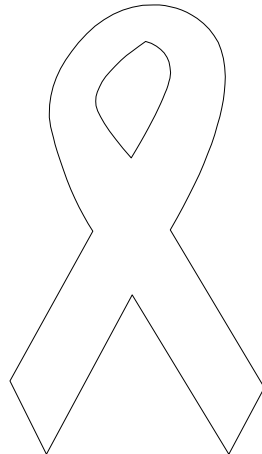


# **PRAYAS**

## **Health Group**

### **Annual Report**

April 2009 to March 2010



#### **PRAYAS**

Amrita Clinic, Athawale corner building,  
Near Sambhaji bridge, Karve Road, Pune - 411 004, Maharashtra, India.

*Tel. 91 20 25441230 /65615726, Tel./Fax 91 20 25420337*

E mail- [prayashealth@vsnl.net](mailto:prayashealth@vsnl.net), Website- [www.prayaspune.org](http://www.prayaspune.org)

*Dear friends,*

It gives us immense pleasure to present the annual report of PRAYAS Health Group (PHG) 2009-10. This is the 3<sup>rd</sup> year that PHG is publishing its annual report. This report gives the details of our activities between April 2009 and March 2010.

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

Our patients are the backbone of the organization. We derive our inspiration from them to continue and expand our work. Their support is invaluable and we hope it continues and grows in the years to come.

Contents

I. LIST OF ONGOING PROJECTS AND ACTIVITIES

II. OVERVIEW OF ONGOING PROJECTS

1. Prayas Amrita Clinic and counseling center
2. Sakav Program
3. Child care project
4. Prayas Health Laboratory
5. Prevention of mother to child transmission of HIV (PMTCT) program
6. Prenathtest Project
7. Pediatric HIV Program
8. Short duration projects

III. WORKSHOPS CONDUCTED BY PRAYAS HEALTH GROUP

IV. CONFERENCES, WORKSHOPS AND OTHER MEETINGS  
ATTENDED BY GROUP MEMBERS

V. PRAYAS HEALTH GROUP PUBLICATIONS

1. Papers Presented at conference
2. Papers published in peer reviewed journal
3. IEC Material

VI. THE TEAM OF PRAYAS

## I. LIST OF ONGOING PROJECTS:

No.	Name of the project	Beginning date	Supported by
1.	Training and Awareness Programs	1994	Internal funds of PRAYAS Health Group
2.	PRAYAS Counseling Center	1998	Internal funds of PRAYAS Health Group
3.	Child Care Project	2000	Internal funds of PRAYAS Health Group
4.	Prevention of Mother To Child Transmission of HIV (PMTCT Project)	September 2002	Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), U.S.A
5.	Sakav - Graduated Cost Recovery 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)
6.	PRAYAS Amrita Clinic	January 2006	Self supported Activity
7.	Prenahtest Project	March 2007	Agence Nationale de Recherche sur le SIDA (ANRS) and EGPAF
8.	PRAYAS Health Laboratory	April 2007	Ms. Anu Aga's donation and Internal funds of PRAYAS Health Group
9.	Pediatric HIV program	January 2008	Abbott Fund

