

ASHA Foundation Bangalore



**ANNUAL REPORT
2018-2019**

ASHA FOUNDATION BANGALORE



ANNUAL REPORT 2018-2019

ASHA Foundation

Mailing Address: No.42, 4th Main, SBM Colony,
Anand Nagar,
Bangalore –560024
Karnataka

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Contact person: Dr. Glory Alexander

Statutory requirements and registrations:

- ❖ Registered on 07.03.1998 as a Charitable Trust in Shivaji Nagar, Registrar's office, Bangalore. Registration number- **849/97-98**
- ❖ Amended trust deed document No.- **899/04-05**
- ❖ Certificate under 12(A) of IT Act 1961 obtained on 01.05.1998 and No. is - **Trust/718/10A/Vol.A.I/A.772/98-99/CIT-II**
- ❖ Recognized U/S 80 G of IT Act 1961 latest recognition is from 1.4.2010 onwards.
- ❖ PAN No. is available. TAN No. is available.
- ❖ Registered under FCRA. FCRA No. is available.
- ❖ Recognition as Scientific and Industrial Research Organization under DSIR, GoI from April 2017 to March 2020
- ❖ Accredited as member of Credibility Alliance for minimum norms for five years from 2014 to 2019. Accrd. No- CA/02/2014- Now renewal accreditation process is on.
- ❖ Registered with Regional provident Fund Commissioner-**KN/41859**
- ❖ Bankers Name- Punjab National Bank, Anand Nagar, Bangalore-560024

Vision:

Our vision is to prevent HIV infection in the community and to empower and uplift people infected and affected by HIV/AIDS and other vulnerable communities

Mission:

- ❖ To build the capacity of vulnerable communities and to advocate for them.
- ❖ To provide awareness, prevention, education, training and to network effectively with all stakeholders.
- ❖ To provide counseling, testing, treatment, support and rehabilitation to people infected and affected by HIV/AIDS and vulnerable communities.
- ❖ To conduct research in all aspects of our work.
- ❖ To empower the communities that we work with.

Aims:

1. To build awareness of HIV/AIDS infection in the community.
2. To provide HIV testing in a non-coercive and non-stigmatized environment both voluntary and anonymous.
3. To train counselors in HIV/AIDS.
4. To provide counseling to HIV patients, their families and the community.
5. To provide a character based comprehensive Adolescent Health Education curriculum in schools.
6. To provide personalized, quality, medical care and palliative care to patients with HIV/AIDS irrespective of their ability to afford treatment.
7. To interact with other institutions of learning and constantly update our knowledge of the illness and to incorporate new teachings into our treatment and care of patients.
8. To network with other voluntary, state, central and other institutions including Non-Governmental Organizations to provide wide ranging care effectively
9. To rehabilitate HIV / AIDS patients and families.
10. To conduct and help research in HIV / AIDS
11. To provide specialized training for Doctors, Nurses and allied Health professionals in the field of HIV / AIDS.
12. To make a difference in the lives of patients living and dying with AIDS.

Board of Trustees of ASHA Foundation

Sl. No	Name	Qualification	Occupation	Address
1.	Mr. George Ninan Member	M.A	Consultant	1407, Hennur main Road Bangalore 560084
2.	Mr. Vijay Chandy Member	B. Sc, PGDIR&W(XLRI)	Management Consultant	No.218. 3 rd Main, Laughing Waters, Varathur Marin Road, Ramagondanahalli, White Field, Bangalore -560006
3.	Dr.Paul Salins Member	MD, FDSRCS,PGD (pall.care)	Medical Director & Vice President Narayana Hrudalaya and mazundar Shaw Cancer Center	No. 258/A Bommasandra Industrial Area, Hosur Road Anekal Taluk Bangalore-560099
5.	Dr. Alexander Thomas Member	D.Orth, MS Orth, M.Phil (HHSM) PGDML&E	\Executive Director- AHPI Consultant, World Bank	AHPI Office No.27. First Floor GVR Plaza, Bellary Road Bangalore 560024
6.	Dr. Glory Alexander Member	MBBS,MD	Director, ASHA Foundation	No.42,4 th main SBM Colony Anand Nagar,Hebbal Bangalore-560024

None of the Board members of ASHA Foundation received any remuneration or reimbursement during the year. Dr. Glory Alexander in her capacity as Project Director of the PMTCT project, and HIV/AIDS physician received remuneration during the year.

This report is for the period April 2018 to March 2019. The following projects were continued during the financial year:

1. The HIV/AIDS counseling services including the AIDS Helpline and Telephone Counseling service.
2. Adolescent Sexual Health Education Project named Anmol Ashayin.
3. The Children at risk project.
4. The Prevention of Mother to Child Transmission of HIV project.
5. Camp Rainbow Project.
6. Research projects- Research is integrated into every project and maybe scientific, operational, or social sciences research.

1. The AIDS Helpline and Telephone Counseling service and integrated counseling and testing service

The ASHA Foundation HIV/AIDS helpline was one of the first helplines started in the country in 1998. In the year 2011 the IVRS system was discontinued but the manual helpline which was started in the year 2000 continues till date.

HIV/AIDS helpline service and integrated counseling and testing service is one of the projects of ASHA Foundation which focuses on providing counseling to HIV patients, their families and their community. There are two manual helpline which functions on 5 days of the week from 9.00 am to 5.00 pm. It also aims at enhancing adherence to treatment and, to improve their quality of life. In addition to telephone counseling, face to face counseling is also available. ASHA Foundation is located in the urban district of Bangalore. ASHA Foundation introduced the manual telephone counseling line for HIV/AIDS in the year 2000. The project is now in its twenty first year.

Goal:

- (i) To build awareness on HIV/AIDS infection in the community.
- (ii) To provide HIV testing in a non-coercive and non-stigmatized environment both voluntary and anonymous.
- (iii) To provide counseling to HIV patients, their families and the community.
- (iv) To provide personalized, quality, medical care to patients with HIV/AIDS irrespective of their ability to afford treatment.
- (v) To train counselors in HIV/AIDS as and when required

Presently the **activities** under this project are:

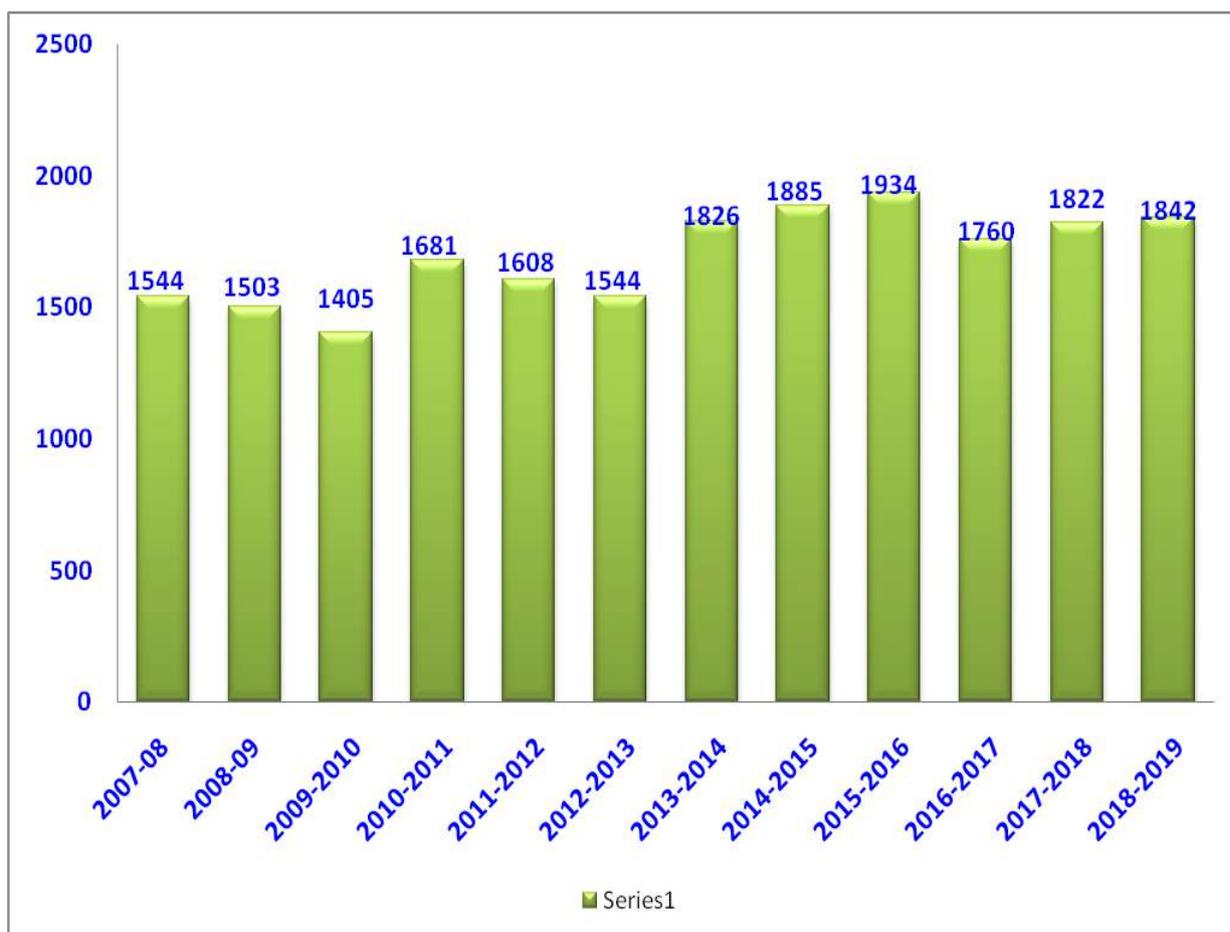
1. Telephone counseling
2. Face to Face counseling which includes the following:
 - Pre test counseling
 - Post test counseling for negative and positive persons
 - Supportive counseling
 - Family counseling
 - Counseling for ART and adherence
 - Counseling for PMTCT
 - Counseling for regular follow up/ irregularity/lost to follow up
3. Response to E mail queries
4. Awareness programs
5. Training
6. Research

Target:

- (i) To increase number of counseling sessions for adult and children by 5%
- (ii) To conduct 3 HIV/AIDS awareness session per year
- (iii) To increase the number of telephone calls by 5%
- (iv) To increase our publicity through advertisements in newspapers & poster
- (v) To increase number of email queries

ITEM	No. of Calls
Number of calls received on 23542222 & 23543333 from April 2018-March 2019	1842
Cumulative total since 2000	27704

Graphical representation of calls received on telephone helpline



E- Mail Queries

Year	Number of queries
April 2018-March 2019	101
Cumulative total since 2008	998

Publicity

Type of publicity	April 2017-March 2018
Newspaper advertisement	14
Number of calls from Newspaper	99
Number of calls from Poster	15
Cumulative total of Newspaper advertisement (since March 2010)	611

Counseling Details

Type of counseling	April 2018-March 2019
Pre test counseling	57
Adherence counseling	113
Follow-up counseling	134
Family counseling	42
People refd. to other services	1
Total counseling sessions	337
No. of HIV tests done	47 (2) people not tested in wp
	(9) people came for information
No. of HIV tests Positive	23
No of HIV tests negative	24
Cumulative counseling sessions from 1998 to March 2019	8646

Awareness Programs Conducted By ASHA Foundation

Date	Topic	For whom	Venue	No. of persons	Conducted by	Timings
13.12.2018	HIV/AIDS Awareness session	Construction workers	LSB Colony	70	Priyanka. M Supriya	1 pm to 4.40 pm
18.01.2019	HIV/AIDS Awareness session	Housewives & Street vendors	Chowdeshwari Nagar	80	Priyanka. M Supriya	1 pm to 5.30 pm

Over the years , ASHA Foundation has conducted free HIV/AIDS awareness programs for thousands of metro construction workers, contract labourers, police training college trainees, garment workers , auto drivers , housemaids and street vendors, anganwadis, doctors, nurses, teachers, nursing students, medical students community health workers and lay people.

Case study :

This is a true story though names and dates have been changed to maintain anonymity. Praveen Kumar called the ASHA Foundation AIDS Helpline one morning in September 2018. He was extremely anxious. He had had an unprotected sexual contact with an unknown person three months ago under the influence of alcohol. He was very worried that he might have become HIV positive. He had a family and a child that he loved very much and was consumed with guilt about what he had done. He had obtained the ASHA Foundation Helpline number from the internet and had called the helpline. Our counselors counseled him over the phone and then he made a visit to ASHA Foundation. After pre test counseling he was tested for HIV infection. His report was negative and at post test counseling, Praveen Kumar was very relieved and happy that his test was negative. He was further counseled on how to remain negative. He was very grateful for the service rendered by ASHA Foundation to him and expressed his gratitude.

This case is being presented to show how in spite of the HIV epidemic being more than thirty years old in our country, they are still instances where people place themselves at risk, especially under the influence of alcohol.

Awareness programs need to be continued on an ongoing basis.

2. Adolescent Health Education

The Project

Adolescent Health Education is one of the projects of ASHA Foundation which was launched in the year 2000. The project involves the empowering of adolescents so that they can face the challenges of their future. The project started with the empowering of students in the area of preventing HIV/AIDS which was a threat to adolescents. As years passed on other challenges of smoking, substance abuse, alcoholism and suicide ideation have become a source of threat.

It was perceived that adolescents given social / emotional education, like the one proposed by ASHA Foundation, could face all manner of challenges. But as we see the present scenario it seems that Education in its narrowest sense does help adolescents to face the future. *The 2018 World Development Report on Education: A Critical Analysis*. Titled **Learning to Realize Education's Promise** Washington views that the World Bank economist have (World Bank, 2018. 216 pp (Klees et al., 2012) continued to reflect a narrow view of education because it does not take into account the global concern of equity among men and women. Respect and responsibility do not feature in the educational system because only the cognitive achievement is measured and appreciated.

The strategy

The strategy involves empowering adolescents with life skills and build character in the school going years. Therefore the people involved in the program are Institutions, school leadership, teachers, parents, students and ASHA Foundation.

In the year 2018 – 2019 the following work was done to fulfill the goal of Adolescent Health Education. The starting point is the training of teachers who then teach the program to the students.

1 Prevention Education Program

A Teachers' Trainings

Sl. No.	Dates	The workshop	The venue	No. of institutions	No. of participants
1	15-06-18 To 17-06-18	I Amravati Teachers' Training Workshop	Vinayaka Gurukul School, Amravati	39	53
2	06-12-18 to 28-12-18	II Amravati Teachers' Training Workshop	Shivaji English Med. School, Amravati	60	62
3	18-01-19 to 20-01-19	VII Mumbai Teachers' Training Workshop	PES, D.Ed College, Karghar, Navi Mumbai	32	87

Total number of teachers trained in 2018-2019 -----**202**

Total number of schools and institutions that attended the workshops ---- **131**

II. Details of Schools, Colleges and Other Institutions doing the program in the year 2018 – 2019

'Other institutions' refers to institutions that care for children who are out of school.

Sl. No.	Region	Total Schools	Total Colleges	Total Other Institutions	Total 2018 - 2019
1	Andhra Pradesh			10	10
2	Karnataka	34	5	3	42
3	Mumbai	96			96
4	Pune	156	3		159
5	Tamilnadu	1			1
6	Vidarbha	99			99
	Total	386	8	13	407

In Karnataka, the AHE program is going on in schools in Bangalore Urban, Bangalore Rural, Mysore Urban., Mysore Rural, Mandya, Mangalore, Dakshina Kannada, Dharwad, Chickamagalur, Haveri, Kodagu.

Total Numbers in the Adolescent Health Education Project

	Up to 2015-2017	2017 - 2018	2018 - 2019
Teachers Training Workshops	57	3	3
Teachers trained	2906	210	202
Schools/ Institutions sending teachers for training	*73 (Only in the current year)	Kar 1 Mumbai 44 Pune 21 (Only in the current year) Total 66	Mumbai 32 Amravati 99 (Only in the current year) Total 133
Students doing the program	Andhra 482 A & Ni 241 Kar . 8,916 Mum 5328 Pune 19,828 Nagpur 60 T. nadu 466 Kerala 150 Total 45,471 (Only in the current year)	A & Nicobar 249 Kar 14994 Mum 7159 Pune 3464 Nagpur 60 T. nadu 174 Total 46,100 (Only in the current year. This number cannot be totaled since the number who join the program and those who leave the program changes according to the class the student is in.)	Andhra 250 Kar 11,252 Mum 8,722 Pune 22,833 Vidarbha 5,042 T, Nadu 175 Total 48,274 (Only in the current year. This number cannot be totaled since the number who join the program and those who leave the program changes according to the class the student is in.)

2018 – 2019 Annual Report Pune Number of students in each school

Sl No.	Name of the School	No. of students 2018-2019
1	Ajinkya Institute	40
2	Amanora High School	110
3	Ashram Sala Primary School	42
4	Anjali English Medium School	112
5	Baburaoji Gholap Vidyalaya, Sanghvi	160
6	BJS English School Wagholi	72
7	BJS Primary School Wagholi	45
8	Blossom School Vishrantwadi	62
9	City International School	130
10	Crescent English Medium School	120
11	Cyrus Poonawala School	98
12	Dastur Co Ed School Camp	124
13	Dyandeep English Medium School	164
14	Don Bosco School and Junior College	141
15	Dr. Mrs. Erin Nagarwala Day School	112

16	Dr. Mrs. Erin Nagarwala Residential School	126
17	Enamdar English School	40
18	Eon Gyanankur English Medium School	176
19	Friend's English School, Poolgaon	71
20	GK Mandal's Choksey High School	48
21	Holy Angels Convent High School	268
22	Indian Education Society, Vadgaonsheri	176
23	Indira Gandhi School	82
24	Jai Hind School Pimpri	220
25	Jai Hind Primary School	229
26	JD Academy School Swargate	180
27	Jovan Vikas Mandir	40
28	JSPM English Medium School	129
29	J.S. Tyagi Memorial School	60
30	Jyotirmay International School	85
31	KVG BRD School, Chandan Nagar	220
32	KV Southern Command	140
33	Lexicon International School	140
34	Little Flower English School	60
35	Little Star School Kharadi	122
36	Londkar High School Mundwa	225
37	Lonkar Mahavidyalaya, Mundwa	256
38	Lonkar Vidyalaya	200
39	Mahatma Gandhi Vidyalaya, Khanur	115
40	Maher Education Society	42
41	Mar - Ivinous Convent School	84
42	Mother Theresa School, Vadgaonsheri	280
43	Mount St. Patrick	180
44	National Children's Academy	160
45	NCA School, Vishrantwadi	150
46	New English Medium School, Chakan	120
47	New English Medium School, Hadapsar	128
48	New Life School, Swargate	80
49	Nirmala Convent School Kharadi	280
50	Orbi International School Mundwa	140
51	Oscar High School	52
52	Pandit Nehru Vidya Mandir, Kamshet	100
53	Pawar International School Magarpatta	168
54	Pawar Public School Magarpatta	76
55	PDEA School Budruk	76
56	PDEA School, Ane	154
57	PDEA's School, Akruti	260
58	PDEA School, Aund	120

59	PDEA School Daund	176
60	PDEA School Dehu Road	62
61	PDEA English Med. School Bori Bk	124
62	PDEA English Med. School Dalaj	79
63	PDEA English Med. School Inamgaon	120
64	PDEA School Kalas	250
65	PDEA School Khadki	240
66	PDEA School Kamshet	120
67	PDEA School Kati	104
68	PDEA School Kolvan	280
69	PDEA School Lohegoan	340
70	PDEA School Mandki	240
71	PDEA School Moshi	61
72	PDEA School Nangaon	160
73	PDEA School Nhavare	270
74	PDEA School Nhavi	120
75	PDEA School Nimkotakee	98
76	PDEA School Ozar	126
77	PDEA English Med. School Padvi	122
78	PDEA English Med. School Pargaon	190
79	PDEA School Pirunget	240
80	PDEA School Sangvi	98
81	PDEA School Savindane	212
82	PDEA School Shirol	86
83	PDEA School Shirol Bk	126
84	PDEA School Shivane	180
85	PDEA School Supe	143
86	PDEA School Umbraj,	180
87	PDEA School Uraigaon	110
88	PDEA School Velha	78
89	PDEA School Wanewadi	229
90	PDEA School Yenere	120
91	PDEA's English Medium Primary School	160
92	PDEA's English Medium School	154
93	PDEA's Institute of Diploma in Education	40
94	Phoenix School,	82
95	Phoenix English Medium School, Kharadi	96
96	Pirunget English School, Pirunget	85
97	Poona Women's School	240
98	Prodigy Public School	120
99	Raisoni English Medium School	110
100	Republic School Keshnand	128
101	S J Vidyalaya	56

