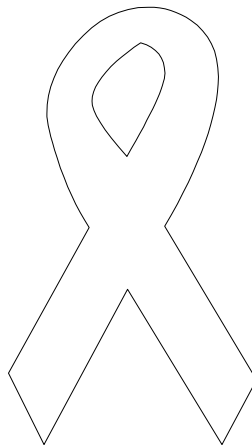


PRAYAS

Health Group

Annual Report

April 2010 to March 2011



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, Website- www.prayaspune.org

Dear friends,

It gives us pleasure to present the annual report of PRAYAS Health Group (PHG) 2010-11. This is the 4th year that PHG is publishing its annual report. This report gives the details of our activities between April 2010 and March 2011.

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

We are grateful to our patients for motivating us to continue our work in the field of HIV/AIDS.

We specially would like to thank our young friends who gave us an opportunity to work with them, to get an insight into their lives and provided us with a great learning experience during this year.

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VII. 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 for ART Program (GCR Project)	October 2005	<p>i. ARCON through grant from Global Fund for AIDS, Tuberculosis and Malaria (till March 2009)</p> <p>ii. Supported by UPS foundation for a period of 1 year (from June 09-May 10)</p> <p>iii. Self supported activity of Prayas Health Group (June 2010 onwards)</p>
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

II. OVERVIEW OF ONGOING PROJECTS AND ACTIVITIES

1. Prayas Amrita Clinic (AC) and counseling center

Prayas continues to provide 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 2011, 5502 patients have been registered at AC. Out of these 5048 were adults and 454 were children. In this year a total of 473 HIV infected individuals were newly enrolled at AC. Out of these, 258 were men, 179 women and 36 children. In this year, 2907 patients are being followed at AC.

About 60 of our perinatally HIV infected children are now entering adolescence or early adulthood. Till not a few years back, it was probably never anticipated that children who acquired HIV infection perinatally would survive long enough to reach this age. However, availability and increasing access to anti-retroviral treatment (ART) has made this a reality. Appropriate ART would delay HIV disease progression and reduce HIV related mortality allowing HIV infected children to live healthily into adolescence and adulthood. In this changing context of the AIDS epidemic, along with clinical issues, social, psychological and emotional issues specific to this group are coming up.

Our counsellors have regular interactions with these children whenever they come for their follow up visits. While the younger children are accompanied by their parents or care providers, the older ones start coming on their own after a particular age. During such interactions, along with pill counts and adherence counselling, the children do discuss several issues. On several occasions children talked about some stressors like pursuing education/career, responsibility of looking after sick parents, becoming the earning member of the family, becoming independent and so on. However, the counsellors felt that in spite of providing space and comfort to discuss all issues; these children (adolescent age group) hardly ever talked about issues related to sexuality. This was surprising and concerning. Our prior experience of working with HIV uninfected children did not support this as we always felt that those children always wanted to discuss issues about sexuality as a prime priority and given the space, they are capable of asking all sorts of questions about sexuality. We wondered why these HIV infected adolescents avoided talking about sexuality.

We discussed within our group and it was felt that there was a need to understand their concerns about growing-up, devise appropriate ways to address these, create even more comfortable space where these children could discuss such issues more openly and also to build a platform for establishing supportive communication with their peers. In order to address the issue we conducted a four day-long residential workshop with 10 boys and 5 girls between the ages of 14 to 24 years. All of them were perinatally infected with HIV and all were aware of their HIV status.

The workshop was organized by PRAYAS and co-facilitated by *Aarogya Bhaan* (ABHA) - a group which is using innovative strategies for health communication for more than 20 years.

The objectives of the workshop were –

1. To create an open and free environment so that participants are able to talk and ask questions about their sexuality.

2. To help participants understand their sexuality positively in spite of their HIV status.
3. To create a platform to communicate with each other in a supportive manner during and after the workshop.
4. To demonstrate that the ethos of celebration about sexuality can be maintained even with HIV infected adolescents.

To fulfill these objectives, several sessions were planned; mostly participatory but some didactic where imparting knowledge was the objective. The tools used for communication were music, singing, drawing, skits, group discussions, story telling with the help of pictures etc.