## II. OVERVIEW OF ONGOING PROJECTS AND ACTIVITIES

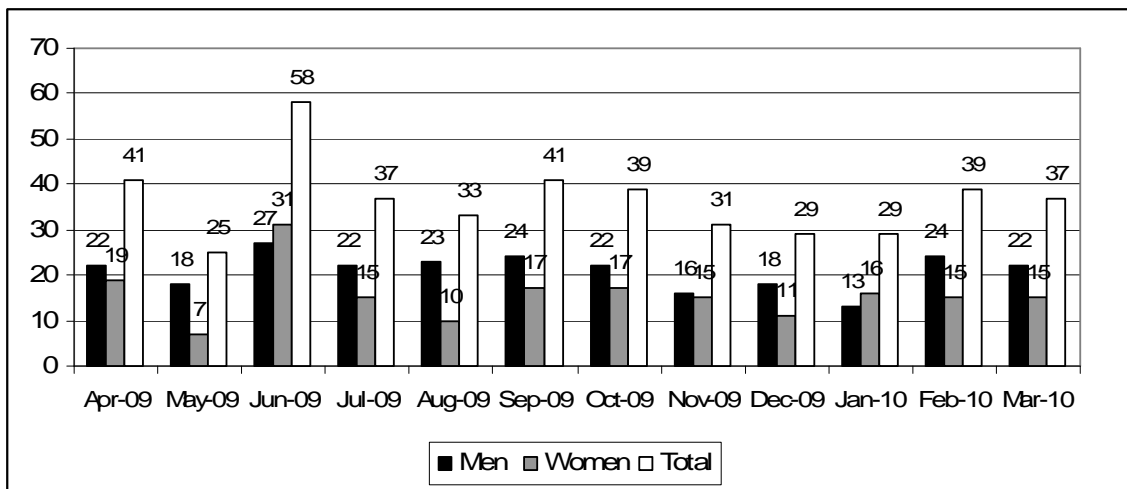
### 1. Prayas Amrita Clinic (AC) and counseling center

AC and the counseling center are inseparable activities. Both these activities complement each other and one cannot function effectively without the other. HIV is such a disease which is difficult to manage just clinically. Continuous psychological and mental reinforcement and support is needed for a person to be able to go through the

disease. When taking medicines, adherence becomes a critical issue. At such times, one cannot do without counseling.

As patients are living longer and healthier lives, the issues arising are diverse. One such issue is that of marriage. Marriages in HIV infected individuals are extreme complex processes. They involve several people with multiple opinions and a high amount of counseling. Several issues have to be addressed and brought to the attention of the families before they actually think about marriage. Issues about confidentiality also have to be dealt with cautiously and sensitively. After several counseling sessions and meetings with family members, PRAYAS was able to witness marriages. It was a joyous moment for all of us, as we could see people wanting to and taking efforts to lead a normal life.

Till March 2010, 5062 patients have been registered at AC. Out of these 4648 were adults and 414 were children. In this year a total of 483 HIV infected individuals were newly enrolled at AC. Out of these, 251 were men, 188 women and 44 children. The following graph shows month wise new enrollments during the year



**Gender distribution of patients at PRAYAS Amrita Clinic**

## 2. Sakav Program

Once a patient is detected to be infected with HIV, s/he would need ART medicines at some point in life. This stage may or may not come immediately after detection depending upon what stage the patient has come to us. Through the SAKAV project, ART is provided to patients at subsidized costs. 'Sakav is a Marathi word which means a bridge. It bridges the gap between HIV infected patients and comprehensive care for HIV. Despite his/her financial status everyone gets the quality care at affordable price under this program.

This program was started in year 2005. ARCON through grant from Global Fund for AIDS, Tuberculosis and Malaria supported the program till March 2009. From June 2009, the program got support from United Postal Service (UPS) foundation. This support would continue for a period of one year (till May 2010).

A dedicated team is required to run AC, counseling center and the SAKAV program. Expense of ART is not an issue as the patients pay for the medicines. However,

being an NGO, we cannot charge patients beyond a limit and hence supporting the staff is always a concern. During this year, the UPS foundation supported the staff required for smooth functioning of the clinic and Sakav program.

Out of the total patients registered at AC till date, 2581 adults and 226 children were ever started on ART. During these years,

- 102 patients expired,
- 502 adults and 43 children were declared lost to follow up and
- 122 adults were transferred to government ART center for various reasons. 118 children were linked to government ART centers through one of our projects in the year 2008.
- 1519 adults and 63 children are currently taking ART from the Sakav program.

The following table shows the tier wise distribution of patients. These tiers are decided upon the economic status (paying capacity) of the patient.

Tier 1	Tier 2	Tier 3	Tier 4	Total
649	227	317	326	1519

Regular follow up is very crucial in this disease. Patients who are not on ART are called every six months to check the disease progression and if they need ART. Patients already on ART have to come for follow up after every 3 months. In this year, 2068 patients were followed.