102	Sadhana English Medium School	320
103	Sadhana English Medium School,	228
104	Sangavi PDEA School	116
105	Sant Thukaram Madhyamik Vidyalaya	180
106	Sant Tukaram Vidyalaya, Lohegaon	225
107	Sant. Dnyaneshwar Kharadi	41
108	Sarathi Education Society	98
109	Sarathi English Medium School	134
110	Satav High School, Wagholi	280
111	Shivaji Vidyalaya, Dehuroad	180
112	Shivraj School Vadgaonsneri	125
113	Shri Mallikarjun Vidyalaya Naware	180
114	Shri Manalsakant Vidyalaya, Akrti	119
115	Shri Nagheshwar Vidyalaya, Moshi	87
116	SMMV School Mulshi	224
117	SNBP School & Junior College	119
118	SSV School, Paud	112
119	St Anne's High School Pune Camp	259
120	St. Felix High School	250
121	St Joseph School, Viman nagar	128
122	St Ornella's High School, Camp	49
123	St. A V High School	82
124	St. Arnold School Vadgaonsneri	218
125	St. Francis School, Chandan nagar	138
126	St. Joseph Convent School, Lohegaon	180
127	St. Joseph High School, Gorpady	258
128	St. Mary's School	162
129	Stella Maris School Vadgaonsneri	146
130	Subhash English Medium School	75
131	Sunderbai School Chandan nagar	180
132	T D Pathare Vidyalaya, Kharadi	289
133	Tukaram Pathare School, Kharadi	180
134	Tukaram Pathare English School	64
135	V S Satav High School	180
136	Vatsalya Public School, Gorpady	148
137	Vidyankur, Sainikwadi, Vadgaonsneri	228
138	Vikas Pratishtan English Med. School	86
139	Wagheshwar English School	48
140	Yashwant Vidyalaya, Mandvi	46
141	Zensar English Medium School	126
142	Abhinav School Ambegaon State Board	116
143	A.E.S Horizon English Medium School, Narhe	86
144	Lotus English Medium School, Balaji Nagar	121

145	Abhinav school Narhe State Board	183
146	Abhinav C.B.S.E School, Narhe	158
147	Ajinkya Dedge Public School	167
148	Sathya Valley School, Wadwadi	158
149	Blossom English Medium School	126
150	Unique English Medium School, Kondwa	187
151	Utkarsh English Medium School	236
152	Pride English Medium School	178
153	Digvijay English School, Dhankawadi Pune - 43	126
154	Sharad School Katraj, Pune	142
155	Abhinav Education Society CBSE Ambegaon Pune - 46	156
156	Abhinav school Katruj	146
		22519

Colleges in Pune

1	Christ College	132
2	Marathawada Mitra Mandal	126
3	Maher Education Society	56
	Total	314

Total Number of students in Pune **22833**

Annual Report Mumbai		
Sl. No	Name of the School	No of students 2018 -19
1	Adarsh Vidyalaya High School	37
2	Agrasen High School, Kamothe	72
3	Amruta Vidyalaya (Jui Nagar)	24
4	APJ Public School, Kharghar sector 4	62
5	APJ Public School, Kharghar sector 6	46
6	APJ Public School, Kharghar Sector 10	32
7	Ashwini Classes	85
8	Bal Bharati Public School, Kharghar	84
9	Bethany Convent kolkhe Panvel	62
10	B.D.D.V Primary School, Panvel Raigad	120
11	Bhagwan English Medium School	45
12	Bharati Vidyapeeth	132
13	Bharathi Vidyapeeth (CBD)	54
14	Chougale School, Airoli	58
15	Christ Academy CBSE Board	224
16	Christ Academy State Board	185

17	CKT school New Panvel	54
18	Datta Meghe World Academy Sec 16 Airoli	52
19	DAV International School	
20	Diamond Jubilee High School, Byculla	42
21	Don Bosco High School	120
22	D Y Patil School	56
23	D Y Patil School	42
24	Dyandeep School	34
25	Dyan Pushpa Vidya Niketan, CBD	56
26	Dyandeep Primary school	24
27	Emmanuel English Medium School	75
28	Father Agnel School Vashi	38
29	Gokhale High School	45
30	Good Shepherd School, Nerul	180
31	Good Shepherd School, Belapur	64
32	Gold Star High School, Vashi sector 28	57
34	Gold Star High School, Sec 28 Vashi	46
35	Gold Crest High School Sec 29 Vashi	74
36	Guru Gobind Academy	169
37	Harmani Public School	53
38	Harmony Public School (Karghar)	34
39	Huda English School	
40	Indian National School Nerul	43
41	J C L High School, Vashi	61
42	Jspm School, Kamothe	68
43	Jspm School, Panvel	123
44	Jspm School, Karghar	80
45	Little Angel's English School	74
46	K.A. Bharthiya School	62
47	Kendriya Vidyalaya Koliwada	120
48	Kids Garden Public School, Sukapur	45
49	K.V. Kanij School	60
50	K.V. Kamy School Panvel	48
51	Late M.T.Thakur, Eng. Med. School, Pale	
52	Little Bird School	30
53	Little Harmony School, Belapur	80
54	Mansarovar School Kamothe	82
55	Mahima International School, Koperkairane	62
56	MES Vidya Mandir	42
57	Modern High School, Sec 15 Vashi	48
58	Modern English School	64
59	Monami High School	62

60	Mspm School, Karghar sector 17	49
61	Mspm School, Karghar sector 4	62
62	Narayan E Techno School	42
63	New Model School	38
64	Navi Mumbai Mahanagar Palike, Nerul	42
65	Navi Mumbai Mahanagar Palike, Rahale	52
66	Navi Mumbai Mahanagar Palike,Kopperkhaiane	82
67	New Horizon Public School Sec 19 Airoli	56
68	New Horizon School, Sector 13	23
69	NIMHRC	70
70	Nivedita High School	220
71	Nutan Vidyalaya, Nerul	23
72	P.E.S Central School Sec 1 CBSE CBD Belapur	280
73	P.E.S High School (state board)1 CBD Belapur	120
74	PES Central School, Belapur	62
75	Podar High School	82
76	Presentation High School	182
77	Rainbow International School	46
78	RBT Vidyalaya	82
79	Redcliff School, Belapur	58
80	RTP School, Karghar	69
81	Rajput School, Panvel	72
82	Sai Nath School	182
83	Sakharam Seth High School	62
84	Samayak Vidyalaya	51
85	SBOA Public School	61
86	Sree Ram English School	71
87	Sree Ram Vidyalaya	152
88	St. Mary's High School	45
89	Sainath School	65
90	St. Therese School	460
91	St Xavier's High School	56
92	St Xavier Public School, Karghar	46
93	St. Xavier Public School, Panvel	61
94	St. Xavier's School (Panvel)	43
95	Sree Narayan Guru School	80
96	Shree Suvidya School, Kamothe	154
97	Sri Ravi Shankar Vidya Mandir Karghar	62
98	Sterling High School, Nerul	70
99	Sushma Patil Vidyalaya	63
100	Swami Brahmanand Prathishtan	64
101	Swami Vivekananda Vidya Mandir	48
102	Thakur English Medium School	124

103	The English High School	54
104	Tilak Public School, Nerul	82
105	Tilak Public School, Gansoli	70
106	Tungareshwar High School, Panvel	70
107	Utkarsh High School	72
108	Vasudev Balvanta Palike	50
109	Veer Savarkhar School	122
110	Vibgyor International School, Vashi	154
111	Vibgyor High School, Sec 15 Karghar	69
112	Vibgyor High School, Karghar	47
113	Vibgyor International School ,Karghar	123
114	Vidya bhavan High School, Sec 9 CBD Belapur	62
115	Yakub Baig High School	24
	Total	8722

Total Number of students in Mumbai - **8722**

Schools in Vidarbha Region of Maharashtra -2018 – 2019

No	Name of the school	No. of students 2018- 19
1	G.T.G. School Loni Takdi	42
2	Vinayaka Gurukul	160
3	I.D.M.S. School, Digaras	36
4	Police Public School, Amravati	63
5	Rashtra Sant Tukdoji Maharaja Vidyalaya, Malkhed	42
6	Sunrise English School, Tiwasa	52
7	St.Francis High School, Amravati	69
8	Saraswati Vidhyalaya, Amravati	34
9	Shiv English School, Amravati	59
10	Vikas Vidyalaya, Vilas Nagar, Amravati	51
11	Noble Kids School, Arvi	52
12	Jet Kids School Amravati	56
13	New Golden Public School	36
14	Rajeshwari High School, Badnera	63
15	Era Kids School, Amravati	52
16	Pandit. Sant Gadgebaba Vidyalaya, Manjarkhed	36
17	Shri. Saibaba Vidyalaya, Amravati	41

18	Kubetkar School, Amravati	47
19	Z.P.School Dabha,Nandgaon	52
20	Z.P.P. School Namdgao	60
21	Z.P.School Tongalabad	36
22	Z.P.School Amravati	28
23	Z.P.School, Jamgaon	63
24	Z.P.School Dadhi, Bhatkuli	48
25	Z.P.School, Bhankhed Khurde	37
26	Z.P.School, Waygaon	82
27	S. V. K. Vidyalaya, Naigaon	62
28	Mother's Pride Convent School	42
29	Teny Blossom School	48
30	DIECPD, Amravati	71
31	Paradise E. School , Amravati	48
32	Shanti Vidya Mandir, Nagpur	52
33	Ramakrishna Kreedha Ashram Shala, Amravati	49
34	New High School Belpura, Amravati	52
35	Manibai Gujrati High School Amravati	45
36	Sharada Mahila School Nagpur	52
37	School Of Scholars Amravati	69
38	Shiv English School, Amravati	47
39	Dada Bhamodkar Krushi Vidyalaya Saur Amravati	52
40	Mannalal Gupta Vidyalaya Chandur Railway	48
41	Dada Saheb Boke Vidyalaya, Varkhed	62
42	Shivaji High school and Jr College , Shirajgaon Band	46
43	Shivaji High school Chikaladhara	128
44	Dr, Punjabrao Deshmukh High School , Papal	38
45	Chandur Kanya shala Junior College Chandur Railway	59
46	Sri, Chatrapati High school Dhamangoan Railway	62
47	Benboji Baba High School, Ghuekhed	48
48	Sant Maniram Maharaja Vidyalaya Baggi Jawara	69
49	Shivaji high school Ganesh nagar Nagpur	82
50	Shivaji High School, Nera	66
51	Shivaji High School Darvha	48
52	Model High School, Wardha	38
53	Kanya shala Aanji	63

54	Adarsh Vidyalaya, Aanji	122
55	Shivaji High School, Nandura	28
56	Vidyalaya, Chandol	42
57	Vidyalaya High School, Boregoan Buldhana	48
58	Shivaji Vidyalaya Buldhana	52
59	Shivaji High School, Nera Buldhana	38
60	Tukaram Ingole Vidyalaya Kan Shivane	56
61	Vidyalaya High School, Kinhola	41
62	Vidyalaya Deugoan, Maharashtra .	23
63	Vidyalaya, Akola	35
64	Shivaji High School, Masrul	21
65	Shivaji High School, Hatedi	38
66	Vidyalaya Main Branch, Akola	66
67	Vidyalaya High School Kinhiraja	35
68	Shivaji Vidyalaya Kutasa	42
69	Vidyalaya Vanoja	64
70	Shivaji High school Chikhali Buldhana	48
71	Shivaji Vidyalaya Aasegaon Bajar	62
72	Vidyalaya High School Telhara	83
73	Shivaji High School, Esoli	124
74	Vidyalaya High School Ramjaba	38
75	Shivaji High school Aakot	110
76	Vidyalaya Nimba	48
77	Kasturba Kanya shala Amravati	56
78	Vidyalaya Kanya shala Morshi	43
79	Janata Vidyalaya and Junior College Nerpingalee	23
80	Jarud High School Jarud Amravati	58
81	B.D Jarudkar Kanya shala Jarud Amravati	82
82	Shivaji Multipurpose High School Main Branch	128
83	Sri Vidyalaya Maratha High School and Junior College, Amravati	36
84	Shri Vidyalaya High School Khartelegaon	35
85	Nandgaon High School & Junior college, dist, Amravati	34
86	New Vidyalaya High School & Junior College, Varud, Amravati	35
87	Rajura High School and Junior College, Rajura Bajar, Amravati	24
88	Abhimanji Kalmegh School, Nandgaon Peth, Amravati	65

89	Adarsh High School, Daryapur dist. Amravati	52
90	Ratnabai Rathi Kanya shala, Daryapur dist. Amravati	48
91	Kaushalyabai Barbade Vidyalaya, Chincholi,. Amravati	68
92	Khallar High School & Junior College, Khallar, Amravati	48
	Total number of students in Vidarbha Region	5042

A	Schools in Karnataka	2018 - 2019
1	Baldwin Co Ed School	235
2	Cathedral School	160
3	Col. Hill School	400
4	Ebenezer School	60
5	Prudence International School	150
6	St. Charles School	290
7	Tunbridge High School	65
8	Gnanabodhini High School, English medium, Kengeri	358
9	Gnanabodhini High School, Kannada medium Kengeri	180
10	Maria Niketan High School, Bogadi, Mysuru	600
11	Angela Vidhyalaya Niketan, Bogadi Mysore	300
12	Akshara International Public School, Mandya	350
13	De Paul School, Mysuru	461
14	Excel Public School, Mysuru	250
15	St. Rosellos Central School, Mysuru	172
16	St. Joseph's High School, Hunsur	600
17	St. Joseph's PU College, Hunsur	700
18	St. Joseph's High School, Koppa	131
19	Nirmala Convent Higher Primary School. Eng. Med. Balehennur, Chikmagalur	65
20	Nirmala Convent High Sc, English Med. Balehennur, Chikmagalur	243
21	Christa Prabha Convent Higher Primary School, Jayapura, Koppa	40
22	Amrutlalji High School, Dakshin Kannada	97
23	Assisi Central School, Dakshin Kannada	80
24	St. Antony Higher Primary School, Suntikoppa	208
25	St. Joseph's Higher Primary School , Derlaketta	90
26	St Joseph's Primary School, Phajiru, D K	175
27	St Jude's Higher Primary School, Belthangady	97
28	St. Theresa English High School, Belthangady	72

39	St. Theresa P.U. College, Belthangady	140
30	Roshini High School, Hangal, Haveri	430
31	Roshini Social Action Center	30
32	St. Michael's High School, Shanthinagar, Hubli	40
33	St. Michael's High School, Keshwapura, Hubli	420
34	St. Xavier High School, Tumerikop	223
	Total	7912
B	Colleges in Karnataka	
1	Peniel Community College	47
3	Concerns India	50
4	Lowery Memorial D.Ed College	14
5	Rebekah Ann Naylor Nursing College	65
	Total	176

Total number of students in Karnataka is 11252

C	Other Institutions	
1	Out of school Youth through CCCYC workshop	149
2	Project Life - Schools across Karnataka	3000
3	Center for Social Action, Christ University, Bangalore	15
	Total	3164
	Grand Total of A+B+C	11252

Total number of students doing the program in the year 2018 – 2019 is 48,274

Impact of the Program

To understand the impact of the program one has to hear it from the students and teachers.

Anecdotes from Students about the impact of the program

“I love my teacher because of her valuable lesson in my life. I was taught to respect others. You taught me that there are many types of love. We must be able to differentiate with Prudence.”

Saurabh Singh

Std, IX B

Satav English Medium School

Dear Varsha Madam,

I was not liking your class till last year. Your classes were boring for me. But when the class started on value education with very nice activities, I began to pay attention to your classes. It was very interesting; I remember all your classes. Now I love your classes more than anything.

Sohail Parwani

Std. Xth B

Holy Angles School

“Thank you Teacher for your wonderful lesson on “Friendship”. Earlier all my friends I chose on the basis of their quality. I had friends with all talents. I never liked people who were ordinary. But now after the lesson of friendship, I believe the basis of all friendship is not their external quality. But because that they are human beings,

Thank you teacher

Sakshi Waghmare

Std IX A

Nirmala Convent School

“The best thing that I remember is the value education classes. I still remember the activity conducted in the class by singing in different columns.

Thank you teacher. Now I believe that I am unique.

Suyonshi

Std IX “A

Satav English Medium School

“Thank you very much Ma’am For your wonderful value education. I still can’t forget the wonderful time that we had. It was very unique than all other classes. I understood very important things in a very simple manner. Example – Who Am I, Good Friendship, Am Precious, Good touch , bad touch.”

Dnyaneshwari Patil

Std . Vth C

St. Francis De Sales High School

“I love my teacher because of her valuable in my life. I had lots of problems in my life. I was able to solve it with my loving teacher. Now she is important in my life. In a circle when I was sitting and good games and good fun, I was able to share my problems with her. She imbibed in me good thoughts

Mansi Sonawame

Std. IX A

Holy Angels School

“I am very glad to write about my teacher’s valuable lessons taught to me. It taught me more valuable lesson which I don’t get from my textbook.

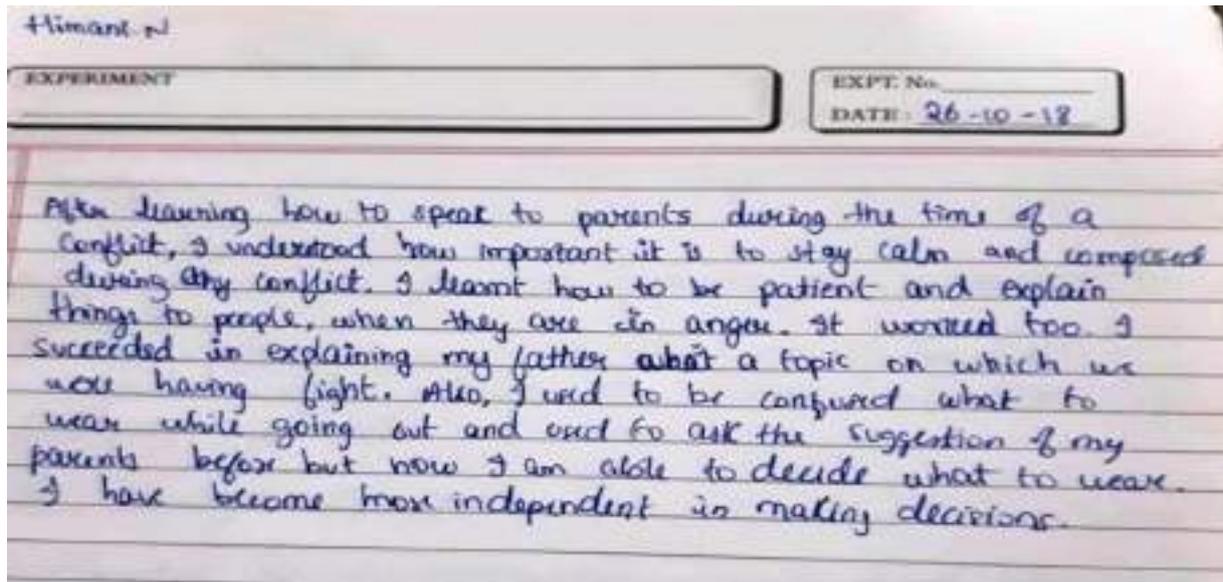
The best thing that I have learnt is that I am precious and unique. This thought gave me the feeling that am unique and wonderful. There is no one in this world like me. Before this I was feeling that I am one among many others. I have something to do in this world.’

Pooja Rathod

Std. IX A

Nirmala Convent School.

“A very specific anecdote which represents the kind of changes that students experience while doing *Anmol Ashayein* Curriculum.. The anecdote is related to Lesson 24 which teaches about handling conflict. This diary page is about how this student responded to conflict after being taught this lesson.



Anecdotes from Teachers about the impact of the training

Thank you ASHA team!

I have attended this workshop against my will. I never liked to join for a workshop and that also for three days. But even when attended carefully but when I began to teach these lessons in my class, I have seen a lot of interest in my students. I have seen a lot of changes in their lives.

Thank you ! Joyce Ma'am

Nandini

Satav High School

“Thank you very much Sir, for arranging a wonderful workshop for us. It was the first ever workshop that I attended. I still remember all the things taught during the seminar. Thank you Joyce Ma'am and Bethesa Ma'am. Now Am doing it also I'm enjoying this class.

Shubhra Lahri

Nirmala Convent School

“I feel proud to be a teacher!! Since I've seen radical changes in the lives of students while teaching value education,

It was a tremendous experience. I'm feeling that I'm in touch with the lives of the students.

Now I'm happy and satisfied as a teacher.

Cecilia Balleery

Nirmala Convent School

Impact of the program on some Institutions

ASHA Foundation's Adolescent Health Education (AHE) program that was implemented in the year 2000 was one of the first few programs that addressed the issue of prevention of HIV AIDS amongst adolescents. Since then a number of schools and other institutions have made this concern a part of their value education/ moral science classes. So each of these schools have now

made the goal of AHE an integral part of their own value education curriculum. Such schools have not been included in the above calculation.

However the challenge that we face is when there is a change in leadership or when the trained teacher leaves the school the Anmol Ashayein program is left incomplete. Such schools have not been included in the above calculation However some school leadership have very successfully passed on the baton so the program has gone on unhindered.

Follow up and other meetings

These meetings and short programs are held at the request of individual institutions.

23.06.18 Team building in Schools was a one day program that was taught to school leadership from the congregation of Apostolic Sisters. Carmel Convent School, Jayanagar, Bengaluru 560041. This was a national level conference and provided a platform to introduce the work of Adolescent Health Education.

12.07.18 Empowering Teachers of St. Charles School Lingarajapuram. The teachers teaching Anmol Ashayein program came together for a short time to share their experience of teaching the program and to get new insight.

