of the project is 24 months.

In last 4 months the preparatory activities such as recruitment of project staff, training of the staff, finalization of data collection tools, linguistic validation of the tools, pilot testing of the tools were conducted. The enrollment will start from April 2015.

13. PRAYAS Internal Complaints Committee (ICC)

PRAYAS Internal Complaints Committee (ICC) was formed in February 2014.

For forming the Prayas ICC, Dr. Vinay Kulkarni, Coordinator of Prayas suggested following names from the organization as well as external 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, PHG representative

They were contacted and all agreed to be members of PRAYAS ICC. A meeting of ICC was planned on 28th April 2014. In this meeting, ICC was officially formed and PRAYAS's policy regarding sexual harassment at workplace was prepared as per the guidelines given by "Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, published in the Gazette of India, Ext. , Pt. II, S. 1, dated 22-04-2013.

A six monthly meeting of the ICC was held on 6th Oct 2014.

No case of sexual harassment was reported to Prayas ICC in the year 2014-2015.

At PRAYAS, information regarding Sexual harassment at workplace and Prayas's policy regarding the same is shared with all employees during the induction process. Everybody gets a copy of the same.

PRAYAS's policy regarding sexual harassment is available on the Prayas website (<http://www.prayaspune.org/health/images/galleries/ICCpolicyPrayas.pdf.pdf>)

III. CONFERENCES, WORKSHOPS AND MEETINGS ATTENDED BY GROUP MEMBERS

- Dr. Vinay Kulkarni-**ASICON 2014 –Annual conference of AIDS Society of India** Dec. 2014.
- Dr. Vinay Kulkarni - Preconference workshop '**Adolescent HIV/AIDS: Issue, challenges and the way forward**' in Dec 2014 at Mysore
- Dr. Vinay Kulkarni- Conference '**Adolescent HIV/AIDS: Issue, challenges and the way forward**' in Dec 2014 at Mysore
- Members of So What group shared their experiences in one day interactive workshop '**Exchanging ideas & Experience**' organized by Prerana Foundation, Mumbai in Dec 2014.
- Members of So What! group presented at a conference 'Be the Change' organized by the Sangam World Center. The conference was for international youth members trying to become community leaders and advocate for some change in their community.
- Workshop on '**Infectious Diseases study**' at Hyderabad, organized by PMTCT Consortium in March 2015.
- Workshop organized by PMTCT Consortium on Induction training for newly joined members in PMTCT program at Hyderabad, in March 2015.
- Meeting organized by CCDT for preparation of the module 'Aao Bat Karein' for empowering the adolescents infected or affected by HIV

IV. REPRESENTATION ON COMMITTEES

1. Dr. Sanjeevani Kulkarni is a representative and Chair Person of NARI ICC (Internal Complaint Committee)
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. to provide scientific advice not limited to development of new products /treatment regimens and ARV guidelines in the area of HIV/AIDS

V. PRAYAS HEALTH GROUP PUBLICATIONS

A) Papers Presented at conference

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

B) Papers published in peer reviewed journal

- **Advances in the prevention of mother-to-child transmission of HIV and resulting clinical and programmatic implications.** Shrinivas Darak, Ritu Parchure, Trupti Darak, Rachel Talavlikar, Sanjeevani Kulkarni, Vinay Kulkarni; Research and Reports in Neonatology 2014;4 111–123.
- **Assessing Prevention of Parent to Child Transmission Need in The Private Sector for a District: Dilemma for Program Managers.** Letter to editor, Ritu S. Parchure, Sanjeevani Kulkarni, Shrinivas Darak, Vinay Kulkarni; Indian Journal of Public Health, Volume 58, Issue 4, October-December, 2014
- **Barriers associated with the utilization of continued care among HIV-infected women who had previously enrolled in a private sector PMTCT program in Maharashtra, India.** Mayuri Panditrao, Shrinivas Darak, Vijaya Jori, Sanjeevani Kulkarni & Vinay Kulkarni; AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV, DOI:[10.1080/09540121.2014.990868](https://doi.org/10.1080/09540121.2014.990868)
- **Growth Patterns of HIV Infected Indian Children in Response to ART: A Clinic Based Cohort Study.** Ritu S. Parchure, Vinay V. Kulkarni, Trupti S. Darak, Rahul Mhaskar, Branko Miladinovic & Patricia J. Emmanuel; Indian J Pediatr, DOI [10.1007/s12098-014-1659-1](https://doi.org/10.1007/s12098-014-1659-1)
- **Pattern of linkage and retention in HIV care continuum among patients attending referral HIV care clinic in private sector in India.** Ritu Parchure, Vinay Kulkarni, Sanjeevani Kulkarni & Raman Gangakhedkar; AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV, DOI: [10.1080/09540121.2014.996518](https://doi.org/10.1080/09540121.2014.996518)
- **Occurrence of Pregnancies among HIV Infected Indian Women: Does Knowledge about HIV Status Make a Difference?** Shrinivas Darak, Inge Hutter, Sanjeevani Kulkarni, Vinay Kulkarni and Fanny Janssen; International Journal of Population Research Volume 2015(Feb 2015) Article ID 578150
- **Opportunities for Cervical Cancer Prevention in India.** Smita Joshi , Rengaswamy Sankaranarayanan; Journal of Krishna Institute of Medical Sciences University, Vol. 4, No. 1, Jan-Mar 2015, ISSN 2231-4261

C) IEC material, other literature and media prepared by Prayas Health Group:

- **Sangopan (संगोपन):** This book is meant for counselors and care givers of children living with HIV. It tries to guide these caregivers on how to nurture these children with care, love and confidence. It tries to answer the questions and difficulties faced by the care givers while nurturing these children from the infancy to adulthood.

- **Ka ani Kasa (का आणि कसं???)**: This book is meant for adolescents living with HIV (ALHIV). It tries to look at the various social issues and challenges faced by ALHIV. It has been developed in the form of frequently asked questions and their answers.
- **Dostichya Adhik Goshti (दोस्तीच्या अधिक गोष्टी)**: This book contains eight stories which explore different aspects of friendship for adolescents and young people living with HIV. It is an attempt to explore different shades of friendship and how these friendships positively shape lives for everybody may it be infected or uninfected.
- **'So What! Transitioning Positively**: A music video depicting the journey of HIV infected children from the time they come to know about their HIV status to transitioning positively to adulthood. This is an inspirational video for adolescents who till now have not been able to cope with their disease.

D) Book chapters published by Prayas Health Group:

1. **Prevention Beyond Birth- To Breast feed or not to feed?** Dr Vinay Kulkarni, Dr. RituParchure.
In **The Positive child Has a Right to a Positive Life Action report on Pediatric HIV in India**. Editor Dr. Mamatha M. Lala (pp.33-39)
2. **Counseling the HIV infected /affected child.** Dr Sanjeevani Kulkarni
In **The Positive child Has a Right to a Positive Life Action report on Pediatric HIV in India**. Editor Dr. Mamatha M. Lala (pp.131-138)
3. **The Transition Issues and Challenges of Perinatally HIV Infected Adolescent to Adulthood-Towards Soluion.** Dr. Vinay Kulkrni, Dr. Ritu Parchure, Dr. Sanjeevani Kulkarni.
In **The Positive child Has a Right to a Positive Life Action report on Pediatric HIV in India**. Editor Dr. Mamatha M. Lala (pp.139-144)