### 3. Child care project

The situation becomes complex if both parents and children in a family are infected with HIV. Managing and following the disease may become tough. Parents sometimes cannot afford to pay for both the child and their own ART. Thus, through this project, we support those children whose parents cannot afford the treatment. Consultation fee is waived for these children and they are also provided with free ART. This support is provided till the children enter adulthood i.e. upto 18 years of age. The following table gives details of the children enrolled in this project.

	Boys	Girls	Total
New enrollments from April 09-March 10	7	6	13
Total enrollments till March 2010	43	35	78



We are supporting ART medicines for 51 children. 26 of them are given ART free of cost, while 25 are given some concession for ART. Out of these 43 are on 1<sup>st</sup> line ART while 8 are on 2<sup>nd</sup> line ART medicines. On an average the 1<sup>st</sup> line ART drugs cost about Rs.500-1000/- per month and the 2<sup>nd</sup> line drugs cost Rs.1000-2000/- per month. Thus, we spend about 5 lakh rupees for

ART medicines for children. All these resources are gathered through individual donations from well wishers.

Till now we have lost 3 of our children to the disease, 2 have been transferred to government ART center, while 2 of our young friends have been transferred to AC as they have become adults.

#### 4. Prayas Health Laboratory

The PRAYAS Health laboratory was started in 2007. All diagnostic and prognostic tests required for detection and management of the disease are done here. Due to space constraints, machines for 3 tests viz. DNA PCR, viral load and genotyping have been placed in Deenanath Mangeshkar hospital (DMH). It was decided that Prayas would provide the machines and maintenance costs while DMH would provide for space and staff to operate the machines. The DNA PCR testing machine used for diagnosis of disease in infants is in the process of validation. It will be available for use in about a year's time. Other tests for HIV diagnosis (anti HIV), CD4 testing, pre-treatment profile, Hepatitis B (HbsAg) and Siphilis (VDRL) are done at Prayas health laboratory. The following table shows the number of tests done during this year.

CD4	Viral load	Genotyping	Anti HIV	Pre-treatment profile	HbsAg/VDRL
3653	341	51	506	1678	403



Any HIV infected person is advised a CD4 test after every 6 months. Till the time, ARCON was supporting the program, these tests were done free of cost for patients registered in the Sakav program. However, after their funding stopped, the CD4 test is provided to patient at a cost of Rs.400/-. All these tests are provided at subsidized rates. The following table shows comparison of rates of tests available at Prayas and in the market.

Name of the test	Market price of Tests (INR)	Costs of tests at PRAYAS (INR)
CD4	>1400	400
Viral Load	4500	2500
Routine profile	700	100
HIV diagnostic test	200	100

#### 5. Prevention of mother to child transmission of HIV (PMTCT) program (supported by Elizabeth Glazer Pediatric AIDS Foundation, EGPAF)

The PMTCT program has entered its 8<sup>th</sup> year of implementation from September 2009. The program has expanded to 48 sites in 10 districts of Maharashtra. 8 new sites were started in this year. During this year, **ANC counselling** was provided to **43186** pregnant women. After counseling, **87%** women got themselves **tested for HIV**. At

some sites which have considerable case load, HIV testing is provided free of cost to pregnant women through the project. About 26500 women were tested for HIV through the project while 11000 go themselves tested from other facilities. **Post HIV test counselling** was provided to **89%** women who were tested.

A total of **166 HIV infected pregnant women** were enrolled in the project. Out of these 132 were referred to us by different health facilities of doctors who know about our project. 34 women were detected through the testing provided at different sites. The **prevalence** of HIV among the population who came to us is seen to be at **0.09%**.

Out of the 166 registered women, **161 delivered** during this year. After providing them with PMTCT services, only **4 babies** turned out to be **positive**. Thus, with intervention, one can see mother to child **transmission rate of 2%**.