18.09.18 AIDS Awareness for New Horizon College. Students of BBA, BCA 1st and 2nd year students of the college gathered together in their auditorium from an AIDS Awareness program. There was an enthusiastic response from the students to take to message forward and become people who would participate in helping HIV infected and affected people.

05.09.18 A news letter was put together which had the highlights of the years program and the response from some teachers. This news letter was sent to all the teachers who had attended the Teachers' Training Workshop and had given their email ID Follow up visits to Tumkur, Mysuru and Kollegal took place.

Gratitude

Our sincere thanks to all the institutions who have contributed towards the program needs. Our entire Teachers' Training Workshop has been held in either school or college premises where the institution has offered us the use of their facilities. This has helped to cut back expenses. The PES College of Education , Mumbai, Vinayaka Gurukul School, Amravati, Shivaji English medium School, Amravati who have made their premises available for the workshop. Christ College, Pune has allowed our resource manuals and students' manuals to be stored. There are a number of teachers, school staff to whom we owe our thanks who have gone out of their way to help out at the workshop in registration, hall arrangements and photocopying

3. Children at Risk Project

Targets for the year:-

1. To provide educational support to at least a hundred HIV infected and affected children.
2. To conduct sports day and picnic day during the year.
3. To conduct 12 SHG meetings for our HIV infected and affected women.per year.
4. To conduct all the other activities as usual.

The components of the children at risk project are:-

1. Medical, nutritional and educational support for children.
2. HIV/AIDS out patients clinic three times a week.
3. Empowerment of women through meetings and SHGs

Sl.No	Particulars	Reached
1	Education	
a	No of children who received educational support (49 Girls & 55 Boys)	104
b	ELE (pre- school) (05 Girls & 02 Boys)	07
c	PE (Primary Education) (18 Girls & 14 Boys)	32
d	SE (Secondary Education) (09 Girls & 16 Boys)	25
e	IC (Intellectually Challenged)	-
f	HE (Higher Education) - pre university, college, vocational training, professional courses etc. (17 Girls & 23 Boys)	40
	Total	104
2	HIV/AIDS Clinic	
a	No of persons tested for HIV infection	68
b	Positive reported	25
c	Adults reported positive	21
d	Children reported positive	04
e	No of new patients registered	24
f	No of clinic days	154
g	No of adult patient visits to clinic	1627
h	No of children patients visits to clinic	354
i	Total no of patients visit to clinic	1981
j	General Investigations for children	50
k	CD4 Investigations for Children	86
l	TB treatment for Children	-
m	OI infections treated for Children	299

n	Children on ART	51
o	Children on 1 st Regimen	45
p	Children on 2 nd Regimen	03
q	Children on 3 rd Regimen	03
r	No of Children Hospitalized	-
s	No of Children Referred	-
t	Adults on ART	216
u	General Investigation for adults	46
v	CD4 investigation for adults	90
w	OI infections treated for adults	575
x	PLHA TB treatment for Adults	06
y	No of children attended Camp Rainbow	05
3	Socio Economic	
a	No of SHGs Existing	06
b	No. of SHG members	117
c	No of children supported for Nutrition	15
d	No of Nutritional Poustik plus distributed	72
e	Dry ration support for Poor Families	34
f	SHG Internal Loans issued	10
g	SHG Monthly topics	09
	1.Cd4 cell and link to HIV/AIDS 2. Importance of Thyroid Gland 3. Information given about job opportunities in Avon 4. Information given about children scholarship 5. Social Entitlement 6.Health and Hygiene 7.Dhanashree Yojana – Government scheme for people living with HIV/AIDS 8. Sharing of Annual report -2017-2018 9. Sports day details and input	
h	BHAF Meetings attended	08
i	Referred to Government Scheme called UNNATI (Means progress) for Free Training and employment for under privileged youth	01
j	Referred to the HIV Positive Marriage Bureau to Arunodaya Network	01
4	Celebrations and Events	
I	Sports Day – 27.01.2019	01
a	Children Participated	75
b	Adults Participated	59
c	Staff	08
d	Volunteers-	-

The KNH-CAR project supports the medical, nutritional and educational support for children infected and affected by HIV/AIDS.

The following activities were undertaken:-

To improve the educational status of children infected and affected by HIV/AIDS

As the part of the educational support, during the period, 104 children were supported for their education... Details as follows:

ELC (Early Learning Centre) Lkg & Ukg	07 (05 Girls & 02 Boys)
PE (Primary Education) 1 st std to 7 th Std	32 (18 Girls & 14 Boys)
SE (Secondary Education) 8 th std to 10 th std	25 (09Girls &16 Boys)
HE (Higher Education) 1 st PUC to Degree	40 (17 Girls &23 Boy)
Total	104 (49 Girls & 55 Boys)

To improve the health status of the children infected and affected by HIV/AIDS and their families:-

HIV Testing

During the period totally 68 HIV tests have been done including testing on 25 children. Out of this 25 have been reported positive, of which 13 adults were male, 8 adults were female, and 4 were children of which one was a female and three were male children.

HIV/AIDS Clinic

Children:-

ASHA Foundation conducts a HIV/AIDS clinic thrice a week on Monday, Wednesday & Friday afternoon from 1.30pm to 5.00pm. Totally the clinic operated for 154 days. The medical team consists of Physician, Pediatrician, Counselors, Nurse, Project co ordinator, Medical Social worker and clinic support staff. Free Medical care and consultation is provided for all the HIV Positive patients and all children infected by HIV/AIDS. The services include routine medical care, treatment for opportunistic infections , counseling services, socio-economic assessment , and free or subsidized Anti –Retroviral Treatment (ART)

Presently 51 children are receiving ART treatment out of whom 45 are on the first Regimen, 3 are on the 2nd Regimen and 3 are on the 3rd Regimen and remaining 9 children are to be started on ART. All these children have increased CD4 Counts and their quality of life is good.

Two children have been started on ART during the period. Totally 354 children visits occurred to the clinic. 86 times children received CD4 investigation support and 50 times children have received support for various investigations like CBC, ESR, Hemoglobin, Differential count and Blood Picture, S.Creatinine and Culture SGOT and SGPT, HbsAg, HCV, Liver Function Tests, Alkaline phosphatase Serum electrolytes and culture and sensitivity tests.

Adults

Totally 216 adult patients are on ART. Ninety patients have undergone CD4 test and 19 patients have been started on ART during the period. Forty six patients received other investigations.

To improve the Socio economic status of the children and their parents infected or affected by HIV/AIDS

Self Help Groups:

Six Existing Self help Groups (117 members) are there which have been formed under the guidance of ASHA Foundation with on an average of 18 to 24 members in each group. Regular meetings are being held every month and minutes are maintained. The five groups are Shrishthi, Trupti, Preethi, Prakruthi , Nisarga and Nesara. Ten beneficiaries had utilized the loan facility during the period {totally 151 times beneficiaries have taken loans amounting to Rs 6, 52,000 (Six Lakhs fifty two thousand only). Out of this amount , 113 loans were cleared and Rs 85,450.00 is the outstanding loan amount still being paid by 38 beneficiaries. They have been part of the group for the last seven years. They meet on the third Sunday of every month.

SHG Topics covered during the period as follows:

- CD4 cells and their link to HIV/AIDS
- Importance of Thyroid Gland
- Information given about job opportunities in Avon
- Information given about childrens scholarship in govt.programs – two sessions
- Social Entitlement schemes available under the government of Karnataka.
- Health and Hygiene
- Dhanashree Yojana – Government scheme for people living with HIV/AIDS
- Sharing of Annual Report of ASHA Foundation -2017-2018 and their input
- Sports day- details and input.

No topics were discussed in two months – only the SHG meetings were held.

Dry Ration Support:-

Thirty three HIV positive families with children were supported with dry rations. Each package of dry rations consists of 6 kgs rice, 1 kg Atta, half a kg green gram, 1 kg oil and half a kg dhal.

Sports day:-

The sports day for the year 2019 was held on 27th January, Sunday, from 9.00 am to 4.00 pm, at BBMP ground, Anandanagar. The day began by preparing the ground for games. The women and children started assembling by 8 am at the BBMP ground. As soon as they arrived, their names were registered, ID cards were given and breakfast was distributed.

The sports meet started after breakfast. There was a brief welcome by Shruthi, medical social worker . Several races were arranged for the boys and the girls according to their age groups. Most of these games were new and were being arranged for the first time ,so the children really enjoyed them. For the women, Women two races were conducted . The last game was Ring the duck game. After that was completed, the children were each given bath towels as gifts , in addition to what they won in their respective games. The day ended with lunch. Everybody had a good time. A total of 75 children, and 59 adults participated in the sports day.

Feedback by participants :-

- The sport day arranged by ASHA Foundation on the ground was good. All the children and mothers participated in various games .The games were very nice and interesting and we enjoyed them.
- All staff motivated the children and mother to take part in the sports. Finally thanks to Glory madam who came and spend her time with us. We were all happy when she spoke with us.
- The breakfast and lunch were delicious and gifts were very good and it is useful to all. All arrangement were good.

Case study -1

Kalpana, (name changed) 38 years old widow, first came to ASHA Foundation in November 2017. Her husband had died two years before of AIDS. Though she came to know then that she was also HIV positive, she did not do anything about it. She presented to ASHA with fever and had a very low CD4 count of 62 cells/cu.mm. She also had cough. After investigations it was found that she had multiple superadded infections in addition to AIDS. These included Tuberculosis (TB) of the lungs, PCP pneumonia and oral thrush. She was started on treatment for all these three infections. The TB treatment had to take for a whole year and she received all the medicines free of cost at ASHA Foundation. Kalpana has one son, 14 years old who is also HIV positive and he is taking HIV treatment from Indira Gandhi hospital. While on treatment for TB, about two months later, she developed a stroke on the left side. An MRI scan done at the Neurology referral center showed Toxoplasmosis and she was put on treatment for that also. She was also started on ART, free of cost at ASHA Foundation. Slowly she started improving and the strength of her left limbs also improved. A routine pap-smear of her genital tract was done thereafter and she was found to have early cancer of the cervix. She had to undergo removal of her uterus surgery and this was done almost free of cost at the Baptist Hospital. She completed one-year treatment for TB in November 2018. She is on regular treatment and follow-up at ASHA Foundation. Her CD4 done in December 2018 had come up to 219cell/cu.mm. She is now working in a garments factory and earning Rs. 5000 per month. ASHA Foundation provides free dry rations to her every month and supports the education of her son. Today they are happy and well.

This case is being presented to show how with a low CD4 count and AIDS, a patient can have multiple serious infections, all at the same time - in this case, TB, PCP pneumonia, stroke with toxoplasmosis of the brain, cancer of the cervix. Further she is a widow, with a dependent HIV

positive son and also very poor. With patience, each one of her infections was treated and today she has become an integral part of society again. ASHA Foundation exists for patients such as these. She thanks Kindernothilfe, Germany, Indo-MIM India, and ASHA Foundation for all the free treatment and support and is very grateful.

Case study -2

Ramesh, (Name changed) is 17 years old and is currently pursuing his 2nd year Pre-University in science. He is extremely intelligent and obtained 98% in his 10th standard and 98 % in his first year PUC. He wants to become an engineer. He and his elder sister – Anita (name changed) are both orphans. His father died from HIV infection when his mother was pregnant with him and therefore Ramesh never knew his father. His mother was also HIV positive and received PMTCT from ASHA Foundation at that time and Ramesh is HIV negative. Anita however is HIV positive and is on treatment with ART from ASHA Foundation for the last eighteen years. She is now 24 years old. She has finished her degree in commerce and is working in a private company as an accountant for the last four months. Their mother was also a patient of ASHA Foundation for several years and died in the year 2014 from Cancer of the cervix. Both Ramesh and his sister are staying with their maternal grandparents at Andhra Pradesh. The grandparents are basically in Agriculture with very minimal income. ASHA Foundation has supported these children in their education and Anita for her ART also. It is our hope that Ramesh will do well in his life and be able to take care of Anita as well – she is on third line of treatment and this is quite expensive and ASHA Foundation takes care of a major part of the ART expense currently. The two siblings are very close and we hope that their special relationship will help them to be there for each other at all times.

This case is being presented to show that ASHA Foundation has been there to support these children and their mother for over eighteen years and seen them through their birth and childhood, adolescence, bereavement of their mother, and now adulthood for the older one.

We wish them the very best. Both children express their gratitude to Kindernothilfe Germany for all the support over the years.

Case study -3

Spandana, (Name changed) is 25 years old. She is an orphan. She is also HIV positive. Both her parents were HIV positive. Her father died from AIDS and her mother died in a road traffic accident. When she first came to us 19 years ago, she was already an orphan and was being cared for by her maternal uncle and his family. She was healthy and was started on ART only three years ago in 2016. She has been on regular follow up with us for the last 19 years. Spandana's father was Government employee – a telephone operator and so Spandana was able to get part of her father's pension after his death and this has helped her with her education. Her uncle and family have looked after her well. Today, we are happy to report that Spandana has completed her bachelor's degree in Engineering and has also completed her JAVA Python Course .She is now employed as a Human Resource officer in a reputed private company and is earning well. She is economically independent now.

This case is being presented to show the empowerment of a young HIV positive female who is an orphan and yet with her will power and support of her uncle and ASHA Foundation and Kindernothilfe Germany over the last 19 years she has become a young, confident, independent, woman and the world is her oyster. We feel that our aim has been achieved.

Advocacy and Network meetings attended:

Sl. No	Date	Topic	Name	Venue	No. of days	Conducted by
1.	15.6.2018	Bangalore HIV/AIDS Forum monthly meeting	Shivamma	Milana Office Austin town Bangalore	1/2	Bangalore HIV/AIDS Forum
2.	17.06.2018	Bangalore Forum monthly meeting	Shivamma	Giddenahalli Magadi Road Bangalore	1/2	Rajeev Gandhi housing Board Officer Ms.Veena
3.	20.7.2018	Bangalore HIV/AIDS Forum monthly meeting	Shruthi.R	Radioactive office Near Atria Hotel Bangalore	1/2	Bangalore HIV/AIDS Forum
4.	15.9.2018	Social Entitlements	Ramu	Karnataka State AIDS Prevention Society, CV Raman Hospital, Indiranagar Bangalore	1	Project Director KSAPS
5.	21.9.2018	Bangalore HIV/AIDS Forum monthly meeting	Shruthi.R & Shivamma	Radioactive office Near Atria Hotel Bangalore	1/2	Bangalore HIV/AIDS Forum
6.	16.11.2018	Bangalore HIV/AIDS Forum monthly meeting	Shivamma	Radioactive office Near Atria Hotel Bangalore	1/2	Bangalore HIV/AIDS Forum
7.	21.12.2018	Bangalore HIV/AIDS Forum monthly meeting	Shivamma	Radioactive office Near Atria Hotel, Bangalore	1/2	Bangalore HIV/AIDS Forum
8.	22.2.2019	Bangalore HIV/AIDS Forum monthly meeting	Shruthi.R	Milana Office Austin town, Bangalore	1/2	Bangalore HIV/AIDS Forum

Sl.No	Date	Visit to	Purpose	Meeting with	Name of the staff
1.	19.06.2018	Training programme for underprivileged rural youths under DDU-GKY/GOI programme at SJP Campus Bangalore	For discussion to enroll the school dropout children for vocational training and Job placements	Mr.Vijaya Sarathi	Ramu
2.	25.7.2018	Indian Social Institute, Benson town, Bangalore	Meeting for Forum for fast justice conducted by National Federation of societies for fast justice – Delhi	Mr.Manohar and Mr. Pravin Patel National convener	Ramu

Trainings Attended:

Sl.No.	Date	Topic	Resource Persons	Venue	Attended
1.	18.7.2018 to 19.7.2018	Capacity Building Workshop on KNH mandatory financial requirements	Kajal Bansal, GunaFernandez, Arul, Stanley and accountants	Royal serenity, Bangalore	Mr.Ramu Mr.Ravikant Mrs.Elizabeth Jayprakash
2	13.9.2018	Fundamental of Biostatistics, Epidemiology and Data management	Mrs.Joyce Davis and Mrs.Maya Singh	ASHA Conference Hall Anand Nagar Bangalore	All Staff of the organization
3	22.1.2019	Sharing on visit to South Africa for Global network meeting program - 2018	Ms. Silvia Prathiba Thomas	ASHA Conference Hall Anand Nagar Bangalore	All Staff of the organization
4	25.3.2019	Update on HIV & ART medicines	Dr.Glory Alexander	ASHA Conference Hall Anand Nagar Bangalore	All Staff of the organization

Celebrations:

Sl.No	Date	Event Particulars	Venue	Participated
1.	27.01.2019	Sports day	BBMP Ground Anandnagar	Children -75 Adults -59 Staff -08

4. The KNH-PMTCT Project-Prevention of Mother to child Transmission of HIV Project

Parent-to-child transmission of HIV is a major route of new HIV infections in children. Children born to women living with HIV acquire HIV infection from their mother, either during pregnancy, labour/delivery or through breast feeding which is largely preventable with appropriate intervention, by providing Anti-retroviral therapy (ART) to mothers and Anti-Retroviral (ARV) prophylaxis to infants.

A total of 61,000 lakh children (0 to 14 years) are estimated to be living with HIV in India. Out of 29 million pregnancies every year, an estimated 22000 occur in HIV infected women. All these HIV infected pregnant women have to be detected and provided with timely ART in order to reduce mother to child transmission and ultimately to eliminate paediatric HIV. Counselling and information regarding the outcome of pregnancy and HIV related treatment to the HIV infected women is provided under the programme.

There has been a significant scale-up of HIV counselling and testing, prevention of parent to child transmission (PPTCT) and ART services across the country over the last few years. The number of pregnant women tested annually under the Prevention of Parent-to-Child Transmission (PPTCT) programme has significantly increased over the last decade. However, the HIV testing rates for ANC attendees is still far from universal coverage. The PPTCT services have a reach in a wide area, including sub district level. Under the national programme, it is recommended to provide lifelong ART for all pregnant and breastfeeding women living with HIV, in which all pregnant women living with HIV receive a “single-pill” triple-drug ART regimen (TDF +3TC + EFV) regardless of CD4 count or clinical stage, both for their own health and to prevent vertical HIV transmission and for additional HIV prevention benefits their newborn (HIV exposed) babies are initiated on 6 weeks of Syrup Nevirapine immediately after birth so as to prevent transmission of HIV from mother to child and is extended to 12 weeks of Syrup Nevirapine if the duration of the ART of mother is less than 24 weeks.

The HIV exposed baby is initiated on Cotrimoxazole prophylaxis at 6 weeks and is tested for HIV DNA PCR at 6 weeks by DBS (Dry Blood Spot) collection. If the DBS sample is positive for HIV DNA PCR, then a repeat DBS sample is tested for HIV DNA PCR. The HIV exposed baby is then initiated on lifelong ART at the earliest if confirmed HIV positive through 2 DNA PCR test.

As India embarks on the goal of eliminating parent to child transmission of HIV, it is evident that good coverage with ANC, high rates of HIV testing, effective ART for pregnant and breastfeeding mothers with ARV prophylaxis to infants will remain key factors contributing to the success of preventing the vertical transmission.

Hence ASHA Foundation is also involved in this project to identify and treat HIV positive pregnant woman in Bangalore urban and rural and nearby areas, as also in our partner hospitals. The PMTCT program has had a good impact in that over the last three years we have not had a single newborn child that has been HIV positive in all the newborns tested so far.

Goal: Elimination of new HIV infection among children

Objectives:

Overall project objective

- To contribute to the WHO Global Goal of elimination of mother to child transmission of HIV (E-MTCT)

Sub- objective- 1

- To decrease the incidence of HIV infection in children born to HIV positive mothers from 45% to less than 5% in our project

Sub- objective-2

- To prolong the quality and quantity of life of the HIV positive pregnant mother so that she can take care of her infant and provide the child with a normal childhood as his right.

The target groups to whom the services are provided are:

1. All pregnant women attending antenatal clinic's in our partner hospitals for routine HIV testing.
2. All pregnant women screened at other centers, accessed by out reach worker where PMTCT services are not available.
3. All indentified HIV positive pregnant women in above two groups
4. Infants born to HIV infected, by providing infant ARV prophylaxis, counseling on infant feeding practices, infant testing, immunization and co-trimoxazole prophylaxis.
5. Spouses of all HIV positive pregnant women

The Essential PMTCT Services includes:

1. Routine offer of HIV counseling and testing to all pregnant women attending antenatal clinic in our partner hospitals with consent.
2. Ensure involvement of spouse and other family members
3. Provision of lifelong ART (TDF +3TC + EFV) to all pregnant and breastfeeding HIV infected women regardless of CD4 count and clinical stage
4. Promote institutional deliveries of all HIV infected pregnant women
5. Provision of care for associated conditions (STI/ RTI, TB & other Opportunistic Infections -OIs)
6. Provide nutrition counselling and psychosocial support to HIV-infected pregnant women

7. Provide counselling and support for initiation of exclusive breastfeeds within an hour of delivery as the preferred option; continue BF atleast for one year for those infants with negative HIV status (Early Infant Diagnosis Protocol) and 2 years for HIV positive children
8. Provide ARV prophylaxis to infants from birth upto minimum 6 weeks
9. Integrate follow-up of HIV-exposed infants into routine healthcare services including immunization
10. Ensure initiation of Co-trimoxazole Prophylactic Therapy (CPT) and Early Infant Diagnosis (EID) using HIV-DNA PCR at 6 weeks of age onwards as per the NACO EID guidelines

Targets and activities for April 2018-March 2019:

- To provide counseling and HIV testing to at least 10,000 Pregnant mothers per year.
- To provide PMTCT services to at least 40 HIV positive pregnant mothers per year.
- To provide treatment, follow up and testing to 40 newborns.
- To decrease the risk of transmission from 30% to < 5% in our cohort.
- To conduct trainings for nurse counsellors and doctors if required
- Site Visits
- Maintenance of records and data entry

Ten thousand two hundred and eighty seven pregnant women were tested for HIV infection this year till March 2019(Target 10000) after consent. 44 HIV pregnant mothers were identified as HIV positive this year(Target for this year 40).Out of 44 pregnant women 21 women started ART during pregnancy and 23 women were already on ART when they became pregnant. One mother died in peripheral hospital at 5 months pregnancy due to Ecclampsia. She was on ART at time of pregnancy.