Increasingly enthusiastic participation from the children and the intense discussions affirmed the need to address these issues of HIV infected children. A follow up workshop after a month was also conducted with these children.

2. Sakav Program

The Sakav program continues to provide antiretroviral treatment (ART) to patients at subsidized rates. The UPS foundation supported the staff for AC, counseling center and Sakav program for a year. Their support ended in May 2010. From then onwards, AC is supporting this staff using its internal resources.

Out of the total patients registered at AC till date, 3056 adults and 242 children were ever started on ART. During these years,

- 123 patients have been reported to be expired,
- 935 patients have been lost to follow up and
- 172 adults have been transferred to government free ART centers for continuation of ART.
- 118 children were linked to government ART centers through one of our projects in the year 2008.
- 1688 adults and 52 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 one patients pay the maximum and tier 4 minimum.

Tier 1	Tier 2	Tier 3	Tier 4	Total
787	236	311	354	1688

Till the time the GCR program (Graduated Cost Recovery, supported by ARCON, GFATM) was on, only a limited number of medicines were available through the graduated cost recovery system. Other patients requiring ART apart from those available in the GCR program were provided so through AC. Though these medicines were not given in the graduated cost recovery model, they were sold at prices much lower than the market rate.

After the GCR program ended, all patients taking ART from AC were merged with the patients belonging to tier 1 of GCR program. Thus, one may observe that the number of patients in tier 1 is substantially more than any other tiers. We continue to provide a limited number of drugs in the graduated cost recovery model. Others are sold at prices

lower than the market rate. When there are substantial number of patients on a particular combination of drugs, those drugs are provided in the GCR model. Currently about 13 drugs are provided using the GCR model while about 25 drugs are provided otherwise.

3. Child care project

This project supports treatment for children whose parents cannot afford the treatment. The medicines are given completely free or with some partial support from Prayas (parents put in some amount for the medicines and the rest is supported by Prayas). The consultation fees for these children are also waived. This support is provided till the children enter adulthood i.e. up to 18 years of age. The following table gives details of the children enrolled in this project.

	Boys	Girls	Total
New enrollments from April 10-March 11	5	4	09
Total enrollments till March 2011	48	39	87

We are supporting ART medicines for 45 children.

No. of children receiving ART through the child care project	
100% concession	28
50% concession	5
Some concession	12

Out of these- 40 are on 1st line ART while 5 are on 2nd line ART medicines.

On an average the 1st line ART drugs cost about Rs.500-1000/- per month and the 2nd line drugs cost Rs.1000-2000/- per month. Thus, we spend about Rs. 5 lakhs per year on ART medicines for children. The resources are gathered through individual donations from well wishers.

This year many of our adult patients who had completed more than 5-10 years since starting treatment, gave donations for this project. Over these years they had effectively saved money because of the subsidized rates for treatment and care at Prayas. They wanted to do something in return and thus we appealed to them to contribute to this project. We collected about Rs. 3 lakhs through the donations provided by our patients.

Till now we have lost 4 of our children to the disease, 1 has been transferred to government ART center, while 3 of our young friends have been transferred to the Sakav program 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. Tests for HIV diagnosis (anti HIV), CD4 testing, pre-treatment profile, Hepatitis B (HbsAg) and Syphilis (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
3539	328	26	378	1940	792

The DNA PCR testing machine was purchased through the pediatric HIV program supported by the Abbott Fund. The machine which was under validation was made available to use from June 2010. DNA PCR is an important test used in early infant diagnosis. All the babies delivered in Prayas PMTCT program are tested with the DNA PCR method once at 1^{1/2} months and one at 6 months or after cessation of breast feeding. Early infant diagnosis helps in early initiation of treatment in HIV infected babies. Starting treatment early helps in avoiding any opportunistic infections or delayed developmental milestones in growing babies. Initially, we were sending the babies blood to a different laboratory for PCR testing. However, now the facility is available at Prayas.

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 9th year of implementation from September 2010. The program has expanded to 49 sites in 10 districts of Maharashtra. 1 new site was started in this year. The performance is summarized below.