In November 2009, the World Health Organization (WHO) came out with a new protocol to be given for preventing mother to child transmission. This is the third time that WHO has revised its protocol based on ongoing research studies. Prayas PMTCT program has always followed these protocols in spite India national program implementing a different protocol. From February 2010, we started using this new revised protocol in our program. This protocol advises a longer duration of medication to breastfeeding babies so as to avoid infection through breast feeding.

#### 6. Pediatric HIV Program (*supported by Abbott Fund*)

We continue to provide all diagnostic and prognostic tests free of cost to all children. This includes, HIV testing by DNA PCR or Eliza, rapid method for all HIV exposed babies, CD4, viral load and genotyping. All the babies delivered through our PMTCT program are tested by the DNA PCR method through this project. Women who get enrolled in our PMTCT program, get a free baseline CD4 testing as part of this program with support provided by Abbott fund. The following table shows the number of tests done during this year for children and pregnant women.

CD4 testing for children	Viral load testing for children	Genotyping for children	DNA PCR test for HIV exposed babies	CD4 testing for pregnant women
<b>311</b>	<b>75</b>	<b>10</b>	<b>191</b>	<b>87</b>

With support from the Abbott fund, the software ‘Clinicio’ had been taken from Plurasoft solutions. After much upgradation and work on the available software, it was finally brought in use from July 2009. All the previous data from software called Mediwind was transferred to Clinicio. From January till May 2010 an extensive and intensive data cleaning and updation process was carried out at AC. We employed two persons part time and many of PRAYAS employees were made a part of this process. A huge effort was made to find out the missing information and updating the existing information. All the information was updated in this software and an effort was made to sort out any difficulties in data arising due to this software. This process was undertaken so that a large resource of information would be available for analyzing and studying the epidemic. A presentation based on primary analysis of the data was presented for the staff of PRAYAS during one of our monthly meetings.

During this year, two major activities were undertaken under this project. These were –



### i. Management of pediatric HIV – A training program

From the month of June 2009, PRAYAS organized a training program on ‘management of pediatric HIV’ for a period of 6 months. We had selected primarily pediatricians and some doctors from all over Maharashtra for this training. The aim was that at least 1 pediatrician should be able to manage pediatric HIV cases per district of Maharashtra. The announcement of the program got an overwhelming response. 22 pediatricians from different districts of Maharashtra and 2 from out of Maharashtra participated in the program.



The program had two contact workshops; one at the beginning and one at the end of the program. The first contact workshop was for four days. Pediatric HIV and its management were taught in detail by expert resource persons. The second contact workshop was for two days where in the previous workshops learnings were revised and any difficulties in practice were solved. Apart from this, in between these two contact workshops, online case discussions were also held. Participants were also given an opportunity to get hands on training at AC for 6 days. 7 participants came to AC for the hands on training session.

As a part of this program, PRAYAS came up with a book on ‘Management of Pediatric HIV: A Physician’s Handbook’. An extensive and intensive process was involved in preparing this handbook. Several senior and experienced practitioners contributed in making this book rich in knowledge. This is a ready reckoner for those who wish to manage pediatric HIV.

### ii. Project Saturation Solapur

From June 2009, we had undertaken a six month project in the district of Solapur with an aim to saturate the district with PMTCT services. This district was chosen as many patients coming to AC are from the district of Solapur. Solapur is one amongst the high prevalent districts in the state of Maharashtra.

The main objective of the project was to increase awareness among general



population and health care providers about the issue of mother to child transmission of HIV and its prevention. However, during situational analysis prior to the study, it was found that several misconceptions about the disease were prevalent in the general population as well as health care providers.

During the project we trained about 40 peer educators who would go from village to village to spread awareness about PMTCT and pediatric HIV.

Training workshops were conducted for NGOs, general practitioners, gynecologists and pediatricians and Anganwadi workers. We also



undertook media campaign to spread the message of importance of HIV testing during pregnancy and ways to prevent MTCT.

Due to this project, many HIV infected people came to AC. Some of them were referred by doctors who had attended our trainings while others heard about us through the peer educators. Several pediatric cases were also

registered during that period.