- Thirty-six new born babies were born this year to HIV positive mothers in 2018-2019
- One baby died at 15 days in peripheral hospital from breathing difficulty.
- Out of 35 babies 29 babies had 6 weeks PCR in this year
- 29 tested HIV negative
- Remaining six babies 6 babies still not reached the age of 6 weeks(born in March 2019)
- 35 babies are under follow up.
- 26 babies were due for final test, 22 babies completed final test and all were HIV negative. Of the remaining 4, 2 are lost to follow-up and 2 are still due.

The table below gives the year's and overall cumulative statistics.

Particulars	KNH PMTCT Apr '18 – Mar '19	ASHA PMTCT Cumulative Jan '03 – Mar'19
Total no. of deliveries	9852	1,90,516
Total no. of ANC women registered	10,504	1,80,333
Total no. of women counseled	7645	1,86,025
Total no. of women tested	10287	1,95,566
Total no. of antenatal women identified HIV +ve	44	972
No. of liveborns	36	808
Total no. of women awaiting delivery	16	16
Eligible women treated	44	779
No. of babies treated	36	788
PCRs or ELISAs done	34	670
Positive PCR	0	13
Negative PCR/ELISA	31	657
Babies had final 3 antibody test under EBF	18	82
Babies had final 3 antibody test under ERF	0	5
Transmission rate	0%	1.9%

Awareness among health care providers was increased among the hospitals as follows:

People Sensitised	By Trained Doctors/Counsellors in their Hospitals April18-March19	Cumulative Total
Doctors	161	304
Staff Nurses	14	2810
Nursing Students	30	4604
Ward Aides	9	1552
Para medicals and Community Workers	11	541
Community	115	10046
Total	340	19857

PMTCT outreach worker visited 93 new institutions (Maternity homes, Clinics etc) and 454 old institutions including Govt centers during this financial year to inform about ASHA foundations PMTCT programs and identify HIV positive pregnant women. Through her efforts we were able to identify 34 HIV positive pregnant women.

The hospitals that have sustained the project on their own and are receiving only technological help, with financial support as needed for the care of HIV positive identified in their hospitals, IEC material and training of counselors are:

1. St Joseph's General Hospital, Guntur.
2. Women's Hospital, Ambajipeta.
3. The Bangalore Baptist Hospital, Karnataka
4. Church of South India Hospital, Bangalore, Karnataka
5. Seventh Day Adventist Hospital, Bangalore Karnataka
6. Rural Health Training Centre, Kazhakuttom.
7. Gnanadurai Hospital, Sivakasi, Tamil Nadu

Case study-1

Rani (name changed) was detected HIV positive during her 3rd month of pregnancy. She is 27 years old. Her husband married her without informing her that he was HIV positive. This was his second marriage. Rani was much younger to her husband. His first wife died of AIDS. She was shocked to know that she was HIV positive. She was counseled on all facts about HIV and the PMTCT program. Rani was then started on ART in the third month of her pregnancy and has continued the ART throughout pregnancy, labor, breast feeding. On 12-Oct-18 she delivered a normal baby boy by elective caesarean section at our partner hospital. She opted for exclusive breast feeding and syrup Nevirapine was given to the baby for 6 weeks. Shortly thereafter her husband became sick. He was not taking any treatment for HIV and he was diagnosed with TB, pneumonia and cancer. He also resisted Rani's visit to hospital when she became pregnant because she would come to know about HIV. He passed away before baby's 6 weeks PCR could be done. While taking care of her husband she missed 4 days of ART medicine and was breastfeeding the baby.

At six weeks her baby was tested for HIV by DNA PCR, which was negative. HIV antibody test was done at 6 months and was also found to be negative.

This case is being presented to show the fact that her husband hid his HIV diagnosis from her and also that unfortunately she became a young widow when the baby was less than six weeks old. In spite of this great trauma that occurred in her life she understood the importance of taking ART and coming regularly for check up and baby's testing.

Case study-2

Asha (name changed) is HIV positive. She is 30 years old. She first came to know she is HIV positive in 2011. Her husband was also diagnosed HIV positive. She started on ART on 27-5-2011. She delivered her first child, a baby girl in 2017, who is now almost two and half years old and is HIV negative. While on ART she became pregnant again for the second time this year. Her husband wanted to terminate the pregnancy though the wife was very keen to continue the pregnancy and wanted this child and she was already five months pregnant.. The husband was insisting on abortion and received detailed counseling from ASHA Foundation staff. During counselling he mentioned that he was not keen on a second child and told us that he would let her continue the pregnancy only if we could tell him that the gender of the unborn baby was male. We told him this was against the law in India to reveal the gender before birth and also that five months is too late for abortion anyway.. We counselled him further but felt that he was not convinced. In this whole interaction he was not at all concerned about his wife's opinion or feelings in the matter. They went away. He then took her to various hospitals for purpose of termination of pregnancy but no one was willing. Finally he decided to continue with the wife's pregnancy.

On 15 January 2019 Asha delivered a normal baby boy weighing 2.5kg by elective cesarean session at our partner hospital. She opted for exclusive replacement feeding inspite of counseling her on the advantages of breast feeding. Six weeks later her baby was tested for HIV by DNA PCR which was HIV negative.

We are presenting this case to show the challenges that we face at the micro level in our work where we had to deal with a husband who was unco-operative and unwilling to change even after counseling. However now after the birth of a male child, all is well in Asha's household.

5. Camp Rainbow:

Camp Rainbow is a psychosocial program to provide opportunities for children living with HIV and other serious illnesses to participate in HIV education, traditional camp activities through the vehicle of residential and day camps. It aims at enhancing campers' adherence to treatment and medication, to improve their quality of life with the focus on primarily providing children with serious fun! We also ensure that they increase social peer relationships. Overall, it reduces stigma and discrimination within the community as we invite youth to participate in this structured program as camp staff.

The programme is called Camp 'RAINBOW' because Rainbow has colors and children love colors. Also in many civilizations 'RAINBOW' is a symbol of hope. Similarly through our Camp programme we would like bring in a sense of hope and better future in the lives of the children living with HIV

These structured psychosocial programs are in collaboration with the SeriousFun Children's Network, USA, started by actor Paul Newman. The SeriousFun Children's Network evolved from their year round camps in US and Europe to a Global Partnership Program serving children in Africa, Asia and South America.

Preliminary findings from other GPP sites in Ethiopia and Vietnam indicate that camp may have an effect among children on HIV knowledge, antiretroviral treatment adherence and attitudes, coping with stigma, resilience, and most prominently, social relatedness, as children who may lead isolated lives and face discrimination can play and interact in a safe environment with HIV positive peers and compassionate adult counselors/care providers. The increasing feedback from Camp Rainbow campers and their caregivers has enhanced the commitment to increase the reach of Camp Rainbow to more children living with HIV and those with other serious illnesses in other parts of India through the strategic partnership with SeriousFun called the India Partnerships Initiative (IPI).

2018 was the fifth year of Camp Rainbow Bangalore. In the past 4 years, 396 children have been served through Residential camps. About 1427 children, 296 caregivers have been served through outreach programmes that includes follow-ups and re-union programmes. Also 87 young adolescents have been part of the older adolescent programme so far. Children from various institutions like ASHA Foundation- Bangalore, Freedom Foundation-Bangalore, Sneha Care Home-Bangalore,, ACCET Care home-Bangalore, Snehalaya Children's home-Mandya, Amma Mane-Mysore and from different Positive Networks like KNP+/ANP+-Bangalore, Anandajyothi Network- Mysore, , Adarshajeevana Network-Mandya, Ramnagar Network, Navajeevana trust-Kolar, Chirajeevana Network-Tumkur, Chikballapur Network, have participated in camp.

The volunteers participated in camp have also been from different colleges in Bangalore like St.Joseph's College, Christ University, South Asian bible College and Mount Carmel College. However the majority of the volunteers have been from St.Joseph's College and Mount Carmel College. So far about 361 volunteers have been participated in the different camp programmes like follow-ups and Re-unions. We have also been getting medical staff for the programme from Bangalore Baptist hospital. In the year 2018, 69 children and 32 volunteers participated in the camp programme.

The Camp planning for the year 2018 started from January wherein the leadership team coordinates with different Positive networks for campers. The team then gives orientation for caregivers about the programme, an application form is filled, and a consent taken from caregiver, followed by medical screening for children. The criteria for children to attend camp are:-Should be aware of HIV status, CD4 count should be above 250cells. Once the screening is done the caregiver would be told if he/she is selected for camp or not.

The volunteers also follow a similar process. Presentations are given at different colleges. Interested participants sign-up and are called for an interview at ASHA Foundation. Following interviews referral checks are done after which the confirmation of participation is given to the volunteers. The criteria for volunteers to be a part of camp are: Aged-18yrs and above, should be able to communicate in local language Kannada and willingness to give 3 weeks of their time.

Camp provides opportunities for children to develop new skills, make new friends and also increase their confidence level. At camp, various activities like Arts & Crafts, Team-building, Nature & Discovery, Life-skills and Performing Arts. Another very important aspect of the camp

is providing the children with knowledge on HIV, ART medicines and also providing a space for them to ask any questions relating to their medications or any question relating to living with HIV.

Other than residential Camps, Camp Rainbow also has Outreach programmes. Outreach programmes include Follow-ups and re-unions. In a year there will be 2 rounds of follow-ups and 1 re-union which are usually one day programmes. The whole purpose of Follow-up is to continue giving opportunity for children to learn new skills. Re-unions bring caregivers, siblings of campers and campers of all the years together under one roof. It is one of the times where in children get to meet their peers whom they met at camp and their siblings also get a brief camp experience.

Camp Rainbow also caters to young adults living with HIV, in the age group of 18years and 23years, through ‘Leaders’ in training’ (LIT) programme. Camp Rainbow Bangalore started LIT programme in the year 2015. This is the 4th year LIT programme is being conducted. The main purpose of LIT programme is to give older adolescents the opportunity to develop leadership skills, learn new skills that are useful for them like Time-management, Problem-solving, Decision-making, Peer Pressure etc. and also increase their knowledge on positive living. LIT programme is conducted twice in a year. For the first time there were participants from other districts like Ramnagar and Mandya for the LIT programme.

FEEDBACK:

‘I experienced a positive impact on my personal growth, knowing or unknowingly there was a change in my personal behavior, interaction with people and many things like this. Thanks for this positive influence on me by the path of this camp’- **Volunteer**

‘When I came to this camp, I really felt uncomfortable. Later after a day, I felt so satisfying for being here. The camp had lots of memories and fantastic activities. The brothers and sisters took care of us very well. They were too friendly to us. I was too happy to be a part of this family’- **Camper**

‘I enjoyed all the sessions and learned too. I learnt about my strengths, Decision-making and about HIV-AIDS’- **LIT Participant**

Camp Indicators	Goal	Notes
# of camp sessions	2 sessions	Conducted 2 residential camp sessions for CLHIV
# campers served (not including L.I.T.s)	100 nos	Served 69 children through 2 sessions of residential Camp
# of staff/volunteers	35	Trained 32 staff for Camp
# of training days for staff/volunteers	4	Conducted 4 day residential training programme for staff
To recruit 1 new ALC	1	1 new ALC was recruited for the Leadership team in the month of February 2018

Outreach Indicators	Goal	Notes
# total outreach sessions	4(2 rounds of follow-ups, 1 re-union, 1 non- residential LIT)	Completed 2 rounds of follow-ups with 12 sessions, 1 Re-union which was divided into 2 sessions and 1 non-residential LIT
# children served (not including LITs)	200(100X2)	311nos. It includes 199campers and 112 non-campers
# L.I.T.s served (Non-Residential LIT)	15	8nos. For the non-residential LIT programme 8 students participated
# L.I.T.s served through Residential LIT programme	15	22nos. About 22 LITs participants were present for the programme
# Children served through reunions	400	108 children were served through re-union programme
# of staff/volunteers	35 staff	42 camp staff served during the different outreach programmes

Camp Indicators	Goal	Notes
# of camp sessions	1	Conducted 1 residential LIT programme for the older adolescents
# L.I.T.s served	15	Served 22 young adults through the LIT programme
# of training days for staff/volunteers	1	Conducted a 1 day prep programme

Camp Rainbow Residential Camp 2018: *LT = Leadership Team					
Sl. No	Date/Day	Duration	Conducted/Organized by	Venue	No. Of People
1	18 th – 24 th April 2018, Wednesday-Tuesday	Leadership Team Training for Camp Rainbow Bangalore CRB 6+ S.F.C 2	ASHA Foundation, Seriousfun	ASHA Foundation, Bangalore	8
2	22 nd April 2018, Sunday	Staff Information Session staff 5LT+19 staff	Camp Rainbow Bangalore, ASHA Foundation	ASHA Foundation, Bangalore	24
3	30 th April-4 th May 2018, Monday-Friday	Staff Training for 32 Volunteers + 6 LT+ 2 S.F.C	Camp Rainbow Bangalore, ASHA Foundation	Elims Resort, Bangalore	40
4	6 th May 2018, Sunday	Staff Training Recap & Prep-Day/ 31 Staff + 5 LT+ 2 S.F	Camp Rainbow Bangalore, ASHA Foundation	Elims Resort, Bangalore	38
5	7 th – 11 th May 2018, Sunday – Friday	Residential Camp Session 1 for 33 CLHIV + 31 Staff + 6 LT+ 2 S.F.C	Camp Rainbow Bangalore, ASHA Foundation	Elims Resort, Bangalore	72
6	13 th May 2018, Sunday	Staff Training Recap & Prep-Day/ 31 Staff + 5 LT	Camp Rainbow Bangalore, ASHA Foundation	Elims Resort, Bangalore	36

7	14 th - 18 th May 2018, Sunday-Friday	Residential Camp Session 2 for 36 CLHIV + 31 Staff + 6 LT	Camp Rainbow Bangalore, ASHA Foundation	Elims Resort, Bangalore	73
8	27 th May 2018, Sunday	Staff Appreciation Day for 29Staff + 5 LT	Camp Rainbow Bangalore, ASHA Foundation	ASHA Foundation	34

Camp Rainbow Outreach Programs 2018

Sl. No	Date/Day	Duration	Conducted/Organized by	Venue	No. Of People
1	24 th June 2018, Sunday	LIT programme 8LITs+2 caregivers+ 5LT+1 support LT+ 1 guest speaker	Camp Rainbow Bangalore, ASHA Foundation	ASHA Foundation	16
2	8 th July 2018, Sunday	1st Follow up at Kolar, 3LT+ 1 staff+1driver+10 children+5 caregivers	Camp Rainbow Bangalore, ASHA Foundation	Navajeevan trust, Kolar	20
3	21 st July 2018, Saturday	1st Follow up at Mandya, 2LT+ 1driver+13 children+2 caregivers	Camp Rainbow Bangalore, ASHA Foundation	Adarsha jeevana Network, Mandya	18
4	28 th July 2018, Saturday	1st Follow up at Ramnagar, 1LT+1 volunteer+11children + 8 volunteers	Camp Rainbow Bangalore, ASHA Foundation	Ramnagar Network, Ramnagar	21
5	28 th July 2018, Saturday	1st Follow up at Sneha Care Home-Sarjapur road, 1LT+ 1support LT+1driver+5 volunteers+44children+3caregi vers	Camp Rainbow Bangalore, ASHA Foundation	Adarsha- jeevana Network, Mandya	55
6	4 th August 2018, Saturday	1st Follow up at Mysore, 2LT+ 1driver+ 11children+6 caregivers	Camp Rainbow Bangalore, ASHA Foundation	Ananda- jyothi Network, Mysore	20
7	12 th August 2018, Sunday	1st follow-up at ASHA FOUNDATION, 2 LT+ 3 volunteers+2 caregivers+ 10children	Camp Rainbow Bangalore, ASHA Foundation	ASHA Foundation, Bangalore	17
8	25 th August 2018, Saturday	2nd follow-up at Kolar, 2LT+1 volunteer+ 1driver+ 4 children	Camp Rainbow Bangalore, ASHA Foundation	Navajeevana trust,Kolar	8
9	15 th and 16 th Sept, 2018, Saturday- Sunday	2nd LIT at FMC Rammurthinagar, 5 LT+2 support LT+22 LITs	Camp Rainbow Bangalore, ASHA Foundation	Frontier Management Centre,Ram murthinagar, Bangalore	28

10	12 th Oct 2018, Friday	2nd follow-up at Mysore, 2LT+3 volunteers+ 1driver+ 23 children(22 campers+1non-camper)+ 6 caregivers	Camp Rainbow Bangalore, ASHA Foundation	Mysore Network and AMMA Mane	35
11	6 th November, Tuesday	2nd follow-up at Snehadaan, 2 LT+5 volunteers+50 children{8 Campers+42non-campers}, 1 driver	Camp Rainbow Bangalore, ASHA Foundation	Sneha Care Home, Sarjapur road	58
12	17 th November, Saturday	2nd follow-up at Adarshajeevana network, 2 LT+2 volunteers +children{5 Campers+8non-campers}+2 caregivers+ 1 driver	Camp Rainbow Bangalore, ASHA Foundation	Adarshajeevana Network, Mandya	20
13	24 th November, Saturday	2nd follow-up at RLN, 1 LT, 1 staff+9children+ 6 caregivers	Camp Rainbow Bangalore, ASHA Foundation	Ramnagar	17
14	25 th , November, Sunday	2nd follow up at Bangalore, 1 LT+ 2 staff+ 5 children+ 1 caregiver	Camp Rainbow Bangalore, ASHA Foundation	Asha foundation	9
15	2 nd , December, Sunday	Volunteer Re-union, 4 LT+2 support LT+ 45 staff+1 Visitor	Camp Rainbow Bangalore, ASHA Foundation	Asha foundation	52
16	9 th , December, Sunday	Camper Re-union, 6 LT+1 support LT+ 12 LIT+21 staff+1 volunteer +Caregivers 9+51 children(48C+3NC)+ 1 driver	Camp Rainbow Bangalore, ASHA Foundation	Asha foundation	102
17	15 th December, Saturday	Camper Re-union, 4 LT+1 support LT+ 6 camp staff +Caregivers 9+57 campers+ 1 driver	Camp Rainbow Bangalore, ASHA Foundation	Hotel Govardhan, Mysore	78

Other Programs/ Activities attended by the CRB Leadership Team Members:

Sl No.	Duration	Activities/Programs	Organized By	Venue	LT Members attended
1	14 th - 19 th October 2018, Monday-Friday	GPP Network Meeting	Seriousfun Children's Network, USA	Dinokeng Game Reserve, Haanskraal, South Africa	2
2	29 th -31 st March 2019, Friday-Saturday	LT training programme	Seriousfun Children's Network, USA	ASHA Foundation, Bangalore	LT-7, Serious Fun Facilitator-1

Other Visits by CRB Leadership Team Members from April 1st 2018-March 31st 2019

Sl. no	Day/Date	Venue	Purpose	Visited by
1	5 th April, 2018 Thursday	Amma Mane, Mysore	Camper Recruitment	LT-Dr.Glory, sis Rebekah, Silvia, Mercy, Tina Others-Ruben
2	6 th April, 2018 Friday	Elims Resort, Kanakpura road	Site Visit to Elims for MOU	LT-Tina, Silvia, Mercy, Ruben Others-Ruben
3	10 th April, 2018 Tuesday	Infant Jesus home, Kothanur	Camper Recruitment	LT-Dr.Glory, sis Rebekah, Silvia, Mercy, Tina Others-Ruben
4	25 th April, 2018 Wednesday	Elims Resort, Kanakpura road	Site Visit to Elims for handing over Cheque	LT- Dalma, Lauren, Tina, Silvia, Mercy, Ronald, Sam, Sis.Rebekka, Dalma, Mercy Others-Ruben
5	19 th August, 2018 Sunday	Milana, Austin town	LIT presentation	LT-Silvia
6	4 th Sept, 2018 Tuesday	ISI,Benson town	LIT venue pilot visit	LT-Silvia ,Mercy
7	4 th Oct, 2018 Thursday	Saiacs CEO centre, Kothanur	2019 campsite pilot visit	LT-Silvia, Mercy
8	17 th Nov, 2018 Saturday	Anandajyothi Network, Mysore	Discuss on 2019 re-union venue	LT-Silvia
9	20 th Nov 2018 Tuesday	Saiacs CEO centre, VISTHAR, Kothanur	Venue confirmation for Bangalore re-union	LT-Silvia, Mercy
10	24 th Nov, 2018 Saturday	Visit to Chandana Network, Chikballapura	Caregiver presentation	LT-Silvia
11	18 th January, 2019 Friday	Calvary Chapel trust, Koppal	Orientation and site visit	LT-Silvia, Mercy
12	25 th January, 2019 Friday	St. John's Hospital, Bangalore	Orientation visit	LT-Silvia, Mercy
13	31 st January, 2019 Thursday	Jeevan Ashraya Network, Hassan	Caregiver session and Medical screening	LT-Silvia, Mercy, Sis.Rebekkah, Dr.Glory