Parameters (April 2010 - March 2011)	Number	Percentage
No. of women provided ANC counseling	37877	-
No. of women tested through the project (free HIV testing)	25260	66.68
No. of women tested from outside	12617	33.32
Total HIV testing in ANC women	37877	100
No. of HIV infected pregnant women enrolled in the project	192	-
No. of HIV infected women detected in the project	42	21.88
No. of HIV infected women referred to the project	150	71.13
No. of deliveries	152	-

Out of the 192 registered women, **152 delivered** during this year. After providing them with PMTCT services, only **3 babies** turned out to be infected. Thus, with interventions, one can see that mother to child **transmission rate** can be reduced to as low as **2%**.

In November 2009, the World Health Organization (WHO) came out with a new protocol on preventing mother to child transmission of HIV. This is the third time that WHO has revised its protocol based on ongoing research studies. From February 2010, we started using this new revised protocol in our program.

The recent protocol came with a solution to the issue of transmission associated with breast feeding. It advises a longer duration of medication to breastfeed babies so as to avoid infection through breast feeding. Currently, 122 of the babies delivered in the PMTCT program are being given medication as per the new protocol.

6. Prenahtest Project ANRS 12127 (Support by: (ANRS) Agence Nationale de Recherche sur le SIDA, Paris, France & EGPAF, USA)

The Public Health Impact of a Couple-Oriented Prenatal HIV Counselling in Low and Medium HIV Prevalence Countries

Introduction:

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 1) Partner HIV testing 2) Couple HIV counselling and 3) On the change in attitudes and behaviours related to sexual and reproductive health

Data collection

After completing the feasibility phase of the project in 2008, pregnant women were enrolled in the study from 26th February 2009. Total 484 pregnant women were recruited in the project. Of these 241 women were randomised to Standard post-test (SC) Counselling group and 243 in Couple Oriented Counselling (COC) group.

Data were collected at three time point, at the time of recruitment (T0), one month after receiving post test counselling (T1) and six months after delivery (T2).

Activities during the year-

Data collection was completed in this year. The following table summarize the number of women seen at each interval. Additionally a sub-study was conducted with the partners of the women who participated in the trial to understand their perspectives regarding HIV and reproductive health issues.

Data collection	Standard	COC	Total
T0	238	241	479
T1	210	203	413
T2	196	185	381
T2 (Apr 10-Mar 11)	148	131	279
Partner Q	55	57	112
Partner Q(Apr 10-Mar 11)	49	54	103

An attempt was made to contact all women who participated in the study to officially inform them about the closure of the trial and about the preliminary results of the study. Women were also informed that they can avail counselling services at the hospital from the PRAYAS PMTCT counsellor even after the study closure.

Qualitative data analysis workshop at Boudreaux, France

A four day workshop was organized at Boudreaux, France in March, 2011 where coordinators and qualitative researchers from all four countries participated and shared the preliminary results coming from each site. In this workshop further plan of data cleaning, data analysis and dissemination of findings at local and international level was developed.



7. Other Research Projects:

Data collection for the following two research projects was started during this year –

i. Crucial transitions: Life course perspective on reproductive career of HIV infected women in Maharashtra, India (RC Study) (P.I: Dr. Shriniwas Darak)

This is the Ph.D project of Dr. Shriniwas Darak, a senior member at Prayas. In this research the reproductive career of HIV infected women would be studied through a life course perspective. This would be done by studying not only the occurrence and timing of reproductive events such as marriage and marital dissolution, pregnancies and their outcomes, induced abortions, use of contraceptives etc but also by carefully examining the underlying decision-making processes and how these are shaped by the socio-cultural context. In the proposed research both quantitative and qualitative research methods would be used to answer the research questions. The data will be collected from HIV infected women coming to Amrita Clinic.

After pilot testing the data collection forms and modifications in the forms in September, the actual data collection process started in November 2010.