## 7. Prenahtest Project

Prenahtest project is a multi-centre multi-country randomized intervention trial which is being carried out in four urban areas where HIV prevalence is below 10% and where PMTCT services are available. These are: Yaoundé (Cameroon), Pune (Maharashtra, India), Santo Domingo (Dominican Republic), and Tbilisi (Georgia).

### **Objective:**

To investigate the feasibility and impact of a Couple-Oriented prenatal HIV Counselling (COC) session on the incidence of

- Partner HIV testing
- Couple HIV counselling and
- On the improvement in attitudes and behaviours related to sexual and reproductive health

### **Activities during the year-**

The project has completed a feasibility phase in the year 2008.

From 26<sup>th</sup> February 2009 the recruitment of the pregnant women in the trial was started. Total 484 pregnant women were recruited in the project till 14<sup>th</sup> October 2010. Of these total, 241 women randomised to Standard post-test (SC) Counselling group and 243 in Couple Oriented Counselling (COC) group.

## Project Statistics:

Sr. No	Indicator	Expected no.	Actual	Percentage
1	Women Enrolled	484	484	100%
2	Women in COC group	-	243	-
3	Women in SC group	-	241	-
4	Study exits	-	6	1.2%
5	COCs completed	243	239	98.3%
6	SC completed	241	235	97.5%
7	T0 questionnaires (at baseline)	484	479	98.9%
8	T1 questionnaire (1month after post test counselling)	468	413	88.2%
9	T2 questionnaire (6months post partum)	180	99	55%

### 8. Short duration projects:

#### i. HIV Risk Reduction Study among male STD clinic attendees in India – A research project

Public Health Research Institute, Mysore proposed to collaborate with Prayas to collect some preliminary data to support a larger study on male circumcision (MC) among high-risk men. They intended to conduct rapid assessment on the issue of acceptability of MC among men attending STI clinics. The study was to find out level of knowledge about HIV, HIV prevention strategies and about some new prevention technologies currently being tested. The study was proposed to be conducted among men in Mysore and Pune, India. This would help them in deciding the acceptability of certain prevention strategies.

Thus, PRAYAS took up the responsibility for data collection of 250 men in the city of Pune. Later this sample size was increased to 500. The initial part of collecting data for 250 men was completed from April to June 2009. However, later with the extended sample size, the study went all till November.

Analysis of data for 290 men reported the following –

- About 153(52.8%) had heard of MC
- After being informed about the risks and benefits of male circumcision, a majority (56.9%) said they would consider MC if the procedure were offered in a hospital setting, at low or no cost.
- When asked if other men should consider MC to reduce their risk of contracting HIV/STDs, 32.8% said 'strongly yes', and 60.3% said 'yes'.

#### ii. Acceptability of microbicides among women living in discordant couple setting – A research study

Dr. Smita Joshi of Hirabai Cowasji Jehangir Medical Research Institute proposed to collaborate with Prayas to collect data to assess the awareness and acceptability of microbicides among women living in discordant couple setting.

Women living in discordant couple setting means either the women or her sexual partner (here husband) is infected with HIV. Earlier studies were done with women from

low risk population where in their partner was not infected with HIV. No such study had been done with women from the high risk group. Vaginal microbicides to prevent HIV infection are not available in the market as yet. In this study, they wanted to see if women would be willing to use such microbicides if they would be made available.

Interviews were conducted by the counselors of PRAYAS using structured questionnaires. The process went on from June to December 2009. A total of 120 women were interviewed. Analysis of the data has been completed.

It was found that knowledge of vaginal microbicides was very low (.7%). However majority of the women (84%) showed willingness to use a microbicides after informing that research was ongoing and such products could be available in future. Advocacy and dissemination of information will help in creating awareness among Indian women for female controlled options for HIV prevention.

iii. Capacity Building of Technical Officers of Avahan- supported State Lead Partners (SLPs) on HIV Care and Support (in collaboration with Family Health International)

In 2003, the Bill & Melinda Gates Foundation launched Avahan, an initiative to reduce the spread of HIV in India. Avahan provides funding and support to targeted HIV prevention programs in the six Indian states with the highest HIV prevalence, and along the nation's major trucking routes. Avahan-supported programs serve the groups that are most vulnerable to HIV infection, including sex workers, their clients and partners, high-risk men who have sex with men, and injecting drug users. Family Health International, India country office, who implements the AVAHAN program in India, approached PRAYAS to work on this program for a specific purpose.