14	9 th February 2019, Saturday	Chaitanya Network, Chamrajnagar	Caregiver session and Medical screening	LT-Silvia, Mercy, Sis.Rebekkah, Dr.Glory
15	14 th February 2019, Thursday	Saiacs CEO Centre, Infant Jesus Children's Home	Site Visit and Orientation	LT-Silvia, Mercy
16	16 th February 2019, Saturday	KNP+, Bangalore	Caregiver session	LT-Silvia, Pavana
17	21 st February 2019, Thursday	St. John's Hospital, Bangalore	Caregiver session and Medical screening	LT-Silvia, Sis.Rebekkah, Dr.Glory Others- Priyanka
18	23 rd February 2019, Saturday	Chandana Network, Chikballapur	Caregiver session and Medical screening	LT-Silvia, Mercy, Sis.Rebekkah, Dr.Glory
19	5 th March 2019, Tuesday	St. Joseph's College	Volunteer Recruitment session	LT-Silvia, Mercy, Ronald
20	16 th March 2019, Saturday	Dayabhavan, Kunigal	Caregiver session and Medical screening	LT-Silvia, Pavana, Mercy, Sis.Rebekkah, Dr.Glory
21	19 th March 2019, Tuesday	Sneha Care home, Sarjapur Road	Caregiver session and Medical screening	LT-Silvia, Sis.Rebekkah Others-Driver Ruben, Priya
22	24 th March 2019, Sunday	KNP+, Bangalore	Caregiver session and Medical screening	LT-Silvia, Mercy, Sis.Rebekkah, Dr.Glory
23	26 th March 2019, Tuesday	METRO, BANGALORE	Purchase of items	LT-Silvia, Mercy Volunteer- Franklin Driver-Ruben
24	27 th March 2019, Wednes day	METRO/De-Mart BANGALORE	Purchase of items	LT-Silvia, Mercy Driver-Ruben

Camp Rainbow – total sessions and No. of people served from the year 2014

Year		2014-15	2015-16	2016-17	2017-18	2018-19	Total
Residential Camps	Total camp sessions	2	2	2	3	2	11
	Total volunteers trained	19	31	28	48	32	158
	Total children participated in Residential camp programme	57	85	65	120	69	396
Outreach Programmes (Follow-ups/day camps and Re-unions)	Total no. of sessions	3	5	8	13	15	44
	No. of children participated in outreach(Campers and non-campers)	84	234	314	427	311	1370
	No. of caregivers participated in outreach	12	70	83	75	56	296
	No. of volunteers participated in outreach	27	84	122	65	63	361
LIT(Leaders' in Training Programme)	Total no. of sessions	0	2	2	2	2	8
	No. of adolescents participated in LIT	0	20	21	16	30	87
Capacity building programme	Total no. of sessions	1	0	0	1	1	3
	No. of organization staff participated	19	0	0	15	16	50

Total no of persons who received services under Camp Rainbow- 2765

PHOTOGRAPHS

**COUNSELING
SERVICE PROJECT
INCLUDING AIDS
HELPLINE**



Telephone counseling being given by counselor at ASHA Foundation on helpline number



Awareness program conducted by ASHA Foundation staff for construction workers on 13-12-2018 at LSB colony, Bangalore



Sample of ASHA Foundation helpline number being published in Kannada Prabha News Paper (on 21.03.2019)



ASHA Foundation Telephone Counseling poster at Government Hospital at Chikkajala, Bangalore

**ADOLESCENT
HEALTH
EDUCATION
“ANMOL
ASHAYEIN”**



Activity at 1st Teachers' Training workshop conducted by ASHA Foundation at Amaravati on 15-06-18



Activity at 1st Teachers' Training workshop conducted by ASHA Foundation at Amaravati on 15-06-18



2nd Teachers' Training workshop conducted by ASHA Foundation at Amaravati on 05.12.2018 -- Inaugural Function



Mrs. Joyce Davis, Education Coordinator of ASHA Foundation introducing “Anmol Ashayein” at 2nd Teachers' Training workshop at Amaravati on 05-12-18



Participants at 2nd Teachers' Training workshop conducted by ASHA Foundation at Amravati from 05.12.2018 to 7-12-18



Peer time activity (to teach empathy) at 7th Mumbai workshop conducted by ASHA Foundation from 17-01-19 to 19-01-19



Participants at 7th Mumbai Teachers Training Workshop conducted by ASHA Foundation from 17-01-19 to 19-01-19



Awareness Program on HIV/AIDS conducted by ASHA Foundation by Mrs. Joyce Davis and Ms. Silvia Prathiba Thomas at New Horizon College on 18-9-18



Awareness program conducted by ASHA Foundation for New Horizon College 18-9-18



Adolescent Health Education Master Trainers' Review meeting conducted at ASHA Foundation Premises on 7-3-19

CHILDREN AT RISK PROJECT



Children Movement for Climate Justice (CMCJ) implementation meeting discussion at Director's office, ASHA Foundation on 25-4-2018



Visit by Ms. Divya Sharma from Wipro Cares to ASHA Foundation premises on 19.06.18



CMCJ conducting meeting for children at ASHA Foundation premises on 30.6.2018



Human Right Meeting conducted by SICHREM at Indian Social Institute, Bangalore on 25-07-18. ASHA Foundation represented by Mr.Ramu , Coordinator, Child at Risk project



Information on Government Social Entitlement Programs conducted by KSAPS for all NGO on. 15-09-18. ASHA Foundation represented by Mr.Ramu , Coordinator, Child at Risk project



Self Help Group Meeting at ASHA Premises on 16-12-2018



ASHA Team at Sports Day conducted for HIV infected and affected children on 27-01-2019 at BBMP Ground, Anandnagar



Dr. Sarita Rao Pediatrician examining children at ASHA Foundation clinic



Sports Day conducted by ASHA Foundation for beneficiaries on 27.1.19



ASHA Foundation staff Ms. Shivamma, Outreach Worker and Shruthi, attending Monthly Meeting at Bangalore HIVAIDS Forum on 21-09-2018

**PREVENTION OF
MOTHER TO
CHILD
TRANSMISSION OF
HIV/AIDS**



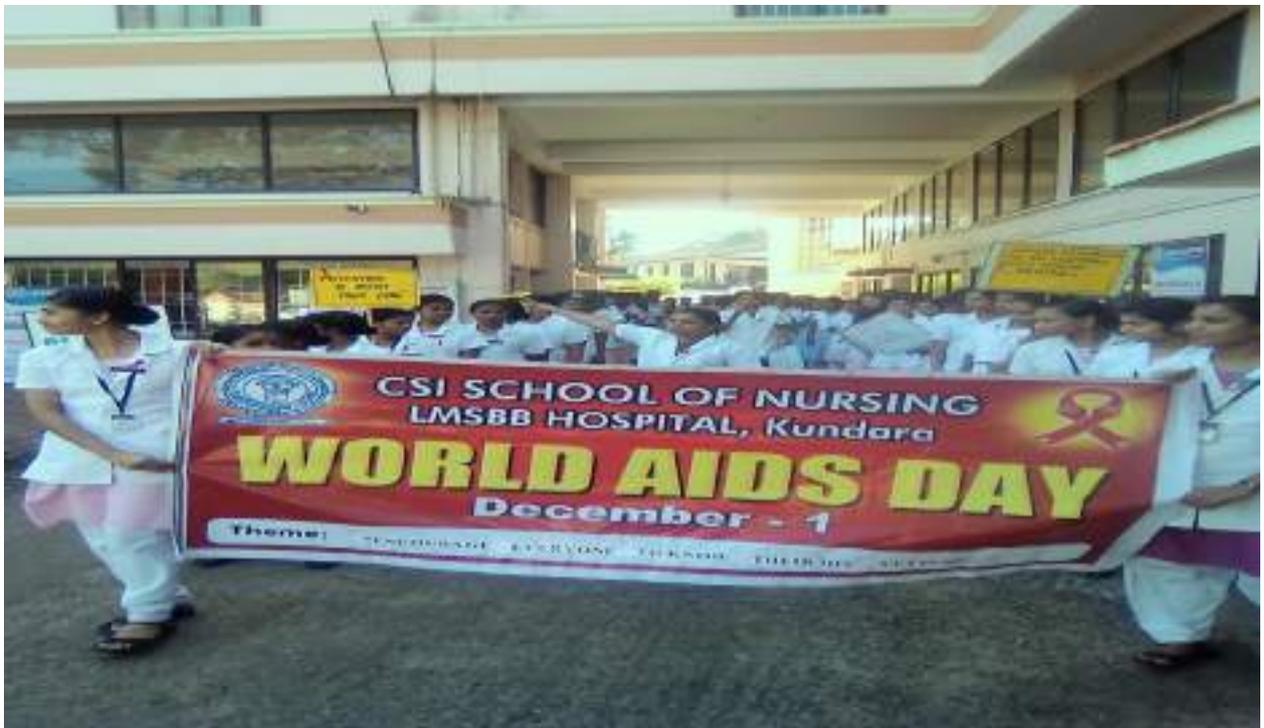
PMTCT Program officer of ASHA Foundation, Ms. Remya Alan Thomas informing HIV Negative result of 6 months old child to the mother



ASHA Foundation Director, Dr. Glory Alexander conducting a session for doctors of Gynecology and Obstetrics and Pediatric department at Bangalore Baptist Hospital on 17-09-18



Visit by E-MTCT (Elimination of Mother to Child Transmission) Team from NACO to ASHA Foundation 01-01-19



World AIDS Day celebration at one of our Partner Hospitals, LMS Boys Brigade Hospital, Kundara, Kerala on 01.12.18

CAMP RAINBOW



Camp Rainbow Project of ASHA Foundation conducting Good morning dance at camp on 16-05-18



Camp Rainbow Project of ASHA Foundation -Campfire night program at camp on 14-05-2018



ASHA Foundation Camp Rainbow Project Volunteers welcoming children on arrival day of camp, 13- 05- 2018 at Elims Resort



Camp Rainbow Project of ASHA Foundation - Mask making in arts session at camp on 10-05-18



Camp Rainbow Project of ASHA Foundation conducting follow-up programme at Sneha Care Home, Sarjapur road, 28-06- 2018



ASHA Foundation Camp Rainbow Project conducting follow-up session at Mandya, on 21-07- 2018



ASHA Foundation Camp Rainbow Project Residential Leaders In Training IT program at FMC, on 06-09- 18



Ms. Silvia Prathiba Thomas, Project Coordinator and Ms. Mercy Priyanka, Activity Leader Coordinator of Camp Rainbow Project attended the Global Partnership Program Network Meeting at Dinokeng Game Reserve, Haanskraal, South Africa from 14th to 18th October, 2018



Camp Rainbow Project Volunteers' Re-union at SAIACS on 10-12 2018



Camp Rainbow Project Children's Re-union Program at VISTHAR on 09-12- 18

MISCELLANEOUS



Lighting the Lamp at Inaugural Function of CME Workshop conducted by AIDS Society of India, Indian Medical Association(North east branch) and Baptist Hospital on 17-09-18



Presentation by Dr.Glory on ART in HIV/AIDS -Annual CME conducted by BBH on 1.9.18



Dr. Glory Alexander, Organizing Chairman welcoming the Delegates and Chief Guests at ASICON 2018 on 2-11-18 at ITC Gardenia, Bengaluru



Dr. Glory Alexander, Director of ASHA Foundation interviewed by Bangalore News Network at ASICON 2018



ASHA Foundation staff volunteering at ASICON 2018, from 2nd to 4th November 2018 at ITC Gardenia, Bangalore. L-R –Mercy, Shruthi, Priyanka, Silvia, Remya and Maya .



Dr. Glory Alexander, Director of ASHA Foundation lighting the lamp on 2nd day of AIDSCON conducted by Chandigarh AIDS Society on 16.2.2019 , Chandigarh



Dr. Glory Alexander giving Presentation on HIV and women at AIDSCON Chandigarh conducted by Chandigarh AIDS Society on 15.2.2019



Dr. Sachidananda, Vice Chancellor of RGUMS greeting Dr. Glory Alexander at ASICON on 02-11-18. Dr R.S Gupta, Deputy Director General NACO is also seen.



First row sitting L-R: Elizabeth, Shivamma, Maya Singh, Dr Glory Alexander, Dr Saritha ,Joyce Davis
Middle row standing L-R: Rukmini, Shruthi, Rebeccamma, Mercy priyanka, Malliga, Remya Alan,
Supriya , Priyanka, Silvia
Third row standing L-R : Ramu, Daniel, Ruben, Ravikanth and Jarnas.

Research

ASHA Foundation is recognised as a Scientific and Industrial Research Organization(SIRO) by Dept.of Scientific and Industrial research (DSIR). ASHA Foundation recognition as a SIRO is renewed from April 2017 to March 2020. ASHA Foundation also has a Research Advisory Board.

List of Research Advisory Board members

Name	Designation	Internal External	Organization	Official Address
Dr. Sundar Rao	Consultant	External	Leprosy Mission, India	88, Kuvempu Layout,Gubbi Cross, Kothanur, Bangalore 560 077
Dr.(Ms). Glory Alexander	Director	Internal	ASHA Foundation	No.42, 4 th Main, SBM Colony, Anand Nagar, Bangalore 560 024
Dr. A. Nanda Kumar	Officer in charge,	External	National Cancer Registry Program-ICMR (Retired)	Srinivas Nilaya No.557,7 th main, New BEL road Dollars Colony Bangalore- 560094
Mrs. Joyce Davis	Education Director	Internal	ASHA Foundation	No.42, 4 th Main, SBM Colony, Anand Nagar, Bangalore 560 024
Dr. Maneesh Paul	Professor and Head of Research In Biological Sciences	External	Acharya Institue of Technology	Soldevanahalli Bengaluru, Karnataka
Mrs. Dorothy Sampath Kumar	Lay leader	External	The Methodist Chrurch	C.201.Gina Ronville, Narayanapura cross, Kothanur Banalore 560077
Dr. Tinku Thomas	Associate Professor, Division of Epidemiology and Biostatistics	External	St.John's National Academy of Health Sciences, Bangalore	#26, Trinity Orchard, Hennur Main Road, Kalyan Nagar PO, Bangalore 560043
Ms. Seetha Lakshmi	City Editor, Chief of Bureau,	External	Times of India	No.40/1, 1st Floor, S & B Towers, M G Road, Bangalore - 560001
Ms. Bethesa Jacob	Principal	External	St. Mira's School, Bangalore	204, Bilden Park Apartments, I Cross,S alvage Road, G.M. Palya, Bangalore 560075
Ms. Surekha Shetty	Advocate	External		No.362, 18 th F main, Koramangala, 6 th Block, Bangalore 560034
Dr. R. Sriniviasa Murthy	Professor (retd)	External		553, 16 th Cross, J.P. Nagar 6 th Phase Bangalore-560078

The primary areas of Research are:

- Clinical research in Prevention of mother to child transmission of HIV infection
- Clinical research in Adults with HIV
- Clinical research in children with HIV
- Adolescent Health Education
- Counseling in HIV
- Socio economic aspects of HIV

(a)Assessing the social and emotional development of Children Living with HIV(CLHIV) through a camp approach :

Sylvia Prathiba Thomas, Mercy Priyanka ,Glory Alexander

This is the third year of the study is going on. Data collection and data entry is going on.

(b)Report on survey of self esteem on school going adolescents.

Joyce Davis, Biju Sebastian, Jarnas J, Glory Alexander

The study is complete . Analysis is complete. The report is being written up.

(c)A Study on Quality of life of HIV positive women on long term Anti-Retroviral Treatment (ART):

Glory Alexander, Remya Alan Thomas

The data collection is over on 110 women and the data analysis is going on.

(d)The effectiveness of a Health Education Programme on Character Building and Development of Life Skills in Middle School children-

Joyce Davis, Biju Sebastian, Jarnas J, Glory Alexander

The data collection is over and data analysis is going on.

(e)Long Term impact of AHE (Anmol Ashayein) on 12th standard students :

Joyce Davis, Biju Sebastian, Jarnas J, Glory Alexander

The quantitative part is over and the qualitative part is to be finished.

(f)Determination of perinatal transmission with 3 drug ARV prophylaxis in breast feeding population in private sector setting in South India

Project period- 2013 -2017

Investigators-Glory Alexander, Reena Joy, Philimol Philip, Kalpana

Status- Data collection- One hundred and seventy five mothers have been included in the study and the status of the last baby will be known in March 2019.

Papers being written up for publication:

- 1. Profile of people attending an ICTC for pre-test counseling in an Urban center in Bangalore, Karnataka**
Investigators- Glory Alexander, Priyanka M, Kalpana
- 2. An observational study to determine the coping mechanisms of HIV Positive widowed women**
Investigators- Glory Alexander, Priyanka M, Kalpana
- 3. Constructivist Methodology in professional development of teachers**
Investigators : Joyce Davis, Baiju Sebastian, Glory Alexander
- 4. The intellectual, social and emotional impact of HIV infection in children -A comparative study:**
Investigators: Glory Alexander, Sarita Rao, Ram Babu

Papers published so far:

- 1. Assessment of workshop-based training of teachers for imparting value based education to high school students.-** Joyce Davis, Dr. Glory Alexander, Chitra Lancelot, Dr.PSS Sundar Rao-
Journal of Educational Research and Extension; volume 43,Oct-Dec 2006,pages 10-17.
- 2. Exploring the barriers to accessing care and treatment for HIV infected children in India-A diagnostic study- Research update –April 2007-**published by Population Council – collaboration of population Council, Avina Sarna, Jaleel ahmed, Glory Alexander, Vaishali Mahendra et al.
- 3. Counseling Needs Of Persons Exposed To Human Immuno-Deficiency Virus**G. Alexander, B.G. Sunitha, K.L.Chitra. – Indian Journal of medical research 126,August 2007,pp152-155.
- 4. Value education for children- whose responsibility ?** -Joyce Davis, **Glory Alexander**, PSS Sundar Rao –New Frontiers in Education, Vol-40, No-3, July-Sept 2007 pp246-250.
- 5. Mapping the future-Students response to Adolescent Health Education-**Joyce Davis, **Glory Alexander** – booklet June 2009
- 6. Response of Indian School Students to Adolescent Health Education-** Joyce Davis, Glory Alexander, PSS Rao- New Frontiers in Education, Vol.43,No.4,October -December 2010 pp 494-499.