	Numbers	Percentage
Total number of women assessed for eligibility for enrollment in the project	755	
Total number of women eligible for enrollment in the project	618	82
Total number of women introduced about the project	593	96
Total number of women willing to participate in the project	488	82
Total number of women not willing to participate in the project	43	7
Total number of women with pending decisions about participation in the project	62	10

Total number of women enrolled in the project till 31/03/2011	333	68
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ii. **Prevalence and type distribution of high-risk HPV in HIV infected women and its correlation with cervical abnormalities in Pune, India (P.I: Dr. Smita Joshi)**

Objectives:

- To understand prevalence and type distribution of HPV among HIV infected women.
- To identify women with CIN (cervical intraepithelial neoplasia) and provide them appropriate treatment.
- To build internal capacity to conduct cervical screening.

Cervical screening is essential for almost all women in reproductive age group (after 30 years). The prevalence of cervical abnormalities, cancer of cervix and HPV infections is much higher in HIV infected women. Regular screening is recommended but is done hardly ever in any of the public as well as private programs.

The current study is a clinical study being conducted by Dr. Smita Joshi of Hirabai Cowasji Jehangir Medical Research Institute (HCJMRI) Pune and Prayas for preventing cervical cancer in HIV infected women. All women participating in the research would be screened for cervical cancer by 4 methods. The efficacy of the four methods would also be tested. If cancerous growth is found in any women, they would be guided and free treatment will be availed to them. The screening by 4 methods and 2 types of treatment would be provided free of cost. For further treatment the women would be referred to appropriate facility.

	Numbers	Percentage
Total number of women assessed for eligibility for enrollment in the project	755	
Total number of women eligible for enrollment in the project	654	87
Total number of women introduced about the project	618	94
Total number of women willing to participate in the project	424	69
Total number of women not willing to participate in the project	17	3
Total number of women with pending decisions about participation in the project	178	29
Total number of women enrolled in the project till 31/03/2011	267	63
Total number of women in whom test was positive for CIN lesions	19	7

III. COMPLETED PROJECTS:

1. Pediatric HIV Program (*supported by Abbott Fund, 2008-2010*)

The pediatric HIV program aimed at scaling up and consolidating pediatric HIV services. The project ended in December 2010. During this year, the following tests were provided free of cost to HIV infected 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
179	19	3	165	86

The project achieved the following during its tenure-

- i. **Setting up of laboratory services** for early infant diagnosis, viral load testing and genotyping. Machines for these tests were procured through this project. These tests are available for HIV infected adults at subsidized costs while they were provided to children free of cost. After the end of the project, Prayas is trying to continue the free testing for children using its internal resources and donations.
- ii. **Free testing for children:** Diagnostic and prognostic tests like DNA PCR, CD4, viral load genotyping, pre treatment profile were provided to children at no cost. Free HIV testing for pregnant women to increase uptake of HIV testing during pregnancy and free CD4 testing for HIV infected pregnant women was also provided.
- iii. **Development of Data Management system:** Considering the huge data of patients at Prayas (more than 5000) it was essential that Prayas had an efficient data management system. Data management software named 'Clinicio' developed by Plurasoft was procured through this project. This is advanced software specially designed for entering data of HIV infected individuals.
- iv. **Management of pediatric HIV – A training program:** The aim of this program was that at least 1 pediatrician per district of Maharashtra should be able to manage pediatric HIV cases. 22 pediatricians from different districts of Maharashtra and 2 from out of Maharashtra were trained in this program. As a part of this program, PRAYAS came up with a book on 'Management of Pediatric HIV: A Physician's Handbook'. This is a ready reckoner for those who wish to manage pediatric HIV.
- v. **Networking with NGOs and CBOs in Maharashtra:** Several workshops were conducted with organizations working in the field of HIV. The objectives of these workshops were to build capacities of these organizations with regards to PMTCT and pediatric HIV and build networks to provide pediatric HIV services to the pediatric patients coming to these organizations.
- vi. **Development of IEC material:** Four books and a film were prepared through this project.
 - Dhusar (film): meant for caregivers of HIV infected children. It shows the importance of disclosure and portrays the possible consequences if the child is not disclosed about its disease.
 - *Nigrani* for caregivers of HIV infected children,
 - *Aushadhe Suru Karatana* for HIV infected individuals at the time of starting medicines,
 - *Anavaran* regarding disclosure,
 - HIV/AIDS- Doctoransamor Nehami Yenare Prashna Ani Tyachi Uttara (a booklet for doctors about frequently asked question by patients about HIV/AIDS and their answers)
- vii. **Project Saturation Solapur:** It was six month project in the district of Solapur with an aim to saturate the district with PMTCT services. 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 and pediatric HIV. Several training programs for general practitioners, gynecologists, pediatricians, anganwadi workers, NGOs and CBOs, general population.