The objective of this project was to develop a facilitator's manual and training aid for primary HIV care and support and also conducting training programs for the Technical Officers of the six Avahan-supported State Lead Partners. The project would be carried out for 6 months from December 2009 to June 2010. The initial part of writing and developing the manual was completed till March 2010. Trainings and printing of the manual would be done in the coming days.

### III. WORKSHOPS CONDUCTED BY PRAYAS

The following table gives details regarding the workshops conducted by Prayas during this year. A total of 3700 doctors, nurses, other para medical staff, counselors and lay people were trained through these workshops.

Sr. No	Type of workshop	Number of workshops conducted
1.	HIV/AIDS awareness and PMTCT	61
2.	PMTCT, pediatric HIV and universal precautions	16
3.	Management of HIV/AIDS	02
4.	HIV awareness programs for general populations	06
5.	Couple oriented HIV counseling	01



#### **IV. CONFERENCES, WORKSHOPS AND MEETINGS ATTENDED BY GROUP MEMBERS**

- i. 9th International Congress on AIDS in Asia and the Pacific (ICAAP), in Bali, Indonesia from 9-13 August 2009.
- ii. Training on Research conducted at Hyderabad for EGPAF PMTCT India Consortium Partners from 23-25 September 2009
- iii. National consultation meeting organized by NACO for discussing New WHO Guidelines for PMTCT at Delhi from 24-25 February 2010.
- iv. Dr. Vinay Kulkarni is a member of the Technical Resource Group (TRG) for ART of NACO.
- v. Dr. Sanjeevani Kulkarni is a member of community advisory board of NARI, Pune.
- vi. Ms. Vijaya Jori is a member of community advisory board of B.J. medical college, Pune.

## V. PRAYAS HEALTH GROUP PUBLICATIONS

### 1. Papers presented



- i. Registration in antenatal period ensures better follow-up: Experience from a PMTCT program in India: A. Khengare, R. Parchure, S. Darak, S. Kulkarni, V. Jori
- ii. Challenges in following up HIV infected infants– Experience from PMTCT program in Maharashtra, India: R. Parchure, V. Jori, S. Darak, A. Khengre, S. Kulkarni, V. Kulkarni
- iii. Demographic determinants of partner’s HIV testing in a PMTCT project in Maharashtra, India: S. Darak, M. Kulkarni, R. Parchure, A. Khengre, S. Kulkarni, V. Kulkarni
- iv. First line ARV regimens: Comparison of early toxicities, experiences from a ART program, Pune, India: T. Darak, V, Kulkarni, R. Parchure
- v. Preparing parents to disclose HIV status of children: An innovative approach by pediatric HIV clinic: N. Vaidya, S. Kulkarni, V. Kulkarni, S. Darak
- vi. Mobile Counseling: An Innovation to Reduce Lost to Follow-Up Cases in a Multi-Center PMTCT Program: V. Jori, R. Parchure, S. Kulkarni, V. Kulkarni and A. Khengare

### 2. Papers published in peer reviewed journals

- i. Challenges of introducing vaginal microbicides in India  
S. Joshi, **V. Kulkarni**, R. Paranjape and N. Chandhiok, 2009, **Indian Journal of Medical Research**
- ii. Human Immunodeficiency Virus and Leprosy Coinfection in Pune, India  
**V. Kulkarni**, S. Joshi, N. Gupte and N. Gokhale, 2010, **Journal of Clinical Microbiology**

iii. Couple-oriented prenatal HIV counseling for HIV primary prevention: an acceptability study