- 7. Prevention of mother to Child transmission of HIV- Our experience in South India-** Karthikeyan Vijaya, **Alexander Glory**, Solomon Eileen, Rao Sarita, Rao PSS Sunder- Journal of Obstetrics and Gynaecology of India, Jan/Feb 2011, Pg.62-66
- 8. A descriptive study on the users and utility of HIV/AIDS Helpline in Karnataka , India –** **Alexander G**, Kanth.C, Thomas.R.- Indian J Community Med 2011; 36:17-20
- 9. Demographic Predictors of HIV positivity among Women presenting for Obstetric care in South India- a case control study-** E. Solomon, F. Visnegarawla, P. Philip, **G. Alexander –** AIDS care journal . Vol-23, No.10, October 2011 pp-1336-1343
- 10. Impact of antiretroviral therapy (ART) on socio-economic status and productivity of HIV-positive individuals/households in a private setting in India.** Visnegarwala, F., Nalli, A., Babu, R., Satish, S., Pradeep, L., & Alexander, G .Journal of the International Aids Society - Vol. 15, (Suppl 3) October 2012 pp. 257-258
- 11. Description of Comprehensive PPTCT Counsellors’ Training: The Backbone of PPTCT Services in India-**Solomon E, ; Visnegarwala F; Philip P; Pappachen JS, ; **Alexander .G** Journal of Health Management. Vol 14,No.3,Sept.2012 pp 369-374
- 12. The HIV/AIDS Helpline is an effective tool of communication –** **Glory Alexander**, Chitra L.Kanth, Priyanka Manoharan, Merlin Maria, Dipty Joseph. World Journal of AIDS Vol 4, Aug 2014, pp 305-310
- 13. Teachers training workshops: a capacity building strategy for mainstreaming HIV/AIDS prevention education among adolescents.**
- Davis, Joyce Chitra; Sebastian, Biju; Alexander, Glory, New Frontiers in Education, Vol 47, No.4. Oct-Dec 2014 pp 54-66
- 14. Growth and Development of children living with Human Immunodeficiency virus in South India –A comparative study-** Glory Alexander, Sarita Rao, Saranya Satish, Ram Babu –Indian Journal of Child Health- Vol 4, Issue 2, Apr-June 2017 PP 162-169.
- 15. Improvement in Socio-Economic Productivity of HIV Positive Individuals on Anti Retroviral Treatment in a Private Setting in South India.** Visnegarwala, F., Alexander, G. and Babu, R. World Journal of AIDS, 9, 23-32. <https://doi.org/10.4236/wja.2019.91003>

Visitors to our organization:

Sl. No.	Date	Visitor Name	From	Purpose	Days
1.	25/4/2018	Mr.Ebenezer National Co Ordinator and Akshaya Karnataka chapter CMCJ	Children Movement for Climate Justice	Implementation meeting	1/2
2.	15.05.2018	Dr.Molly Kurian	Kurian Foundation, Boston USA	Organization visit for possible funding	1/2
3.	19.06.2018	Ms.Divya Sharma	Wipro	Monitoring visit Education support	1/2
4.	30/6/2018	Mr..Ebenezer National Co-Ordinator and Akshaya Karnataka chapter CMCJ	Children Movement for Climate Justice	Meeting with children , care givers and staff	1/2
5.	04/7/2018	Sahoo & Co	CAF - Auditing	Auditing	1/2
6.	13/7/2018	Ms.Smitha & one staff from M/s QUESS corporation	QUESS	Organizational visit & Meeting with children , care givers & staff	1/2
7	19.3.2019	Ms.Anitha	OWC	Official visit	1/2

TRAININGS ATTENDED 2018-19

Sl No	Date	Topic	Name	Venue	No. of Days	Conducted by
1	28-29 April 2018	Health	Dr. Glory Alexander		1 day	CART 2018
2	15.6.2018	Bangalore HIV/AIDS Forum monthly meeting	Shivamma	Milana Office Austin town Bangalore	1/2	Bangalore HIV/AIDS Forum
3	17.06.2018	Bangalore Forum monthly meeting	Shivamma	Giddenahalli Magadi Road Bangalore	1/2	Rajeev Gandhi housing Board Officer Ms.Veena
4	19.06.2018	Training programme for underprivileged rural youths under DDU-GKY/GOI programme	Ramu S	SJP Campus Bangalore		Mr.Vijaya Sarathi
5	18.7.2018 to 19.7.2018	Capacity Building Workshop on KNH mandatory financial requirements	Mr.Ramu Mr.Ravikant Mrs.Elizabeth Jayprakash	Royal serenity, Bangalore	2 days	Kajal Bansal, GunaFernandez, Arul, Stanley and accountants
6	20.7.2018	Bangalore HIV/AIDS Forum monthly meeting	Shruthi.R	Radioactive office Near Atria Hotel Bangalore	1/2	Bangalore HIV/AIDS Forum
7	25.7.2018	Meeting for Forum for fast justice conducted by National Federation of societies for fast justice – Delhi	Mr.Ramu	Indian Social Institute, Benson town, Bangalore	1 day	Mr.Manohar and Mr. Pravin Patel National convener
8	13.9.2018	Fundamental of Biostatistics, Epidemiology and Data management	All Staff of organization	ASHA Conference Hall Anand Nagar Bangalore		Mrs. Joyce Davis and Mrs. Maya Singh
9	15.9.2018	Social Entitlements	Ramu	Karnataka State AIDS Prevention Society, CV Raman Hospital, Indiranagar Bangalore	1	Project Director KSAPS

10	14 th - 19 th October 2018,	GPP Network Meeting	CRB LT members – 2 Ms. Silvia Prathiba, Ms. Mercy Priyanka	Dinokeng Game Reserve, Haanskraal, South Africa	5 days	Seriousfun Children's Network, USA
11	21.9.2018	Bangalore HIVAIDS Forum monthly meeting	Shruthi.R & Shivamma	Radioactive office Near Atria Hotel Bangalore	1/2	Bangalore HIVAIDS Forum
12	16.11.2018	Bangalore HIVAIDS Forum monthly meeting	Shivamma	Radioactive office Near Atria Hotel Bangalore	1/2	Bangalore HIVAIDS Forum
13	21.12.2018	Bangalore HIVAIDS Forum monthly meeting	Shivamma	Radioactive office Near Atria Hotel, Bangalore	1/2	Bangalore HIVAIDS Forum
14	22.1.2019	Sharing on visit to South Africa for Global network meeting program - 2018	All Staff of organization	ASHA Conference Hall Anand Nagar Bangalore		Ms. Silvia Prathiba
15	22.2.2019	Bangalore HIVAIDS Forum monthly meeting	Shruthi.R	Milana Office Austin town, Bangalore	1/2	Bangalore HIVAIDS Forum
16	25.3.2019	Update on HIV & ART medicines	All Staff of organization	ASHA Conference Hall Anand Nagar Bangalore		Dr. Glory Alexander
17	29 th -31 st March 2019,	LT training programme	LT-7, Serious Fun Facilitator-1	ASHA Foundation, Bangalore	5 days	Seriousfun Children's Network, USA

TRAINING PROGRAMS CONDUCTED 2018-19

Sl. No	Date	Topic	For whom	Venue	No. of participants	Conducted by
1	08/04/2018	CME workshop on Women's Health	BBH staff	BBH	50	Dr. Glory Alexander
2	18 th – 24 th April 2018,	Leadership Team Training for Camp Rainbow Bangalore CRB 6+ S.F.C 2	CRB leadership team	ASHA Foundation, Bangalore	8	ASHA Foundation, Seriousfun
3	22 nd April 2018,	Staff Information Session staff 5LT+19 staff	For Camp staff 208	ASHA Foundation, Bangalore	24	Camp Rainbow Bangalore, ASHA Foundation
4	30 th April-4 th May 2018,	Staff Training for 32 Volunteers + 6 LT+ 2 S.F.C	For camp staff	Elims Resort, Bangalore	40	Camp Rainbow Bangalore, ASHA Foundation
5	6 th May 2018, Sunday	Staff Training Recap & Prep-Day/ 31 Staff + 5 LT+ 2 S.F	For camp staff	Elims Resort, Bangalore	38	Camp Rainbow Bangalore, ASHA Foundation
6	7 th – 11 th May 2018, Sunday – Friday	Residential Camp Session 1 for 33 CLHIV + 31 Staff + 6 LT+ 2 S.F.C	For CLHIV	Elims Resort, Bangalore	72	Camp Rainbow Bangalore, ASHA Foundation
7	13 th May 2018, Sunday	Staff Training Recap & Prep-Day/ 31 Staff + 5 LT	For Camp staff	Elims Resort, Bangalore	36	Camp Rainbow Bangalore, ASHA Foundation
8	14 th - 18 th May 2018, Sunday-Friday	Residential Camp Session 2 for 36 CLHIV + 31 Staff + 6 LT	For CLHIV	Elims Resort, Bangalore	73	Camp Rainbow Bangalore, ASHA Foundation
9	27 th May 2018, Sunday	Staff Appreciation Day for 29Staff + 5 LT	For camp staff	ASHA Foundation	34	Camp Rainbow Bangalore, ASHA Foundation
10	15-06-18 17-06-18	Teachers Training workshop	1 st Amravati Teachers Training Workshop	Vinayak Gurukul school Dastur Road Amravati	3	ASHA Foundation

11	23-06-18	Team building	Team building in schools	Chapter hall, carmel convent school Jayanagar	1	ASHA Foundation
12	24 th June 2018, Sunday	LIT programme 8LITs+2 caregivers+ 5LT+1 support LT+ 1 guest speaker	Older Adolescents in the age group of 18-24	ASHA Foundation	16	Camp Rainbow Bangalore, ASHA Foundation
13	8 th July 2018, Sunday	1st Follow up at Kolar, 3LT+ 1 staff+1driver+10 children+5 caregivers	For Campers and siblings	Navajeevan trust, Kolar	20	Camp Rainbow Bangalore, ASHA Foundation
14	12-7-18	Empowering Teachers	Empowering teachers	St.Charles school Lingarajapuram Banalore	2 hrs	ASHA Foundation
15	21 st July 2018, Saturday	1st Follow up at Mandya, 2LT+ 1driver+13 children+2 caregivers	For campers and siblings	Adarsha jeevana Network, Mandya	18	Camp Rainbow Bangalore, ASHA Foundation
16	28 th July 2018, Saturday	1st Follow up at Ramnagar, 1LT+1 volunteer+11children + 8 volunteers	For campers and siblings	Ramnagar Network, Ramnagar	21	Camp Rainbow Bangalore, ASHA Foundation
17	28 th July 2018, Saturday	1st Follow up at Sneha Care Home-Sarjapur road, 1LT+ 1support LT+1driver+5 volunteers+44children +3caregivers	For campers and siblings	Adarsha-jeevana Network, Mandya	55	Camp Rainbow Bangalore, ASHA Foundation
18	4 th August 2018, Saturday	1st Follow up at Mysore, 2LT+ 1driver+ 11children+6 caregivers	For campers and siblings	Ananda-jyothi Network, Mysore	20	Camp Rainbow Bangalore, ASHA Foundation
19	12 th August 2018, Sunday	1st follow-up at ASHA FOUNDATION, 2 LT+ 3 volunteers+2 caregivers+ 10children	For campers and siblings	ASHA Foundation, Bangalore	17	Camp Rainbow Bangalore, ASHA Foundation
20	25 th August 2018, Saturday	2nd follow-up at Kolar, 2LT+1 volunteer+ 1driver+ 4 children	For campers and siblings	Navajeevana trust,Kolar	8	Camp Rainbow Bangalore, ASHA Foundation

21	01/09/2018	CME workshop on ART	BBH staff	BBH		Dr. Glory Alexander
22	15 th and 16 th Sept, 2018, Saturday-Sunday	2nd LIT at FMC Rammurthinagar, 5 LT+2 support LT+22 LITs	For Older adolescents in the age group of 18-24yrs	Frontier Management Centre,Rammurthinagar,Bangalore	28	Camp Rainbow Bangalore, ASHA Foundation
23	18-09-18	AIDS Awareness for College students	AIDS Awareness	New Horizon College Kasturi Nagar Bangalore	1 hr	ASHA Foundation
24	17.09.2018	PMTCT	BBH staff	BBH		Dr. Glory Alexander
25	12 th Oct 2018, Friday	2nd follow-up at Mysore, 2LT+3 volunteers+ 1 driver+ 23 children(22 campers+1 non-camper)+ 6 caregivers	For campers and siblings	Mysore Network and AMMA Mane	35	Camp Rainbow Bangalore, ASHA Foundation
26	1 st & 2 nd Nov 2018	ASICON	Doctors	ITC Gardenia, AIDS Society of India		Dr. Glory Alexander
27	6 th November, Tuesday	2nd follow-up at Snehadana, 2 LT+5 volunteers+50 children{8 Campers+42non-campers}, 1 driver	For campers and siblings	Sneha Care Home, Sarjapur road	58	Camp Rainbow Bangalore, ASHA Foundation
28	17 th November, Saturday	2nd follow-up at Adarshajeevana network, 2 LT+2 volunteers +children{5 Campers+8non-campers}+2 caregivers+ 1 driver	For campers and siblings	Adarshajeevana Network, Mandya	20	Camp Rainbow Bangalore, ASHA Foundation
29	24 th November, Saturday	2nd follow-up at RLN, 1 LT, 1 staff+9children+ 6 caregivers	For campers and siblings	Ramnagar	17	Camp Rainbow Bangalore, ASHA Foundation
30	25 th , November, Sunday	2nd follow up at Bangalore, 1 LT+ 2 staff+ 5 children+ 1 caregiver	For campers and siblings	Asha foundation	9	Camp Rainbow Bangalore, ASHA Foundation
31	2 nd , December, Sunday	Volunteer Re-union, 4 LT+2 support LT+ 45 staff+1 Visitor	For camp volunteers	Asha foundation	52	Camp Rainbow Bangalore, ASHA Foundation

32	05-12-18 08-12-18	Teachers Training workshop	2 nd Amravati Teachers Training Workshop	Shivaji English Medium school, Amravati	3	ASHA Foundation
33	7-12-18	Alumni meeting	1 st Alumni meeting Amravati	The Grand Mehfil, Amravati	1hr	ASHA Foundation
34	9 th , December, Sunday	Camper Re-union, 6 LT+1 support LT+ 12 LIT+21 staff+1 volunteer +Caregivers 9+51 children(48C+3NC)+ 1 driver	For campers and siblings	Asha foundation	102	Camp Rainbow Bangalore, ASHA Foundation
35	13.12.2018	HIV/AIDS Awareness session	Construction workers	LSB Colony	70	Priyanka. M Supriya
36	15 th December, Saturday	Camper Re-union, 4 LT+1 support LT+ 6 camp staff +Caregivers 9+57 campers+ 1 driver		For campers and siblings	78	Camp Rainbow Bangalore, ASHA Foundation
37	18.01.2019	HIV/AIDS Awareness session	Housewives & Street vendors	Chowdeshwari Nagar	80	Priyanka. M Supriya
38	18-01-19 20-01-19	Teachers Training workshop	7 th Mumbai Teachers Training Workshop	PES DEd college Karghar Navi Mumbai	87	Joyce Davis, and other master trainers
39	15.02.2019	HIV/AIDS and women	Doctors and researchers	Chandigarh AIDS Society, Chandigarh	200	Dr. Glory Alexander
40	07-03-19	AHE -HIV updates	Master trainers	ASHA Foundation Premises	5	Dr. Glory Director ASHA Foundation

Other Matters:

Resignation and new staff:

During the year, one staff of ASHA Foundation resigned. Her replacement joined one month before. No new members joined the organization.

International Travel during the year: Two of our staff from Camp Rainbow Project, Ms. Silvia Prathiba Thomas, Project Coordinator and Ms. Mercy Priyanka, Acitivity Leader Coordinator attended the Global Partnership Program Network Meeting at Dinokeng Game Reserve, Haanskraal, South Africa from 14th to 18th October, 2018. Travel and accommodation expenses were taken care of by SeriousFun Network, Connecticut, USA who are one of our partners for Camp Rainbow project.

Information on distribution of staff by gender and Salary:

Slab of gross monthly Salary(in Rs) plus benefits paid to staff	Male staff	Female staff	Total staff
<2500	-	-	-
<7000	-	-	-
<15000	-	1	1
<30000	2	12	14
<50000	3	1	4
>50000	-	2	2

Disclosure of salary and benefits of head, highest paid staff member and Lowest paid staff member of organization:

1. Head – Rs.67,815/-per month + Health Insurance
2. Highest paid - Project Coordinator-AHE
Salary+ Accident insurance+ Health insurance = Rs.61,675/-per month
3. Lowest paid -- Outreach worker
Salary + Provident fund+ Accident insurance + Health care + Gratuity
= Rs.14,291/- per month

Our heartfelt gratitude to the following:

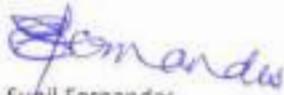
1. Members of the Governing Board of ASHA Foundation for their input and guidance.
2. Chairman and Members of the Research Advisory Board of ASHA Foundation.
3. Kindernothilfe, Germany and KNH India.
4. Mr. Krishna Chivukula and INDO-US MIM-Tech Pvt.Ltd for their unending generosity in supporting ASHA Foundation since 2005.
5. Mrs. Soma Philip for her generous contribution to ASHA Foundation.
6. Good News Scotland Health Trust and Ms. Lorna Murray for their generous support to ASHA Foundation.
7. Serious Fun Network, USA for their partnership in Camp Rainbow.
8. YRG care, Chennai, for their partnership in Camp Rainbow.
9. WIPRO cares for educational support to our children.
10. Mr. Ajith Isaac of Qess Corp Ltd for contribution to ASHA Foundation.
11. Ms. Smitha of Qess Corp Ltd for facilitation between ASHA Foundation and Qess Corp Ltd).
12. Charities Aid Foundation (CAF) India towards the support for investigations and drugs and programs for HIV infected and affected individuals.
13. Overseas Women's Club for supporting Telephone Counseling project and equipment needs.
14. Mr. Madhu, for his regular contribution to ASHA Foundation.
15. Mrs. Sheila Isaac, for her regular contribution to ASHA Foundation.
16. Mr. Sajan George, Ms. Gloria Josy, Dr. Paul Salins, Mrs. Ruth Marvin & Mr. Jonnathan Marvin for their contributions to ASHA Foundation.
17. Ms. Amritha Dhinsa for her generous contribution to ASHA Foundation.
18. Mr. Vijay Chandy, Mr. Roshan Chandy and team for the beautiful design and development of ASHA Foundation website.
19. Bangalore Bible Fellowship for their contribution to ASHA Foundation.
20. All our other regular donors, volunteers and well wishers who have always supported ASHA Foundation.

ASHA FOUNDATION
 [#42, 4th Main SBM Colony, Anand Nagar, Bangalore - 560024]

CONSOLIDATED BALANCE SHEET AS ON 31.03.2019

PARTICULARS	SCHEDULE	AMOUNT	AMOUNT
I. LIABILITIES:			
1. Local Funds	1		4,980,666.29
2. Foreign Funds	2		11,313,066.01
3. Provisions	3		95,869.40
TOTAL			16,389,601.70
II. ASSETS:			
1. Fixed Assets	4	3,646,209.04	3,314,222.38
Less: Depreciation		331,986.66	
Net Block			
1. Current Assets:			
Cash & Bank Balances	5	12,495,122.32	13,075,379.32
Other Current Assets	6	580,257.00	
Notes to Accounts	7		
TOTAL			16,389,601.70

As per our report of even date.
 for Sunil Fernandes & Associates



Sunil Fernandes
 Chartered Accountant
 Member No.202532
 FRN. 0094055
 UDIN: 19202532AAAAAQ6410

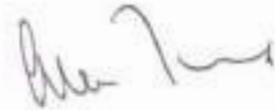
Place: Bangalore
 Date: 20.09.2019



for ASHA Foundation



Dr. Glory Alexander
 Trustee



Dr. Alexander Thomas
 Trustee



ASHA FOUNDATION

[#42, 4th Main SBM Colony, Anand Nagar, Bangalore - 560024]

CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31.03.2019

PARTICULARS	SCHEDULE	AMOUNT	AMOUNT
I. INCOME:			
1. Receipts During the Year			
Foreign Contributions Received		12,586,642.00	14,658,490.00
Local Contributions Received		2,071,848.00	
2. Other Income			
Savings Bank Interest		117,184.00	922,764.00
Fixed Deposit Interest		654,483.00	
Sale of Craft Items		1,350.00	
Provisions written back		149,747.00	
TOTAL INCOME			15,581,254.00
II. EXPENDITURE:			
1. Local Project Expenses			
a). CAR Project Expenses	8	1,069,146.40	2,297,927.47
b). General Project Expenses	9	1,228,781.07	
2. FC Project Expenses			
a) KNH/CAR Project Expenses	10	3,366,649.81	13,326,755.31
b) PMTCT Project Expenses	11	2,615,697.57	
c) Krishna Project Expenses	12	904,644.00	
d) Research Project Expenses	13	3,267,676.90	
e) General Project Expenses	14	3,172,087.03	
Depreciation	4		331,986.66
Notes to Accounts	7		
TOTAL EXPENDITURE			15,956,669.44
Excess of Income/(Expenditure) transferred to Balance Sheet			(375,415.44)

As per our report of even date.
for Sunil Fernandes & Associates

Sunil Fernandes

Sunil Fernandes
Chartered Accountant
FRN. 0094055
UDIN: 19202532AAAAAQ641D

for ASHA Foundation

Dr. Glory Alexander

Dr. Glory Alexander
Trustee

Dr. Alexander Thomas

Dr. Alexander Thomas
Trustee

Place: Bangalore
Date: 20.09.2019



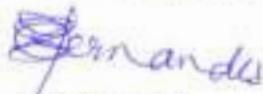
CONSOLIDATED RECEIPTS AND PAYMENTS ACCOUNT FOR THE PERIOD FROM 01.04.2018 TO 31.03.2019

PARTICULARS	SCHEDULE	AMOUNT	AMOUNT
I. RECEIPTS:			
1. Opening Balances			
Cash and Bank Balances		1,291,760.67	
Fixed Deposits		11,611,041.00	
TDS Receivable		81,188.00	
Reimbursement Receivable		2,912.00	
Advance Rent Paid		1,668.00	
Amounts with Statutory Account		79,963.00	13,068,532.67
2. Receipts During the Year			
Grant from KNH Germany		4,060,873.80	
Grant from INDO US MIM Tech.		6,000,000.00	
Grant from Serious Fun Network		2,003,375.64	
Donation from Good News Trust		445,550.00	
Donation - Danamojo Online		76,842.56	
Donation - CAF (GAYE)		44,222.00	
Donation & Contribution		854,781.00	
Donation - Overseas Women Foundation		110,340.00	
Donations - Telephone Counselling		9,350.00	
Donation Through Online-Danamojo Online (P) Ltd		12,500.00	
Subsidized Self Of		9,456.00	
Grant received from Wipro Cares		926,000.00	
Reimbursement of Diesel Expenses		98,399.00	
Previous year provisions written back		77,751.00	14,729,441.00
3. Other Income			
Savings Bank Interest		117,184.00	
Fixed Deposit Interest		654,483.00	
Contingent Liability		1,500.00	
Sale of Craft Items		1,350.00	774,517.00
4. Other Receipts during the year			
Statutory Payments of all projects			80,186.03
TOTAL RECEIPTS			28,652,676.70
II. PAYMENTS:			
1. Local Project Expenses			
a). CAR Project Expenses	15	1,069,146.40	
b). General Local Expenses	16	1,228,781.07	2,297,927.47
2. FC Project Expenses			
a) KNH/CAR Project Expenses	17	3,366,649.81	
b) PMTCT Project Expenses	18	2,600,541.17	
c) Krishna Project Expenses	19	904,644.00	
d) Research Project Expenses	20	3,267,676.90	
e) General Project Expenses	21	3,172,087.03	13,311,598.91
3. Purchase of Fixed Assets			
	4		110,857.00



<u>4. Previous Years Provisions paid during the year</u>			
Admin Expenses - Wipro Cares		1,758.00	
Medicine Purchased on Credit		59,093.00	
Statutory payments of PMTCT		79,963.00	
Provision for Expenses		78,526.00	
TDS on Rent		17,502.00	
Social Security Payable		16,349.00	
Diesel Expenses Payable		6,160.00	
TDS and Interest on Late Payment		30,612.00	289,963.00
<u>5. Other Payments</u>			
Dr. Sunder Rao			3,000.00
<u>6. Closing Balances</u>			
Cash and Bank Balances		2,004,490.32	
Fixed Deposits		10,490,632.00	
Advance Rent Paid		150.00	
TDS Receivable		144,058.00	12,639,330.32
Notes to Accounts	7		
TOTAL PAYMENTS			28,652,676.70

As per our report of even date.
for Sunil Fernandes & Associates

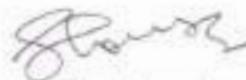


Sunil Fernandes
Chartered Accountant
FRN. 0094055
UDIN: 19202532AAAAAQ6410

Place: Bangalore
Date: 20.09.2019



for ASHA Foundation



Dr. Glory Alexander
Trustee



Dr. Alexander Thomas
Trustee



PRESS CUTTINGS

Clock is ticking: 26 months left to meet AIDS 90-90-90 targets

By Shobha Shukla, CNS

Governments have promised to end AIDS by 2030 but are we on track? Experts reviewed progress we are making towards some HIV related goals with a deadline earlier, such as the 90-90-90 targets set for 2020.