2. Capacity Building of Technical Officers of Avahan- supported State Lead Partners (SLPs) on HIV Care and Support (in collaboration with Family Health International) December 2009-September 2010.

Family Health International, India country office, who implements the AVAHAN program in India, approached PRAYAS to work on this project. 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. Three training workshops for technical officers were conducted between May-June 2010. The final draft of the module after the suggestions from the workshop and review by Prayas and FHI team was handed over to FHI at the end of September 2010.



IV. WORKSHOPS CONDUCTED BY PRAYAS

The workshops about HIV awareness, clinical management, counseling, prevention of mother to child transmission of HIV and its prevention, pediatric HIV and so on continue. The special mentions of this year are

- i. Positive parenting workshop for counselors working with HIV infected children and their caregivers from different organizations in and around Pune.
- ii. Positive parenting workshop – a training of trainers for participants at XVIII international AIDS conference, Vienna, Austria.
- iii. Sexuality education workshop for HIV infected adolescents entering adulthood.



V. CONFERENCES, WORKSHOPS AND MEETINGS ATTENDED BY GROUP MEMBERS

- i. XVIII International AIDS Conference, in Vienna, Austria from 18-23 July 2010.
- ii. HPV Conference- Lancet, Amsterdam, November 2010.
- iii. National Pediatric HIV conference, New Delhi, December 2010.
- iv. Translational Medicine Conference, USF, NARI, Goa, January 2011.
- v. Qualitative data analysis workshop at Boudreaux, France, March 2011.
- vi. Dr. Vinay Kulkarni is a member of the Technical Resource Group (TRG) for ART of NACO.
- vii. Dr. Sanjeevani Kulkarni is a member of community advisory board of NARI, Pune.
- viii. Ms. Vijaya Jori is a member of community advisory board of B.J. medical college, Pune.

VI. PRAYAS HEALTH GROUP PUBLICATIONS

1. Papers presented

- i. Couple-oriented prenatal HIV counseling improves HIV-related communication among married couples in India- preliminary results from the ANRS 12127 Prenahtest intervention trial: *M. Gadgil, S. Darak, M. Kulkarni, A. Kulkarni, S. Kulkarni, J. Orne-Gliemann, A. Desgrées du Loû, P. Tchendjou, F. Dabis, Prenahtest ANRS 12127 Study Group*
- ii. Couple-oriented prenatal HIV counseling increases communication on and use of condoms to reduce the risk of STI/HIV among married couples in India- preliminary results from ANRS 12127 Prenahtest intervention trial: *M. Kulkarni, M. Gadgil, S. Darak, A. Kulkarni, S. Kulkarni, J. Orne-Gliemann, A. Desgrées du Loû, P. Tchendjou, F. Dabis, Prenahtest ANRS 12127 Study Group*
- iii. Awareness about HIV/AIDS among Health Care Providers (HCP) in the district of Solapur, India: *N. Vaidya, S. Kulkarni, A. Bahulekar, S. Darak*
- iv. Treatment outcome in patients shifted to second line ART in resource limited setting: Experience from PRAYAS Amrita Clinic, Pune, India: *S. Bhide, V. Kulkarni, T. Darak, G. Khambe*

- v. Pregnancies among women with known HIV infection-experiences from a private sector PMTCT project in Pune, Maharashtra, India: *S. Jadhav, S. Darak, R. Parchure, A. Khengare, S. Apte*
- vi. Willingness to use Vaginal Microbicides among Women living in the Discordant Couple Setting in Pune, India: *S. Joshi, A. Gajendragadkar, M. Pardhe, S. Das, V. Kulkarni, S. Kulkarni*
- vii. Profile of HIV infected children failing on first line ART in a private clinic in Pune, Maharashtra, India: *T. Darak, V. Kulkarni, R. Parchure*
- viii. Service delayed is service denied: Barriers in linking eligible HIV infected pregnant women to ART: *V. Jori, R. Parchure, S. Kulkarni, A. Khengare, S. Apte*
- ix. Experience from the field: using option A in the NGO setting: *V. Kulkarni, S. Kulkarni, S. Darak, R. Parchure, V. Jori*
- x. Acceptability of Medical Male Circumcision among Men at high HIV risk in Pune, India: *V. Kulkarni, S. Kulkarni, K. Krupp, S. Darak, J. Klausner, P. Madhivanan*