J. Orne-Gliemann, P. Tchendjou, M. Miric, **M. Gadgil**, M. Butsashvili, F. Eboko, E. Perez-Then, **S. Darak**, **S. Kulkarni**, G. Kamkamidze, E. Balestre, A. Desgrees du Lou and F. Dabis, 2010, **BMC Public Health**

iv. Socio-demographic factors associated with loss to follow-up of HIV infected women attending a private sector PMTCT program in Maharashtra, India,

M. Panditrao, **S. Darak**, **V. Kulkarni**, **S. Kulkarni**, **R. Parchure** 2010, **AIDS Care** (In press)

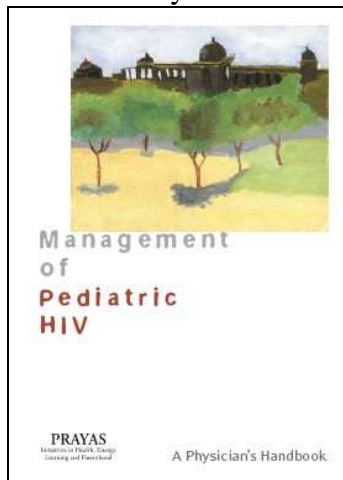
### 3. IEC Material

i. HIV - AIDS? Doctoransamor Nehami Yenare Prashna Ani Tyachi Uttara (Marathi)



A booklet for doctors about frequently asked question by patients about HIV/AIDS and their answers

ii. Management of Pediatric HIV: A Physician's Handbook



A ready reckoner for physicians, gynecologists and pediatricians who want to manage pediatric HIV.

## **VI. THE TEAM OF PRAYAS**

1. Dr. Sanjeevani Kulkarni (Director)
2. Dr. Vinay Kulkarni (Medical Director)
3. Dr. Ritu Parchure (PMTCT Project Manager)
4. Dr. Shrinivas Darak (ANRS Project Manager)
5. Ms. Vijaya Jori (PMTCT Field Coordinator)
6. Ms. Asha Khengare (PMTCT Field Assistant)
7. Mrs. Smita Apte (PMTCT Data Manager)
8. Ms. Amruta Bahulekar (PMTCT, Assistant Field Coordinator)
9. Mrs. Mukta Gadgil (ANRS Qualitative Interviewer)
10. Mr. Abhay Dhamdhare (Office Administrator and Data-entry Operator)
11. Mr. Ganesh Khambe (Group Administrator)
12. Mr. Sandeep Jadhav (PMTCT, Driver)
13. Dr. Neeta Gokhale (Amrita clinic, Senior Clinical Assistant)
14. Dr. Madhura Dadekar (Amrita clinic, Clinical Assistant)
15. Dr. Prasad Bhoite (Amrita clinic, Clinical Assistant)
16. Mrs. Shruti Bhide (PRAYAS Health Laboratory, Lab Technician)
17. Mrs. Vaishali Dongre (PRAYAS Health Laboratory, Lab Technician)
18. Mrs. Seema Khambe (Amrita clinic, Front Desk Manager)
19. Mrs. Santoshi Ranpise (Amrita clinic, Receptionist)
20. Mr. Rhushikesh Pophale (Accounts Assistant)
21. Mr. Manik Pardhe (Amrita clinic Counselor)
22. Mrs. Aparna Gagendragadkar (Amrita clinic Counselor)
23. Dr. Trupti Darak (Amrita clinic, Clinical Assistant and Counselor)
24. Mrs. Aparna Joshi (Accountant)
25. Ms. Neha Vaidya (Pediatric HIV Program, Training Coordinator)
26. Mr. Prakash Ghanekar (Office Assistant)
27. Ms. Sarita Jadhav (PMTCT, Counsellor)
28. Ms. Maitreyi Kulkarni (ANRS Qualitative Interviewer)
29. Mr. Vitthal Gogate (Accountant)



30. Ms. Sulabha Waghmare (ANRS Introducer)
31. Mrs. Archana Kulkarni (ANRS Data entry operator)
32. Ms. Swapna Dhole (ANRS Interviewer)
33. Mr. Rahul Gorad (Amrita Clinic, Receptionist)