Dr Ishwar Gilada, President of AIDS Society of India (ASI) and Governing Council Member of International AIDS Society, said: "With an estimated 2.1 million people living with HIV (PLHIV), India has the third highest burden of HIV in the world, after South Africa and Nigeria. India is among 193 countries that are aiming to end AIDS by 2030 and achieve 90-90-90 targets by 2020; which are not just milestones set by UNAIDS but also enshrined in Government of India's National Health Policy (NHP 2017). Despite formidable challenges, India has made commendable progress towards these ambitious goals, but there is a very long way ahead of us, if we are to deliver on these promises."

90-90-90 targets include: 90% of all people living with HIV (PLHIV) will know their HIV status, 90% of all PLHIV will receive antiretroviral therapy-ART, and 90% of all people receiving ART will have suppressed viral load to minimize HIV transmission.

SOME PARTIAL SUCCESS MUST NOT SET IN ANY COMPLACENCY

"Some partial success must not set in any complacency" warned Dr Ishwar Gilada who was among the first Indian doctors to begin HIV care. "India's AIDS response is at a precarious point - new HIV infections which amounted to 87,580 (decline of just 27% between 2010-2017) - warrant us to reflect if we could have done better in preventing HIV transmission, diagnosing more PLHIV and putting more people on ART to inch closer towards 90-90-90 goals. We are almost the halfway point to reach the 90-90-90 targets by 2020, however the pace of progress in India has to be

speeded up to match our national ambition to reach these goals", he said.

"The theme of ASICON 2018 is 'Breaking barriers for health, hope and healing.' And the clock is indeed ticking to break the barriers that stand in India's way of achieving the 90-90-90 targets by 2020. After India adopted WHO's Test and Treat strategy as a national policy, the entire machinery has been gearing up to achieve these targets. We are just about 26 months away from the deadline and a lot is yet to be achieved", added Dr Gilada.

"As per NACO data of 2017, 77% of the estimated 21.40 lakh PLHIV in India knew

monitor the viral load suppression.

UNDETECTABLE = UNTRANSMITTABLE

Scientific evidence has shown that if every PLHIV who is on ART has undetectable viral load (less than 20 copy/ml) his/her risk of transmitting HIV becomes negligible, and the person can lead a normal healthy life commensurate to the principle "Undetectable = Untransmittable". VLT in India were done only at 10 national reference laboratories for suspected treatment failure cases. In 2016-17, only around 16,500 PLHIV who were on ART received VLT, but this

a step in the right direction. This will help in earlier and more accurate detection of treatment failure. A viral load test will be conducted for all patients at 6 and 12 months after initiation of ART. All second/third line patients will be tested every 6 months and the first line patients will be tested annually after 12 months of ART initiation.

Dr GD Ravindran, co-chair of 11th ASICON said that in 2017, Karnataka had 2,47,413 PLHIV (1,23,821 women), among who 1,55,411 (62.8%) were receiving ART. AIDS related deaths have declined in Karnataka state by 68% between 2010-2017 to 8450. Despite a decline of 48% in new HIV infections in the state, we still saw 5008 new HIV infections in 2017."

Dr Glory Alexander, co-chair of 11th ASICON said to CNS (Citizen News Service) that, "Regarding prevention of parent to child transmission of HIV (PPTCT), out of the estimated 22677 pregnant women living with HIV in India in 2017, only 13716 of them were receiving ARVs for PPTCT (60% coverage). In Karnataka however PPTCT coverage in 2017 was around 70% at 1421 against need of 1951. India aims to eliminate HIV transmission from parent to child. We need to accelerate progress towards these goals as well as maintain surveillance of HIV in pregnant women to ensure we do not risk reversing the progress made so far."

ASICON 2018 will present the latest developments in diagnosis, prevention and management of HIV, and associated co-infections/ opportunistic infections. Recent advances in the vaccine, early treatment, cure research, diagnostics and future drugs will also be discussed. Academic partners of 11th ASICON include: government of India's National AIDS Control Organization (NACO), United Nations joint programme on HIV/AIDS (UNAIDS), Medical Council of India, CAPRISA, Gilead Sciences Inc., PHO, Asha Foundation among others.

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their HIV status; 11.81 lakhs PLHIV (56%) were on life-saving ART. We haven't yet reached out to 23% of PLHIV, and 44% of PLHIV have yet to get ART in India, despite WHO and NACO guidelines to 'test and treat all'. We cannot slacken our efforts, because failing to reach out to each PLHIV, not putting them on ART and doing viral load testing (VLT), threatens to reverse the progress made in fighting AIDS and HIV prevention cannot take a backseat", rues Dr Gilada.

The World Health Organization (WHO) guidelines 2016 as well NACO India guidelines recommend routine viral load monitoring should be carried out at 6 months, at 12 months and then every 12 months thereafter if the patient is stable on ART. It is very important to scale up viral load testing in India to

capacity is escalated to 160,000 VLT in public-private partnership initiative. As per WHO and NACO guidelines, every PLHIV should have received the VLT. With such a small VLT capacity, it is not known how many of the documented 11.81 lakhs people on ART are virally suppressed.

"If every PLHIV needs a viral load test even once a year, then we need to scale up VLT capacity to conduct over 2 million (21.4 lakh) tests every year.

How would India meet the goal of achieving viral load suppression for 90% of those PLHIV who are receiving ART by 2020 if business as usual continues?" asks Dr Ishwar Gilada. He said that efforts of National AIDS Control Programme (NACO) to move from targeted VLT to routine VLT for all patients on ART is

Dr Glory Alexander, co-chair of 11th ASICON said to CNS (Citizen News Service) that, "Regarding prevention of parent to child transmission of HIV (PPTCT), out of the estimated 22677 pregnant women living with HIV in India in 2017, only 13716 of them were receiving ARVs for PPTCT (60% coverage). In Karnataka however PPTCT coverage in 2017 was around 70% at 1421 against need of 1951. India aims to eliminate HIV transmission from parent to child. We need to accelerate progress towards these goals as well as maintain surveillance of HIV in pregnant women to ensure we do not risk reversing the progress made so far."



HINDU

NACO mulling over introducing PrEP among vulnerable groups

It is a powerful HIV prevention tool for those who are at substantial risk of getting infected

AFSHAN YASMEEN
BENGALURU

With the Indian Council of Medical Research (ICMR) planning to study the effectiveness of Pre-exposure prophylaxis (PrEP) among high-risk groups – ‘men who have sex with men’ (MSM) and transgender women – the National AIDS Control Organisation (NACO) is now toying with the idea of introducing PrEP.

PrEP is a powerful HIV prevention tool for those who are at substantial risk of getting the infection. Following extensive studies, the World Health Organisation (WHO) in 2014 recommended offering PrEP to MSM. In 2015, on the basis of further evidence of the effectiveness and acceptability of PrEP, the WHO broadened the recommendation to include all population groups at substantial risk of getting HIV infection.

“Offering PrEP should be a priority for populations with HIV incidence of about 3 per 100 person-years or



R.S. Gupta, NACO Deputy Director-General; Ishwar Gilada, president, AIDS Society of India; S. Sacchidanand, RGUHS V-C; and Glory Alexander, director of ASHA Foundation, during the 11th National Conference of AIDS Society of India-ASICON 2018, in Bengaluru on Friday. •SPECIAL ARRANGEMENT

higher. PrEP should be an additional prevention choice in a comprehensive package of services that include HIV testing, counselling, male and female condoms, lubricants, ARV treatment for partners with HIV infection, voluntary medical male circumcision, and harm reduction interventions for people who use drugs,” the recommendation stated.

Speaking to *The Hindu* on the sidelines of the 11th National Conference of AIDS Society of India-ASICON 2018, NACO Deputy Director-General R.S. Gupta said introduction of PrEP is one of the priorities for NACO and it has also been mentioned in the National Strategic Plan for HIV/AIDS and STI 2017-2024.

“We are working on it and if a decision to introduce it is taken, we will develop a model to identify districts requiring introduction of PrEP,” he said.

Nomita Chandhiok, former senior scientist with ICMR, said after a pilot demonstration project on PrEP taken up in Karnataka and Kolkata, the ICMR is now planning to take up another project among high-risk groups of MSM and transgender women in some identified States. “Based on the results of this pilot, we hope NACO will soon take a call on introducing PrEP in the country,” she said.

AIDS Society of India (ASI) president Ishwar Gilada said all possible and available options/tools should be used to

reduce HIV infection. “This tool of prevention is crucial in specific vulnerable population groups or situations. We must adopt this as a national policy,” he said.

Nirupama Deshmone Sista, Director of HIV Prevention Trials Network (HPTN), said PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. “But people who use PrEP must commit to taking the drug every day as adherence is most important. The pill contains two medicines (tenofovir disoproxil fumarate and emtricitabine - TDF/FTC) that are used in combination with other medicines to treat HIV. When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection,” she explained.

REGIONAL APPOINTMENT

ಕಾರ್ಯನಿ
ಲೋ.ಬಂ. ಹಾಗೂ ಒ.
ಕ್ರಮ : ಕಾನಿಇಂಧಾ/ಕಪಿ-2/ಸಂಚಿಗ/2018-

ಬೆಂಗಳೂರು ಪ್ರಕಟ
ಇ-ಪತ್ರಿಕೆ

ಕರ್ನಾಟಕ ರಾಜ್ಯಪಾಲರ ಪರವಾಗಿ ಡಿ
ಸಂಚಿಗದಾರರಿಂದ ಈ ಕೆಳಗಿನ ಸಾಮಾನ್ಯ
ಆರ್ಥ ಸಂಚಿಗದಾರರು ಇ-ಆವೇಶಕ ಕೊಂಠ
ಹಾಗೂ ಇನ್ನಿತರ ವಿವರಗಳನ್ನು ಖಚಿತಪ
ಪಾಲಕಿ ಪರಿಶೀಲಿಸುವುದು. ಕಾನಿಇಂಧಾ/ಕಪಿ-2/ಸಂಚಿಗ/2018-

Villagers drain lake over HIV scare

Basavaraj Kattimani
@timesgroup.com

Hubballi: The residents of Morab, around 30km from Hubballi, have refused to drink water from their village lake after an HIV-positive woman committed suicide by jumping into it a week ago. Unable to convince them, the authorities are now draining the water from the 36-acre lake — roughly the size of 25 football fields — which they hope to refill with water from the Malaprabha canal. The Morab lake is the biggest in Navalgund taluk and the only source of drinking water for villagers and cattle. As of now, villagers trek 2.3km to the Malaprabha canal to fetch water.

"This is unfortunate. We have been telling people not to panic as HIV does not



PANIC MOVE: Water being drained out of Morab lake after the body of an HIV+ woman was found in the reservoir on November 29

spread through water. But the people are not convinced and they have started draining out the lake," said Dharwad district health officer Dr Rajendra Doddamani. The human immunodeficiency virus (HIV) spreads only through body fluids. Outside the human body, the virus

cannot survive beyond minutes in air or water.

Dr Glory Alexander, founder-director of Asha Foundation, which treats HIV+ patients, said it was a case of fear rather than stigma. "It's sheer ignorance stemming from lack of awareness. When an HIV-positive person

dies, the virus also dies. Even if the virus comes out of the body, it cannot survive in water and dies in a couple of seconds. There is no risk of infection spreading from the water," she said.

The body of the woman was found in the lake on November 29. Word immediately spread the water had been contaminated, creating panic. Villagers refused to drink the water and pressured the gram panchayat and the Navalgund taluk administration to drain the lake. Authorities tried to convince the villagers that the water was not contaminated and that they would test the water, but no one relented. The authorities have now deployed 30 siphon tubes with four motors to pump out the water.

► Continued on page 9

Armed with a positive attitude, HIV-infected youths chase dreams

Sunitha Rao @
timesgroup.com

Bengaluru: Born with HIV infection, they have borne the burden of others' illness for no fault of theirs. But that hasn't deterred them from pursuing their education

**TODAY IS
WORLD AIDS DAY**

and careers. **TOI** traces the journeys of individuals who are HIV-positive since birth and have gone on to excel in different spheres with their never-say-die attitude. They are among hundreds like them mentored by Asha Foundation.

MNC worker eyes central govt job

She's a computer science engineer but has chosen to work as an HR professional. Employed with a multinational company, Deepa (name changed), belongs to Gadag. "I get motivated on seeing those who are in more vulnerable situations than me," says Deepa, who harbours no anger against her father who was the source of her infection. "It's lack of awareness that spread the infection. There's no point in blaming anyone. I have decided to stay single," says Deepa, who wants to land a central government job.

Engg student wants to motivate people with her words

At an event in her college where she was asked what she wants to become, she was quick to say, "a motivational speaker". When asked the reason, she replied: "I am HIV-positive." Chaitra (name changed) was not sure how her teachers and classmates would react, but her courage was appreciated by all. Now a third-year engineering student in Shivamogga, she has opted out of campus placements to pursue MBA. "My father was infected by an unsafe blood transfusion when he met with an accident. He went into depression. I always try to stay cheerful," she says.

Banker credits ART drugs for her well-being

Nayana (name changed), 26, a banker, says she is no less than anyone else when it comes to work. "What else matters? All of us have to die someday, and despite the infection, I have been fit since birth. I am undergoing the third line of ART (antiretroviral therapy). I must thank researchers who came up with these wonder drugs," she says. When asked who motivates her the most, Nayana said it's her mom, a garment unit worker who's also HIV-positive.

No one will accept me, says car mechanic

Mishra (name changed), a diploma holder, 21, works as a car mechanic in an automobile company. He was 13 when he learnt he was infected with HIV since birth. He underwent depression and had no option but to take life-saving medicines. "I don't disclose my status to anyone. No one will accept me. My father, a businessman, was infected 30 years ago during a blood transfusion. My mother, a housewife, and sister are also HIV-positive," says Mishra.

Home States Karnataka

Despite decline, 5,008 HIV cases detected last year in Karnataka

Out of 1,951 pregnant women living with HIV only 1,421 receive anti-retroviral therapy (ART).

Published: 02nd November 2018 08:20 AM | Last Updated: 02nd November 2018 08:20 –



By Express News Service

BENGALURU: Karnataka has 2.47 lakh HIV patients, the fifth highest in the country, out of which only 1.5 lakh are receiving life-saving anti-retroviral therapy (ART).

Out of 1,951 pregnant women living with HIV only 1,421 receive this treatment. Recent advances in vaccines, early treatment, cure research, diagnostics and future drugs are being discussed at the National AIDS Conference being held here from Friday to Sunday. Among those being researched are injectables to avoid taking pills everyday and implants under the skin.

Dr G D Ravindran, Professor of Medicine, St John's Research Institute, said, "In 2017, Karnataka had 2,47,413 HIV patients, of which 1,23,821 were women. Among them 1,55,411 (62.8%) were receiving ART. AIDS-related deaths have declined in Karnataka by 68% between 2010-2017 to 8,450. Despite a 46% decline in HIV infections in the state, we still saw 5,008 fresh HIV infections in 2017."

Dr Glory Alexander, Director, ASHA Foundation that works for HIV patients, said, "Regarding the prevention of parent to child transmission of HIV, out of the estimated 22,677 pregnant women living with HIV in India in 2017, only 13,716 of them were receiving ART which covers only 60%. However, in Karnataka, in 2017, around 70% women were covered. 1,421 women were covered against the need of 1,951. India aims to eliminate HIV transmission from parent to child. We need to be surveillant of HIV in pregnant women to ensure we do not reverse the progress made so far."

Need for more viral load testing machines

The World Health Organization and the National AIDS Control Organization guidelines recommend routine viral load monitoring every six months, 12 months and then every 12 months thereafter if the patient is stable on ART. Scientific evidence has shown that if every HIV patient who is on ART has an undetectable viral load, his/her risk of transmitting HIV becomes negligible. However, viral load testing in India is done only at 10 national reference laboratories for suspected cases of treatment failure. With the number of VLTs being so low, it is not known how many of 11.81 lakh people on ART are virally suppressed.



THE INSIDES SPEAK

News

India with 21 lakh people living with HIV, ranks third highest country after South Africa and Nigeria: ASI

Bengaluru, Nov 1 (UNI) Despite the numbers coming down effectively, India with 21 lakh people living with HIV (PLHIV) ranks third in the world, after South Africa and Nigeria and to address the issue threadbare and end AIDS by 2030 experts are meeting at the 11th National Conference of AIDS Society of India (ASICON 2018) which is in the city on November 2.

Aids Society of India (ASI) President Dr Ishwar Gilada, who is also Governing Council member, addressing a press conference here on Thursday, said that "with an estimated 21 lakh people living with HIV (PLHIV), India has the third highest burden of HIV."

"India is among 193 countries that are aiming to end AIDS by 2030 and achieve 90-90-90 targets by 2020, which are not just milestones set by UNAIDS but also enshrined in Government of India's National Health Policy (NHP 2017).

Despite formidable challenges, India has made commendable progress towards these ambitious goals, but there is a very long way ahead of us, if we are to deliver on these promises," he said.

Warning that "some partial success must not set in any complacency", Dr Gilada said that "India's AIDS response is at a precarious point - new HIV infections which amounted to 87,580 (decline of just 27% between 2010-2017) - warrant us to reflect if we could have done better in preventing HIV transmission, diagnosing more PLHIV and putting more people on ART to inch closer towards 90-90-90 goals. We are almost the halfway point to reach the 90-90-90 targets by 2020, however the pace of progress in India has to be speeded up to match our national ambition to reach these goals".

Stating that this year the theme of ASICON 2018 is "Breaking barriers for health, hope and healing", Dr Gilada said the clock is indeed ticking to break the barriers that stand in India's way of achieving the 90-90-90 targets by 2020.

After India adopted WHO's Test and Treat strategy as a national policy, the entire machinery has been gearing up to achieve these targets. We are just about 26 months away from the deadline and a lot is yet to be achieved".

He said that "as per NACO data of 2017, 77 per cent of the estimated 21.40 lakh PLHIV in India knew their HIV status; 11.81 lakhs PLHIV (56 per cent) were on life-sustaining ART. We haven't yet reached out to 23 per cent of PLHIV, and 44 per cent of PLHIV have yet to get ART in India, despite WHO and NACO guidelines to 'test and treat all'.

We cannot slacken our efforts, because failing to reach out to each PLHIV, not putting them on ART and doing viral load testing (VLT), threatens to reverse the progress made in fighting AIDS and HIV prevention cannot take a backseat".

Dr Gilada said that "if every PLHIV needs a viral load test even once a year, then we need to scale up VLT capacity to conduct over 21.4 lakh tests every year.

How would India meet the goal of achieving viral load suppression for 90 per cent of those PLHIV who are receiving ART by 2020 if business as usual continues?"

He said that efforts of National AIDS Control Programme (NACO) to move from targeted VLT to routine VLT for all patients on ART is a step in the right direction. This will help in earlier and more accurate detection of treatment failure.