2. Papers published in peer reviewed journals

- i. 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, AIDS Care*

VII. THE TEAM OF PRAYAS

1. Dr. Sanjeevani Kulkarni (Director, till October 2010. On sabbatical since October 2010, continues to provide guidance as a senior advisor)
2. Dr. Vinay Kulkarni (Medical Director, Director from November 2010)
3. Dr. Ritu Parchure (PMTCT Project Manager, discontinued from August 2010 to pursue her Masters in Public Health from the University of South Florida)
4. Dr. Shrinivas Darak (ANRS Project Manager)
5. Mr. Ganesh Khambe (Group Administrator)
6. Ms. Vijaya Jori (PMTCT Field Coordinator)
7. Ms. Asha Khengare (PMTCT Field Assistant)
8. Mrs. Smita Apte (PMTCT Data Manager)
9. Mr. Sandeep Jadhav (PMTCT, Driver)
10. Mr. Prakash Ghanekar (Office Assistant)
11. Ms. Sarita Jadhav (PMTCT, Counsellor)
12. Mr. Anil Godbole (PMTCT, Block coordinator)
13. Ms. Sarika Gade (PMTCT, Field Assistant)
14. Ms. Sangeeta Mohite (PMTCT, Field Assistant)

15. Mrs. Vaishali Alaspure (PMTCT, Field Assistant)
16. Ms. Swapna Hulgunde (PMTCT, Field Assistant)
17. Mrs. Mukta Gadgil (ANRS Qualitative Interviewer)
18. Mr. Abhay Dhamdhare (Office Administrator and Data-entry Operator)
19. Ms. Maitreyi Kulkarni (ANRS Qualitative Interviewer)
20. Mrs. Archana Kulkarni (ANRS Data entry operator)
21. Ms. Swapna Dhole (ANRS Introducer and Quantitative Interviewer)
22. Ms. Neha Vaidya (Admin Coordinator and RC Research Assistant)
23. Dr. Nitin Sane (Amrita clinic, Senior Clinician)
24. Dr. Neeta Gokhale (Amrita clinic, Senior Clinician)
25. Dr. Trupti Darak (Amrita clinic, Clinical Assistant and RC Research Assistant)
26. Dr. Prasad Bhoite (Amrita clinic, Clinical Assistant)
27. Ms. Pallavi Ugale (Amrita clinic, Clinical Assistant)
28. Dr. T. Deepa Porkodi (Amrita clinic, Clinical Assistant)
29. Dr. Abhijeet Joshi (Clinical Data-entry Operator)
30. Mr. Rahul Gorad (Office Assistant)
31. Mrs. Shruti Bhide (PRAYAS Health Laboratory, Lab Technician)
32. Mrs. Vaishali Dongre (PRAYAS Health Laboratory, Lab Technician)
33. Mrs. Seema Khambe (Amrita clinic, Front Desk Manager)
34. Mrs. Santoshi Ranpise (Amrita clinic, Receptionist)
35. Mr. Rhushikesh Pophale (Accounts Assistant)
36. Mrs. Rajashree Wavare (Amrita clinic, Receptionist)
37. Mrs. Madhuri Jadhav (Amrita clinic, Receptionist)
38. Mr. Manik Pardhe (Amrita clinic Counselor)
39. Mrs. Aparna Gagendragadkar (Amrita clinic Counselor)
40. Mrs. Aparna Joshi (Accountant)
41. Mr. Vitthal Gogate (Accountant)
42. Mr. Prashant Deshpande (Accountant)
43. Ms. Sonali Kurlekar (Introducer, RC and CSPS project)
44. Monali Bendale (Introducer, RC and CSPS project)