A viral load test will be conducted for all patients at 6 and 12 months after initiation of ART.

All second/third line patients will be tested every 6 months and the first line patients will be tested annually after 12 months of ART initiation.

ASICON Co-Chair Dr G D Ravindran, said that in 2017, Karnataka had 2,47,413 PLHIV (1,23,821 women), among who 1,55,411 (62.8 per cent) were receiving ART.

AIDS related deaths have declined in Karnataka state by 68 per cent between 2010-2017 to 8450. Despite a decline of 46 per cent in new HIV infections in the state, we still saw 5008 new HIV infections in 2017."

Dr Ghoor Alexander, Co-chair of 11th ASICON said that "regarding prevention of parent to child transmission of HIV (PPTCT), out of the estimated 2,26,777 pregnant women living with HIV in India in 2017, only 1,37,16 of them were receiving ARVs for PPTCT.

In Karnataka however PPTCT coverage in 2017 was around 70 per cent at 1,421 against need of 1951. India aims to eliminate HIV transmission from parent to child."

Share this

India with 21 lakh HIV people ranks third highest country in the world

Agency News

01 Nov, 2018 at 18:09 PM

Bengaluru, Nov 1: Despite the numbers coming down effectively, India with 21 lakh people living with HIV (PLHIV) ranks third in the world, after South Africa and Nigeria and to address the issue threadbare and end AIDS by 2030 experts are meeting at the 11th National Conference of AIDS Society of India (ASICON 2018) which is in the city on November 1.

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"India is among 193 countries that are aiming to end AIDS by 2030 and achieve 90-90-90 targets by 2020; which are not just milestones set by UNAIDS but also enshrined in Government of India's National Health Policy (NHP 2017). Despite formidable challenges, India has made commendable progress towards these ambitious goals, but there is a very long way ahead of us, if we are to deliver on these promises," he said.

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Dr Gilada said that "if every PLHIV needs a viral load test even once a year, then we need to scale up VLT capacity to conduct over 21.4 lakh tests every year. How would India meet the goal of achieving viral load suppression for 90 per cent of those PLHIV who are receiving ART by 2020 if business as usual continues?"

He said that efforts of National AIDS Control Programme (NACO) to move from targeted VLT to routine VLT for all patients on ART is a step in the right direction. This will help in earlier and more accurate detection of treatment failure. A viral load test will be conducted for all patients at 6 and 12 months after initiation of ART. All second/third line patients will be tested every 6 months and the first line patients will be tested annually after 12 months of ART initiation.

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Dr Glory Alexander, Co-chair of 11th ASICON said that "regarding prevention of parent to child transmission of HIV (PPTCT), out of the estimated 22677 pregnant women living with HIV in India in 2017, only 13716 of them were receiving ARVs for PPTCT. In Karnataka however PPTCT coverage in 2017 was around 70 per cent at 1421 against need of 1951. India aims to eliminate HIV

ಎಚ್‌ಐವಿ ಸೋಂಕಿತರ 'ಆಶಾ' ಕಿರಣ

ಎಚ್‌ಐವಿ ಸೋಂಕಿತರ ಚಿಕ್ಕ ಹಿಡುವುಗಳಿಗೆ ಸಹಾಯವಾಗಿ, ಸಮುದಾಯಗಳಿಗೆ ಸಹಾಯ, ಸೋಂಕಿತ ವ್ಯಕ್ತಿಗಳಿಗೆ ಪ್ರವೇಶಿಸಿ ಸಹಾಯ ಮಾಡುವ ಮೂಲಕ 'ಆಶಾ ಕಿರಣ' ಅಂದಾಜು 1000 ಸೋಂಕಿತರನ್ನು ಸಹಾಯಿಸುವುದು.

ಕಿರಣ ಕಿರಣ

ಆಶಾ ಕಿರಣ ಎಂಬ ಒಂದು ಸಣ್ಣ ಸಂಸ್ಥೆ ಈ ದಿನದ ಸಂಸ್ಥೆಯಾಗಿದೆ. ಇದರ ಮೂಲಕ ಈ ದಿನದ ಸಂಸ್ಥೆಯು ಸಹಾಯ ಮಾಡುತ್ತಿದೆ. ಇದು ಈ ದಿನದ ಸಂಸ್ಥೆಯು ಸಹಾಯ ಮಾಡುತ್ತಿದೆ. ಇದು ಈ ದಿನದ ಸಂಸ್ಥೆಯು ಸಹಾಯ ಮಾಡುತ್ತಿದೆ.



Dr. S. Srinivasan

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ಆಶಾ ಕಿರಣದ ಸದಸ್ಯರೊಂದಿಗೆ ಸಭೆ

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ಸಹಾಯವಾಣಿ

ಪುಸ್ತಕ ಮತ್ತು ಸಾಹಿತ್ಯದ ಕುರಿತು ಮಾಹಿತಿಗಾಗಿ ಸಂಪರ್ಕಿಸಿ. 080-25541111 / 25541112

ಆಶಾ ಕಿರಣ ಎಂಬ ಒಂದು ಸಂಸ್ಥೆ ಈ ದಿನದ ಸಂಸ್ಥೆಯಾಗಿದೆ. ಇದರ ಮೂಲಕ ಈ ದಿನದ ಸಂಸ್ಥೆಯು ಸಹಾಯ ಮಾಡುತ್ತಿದೆ. ಇದು ಈ ದಿನದ ಸಂಸ್ಥೆಯು ಸಹಾಯ ಮಾಡುತ್ತಿದೆ.

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United News of India

India's Multi Lingual News Agency

Posted 1 Nov 2018 at 5:18

India with 21 lakh people living with HIV, ranks third highest country after South Africa and Nigeria: ASI Bengaluru, Nov 1 (UNI) Despite the numbers coming down effectively, India with 21 lakh people living with HIV (PLHIV) ranks third in the world, after South Africa and Nigeria and to address the issue threadbare and end AIDS by 2030 experts are meeting at the 11th National Conference of AIDS Society of India (ASICON 2018) which in the city on November 2.

Aids Society of India (ASI) President Dr Ishwar Gilada, who is also Governing Council member, addressing a press conference here on Thursday, said that "with an estimated 21 lakh people living with HIV (PLHIV), India has the third highest burden of HIV."

"India is among 193 countries that are aiming to end AIDS by 2030 and achieve 90-90-90 targets by 2020; which are not just milestones set by UNAIDS but also enshrined in Government of India's National Health Policy (NHP 2017). Despite formidable challenges, India has made commendable progress towards these ambitious goals, but there is a very long way ahead of us, if we are to deliver on these promises," he said. Warning that "some partial success must not set in any complacency", Dr Gilada said that "India's AIDS response is at a precarious point - new HIV infections which amounted to 87,580 (decline of just 27% between 2010-2017) - warrant us to reflect if we could have done better in preventing HIV transmission, diagnosing more PLHIV and putting more people on ART to inch closer towards 90-90-90 goals. We are almost the halfway point to reach the 90-90-90 targets by 2020, however the pace of progress in India has to be speed ed up to match our national ambition to reach these goals".

Stating that this year the theme of ASICON 2018 is 'Breaking barriers for health, hope and healing', Dr Gilada said the clock is indeed ticking to break the barriers that stand in India's way of achieving the 90-90-90 targets by 2020. After India adopted WHO's Test and Treat strategy as a national policy, the entire machinery has been gearing up to achieve these targets. We are just about 26 months away from the deadline and a lot is yet to be achieved".

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11.4 लाख अनुमानित एचआईवी पॉजिटिव लोगों में से 77% को अपने एचआईवी संक्रमण की जानकारी कर्नाटक में 2.47 लाख एचआईवी से संक्रमित लोग हैं जिनमें से 1.23 लाख महिलाएं हैं, इनमें से 1.55 लाख (62.8%) को एंटीरेट्रोविरल दवा मिल रही है. ...

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November 2, 2018 11:51



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7% of 21.4 million estimated HIV positive people have information about their HIV infection

केवल 25 महीने बचे: क्या एचआईवी के 90-90-90 लक्ष्य पूरे हो पाएंगे?

Only 25 months left: Will 90-90-90 of AIDS be achieved?

विभा कुलकर्णी

विश्व में भारत को एचआईवी/एड्स से सम्बंधित चिकित्सकों के राष्ट्रीय अभिवेदन में भाग लेते देख और विदेश के दूरस्थ विशेषज्ञों के अनुसार, एचआईवी/एड्स में प्राथमिक परीक्षण तो हुई है परन्तु न तो यह 2020 तक 90-90-90 लक्ष्य को पूरा करने के लिए पर्याप्त है और न ही यह 2030 तक एड्स समाप्त करने के लिए.

एचआईवी/एड्स और एचआईवी/एड्स के राष्ट्रीय अभिवेदन और इंटरनेशनल एड्स सोसाइटी की दैनिक अंतरराष्ट्रीय समिति के परिभाषित सार्वजनिक एंटीरेट्रोविरल दवा मिलान ने बताया कि एचआईवी के साथ जीवित लोगों की संख्या को यदि देखें तो यह अफ्रीका और लैटिन अमेरिका के बाद, विश्व स्तर पर भारत तीसरा नंबर पर है.

ई मिलाज में कहा कि 193 देशों के साथ भारत ने 2010 तक एचआईवी समाप्त और 2020 तक 90-90-90 लक्ष्य पूरा करने का सपना किया है - यह लक्ष्य सिर्फ संयुक्त राष्ट्र के सतत विकास लक्ष्य में ही नहीं शामिल है बल्कि भारत सरकार की राष्ट्रीय स्वास्थ्य नीति 2017 के लक्ष्यों में भी उल्लेखित है. अनेक चुनौतियों के बावजूद भारत ने एड्स नियंत्रण की दिशा में महत्वपूर्ण प्रगति की है परन्तु इन लक्ष्यों को पूरा करने के लिए अभी महत्वपूर्ण कार्य बचे हैं. 90-90-90 एड्स लक्ष्य है: 2020 तक 90% एचआईवी के साथ जीवित लोगों को एचआईवी पॉजिटिव होने की

जानकारी हो; इनमें से 90% को एंटीरेट्रोविरल दवा मिल रही है; और इनमें से 90% लोगों में वायरस लोड नगण्य हो (अल्ट्रा-लॉयड).

एड्स कार्यक्रम में टीन जागी तो पराजित नहीं होगी

The AIDS program can be revived if it is relaxed

डॉ. इश्वर मिलाज ने बताया कि अभी तक की अपूर्ण वायरस लोड को ध्यान में रखते हुए एचआईवी कार्यक्रम में टीन न आने चाहिए वरना जो पराजित हुई है वह पराजित नहीं है. भारत में एड्स नियंत्रण एक महत्वपूर्ण मोड़ पर है: 2011-2017 के बीच नए एचआईवी संक्रमण में 27% गिरावट आई है परन्तु एक साल में 87,580 नए एचआईवी संक्रमण अत्यंत घटित हुए हैं. इन एचआईवी संक्रमण को रोकने में बहुत सफलता चाहिए क्योंकि हर नए संक्रमण हमारे एचआईवी संक्रमण रोकथाम की कमी उजागर करता है जिससे ध्यान देना आवश्यक है. उसी तरह हमें एचआईवी से संक्रमित व्यक्ति तक एचआईवी जांच पहुंचाने जरूरी है जिससे कि हमको अपने पॉजिटिव होने की जानकारी हो, और उन्हें पर्याप्त इलाज विशेषकर एंटीरेट्रोविरल दवा मिले हो रही हो. 2020 तक 90-90-90 लक्ष्य को पूरा करने के लिए 26 महीने बचे हैं और 26 महीने बचे हैं. हमारी प्रगति इन लक्ष्यों की अंतर्दृष्टि से है.

डॉ. मिलाज ने बताया कि भारत सरकार के राष्ट्रीय एड्स नियंत्रण कार्यक्रम के अंतर्गत, 21.4 लाख अनुमानित एचआईवी पॉजिटिव लोगों में से 77% को अपने एचआईवी संक्रमण की जानकारी है, और इनमें 55% को 11.81 लाख को एंटीरेट्रोविरल दवा मिल रही है. विश्व स्वास्थ्य संगठन और राष्ट्रीय एड्स नियंत्रण कार्यक्रम की "टेस्ट एंड ट्रीट" मार्गदर्शिका के बावजूद, अभी तक 23% एचआईवी से संक्रमित लोगों तक जांच न पहुंची है, 44% को एंटीरेट्रोविरल दवा नहीं मिली है. यदि 90-90-90 लक्ष्यों को 2020 तक पूरा करना है तो यह जरूरी है कि सभी रोक-थामित व्यापक एड्स नियंत्रण कार्यक्रम पूरी कार्यक्षमता के साथ संचालित हों और केंद्र न बंद हों.

विश्व स्वास्थ्य संगठन और राष्ट्रीय एड्स नियंत्रण संगठन की मार्गदर्शिका के अनुसार, हर एचआईवी पॉजिटिव व्यक्ति को, एंटीरेट्रोविरल दवा मिलने के पहले साल में 6 और 12 महीने पर, वायरस लोड जांच होने चाहिए और फिर हर साल एक बार जांच होने चाहिए. भारत में वायरस लोड जांच की उपलब्धता अनेक गुणा बढ़नी चाहिए जिससे कि हर एचआईवी पॉजिटिव व्यक्ति को यह जांच प्राप्त हो सके और उसका वायरस लोड नगण्य रहे. लक्ष्य एचआईवी पॉजिटिव व्यक्ति एक सामान्य और स्वस्थ जीवनयापन कर सकता है. वर्तमान में वायरस लोड जांच 10 राष्ट्रीय रिफरेंस लैबोरेटरी दुबारा की जाती है. 2016-2017 में सिर्फ 16,500 एचआईवी पॉजिटिव लोगों को, जो एंटीरेट्रोविरल दवा ले रहे थे, यह जांच मिल पायी, हालांकि पब्लिक-सेक्टर लैबोरेटरी में 160,000 लोगों को यह जांच मिली.

एचआईवी/एड्स और एड्स के 11वें राष्ट्रीय अभिवेदन (11th National Survey) के सह-अध्यक्ष डॉ. मोडी रजिस्ट्रार बताया कि कर्नाटक में 2.47 लाख एचआईवी से संक्रमित लोग हैं जिनमें से 1.23 लाख महिलाएं हैं, इनमें से 1.1 लाख (62.8%) को एंटीरेट्रोविरल दवा मिल रही है. 2010-2017 के बीच कर्नाटक में एड्स-न्यू टर में 68 और नए एचआईवी संक्रमण दर में 46% गिरावट आई है. 2017 में 5008 नए एचआईवी संक्रमित लोग चिह्नित हुए जो कि संदेश चिंतितकर है और एड्स नियंत्रण कार्यक्रम की कार्यक्षमता बढ़ाने की ओर इशारा करता है.

गुरुवार, दि. २४ मे २०१८

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शिक्षकांकरिता ३ दिवशीय निःशुल्क प्रशिक्षणाचे आयोजन पौगंडावस्थेतील मानसशास्त्र व आरोग्य शिक्षणाकरिता तज्ञांद्वारे मार्गदर्शन

अमरावती (प्रतिनिधी): छत्री तलावाच्या निर्मगर्म्य परिसर स्थित तथा प्रविण खोडके मेमोरियल ट्रस्टद्वारे संचालित विनायका गुरुकुल सीबीएसई येथे आगामी १५ ते १७ जून पर्यंत विनायका गुरुकुल सीबीएसई व आशा फाऊंडेशन बॅंगलोर द्वारे शिक्षकांकरिता ३ दिवशीय निःशुल्क प्रशिक्षण वर्गांचे आयोजन करण्यात आले आहे. शासकीय, खाजगी तथा सर्व माध्यमांच्या शाळातील ६० शिक्षकांसाठी पूर्णतः निःशुल्कपणे या प्रशिक्षणवर्गांचे आयोजन करण्यात आले आहे. १२ ते १५ वर्षे वयोगटातील विद्यार्थ्यांचे आरोग्य अबाधित राहण्यासाठी त्यांना योग्य व महत्वपूर्ण मार्गदर्शन लाभाने तसेच पौगंडावस्थेतील मानसशास्त्र व आरोग्य शिक्षण हा या विषयाला अनुसरून विशेषतः या प्रशिक्षणवर्गांचे शिक्षकांकरिता आयोजन करण्यात आले आहे. या ३ दिवशीय प्रशिक्षण वर्गांमध्ये सहभागी होणाऱ्या शिक्षकांकरिता भोजन, अल्पोपहाराची निःशुल्क व्यवस्थासुध्दा करण्यात आली आहे. संस्कारक्षम वयोगटातील विद्यार्थ्यांना मुख्य शिक्षणाचा लाभ व्हावा तसेच शिक्षण क्षेत्रात स्विकारण्यात आलेल्या आधुनिक बाबींचा अवलंब लक्षात घेता शारीरिक शिक्षणाचे महत्व दुर्लक्षून चालणार नाही. ही बाब, लक्षात घेता आधुनिक शिक्षण पध्दती अंतर्गत शिक्षकांना अत्यावश्यक व महत्वपूर्ण बाबींचे महत्व विषद करण्यासाठी या ३ दिवशीय प्रशिक्षण वर्गांचे आयोजन करण्यात आले आहे. या ३ दिवशीय प्रशिक्षणवर्गांमध्ये सहभागी होण्यास इच्छुकांना नांव नोंदणीसाठी ८८०५७८९३७२, तसेच ७३५००१८८२७ या मोबाईल क्रमांकावर संपर्क साधण्याचे विनायका गुरुकुलच्या व्यवस्थापकीय संचालिका वृशाली गावंडे यांनी आवाहन केले आहे.

Thursday 24 May 2018

शिक्षकांकरिता ३ दिवशीय निःशुल्क प्रशिक्षणाचे आयोजन

अमरावती दि. २३
(प्रतिनिधी): छत्री तलावाच्या
निसर्गरम्य परिसर स्थित तथा
प्रविण खोडके मेमोरियल ट्रस्टद्वारे
संचालित विनायका गुरुकुल
सीबीएसई येथे आगामी १५ ते
१७ जून पर्यंत विनायका गुरुकुल
सीबीएसई व आशा फाऊंडेशन
बंगलोर द्वारे शिक्षकांकरिता ३
दिवशीय निःशुल्क प्रशिक्षण वर्गचे
आयोजन करण्यात आले आहे.
शासकीय, खाजगी तथा सर्व
माध्यमांच्या शाळातील ६०
शिक्षकांसाठी पूर्णतः निःशुल्कपणे या
प्रशिक्षणवर्गचे आयोजन करण्यात
आले आहे. १२ ते १५ वर्षे

वयोगटातील विद्यार्थ्यांचे आरोग्य
अबाधित राहण्यासाठी त्यांना योग्य
व महत्त्वपूर्ण मार्गदर्शन लाभावे तसेच
पौंगंडावस्थेतील मानसशास्त्र व
आरोग्य शिक्षण हा या विषयाला
अनुसरून विशेषतः या प्रशिक्षणवर्गचे
शिक्षकांकरिता आयोजन करण्यात
आले आहे या ३ दिवशीय प्रशिक्षण
वर्गामध्ये सहभागी होणा-या
शिक्षकांकरिता भोजन, अल्पोपहाराची
निःशुल्क व्यवस्थासुद्धा करण्यात
आली आहे

संस्कारक्षम वयोगटातील
विद्यार्थ्यांना मुल्य शिक्षणाचा लाभ
व्हावा तसेच शिक्षण क्षेत्रात
स्विकारण्यात आलेल्या आधुनिक

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चालणार नाही. ही बाब, लक्षात घेता
आधुनिक शिक्षण पध्दती अंतर्गत
शिक्षकांना अत्यावश्यक व महत्त्वपूर्ण
बाबींचे महत्त्व विषद करण्यासाठी या
३ दिवशीय प्रशिक्षण वर्गचे आयोजन
करण्यात आले आहे या ३ दिवशीय
प्रशिक्षणवर्गामध्ये सहभागी होण्याच्या
इच्छुकांना नांव नोंदणीसाठी
८८०५७८९३७२, तसेच
७३५००९८८२७ या मोबाईल
क्रमांकर संपर्क साधण्याचे विनायका
गुरुकुलच्या व्यवस्थापकीय
संचालिका वृशाली गावंडे यांनी
आवाहन केले आहे

एम.सी.ई.डी.प्र

अमरावती दि.

(प्रतिनिधी): या तंत्रज्ञान
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महाराष्ट्रातील अनेक पेट्रोल
शैक्षणिक संस्थांनी या तंत्रज्ञान
वापर करून आपले विकले
कमी केलेले आहे. म्हणून
क्षेत्रात अनेक उद्योग संघी
वर्षात निर्माण होणार
ज्याप्रमाणे उद्योजकांची गरज
त्यापेक्षा जास्त प्रमाणात दुर्लक्ष
करणाऱ्यांची देखील गरज ज
भासणार आहे.

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केंद्र, अमरावती या संस्थेमार्फत एम
सी ई डी. कार्यालय पहिला मा
टंक चेम्बर्स गाळोनगर, दि. एम. व
रोड अमरावती येथे दि. ५ जून
१ जून २०१८ या दरम्यान सो

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